

Eighteenth Series, Vol. XIV No. 13

Friday, February 13, 2026

Magha 24, 1947 (Saka)

LOK SABHA DEBATES

(Original Version)

Seventh Session

(Eighteenth Lok Sabha)



(Vol. XIV contains Nos. 11 to 20)

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NEW DELHI

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No. 13, Friday, February 13, 2026/ Magha 24, 1947 (Saka)

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THE SPEAKER

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LOK SABHA DEBATES

LOK SABHA

Friday, February 13, 2026/ Magha 24, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

[Shrimati Sandhya Ray *in the Chair*]

OBITUARY REFERENCE

माननीय सभापति : माननीय सदस्यगण, मुझे अत्यंत दुख के साथ सभा को हमारे पूर्व साथी डॉ. भगवान दास राठौर के निधन के बारे में सूचित करना है, जो अविभाजित उत्तर प्रदेश के हरिद्वार संसदीय निर्वाचन क्षेत्र और खुर्जा संसदीय निर्वाचन क्षेत्र से क्रमशः छठी लोक सभा और नौवीं लोक सभा के सदस्य रहे।

डॉ. भगवान दास राठौर का निधन 21 जनवरी, 2026 को 80 वर्ष की आयु में उत्तराखंड के हरिद्वार में हुआ।

हम डॉ. भगवान दास राठौर के निधन पर गहरा शोक व्यक्त करते हैं और यह सभा शोक संतप्त परिवार के प्रति गहन संवेदना व्यक्त करती है।

अब सभा दिवंगत आत्मा के सम्मान में थोड़ी देर मौन रहेगी।

11.01 hrs

The Members then stood in silence for a short while.

माननीय सभापति : ॐ शांति: शांति: शांति:।

11.02 hrs

At this stage, Dr. M. K. Vishnu Prasad, Shri Shafi Parambil, Dr. Amar Singh and some other hon. Members came and stood on the floor near the Table.

11.03 hrs**ORAL ANSWER TO QUESTION**

Starred Question No. 201

माननीय सभापति : प्रश्न संख्या 201 ।

कोडीन -आधारित कफ सिरप के सेवन से मौतें

***201. श्री उज्ज्वल रमण सिंह:**

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

- (क) क्या सरकार का विचार ऐसे बच्चों, जिनकी कोडीन-आधारित कफ सिरप के सेवन के बाद मृत्यु होने की सूचना मिली थी, के परिजनों को मुआवज़ा प्रदान करने का है;
- (ख) यदि हां, तो यह मुआवज़ा किस समय-सीमा के भीतर संवितरित किए जाने की संभावना है; और
- (ग) यदि नहीं, तो इसके क्या कारण हैं?

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

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

STATEMENT

(a) to (c): No report of death associated with the consumption of codeine based cough syrup has been received from any State/Union Territory.

श्री उज्ज्वल रमण सिंह : माननीय अधिष्ठाता महोदया, मेरे दो सवाल हैं । बड़े पैमाने पर उत्तर प्रदेश, मध्य प्रदेश और अन्य राज्यों में बच्चों की मौतें हुई हैं । क्या माननीय मंत्री जी सीबीआई

जांच करवाने की कृपा करेंगे? जो मौतें हुई हैं, क्या उनके परिजनों को पांच-पांच लाख रुपये का मुआवजा देने की कृपा करेंगे? यह मेरे दो अनुपूरक प्रश्न हैं। ... (व्यवधान) सीबीआई जांच करवाई जाए और परिजनों को पांच-पांच लाख रुपये मुआवजा दिया जाए। ... (व्यवधान)

श्री जगत प्रकाश नड्डा : महोदया, इन्होंने जो प्रश्न पूछा है, वह यह है कि कोडीन कफ सिरप के सेवन के कारण जिन बच्चों की मृत्यु हुई है, इन्होंने उनके परिजनों को मुआवजा देने की बात कही है। ... (व्यवधान) whether the Government proposes compensation to the next of the kin of children who reportedly died after consuming codeine-based cough syrup. ...*(Interruptions)* मैंने बड़े स्पष्ट शब्दों में उत्तर दिया है कि “No report of death associated with the consumption of codeine based cough syrup has been received from any State/Union Territory.” ...*(Interruptions)* जब कोडीन आधारित कफ सिरप के सेवन से इस तरह की कोई मृत्यु नहीं हुई है, तो फिर यह प्रश्न ही नहीं उठता है कि हम कोई मुआवजा देंगे। ... (व्यवधान)

श्री उज्ज्वल रमण सिंह : महोदया, मैंने सीबीआई जांच की मांग की है। ... (व्यवधान)

श्री जगत प्रकाश नड्डा : महोदया, जब इस तरह से किसी की मृत्यु ही नहीं हुई है, तो मैं सीबीआई जांच की बात कैसे कहूं? ... (व्यवधान)

SHRI KRISHNA PRASAD TENNETI: Respected Chairperson, Madam, the Central Government's prompt withdrawal of adulterated cough syrup from market is commendable. ...*(Interruptions)* To ensure a streamlined policy procedure to recall faulty drug formulations, it is crucial to implement a drug recall policy. ...*(Interruptions)* This shall enable uniform implementation across India and help prevent critical health incidents. ...*(Interruptions)*

In this context, I would like to ask the hon. Minister whether the Government plans to introduce a drug recall policy in India to enable easy and

swift recall of the adulterated and faulty drugs.

Thank you so much, Madam. ...(*Interruptions*)

SHRI JAGAT PRAKASH NADDA: Madam, it is a set procedure that we have to follow. ...(*Interruptions*) हम निरीक्षण करते हैं। ... (व्यवधान) कई बार ड्रग सबस्टैंडर्ड होता है और कई बार वह मिसलेबल्ड होती है। कई बार वह ड्रग ह्यूमन कंजम्पशन के लिए उपयुक्त नहीं होती है। ... (व्यवधान) जब वह ड्रग उपयुक्त नहीं होता है, तो हम उसको रिकॉल करते हैं। उसका प्रोसीजर दिया गया है और हम उस प्रोसीजर को फॉलो करते हैं। ... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, आप सब अपनी-अपनी सीट्स पर जाएं। सभी माननीय सदस्यगण प्रश्न काल के दौरान अपने प्रश्नों के उत्तर की प्रतीक्षा में हैं।

... (व्यवधान)

माननीय सभापति : प्लीज़, आप सभी लोग अपनी-अपनी सीट्स पर जाएं।

... (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 202 to 220

DEVELOPMENT OF PORTS***202. SHRI NAVASKANI K.:**

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

- (a) whether the Union Government is aware that minor ports in Ramanathapuram district, specifically in Pamban and Rameswaram, remain severely underdeveloped despite possessing immense potential for coastal shipping and marine product exports, if so, the details thereof and the reasons for non upgradation of these ports;
- (b) whether the Union Government proposes to provide assistance under centrally sponsored scheme being implemented to upgrade these ports to make them of modern standards and economically viable and if so, the details thereof;
- (c) whether the Union Government is collaborating with the State Government to prepare any specific, time-bound action plan, if any, to upgrade cargo handling and fishing facilities to tap potential trade with Sri Lanka; and
- (d) whether the Government has acknowledged that the lack of infrastructure, such as proper dredging and storage, is causing substantial loss to the fishing industry and hindering regional development, if so, details thereof and the action proposed to be taken by the Union Government in this regard?

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

(a) to (d): The Ports other than Major Ports (OTMP), also known as non-major or minor ports, are under the administrative control of the respective State Governments and development of these ports falls within their jurisdiction. To support and supplement port-led development, the Government of India provides financial assistance under the central sector Sagarmala scheme for projects aligned with its five pillars: port modernization, port connectivity, port-led industrialization, coastal community development, and coastal shipping and inland water transport. The Ministry of Ports, Shipping and Waterways (MoPSW) has sanctioned following 4 projects for funding under Sagarmala scheme in Ramanathapuram district:

- i. Fishing harbour at Mookaiyur - project cost of ₹113.90 crore
- ii. Fish landing centre at Kunthukal - project cost of ₹ 74.00 crore
- iii. Berthing facilities for tourist vessels at Agni Theertham - project cost of ₹ 7.6 crore
- iv. Berthing facilities for tourist vessels at Villoondi Theertham - project cost of ₹ 3.7 crore

The proposals received from the Government of Tamil Nadu in respect of dredging at Pamban minor port and construction of passenger terminal at Rameshwaram minor port could not be sanctioned for funding under Sagarmala scheme due to lack of necessary statutory clearances.

The MoPSW holds meetings of Maritime States Development Council

(MSDC) and National Sagarmala Apex Committee (NSAC) involving the central line ministries and maritime States/UTs for close coordination with States/ UTs Governments for development of marine infrastructure.

The Department of Fisheries (DoF), Ministry of Fisheries, Animal Husbandry and Dairying, Government of India is also implementing Pradhan Mantri Matsya Sampada Yojana (PMMSY) aimed at modernizing and strengthening the fisheries value chain. Under the PMMSY, financial assistance is provided by Govt. of India for creation and upgradation of fishing harbours, fish landing centres, dredging, cold chain and storage infrastructure, processing facilities and market linkages. In addition, the DoF, under the Fisheries & Aquaculture Infrastructure Development Fund (FIDF), provides concessional finance to the eligible entities including State Governments/UTs for the development of identified fisheries infrastructure. Such fisheries infrastructure projects are taken up on cost sharing basis with funding pattern as 60:40 between Centre and State. The DoF under the Blue Revolution Scheme, the FIDF and the PMMSY has approved 11 fishing harbour projects and 26 fish landing centre projects at a total cost of ₹1,658.97 crore in Tamil Nadu. The details are given in the enclosed **Statement**.

STATEMENT

1. Details of Fishing Harbour (FH) and Fish Landing Centre (FLC) projects approved under PMMSY in Tamil Nadu:

Sl. No.	Name of the project	Project cost (in ₹ crore)
1.	Modernization of Chennai Fishing Harbour	97.95
2.	Up-gradation of Pazhayar Fishing Harbour	26.26
3.	Maintenance Dredging of Colachel Fishing	4.94

	Harbour	
4.	Development of Nettukuppam Fish Landing Centre	15.70
5.	Development of Thazankuppam Fish Landing Centre	3.92
6.	Development of Arangankuppam Fish Landing Centre	3.40
7.	Development of Goonankuppam Fish Landing Centre	3.40
	TOTAL	155.57

2. Details of Fishing Harbour (FH) and Fish Landing Centre (FLC) projects approved under Blue Revolution in Tamil Nadu:

Sl. No.	Name of the project	Project cost (in ₹ crore)
1.	Mookaiyur FH	113.90
2.	Kunthukal FLC	74.00
	TOTAL	187.90

3. Details of Fishing Harbour projects approved under FIDF in Tamil Nadu:

Sl. No.	Name of the Project	Project Cost (in ₹ crore)
1.	Tharangampadi in Nagapattinam	120.00
2.	ThiruvottriyurKuppam in Tiruvallur District	200.00
3.	Development of existing Fishing Harbour at Mudhunagar in Cuddalore	100.00
4.	Development of Fishing Harbour at Arcottuthurai in Nagapattinam District	150.00
5.	Azhagankuppam in Villupuram District	235.00
6.	Development of Fishing Harbour at Vellapallam in Nagapattinam District	100.00
7.	Expansion and Modernization of Thengapattinam	253.00

	Fishing Harbour in Kanyakumari District	
	TOTAL	1158.00

4. Details of the Fish Landing Centres approved under FIDF in Tamil Nadu

Sl. No.	Name of the Project	Project Cost (In ₹ crore)
1.	Extension of T-Jetty at Tharuvaikulam in Thoothukudi District	10.00
2.	Construction of Fish Landing Centre at Mandapam (North) in Ramanathapuram District.	10.00
3.	Construction of Fish Landing Centre at Mandapam (South) at in Ramanathapuram District.	10.00
4.	Construction of Fish Landing Centre at Kottaipattinam, Pudukottai	3.05
5.	Construction of Fish Landing Centre at Vadakkamapattinam, Pudukottai	1.55
6.	Construction of Fish Landing Centre at Puthukudi	1.40
7.	Providing additional facilities to Fish Landing Centre at Portonovo-Annankovil at Cuddalore District	10.00
8.	Providing additional Infrastructure facilities to Fish Landing Centre at Mudasalodai Village at Cuddalore District	9.50
9.	Construction of Fish Landing Centre at Chandrapadi Village in Nagapattinum District.	10.00
10.	Construction of Fish Landing Centre at Vanagiri Village in Nagapattinum District.	8.00
11.	Construction of Fish Landing Centre Keezhathottam in Thanjavur	8.00
12.	Construction of Fish Landing Centre at Kellamundhal in Ramanathapuram District	10.00
13.	Construction of Fish Landing Centre at Aruvikarai Village in	10.00

	Tirunelveli District	
14.	Establishment of fish landing centre at Sothikuppam and Rasapettai village in Cuddalore District	8.50
15.	Establishment of Fish Landing Centre at Mudhaliyarkuppam and Chettynagar Villages in Villupuram District	7.00
16.	Establishment of Fish landing centre at Chithiraipettai and Nanjalingampettai villages in Cuddalore District	7.50
17.	Establishment of Fish Landing Centre at Pudhukuppam and Anichankuppam Villages in Villupuram District	7.00
18.	Establishment of fish landing centre at Tsunami Nagar and Akkaraigori village in Cuddalore District	4.50
19.	Establishment of fish landing centre at Sonankuppam village in Cuddalore District	5.50
20.	Construction of Fish Landing Centre at Sattankuppam in Thiruvallur District.	8.00
21.	Construction of Fish Landing Centre at Sunnambukulam in Thiruvallur District.	8.00
TOTAL		157.50

PORTAL FOR MISSING WOMEN AND CHILDREN

***203. SHRIMATI BHARTI PARDHI:**

SHRI NARESH GANPAT MHASKE:

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

- (a) the current status of efforts to compile data on missing women and children during the last six years indicating the number of unresolved cases, State-wise;
- (b) the details of the measures being taken to strengthen coordination

- between child welfare committees, police and other stakeholders to ensure prompt tracing, rescue and rehabilitation of missing women and children;
- (c) whether a centralised national portal/digital system has been operationalised to track missing women and children in real time, if so, the details thereof and if not, the reasons for the delay;
- (d) the details of the steps being taken to enhance the capacity of child protection units, including training and deployment of specialised officers across States; and
- (e) the details of the strategies adopted to integrate anti-trafficking measures with child welfare frameworks to reduce the incidences of missing women and children along with their timely protection and rehabilitation?

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

(a): National Crime Records Bureau (NCRB) compiles and publishes data on missing and recovered women & children in the country in its report 'Crime In India'. The said report is available up to the year 2023 and may be seen at www.ncrb.gov.in/crime-in-india-year-wise.html?year=2023&keyword= .

(b) and (c): The Ministry of women and Child Development is the nodal Ministry for the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring safety, security, dignity and well-being of children and is implemented by the States and UTs. The Act creates statutory structures at the State and District levels which include State Child Protection Society, Child Welfare Committees, Juvenile

Justice Boards (JJBs), District Child Protection Units. It also provides for establishment of Child Care Institutions (CCIs).

Under the JJ Act 2015 (Sections 27-30), the Child Welfare Committees (CWCs) have been empowered to take decisions with regard to the children in need of care and protection, keeping their best interest in mind. They are also mandated to monitor the function of the Child Care Institutions (CCIs).

As per Section 106 of the JJ Act 2015, the primary responsibility for the implementation of the Act lies with the State Governments and Union Territory (UT) Administrations.

Under Section 107 of The Juvenile Justice Act, 2015, States and UTs are mandated to constitute Special Juvenile Police Unit (SJPU) in each district and city which should be headed by an officer not below the rank of Deputy Superintendent of Police and to designate one Officer, not below the rank of Assistant Sub Inspector, as a child Welfare Police Officer in every Police Station.

This Ministry is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State and UT Governments to deliver various services for Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL). These services include Institutional Care and Non-Institutional Care. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under non-institutional care, support is provided to the children through

Sponsorship, Foster Care, Adoption and After Care.

This Ministry has directed all State and UT Governments to appoint designated nodal officers for Missing children at State Level and District levels. The details of these nodal officers have been uploaded on Mission Vatsalya portal. Ministry of Home Affairs has also appointed a nodal officer to coordinate with nodal officers from States and UTs on Mission Vatsalya and for collection of data from States and UTs regarding missing children.

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

about any missing or sighted children.

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

The Ministry of Women and Child Development, under Mission Shakti Scheme has a component 'Shakti Sadan', an Integrated Relief and Rehabilitation Home for protection and rehabilitation of victims of trafficking. Shakti Sadan is a home for destitute, distressed, marginalized women and those who are victims of trafficking etc. and also provides help, care and support and all the daily needs and services to such women.

Women Helpline (WHL) is also a component of Mission Shakti. WHL provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services. Women Helpline is operational in 35 States and Union Territories and also integrated with Emergency Response Support System ERSS-112.

(d) and (e): Savitri Bai Phule National Institute of Women & Child Development (SPNIWCD), an autonomous body under this Ministry, organizes training programmes for key stakeholders working on prevention of child trafficking, missing children and care, protection & rehabilitation of women & children. These stakeholders include Anti-human Trafficking Units (AHTUs), Special Juvenile Police Units (SJPU), Railway Police Force (RPF)

Officers, functionaries of DCPU (District Child Protection Units) & Child Welfare Committees (CWCs) etc.

Further, section 143 of BNS defines trafficking as recruiting, transporting, harbouring, transferring, or receiving a person for exploitation using various coercive means. The section outlines severe punishments for trafficking, with higher penalties for trafficking multiple persons or children. Further, Section 144 of BNS, 2023, deals with the exploitation of trafficked persons, including sexual exploitation. The section outlines different punishments for exploiting trafficked children and adults including women, with distinct terms of imprisonment and fines. Section 95 of BNS related to hiring, employing or engaging a child etc. to commit an offence, Section 99 of BNS related to buying a child for the purposes of prostitution are also relevant in the context of human trafficking. Additionally, the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 also recognizes trafficking as a cognizable and non-bailable offence.

'Police' and 'Public Order' are the "State" subjects under the Seventh Schedule to the Constitution of India. The responsibility for preventing and countering the crime of human trafficking, therefore, primarily vests with respective States and Union Territories, who are competent to deal with such offences under extant provisions of law.

However, the Government of India supplements the efforts of the States and Union Territories by providing them guidelines on preventing and countering the crime of human trafficking, in the form of various advisories

issued from time to time. Some of the initiatives of the Central Government are as under:

- i. The Government has provided financial assistance to all States and Union Territories, for upgrading/ setting up Anti Human Trafficking Units (AHTUs) covering all Districts of the States and UTs. Currently, 827 AHTUs are functional including 807 in States and UTs, 15 in Border Security Forces (BSF) and 5 in Sashastra Seema Bal (SSB). SSB has also established dedicated helpline number 1903.
- ii. The Ministry of Home Affairs also provides financial assistance to the States and UTs in holding 'State level conferences' and Judicial Colloquiums', which are aimed at sensitizing the Police/ Law officers of the States and UTs about the latest initiatives/ developments relevant in addressing the issue of human trafficking in a focused and efficient manner.
- iii. A national level communication platform - Crime Multi Agency Centre (Cri MAC) was launched by Ministry of Home Affairs (MHA) on March 12, 2020 for online sharing of information on crime & criminals on 24x7 basis among various Law Enforcement Agencies (LEAs) and ensure seamless flow of information between them. It facilitates dissemination of information about significant crimes including human trafficking cases across the country on a real time basis and enables inter-State coordination.
- iv The Government has mandated the National Investigation Agency (NIA) to investigate cases of human trafficking having inter-state, national and international ramifications.

- v. 14,653 Women Help Desks (WHDs) have been established in Police Stations with financial assistance under Nirbhaya Fund focus on making the Police Stations more women friendly and approachable.
- vi. Investigation Tracking System for Sexual Offences (ITSSO), an online analytical tool, has been launched to monitor and track police investigations in sexual offences as per Criminal Law (Amendment) Act 2018 (now included in BNSS). It enables a regular review by the States and UTs concerned to monitor the progress of case investigation.
- vii. National Database on Sexual Offenders (NDSO) is a database available exclusively to police. It was Launched on 20.09.2018 to facilitate investigation & tracking of sexual offenders, which allows Investigating Officers to track habitual sex offenders along with initiating preventive measures against sexual offences.
- viii. National Database of Human Trafficking Offenders (NDHTO), facilitates the LEAs to search the trafficker's portfolio which provides crime history, personal details, movement, court actions, appeals, visitors, etc. Trafficker's data search provides details for prevention/detection and investigation of such crimes.

The Government of India is committed to enhancing inter-agency collaboration at the national and international levels and strengthening public awareness campaigns to prevent trafficking. The NIA, in conjunction with the new criminal laws and the Immoral Traffic (Prevention) Act, 1956 (ITPA), coupled with the initiatives of the Ministry of Women and Child Development constitute a more

robust framework for handling trafficking offences.

REGULATION OF SUGAR LEVELS IN BABY FOOD PRODUCTS

***204. SHRI RAO RAJENDRA SINGH:**

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

- (a) whether the Government is aware that certain packaged food and infant nutrition products banned or reformulated abroad due to harmful content continue to be sold in the country and if so, the details thereof;
- (b) whether the Government has taken cognizance of the findings of the 2024 joint report by the International Baby Food Action Network (IBFAN) and Public Eye, which states that multinational companies add high levels of sugar to baby food products in low and middle-income countries, while selling sugar-free versions in developed nations and if so, the details thereof;
- (c) whether the Government has initiated any inquiry, review or enforcement action to examine such disparities and ensure compliance with WHO recommendations on sugar limits in infant and child nutrition products; and
- (d) if so, the details thereof along with the outcomes achieved so far and if not, the reasons therefor?

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

(a) : No such information is available with us.

(b) : Based on various media reports including the said report, inspections were conducted on various manufacturing sites engaged in the production of infant food products in the country. On scrutiny of the product labels, the added sugar was found to be in compliance with the provisions under the Food Safety and Standards (Food for Infant Nutrition) Regulations 2020, which are in alignment with the international standards like CODEX and WHO guidelines.

(c) : Further, inspections are conducted regularly at various manufacturing sites engaged in production of infant products in the country to ensure compliance with the WHO recommendations and FSSAI Regulations. Additionally, FSSAI has directed the States/ UT's Food Safety Authorities to conduct legalised targeted special enforcement and surveillance drives, inspections and sampling activities throughout the year. If any deviations from the standards or violations to the FSSR are observed, the defaulting FBOs are subject to regulatory action including punitive measures as stipulated under the FSS Act 2006 and its associated rules.

(d) : Details are given in the enclosed **Statement**.

STATEMENT

Details of the enforcement activity on food for infants in the last 3 years

Details of Enforcement on Infant Milk Substitutes & Infant Food(Weaning Food)									
Year	No. of Samples Analyzed	No. of Samples found non-conforming	Non-Conforming Samples			Civil Cases		Criminal Cases	
			Unsafe	Sub Standard	Labelling defects / Misleading/ Miscellaneous	No. of Convictions	Penalties Raised (Rs.)	No. of Convictions	Penalties Raised (Rs.)
2024-25	522	45	5	18	22	23	2,47,000	0	0
2023-24	231	7	0	1	6	3	2,70,000	0	0
2022-23	389	30	2	11	17	8	1,89,000	1	1,50,000

COMPLAINTS AGAINST JUDGES

***205. SHRI MATHESWARAN V. S.:**

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

- (a) whether the Government is aware of any mechanism used by the Supreme Court to maintain records or database of complaints regarding corruption, sexual misconduct or other serious impropriety received against judges of the High Courts or the Supreme Court;
- (b) if so, the number of such complaints received by the Supreme Court during the last ten years and the action taken thereon, year-wise and if not, the reasons for not maintaining such systematic records despite the existence

of the in-house procedure for judicial accountability;

(c) whether the Government proposes to issue guidelines or take steps to ensure systematic recording, monitoring and accountability of complaints against members of the higher judiciary in the public interest, if so, the details thereof; and

(d) whether the Government has any other mechanism apart from CPGRAMS to collect complaints against judges and forward them to the Supreme Court/High Courts, if so, the details thereof?

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

(a) to (d): Independence of Judiciary is enshrined in the Constitution of India. The complaints received against Judges and Chief Justices of the High Courts are handled by the judiciary through an “in-house mechanism”. The Supreme Court of India, on 7th May, 1997, adopted two Resolutions namely (i) "The Restatement of Values of Judicial Life" which lays down certain judicial standards and principles to be observed and followed by the Judges of the Supreme Court and High Courts and (ii) "In-house procedure" for taking suitable remedial measure against Judges who do not follow the universally accepted values of judicial life including those in the Restatement of values of Judicial Life. As per the established “In-house procedure” for the Higher Judiciary, the Chief Justice of India is competent to receive complaints against Judges of the Supreme Court and Chief Justice of the High Courts. Similarly,

the Chief Justices of the High Courts are competent to receive complaints against the conduct of High Court Judges. Complaints against members of the Higher Judiciary received vide CPGRAMS or in any other form are forwarded to the Chief Justice of India or Chief Justices of High Courts competent to receive such complaints.

As per the information received from the Supreme Court of India, the complaints received in the office of the Chief Justice of India against sitting Judges during the last ten years, are hereunder:

Year	Number of Complaint received
2016	729
2017	682
2018	717
2019	1037
2020	518
2021	686
2022	1012
2023	977
2024	1170
2025	1102

ESTABLISHMENT OF AIIMS IN PEDDAPALLI

***206. SHRI VAMSI KRISHNA GADDAM:**

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

(a) whether the Government has received any proposal or representation

seeking the establishment of an All India Institute of Medical Sciences (AIIMS) in Peddapalli Constituency of Telangana;

(b) if so, the details thereof;

(c) whether the Government has examined the suitability of Peddapalli for establishing/setting up an AIIMS considering factors such as its central location, availability of adequate land, road and rail connectivity and the healthcare needs of the region, if so, the details thereof;

(d) whether any technical or feasibility assessment has been conducted or proposed by the Government to evaluate the requirement for an AIIMS in the Peddapalli Constituency, if so, the details thereof; and

(e) whether the Government proposes to sanction an AIIMS at Peddapalli in the near future, if so, the details thereof along with the steps proposed to be taken to address the healthcare gaps in North Telangana?

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

(a) to (e): Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable/reliable tertiary health care services and augmenting facilities for quality medical education in the country. Till date, under the scheme establishment of 22 All India Institute of Medical Sciences (AIIMS) has been approved in various States/UTs, including AIIMS at Bibinagar in Telangana. Requests have been received in the Ministry for establishment of AIIMS in various parts of the country, including Peddapalli, Telangana. There is no proposal for establishment of an AIIMS in

Peddapalli under the PMSSY.

Further, for expansion and strengthening of tertiary healthcare facilities in the State of Telangana under another component of PMSSY, upgradation of 3 Government Medical Colleges (GMCs) on Centre-State cost sharing basis has been undertaken by way of construction of Super Specialty Blocks, which include (i) Nizam Institute of Medical Sciences, Hyderabad (ii) Rajiv Gandhi Institute of Medical Sciences, Adilabad and (iii) Kakatiya Medical College, Warangal.

Under the National Health Mission (NHM), technical and financial support is provided to the States/UTs for strengthening their healthcare systems. In the year FY 2024-25, Central Release of Rs1110.43cr was made under NHM for the State of Telangana.

Under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), establishment of 31 Critical Care Block (CCBs) have been approved for the Medical Colleges/District Hospitals in the state of Telangana including one in Peddapalli.

अखिल भारतीय आयुर्विज्ञान संस्थान में रिक्त पद

***207. श्री किशोरी लाल:**

श्री बापी हलदर:

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

(क) क्या देश भर के विभिन्न अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) में संकाय और गैर-संकाय श्रेणी के अनेक पद रिक्त हैं;

- (ख) यदि हां, तो स्वीकृत पदों की तुलना में ऐसे रिक्त पदों का संस्थान-वार ब्यौरा क्या है;
- (ग) एम्स जैसे प्रतिष्ठित संस्थानों में चिकित्सकों/संकाय और गैर-संकाय श्रेणी के रिक्त पदों को भरने में विलंब के प्रमुख कारण क्या हैं;
- (घ) क्या विगत तीन वर्षों के दौरान एम्स, दिल्ली के विभिन्न संकायों में कार्यरत अनेक चिकित्सकों द्वारा अपनी सेवाओं से त्यागपत्र दिए जाने की सूचना मिली है;
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (च) क्या सरकार का रोगियों की बढ़ती संख्या को ध्यान में रखते हुए एम्स, रायबरेली के विस्तार हेतु कोई योजना बनाने का विचार है; और
- (छ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): विभिन्न कार्यशील अखिल भारतीय आयुर्वेद विज्ञान संस्थानों (एआईआईएम) में स्वीकृत, भरे हुए और रिक्त संकाय एवं गैर-संकाय पदों का ब्यौरा संलग्न **विवरण** में दिया गया है।

पदों का सृजन और भर्ती एक सतत और गतिशील प्रक्रिया है। संकाय/गैर-संकाय पदों की रिक्तियों को भरना कई कारकों पर निर्भर करता है, जिनमें उपयुक्त/पात्र/योग्य डॉक्टरों/स्वास्थ्य पेशेवरों की उपलब्धता, आरक्षण रोस्टर, संस्थान का स्थान आदि शामिल हैं। पीएमएसएसवाई के तहत नव स्थापित एम्स में स्वीकृत रिक्त पदों को शीघ्रता से भरने के लिए, स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा निम्नलिखित विशेष उपाय किए गए हैं:

- (i) संकाय सदस्यों आदि के चयन के लिए प्रत्येक संस्थान के संबंधित अधिनियम के उपबंधों के अनुसार स्थायी चयन समिति का गठन किया गया है। प्रत्येक संस्थान को वर्ष में स्थायी चयन समिति की चार बैठकों को आयोजित करने का आदेश दिया गया है।
- (ii) नए एम्स में राष्ट्रीय महत्व के संस्थानों (आईएनआई) और सरकारी मेडिकल कॉलेजों (जीएमसी) से 70 वर्ष की आयु तक के सेवानिवृत्त संकाय सदस्यों को प्रोफेसर, एडिशनल

प्रोफेसर और एसोसिएट प्रोफेसर स्तर पर संविदा आधार पर नियुक्त करने का प्रावधान किया गया है।

(iii) भारत के सरकारी संस्थानों या भारत के बाहर के शैक्षणिक संस्थानों में कार्यरत प्रोफेसरों, एडिशनल प्रोफेसरों और एसोसिएट प्रोफेसरों को शिक्षण उद्देश्यों के लिए नए एम्स में विजिटिंग फैकल्टी के रूप में कार्य करने की अनुमति देने के लिए 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) वर्ष में दो बार आयोजित की जाती है।

(v) विभिन्न एम्स में ग्रुप बी और सी के गैर-संकाय पदों पर भर्ती के लिए एम्स दिल्ली द्वारा सामान्य भर्ती परीक्षा (सीआरई) वर्ष 2025 में दो बार आयोजित की गई थी।

(vi) जूनियर रेजिडेंट (अकादमिक) के चयन के लिए राष्ट्रीय महत्व के संस्थान संयुक्त प्रवेश परीक्षा (आईएनआई-सीईटी) और विभिन्न एम्स में सीनियर रेजिडेंट (अकादमिक) के चयन के लिए राष्ट्रीय महत्व का संस्थान सुपर स्पेशलिटी (आईएनआई-एसएस) परीक्षा एम्स दिल्ली द्वारा वर्ष में दो बार आयोजित की जाती है।

(घ) और (ङ): वर्तमान में, एम्स नई दिल्ली में 860 संकाय सदस्य कार्यरत हैं। पिछले तीन वर्षों के दौरान एम्स नई दिल्ली में संकाय सदस्यों द्वारा दिए गए इस्तीफे का वर्षवार विवरण निम्नलिखित है:

वर्ष	2023	2024	2025
त्यागपत्र देने वाले संकाय-सदस्यों	19	13	12

(च) और (छ): एम्स रायबरेली वर्तमान में 610 बिस्तर के साथ कार्यशील है। संस्थान में फिलहाल 34 कार्यशील विभाग हैं, जिनमें 25 सामान्य विशेषज्ञताएँ और 9 सुपर विशेषज्ञताएँ शामिल हैं। संस्थान में विभिन्न सुविधाओं का विस्तार चरणबद्ध तरीके से किया जाता है।

विवरण
सभी एम्स में संकाय और गैर-संकाय पदों की स्थिति

क्र. सं.	एम्स	संकाय पद			गैर-संकाय पद		
		स्वीकृत	पदस्थ	रिक्त	स्वीकृत	पदस्थ	रिक्त
1.	नई दिल्ली (दिल्ली)	1306	860	446	13911	11369	2542
2.	भोपाल (मध्य प्रदेश)	312	241	71	3874	2920	954
3.	भुवनेश्वर (ओडिशा)	337	238	99	3963	2937	1026
4.	जोधपुर (राजस्थान)	405	221	184	4048	3322	726
5.	पटना (बिहार)	305	219	86	3884	2752	1132
6.	रायपुर (छत्तीसगढ़)	305	200	105	3884	2815	1069
7.	ऋषिकेश (उत्तराखंड)	355	229	126	4095	2951	1144
8.	बठिंडा (पंजाब)	219	143	76	2090	1453	637
9.	बीबीनगर (तेलंगाना)	183	132	51	1374	898	476
10.	बिलासपुर (हिमाचल प्रदेश)	217	130	87	1511	987	524
11.	देवघर (झारखंड)	208	132	76	1712	940	772
12.	गोरखपुर (उत्तर प्रदेश)	213	117	96	1492	949	543
13.	गुवाहाटी (असम)	183	117	66	1630	879	751
14.	जम्मू (जम्मू और कश्मीर)	183	119	64	1311	935	376
15.	कल्याणी (पश्चिम बंगाल)	309	175	134	2221	1171	1050
16.	मदुरै (तमिलनाडु)	183	70	113	911	40	871
17.	मंगलगिरि (आंध्र प्रदेश)	309	171	138	1953	1291	662
18.	नागपुर (महाराष्ट्र)	373	238	135	2107	1395	712
19.	रायबरेली (उत्तर प्रदेश)	209	111	98	1613	1120	493
20.	राजकोट (गुजरात)	183	78	105	1410	665	745

INCREASE IN MEDICAL SEATS

***208. SHRI DUSHYANT SINGH:**

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

(a) whether the Government has recently given approval to increase the

number of undergraduate and post-graduate medical seats across the country, if so, the details thereof;

(b) whether any steps have been envisaged to ensure that aspirational and underserved regions of the country, particularly in Rajasthan receive priority in allocation of new seats;

(c) if so, the details thereof, State/UT-wise;

(d) whether the Government has introduced new regulations for a more inclusive and competency-based approach to medical faculty recruitment, if so, the details thereof; and

(e) the manner in which these reforms are likely to address regional disparities in medical education and meet the shortage of qualified faculty?

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

(a) to (e): The Government has approved Phase-III of the Centrally Sponsored Scheme (CSS) for strengthening and upgradation of existing State Government/ Central Government Medical Colleges/ Standalone PG Institutes/ Government Hospitals for increasing 5,000 PG seats and extension of the CSS for upgradation of existing government medical colleges for increasing 5,023 MBBS seats with an enhanced cost ceiling of ₹1.50 crore per seat from financial year 2025-26 to 2028-29. Guidelines for implementation of these schemes have been issued in November 2025 wherein States and UTs including Rajasthan have been requested to send the Detailed Project Report with proper Gap Analysis. While sending the proposals, States have been requested to give priority to the

institutes in underserved/rural areas and certain broad specialities.

National Medical Commission (NMC), as an apex regulatory body entrusted with the responsibility of maintaining the quality of medical education has notified various Regulations namely Minimum Standards Requirement (MSR), Graduate Medical Education Regulations (GMER), 2023, Maintenance of Standards of Medical Education Regulations, 2023 (MSMER-2023), Competency-Based Medical Education (CBME) Curriculum Guidelines 2024 and Medical Institutions (Qualifications of Faculty) Regulations, 2025. The amendments introduced in the new Medical Institution (Qualifications of Faculty) Regulations 2025 are designed to significantly expand the pool of qualified faculty by adopting a more inclusive, competency-based recruitment system. Further, recognising more hospitals as teaching institutions and relaxing norms for starting and expanding courses further supports the growth of medical colleges in semi-urban and rural regions, promoting more equitable access to medical education nationwide. All these reforms promote equitable access to medical education and strengthen the overall healthcare workforce across the country.

महिला एवं बाल कल्याण योजनाएं

***209. श्रीमती संध्या राय:**

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

(क) विगत तीन वर्षों के दौरान भिंड-दतिया संसदीय निर्वाचन क्षेत्र में आंगनवाड़ी सेवाओं, पोषण अभियान योजना, प्रधान मंत्री मातृ वंदना योजना, बेटी बचाओ-बेटी पढ़ाओ योजना तथा

अन्य महिला एवं बाल कल्याण योजनाओं के अंतर्गत जिला-वार कितने लोग लाभान्वित हुए हैं;

- (ख) इन योजनाओं पर उक्त अवधि के दौरान उक्त निर्वाचन क्षेत्र में व्यय की गई धनराशि का जिला-वार ब्यौरा क्या है;
- (ग) क्या उक्त निर्वाचन क्षेत्र के अनेक ग्रामीण और पिछड़े क्षेत्रों में इन योजनाओं का लाभ लक्षित/चिन्हित लाभार्थियों तक नहीं पहुंच पा रहा है और किए गए व्यय और लाभार्थियों की वास्तविक संख्या के बीच असंगति के संबंध में शिकायतें प्राप्त हुई हैं; और
- (घ) यदि हां, तो उक्त निर्वाचन क्षेत्र में इन योजनाओं के कार्यान्वयन में पारदर्शिता, निगरानी और जवाबदेही सुनिश्चित करने के लिए सरकार द्वारा क्या विशेष कार्य योजना बनाई गई है, कौन-सा संपरीक्षा तंत्र स्थापित किया गया है तथा क्या समय-सीमा निर्धारित की गई है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क): भिंड-दतिया संसदीय निर्वाचन क्षेत्र में मंत्रालय की योजनाओं के तहत लाभार्थियों की जिला-वार जानकारी संलग्न **विवरण-I** में दी गई है।

(ख): मंत्रालय के मिशनों के तहत, योजना कार्यान्वयन के लिए राज्यों और संघ राज्य क्षेत्रों को निधि जारी की जाती है, संसदीय निर्वाचन क्षेत्रों/जिलों को सीधे निधि जारी नहीं की जाती है। विगत तीन वर्षों के दौरान मध्य प्रदेश राज्य को मंत्रालय के मिशनों के तहत जारी की गई निधि का ब्यौरा संलग्न **विवरण -II** में दिया गया है।

(ग) और (घ): मंत्रालय द्वारा कार्यान्वित सभी योजनाएँ केंद्र प्रायोजित योजनाएँ (सीएसएस) हैं और इनका कार्यान्वयन राज्यों एवं संघ राज्य क्षेत्रों द्वारा किया जाता है। इन योजनाओं के लिए बजट आवंटन को अंतिम रूप राज्यों/संघ राज्य क्षेत्रों से उनकी आवश्यकताओं और विगत वर्षों के व्यय के रुझान के संबंध में प्राप्त सूचना के आधार पर दिया जाता है। इसके अतिरिक्त, सीएसएस के तहत, राज्यों एवं संघ राज्य क्षेत्रों को, अपने हिस्से की निधि देना, कुल उपलब्ध निधि का न्यूनतम 75% व्यय करना और व्यय विवरण (एसओई) एवं उपयोग प्रमाण पत्र प्रस्तुत करना आवश्यक है

ताकि मंत्रालय केंद्रीय निधि का हिस्सा जारी कर सके। यदि उपर्युक्त शर्तें पूरी नहीं होती हैं, तो केंद्रीय निधि का जारी करना प्रभावित होता है/इसे जारी करने में विलम्ब होता है, जिसके परिणामस्वरूप वित्तीय वर्ष के अंत में अप्रयुक्त शेष राशि बच जाती है।

निधि के उपयोग सहित योजनाओं के कार्यान्वयन की समीक्षा नियमित रूप से विभिन्न उच्च स्तरों पर प्रत्यक्ष बैठकों (फिजिकल मीटिंग), वीडियो कॉन्फ्रेंस और फील्ड विजिट के माध्यम से की जाती है।

विवरण-I

भिंड-दतिया संसदीय निर्वाचन क्षेत्र में मंत्रालय की योजनाओं के अंतर्गत लाभार्थियों की संख्या का जिला-वार ब्यौरा।

मिशन	योजना	श्रेणी	भिंड जिला	दतिया जिला
मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (31.01.2026 तक)		गर्भवती महिलाएं	5800	3574
		स्तनपान कराने वाली माताएं	6130	4047
		बच्चे (0-6 वर्ष)	1,17,743	73,806
मिशन वात्सल्य (वित्तीय वर्ष 2024-25)		संस्थागत देखरेख में लाभार्थी	2303*	
		गैर-संस्थागत देखरेख में लाभार्थी	20572*	
मिशन शक्ति	वन स्टॉप सेंटर (30.09.2025 तक)	सहायता प्राप्त महिलाएं	1,33,647*	
	महिला हेल्पलाइन (31.12.2025 तक)	सहायता प्राप्त महिलाएं	297922*	
	प्रधानमंत्री मातृ वंदना योजना (वित्तीय वर्ष 2022-23 से 2024-25)	भुगतान प्राप्त लाभार्थी	41,181	26,280

*चूंकि लाभार्थियों का जिला-वार विवरण नहीं रखा जाता है, इसलिए मध्य प्रदेश राज्य के लिए लाभार्थियों की संख्या दी गई है।

विवरण-II

विगत तीन वर्षों के दौरान मध्य प्रदेश राज्य को मंत्रालय के मिशनों के तहत जारी की गई निधि का ब्यौरा।

(करोड़ रुपये)

क्र.संख्या	वित्तीय वर्ष	मिशन सक्षम आंगनवाड़ी और पोषण 2.0	मिशन वात्सल्य	मिशन शक्ति
1.	2022-23 to 2024-25	3,279.22	225.00	629.1

LABOUR ROOM QUALITY IMPROVEMENT INITIATIVE

***210. SHRI BAIJAYANT PANDA:**

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

- whether the Government has implemented the Labour Room Quality Improvement Initiative (LaQshya) across health institutions in Odisha, if so, the type of facilities covered as of 2025;
- the details of labour rooms and maternity operation theatres in the State that have received National-level LaQshya certifications;
- whether the programme has been rolled out in tribal districts and if so, the outcomes achieved in terms of maternal satisfaction scores, reduction in stillbirth rates and service quality indicators; and
- the details of capacity-building or training initiatives for healthcare staff under LaQshya for Odisha?

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

(a) and (b): The Ministry of HEALTH AND FAMILY WELFARE, Government of India has implemented LaQshya (Labour Room Quality Improvement initiative) in Labour Rooms (LRs) & Maternity Operation Theatres (MOTs) across the country including the State of Odisha. The types of public health facilities covered are Medical College Hospitals, District Hospitals, Sub-District Hospitals and Community Health Centres.

The Labour Rooms (LRs) and Maternity Operation Theatres (MOTs) in the Odisha State who received National level LaQshya Certifications as on 31st Jan 2026 are as under-

Type of Health facility	Number of Facilities received National level LaQshya Certification-	
	LR	MOT
Total	30	26
Medical College Hospital	1	1
District Hospital	23	22
Sub-District Hospital	4	1
Community Health Centres	2	2

(c): The LaQshya programme has been rolled out in all States/UTs including tribal districts in India. The programme improvements are as under-

- There has been reduction in Maternal Mortality Ratio from 130 (SRS

2014-16) to 88 (SRS 2021-23)

- Stillbirth Rate of India has reduced from 12.5 (2020-21) to 9.4 (2025-26) (Source: HMIS as on Jan 2026).
- The percentage of Institutional Delivery in India has increased from 78.9% as per NFHS-4 (2015-16) to 88.6% as per NFHS-5 (2019-21).

(d): As per the information received from the State of Odisha, the details of capacity building initiatives for healthcare staff under LaQshya programme include the following:-

- State level orientation on "LaQshya Programme" for Programme officers and Programme Managers.
- State level orientation workshop on Labour Room (LR) standardization for Additional District Medical Officer (Medical), Deputy Manager Reproductive Child Health (DMRCHs) and Hospital Managers.
- State level training on LaQshya for Hospital Managers of First Referral Units (FRUs) & Medical Colleges.
- State level Training of Trainers (ToT) for Scaling up of Respectful Maternity Care (RMC) under LaQshya.
- District level training on "LaQshya Programme" for Obs. & Gyn. Specialist, Programme Officers and Programme Managers.
- Facility Level Training on Respectful Maternity Care (RMC) at District Hospitals/First Referral Units.

PM-PRANAM SCHEME

***211. SHRI DINESHBHAI MAKWANA:**

SHRI BIBHU PRASAD TARAI:

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

- (a) the manner in which the Government monitors the utilisation of funds under Prime Minister Programme for Restoration, Awareness, Nourishment and Amelioration of Mother Earth (PM-PRANAM) including any third-party audit or verification mechanism, State/UT-wise;
- (b) the details of utilisation certificates submitted so far, State-wise;
- (c) whether any timelines have been prescribed to create assets using these funds, if so, the details thereof, State/UT-wise; and
- (d) whether the scheme has led to increased adoption of organic or natural farming practices and if so, the details thereof including the area covered under the said scheme and the number of farmers benefited therefrom, State-wise?

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

(a) to (c): Under the PM-PRANAM scheme, there is a provision to provide incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, equivalent to 50% of the fertilizer subsidy saved. Of the total grant, 95% will be allocated to the State, while the remaining 5% will be utilized for monitoring, IEC, research, capacity building and reward purposes.

PM-PRANAM scheme is funded from savings of fertilizer subsidy arising out of reduction in consumption of chemical fertilizers. As per guidelines of PM-PRANAM Scheme, States/UTs are required to submit Action Plans with utilization of the grants at the beginning of each financial year. Utilization Certificates must be provided at the end of the financial year. Grants for subsequent years are based on the proper utilization of the previous grants. No incentives have been disbursed to the concerned States / Union Territories till date.

(d): Under PM-PRANAM, States/UTs are incentivised for reduction in the use of chemical fertilizers for promoting alternative fertilizers through following initiatives:-

- i. Encouraging adoption of alternative fertilizers such as organic, bio, and nano fertilizers for eco-friendly agriculture.
- ii. Extending support for natural and organic farming practices.
- iii. Promoting resource conservation technologies such as micro-irrigation and zero tillage.
- iv. Encouraging adoption of Integrated Nutrient Management (INM) practices for maintaining soil fertility and ensuring optimum plant nutrient supply.
- v. Promoting and leveraging existing Government of India schemes such as Paramparagat Krishi Vikas Yojana (PKVY) and Mission Organic Value Chain Development for North Eastern Region (MOVCDNER) for promotion of organic and National Mission on Natural Farming (NMNF) for promotion of natural farming.

Department of Agriculture and Farmers Welfare informed that under the PKVY scheme (as on 31.12.2025), 18.84 lakh hectares area has been covered and 33.93 lakh farmers benefited from the scheme since its inception (2015-16). Under the MOVCDNER Scheme (as on 31.12.2025), 2.36 lakh hectares area has been covered and 2.70 lakh farmers benefited from the scheme since its inception (2015-16). Under the National mission on Natural farming (NMNF) scheme (as on 09.02.2026), 8.57 lakh hectares area has been covered and 17.45 lakh farmers enrolled. The State/UT wise details of the area covered and the number of farmers enrolled under National Mission on Natural Farming (NMNF) scheme (as on 09.02.2026) are given in the enclosed **Statement**.

STATEMENT

State/UT wise details of the area covered and the number of farmers enrolled under National Mission on Natural Farming (NMNF) scheme (as on 09.02.2026)

Sl. No.	States/UTs	Farmer Enrolment	Area covered (in Ha)
1	Andaman & Nicobar Islands	250	100
2	Andhra Pradesh	407373	272847.47
3	Arunachal Pradesh	453	130.68
4	Assam	3721	2581.68
5	Bihar	50008	21253.51
6	Chhattisgarh	55061	23574.91
7	Dadra & Nagar Haveli and Daman & Diu	0	0
8	Delhi	375	150
9	Goa	1545	607.33
10	Gujarat	86862	42155.09
11	Haryana	10325	9098.19

12	Himachal Pradesh	61752	21981.62
13	Jammu & Kashmir	19387	6619.25
14	Jharkhand	11201	4498.67
15	Karnataka	122731	65072.1
16	Kerala	16530	6162.97
17	Ladakh	563	208.86
18	Madhya Pradesh	142676	82933.59
19	Maharashtra	136085	37901.21
20	Manipur	6316	2680.87
21	Meghalaya	5902	2066.62
22	Mizoram	13016	8361.46
23	Nagaland	7212	3158.72
24	Odisha	60415	24044.91
25	Puducherry	747	249.25
26	Punjab	5104	1768.24
27	Rajasthan	206492	90242.67
28	Tamil Nadu	5819	2613.23
29	Telangana	61173	35774.89
30	Tripura	13604	5218.94
31	Uttar Pradesh	210774	73732.32
32	Uttarakhand	22481	9522.03
33	West Bengal	0	0
Total		1745953	857311.28

PERFORMANCE OF AYUSH SURAKSHA PORTAL

***212. ADV. CHANDRA SHEKHAR:**

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

- (a) the details of the performance of AYUSH Suraksha Portal since its launch in 2025, including number of misleading advertisement complaints received, ADRs reported, actions taken and integration with State

Licensing Authorities/CDSCO as of January 2026;

- (b) the steps taken by the Government to ensure effective enforcement amid concerns that portal usage remains low and enforcement gaps persist post-Supreme Court directives; and
- (c) the manner in which the portal aligns with World Health Organisation (WHO) guidelines on ethical marketing of traditional medicines and World Bank recommendations on strengthening regulatory systems for consumer protection in health 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) and (b): Ministry of Ayush has launched an IT enabled online portal “Ayush Suraksha” to track the reported Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and Adverse Drug Reactions (ADRs) on 30th May 2025. The portal features a centralized dashboard for capturing of MLAs/OAs and tracking of suspected ADRs for prompt regulatory action and comprehensive data analysis.

The portal has been aligned with the National Pharmacovigilance Program through its three-tier network like Peripheral Pharmacovigilance Centres (PPvC), Intermediary Pharmacovigilance Centres (IPvC) and National Pharmacovigilance Coordination Centre (NPvCC). Further, the portal is integrated with State/UTs (Ayush) Licensing Authorities, and Central Government bodies like Ministry of Information and Broadcasting (MoI&B),

Central Consumer Protection Authority (CCPA), National Commission for Indian System of Medicine (NCISM), National Commission for Homoeopathy (NCH), Press Council of India (PCI) and Food Safety and Standards Authority of India (FSSAI) for taking appropriate action.

The portal also allows consumers, Ayush healthcare professionals to report MLAs /OAs, ADRs and regulatory authorities to monitor them. All complaints on the portal can be reviewed by National Pharmacovigilance Coordination Centre (NPvCC) and Ministry of Ayush, thus promoting transparency and accountability in the regulatory framework.

All MLAs/OAs and suspected ADRs submitted on the portal since its launch till January 2026 were already forwarded to concerned authorities for further necessary action. The details are given in the enclosed **Statement-I**.

As per the information received from State/UT Governments, the details of action taken on Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) submitted on the portal since its launch till January 2026 are given in the enclosed **Statement-II**.

Further, in pursuance of clause (b) of sub-section (3) of section 79 of the Information Technology Act, 2000 (21 of 2000) read with clause (d) of sub-rule (1) of rule 3 of the Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021, Central Government vide Gazette notification no S.O. 5323(E) dated 19/11/2025 designated, the Coordinator, National Pharmacovigilance Coordination Centre, All India Institute of Ayurveda, New Delhi, as the nodal officer for the purpose of issuing notice to

intermediaries in relation to any information, data or communication link residing in or connected to a computer resource controlled by the intermediary being used to commit the unlawful act, in respect to the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954), the National Commission for Indian System of Medicine Act, 2020 (14 of 2020) and the National Commission for Homeopathy Act, 2020 (15 of 2020).

To ensure effective enforcement, regular citizen-centric awareness and outreach programs have been conducted since the launch of the portal. Further, State/UTs Licensing Authorities has been sensitized on Ayush Suraksha Portal and for taking actions to curb misleading advertisements in the training program conducted on 09.01.2026 at Gandhinagar, Gujarat.

(c): The objectives of Pharmacovigilance system in Ayush is aligned with the World Health Organization (WHO) Global Traditional Medicine Strategy (2025-2034). The portal also aligns with the WHO Guidelines on “Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems (2004)”, which emphasize that the safety of herbal medicines should be monitored through national pharmacovigilance systems integrated within existing regulatory frameworks to improve risk detection and protect public health by establishing a pharmacovigilance network involving national centres, health facilities, pharmacies, consumers, and manufacturers so that all stakeholders participate in reporting adverse events.

STATEMENT-I

The details of Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and suspected Adverse Drug Reactions (ADRs) submitted on the portal since its launch till January 2026 are:

Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and suspected Adverse Drug Reactions (ADRs) submitted to portal		
Submitted by	MLAs/OAs	Suspected ADR's
Public	53	0
NPvCC, All India Institute of Ayurveda, New Delhi	46	0
IPvC, Institute of Teaching and Research in Ayurveda, Jamnagar	810	57
IPvC, National Institute of Ayurveda, Jaipur	4763	63
IPvC, National Institute of Homoeopathy, Kolkata	288	0
IPvC, National Institute of Unani Medicine, Bengaluru	2030	49
IPvC, National Institute of Siddha, Chennai	1080	24
Total	9070	193

STATEMENT-II

As per the information received from State/UT Governments, the details of action taken on Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) submitted on the portal since its launch till January 2026 are as follows:

S. No.	States/UTs Governments	No of complaints received on portal	Action Taken thereon
1.	Odisha	232	213
2.	Gujarat	136	136
3.	Uttarakhand	225	225
4.	Madhya Pradesh	910	204
5.	Tripura	42	15

6.	Kerala	103	52
7.	Maharashtra	1024	1024
8.	Tamil Nadu	714	551
9.	Haryana	Nil	-
10.	Arunachal Pradesh	Nil	-
11.	Goa	Nil	-
12.	Puducherry	Nil	-
13.	Himachal Pradesh	Nil	-
14.	Uttar Pradesh	Nil	-
15.	Mizoram	Nil	-

DEVELOPMENT OF BEYPORE AND KOLLAM PORTS

***213. SHRI M. K. RAGHAVAN:**

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

- (a) whether the Union Government has held consultations with the Government of Kerala regarding the development of Beypore and Kollam Ports as satellite/feeder ports of International Transhipment Deepwater Port;
- (b) if so, the outcomes of such consultations;
- (c) whether the Government has assessed the potential role of Beypore Port in handling feeder cargo, coastal shipping and transhipment support for Vizhinjam Port; and
- (d) if so, the estimated cargo volumes and economic benefits expected therefrom?

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

(a) to (d): The Ports other than Major Ports (OTMPs) are under the administrative control of the respective State Government/ Union Territory. As per information furnished by the Government of Kerala no discussions have taken place so far between the Union Government and the Government of Kerala regarding the development of Beypore and Kollam Ports as satellite/ feeder ports. Further, it has been informed that upon the completion of the second phase of the Vizhinjam International Seaport, the OTMPs in Kerala including Beypore, are expected to witness an increase in coastal cargo movement. No specific study has been undertaken by the State Government regarding estimated cargo volumes or likely economic benefits in this regard.

IRREGULARITIES IN AB-PMJAY

***214. SHRI LAVU SRIKRISHNA DEVARAYALU:**

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

- (a) whether the Government has received cases/complaints of irregularities or violations done by hospitals in Andhra Pradesh under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) scheme;
- (b) if so, the details thereof alongwith the nature of such violations;
- (c) the details of actions taken against such hospitals in the said State, specifically the total number of hospitals de-empanelled, suspended or

penalised along with the amount of penalty levied, during the last five years, district-wise;

(d) the details of the specific methods and technologies employed by the National Anti-Fraud Unit (NAFU) to detect and prevent fraudulent activities under the scheme; and

(e) the details of the coordination mechanism adopted by NAFU with the State Anti-Fraud Units (SAFU) in terms of data sharing, investigation protocols and real-time monitoring to ensure timely identification and action against fraudulent entities?

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

(a) to (e): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is governed on a zero-tolerance approach towards fraud. National Anti-Fraud Unit (NAFU) uses AI/ML-based automated triggers to flag unusual claim patterns such as duplicate entries, inflated procedures, or misuse of patient identity, etc. Regular capacity-building workshops and field-level training sessions are conducted to strengthen the overall anti-fraud framework of AB-PMJAY.

NAFU works in close coordination with the State Anti-Fraud Units (SAFU) to investigate and take action against cases of fraud. Cases flagged as suspicious by the automated triggers are routed to the respective State Health Authorities for adjudication. Appropriate actions including suspension, issuance of show cause notices, warning letter, de-empanelment of hospitals, levying

penalty lodging of FIRs are taken against fraudulent entities.

In Andhra Pradesh, 3 hospitals have been de-empanelled, 59 hospitals suspended and 360 hospitals have been levied penalty amounting to Rs. 39.23 crore during the last five years for various violations. The district-wise details of such action taken are at Statement.

STATEMENT

District-wise detail of action taken against hospitals in the State of Andhra Pradesh during the last five years (FY 2020-21 to FY 2024-25)

District	Total number of hospitals on which penalty has been levied	Total amount of penalty levied (Rupees in crore)	Number of hospitals suspended	Number of hospitals de-empanelled
ANAKAPALLI	2	0.02	-	-
ANANTHAPURAM U	22	1.74	6	-
ANNAMAYA	6	0.04	-	-
CHITTOOR	6	0.21	-	-
DR. BR AMBEDKAR KONASEEMA	8	0.01	-	-
EAST GODAVARI	17	0.31	14	-
ELURU	3	0.27	1	-
GUNTUR	30	11.90	4	-
KAKINADA	14	0.37	-	-
KRISHNA	1	0.01	1	-
KURNOOL	27	6.58	2	-
NANDYALA	3	0.19	1	-
NTR	22	0.40	-	-
PALNADU	23	0.76	1	1
PRAKASAM	13	0.12	1	-

SPSR NELLORE	23	1.14	1	-
SRI SATHYA SAI	6	0.68	-	1
SRIKAKULAM	8	0.16	-	-
TIRUPATI	33	0.95	1	1
VISAKHAPATNAM	52	11.39	4	-
VIZIANAGARAM	2	0.07	-	-
WEST GODAVARI	15	0.15	2	-
YSR KADAPA	24	1.78	20	-

INCREASE IN HONORARIUM FOR ASHA WORKERS

*215. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

- (a) whether the Government is aware that ASHA workers and ASHA Block Facilitators (BFs) under the National Health Mission have not received a fair increase in their honorarium despite working tirelessly, including during COVID-19, if so, the details thereof;
- (b) whether it is true that many ASHA workers face delays or non-payment of their monthly incentives due to report-based payment systems, if so, the details thereof;
- (c) whether any steps are being taken by the Government to grant them Government employee status, social security and pension benefits, if so, the details thereof;
- (d) whether the Government proposes to clear pending dues for work done under schemes like Aarogya Lavinivani since October 2021; and

(e) if so, the details thereof and the timeline fixed to ensure regular, timely and increased payments to ASHA workers and BFAs and fulfil their longstanding demands?

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

(a) to (e): The primary responsibility of strengthening public healthcare system, including support for ASHA and ASHA Facilitator lies with the respective State/UT Governments. 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 are envisaged to be community health volunteer and are entitled to task/activity based incentives. ASHAs receive a fixed incentive per month for routine and recurring activities. ASHA Facilitators receive Rs. 300/- per visit and undertake about 20 supervisory visits per month under NHM.

Additionally, ASHAs are provided performance-based incentives for a varied set of activities under various National Health Programmes. 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 honorarium 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) along with ANMs based on monitored performance indicators (up to ₹1000 per month). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, Cycle, Mobile, CUG Sim, ASHA Diary, Drug Kit, etc.

ASHAs and ASHA Facilitators are covered under Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit of Rs. 2.00 Lakh in case of death of the insured, Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability and Rs. 1.00 lakh for partial disability. Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of Rs. 3,000/- pm after age of 60 years. Also, ASHAs along with their family members are provided with health care annual coverage of Rs 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

The Government has also approved a recognition amount of ₹20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as an acknowledgement of their contribution.

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.

NATIONAL INSTITUTES OF PHARMACEUTICAL EDUCATION AND RESEARCH

***216. SHRI GODAM NAGESH:**

SHRI KHAGEN MURMU:

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

- (a) whether research centres have been set up in all the seven National Institutes of Pharmaceutical Education and Research (NIPERs);
- (b) if so, the quantum of funds released so far for setting up the said centres;
- (c) the number of research projects that received early in-principle approval under the Promotion of Research and Innovation in Pharma MedTech Sector (PRIP) scheme between October and December 2025, State and district-wise including Keonjhar, Nabarangpur and Malkangiri in Odisha;
- (d) the number of priority/special research projects that received higher financial support under the said scheme by December 2025, State/district-wise including the said districts; and
- (e) the number of startups and MSMEs that received full funding for early-stage research projects under the said scheme, State and district-wise?

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

(a) and (b): Yes Sir. The Department has established seven Centres of Excellence (CoEs), one each at seven NIPERs, under Component A of the Promotion of Research & Innovation in MedTech Sector (PRIP) scheme. A total amount of ₹183.46 crore has been released for setting up these centres till 31.1.2026.

(c) to (e): Under Component B of the PRIP Scheme, a total of 710 research projects, were received from industry, start-ups and MSMEs by the closing date of 19.11.2025, including projects in priority areas that are eligible for higher financial support under the PRIP scheme. Approval for financial assistance under the scheme, including full funding assistance and higher funding assistance to eligible projects is provided after a multi-stage appraisal process, as prescribed under the scheme guidelines. Proposals were invited through a nationwide call without any state-wise categorisation. Consequently, the Scheme does not compile or maintain State and district-wise details of research proposal from industry, start-ups, MSME or institutions, including thoses from Odisha.

WATERWAYS DEVELOPMENT COUNCIL 3.0

***217. SHRI RAVINDRA VASANTRAO CHAVAN:**

SHRI SUDHEER GUPTA:

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

to state:

- (a) whether the Waterways Development Council (WDC) 3.0 has approved projects worth approximately Rs.15,000 crore, if so, the details thereof;
- (b) the details of the projects approved, including their nature, locations and estimated cost alongwith the National Waterways covered under the said projects, State-wise;
- (c) whether the Union Government/WDC has held any consultation with the State Governments or other stakeholders in this regard and if so, the details thereof;
- (d) the names of the operational projects and the time by which the said projects are likely to be completed;
- (e) the likely impact of the said projects on cargo movement, logistics efficiency, employment generation and tourism in the country; and
- (f) the measures taken/being taken to ensure timely execution and environmental sustainability of the said projects?

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

(a), (b) and (d): During the 3rd meeting of Inland Waterways Development Council (IWDC3.0) held on 23.01.2026 at Kochi, Kerala, the projects worth Rs. 1,515 Cr. were identified. The details of the projects are given in the enclosed **Statement.**

(c): All these projects have been planned in consultation with the respective State Governments and Stakeholders at various forums including IWDC.

(e): Impacts of the projects are: (i) Boosting Cargo and Cruise movement (ii) Enhancing Navigability and Terminal Operations (iii) Improving Passenger and Vehicular Movement (iv) Expanding Cruise Tourism Network and (v) Thrust to Regional Logistics and Connectivity in various regions.

(f): The projects are being or will be implemented through time-bound action plans with clear milestones. Timely execution is ensured through regular reviews by Ministry of Ports, Shipping & Waterways (MoPSW) and the Inland Waterways Authority of India (IWAI), an autonomous body under the MoPSW. It is also ensured through coordination with State Governments and other stakeholders. Environmental sustainability is ensured by carrying out environmental and social impact assessments, obtaining statutory clearances wherever required, adopting eco-friendly construction practices and continuous monitoring for compliance of environmental regulations.

STATEMENT

The details of the projects of Inland Waterways Development Council (IWDC3.0)

Sl. No.	Project	Value (In Rs. Crore)	National Waterway	Location / State	Expected completion
Laying of Foundation Stone					
1	River Cruise Jetties	51.00	NW-3, NW-4, NW- 100, NW- 14, NW-64, NW- 51 &NW-90	Kerala, Gujarat, Odisha & Telangana	October, 2026
2	Ro-Ro / Cargo Terminal	19.00	NW-4	Muktyala&Harishchandrapuram, Andhra Pradesh	October, 2026 & March, 2027

3	Onshore Facilities	80.00	NW-49	Jammu & Kashmir	March, 2027
	Sub Total	150			
Asset Procurement					
1	1 Survey Vessel	3.15	NW-3	Kerala	December, 2026
2	4 Ro-Pax jetties	10.10	NW-1	Bihar, Jharkhand & West Bengal	April, 2026
3	20 Pontoons	55.10	NW-1	Bihar & West Bengal	September, 2026
4	8 Quick Pontoon Opening Mechanism	80.61	NW-1	Uttar Pradesh & Bihar	August, 2027
5	4 Hybrid Survey Vessels	41.51	NW-1	Uttar Pradesh, Bihar, Jharkhand & West Bengal	February, 2027
6	8 Amphibian Dredgers	81.00	NW-1	Uttar Pradesh, Bihar, Jharkhand & West Bengal	June, 2027
7	4 Cutter Suction Dredgers	130.99	NW-1	Uttar Pradesh, Bihar, Jharkhand & West Bengal	November, 2027
8	3 sets of Tug-Barge Units	62.54	NW-1	Uttar Pradesh, Bihar, Jharkhand & West Bengal	April, 2028
	Sub Total	465			
Announcements					
1	Slipway Facility	50.00	NW-3	Kochi, Kerala	December, 2027
2	Approach Road	144.00	NW -2	Bogibeel, Assam	March, 2028
3	110 Jetties	496.00	NW-5, NW-22, NW-64 & NWs in NER	Odisha & North Eastern States	April, 2028
4	Cruise Terminal	70.00	NW-2	Uzzan Bazar, Assam	April, 2028

5	10 Hybrid Electric vessels	76.00	NW-49	Jammu & Kashmir	December, 2026
6	National River Traffic & Navigation System	64.00	NW-28	Maharashtra	March, 2027
	Sub Total	900			
	Grand Total	1515			

रासायनिक उर्वरकों की कमी

*218. श्री वीरेन्द्र सिंह:

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

- (क) क्या देश के विभिन्न राज्यों विशेषकर उत्तर प्रदेश में रासायनिक उर्वरकों की कमी के कारण कृषि कार्यकलापों पर प्रतिकूल प्रभाव पड़ रहा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लिमिटेड (इफको), जो किसानों का उर्वरकों के लिए सबसे पसंदीदा और विश्वसनीय स्रोत है, वर्तमान में उर्वरकों की कम आपूर्ति कर रहा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या इफको द्वारा उर्वरकों के उत्पादन में कोई गिरावट दर्ज की गई है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं तथा उत्पादन क्षमता में वृद्धि करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं; और
- (ङ) क्या सरकार ने किसानों की मांग के अनुसार इफको उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए कोई विशेष कार्य योजना तैयार की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क): खरीफ 2025 और चल रहे रबी मौसम 2025-26 के दौरान उत्तर प्रदेश राज्य सहित सभी राज्यों में उर्वरकों अर्थात् यूरिया, डीएपी, एमओपी और एनपीकेएस की उपलब्धता पर्याप्त रही है। उक्त मौसमों के दौरान इन उर्वरकों की आवश्यकता, उपलब्धता और बिक्री के संबंध में राज्य-वार जानकारी संलग्न **विवरण** में दी गई है।

(ख) से (घ): पिछले दो वर्षों के दौरान इफको के विभिन्न संयंत्रों द्वारा उत्पादित उर्वरकों की मात्रा का ब्यौरा निम्नानुसार है:

क्र.सं.	कंपनी का नाम	उर्वरक उत्पादन इकाई का नाम/अवस्थिति	उत्पादित उर्वरक का प्रकार	उत्पादन आंकड़े 'एलएमटी में'	
				2023-24	2024-25
1	इंडियन फार्मर्स फर्टिलाइजर्स कॉआपरेटिव लिमिटेड (इफको)	इफको: कांडला	डीएपी तथा मिश्रित	18.90	22.79
2		इफको: कलोल	यूरिया	6.19	6.03
3		इफको: पारादीप	डीएपी तथा मिश्रित	21.17	22.13
4		इफको: फूलपुर-I	यूरिया	7.05	7.65
5		इफको: फूलपुर -II	यूरिया	12.00	10.71
6		इफको: आंवला-I	यूरिया	12.26	11.35
7		इफको: आंवला-II	यूरिया	11.36	12.44
कुल				88.93	93.10

इफको से प्राप्त जानकारी के अनुसार, वित्त वर्ष 2025-26 के अप्रैल-जनवरी के दौरान इफको की सभी इकाइयों द्वारा 41,24,000 मीट्रिक टन यूरिया का उत्पादन किया गया, जबकि वित्त वर्ष 2024-25 के अप्रैल-जनवरी की इसी अवधि के दौरान 40,66,000 मीट्रिक टन का उत्पादन किया गया था। इसलिए, उर्वरक विभाग द्वारा इफको को सौंपे गए यूरिया के समग्र उत्पादन/आपूर्ति लक्ष्य की तुलना में इफको द्वारा किए गए उर्वरक उत्पादन और आपूर्ति में कोई कमी नहीं आई है।

यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुंडम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान रही 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) वर्ष 2023-24 के दौरान बढ़कर 283.74 एलएमटीपीए हो गई है। इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामतः तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने ब्रह्मपुत्र वैली फर्टिलाइजर कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप, असम के मौजूदा परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है, जिससे असम वैली फर्टिलाइजर एण्ड केमिकल

कंपनी लिमिटेड (एवीएफसीसीएल) के नाम से जाना जाएगा।

इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन को आरएसी से अधिक करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति (एनयूपी)-2015 भी अधिसूचित की है। एनयूपी-2015 से यूरिया का उत्पादन वर्ष 2014-15 के दौरान हुए वार्षिक उत्पादन की तुलना में 20-25 एलएमटीपीए बढ़ा है।

उपर्युक्त सभी उपायों से रिकार्ड यूरिया उत्पादन हुआ है, जो वर्ष 2014-15 के दौरान 225 एलएमटी प्रतिवर्ष था वर्ष 2023-24 के दौरान बढ़कर 314.07 एलएमटी हो गया है। वर्ष 2024-25 के दौरान देश में 306.67 एलएमटी यूरिया का उत्पादन हुआ है।

इसके अलावा, सरकार ने 01.04.2010 से फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए पोषक तत्व आधारित सब्सिडी (एनबीएस) स्कीम लागू की है। इस स्कीम के तहत, पीएंडके उर्वरकों को मुक्त सामान्य लाइसेंस (ओजीएल) के तहत शामिल किया गया है और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं।

उर्वरकों के घरेलू उत्पादन को बढ़ाने तथा इसमें देश को आत्मनिर्भर बनाने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- (i) उर्वरक विभाग ने एमआरपी की तर्कसंगतता सुनिश्चित करने और घरेलू उत्पादन को प्रोत्साहित करने के लिए 18.01.2024 को दिशानिर्देश जारी किए हैं।
- (ii) अनुरोधों के आधार पर, नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता में वृद्धि को एनबीएस स्कीम के अंतर्गत मान्यता दी गई है/संज्ञान में लिया गया है।
- (iii) एनबीएस नीति के तहत शामिल किए गए पीएंडके उर्वरकों की संख्या 2021 की 22 ग्रेड से बढ़कर अब 28 ग्रेड हो गई है।
- (iv) मृदा को फॉस्फेट या 'पी' पोषक तत्व प्रदान करने के लिए एसएसपी जो एक स्वदेशी रूप से निर्मित उर्वरक है, के उपयोग को बढ़ावा देने के लिए खरीफ, 2022 से एसएसपी पर

मालभाड़ा सब्सिडी को मंजूरी दी गई है।

(ड): देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

- (i) प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू) सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- (ii) डीएण्डएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी 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) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।
- (v) राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है।

तदनुसार, खरीफ 2025 और चल रहे रबी मौसम 2025-26 के दौरान उत्तर प्रदेश राज्य सहित सभी राज्यों में उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित की गई थी।

विवरण

चल रहे रबी 2025-26 (08.02.26 तक) के दौरान उर्वरकों की राज्य-वार आवश्यकता, उपलब्धता और बिक्री													
आंकड़े एलएमटी में													
क्र.सं.	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		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	7.20	8.98	7.63	1.99	3.49	2.63	0.74	1.17	0.67	7.93	10.97	7.52
3	अरुणाचल प्रदेश	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	1.22	1.78	1.46	0.22	0.64	0.35	0.29	0.31	0.13	0.27	0.29	0.16
5	बिहार	11.30	13.01	11.49	3.64	5.57	4.11	1.41	1.67	1.23	3.37	5.27	3.20
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	2.66	3.06	1.60	0.97	1.83	0.80	0.41	0.49	0.09	0.51	1.33	0.24
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	0.12	0.11	0.09	0.03	0.02	0.02	0.01	0.00	0.00	0.02	0.00	0.00
11	गोवा	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01
12	गुजरात	11.60	12.74	11.3	2.47	3.10	2.43	0.55	0.71	0.46	3.91	4.80	3.13

				3									
13	हरियाणा	10.23	12.21	10.5 9	2.61	3.21	2.42	0.21	0.32	0.11	1.03	0.50	0.23
14	हिमाचल प्रदेश	0.30	0.51	0.34	0.01	0.03	0.02	0.03	0.02	0.01	0.24	0.22	0.13
15	जम्मू और कश्मीर	0.33	0.73	0.37	0.16	0.34	0.14	0.04	0.12	0.01	0.01	0.01	0.00
16	झारखंड	0.94	1.36	0.91	0.25	0.55	0.39	0.02	0.04	0.01	0.25	0.43	0.20
17	कर्नाटक	5.46	8.17	4.99	1.52	2.93	1.64	0.71	1.38	0.69	5.29	10.95	5.48
18	केरल	0.51	0.56	0.42	0.07	0.16	0.08	0.40	0.47	0.31	0.51	0.80	0.53
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	22.57	24.94	22.5 0	7.07	6.97	5.52	0.83	0.95	0.53	10.64	7.54	4.87
21	महाराष्ट्र	8.58	12.61	8.57	2.08	3.88	2.02	1.12	1.50	0.69	9.57	17.64	8.26
22	मणिपुर	0.07	0.07	0.05	0.01	0.02	0.01	0.03	0.02	0.01	0.01	0.01	0.00
23	मेघालय	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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
26	ओडिशा	1.16	2.28	0.96	0.52	1.19	0.43	0.17	0.36	0.10	0.57	1.41	0.39
27	पुदुचेरी	0.06	0.06	0.05	0.01	0.01	0.00	0.01	0.01	0.00	0.04	0.05	0.03
28	पंजाब	13.29	16.42	13.1 4	4.33	5.47	3.78	0.43	0.63	0.24	1.41	0.95	0.58
29	राजस्थान	14.14	17.81	15.9 5	3.24	4.32	3.56	0.09	0.14	0.08	1.43	1.70	1.12

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	5.14	6.27	4.95	1.29	1.90	1.29	1.43	1.26	0.83	4.14	5.73	3.83
32	तेलंगाना	7.66	8.86	7.92	1.21	2.31	1.83	0.48	0.84	0.31	5.11	7.68	4.77
33	त्रिपुरा	0.06	0.11	0.04	0.01	0.02	0.01	0.03	0.03	0.01	0.01	0.03	0.01
34	उत्तराखंड	0.77	1.05	0.86	0.10	0.37	0.20	0.04	0.06	0.02	0.16	0.11	0.07
35	उत्तर प्रदेश			35.4									
		34.43	43.00	1	13.57	15.93	11.01	1.23	1.98	1.13	7.07	10.01	5.93
36	पश्चिम बंगाल	6.20	9.14	6.14	1.58	2.69	1.73	1.74	1.91	1.10	5.80	9.31	5.40
	अखिल भारत			167.									
		166.02	205.88	82	48.97	66.96	46.44	12.43	16.39	8.80	69.33	97.75	56.09

[illegible]

20	मध्य प्रदेश	17.42	21.24	18.26	7.50	7.41	5.47	0.50	0.81	0.49	5.00	8.79	6.07
21	महाराष्ट्र	15.52	19.11	15.72	4.60	4.66	3.10	1.20	2.39	1.59	18.00	25.29	18.79
22	मणिपुर	0.11	0.13	0.12	0.02	0.03	0.02	0.01	0.02	0.00	0.01	0.01	0.01
23	मेघालय	0.02	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.07	0.10	0.09	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	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	4.30	5.86	5.30	2.00	2.32	1.96	0.60	0.69	0.53	2.40	3.30	2.75
27	पुदुचेरी	0.07	0.08	0.07	0.01	0.01	0.01	0.01	0.01	0.01	0.04	0.05	0.04
28	पंजाब	14.92	19.19	15.94	2.85	3.86	2.36	0.50	0.70	0.32	0.50	1.27	0.66
29	राजस्थान	10.52	14.36	11.20	5.10	5.04	4.04	0.10	0.17	0.08	1.50	2.43	1.39
30	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	4.37	6.07	5.06	1.40	2.01	1.29	0.80	1.33	0.96	4.11	5.50	3.91
32	तेलंगाना	9.80	10.28	9.79	2.40	2.88	2.38	0.55	0.81	0.44	10.00	11.19	8.97
33	त्रिपुरा	0.08	0.16	0.09	0.02	0.03	0.02	0.01	0.03	0.01	0.03	0.02	0.01
34	उत्तराखंड	1.00	1.35	1.16	0.15	0.38	0.23	0.02	0.07	0.02	0.15	0.13	0.09
35	उत्तर प्रदेश	39.92	48.93	40.24	10.00	12.45	7.70	1.25	1.64	0.65	5.00	8.36	3.64
36	पश्चिम बंगाल	6.10	9.18	6.00	1.60	2.46	1.28	1.00	1.59	0.81	4.10	7.58	4.13
	अखिल भारत	185.39	230.51	193.21	56.99	66.38	46.33	11.13	18.08	10.94	76.11	117.09	81.49

INDIAN WORKERS STRANDED IN SOUTH EAST ASIAN COUNTRIES***219. SHRI KIRTI AZAD:**

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

- (a) whether a large number of Indian workers are stranded in South East Asian Countries due to cyber slavery, if so, the details of workers currently stranded and rescued during the last five years, country-wise;
- (b) the details of the platforms and mediums adopted by criminals to lure Indians and actions taken against them;
- (c) the measures taken by the Government to prevent Indian citizens from getting trapped in such situations and penalise the criminals via international cooperation;
- (d) whether the Government has received any complaints of missing people stranded in those countries, if so, the details thereof; and
- (e) the action taken/proposed to be taken by the Government to get bring back Indian Nationals from South East Asia?

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

- (a) to (e): Government has been made aware of instances of dubious firms involved in fake recruitment job offers having lured Indian nationals mostly through social media channels to South-East Asian countries including Cambodia, Myanmar and Lao PDR and made them to carry out cyber crime and other

fraudulent activities from scam centres operating in these countries. The exact number of Indian nationals stranded in these countries is not known as Indian nationals reach these scam centres on their own volition through fraudulent/unscrupulous recruitment agents/agencies and through illegal channels.

Government accords utmost priority to the safety, security and well-being of Indian nationals abroad. Government of India has raised this issue at political level with the concerned host Governments from time to time. Whenever such issues come to light, Missions/Posts take up the challenge of rescue and repatriation of Indian nationals actively with the local Ministry of Foreign Affairs and other concerned Government agencies of the host country like Immigration, Labour Department, Home Affairs, Defence and Border Affairs and law enforcement agencies. As a result of concerted efforts of our Embassies in Cambodia, Lao PDR and Myanmar, a number of Indian nationals have been rescued in the last four years (till December 2025). Details are mentioned in the table below:

S.No.	Country	No. of Indian Nationals rescued			
		2022	2023	2024	2025
1	Cambodia	44	207	982	1,300
2	Lao PDR	74	244	558	1,501
3	Myanmar	338	89	147	1,594

Ministry issues advisories and social media posts about the fake job rackets from time to time, advising prospective job seekers to verify all antecedents of recruiting agents and companies before accepting any kind of employment offer and cautioning them against being enticed and entrapped in fraudulent job offers in these countries. Similar advisories are also issued by the respective Indian Missions/Posts abroad through their official websites, social media handles and other publicity efforts.

The Protector General of Emigrants (PGE) in the Ministry of External Affairs through 16 Protector of Emigrants (PoEs) across India, regularly coordinates with the State Governments regarding issues of illegal recruiting agencies and the ways to address challenges related to enforcement of emigration rules and regulations. Ministry, in coordination with the Indian Missions/Posts abroad and offices of Protectors of Emigrants in India, takes quick and decisive action whenever instances of exploitation of job seekers by illegal agents come to notice. A list of 3,505 unregistered recruiting agents (till December 2025) has been published on e-Migrate portal to caution prospective emigrants. This information is regularly updated based on the complaints filed by the aggrieved individuals and based on the inputs received from our Missions/Posts abroad. The complaint against the illegal agents and the dubious firms luring Indian youth in false recruitment offers through various channels are regularly shared with the respective State Governments and other agencies such as I4C, MHA for suitable

action. The Government of India has taken steps to spread awareness which include dissemination of relevant information through SMS, I4C social media account, radio campaigns, engaged MyGov for publicity in multiple channels, organizing cyber safety and security awareness weeks in association with States/UTs, newspaper advertisement on digital arrest scams, announcements in Delhi Metros on digital arrest, and other modus operandi of cyber crimes.

CONFERENCE CLEARANCE SYSTEM PORTAL

***220. DR. SANJAY JAISWAL:**

SHRI ANIL FIROJIYA:

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

- (a) the number of applications received, approved, rejected and withdrawn through the Conference Clearance System portal during the last three years;
- (b) the average processing time for grant of political clearance before and after introduction of the online portal; and
- (c) whether any timelines or service standards have been prescribed for disposal of applications, if so, the details and the extent of adherence thereof?

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

- (a) to (c): The Conference Clearance System (CCS) portal (conference.epolclearance.gov.in) is an automated, single-window web-based

application developed by the Ministry of External Affairs in March 2025 to streamline the process for granting political clearance to foreign nationals to attend or participate in conferences/seminars/workshops/ sports events and other events organised in India by government or private bodies.

This digital platform has ensured a smoother and hassle-free user experience with a substantial reduction in processing time as compared to the earlier mechanism. The portal also serves the larger objective of Digital India by maximizing the number of services available on the digital platform.

The portal serves as a centralised platform where stakeholders can access all the information related to the status of an application in one place. It features an interactive dashboard that enables the Ministry to seek missing or additional information from organisers promptly, whenever required. Organisers can also monitor the status of their applications online. These features have substantially reduced the average processing time.

In general, political clearance is granted within 3-5 working days. However, the actual processing time may vary on a case-to-case basis depending on several factors including the number of invitees and the countries from which participation is expected. The portal also includes a provision for partial clearance. Under this mechanism, political clearance is granted individually as soon as complete information for a foreign delegate is received and verified. Due to this feature, the overall status of application may continue to be displayed as pending

on the portal, even though the political clearance has been granted for a majority of the delegates, in some cases upto 90 percent of the total list.

A total number of 4948 applications have been received on the conference clearance system portal since its launch. The details of these applications are as under:-

Total number of applications received till 06.02.2026 1730 hrs	Cleared application	Partially cleared applications	Withdrawn applications	Cases where clearance not granted	Total number of applicants who have been granted clearance since March 2025
4948 (including 232 under process applications)	4022	435	149	110	23,594

(ii) Unstarred Question Nos. 2301 to 2530

ISSUES OF NURSES AND NURSING FACULTIES

2301. ADV. ADOOR PRAKASH:

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

- (a) whether the Government has noted the judgement of the High Court of Kerala which has directed the State Government and the Indian Nursing Council to ensure the salary of teachers in private nursing colleges as per the University

Grants Commission(UGC) pay scale;

- (b) whether the Government has examined the judgement and has given any direction to the Indian Nursing Council, if so, the details thereof;
- (c) whether the Government is aware that the nurses working in the private sector are underpaid and overworked despite many directives of Courts and the Government; and
- (d) whether the Government is likely to take proactive measures for the betterment of working conditions including regularisation of pay of nurses in private sector in the country and if so, the details thereof?

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

(a) and (b): The issue relating to the payment of salaries to teachers in private nursing colleges in the State of Kerala has arisen in proceedings before the Hon'ble High Court of Kerala. The matter pertains to the implementation of Note (iv) of Regulation 5D of the Indian Nursing Council (Revised Regulations and Curriculum for B.Sc. Nursing Programme) Regulations, 2020.

The relevant court order has been made available by the Indian Nursing Council (INC) on its website for information and necessary action by all nursing institutions. As per the regulatory framework, the role of the State Government includes taking action, as deemed appropriate, against non-compliant private

nursing colleges and forwarding its findings and recommendations to the INC for further consideration under the extant regulations.

The show-cause notices issued by the State Government of Kerala to certain private nursing colleges in this regard have been challenged before the Hon'ble High Court of Kerala in Writ Petition No. 33548 of 2025 (Private Nursing College Management Association of Kerala vs. Union of India & Others) wherein interim orders have been passed.

(c) and (d): The working conditions of nurses, including pay and service-related matters, are governed by various Acts and Government orders which are framed to provide a conducive working environment to health professionals in order to enhance patient care and contribute substantially to the overall healthcare outcomes.

As per the directions of Hon'ble Supreme Court, a Committee of Experts was constituted under the Chairpersonship of Director General of Health Services to look into the working conditions and pay of nurses working in private hospitals and nursing homes. Based on inputs received from States/Union Territories and other stakeholders, the Committee submitted its recommendations which are given in the enclosed **Statement**, which have been forwarded to all the States/Union Territories by the Central government.

STATEMENT

Ministry has written to States/Union Territories forwarding the following recommendations of the Committee.

- (i) In case of >200 bedded hospitals, salary given to private nurses should be at par with the salary of State Govt. nurses given in the concerned State/ UT for the similar corresponding grade.
- (ii) In case of >100 bedded hospitals, salary given to private nurses should not be more than 10% less in comparison of the salary of State Govt. nurses given in the concerned State/ UTs for the similar corresponding grade.
- (iii) In case of 50-100 bedded hospitals, salary given to private nurses should not be more than 25% less in comparison of the salary of State Govt. nurses given in the concerned State/UTs for the similar corresponding grade.
- (iv) Salary given to private nurses should not be less than Rs. 20000/- pm in any case even for <50 bedded hospitals.
- (v) Working conditions viz. leaves, working hours, medical facilities, transportation, accommodation etc. given to nurses should be at par with the benefits granted to State Govt. nurses working in the concerned State/UTs.

ISSUANCE OF AB-PMJAY IN TELANGANA

2302. SHRI ARVIND DHARMAPURI:

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

- (a) the number of beneficiaries covered and e-cards issued under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the State of Telangana, district-wise;
- (b) the number and value of claims processed under the scheme along with the average claim settlement time;
- (c) whether any claim rejections or hospital de-empanelments were reported, if so, the details thereof;
- (d) whether the Government has any comparative data on beneficiary utilisation trends in the State of Telangana vis-a-vis the national average, and if so, the details thereof; and
- (e) the steps taken by the Government to expand empanelled hospitals and improve grievance redressal mechanisms in the said State?

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

(a): In the State of Telangana, a total of 29.02 lakh families are eligible under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). As on 31.01.2026, a total of 82.78 lakh Ayushman cards have been created in the State

of Telangana. The district-wise details of number of Ayushman cards created in the State can be accessed at: <https://dashboard.nha.gov.in/public/card>

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

As on 31.01.2026, a total of 20.08 lakh claims amounting to Rs. 4,262.48 crore have been settled in the State of Telangana. As reported by the State, a total of 12 hospitals have been de-empanelled till date, since the launch of the scheme in May 2021 in the State of Telangana.

(d): The utilisation of the scheme in the State of Telangana (launched in May 2021) has increased progressively year on year, in line with the national trend. The comparative utilisation trend of the State of Telangana as compared to the national average under the scheme is as under:

Financial Year	Number of hospital admissions	
	National level	Telangana
2021-22	1.44 crore	3.23 lakh
2022-23	1.59 crore	5.53 lakh
2023-24	1.98 crore	6.18 lakh
2024-25	2.42 crore	6.77 lakh

2025-26*	2.27 crore	6.22 lakh

*Data upto 31.01.2026

(e): In order to improve the participation of hospitals, a hospital-specific call center (14413) has been set-up to address the concerns of hospitals on a real-time basis including concerns related to empanelment. Under the scheme, the beneficiaries can register their grievances through the Centralized Grievance Redressal Management System (CGRMS) or the 24×7 toll-free helpline number 14555. All such grievances are monitored through a three-tier grievance redressal mechanism at the District, State and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

GOVERNMENT MEDICAL COLLEGE IN KISHANGANJ

2303. DR. MOHAMMAD JAWED:

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

- (a) whether the Government has proposed to have a Medical College in every district of the country and if so, the details thereof, State/UT-wise and district-wise, particularly in Bihar;
- (b) whether the Government has approved the establishment of a Government Medical College in Kishanganj district;
- (c) if so, the details thereof along with the current status, stage of approval and timeline for commencement of academic and hospital services in this regard;

and

- (d) if not, the reasons therefore along with details of any proposal or timeline fixed by the Government to establish a Government Medical College in Kishanganj district, considering its border location, healthcare deficits and high patient load?

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

(a) to (d): The Ministry of HEALTH AND FAMILY WELFARE administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, all the envisaged Government medical colleges have been approved in three phases including 08 medical colleges in Bihar. The phase wise details of medical colleges approved in the country are given in the enclosed **Statement**. However, no proposal for setting up of Medical College at Kishanganj has been received from the State of Bihar.

STATEMENT

State-wise details of 157 Medical Colleges approved under the Centrally Sponsored scheme for 'Establishment of new medical colleges attached with existing district/referral hospitals'

S.No	State/UT	No. of colleges	Districts
Phase-I (58)			
1	A & N Islands	1	Port Blair
2	Arunachal Pradesh	1	Naharlagun
3	Assam	4	Dhubri, Nagaon, North Lakhimpur, Diphu
4	Bihar	3	Purnia, Saran (Chhapara), Samastipur
5	Chhattisgarh	2	Rajnandgaon, Sarguja
6	Himachal Pradesh	3	Chamba, Hamirpur, Nahan (Sirmour)
7	Haryana	1	Bhiwani
8	Jharkhand	3	Dumka, Hazaribagh, Palamu (Daltonganj)
9	Jammu & Kashmir	5	Anantnag, Baramulla, Rajouri, Doda, Kathua
10	Madhya Pradesh	7	Datia, Khandwa, Ratlam, Shahdol, Vidisha, Chindwara, Shivpuri
11	Maharashtra	1	Gondia
12	Meghalaya	1	West Garo Hills (Tura)
13	Mizoram	1	Falkawn
14	Nagaland	1	Naga Hospital (Kohima)
15	Odisha	5	Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri
16	Punjab	1	SAS Nagar
17	Rajasthan	7	Barmer, Bharatpur, Bhilwara, Churu, Dungarpur, Pali, Sikar
18	Uttar Pradesh	5	Basti, Faizabad, Firozabad, Shahjahanpur, Bahraich
19	Uttarakhand	1	Almora
20	West Bengal	5	Birbhum (Rampur Hat), Cooch Behar, Diamond Harbour, Purulia, Raiganj (North Dinajpur)
Phase -II (24)			
1	Bihar	5	Sitamarhi, Jhanjharpur, Siwan, Buxar, Jamui
2	Jharkhand	2	Koderma, Chaibasa (Singbhum)
3	Madhya Pradesh	1	Satna
4	Odisha	1	Jajpur
5	Rajasthan	1	Dholpur
6	Uttar Pradesh	8	Etah, Hardoi, Pratapgarh, Fatehpur, Siddharthnagar (Domariyaganj), Deoria, Ghazipur, Mirzapur
7	West Bengal	5	Barasat, Uluberia, Arambagh, Jhargram, Tamluk
8	Sikkim	1	Gangtok

S.No	State/UT	No. of colleges	Districts
Phase-III (75)			
1	Andhra Pradesh	3	Piduguralla, Paderu, Machilipatnam
2	Assam	1	Kokrajhar
3	Chhattisgarh	3	Korba, Mahasamund, Kanker
4	Gujarat	5	Narmada, Navsari, Panchmahal, Porbandar, Morbi
5	Jammu & Kashmir	2	Udhampur, Handwara (Distt. Kupwara)
6	Karnataka	4	Chikkamagaluru, Haveri, Yadgiri, Chikkaballapura
7	Ladakh	1	Leh
8	Madhya Pradesh	6	Rajgarh, Mandla, Neemuch, Mandsaur, Sheopur, Singrauli
9	Maharashtra	1	Nandurbar
10	Manipur	1	Churachandpur
11	Nagaland	1	Mon
12	Odisha	1	Kalahandi
13	Punjab	2	Kapurthala, Hoshiarpur
14	Rajasthan	15	Alwar, Baran, Bansawara, Chittorgarh, Jaisalmer, Karauli, Nagaur, Shri Ganganagar, Sirohi, Bundi, SawaiMadhopur, Tonk, Hanumangarh, Jhunjhunu, Dausa
15	Uttarakhand	3	Rudrapur (Distt. Udham Singh Nagar), Pithoragarh, Haridwar
16	Uttar Pradesh	14	Bijnaur, Kushinagar, Sultanpur, Gonda, Lalitpur, LakhimpurKheri, Chandauli, Bulandshahar, Sonbhadra, Pilibhit, Auraiya, Kanpur Dehat, Kaushambi, Amethi
17	Tamil Nadu	11	Tiruppur, Nilgiris, Ramanathapuram, Namakkal, Dindigul, Virudhunagar, Krishnagiri, Tiruvallur, Nagapattinam, Ariyalur, Kallakurichi
18	West Bengal	1	Jalpaiguri

HEALTH AND NUTRITION RELATED SCHEMES

2304. DR. JAYANTA KUMAR ROY:

SHRI TAPIR GAO:

SHRI SAUMITRA KHAN:

SHRI BUNTY VIVEK SAHU:

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

- (a) the details of the major programmes and schemes related to health and nutrition implemented in West Bengal and Madhya Pradesh, especially in tribal-dominated districts during the last three years, year-wise and district-wise especially in Chhindwara Lok Sabha constituency and Rarh Bengal region of West Bengal;
- (b) whether the recent Government data shows any improvement or change in the prevalence of anaemia, malnutrition and maternal health indicators among the tribal population of the country;
- (c) if so, the details of such changes, State/UT-wise and district-wise especially in Rarh Bengal region of West Bengal; and
- (d) the planned corrective actions proposed or being implemented for tribal-dominated districts with higher malnutrition under targeted interventions, nutritional rehabilitation, health infrastructure strengthening and inter-departmental coordination in this regard?

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

(a) to (d): The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality healthcare across the country including all tribal-dominated districts in West Bengal and Madhya

Pradesh.

Various initiatives carried out under NHM by the Government of India in the country including Chhindwara Lok Sabha constituency of Madhya Pradesh and Rarh Bengal region of West Bengal are operationalisation of Ayushman Arogya Mandir (AAM), Free Drugs Service Initiative, Free Diagnostic Service Initiative, 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 & Child Health, Anaemia Mukh Bharat (AMB) strategy, TB Mukh Bharat Abhiyaan and Universal Immunization programme.

The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under NHM, which includes interventions to increase awareness and address undernutrition including calorie deficiency and protein malnutrition across the country, including all tribal-dominated districts in West Bengal and Madhya Pradesh as placed below:

- **Facility Based New-born Care:** Neonatal Intensive Care Units (NICUs)/ Special Newborn Care Units (SNCUs) are established at Medical College and District Hospital, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/Community Health Centres (CHCs) for care of sick and small babies.
- **Kangaroo Mother Care (KMC)** is implemented at facility and community

level for low birth weight/ pre-term babies. It includes early and prolonged skin-to-skin contact with the mother or family member and exclusive and frequent breastfeeding.

- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- **Nutrition Rehabilitation Centres (NRCs)** are established at public health facilities where children with Severe Acute Malnutrition (SAM) and medical complications are admitted for treatment.
- **Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
- **Anemia Mukht Bharat (AMB)** is implemented to reduce the prevalence of anemia among six beneficiary groups - Children (6-59 months), Children (5-9 years), Adolescents (10-19 years), Women of reproductive age (15-49 years), pregnant women and lactating mothers in a lifecycle approach.
 - National Deworming Day (NDD)
 - Vitamin A supplementation Programme

- Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programme
- Monthly Village Health, Sanitation and Nutrition Day (VHSND)

Under Mission Poshan 2.0, the Government focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight. Supplementary Nutrition is provided to children age 6 months to 6 years, pregnant women, lactating mothers and adolescent girls at Anganwadi centres as per nutrition norms, based on principles of diet diversity that provides quality protein, healthy fats and micronutrients.

There are various mechanisms and survey agencies which generate data on tribal healthcare on a periodic basis. National Family Health Survey (NFHS) provides details on major changes in anaemia, malnutrition and maternal health indicators among all the high-burden tribal districts across the country. Census of India provides population and household details including Tribal areas. National Sample Survey provides household surveys on various socio-economic subjects. The State-wise list of key indicators NFHS-5 may be extracted from below mentioned link:

http://rchiips.org/nfhs/districtfactsheet_NFHS-5.shtml

Coordination mechanisms exist between the Ministry of Tribal Affairs

(MoTA) and the Ministry of Health and Family Welfare, as well as with State Health Departments, for planning, funding and implementation of tribal health programmes to address malnutrition. Under NHM, this Ministry provides technical and financial support to the States/UTs, to strengthen the public healthcare system in rural areas, based on the proposals received in the form of Programme Implementation Plans (PIPs). Government of India provides approval for the proposals received in the form of Record of Proceedings (RoPs) as per norms & available resources.

INTEGRATION OF AYUSH SYSTEMS

2305. SHRI E. T. MOHAMMED BASHEER:

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

- (a) the status of integrating AYUSH systems, particularly through the establishment of AYUSH Health and Wellness Centres and the co-location of AYUSH facilities at Primary Health Centres (PHCs) and Community Health Centres (CHCs) across the country;
- (b) whether the Government has any plan to ensure that the infrastructure development in this regard is matched by the availability of adequate and qualified AYUSH practitioners, uninterrupted essential drug supply and insurance coverage under schemes like Ayushman Bharat in the country; 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): Under Centrally Sponsored Scheme National Ayush Mission (NAM), as per the proposals received from State / UT Governments through their State Annual Action Plans (SAAPs), 12500 units of existing Ayush Dispensaries and Sub Health Centres (SC) were operationalised as Ayush Health & Wellness Centres [now renamed as Ayushman Arogya Mandir (Ayush)]. These Units were approved with the objective of establishing a holistic wellness model based on Ayush systems of medicine focusing on preventive, promotive, curative and rehabilitative healthcare and integration of these Ayush systems with the existing public healthcare system, including implementation of Ayush Public Health Programmes thereby providing informed choice to the needy public by making Ayush services accessible at the primary healthcare level.

Further, Government of India has adopted a strategy to integrate Ayush systems with the primary healthcare facilities through the co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs). This approach enables patients to choose from different systems of medicine under a single-window service delivery mechanism. The engagement of Ayush doctors/ paramedics and their training is being supported by the Ministry of HEALTH 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 NAM, as shared responsibilities. Mainstreaming of Ayush has been taken up in 13,094 Ayush facilities, co-located under NHM (6206 PHCs, 3133 CHCs, 472 DHs, 3037 health facilities above Sub- Center (SC) but below block level and 246 health facilities other than CHC at or above block level but below district level), as an initiative towards strengthening evidence-based integration of Ayush System and to scale up Ayush services across the country (as per NHM-MIS as on 30.06.2025).

(b) and (c): Public health being State subject, the primary responsibility of infrastructure development, availability of adequate and qualified Ayush practitioners as well as uninterrupted essential drug supply lies with respective State/UT Governments. However, under NAM, State/UT Governments are being supported for infrastructure development, contractual deployment of manpower including Ayush doctors and supply of medicines for Ayush facilities as per proposals received in their State Annual Action Plans.

Insurance Regulatory and Development Authority of India (IRDAI) (Insurance Products) Regulations, 2024 define Ayush treatment and require insurers to have Board-approved policies placing Ayush treatments at par with other medical treatments. Further, the Master Circular on Health Insurance Business (29.05.2024) mandates insurers to offer products and underwriting

policies that provide policyholders the choice to opt for Ayush treatments on par with other systems of medicine. Further, the Ayush packages are not included in Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB-PM JAY).

आयुर्ज्ञान योजना

2306. श्री विजय बघेल:

डॉ. हेमंत विष्णु सवरा:

श्री प्रदीप कुमार सिंह:

श्रीमती अनिता नागरसिंह चौहान:

डॉ. भोला सिंह:

श्री तेजस्वी सूर्या:

श्रीमती विजयलक्ष्मी देवी:

श्री भर्तृहरि महताब:

श्री योगेन्द्र चांदोलिया:

श्री भोजराज नाग:

श्री महेंद्र सिंह सोलंकी:

श्री मुकेशकुमार चंद्रकांत दलाल:

श्रीमती महिमा कुमारी मेवाड़:

श्री तापिर गाव:

श्रीमती स्मिता उदय वाघ:

श्री गोडम नागेश:

श्री बिभु प्रसाद तराई:

श्री सुकान्त कुमार पाणिग्रही:

श्री खगेन मुर्मु:

डॉ. निशिकान्त दुबे:

श्री जुगल किशोर:

श्री मनीष जायसवाल:

श्री अनिल फिरोजिया:

श्री अभिमन्यु सेठी:

श्रीमती अपराजिता सारंगी:

श्री नलिन सोरेन:

श्री शिवमंगल सिंह तोमर:

श्री नव चरण माझी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या आयुर्ज्ञान योजना के अंतर्गत, दिसंबर 2025 तक अनुसंधान एवं नवाचार परिसर (बाह्य अनुसंधान) कार्यक्रम के तहत अनुसंधान परियोजनाओं को स्वीकृति दी गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) स्वीकृत परियोजनाओं की संख्या, वाणिज्यिक या बाजार उपयोग हेतु लाइसेंस के चरण तक पहुंच चुकी परियोजनाओं की संख्या और अंतर्राष्ट्रीय वैज्ञानिक पत्रिकाओं में प्रकाशित आयुर्ज्ञान-वित्तपोषित शोध पत्रों की संख्या कितनी है;
- (ग) क्या सरकार ने दिसंबर 2025 तक आयुर्ज्ञान के अंतर्गत सतत चिकित्सा शिक्षा (सीएमई) के अपने लक्ष्य को प्राप्त कर लिया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) उक्त अवधि के दौरान सीएमई कार्यक्रम के अंतर्गत कौशल प्रशिक्षण प्राप्त करने वाले आयुष शिक्षकों, चिकित्सकों और पराचिकित्साकर्मियों की संख्या का राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है?

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

(क): जी हां, आयुर्ज्ञान योजना के आयुष में अनुसंधान और नवाचार घटक के तहत, अनुसंधान गतिविधियों यथा पूर्व-नैदानिक, नैदानिक, मौलिक आदि के संचालन के लिए प्रारंभ से (अर्थात्

08.06.2021) 31 दिसंबर 2025 तक 34 अनुसंधान परियोजनाओं को मंजूरी/समर्थन दिया गया था। इसका ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख): इस योजना के अंतर्गत अनुसंधान कार्यकलापों का उद्देश्य, औषधियों और फार्मूलेशनों की सुरक्षा और प्रभावकारिता से संबंधित साक्ष्य सृजित करना है। ये फार्मूलेशन पहले से ही सार्वजनिक डोमेन में हैं, और उनके चिकित्सीय संकेत सामान्यतः औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 की पहली अनुसूची में निर्दिष्ट प्राधिकृत ग्रंथों में दर्ज किए जाते हैं। इन शोध गतिविधियों के परिणामों में, प्रकाशन, मानक संचालन प्रक्रियाएं (एसओपी), पेटेंट, संबंधित डिलिवरेबल्स शामिल हैं, जो सीधे तौर पर दवा लाइसेंसिंग से जुड़े हुए नहीं हैं।

इसके अलावा, अनुसंधान और नवाचार घटक के तहत, अनुसंधान परियोजनाओं को तीन वर्ष की अवधि के लिए सहायता प्रदान की जाती है और निधियां किस्तों में जारी की जाती हैं। परियोजनाओं के पूरा होने पर प्रत्याशित परिणाम प्राप्त होते हैं। वित्तीय वर्ष 2021-22 से 31 दिसंबर 2025 तक आर एंड आई घटक (पूर्ववर्ती ईएमआर सहित) के तहत सहकर्मी-समीक्षित जर्नल में कुल 62 शोध पत्र प्रकाशित किए गए हैं।

(ग) और (घ): जी हां, आयुर्ज्ञान योजना की शुरुआत से, 250 सीएमई/प्रशिक्षण कार्यक्रमों के लक्ष्य की तुलना में 257 सीएमई/प्रशिक्षण कार्यक्रमों को सहायता दी गई है। केंद्रीय क्षेत्र योजना होने के कारण, प्रशिक्षण कार्यक्रम आयोजित करने के लिए देश भर के पात्र संगठनों को वित्तीय सहायता प्रदान की जाती है और यह योजना किसी राज्य/संघ राज्य क्षेत्र के लिए निर्दिष्ट नहीं है। आयुष घटक में क्षमता निर्माण और सीएमई के तहत, अनुदान प्राप्त संगठन देशभर से प्रतिभागियों को आमंत्रित करते हैं। 6100 आयुष कर्मियों के लक्ष्य की तुलना में कुल 7531 आयुष कर्मियों (यानी अनुसंधानकर्त्ताओं सहित आयुष शिक्षकों/डॉक्टरों/पैरामेडिक्स) को प्रशिक्षित किया गया है।

विवरण

आयुष घटक में अनुसंधान और नवाचार के तहत अनुसंधान गतिविधियां संचालित करने के लिए स्वीकृत/सहायता प्राप्त परियोजनाओं का विवरण इस प्रकार हैं:

क्र. सं.	अनुदान प्राप्तकर्ता संस्थान	अध्ययन का शीर्षक	विषय	राज्य	स्वीकृत अनुदान (रु. में)
1.	इंस्टीट्यूट ऑफ मेडिकल साइंसेज, बनारस हिंदू यूनिवर्सिटी, वाराणसी।	कोविड-19 के रोगियों में आयुर्वेदिक फॉर्मूलेशन का नैदानिक प्रभाव (विथासोमिनेफरा, टिनोस्पोरा कॉर्डिफोलिया मोरिंगा ओलीफेरा, अधातोडा) वासिका, पिपर लोंगम, ग्लाइसीर्ट ग्लबरा, ओसीमम सैंक्टम और करकुमा लोंगा)	आयुर्वेद	उत्तर प्रदेश	948560
2.	गवर्नमेंट सिद्ध मेडिकल कॉलेज, पलायमकोट्टई, तिरुनेलवेली	हल्के और मध्यम कोविड-19 से प्रभावित नागरिकों के लिए एलोपैथिक दवा की तुलना में नीलावेम्बुकुडीनीर (वीएमके-एनवीके) के साथ वेडुम्मारकुलिगई की प्रभावकारिता का मूल्यांकन करने के लिए ओपन लेबलड रैंडमाइज्ड केस नियंत्रित नैदानिक अध्ययन	सिद्ध	तमिलनाडु	999000
3.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली	सार्स-सीओवी-2 में प्रोटीज पर उनके एंटी-वायरल असर के लिए क्लासिकल आयुर्वेदिक फॉर्मूलेशन का रीपर्पसिंग: एक पूर्व-नैदानिक इन-विट्रो जांच दृष्टिकोण	आयुर्वेद	दिल्ली	5355966
4.	बैंगलोर मेडिकल कॉलेज और रिसर्च इंस्टीट्यूट (बीएमसी और आरआई), बेंगलुरु	हल्के लक्षण वाले कोविड-19 पॉजिटिव रोगियों में मानक देखभाल के साथ-साथ एक ऐड-ऑन थेरेपी के तौर पर सुदर्शन चूर्ण, यष्टिमधु चूर्ण और अमृतारिष्ट के असर का मूल्यांकन करने के लिए एक ओपन-लेबल नियंत्रित नैदानिक अध्ययन किया गया।	आयुर्वेद	कर्नाटक	1029000
2022-23					
1.	अंतर्राष्ट्रीय आनुवंशिक इंजीनियरिंग और जैव	नीलावेम्बुकुडीनीर और वथासुरकुडीनीर के अर्क का तुलनात्मक और संयुक्त	सिद्ध	दिल्ली	6260020

	प्रौद्योगिकी केंद्र, नई दिल्ली	प्रभावकारिता मूल्यांकन			
2.	अखिल भारतीय आयुर्विज्ञान संस्थान	अल्सरेटिव कोलाइटिस के रोगियों में जीवन की क्वालिटी और नैदानिक परिणामों पर संरचित योग अभ्यास का प्रभाव	योग और प्राकृतिक चिकित्सा	दिल्ली	6188936
3.	आईसीएमआर-राष्ट्रीय महामारी विज्ञान संस्थान टीएनएचबी, अयप्पक्कम, चेन्नई	तमिलनाडु में गैर-संचार रोगों (एनसीडी) में सिद्ध पद्धति की स्वास्थ्य प्रणाली की तैयारी: अभी की स्थिति, हितधारकों का नजरिया और लागत विश्लेषण	सिद्ध	तमिलनाडु	3932388
4.	भारतीय प्रौद्योगिकी संस्थान मद्रास, चेन्नई	देसी गाय के दूध से बने घी का कॉग्निशन और अल्जाइमर बीमारी के विरुद्ध न्यूरो-प्रोटेक्शन पर प्रभाव	आयुर्वेद	तमिलनाडु	7000000
5.	अखिल भारतीय आयुर्विज्ञान संस्थान	देसी गाय का घृत और जात्यादि घृत का घाव भरने में प्रभाव के संबंध में नियंत्रित परीक्षण	आयुर्वेद	दिल्ली	3398861
6.	अखिल भारतीय आयुर्विज्ञान संस्थान	मानक देखभाल के साथ एक अतिरिक्त उपचार के तौर पर योग आधारित रिहैबिलिटेशन के साथ दीर्घाविधि कोविड लक्षणों का प्रबंधन: एक रैंडमाइज्ड नियंत्रित परीक्षण	योग और प्राकृतिक चिकित्सा	दिल्ली	1239840
2023-24					
1.	आस्थागिरी हर्बल रिसर्च फाउंडेशन, चेन्नई	सिद्ध फॉर्मूलेशन, सारा पंथागम का प्रक्रिया मानकीकरण और रसायनिक विशेषता निर्धारण	सिद्ध	तमिलनाडु	6874110
2.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली	पॉलीसिस्टिक ओवेरियन सिंड्रोम (पीसीओएस) पर योग आधारित जीवनशैली का असर	योग और प्राकृतिक चिकित्सा	दिल्ली	6107285
3.	मध्य भारत आयुर्विज्ञान संस्थान (सीआईआईएमएस), नागपुर	एम. ट्यूबरकुलोसिस इन्फेक्शन के विरुद्ध एंटी-टीबी दवाओं का असर बढ़ाने के लिए बायोएनहांसर के तौर पर गोमूत्र के आसवन का मूल्यांकन	आयुर्वेद	महाराष्ट्र	4961608

4.	जेएसएस आयुर्वेद मेडिकल कॉलेज और अस्पताल, मैसूर	तेल और क्षीरबाला के प्रभाव को सिद्ध करने के लिए हड्डी बनने और फिर से सोखने के बायोकेमिकल मार्कर का इस्तेमाल करके ऑस्टियोपीनिया और ऑस्टियोपोरोसिस पर तेल 101 का एक तुलनात्मक अध्ययन	आयुर्वेद	कर्नाटक	5921869
5.	भारतीय प्रौद्योगिकी संस्थान, रुड़की	चिकनगुनिया और डेंगू के विरुद्ध गौमूत्र डिस्टिलेट और औषधिय अर्क में फार्माकोलॉजिकली सक्रिय एंटीवायरल मॉलिक्यूलस का मॉलिक्यूलर अध्ययन	आयुर्वेद	उत्तराखंड	6340274
6.	सावित्रीबाई फुले पुणे विश्वविद्यालय पुणे	ड्रोसोफिला और चूहे के जानवरों के मॉडल का उपयोग करके उम्र बढ़ने और अल्जाइमर रोग की प्रक्रिया में डायोस्कोरिया एसपीपी की सुरक्षा क्षमता की खोज करना	आयुर्वेद	महाराष्ट्र	6471340
7.	मौलाना आज़ाद इंस्टीट्यूट ऑफ डेंटल साइंसेज	कार्सिनोमा में एपीवाई प्रेरित ओरल म्यूकोसाइटिस कीमो/रेडियोथेरेपी में आयुर्वेद उपचारों की प्रभावकारिता और सुरक्षा का मूल्यांकन करने के लिए एक यादृच्छिक नैदानिक नियंत्रित परीक्षण	आयुर्वेद	दिल्ली	6901960
8.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली	आयुर्वेद के औषधीय पौधों का ग्लूको विट्रो मैकेनिस्टिक अध्ययन में न्यूरोप्रोटेक्टिव प्रभाव	आयुर्वेद	दिल्ली	6145512
9.	स्कूल ऑफ बायोसाइंसेज एंड टेक्नोलॉजी, वीआईटी यूनिवर्सिटी, वेल्लोर	रुमेटाइड आर्थराइटिस (वफ़ा-उल-मफ़ासिल) के विरुद्ध एक यूनानी हर्बल दवा का थेराप्यूटिक मूल्यांकन - साइंटिफिक वैलिडेशन के लिए एक इम्यूनोलॉजिकल दृष्टिकोण।	यूनानी	तमिलनाडु	5948796
10.	जामिया हमदर्द, हमदर्द नगर, नई दिल्ली	सेलुलर स्ट्रेस के विरुद्ध सुरक्षा में उनकी भूमिका के लिए मेटलॉइड यूनानी कुष्ठजात के काम करने का मॉलिक्यूलर मैकेनिज्म	यूनानी	दिल्ली	6206091
2024-25					
1.	कस्तूरबा मेडिकल कॉलेज, मणिपाल विश्वविद्यालय, मणिपाल	होम्योपैथिक एंटी-एंग्जायटी के फिजियोलॉजिकल एक्शन की खोज , जो ह्यूमन जीएबीएर्जिक और सेरोटोनर्जिक	होम्योपैथी	कर्नाटक	5405120

		न्यूरॉन्स को मीडिएट करता है।			
2.	राष्ट्रीय प्रौद्योगिकी संस्थान, राउरकेला	ओरल स्क्वैमस सेल कार्सिनोमा के उपचार के लिए एक अप्रभावकारी एंटी-कैंसर एजेंट के तौर पर गोमूत्र अर्क - इसके एंटी-कैंसर प्रभाव के पीछे का मॉलिक्यूलर मैकेनिज्म	आयुर्वेद	ओडिशा	5880780
3.	डॉ. एएलएम पोस्टग्रेजुएट इंस्टीट्यूट ऑफ बेसिक मेडिकल साइंसेज, मद्रास विश्वविद्यालय, चेन्नई	प्रेषर ओवरलोड से होने वाली कार्डियक हाइपरट्रॉफी और फाइब्रोसिस पर सी57/बीएल चूहों का उपयोग करके बॉम्बिक्स मोरी (एब्रेथम) के कार्डियो-प्रोटेक्टिव प्रभाव के पीछे एक एक्सपेरिमेंटल स्टडी मैकेनिज्म की पहचान करना।	यूनानी	तमिलनाडु	4604546
4.	एसडीएम कॉलेज ऑफ मेडिकल साइंसेज एंड हॉस्पिटल, धारवाड़	टाइप-2 डायबिटीज (योग वी-एज) वाले लोगों में एंडोथेलियल फंक्शन और वैस्कुलर एजिंग पर योग का असर: एक रैंडमाइज्ड नियंत्रित परीक्षण।	योग और प्राकृतिक चिकित्सा	कर्नाटक	4236898
2025-26					
1.	पशु चिकित्सा एवं पशु विज्ञान महाविद्यालय (सीवीएएस), मन्नुथी, केरल विश्वविद्यालय, वायनाड	ब्रेस्ट कैंसर सेल लाइन्स में होम्योपैथिक दवाओं का फार्माकोलॉजिकल मूल्यांकन	होम्योपैथी	केरल	5234697
2.	आरसी पटेल इंस्टीट्यूट ऑफ फार्मास्युटिकल एजुकेशन एंड रिसर्च शिरपुर, धुले	टीएलआर-7आईएल-17/आईएल-23 नॉक-इन/आउट सेल लाइन और सोरायसिस के माउस मॉडल का उपयोग करके चुनी हुई होम्योपैथिक दवाओं के एंटी-सोरायटिक प्रभाव के मॉलिक्यूलर साक्ष्यों की जांच	होम्योपैथी	महाराष्ट्र	4419064
3.	स्वास्थ्य मामलों के लिए इंटरैक्टिव रिसर्च स्कूल, भारती विद्यापीठ, पुणे	मोटे लोगों में गट माइक्रोबायोम पर बस्ती के थेराप्यूटिक कोर्स का प्रभाव	आयुर्वेद	महाराष्ट्र	5595230
4.	वल्लभभाई पटेल चैस्ट इंस्टीट्यूट, दिल्ली	क्रॉनिक ऑब्स्ट्रक्टिव पल्मोनरी डिजीज (सीओपीडी) के रोगियों में फेफड़ों के काम,	आयुर्वेद	दिल्ली	5212550

		सूजन के निशान, ऑक्सीडेटिव स्ट्रेस और सेहत की स्थिति पर योग के प्रभाव का मूल्यांकन करने के लिए एक नैदानिक अध्ययन।			
5.	अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली	सीओपीडी के प्रबंधन में आयुर्वेदिक इनहेलेशन थेरेपी (एरोसोल) और रसायन थेरेपी के प्रभाव का मूल्यांकन करने के लिए पूर्व-नैदानिक और रैंडमाइज्ड कंट्रोल नैदानिक अध्ययन	आयुर्वेद	दिल्ली	6159358
6.	पोस्ट ग्रेजुएट इंस्टीट्यूट ऑफ मेडिकल एजुकेशन एंड रिसर्च।	पशु मॉडल जैसे ऑटिज्म स्पेक्ट्रम डिसऑर्डर में आयुष-56 का मैकेनिज्म स्पष्टीकरण	आयुर्वेद	चंडीगढ़	5725252
7.	अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली	ड्रग रेजिस्टेंट एपिलेप्सी में एंटीसीज़र दवाओं के साथ यूनानी फार्माकोपियल फॉर्मूलेशन की सहायक भूमिका का आकलन: एक संयोजित परीक्षणात्मक और नैदानिक अध्ययन दृष्टिकोण	यूनानी	दिल्ली	6999480
8.	जुबली सेंटर फॉर मेडिकल रिसर्च त्रिशूर	मल्टीडिसिप्लिनरी अप्रोच के ज़रिए आयुर्वेद प्रकृति के फेनोटाइपिक-जीनोटाइपिक सह-संबंधों की जांच करना	आयुर्वेद	केरल	6931880
9.	शारदा कृष्णा होम्योपैथिक मेडिकल कॉलेज	कन्याकुमारी जिले में महिलाओं के सर्वाइकल प्रीमैलिगनेंट घाव के रिग्रेशन में इंडिविजुअलाइज्ड होम्योपैथिक हाई डाइल्यूशन का मूल्यांकन	होम्योपैथी	तमिलनाडु	7000000
10.	जादवपुर विश्वविद्यालय कोलकाता	कार्डियोवैस्कुलर बीमारियों के प्रबंधन में मॉडिफाइड दवा-उल-मिस्क मोटादिल (एमडीएमएम) के काम करने के संभावित तरीके पर फार्माकोलॉजिकल अध्ययन, जिसमें इस पुरानी यूनानी दवा के फॉर्मूलेशन को बेहतर बनाना शामिल है।	यूनानी	पश्चिम बंगाल	6318930
कुल					17,79,55,201 (17.79 करोड़)

INCLUSION OF HPV IN UNIVERSAL IMMUNISATION PROGRAMME**2307. SHRI D. M. KATHIR ANAND:**

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

- (a) whether the Government plans to include the Human Papillomavirus (HPV) vaccine as part of the Universal Immunisation Programme, if so, the details of the timeline fixed for the same and the status of its implementation and the reasons for delay, if any in this regard;
- (b) whether the Government is aware of the programme of the Government of Tamil Nadu to provide the HPV vaccine for free of cost and if so, the details thereof;
- (c) whether the Government plans to replicate the programme of the Government of Tamil Nadu in this regard and if so, the details thereof;
- (d) the details of the number of cervical cancer cases reported in the country over the last five years, State/UT-wise and year-wise; and
- (e) the details of the number of cervical cancer-related deaths recorded during the same period, State/UT-wise and year-wise?

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

- (a) and (c): The Ministry of Health and Family Welfare (MoHFW) has initiated the

capacity building exercise of medical and paramedical staff for the HPV vaccine.

(b): As per the information received from the State, HPV Vaccination is implemented in four districts (Ariyalur, Dharmapuri, Perambalur and Tiruvannamalai) for 14-year-old girls free of cost in all Government and Government-Aided Schools.

(d) and (e): As per the National Centre for Disease Informatics and Research (NCDIR) – National Cancer Registry Programme (NCRP), the estimated State/UT-wise incidence and mortality of cervical cancer for the period 2021–2025 are given in the enclosed **Statement-I** and **Statement -II**.

STATEMENT-I

Estimated Incidence of Cervical cancer cases (2021-2025)						
S.NO.	State /UT	2021	2022	2023	2024	2025
1	Andaman & Nicobar Islands	32	32	32	32	32
2	Andhra Pradesh	4,460	4,476	4,493	4,509	4,526
3	Arunachal Pradesh	35	35	36	36	36
4	Assam	1,750	1,767	1,784	1,802	1,819
5	Bihar	7,773	7,892	8,012	8,131	8,250
6	Chandigarh	36	36	36	37	37
7	Chhattisgarh	1,470	1,487	1,504	1,522	1,539
8	Dadra & Nagar Haveli	19	19	20	20	21

9	Daman	11	11	11	11	12
10	Delhi	793	767	741	716	692
11	Goa	58	56	55	53	54
12	Gujarat	2,483	2,436	2,390	2,345	2,372
13	Haryana	1,148	1,163	1,178	1,193	1,208
14	Himachal Pradesh	301	303	304	306	307
15	Jammu & Kashmir	70	71	72	72	73
16	Jharkhand	2,468	2,501	2,534	2,567	2,600
17	Karnataka	5,572	5,607	5,642	5,677	5,712
18	Kerala	1,642	1,649	1,655	1,662	1,668
19	Ladakh	1	1	1	1	1
20	Lakshadweep	6	6	6	6	6
21	Madhya Pradesh	4,093	4,145	4,197	4,249	4,300
22	Maharashtra	4,848	4,752	4,658	4,566	4,600
23	Manipur	102	105	108	111	114
24	Meghalaya	87	88	89	90	90
25	Mizoram	134	138	141	144	147
26	Nagaland	158	160	161	163	

						164
27	Orissa	2,978	2,998	3,018	3,038	3,057
28	Puducherry	139	143	147	150	154
29	Punjab	1,279	1,288	1,296	1,305	1,314
30	Rajasthan	3,852	3,898	3,945	3,991	4,038
31	Sikkim	23	23	23	24	24
32	Tamil Nadu	7,902	8,021	8,142	8,264	8,389
33	Telangana	3,169	3,185	3,201	3,217	3,233
34	Tripura	192	195	198	201	204
35	Uttar Pradesh	11,054	11,173	11,292	11,411	11,530
36	Uttarakhand	460	465	469	474	479
37	West Bengal	6,300	6,334	6,368	6,403	6,437
Total		76,898	77,426	77,959	78,499	79,239

Source- National Centre for Disease Informatics and Research (NCDIR) & National Cancer Registry Programme (NCRP)

STATEMENT- II

Estimated Mortality of Cervical Cancer cases (2021-2025)						
S.No.	State/UT	2021	2022	2023	2024	2025
1	Andaman & Nicobar Islands	17	17	17	17	17
2	Andhra Pradesh	2,408	2,417	2,426	2,435	2,444

3	Arunachal Pradesh	19	19	19	19	19
4	Assam	945	954	963	973	982
5	Bihar	4,197	4,262	4,326	4,391	4,455
6	Chandigarh	19	19	19	20	20
7	Chhattisgarh	794	803	812	822	831
8	Dadra & Nagar Haveli	10	10	11	11	11
9	Daman	6	6	6	6	6
10	Delhi	428	414	400	387	374
11	Goa	31	30	30	29	29
12	Gujarat	1,341	1,315	1,291	1,266	1,281
13	Haryana	620	628	636	644	652
14	Himachal Pradesh	163	164	164	165	166
15	Jammu & Kashmir	38	38	39	39	39
16	Jharkhand	1,333	1,351	1,368	1,386	1,404
17	Karnataka	3,009	3,028	3,047	3,066	3,084
18	Kerala					

		887	890	894	897	901
19	Ladakh	1	1	1	1	1
20	Lakshadweep	3	3	3	3	3
21	Madhya Pradesh	2,210	2,238	2,266	2,294	2,322
22	Maharashtra	2,618	2,566	2,515	2,466	2,484
23	Manipur	55	57	58	60	62
24	Meghalaya	47	48	48	49	49
25	Mizoram	72	75	76	78	79
26	Nagaland	85	86	87	88	89
27	Orissa	1,608	1,619	1,630	1,641	1,651
28	Puducherry	75	77	79	81	83
29	Punjab	691	696	700	705	710
30	Rajasthan	2,080	2,105	2,130	2,155	2,181
31	Sikkim	12	12	12	13	13
32	Tamil Nadu	4,267	4,331	4,397	4,463	4,530
33	Telangana	1,711	1,720	1,729	1,737	1,746

34	Tripura	104	105	107	109	110
35	Uttar Pradesh	5,969	6,033	6,098	6,162	6,226
36	Uttarakhand	248	251	253	256	259
37	West Bengal	3,402	3,420	3,439	3,458	3,476
Total		41,523	41,808	42,096	42,392	42,789

Source- National Centre for Disease Informatics and Research (NCDIR) & National Cancer Registry Programme (NCRP)

NATIONAL SICKLE CELL ANAEMIA ELIMINATION MISSION

2308. SHRI ANANTA NAYAK:

SHRI P. P. CHAUDHARY:

SHRI ALOK SHARMA:

SHRI VIJAY KUMAR DUBEY:

SHRI RAMESH AWASTHI:

SHRI PRADEEP KUMAR SINGH:

SHRI PRAVEEN PATEL:

SHRI MANOJ TIWARI:

SHRIMATI VIJAYLAKSHMI DEVI:

DR. MANNA LAL RAWAT:

SHRI BHOJRAJ NAG:

SHRIMATI SANJNA JATAV:

SHRIMATI MAHIMA KUMARI MEWAR:

SHRI TAPIR GAO:

SHRIMATI SMITA UDAY WAGH:

SHRI JAGDAMBIKA PAL:

SHRIMATI APARAJITA SARANGI:

SHRI GODAM NAGESH:

SHRI BALABHADRA MAJHI:

DR. NISHIKANT DUBEY:

DR. BHOLA SINGH:

SHRI MANISH JAISWAL:

SHRI DAMODAR AGRAWAL:

SHRI ANIL FIROJIYA:

SHRI VIJAY BAGHEL:

SHRI KALI CHARAN SINGH:

SHRI CHANDRA PRAKASH JOSHI:

DR. HEMANT VISHNU SAVARA:

SHRI NABA CHARAN MAJHI:

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

- (a) the total number of individuals screened for Sickle Cell Disease (SCD) under the National Sickle Cell Anaemia Elimination up to December 2025, State/UT-wise and district-wise;
- (b) the number of individuals identified as "Carriers" (Sickle Cell Trait) and "Patients" (Sickle Cell Disease) respectively, based on the said screenings, State/UT-wise and district-wise;
- (c) whether the Government has achieved the target of screening seven crore individuals by the end of the year 2025 and if so, the details thereof, along with the number of individuals who have been issued Sickle Cell Genetic Status Cards, State/UT-wise and district-wise;

- (d) the number of fully functional Centres of Excellence (CoE) for the treatment of the said disease in seventeen high prevalence States as of December 2025, State/UT-wise;
- (e) the total financial assistance provided by the Government for the procurement of Point-of-Care (PoC) testing kits in tribal-dominated districts up to December 2025, district-wise; and
- (f) the progress of screening coverage, referral facilities and availability of treatment services, State/UT-wise?

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

(a) to (f): Under National Sickle Cell Anaemia Elimination Mission (NSCAEM), screenings in the targeted age group of 0-40 years are conducted at all health facilities from District Hospitals (DH) upto Ayushman Arogya Mandir (AAM) level in affected 17 tribal states for diagnosis of Sickle Cell Disease (SCD). As per SCD portal, more than 6.83 crore screenings have been conducted in tribal dominated areas of the country, as on 03.02.2026. A total of 2,37,981 individuals have been identified as diseased and 19,32,500 as carriers of SCD, as on 03.02.2026. State-wise total number of individuals screened, the number of individuals identified as "Carriers" and "Patients" and number of Genetic Status Cards distributed, as on 03.02.2026, are given in the enclosed **Statement-I**.

Ministry of Health and Family Welfare has devised the cost norms for establishment of Centres of Excellence (CoE) on SCD funded by Ministry of Tribal Affairs (MoTA) in various states. 17 COE in 15 states have been approved by MoTA. State-wise details of CoE are given in the enclosed **Statement-II**.

State Programme Implementation Plan (SPIP) approvals towards screening for Blood Disorders under National Health Mission (NHM) from F.Y. 2022-23 to F.Y. 2025-26 in the country is as follows:

(Rs. in Lakhs)	
Financial Year	All India
2022-23	28,991.84
2023-24	44,855.32
2024-25	44,754.53
2025-26	53,904.10

Patients living with SCD are provided with the following services/ facilities for improving their quality of life through AAMs:

- Follow-up of diseased individuals at frequent intervals.
- Counseling regarding lifestyle management, pre-marriage and pre-natal decisions.
- Nutritional supplementation support through distribution of folic acid tablets.
- Conducting yoga and wellness sessions.
- Management of crisis symptoms and referral to higher facilities.

Hydroxyurea has been included in NHM Essential Drugs List at Sub-Health

Centres, Primary Health Centres (PHC)/ Urban PHC, Community Health Centres (CHC) and DHs to address the issue of access to medicine. This Ministry provides technical and financial support to the States/UTs for conducting screenings and procurement of drugs for sickle cell anaemia, based on the proposals received in the form of PIPs under NHM.

STATEMENT-I

State-wise total number of individuals screened, the number of individuals identified as "Carriers" and "Patients" and number of Genetic Status Cards distributed, as on 03.02.2026

S.No.	State Name	Total Screenings conducted	No. of Carrier	No. of Diseased	No. of Genetic Status Cards Distributed
1	Chhattisgarh	1,70,30,846	3,38,774	27,600	1,02,90,081
2	Madhya Pradesh	1,29,92,449	2,37,473	37,885	1,13,61,858
3	Maharashtra	93,79,701	2,06,967	27,719	21,46,504
4	Gujarat	80,05,852	5,41,088	30,883	79,15,506
5	Odisha	60,83,323	5,43,015	1,01,865	30,05,123
6	Rajasthan	37,06,689	8,453	2,885	17,11,440
7	Jharkhand	27,83,758	3,888	2,314	2,943
8	West Bengal	24,81,557	3,697	890	381
9	Andhra Pradesh	14,79,777	21,679	2,272	4,78,186
10	Assam	11,72,328	1,522	330	1,34,982
11	Telangana	11,27,762	7,445	568	4,44,393
12	Uttar Pradesh	7,64,879	86	38	4,41,639
13	Tamil Nadu	4,40,276	8,685	656	3,98,385
14	Karnataka	3,55,449	4,543	578	4,241
15	Bihar	2,40,331	1	9	63
16	Uttarakhand	1,53,668	69	6	1,51,507

17	Kerala	1,77,314	5,115	1,483	20,234
	Total	6,83,75,959	19,32,500	2,37,981	3,85,07,466

STATEMENT-II

State-wise details of Centres of Excellence (CoE) established

S.No.	State	Institution Name
1	Telangana	Nizams Institute of Medical Science
2	Uttarakhand	AIIMS Rishikesh, Uttarakhand
3	Kerala	Kozhikode Medical College, Kerala
4	Andhra Pradesh	King George Hospital, Vishakhapatnam, Andhra Pradesh
5	Jharkhand	AIIMS Deoghar
6	Maharashtra	AIIMS Nagpur
7	Chhattisgarh	AIIMS Raipur
8	Karnataka	Mysore Medical College & Research Institute, Karnataka
9	Madhya Pradesh	MGM Medical College, Indore
10	Madhya Pradesh	Bhopal Memorial Hospital and Research Centre (BMHRC)
11	Assam	Assam Medical College, Dibrugarh, Assam
12	Gujarat	New Civil Hospital and Medical College, Surat
13	Odisha	SCB Medical College Hospital, Cuttack, Odisha
14	Rajasthan	RNT Medical College, Rajasthan
15	Tamil Nadu	Institute of Child Health and Hospital for Children – Madras Medical College, Tamil Nadu
16.	Andhra Pradesh	AIIMS Mangalagiri
17	West Bengal	N.R.S. Medical College

USE OF AYURVEDIC AND ALLOPATHIC MEDICINES BY BAMS DOCTORS**2309. SHRI ESWARASAMY K.:**

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

- (a) whether it is a fact that Bachelor of Ayurvedic Medicine and Surgery (BAMS) doctors are using both Ayurvedic and Allopathic medicines for treating patients and if so, the details thereof;
- (b) whether the practice of using Allopathic medicines is recognised by the Government and if so, the details thereof;
- (c) whether any study has been conducted to give immediate relief to patients availing of Ayurvedic medicines; and
- (d) if so, the details thereof ?

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

(a) and (b): As per the provisions of the National Commission for Indian System of Medicine (NCISM) Act, 2020, the National Commission for Homoeopathy (NCH) Act, 2020 and the National Medical Commission (NMC) Act, 2019, practitioners registered under these Acts are entitled to practice in their respective systems of medicine. Accordingly, practice of Allopathic Medicine comes under the domain of the National Medical Commission (NMC) Act, 2019 where a person who is enrolled in the State Register or the National Register, as the case may be, shall

be allowed to practice medicine as a qualified medical practitioner. Moreover, as per the provisions of National Commission for Indian System of Medicine (NCISM) Act, 2020 it is the right to practice any system of medicine, conferred by or under any law for the time being in force in a State on the practitioners of Indian System of Medicine enrolled in the State Register of that State. Further, "Public Health" is a State subject and certain State Governments have permitted limited prescription of allopathic medicines by Ayush practitioners as per their requirement.

(c) and (d): Ministry of Ayush supports and promotes research in Ayurveda through its Research Councils and institutions, including clinical and outcome-based studies on Ayurvedic medicines and therapies for various health conditions. While Ayurveda follows a holistic treatment approach, several research and clinical studies have been undertaken to evaluate therapeutic outcomes and symptomatic relief in different disease conditions. The Ministry continues to encourage evidence generation through structured research programmes to strengthen scientific validation of Ayurveda interventions. Moreover, 4213 clinical research studies have been published in Ayurveda so far.

U-WIN PORTAL AND VACCINATION COVERAGE

2310. SHRI P. P. CHAUDHARY:

SHRI LUMBARAM CHOUDHARY:

SHRI DILIP SAIKIA:

SHRI JUGAL KISHORE:

SHRIMATI KAMLESH JANGDE:

SHRI P. C. MOHAN:

DR. HEMANG JOSHI:

SHRI MAHENDRA SINGH SOLANKY:

SHRI NALIN SOREN:

DR. SANJAY JAISWAL:

SHRIMATI SANJNA JATAV:

SHRI AVIMANYU SETHI:

SHRI TRIVENDRA SINGH RAWAT:

DR. VINOD KUMAR BIND:

SHRI PRATAP CHANDRA SARANGI:

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

(a): the total number of children and pregnant women registered on the Universal Immunization Win (U-WIN portal) as of date in the country, State/UT-wise, particularly in Pali, Bengaluru and Dewas-Shajapur Parliamentary Constituencies of the States of Rajasthan, Karnataka and Madhya Pradesh respectively;

(b): whether QR code-based vaccination certificates were issued for and each every vaccine dose administered during the year 2025 and if so, the details thereof along with the total number of such QR code-based vaccination certificates issued to the beneficiaries, State/UT-wise including the said Parliamentary Constituencies;

(c): the number of SMS reminder messages sent to beneficiaries for upcoming

vaccination doses, separately for rural and urban areas, State/UT-wise including the said Parliamentary Constituencies;

(d): whether the U-WIN portal has helped in identifying children who had not received any vaccine earlier (zero-dose children) and if so, the details thereof along with the number of such zero-dose children brought under vaccination coverage, State/UT-wise including the said Parliamentary constituencies; and

(e): whether the U-WIN portal has been integrated with other online health platforms and if so, the details thereof along with the current status of such integration?

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

(a): As on 8th February 2026, 11.12 cr. children and 3.78 cr. pregnant women are registered on U-WIN portal. The State/UT wise detail are given in the enclosed **Statement-I**. The registered beneficiaries in districts of constituency Pali, Bengaluru and Dewas-Shajapur parliamentary constituencies of the States of Rajasthan, Karnataka and Madhya Pradesh are given in the enclosed **Statement-II**.

(b): After every vaccination event, beneficiaries can download the QR code-based vaccination certificate from U-WIN portal. In the year 2025, 8.01 crore beneficiaries were registered in U-WIN and the digital QR code-based certificates

were made available to them. The State/UT wise detail are given in the enclosed **Statement-II** and the Parliamentary Constituency wise details are given in the enclosed **Statement-IV**.

(c): A total of 29.42 crore SMSs including reminder SMSs were sent to the beneficiaries during the year 2025 from U-WIN portal across the Country.

(d): U-WIN has helped in line-listing of children due for vaccination. These children are digitally mapped on the portal for regular follow-ups with SMS alerts for ensuring their due doses. These children as identified also by the front-line workers, are provided their due vaccination which is duly recorded on U-WIN platform for ensuring completion of their routine immunization.

(e): To improve health service delivery U-WIN is presently integrated with Ayushman Bharat Digital Mission (ABDM), POSHAN Tracker and SAFEVAC online platforms.

STATEMENT-I

**Total Number of beneficiaries registered on U-WIN portal
as on 8th February 2026**

S.N.	State/UT's	Number of Pregnant Women Registered	Number of Children Registered
1	ANDAMAN & NICOBAR ISLANDS	8,161	22,739
2	ANDHRA PRADESH	9,30,585	29,29,179
3	ARUNACHAL PRADESH	35,308	1,13,549
4	ASSAM		

		13,00,345	28,50,535
5	BIHAR	70,24,141	1,89,59,149
6	CHANDIGARH	31,859	71,799
7	CHHATTISGARH	7,76,715	15,68,618
8	DELHI	6,87,197	21,45,685
9	GOA	34,785	1,61,750
10	GUJARAT	80,982	3,90,131
11	HARYANA	11,18,336	28,06,685
12	HIMACHAL PRADESH	2,72,595	9,44,806
13	JAMMU AND KASHMIR	5,64,865	14,30,175
14	JHARKHAND	7,06,533	17,87,612
15	KARNATAKA	17,84,949	53,39,511
16	KERALA	4,13,748	25,03,482
17	LADAKH	10,481	31,900
18	LAKSHADWEEP	3,095	6,217
19	MADHYA PRADESH	34,30,380	97,95,660
20	MAHARASHTRA	20,81,280	89,95,274

21	MANIPUR	37,181	1,06,237
22	MEGHALAYA	1,29,634	3,03,897
23	MIZORAM	46,971	93,322
24	NAGALAND	37,465	1,12,333
25	ODISHA	13,24,706	32,39,238
26	PUDUCHERRY	43,323	91,002
27	PUNJAB	6,26,090	16,44,416
28	RAJASTHAN	18,90,206	56,43,877
29	SIKKIM	18,303	40,347
30	TAMIL NADU	20,27,909	25,68,644
31	TELANGANA	6,76,990	24,05,349
32	THE DNH & DAMAN & DIU	24,312	69,580
33	TRIPURA	1,49,165	3,37,725
34	UTTAR PRADESH	90,55,194	3,06,40,098
35	UTTARAKHAND	3,65,348	9,51,444
36	WEST BENGAL	20,395	55,922

STATEMENT-II

**Total number of beneficiaries registered in U-WIN portal in select
Parliamentary Constituency districts as on 8th February 2026**

S.No.	District name	Number of Pregnant Women Registered	Number of Children Registered
1	BENGALURU RURAL	40,628	98,339
2	BENGALURU URBAN	2,51,613	8,25,626
3	ASHOKNAGAR	45,610	1,11,428
4	AGAR-MALWA	28,706	78,568
5	DEWAS	75,318	1,83,620
6	SEHORE	71,842	2,22,550
7	SHAJAPUR	50,564	1,38,500
8	JODHPUR	95,417	2,55,237
9	PALI	51,244	1,32,573

STATEMENT-III

**Number of beneficiaries registered on U-WIN portal to whom e- certificates
were made available in 2025 (January-December)**

S.No.	State/UT's	Total beneficiaries vaccinated
1	ANDAMAN AND NICOBAR ISLANDS	16,496
2	ANDHRA PRADESH	13,06,587
3	ARUNACHAL PRADESH	91,839
4	ASSAM	25,01,392
5	BIHAR	1,35,82,322
6	CHANDIGARH	54,437
7	CHHATTISGARH	7,59,783
8	DELHI	14,07,171
9	GOA	93,427
10	GUJARAT	1,04,922
11	HARYANA	18,78,952
12	HIMACHAL PRADESH	4,89,664
13	JAMMU AND KASHMIR	9,42,286
14	JHARKHAND	11,22,462
15	KARNATAKA	35,81,073
16	KERALA	14,36,514
17	LADAKH	24,586
18	LAKSHADWEEP	3,750
19	MADHYA PRADESH	52,03,550
20	MAHARASHTRA	48,82,617
21	MANIPUR	81,414
22	MEGHALAYA	2,42,024
23	MIZORAM	69,440
24	NAGALAND	71,265
25	ODISHA	22,96,521
26	PUDUCHERRY	55,285
27	PUNJAB	13,78,835
28	RAJASTHAN	37,43,686
29	SIKKIM	29,727

30	TAMIL NADU	31,29,732
31	TELANGANA	15,10,142
32	THE DNH & DAMAN & DIU	36,777
33	TRIPURA	2,49,497
34	UTTAR PRADESH	2,69,43,323
35	UTTARAKHAND	7,71,381
36	WEST BENGAL	23,805

STATEMENT-IV

Number of beneficiaries registered on U-WIN portal to whom e-certificates were made available in select Parliamentary Constituency districts in 2025 (January-December)

S.No.	District name	Sum of Total Number of Pregnant Women Registered	Sum of Total Number of Children Registered
1	BENGALURU RURAL	16,404	40,940
2	BENGALURU URBAN	1,15,015	2,94,169
3	AGAR-MALWA	9,832	21,185
4	ASHOKNAGAR	14,765	29,908
5	DEWAS	24,984	42,599
6	SEHORE	22,956	34,044
7	SHAJAPUR	16,290	27,776
8	JODHPUR	59,767	1,67,657
9	PALI	29,216	80,982

समुद्री और नदी क्रूज यात्री

2311. श्री आलोक शर्मा :

श्री लुम्बाराम चौधरी :

श्री दिलीप शङ्कीया :

श्री बलभद्र माझी :

श्रीमती अनिता नागरसिंह चौहान :

श्री मनोज तिवारी :

श्रीमती कमलेश जांगड़े :

श्री पी. सी. मोहन :

श्री शंकर लालवानी :

श्री रवीन्द्र शुक्ला उर्फ रवि किशन :

श्री नव चरण माझी :

श्री राजीव प्रताप रूडी :

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

(क) वित्तीय वर्ष 2024-25 और 2025-26 के दौरान देश में समुद्री और नदी क्रूज यात्रियों की संख्या कितनी है;

(ख) नई अनुमानित कराधान व्यवस्था (धारा 44 खखग) के तहत विदेशी क्रूज ऑपरेटरों से कितना राजस्व एकत्रित हुआ;

(ग) दिसंबर 2025 तक छह प्रमुख क्रूज पत्तनों पर अंतर्राष्ट्रीय क्रूज आगमन की कुल संख्या कितनी है;

(घ) क्या सरकार ने सभी अंतर्राष्ट्रीय टर्मिनलों पर "क्रूज क्यूआर कोड" क्लियरेंस प्रणाली शुरू की है;

(ड) यदि हां, तो इसके कार्यान्वयन के तरीके सहित तत्संबंधी ब्यौरा और यात्री सुविधा, समय पर क्लीयरेंस और पारदर्शिता पर इसका क्या प्रभाव पड़ा है, और

(च) योजना में स्वीकृत/प्रस्तावित नए समुद्री या अंतर्देशीय नदी क्रूज मार्ग / टर्मिनल का उनके स्थान, समय पर क्लीयरेंस और अपेक्षित पर्यटन और रोजगार लाभों सहित राज्यवार ब्यौरा क्या है?

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

(क): भारत में वित्त वर्ष – 2024-25 और वित्त वर्ष 2025-26 (दिसंबर 2025, तक) के लिए समुद्र और नदी क्रूज यात्रियों की संख्या निम्नलिखित है:

वर्ष	वित्त वर्ष 2024-25	वित्त वर्ष 2025-26 (दिसंबर, 2025 तक)
समुद्र क्रूज यात्री	4,92,362	3,42,631
नदी क्रूज यात्री	4,35,163	29,26,440

(ख): (i) आय- कर अधिनियम, 1961 की धारा 44 बीबीसी से संबंधित नए कॉलम, वित्त वर्ष 2025-26 के लिए आईटीआर- 3, आईटीआर-5 और आईटीआर-6 में प्रस्तुत किए गए हैं:

- आईटीआर-3 अनुसूची बीपी: (35) (वीआईबी) व्यवसाय या पेशे के लाभ या प्राप्ति को धारा 44 बीबीसी के अंतर्गत माना जाएगा।
- आईटीआर-5 अनुसूची बीपी: (35) (वीआईबी) व्यवसाय या पेशे के लाभ या प्राप्ति को धारा 44 बीबीसी के अंतर्गत माना जाएगा।
- आईटीआर-6 अनुसूची बीपी: (36)(वीआईबी) व्यवसाय या पेशे के लाभ या प्राप्ति को धारा 44 बीबीसी के अंतर्गत माना जाएगा।

(ii) ऐसा देखा गया है कि केवल तीन लोगों ने वित्त वर्ष 2025-26 (31 दिसंबर, 2025 तक नवीनतम प्रस्तुत किया गया) के आईटीआर-3 के उपरोक्त उल्लेखित कॉलम में आय-कर अधिनियम, 1961 की धारा 44 बीबीसी के तहत व्यवसाय के लाभ एवं प्राप्ति के रूप में कुल 2,10,001/- रु. बताए हैं।

(ग): वित्त वर्ष 2025-26 (दिसंबर, 2025 तक) के लिए 06 मुख्य कूज़ पत्तन पर अंतर्राष्ट्रीय कूज़ कॉल की कुल संख्या 25 थी।

(घ) और (ड): जी हां, अप्रवासन ब्यूरो, गृह मंत्रालय द्वारा सभी मुख्य अंतर्राष्ट्रीय समुद्री पोत पर कूज़ क्यूआर कोड शुरू किए गए हैं। ई- वीज़ा पर भारत में आने वाले सभी कूज़ यात्रियों के लिए उनके ई-ट्रैवल प्राधिकार के लिए एक क्यूआर कोड होगा। इसके अलावा, नियमित वीज़ा धारकों के लिए प्राप्त यात्री मैनिफेस्ट के अनुसार यात्रियों को अलग से एक क्यूआर कोड दिया जाता है। दोनों मामलों में, यह एकल कूज़ क्यूआर कोड, कूज़ यात्रियों को कूज़ पोत और पत्तन के मध्य उनकी आवाजाही के दौरान समुद्र पत्तन कूज़ टर्मिनल पर प्रवासन प्रक्रिया को तेजी से पूरा करने के योग्य बनाता है।

(च): ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

योजना में स्वीकृत/प्रस्तावित नए समुद्री या अंतर्देशीय नदी कूज़ मार्ग / टर्मिनल का उनके स्थान, समय पर क्लीयरेंस और अपेक्षित पर्यटन और रोजगार लाभों सहित राज्यवार ब्यौरा

1. **समुद्र** मुरगांव पत्तन, गोवा पर अंतर्राष्ट्रीय और घरेलू कूज़ टर्मिनल निर्माणाधीन है।
2. **नदी** जानकारी नीचे तालिका में दी गई है।

रा.ज. की संख्या	राज्य	राष्ट्रीय जलमार्गों का नाम	कूज़ सर्किट
1	आंध्र प्रदेश	रा.ज. -79 (पेन्नार नदी)	पवित्र संगमम स्थानीय कूज़

रा.ज. की संख्या	राज्य	राष्ट्रीय जलमार्गों का नाम	कूज सर्किट
1	आंध्र प्रदेश, तेलंगाना, छत्तीसगढ़, कर्नाटक, तमिलनाडु, पुदुचेरी और महाराष्ट्र	रा.ज. -4 (गोदावरी नदी (भद्राचलम से राजमुंदरी और भद्राचलम - नासिक), काकीनाडा नहर (काकीनाडा से राजमुंदरी), एलुरु नहर (राजमुंदरी से विजयवाड़ा), कृष्णा नदी (वजीराबाद से विजयवाड़ा और वजीराबाद - गलगली), कोमामुर नहर (विजयवाड़ा से पेद्दागंजम), उत्तर और दक्षिण बकिंघम नहरें और मरकानम से कालूवेल्ली टैंक के माध्यम से पुदुचेरी	महाबलीपुरम - एडियूर ब्रिज अलमट्टी डैम से हरकल (रातभर) नारायणपुर बांध तारलागुडा-भद्रकाली कालेश्वरम-सिरोंचा श्रीपद येलमपल्ली श्रीरामसागर कोपरगांव नांदेड़ पैठण
1	आंध्र प्रदेश और कर्नाटक, तेलंगाना	रा.ज. -104 (तुंगभद्रा नदी)	सुंकेसुला बैराज
2	गुजरात	रा.ज. -66 (माही नदी)	सिंधोर्ट बांध - कोटना - बीच और कडाना बांध
		रा.ज. -87 (साबरमती नदी)	धोलका-वतमान और संत सरोवर बांध का यू/एस
2	गुजरात और महाराष्ट्र	रा.ज. -73 (नर्मदा नदी)	कुक्षी - सरदारसरोवर बांध का यू/एस
		रा.ज. -100 (तापी नदी)	सूरत कैसल-डुमास बीच
1	गुजरात और राजस्थान	रा.ज. -48 (जवाई-लूनी-रण ऑफ कच्छ नदी प्रणाली)	धोलावीरा और लखपत किला- नारायण सरोवर (गृह मंत्रालय की मंजूरी ज़रूरी)
6	गोवा	रा.ज. -25 (चपोरा नदी)	चापोरा-अलोर्ना किला
		रा.ज. -88 (साल नदी)	कैवोलोसिम-बेतुल किला- बेतुल लाइटहाउस
2	जम्मू और कश्मीर	रा.ज. -26 (चेनाब नदी)	रियासी-अखनूर
		रा.ज. -49 (झेलम नदी)	वुलर झील से पंथा चौक

रा.ज. की संख्या	राज्य	राष्ट्रीय जलमार्गों का नाम	कूज सर्किट
1	केंद्र शासित प्रदेश लद्दाख	रा.ज. -46 (सिंधु नदी)	रामबीरपोरा-कारु
1	जम्मू और कश्मीर, हिमाचल प्रदेश और पंजाब	रा.ज. -84 (रावी नदी)	सोहर - मिनी गोवा
1	झारखंड	रा.ज. -56 (खरकाई नदी)	जमशेदपुर (रा.ज. -96) से जुड़ा हुआ
4	केरल	रा.ज. -59 (कोट्टायम-वाइकोम नहर)	कुमारकोम
1	केरल और तमिलनाडु	रा.ज. -13 (एवीएम नहर)	पूवर झील
9	कर्नाटक	रा.ज. -41 (घाटप्रभा नदी)	अलमाटी बांध सर्किट में शामिल
		रा.ज. -51 (काबिनी नदी)	संरक्षित वन में स्थानीय पर्यटन
		रा.ज. -52 (काली नदी)	सदाशिवगढ़ - हलगेजुग - सागर
		रा.ज. -67 (मलप्रभा नदी)	बादामी गुफाएँ, पट्टाकडल और ऐहोल
		रा.ज. -76 { पंचगंगावली (पंचगंगोली) नदी }	कोडी बैकवार्टर्स
		रा.ज. -90 (शरवती नदी)	गेरुसोप्पा-होन्नावर
		रा.ज. -105 (उदयवारा नदी)	मालपे समुद्र दृश्य
1	कर्नाटक और तेलंगाना	रा.ज. -21 (भीमा नदी)	यादगीर किला
9	महाराष्ट्र	रा.ज. -11 (अरुणावती - एरन नदी प्रणाली)	चिंचोली बांध
		रा.ज -53 (कल्याण -ठाणे-मुंबई जलमार्ग, वसई क्रीक और उल्हास नदी प्रणाली)	नवी मुंबई हवाई अड्डे को जोड़ने वाला शहरी परिवहन
		रा.ज -83 (राजपुरी क्रीक)	अगरदंडा

रा.ज. की संख्या	राज्य	राष्ट्रीय जलमार्गों का नाम	कूज सर्किट
		रा.ज -85 (रेवदंडा क्रीक - कुंडलिका नदी प्रणाली)	रेवाडांडा किला
		रा.ज -89 (सावित्री नदी (बैंकोट क्रीक)	हरिहरेश्वर
3	महाराष्ट्र और तेलंगाना	रा.ज -70 (मंजारा नदी)	ऑक्टोपस झील और निजामसागर बांध
		रा.ज -109 (वैनगंगा - प्राणहिता नदी प्रणाली)	सिरोंचा - कालेश्वरम
4	ओडिशा	रा.ज -14 (बैतरणी नदी)	भीतरकनिका वन
		रा.ज -22 (बिरुपा - बड़ीगेंगुटी - ब्राह्मणी नदी प्रणाली)	ललितगीर-उदयगिरी-रत्नागिरी
		रा.ज -23 (बुढ़बलंगा)	बालासोर - छिपा हुआ समुद्र तट
		रा.ज -64 (महानदी नदी)	जोबरा
1	ओडिशा , झारखंड और पश्चिम बंगाल	रा.ज -96 (सुवर्णरेखा नदी)	पन्तेई घाट-भुसंदेश्वर-बिचित्रपुर मैंग्रोव
2	पंजाब और हिमाचल प्रदेश	रा.ज -17 (ब्यास नदी)	4 गुरुद्वारों को कवर करने वाले धार्मिक सर्किट
		रा.ज -98 (सतलज नदी)	नैना देवी- तत्तापानी और कीरतपुर साहिब- आनंदपुर साहिब
8	तमिलनाडु	रा.ज -20 (भवानी नदी)	पवित्र संगमम स्थानीय कूज
		रा.ज -55 (कावेरी - कोल्लिडम नदी प्रणाली)	चिदंबरम- पिचावरम
		रा.ज -75 (पलार नदी)	पलार-कलपक्कम
		रा.ज -77 (पड़्यार नदी)	मनकुडी
		रा.ज -80 (पोन्नियार नदी)	कुड्डालोर शहर
		रा.ज -99 (तमारापरानी नदी)	पुन्नईकयाल और तिरुनेलवेली

रा.ज. की संख्या	राज्य	राष्ट्रीय जलमार्गों का नाम	कूज सर्किट
		रा.ज -107 (वैगई नदी)	मदुरै
2	पश्चिम बंगाल	रा.ज -44 (इच्छामती नदी)	
		रा.ज -97 (सुंदरबन जलमार्ग और 13 नदियाँ)	
66	24 राज्यों में रा.ज	डीआईबी में शामिल 16 राष्ट्रीय राजमार्ग	
		विकास के लिए प्रस्तावित 42 रा.ज	

ADDITIONAL BENCHES OF PATNA HIGH COURT IN BIHAR

2312. SHRI MANOJ KUMAR:

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

- (a) whether the Government is aware that Bihar, with an area of 94,163 sq. km. and a population of over 13 crore across 38 districts, is the country's second most populous State;
- (b) if so, whether it is a fact that Bihar has only one Bench of the Patna High Court at Patna and that other States like Tamil Nadu, MP, UP and Assam have more Benches;
- (c) if so, the number of pending cases and the average disposal rate of the High Courts;
- (d) the sanctioned strength of judges and existing vacancies, State and High Court Bench wise details;

- (e) whether the Government has set a timeframe to fill all vacancies, if so, the details thereof; and
- (f) whether any proposal has been received or any plan exists to establish new Benches at Sasaram (Shahabad–Magadh), Darbhanga (Mithila–Koshi), and Purnea (Seemanchal-Ang Pradesh), and if so, the details and current status, 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): Yes.

(c) to (f): The number of pending cases and the disposal rate of the High Courts as on 10.02.2026 are given in the enclosed **Statement-I**. The sanctioned strength & vacancies across various High Courts are given in the enclosed **Statement-II**.

Appointment of Judges to High Courts is made under Articles 217 and 224 of the Constitution of India and according to the procedure laid down in the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 1998 (Third Judges case). As per the MoP, the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief

Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. As per the MoP, the High Courts are required to make recommendations at least 06 months before the occurrence of a vacancy. However, this time limit is rarely observed. For appointments to the High Courts, the views of concerned State Government are obtained in accordance with the MoP. The recommendations also have to be considered in the light of such other reports as may be available to the Government in respect of the names under consideration. The recommendations of the High Court Collegium, the State Governments and the Government of India are then forwarded to the Supreme Court Collegium (SCC) for advice.

Filling up of the vacancy 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 which 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. Only those persons whose names have been recommended by the SCC are appointed as Judges of the High Courts.

Pendency of cases in courts arise due to several factors which inter alia,

include complexity of the facts involved, nature of evidence, co-operation of stakeholders, viz., bar, investigation agencies, witness and litigants, the availability of physical infrastructure, supporting court staff, etc. besides the shortage of judges. The disposal of cases is within the exclusive domain of the judiciary. However, the Central Government is committed for speedy disposal of cases and reducing pendency as mandated under Article 21 of the Constitution and has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary.

High Court Benches are established in accordance with the recommendations made by the Jaswant Singh Commission and judgment pronounced by the Apex Court in W.P. (C) No. 379 of 2000 and after due consideration of a complete proposal from the State Government which has to provide necessary expenditure and infrastructural facilities and the Chief Justice of the concerned High Court who is required to look after the day-to-day administration of the High Court. The proposal to be complete should also have the consent of the Governor of the concerned State.

At present there is no complete proposal pending with the Government of India to establish High Court Bench(es) in Bihar.

STATEMENT-I**Pending Cases & Disposal Rates of Various High Courts as on 10.02.2026**

High Court	No. of Pending Cases	Cases Instituted since 2018	Cases Disposed since 2018	Disposal Rate (%)
Allahabad	1207325	2535189	2228638	87.91
Andhra Pradesh	249222	439550	355722	80.93
Bombay	665754	1331691	1136940	85.38
Calcutta	195918	491020	525331	106.99
Chhattisgarh	75990	340675	324536	95.26
Delhi	126114	395486	341293	86.30
Gauhati	64076	234078	207042	88.45
Gujarat	174537	625241	553320	88.50
Himachal Pradesh	104139	400796	330469	82.45
Jammu & Kashmir and Ladakh	43291	112470	135986	120.91
Jharkhand	73000	333927	349607	104.70
Karnataka	329810	744467	633042	85.03
Kerala	249495	727259	660138	90.77
Madhya Pradesh	481480	1131327	961057	84.95
Madras	549937	2502092	2484699	99.30
Manipur	5933	22375	21001	93.86
Meghalaya	1760	11391	10605	93.10
Orissa	162205	761193	764499	100.43

Patna	219597	944381	867846	91.90
Punjab & Haryana	413963	1141947	1083928	94.92
Rajasthan	670681	1587045	1652106	104.10
Sikkim	295	1449	1363	94.06
Telangana	235767	511580	464608	90.82
Tripura	1390	18904	20308	107.43
Uttarakhand	60497	157050	128582	81.87

Source: National Judicial Data Grid

STATEMENT-II

**Sanctioned strength, working strength, vacancies of Judges in High Courts
(As on 09.02.2026)**

B.	High Court	Sanctioned Strength	Working Strength	Vacancy
1	Allahabad	160	109	51
2	Andhra Pradesh	37	32	5
3	Bombay	94	80	14
4	Calcutta	72	43	29
5	Chhattisgarh	22	15	7
6	Delhi	60	44	16
7	Gauhati	30	25	5
8	Gujarat	52	35	17
9	Himachal Pradesh	17	12	5
10	J & K and Ladakh	25	14	11
11	Jharkhand	25	14	11
12	Karnataka	62	46	16
13	Kerala	47	40	7
14	Madhya Pradesh	53	42	11
15	Madras	75	53	22
16	Manipur	5	3	2
17	Meghalaya	4	4	0
18	Orissa	33	19	14

19	Patna	53	38	15
20	Punjab & Haryana	85	61	24
21	Rajasthan	50	39	11
22	Sikkim	3	3	0
23	Telangana	42	28	14
24	Tripura	5	4	1
25	Uttarakhand	11	10	1
	Total	1122	813	309

UNDER-REPORTING OF CHILD SEXUAL ABUSE

2313. ADV. PRIYA SAROJ:

SHRI PUSHPENDRA SAROJ:

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

- (a) Whether the Ministry has reviewed gaps in reporting, escalation and action on child sexual abuse complaints from schools, including cases where disclosures were not promptly linked to child protection/law enforcement mechanisms during 2024-25 in Uttar Pradesh;
- (b) If so, the details thereof;
- (c) the number of school-originated complaints that did not result in timely registration on child protection portals, referral to Child Welfare Committees/FIRs in said state;
- (d) whether Central assessments have identified any gaps in mandatory reporting protocols, staff training/institutional compliance contributing to delayed

- reporting, if so, the details thereof;
- (e) the details of the impact of reporting failures on victim safety, continuity of care and prosecution outcomes; and
- (f) the details of the measures instituted to enforce school-to-child protection reporting, real-time digital linkage and accountability mechanisms in the said state?

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

(a) to (f): The Protection of Children from Sexual Offences (POCSO) Act, 2012 was enacted by Government of India to safeguard children from sexual abuse and sexual offences. The Act clearly defines a child as any person below the age of 18 years. The POCSO Act provides proportionate punishment as per the gravity of offence. The Ministry of Women and Child Development has put in place a comprehensive legal and institutional framework to address child sexual abuse, including cases reported from schools. The POCSO Act, 2012 mandates compulsory reporting of such offences by all persons, including school authorities, and provides for time-bound investigation and child-friendly procedures.

Further, under the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Integrated Child Protection framework implemented through Mission Vatsalya, mechanisms such as Child Welfare Committees (CWCs), District Child Protection Units (DCPUs), and Special Juvenile Police Units (SJPU) have been

established to ensure prompt reporting, escalation, and linkage with child protection and law enforcement authorities.

The data relating to crime against children may be seen at National Crime Records Bureau's (NCRB's) portal <https://ncrb.gov.in>. This Ministry does not maintain data centrally regarding reporting, escalation and action on these matters. However, the Ministry issues regular advisories to States/UTs, including Uttar Pradesh, to ensure implementation of the POCSO Act including mandatory reporting provisions, timely registration of FIRs, and immediate referral of cases to appropriate child protection institutions.

Further, capacity-building programmes and sensitisation initiatives for school authorities, police personnel, Special Juvenile Police Units (SJPU), Child Welfare Committees (CWCs), and other stakeholders are conducted periodically to strengthen institutional response mechanisms. Regular orientation, training modules and IEC materials are also developed in collaboration with concerned agencies to enhance awareness of child-friendly procedures and statutory obligations under the Act. These initiatives aim to improve coordination among stakeholders and ensure a prompt, sensitive, and child-centric approach in handling cases.

The National Commission for Protection of Child Rights (NCPCR) is a statutory and autonomous body under the Ministry of Women and Child Development (MWCD). The Commission is mandated to examine and inquire into

complaints relating to violation of child rights, including cases of child sexual abuse, and to monitor the implementation of laws and policies concerning the protection and welfare of children. The Commission circulated the *Manual on Safety and Security of Children in Schools* to the Ministries, Departments, Institutions concerned and other stakeholders on 15th February, 2019. Subsequently, in the year 2021, the Commission issued Comprehensive Guidelines on “School Safety and Security” for adoption by all States and Union Territories. Further, the Commission monitors cases through its online complaint management system (e-Box/POCSO e-Box), conducts inquiries and fact-finding in cases of non-compliance, seeks Action Taken Reports from authorities, and undertakes awareness and sensitisation programmes for school authorities to strengthen accountability and child protection mechanisms.

Department of School Education & Literacy (DOSEL), Ministry of Education has developed Guidelines on School Safety and Security, for safety and security of children studying in Government, Government-aided and Private Schools, in line with the provisions contained in the National Education Policy, 2020. The guidelines are advisory in nature and have been circulated to all States/UTs/Autonomous Bodies of DoSEL and stakeholder Ministries on 01.10.2021. The guidelines further states that in case of occurrence of any untoward incidents e.g., physical or sexual violence, bullying, injury etc., the school management should report the matter to the authorities concerned and

immediately take necessary action and also corrective measures so that the incident do not recur.

Further, the Central Government has taken several measures to fast-track investigations in cases of child sexual abuse. These steps include mechanism for online reporting of child sex abuse cases, accessibility of reported incidents to Law Enforcement Agencies (LEAs) concerned, improving cyber forensic facilities, training of Law Enforcement Officers/Judges/ Public Prosecutors, spreading awareness etc. Government also implements a scheme for setting up of Fast Track Special Courts (FTSCs) for expeditious trial and disposal of cases related to rape and POCSO Act through the Ministry of Law and Justice. As on 30.11.2025 a total of 774 FTSCs, including 398 exclusive POCSO (e-POCSO) Courts, are functional across 29 States/UTs which have disposed of 3,61,055 cases since the inception of the Scheme.

पूर्व सैनिकों के कल्याण हेतु योजनाएं

2314. श्री हरीश चंद्र मीना:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या देश में पूर्व सैनिकों और उनके आश्रितों के कल्याण हेतु पेंशन, स्वास्थ्य, पुनर्वास और स्वरोजगार से संबंधित योजनाएं लागू की जा रही हैं;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) इन योजनाओं से अब तक लाभान्वित हुए पूर्व सैनिकों की राज्यवार संख्या कितनी है;

(घ) राजस्थान में पूर्व सैनिकों के लिए सैनिक विश्राम गृहों, स्वास्थ्य सुविधाओं और रोजगार सहायता केंद्रों की जिलावार वर्तमान स्थिति क्या है और साथ ही ऐसी नई सुविधाओं के प्रस्ताव वाले जिलों का ब्यौरा क्या है;

(ङ) टोंक- सवाई माधोपुर संसदीय क्षेत्र में रहने वाले पूर्व सैनिकों की संख्या कितनी है; और

(च) स्थानीय स्तर पर उन्हें प्रदान की जा रही सुविधाओं का ब्यौरा क्या है?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

(क) से (ग): सरकार भूतपूर्व सैनिकों और उनके आश्रितों के कल्याण हेतु स्वास्थ्य, पुनर्वास और स्वरोजगार से संबंधित कई योजनाएं लागू कर रही है। भूतपूर्व सैनिक कल्याण विभाग, रक्षा मंत्रालय के अंतर्गत पुनर्वास महानिदेशालय (डीजीआर) तीनों सेनाओं के भूतपूर्व सैनिकों हेतु लाभप्रद रोजगार और स्वरोजगार की सुविधा प्रदान करने के लिए कई प्रकार की पुनर्नियोजन योजनाएं कार्यान्वित करता है। ये योजनाएं भूतपूर्व सैनिकों की स्वेच्छा, निर्धारित पात्रता मानदंडों को पूरा करने और रिक्तियों की उपलब्धता के आधार पर प्रस्तावित की जाती हैं। इनमें कौशल विकास प्रशिक्षण भी शामिल है। डीजीआर द्वारा चलाई जा रही योजनाओं का ब्यौरा **विवरण-I** में संलग्न है। भूतपूर्व सैनिक अंशदायी स्वास्थ्य योजना (ईसीएचएस) भारत सरकार की फ्लैगशिप पहल है जो पात्र भूतपूर्व सैनिकों और उनके आश्रितों के लिए कैशलैस और कैपलैस इलाज उपलब्ध कराती है।

डीजीआर योजनाएं भूतपूर्व सैनिकों के लिए पूरे भारत में लागू होती हैं। पिछले चार वर्षों के दौरान डीजीआर योजनाओं के तहत लाभान्वित हुए भूतपूर्व सैनिकों की संख्या का योजना-वार ब्यौरा **विवरण-II** के रूप में संलग्न है। ईसीएचएस के तहत 64 लाख पंजीकृत लाभार्थी हैं।

(घ) से (च): सैनिक विश्राम गृहों का प्रशासन, रखरखाव और संचालन संबंधित राज्य सरकारों द्वारा किया जाता है। राजस्थान राज्य में 32 सैनिक विश्राम गृह हैं जो अजमेर, ब्यावर, अलवर, बहरोड़, बंसूर, पटेल नगर, बाड़मेर, भरतपुर, बीकानेर, चुरु, चिड़ावा, डीडवाना, जयपुर, जैसलमेर, पोखरण,

झुंझुनू, जोधपुर, शेरगढ़, कोटा, झालावाड़, नागौर, सोजत पाली, गाड़का की चौकी, सवाई माधोपुर, सीकर, नीम का थाना, गंगानगर, उदयपुर, भीम, राजसमंद, हनुमानगढ़, और राजगढ़ में अवस्थित हैं। टोंक और सवाई माधोपुर संसदीय निर्वाचन क्षेत्र में रहने वाले भूतपूर्व सैनिकों की संख्या क्रमशः 1,367 और 1,308 है।

विवरण-I

डीजीआर द्वारा संचालित योजनाओं का ब्यौरा

- (i) **डीजीआर प्रायोजित सुरक्षा एजेंसी योजना:** डीजीआर विभिन्न सीपीएसई और किसी भी कॉर्पोरेट हाउस, निजी क्षेत्र के उपक्रमों को आवश्यकतानुसार सुरक्षा गार्ड प्रदान करने के लिए ईएसएम द्वारा संचालित निजी सुरक्षा एजेंसियों और राज्य ईएसएम निगमों को सूचीबद्ध/प्रायोजित करता है।
- (ii) **डीजीआर तकनीकी सेवा योजना:** डीजीआर सूचीबद्ध राज्य ईएसएम निगमों के माध्यम से सरकारी प्रतिष्ठानों/परिसरों को 'तकनीकी सेवाओं' के लिए भूतपूर्व सैनिक कार्यबल उपलब्ध कराता है। यह योजना हाल ही में शुरू की गई है।
- (iii) **ईएसएम कोयला लोडिंग और परिवहन योजना (केवल अधिकारी):** यह योजना कोल इंडिया लिमिटेड (सीआईएल) और डीजीआर के बीच समझौता ज्ञापन के आधार पर प्रशासित की जाती है। वर्तमान में यह योजना पुनरुद्धार के अधीन है।
- (iv) **ईएसएम के लिए कोल टिपर अटैचमेंट योजना (जेसीओ/ओआर के लिए):** यह योजना ईएसएम कोल लोडिंग और परिवहन योजना से संबद्ध है।
- (v) **विधवाओं और निःशक्त सैनिकों के लिए टिपर अटैचमेंट योजना:** 65 वर्ष तक की विधवाएँ और 50% या उससे अधिक निःशक्तता वाले निःशक्त सैनिक इस योजना में नामांकन के लिए पात्र हैं। यह योजना ईएसएम कोयला लोडिंग और परिवहन योजना से संबद्ध है।
- (vi) **8% आरक्षण कोटा के सापेक्ष तेल विपणन कंपनियों द्वारा विज्ञापित एलपीजी/खुदरा आउटलेट (पेट्रोल/डीजल) डिस्ट्रिब्यूटरशिप के आवंटन हेतु डीजीआर पात्रता प्रमाण पत्र जारी**

करना: युद्ध विधवाओं/युद्ध में शहीद हुए सैनिकों के आश्रितों, युद्ध में निःशक्त/संक्रियात्मक क्षेत्र में सेवा करते समय निःशक्त हुए व्यक्तियों, सैन्य सेवा के कारण या उससे संबंधित गंभीर कारणों से सेवा के दौरान शहीद हुए सैनिकों की विधवाओं/आश्रितों के साथ-साथ सैन्य सेवा के कारण या उससे संबंधित गंभीर कारणों से शांति काल में निःशक्त हुए भूतपूर्व सैनिक इस योजना के लिए पात्र हैं।

(vii) **कंपनी के स्वामित्व वाले कंपनी संचालित खुदरा आउटलेट्स का प्रबंधन:** इच्छुक ईएसएम (अधिकारी) और जेसीओ जिन्होंने कोई अन्य सरकारी/डीजीआर लाभ नहीं लिया है, उन्हें तेल कंपनी द्वारा आगे चयन के लिए तेल कंपनी की मांग के आधार पर सीओसीओ के लिए प्रायोजित किया जाता है।

(viii) **एनसीआर/पुणे में ईएसएम द्वारा आईजीएल/एमएनजीएल सीएनजी स्टेशनों का प्रबंधन:** इस योजना के तहत इच्छुक और पंजीकृत ईएसएम को आईजीएल (नई दिल्ली और एनसीआर क्षेत्र) और एमएनजीएल (पुणे/नासिक) से अनुरोध प्राप्त होने पर प्रायोजित किया जाता है।

(ix) **एनसीआर में मदर डेयरी मिल्क बूथ और फल एवं सब्जी (सफल) की दुकानों का आवंटन:** भूतपूर्व सैनिकों को 60 वर्ष की आयु तक दूध/सफल (फल एवं सब्जी) बूथों के लिए अलग से पंजीकृत किया जाता है। वे इन दुकानों का संचालन करते हैं और अपनी आजीविका कमाते हैं/व्यापार के संबंध में उद्यमिता सीखते हैं।

(x) **प्रधान मंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) में भूतपूर्व सैनिकों को शामिल करना:** भारत सरकार की प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) का उद्देश्य देशभर में जेनेरिक दवाओं की फार्मेशियां स्थापित करना है ताकि सभी को सस्ती दवाएं उपलब्ध कराई जा सकें। इस योजना को डीजीआर ने पीएमबीआई के सहयोग से जून 2023 में शुरू किया था।

(xi) **पुनर्वास प्रशिक्षण/कौशल विकास पाठ्यक्रम:** डीजीआर का प्रशिक्षण निदेशालय भारतीय सशस्त्र बलों के सेवानिवृत्त होने वाले/सेवानिवृत्त कर्मियों के लिए पुनर्वास/कौशल विकास प्रशिक्षण

पाठ्यक्रम आयोजित करने और संचालित करने के लिए जिम्मेदार है ताकि नागरिक क्षेत्र में सुचारु रूप से व्यवस्थित करने और उपयुक्त रोजगार के लिए उनके कौशल स्तर को बढ़ाया जा सके।

(1) **अधिकारियों के लिए:** पाठ्यक्रम शुल्क का 60% रक्षा मंत्रालय/डीजीआर द्वारा भुगतान किया जाता है जबकि 40% प्रत्येक अधिकारी द्वारा व्यक्तिगत रूप से भुगतान किया जाता है। अधिकारियों की विधवाएँ भी उपरोक्त पाठ्यक्रम में भाग लेने के लिए पात्र हैं।

(2) **जेसीओ/ओआर और समकक्ष के लिए:** पाठ्यक्रम शुल्क का 100% भुगतान रक्षा मंत्रालय/डीजीआर द्वारा किया जाता है। जेसीओ/ओआर की विधवाएँ भी डीजीआर प्रायोजित पाठ्यक्रमों में भाग लेने के लिए पात्र हैं।

विवरण-II

इन योजनाओं के अंतर्गत लाभ पाने वाले भूतपूर्व सैनिकों की संख्या

डीजीआर संपूर्ण भारत में भूतपूर्व सैनिकों, निःशक्त सैनिकों, विधवाओं और उनके आश्रितों को नौकरी के अवसर प्रदान करने के उद्देश्य से अनेक पुनर्वास योजनाएं और कौशल विकास प्रशिक्षण संचालित करता है जो भूतपूर्व सैनिकों की स्वेच्छा, योग्यता मापदंड को पूरा करने और रक्तियों की उपलब्धता पर निर्भर करता है। इन योजनाओं/कौशल विकास प्रशिक्षण पाठ्यक्रम के लाभार्थियों का डाटा निम्नानुसार है:-

क्र.सं.	योजना/वर्ष	2022	2023	2024	2025
1.	पैनलबद्ध सुरक्षा एजेंसियां तथा राज्य ईएसएम निगम	732	750	848	714
2.	सुरक्षा एजेंसियों में प्रायोजित ईएसएम	32,240	48,525	48,691	43,143
3.	कोयला कंपनियों में प्रायोजित ईएसएम	-	12	-	-
4.	कोयला कंपनियों में नियोजित विधवाएं/दिव्यांग ईएसएम	-	16	-	-
5.	एनसीआर/पुणे में सीएनजी स्टेशन का	47	66	16	20

	प्रबंधन				
6.	सीओसीओ योजना (पेट्रोल पंप) के लिए प्रायोजित	47	138	259	432
7.	तेल उत्पाद एजेंसियों के आवंटन के लिए योग्यता प्रमाणपत्र जारी करना	1	44	11	03
8.	मदर डेयरी मिल्क बूथ/सफल बूथ	835	553	627	648
9.	डीजीआर (रोजगार निदेशालय) द्वारा प्रायोजित/नियोजित ईएसएम	8,974	3,388	2,891	2,616
10.	डीजीआर तकनीकी सेवा योजना	56	313	268	450
11.	प्रशिक्षण संस्थानों के माध्यम से पीआरसी पूर्ण होने के बाद	33	83	-	82
12.	रोजगार मेले/सेमिनार/पीएमबीजेपी	769	7,922	12,148	20,214
	कुल	43,734	61,810	65,759	68,322

एकीकृत सहायता केंद्र

2315. श्री राहुल कस्वां:

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

- (क) क्या मिशन शक्ति के अंतर्गत रखे गए आंकड़े महिलाओं के विरुद्ध दर्ज मामलों की संख्या और एकीकृत सहायता केंद्रों के माध्यम से सहायताप्राप्त मामलों की संख्या के बीच राष्ट्रीय स्तर पर असमानता दर्शाते हैं;
- (ख) यदि हां, तो राजस्थान में महिलाओं के विरुद्ध दर्ज किए गए मामलों की संख्या, एकीकृत सहायता केंद्रों के माध्यम से प्रदान की जाने वाली सेवाओं और लंबित मामलों की संख्या का जिला-वार ब्यौरा क्या है;
- (ग) क्या सरकार को चुरु जैसे जिलों में एकीकृत सहायता केंद्रों के प्रभावी कार्यकरण को प्रभावित

करने वाले कर्मचारियों की कमी, क्षमता की कमी/अवसंरचनात्मक बाधाओं से संबंधित मुद्दों की जानकारी है;

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

(ड.) क्या उक्त मिशन के अंतर्गत वर्तमान और आगामी वित्त वर्षों के लिए किए गए बजटीय प्रावधानों में उक्त कमियों को दूर करने के उपाय शामिल हैं; और

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

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

(क) से (च): मिशन शक्ति के अंतर्गत **एकीकृत सहायता केंद्र** नामक कोई योजना नहीं है। हालांकि, वन स्टॉप सेंटर (ओएससी) मिशन शक्ति के अंतर्गत संबल वर्टिकल का एक घटक है। यह निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही छत के नीचे एकीकृत सहायता और सहयोग प्रदान करता है। यह जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता और मनोसामाजिक परामर्श जैसी सेवाएं भी प्रदान करता है। इसकी शुरुआत से लेकर अब तक, यानी 1 अप्रैल, 2015 से 31 अक्टूबर, 2025 तक, चुरू जिले सहित राजस्थान में ओएससी के माध्यम से 56,068 महिलाओं की सहायता की गई है। मंत्रालय ने डेटा प्रबंधन, केस पंजीकरण, निगरानी और पर्यवेक्षण के लिए मिशन शक्ति डैशबोर्ड के तहत ओएससी पोर्टल भी विकसित किया है।

मिशन शक्ति के दिशानिर्देशों के अनुसार, केंद्र सरकार संबल उप-योजना के तहत राज्यों और संघ राज्य क्षेत्रों को 100% वित्तीय सहायता प्रदान करती है। राजस्थान के चुरू जिले सहित पूरे देश में ओएससी के सुचारु संचालन के लिए पर्याप्त कर्मचारी और बुनियादी ढांचागत सहायता प्रदान की जाती है। तथापि, मिशन शक्ति के अंतर्गत सभी योजनाओं का कार्यान्वयन राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों के अधीन है। व्यय विभाग द्वारा सार्वजनिक वित्तीय प्रबंधन प्रणाली

(पीएफएमएस) के एकल नोडल एजेंसी (एसएनए) या एसएनए स्पर्श के लिए निर्धारित दिशानिर्देशों के आधार पर निधि जारी की जाती है।

संवाद योजना - आदिवासियों और विमुक्त घुमंतू जनजातियों के लिए न्याय तक पहुंच

2316. श्री दामोदर अग्रवाल :

श्री काली चरण सिंह :

श्री प्रताप चन्द्र षडङ्गी :

श्रीमती विजयलक्ष्मी देवी :

श्री भोजराज नाग :

श्री पी. सी. मोहन :

श्री दिनेशभाई मकवाणा :

श्रीमती महिमा कुमारी मेवाड़ :

डॉ. विनोद कुमार बिंद :

श्री सुकान्त कुमार पाणिग्रही :

श्रीमती स्मिता उदय वाघ :

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

(क) संवाद योजना, 2025 के उद्देश्य और प्रमुख घटक क्या हैं;

(ख) यह योजना किस प्रकार सीमांत, वंचित आदिवासी और विमुक्त घुमंतू जनजातीय समुदायों, विशेषकर कर्नाटक में, के लिए विधिक जागरूकता, विधिक सेवाओं तक पहुंच और उनके परिदान को सुदृढ़ बनाती है ;

(ग) वर्ष 2025 के दौरान उक्त योजना के अंतर्गत आने वाले राज्यों/संघ राज्यक्षेत्रों की संख्या और उक्त

अवधि के दौरान, विशेषकर कर्नाटक में स्थापित संवाद इकाइयों, आयोजित विधिक जागरूकता कार्यक्रमों और इस संबंध में सहायता प्राप्त करने वाले लाभार्थियों की संख्या कितनी है ;

(घ) योजना के लिए अपनाए गए निगरानी तंत्र का ब्यौरा, रिपोर्टिंग समयसीमा और इसके विस्तार तथा क्षेत्र-विशिष्ट में न्याय प्रदायगी में अंतर को समाप्त करने के लिए प्रस्तावित भविष्य की रूपरेखा क्या है ;

(ङ) आवंटित, जारी और उपयोग की गई निधि का महाराष्ट्र से संबंधित विशिष्ट जानकारी सहित राज्यवार ब्यौरा क्या है ; और

(च) क्या जलगांव लोक सभा निर्वाचन क्षेत्र में इस योजना के अंतर्गत कोई जिला या निर्वाचन क्षेत्र स्तर के हस्तक्षेप की योजना बनाई गई है या उसे लागू किया गया है, और यदि हां, तो योजना को व्यापक स्तर पर लागू करने और क्षेत्र-विशेष से जुड़ी न्याय प्रदान करने में खामियों को समाप्त करने के लिए निगरानी तंत्र, रिपोर्टिंग समयसीमा और भविष्य की रूपरेखा क्या है ?

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

(क): राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा) द्वारा अप्रैल 2025 में शुरू की गई नालसा संवाद (हाशिए पर रखे गए, कमजोर आदिवासियों और गैर अधिसूचित /असुरक्षित जनजातियों के लिए न्याय तक पहुंच को मजबूत करना) स्कीम, 2025, अनुसूचित जनजातियों (एसटी), विशेष रूप से असुरक्षित जनजातीय समूहों (पीवीटीजी) और गैर अधिसूचित/असुरक्षित जनजातियों (डीएनटी) के लिए न्याय तक प्रभावी पहुंच सुनिश्चित करने के लिए तैयार की गई है, जो विधिक उपायों और कल्याणकारी अधिकारों तक पहुंचने में प्रणालीगत बाधाओं का सामना करते हैं।

इस स्कीम में जिला स्तर पर समर्पित संवाद इकाइयों की स्थापना, प्रत्येक तालुक में आदिवासी समुदायों की पहचान, वार्षिक कार्य योजना की तैयारी, आदिवासी क्षेत्रों से प्रशिक्षित पैनल वकीलों और

परा-विधिक स्वयंसेवकों की तैनाती और भूमि और वन अधिकार के विस्थापन, पुनर्वास, प्रलेखन, कल्याणकारी स्कीमों और सामाजिक सुरक्षा से संबंधित मामलों में विधिक सहायता प्रदान करने का उपबंध किया गया है।

(ख) और (ग): यह स्कीम दूरदराज और आदिवासी क्षेत्रों में विधिक जागरूकता और सेवाओं के परिदान में सुधार करने के लिए समुदाय-आधारित और आगे बढ़कर-संचालित करने का दृष्टिकोण अपनाती है। संवाद इकाइयां आदिवासी निवास में विधिक जागरूकता कार्यक्रम, घर-घर बढ़ जाने, स्थानीय भाषाओं में विधिक साक्षरता सत्र, विधिक सेवा शिविर और ग्राम सभाओं और स्थानीय संस्थानों के साथ समन्वय का संचालन करती हैं। यह स्कीम प्रारंभिक विधिक हस्तक्षेप, दस्तावेजीकरण और पात्रता दावों में सहायता, और सरकारी कल्याणकारी स्कीमों तक पहुंच को सुगम बनाने पर भी ध्यान केंद्रित करती है, जिससे सांस्कृतिक रूप से संवेदनशील और भौगोलिक रूप से दुर्गम क्षेत्रों में अंतिम छोर तक विधिक सेवाओं का परिदान सुनिश्चित हो सके। जिला स्तर पर 690 संवाद इकाइयाँ गठित की गई हैं। इससे राज्य और जिला विधिक सेवा प्राधिकरणों के माध्यम से स्कीम का राष्ट्रव्यापी संस्थागत कवरेज संभव हो पाया है।

कर्नाटक के संबंध में, कर्नाटक राज्य विधिक सेवा प्राधिकरण, बेंगलुरु ने सभी 31 जिलों में इस स्कीम को सफलतापूर्वक संचालित किया है। जुलाई 2025 से दिसंबर 2025 तक नालसा संवाद द्विवार्षिक (अर्ध-वार्षिक) डेटा के अनुसार, राज्य ने सिद्धी, येरावा, हक्की पिक्की, गोंड, जेनु कुरुबा, कडु कुरुबा, सोलिगा और कोरगा सहित विविध आदिवासी समुदायों की पहचान की है। नुक्कड़ नाटक और घर-घर अभियान जैसे स्थानीय रीति के माध्यम से कुल 9680 लाभार्थियों तक पहुँचते हुए 158 जागरूकता कार्यक्रम आयोजित किए गए हैं। सांस्कृतिक रूप से संवेदनशील वितरण सुनिश्चित करने के लिए, संवाद ढांचे के अधीन 60 पैनल वकीलों को नियुक्त किया गया है, और 120 परा-विधिक स्वयंसेवकों (पीएलवी) को जमीनी स्तर पर स्कीम के अधीन प्रशिक्षित और तैनात किया गया है।

(घ): इस स्कीम के अंतर्गत एक संरचित निगरानी और रिपोर्टिंग ढांचा उपलब्ध कराया गया है, जिसके अधीन तालुक विधिक सेवा समितियों, जिला विधिक सेवा प्राधिकरणों और राज्य विधिक सेवा प्राधिकरणों द्वारा मानकीकृत प्रारूप में त्रैमासिक रिपोर्टें प्रस्तुत की जाती हैं। इन रिपोर्टों को राष्ट्रीय स्तर पर समान रूप से लागू होने और जवाबदेही सुनिश्चित करने के लिए नालसा द्वारा संकलित और पुनर्विलोकन किया जाता है। नालसा ने सभी राज्य विधिक सेवा प्राधिकरणों से समेकित द्विवार्षिक रिपोर्ट के लिए एक संशोधित रोडमैप भी जारी किया है।

भविष्य के रोडमैप में डेटा-संचालित निगरानी को मजबूत करना, संवाद यूनिट के पदाधिकारियों की क्षमता निर्माण, पीवीडीजी और डीएनटी प्रभुत्व वाले क्षेत्रों में विस्तार से आगे बढ़ने और क्षेत्र-विशिष्ट न्याय वितरण अंतराल को संबोधित करने के लिए लक्षित हस्तक्षेप शामिल हैं।

(ङ): महाराष्ट्र सालसा के साथ आवंटित/जारी निधियों का राज्य-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(च): संवाद स्कीम के अधीन जिला-स्तरीय हस्तक्षेप जलगांव लोकसभा क्षेत्र में कार्यान्वयन किया गया है। जिला विधिक सेवा प्राधिकरण (डीएलएसए), जलगांव द्वारा प्रदान की गई जानकारी के अनुसार, संवाद इकाई ने तालुक विधिक सेवा समितियों और आदिवासी समुदायों से आए परा-विधिक स्वयंसेवकों के सहयोग से, विधिक जागरूकता शिविरों, समुदाय की जरूरतों के आकलन और तालुक भर में आदिवासी निवास की पहचान के माध्यम से समन्वित रूप से आगे बढ़ाया है। हस्तक्षेपों में कल्याणकारी स्कीमों तक पहुंच की सुविधा, विधिक सहायता पैनल पर आदिवासी वकीलों की नियुक्ति और बुनियादी सेवा वितरण अंतराल को संबोधित करने के लिए संबंधित सरकारी विभागों के साथ समन्वय शामिल है।

जलगांव निर्वाचन क्षेत्र सहित क्षेत्र-विशिष्ट न्याय वितरण अंतराल को संबोधित करने के लिए स्कीम के समान कार्यान्वयन, जवाबदेही और स्केलिंग को सुनिश्चित करने के लिए जिला और राज्य

विधिक सेवा प्राधिकरणों द्वारा प्रस्तुत आवधिक रिपोर्टों को नालसा द्वारा राष्ट्रीय स्तर पर समेकित और पुनर्विलोकन किया जाता है।

विवरण

'संवाद स्कीम- आदिवासियों और विमुक्त /धुमंतू जनजातियों के लिए न्याय तक पहुंच'

(राशि रुपये में)

क्र. सं.	राज्य/ संघ राज्यक्षेत्रों प्राधिकरण का नाम	राष्ट्रीय विधिक सहायता निधि सेवा से आवंटित और जारी किए गए अनुदान	उपयोग की गई राशि (04.02.2026 तक)
1	अंदमान और निकोबार द्वीप समूह	27,00,000	15,56,383
2	आंध्र प्रदेश	2,95,00,000	2,31,04,250
3	अरुणाचल प्रदेश	7,60,00,000	4,78,58,028
4	असम	3,60,00,000	1,80,70,000
5	बिहार	7,25,00,000	5,83,00,000
6	चंडीगढ़	17,00,000	17,00,000
7	छत्तीसगढ़	80,00,000	59,40,813
8	दिल्ली	14,25,00,000	11,44,69,262
9	गोवा	8,00,000	38,05,900
10	गुजरात	19,05,00,000	13,04,68,151
11	हिमाचल प्रदेश	2,75,00,000	40,70,525
12	हरियाणा	6,75,00,000	5,09,83,423
13	जम्मू-कश्मीर	6,60,00,000	3,61,73,870
14	झारखंड	12,75,00,000	7,74,86,858
15	कर्नाटक	8,30,00,000	5,80,65,927
16	केरल	11,80,00,000	11,14,30,000
17	लद्दाख	82,00,000	57,30,000
18	लक्षद्वीप	20,00,000	7,27,496
19	महाराष्ट्र	2,50,00,000	1,32,71,342
20	मणिपुर	6,70,00,000	4,20,57,621
21	मध्यस्थता और सुलह	1,00,00,000	41,44,838

	परियोजना समिति		
22	मेघालय	3,57,00,000	1,10,99,501
23	मिजोरम	7,90,00,000	5,98,61,275
24	नागालैंड	2,80,00,000	2,04,98,925
25	ओडिशा	3,90,00,000	3,19,30,040
26	पुदुचेरी	30,00,000	29,98,940
27	पंजाब	9,00,00,000	4,99,99,834
28	राजस्थान	8,00,00,000	3,42,43,119
29	सिक्किम	75,00,000	53,83,673
30	उच्चतम न्यायालय विधिक सेवा समिति	3,50,00,000	2,54,99,133
31	तमिलनाडु	90,00,000	62,93,778
32	तेलंगाना	60,00,000	48,96,742
33	त्रिपुरा	4,00,00,000	3,76,41,662
34	उत्तर प्रदेश	8,50,00,000	3,89,73,979
35	उत्तराखंड	8,50,00,000	6,50,00,000
36	पश्चिमी बंगाल	12,00,00,000	10,77,15,199
	कुल	1,91,14,50,000	1,31,14,50,487

CARGO SHIPMENTS UNDER THE JALVAHAK SCHEME

2317. SHRI KOTA SRINIVASA POOJARY:

SHRI RAMESH AWASTHI:

SHRI PRAVEEN PATEL:

SHRI MUKESHKUMAR CHANDRAKAANT DALAL:

SHRI TAPIR GAO:

SHRI SUNIL DATTATREY TATKARE:

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

state:

- (a) the number of cargo shipments shifted from road and rail to inland waterways under the Jalvahak Scheme;
- (b) whether the target of shifting 800 million tonne-km of cargo by 2027 is on track, if so, the percentage of the said target achieved in 2025;
- (c) the number of Fixed Day Scheduled Services running between Kolkata-Varanasi (NW-1) and Kolkata-Pandu (NW-2) as of December 2025;
- (d) the number of Public Sector Undertakings (PSUs) that have allocated a part of their cargo for inland waterway transport; and
- (e) whether the financial incentive for private cargo owners moving goods over 300 km has been paid, if so, the details thereof indicating the total amount disbursed up to December 2025?

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

- (a): Twenty one (21) cargo shipments have been shifted from road/rail to waterways under the Jalvahak Scheme since its launch on 15.12.2024.
- (b): So far 12.5 million Ton-Km cargo have been moved under the Jalvahak scheme with an achievement of 1.56 % of the target.
- (c): Fourteen (14) voyages on National Waterway-1 (NW-1) and seven (7) voyages on National Waterway-2 (NW-2) under scheduled service have been completed so far.

(d): Steel Authority of India Limited has moved 300 MT of steel through inland water transport under scheduled services.

(e): No incentive has been disbursed till date as none of the registered cargo owners has submitted any claim for cargo movement under financial incentive component of Jalvahak Scheme.

FOREIGN PARTICIPATION IN MEDICAL EDUCATION

2318. SHRI RAJEEV RAI:

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

- (a) whether the Government proposes to permit or has already permitted foreign companies or foreign Institutions to establish or operate medical colleges and associated hospitals in the country;
- (b) if so, the details thereof, including the policy framework, eligibility criteria and regulatory approvals required for such institutions;
- (c) whether the Government has examined the likely impact of such institutions on medical education standards and healthcare costs, particularly the fees charged for medical treatment in hospitals attached to such colleges and if so, the details thereof;
- (d) whether any mechanism exists to regulate or cap the treatment charges, consultation fees and procedure costs levied by hospitals run by foreign-owned or foreign-managed medical institutions; and

(e) if so, the details thereof and if not, the reasons therefor along with the safeguards proposed to protect patients from excessive or unaffordable healthcare costs?

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 Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations, 2023, framed by the National Medical Commission (NMC), provides a comprehensive framework for the establishment of new medical institutions outlining the categories of eligible entities, prescribed eligibility criteria, required documentation, procedures for assessment and rating and the penalties applicable in cases of non-compliance. In accordance with these Regulations, the following entities are eligible to apply for the establishment of a new medical institution:

- a. The Central Government; or
- b. The State Government or State Governments in partnership; or
- c. The Union Territory; or
- d. A university duly established in India; or
- e. An autonomous body promoted by the Central or the State Government by or under a statute, and has no conflict of objectives for undertaking medical education by starting a medical institution; or

f. A society registered under the Societies Registration Act, 1860 (21 of 1860) or any respective statute meant to establish and regulate Societies in the respective State; etc.

Further, as per the Seventh Schedule of the Constitution, "Health" is a State subject, and it is the responsibility of the respective State/UT Governments to monitor and address cases of excessive charges levied by private hospitals and to take action to prevent such practices. The Government of India, however, has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act). The States / UTs which have adopted the CE Act are primarily responsible for regulating their hospitals including private hospitals as per provisions of the Act and Rules thereunder to ensure provision of affordable and quality healthcare to patients.

जन औषधि केंद्रों पर दवाइयाँ

2319. श्री सनातन पांडेय:

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

(क) देश में कार्यरत जन औषधि केंद्रों की राज्यवार संख्या कितनी है;

(ख) जन औषधि केंद्रों के माध्यम से बेची जाने वाली दवाओं और उनके ब्रांडेड विकल्पों के बीच मूल्य में अंतर का ब्यौरा क्या है;

(ग) क्या कई डॉक्टर दवाओं को उनके जेनेरिक नामों से नहीं लिखते हैं; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इस संबंध में सरकार द्वारा क्या कदम उठाए

गए/प्रस्तावित हैं?

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

(क) और (ख): प्रधानमंत्री भारतीय जनऔषधि परियोजना के तहत, दिनांक 31.12.2025 की स्थिति के अनुसार देश भर में कुल 17,990 जेएके खोले गए हैं। देश भर में खोले गए जेएके की राज्य-वार / केंद्र शासित प्रदेश-वार संख्या संलग्न **विवरण -I** में दी गई है। इस योजना के अंतर्गत, देश भर में जन औषधि केंद्र (जेएके) के रूप में ज्ञात समर्पित आउटलेट खोले गए हैं ताकि दवाओं को समकक्ष ब्रांडेड विकल्पों की तुलना में लगभग 50% से 80% सस्ती दरों पर प्रदान किया जा सके।

(ग) और (घ): भारतीय आयुर्विज्ञान परिषद (व्यावसायिक आचरण, शिष्टाचार और नैतिकता) विनियमावली, 2002 में चिकित्सा आचार संहिता के पैराग्राफ 1.5 में प्रावधान है कि “प्रत्येक चिकित्सक को जेनेरिक नामों वाली औषधियां स्पष्ट रूप से और अधिमानतः बड़े अक्षरों में लिखनी चाहिए और चिकित्सक यह सुनिश्चित करेगा/करेगी कि औषधियों का तर्कसंगत प्रेस्क्रिप्शन और उपयोग हो।” साथ ही, भारतीय आयुर्विज्ञान परिषद ने दिनांक 21.4.2017 () को परिपत्र जारी कर सभी पंजीकृत चिकित्सकों को उक्त आवश्यकताओं का अनुपालन करने का निर्देश दिया है जो संलग्न **विवरण-II** में दिया गया है।

उपरोक्त के अलावा, योजना की कार्यान्वयन एजेंसी अर्थात् भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) चिकित्सकों को योजना और जेनेरिक दवाओं के लाभों के बारे में जानकारी देने के लिए कदम उठाता है। इन अभियानों के माध्यम से चिकित्सकों को जनऔषधि दवाओं की गुणवत्ता और वहनीयता के बारे में जानकारी दी जाती है। इसके अलावा, नागरिकों के बीच जागरूकता पैदा करने के लिए व्यापक मीडिया अभियान चलाए जाते हैं ताकि वे अपने चिकित्सकों / डॉक्टरों के साथ परामर्श के दौरान जेनेरिक दवाओं के नुस्खे की मांग कर सकें।

विवरण-I

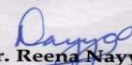
**दिनांक 31.12.2025 की स्थिति के अनुसार खोले गए जेएके की राज्य-वार/केन्द्र शासित प्रदेश-
वार संख्या**

क्र.सं.	राज्य / केन्द्र शासित प्रदेश	खोले गए जेएके की संख्या
1	अंडमान और निकोबार द्वीप समूह	6
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7	छत्तीसगढ़	345
8	दिल्ली	589
9	गोवा	18
10	गुजरात	848
11	हरियाणा	474
12	हिमाचल प्रदेश	74
13	जम्मू और कश्मीर	351
14	झारखंड	166
15	कर्नाटक	1585
16	केरल	1714
17	लद्दाख	3
18	लक्षद्वीप	1
19	मध्य प्रदेश	614
20	महाराष्ट्र	713
21	मणिपुर	68
22	मेघालय	25
23	मिजोरम	16
24	नागालैंड	22
25	ओडिशा	803
26	पुडुचेरी	33

क्र.सं.	राज्य / केन्द्र शासित प्रदेश	खोले गए जेएके की संख्या
27	पंजाब	532
28	राजस्थान	632
29	सिक्किम	15
30	तमिलनाडु	1515
31	तेलंगाना	212
32	दादरा और नगर हवेली तथा दमन और दीव	40
33	त्रिपुरा	33
34	उत्तर प्रदेश	3805
35	उत्तराखंड	319
36	पश्चिम बंगाल	859
	कुल	17,990

विवरण-II

भारतीय आयुर्विज्ञान परिषद का परिपत्र, दिनांक 21.4.2017

Phone : 25367033, 25367035, 25367036 दूरभाष : 25367033, 25367035, 25367036 Telegrams : MEDCONCIND, New Delhi तार : मेडकॉन्सिन्ड नई दिल्ली Fax : 0091-11-25367024 E-mail : pg@mciindia.org; mci@bol.net.in Website : www.mciindia.org D:\Ethics\IFA.doc		पॉकेट - 14, सेक्टर - 8, द्वारका फेस- 1 नई दिल्ली-110 077 Pocket- 14, Sector- 8, Dwarka Phase - I New Delhi-110077
भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA		
No. MCI-211(2)(Gen.)/2017-Ethics/ 104728		Date: 21/04/2017
To,		
1. Dean/Principals of all the Medical Colleges, 2. Director of all the hospitals (exclusive PG Institutions without medical colleges), 3. President, all the State Medical Councils. 4. Health Secretary of all the States. 5. The Director of Medical Education, all States with request to ensure compliance. 6. The Director of Health Services, all States with request to ensure compliance and inform about action taken.		
Madam/Sir,		
Your kind attention is invited to circular no. MCI-211(2)(Gen.)/2012-Ethics/145183 dated 22.11.2012 & 18.01.2013.		
The said circular had called upon the doctors practicing medicine to prescribe Drugs with Generic name as far as possible.		
However, the clause 1.5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 has been amended in 2016 and notified in the Gazette of India on 21.09.2016, which reads as under:-		
"1.5 - Use of Generic names of drugs: 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 drugs."		
All the Registered Medical Practitioners under the IMC Act are directed to comply with the aforesaid provisions of the Regulations without fail.		
You are requested to give wide publicity of the above regulation to ensure that all the doctors practicing medicine under your jurisdiction comply with the regulation."		
All concerned are once again urged to take necessary steps for observance of the aforesaid provision of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 in its letter and spirit.		
For any doctor found violating clause 1.5 of Ethics Regulation, suitable disciplinary action would be undertaken by the concerned SMC/MCI.		
Yours faithfully,  (Dr. Reena Nayyar) Secretary I/c		

DEVELOPMENT OF RAMAYAPATNAM AND MACHILIPATNAM PORTS**2320. SHRI B. K. PARTHASARATHI:**

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

- (a) the details regarding the progress of development works at Ramayapatnam and Machilipatnam Ports in Andhra Pradesh;
- (b) the current status of implementation of each of these port projects, including the percentage of work completed and major milestones achieved;
- (c) the details regarding the timeline for completion of the said Port projects, including expected commissioning dates and project phases;
- (d) the details regarding the funds sanctioned, released and utilised for the development of these ports, year and project-wise;
- (e) whether any delays, cost escalations or implementation challenges have been encountered in these projects, if so, the reasons therefor and steps taken by the Government to expedite progress; and
- (f) the anticipated economic and logistical benefits of these port developments for the region, particularly with respect to cargo handling capacity, employment generation and supply-chain integration?

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

- (a) and (b): The Ports other than Major Ports (OTMP), also known as non-major

or minor ports, are under the administrative control of the respective State Governments and development of these ports falls within their jurisdiction. As per information furnished by the Government of Andhra Pradesh (GoAP), both Ramayapatnam and Machilipatnam Ports are developed through Andhra Pradesh Maritime Board (APMB) and its Special Purpose Vehicle, Ramayapatnam Port Development Corporation Limited (RPDCL) and Machilipatnam Port Development Corporation Limited (MPDCL). The project involves implementation of major works such as breakwater construction, dredging and reclamation, berth construction, onshore and external infrastructure works. As of January 2026, the overall physical progress of Phase-I development of Ramayapatnam Port is about 76.40%. The major milestones include the construction of one bulk berth and the approach trestle while the major activities of North Breakwater (1350 m) and South Breakwater (3700 m) was completed behind schedule. As regards the Machilipatnam Port, the overall physical progress of Phase-I development is about 51.20%. The major milestones achieved include the construction of three multipurpose berths and one bulk berth. The major activities of the North Breakwater (250 m) have been completed, while the South Breakwater (2,047 m) is in progress at 85%, dredging 38%, onshore works 35% and external works 15% completed.

(c): As per information furnished by GoAP, the expected scheduled completion date for Phase-I of the Ramayapatnam Port project is November 2026 and

commissioning is expected by May 2027. Phase-I development comprises construction of North and South breakwaters, capital dredging and reclamation works, development of four berths (three multipurpose berths and one bulk berth), development of onshore facilities, and development of external connectivity infrastructure. As regards Machilipatnam Port, the expected scheduled completion date for Phase-I of the project is December 2026 and commissioning is expected by June 2027. Phase-I development comprises construction of North and South breakwaters, capital dredging and reclamation works, development of four berths (three multipurpose berths and one bulk berth), development of onshore facilities, and development of external connectivity infrastructure.

(d): As per information furnished by GoAP, the revised administrative sanction cost for Phase-I of the Ramayapatnam Port project is ₹ 4,929.39 crore, out of which an amount of ₹1668.00 crore has been utilized. The Revised Administrative Sanction cost for Phase-I of the Machilipatnam Port project is ₹ 5155.73 crore, out of which an amount of ₹1511.00 crore has been utilized.

(e): As per information furnished by GoAP, Ramayapatnam Port project faced several challenges including delays in securing forest-land clearances, acquiring land for acquisition for Resettlement & Rehabilitation, and force majeure events such as Cyclone Michaung (Dec 2023) and Montha (Oct 2025). In light of these setbacks, GoAP directed the agency to accelerate work progress by mobilising adequate machinery, manpower to mitigate the timelines. Additionally, measure

such as closer coordination with the District Administration, continuous monitoring of contractors and resource mobilisation, and regular stakeholder reviews with all stakeholders etc. have also been taken.

(f): As per information furnished by GoAP, Ramayapatnam Port is expected to provide cargo handling capacity of about 34 Million Metric Tonnes Per Annum (MMTPA) in Phase-I, while Machilipatnam Port is expected to provide cargo handling capacity of about 35.12 MMTPA in Phase-I. These ports are expected to generate substantial direct and indirect employment opportunities, foster port-led development, and strengthen supply chain integration across Andhra Pradesh.

एबीआईएचआर घटक के अंतर्गत परियोजनाएं

2321. श्री रमेश अवस्थी:

श्री यदुवीर वाडियार:

श्री मनोज तिवारी:

श्री रवीन्द्र शुक्ला उर्फ रवि किशन:

श्रीमती संजना जाटव:

श्री सुकान्त कुमार पाणिग्रही:

श्री खगेन मुर्मू:

डॉ. निशिकान्त दुबे:

श्री जुगल किशोर:

श्री आलोक शर्मा:

श्री नलिन सोरेन:

डॉ. विनोद कुमार बिंद:

श्री प्रताप चंद्र षडङ्गी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या जम्मू और कश्मीर, मध्य प्रदेश और झारखंड के दुमका जिले सहित देश में आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान (एवीआईएचआर) घटक के अंतर्गत 11 परियोजनाओं के लिए वित्तीय अनुदान स्वीकृत और जारी किए गए हैं.

(ख) यदि हां, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है।

(ग) केन्द्रीय आयुर्वेद विज्ञान अनुसंधान परिषद (सीसीआरएस) द्वारा प्राथमिकता प्राप्त पांच वनस्पतियों के लिए गुणवत्ता और सुरक्षा डोजियर तैयार करने हेतु आउटसोर्स किए गए विशिष्ट गुड लेबोरेटरी प्रैक्टिस (जीएलपी) अनुपालन प्रयोगशालाओं की कुल संख्या कितनी है और उनके द्वारा अंतर्राष्ट्रीय विनियामक मानकों के अनुपालन संबंधी ब्यौरा क्या है:

(घ) उक्त पांच हर्बल औषधियों में से उन वनस्पतियों का ब्यौरा क्या है जिनके दिसंबर 2025 तक गुणवत्ता और सुरक्षा संबंधी डोजियर सफलतापूर्वक तैयार कर लिए हैं:

(ङ) क्या एबीआईएचआर की "सक्रिय अनुमोदन" पहल के तहत तैयार किए गए विनियामक दस्तावेज निर्यात के लिए अंतर्राष्ट्रीय विनियामक मानकों का अनुपालन करते हैं; और

(च) यदि हां, तो दिसंबर 2025 तक उक्त पहल पर किए गए कुल व्यय सहित 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): केंद्रीय क्षेत्र योजना, अर्थात् आयुर्ज्ञान योजना पूरे देश में आयुष मंत्रालय द्वारा कार्यान्वित की जा रही है और किसी राज्य / संघ राज्य क्षेत्र और क्षेत्र विशिष्ट नहीं है। आयुर्ज्ञान योजना

के आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान (एबीआईएचआर) घटक के तहत, योजना दिशानिर्देशों में निहित प्रावधानों के अनुसार 11 अनुसंधान परियोजनाओं के संचालन के लिए देश भर में पात्र संगठनों / संस्थानों को वित्तीय अनुदान स्वीकृत और जारी किए गए हैं। इसका ब्यौरा संलग्न **विवरण** पर दिया गया है।

(ग): प्राथमिकता प्राप्त पांच वनस्पतियों और अंतरराष्ट्रीय नियामक मानकों के अनुपालन के लिए गुणवत्ता और सुरक्षा डोजियर तैयार करने हेतु, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) द्वारा पांच (05) गुड लेबोरेटरी प्रैक्टिस (जीएलपी) अनुपालन प्रयोगशालाओं की पहचान और आउटसोर्स की गई है।

(घ): एबीआईएचआर के तहत, समर्थित संगठन को 2024-25 से 02 वर्ष की अवधि के लिए वित्तीय सहायता प्रदान की गई थी। इसलिए, दिसंबर 2025 तक, कोई भी परियोजना पूरी नहीं हुई है।

(ङ) और (च): अंतरराष्ट्रीय स्तर पर स्वीकृत नियामक मानकों, अर्थात् संयुक्त राज्य अमेरिका खाद्य एवं औषधि प्रशासन (यूएस-एफडीए) के अनुपालन करते हुए निम्नलिखित 05 एकल वनस्पतियों पर औषधि विकास डोजियर विकसित किए जा रहे हैं।

- (i) अश्वगंधा (विथानिया सोमिफेरा)
- (ii) ब्राह्मी (बाकोपा मोनिएरी)
- (iii) शल्लकी (बोसवेलिया सेराटा)
- (iv) शुंठी (ज़िन्ज़िबर ऑफिसिनेल)
- (v) मेथिका (ट्राइगोनेला फीनम-ग्रेकम)

इन औषधि विकास डोजियर में चयनित जीएलपी-अनुपालक प्रयोगशालाओं के माध्यम से प्राप्त गुणवत्ता, सुरक्षा और नियामक प्रलेखन पर व्यापक वैज्ञानिक डेटा शामिल है, जिसका उद्देश्य अंतरराष्ट्रीय नियामक स्वीकृति को सुविधाजनक बनाना और आयुर्वेद वनस्पतियों के निर्यात को

बढ़ावा देना है। दिसंबर 2025 तक इस पहल के तहत कुल 33.498 करोड़ रुपये व्यय हुआ है।

विवरण

आयुष मंत्रालय के आयुर्ज्ञान योजना के एबीआईएचआर घटक के तहत चल रही अनुसंधान परियोजनाओं (संख्या 11) का ब्यौरा

(रुपये में)

राज्य	संगठन का नाम	परियोजना का शीर्षक	स्वीकृत निधि	जारी की गई निधि
आंध्र प्रदेश	लैला न्यूट्रास्युटिकल्स विजयवाड़ा	आयुर्वेद में उपयोग किए जाने वाली चयनित एकल वनस्पतियों पर ड्रग मास्टर फ़ाइल और तकनीकी डोजियर का विकास	9,98,69,000/-	5,60,00,000/-
	लैला न्यूट्रास्युटिकल्स विजयवाड़ा	ट्राइगोनेला फीनम ग्रीकम के तकनीकी डोजियर का विकास - चरण I (नैदानिक-पूर्व अध्ययन- मौखिक विषाक्तता, जेनोटॉक्सिसिटी, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन और कृतकों में सुरक्षा फार्माकोलॉजी)	9,99,08,622/-	4,99,54,311/-
गुजरात	जय रिसर्च फाउंडेशन, वलसाड	जिंजिबर ऑफिसिनेल के तकनीकी डोजियर का विकास- चरण। (नैदानिक-पूर्व अध्ययन- मौखिक विषाक्तता, जेनोटॉक्सिसिटी, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन और कृतकों में सुरक्षा फार्माकोलॉजी)	9,97,70,000/-	4,98,85,000/-
कर्नाटक	एडगिल लाइफसाइंसेस प्रा. लि.	बाकोपा मोन्निरी के तकनीकी डोजियर का विकास- चरण-I (नैदानिक-पूर्व अध्ययन- मौखिक विषाक्तता, जेनोटॉक्सिसिटी, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन और कृतकों में सुरक्षा फार्माकोलॉजी)	9,98,63,500/-	4,99,31,750/-
	भारतीय विज्ञान संस्थान, बेंगलूर	एंटीमाइक्रोबियल प्रतिरोध (एएमआर) के प्रबंधन के लिए आयुर्वेद चिकित्सीय के संभावित संकेतों की जांच	9,94,00,000/-	4,72,00,000/-
मध्य प्रदेश	क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, आमखो,	चयनित आयुर्वेदिक फॉर्मूलेशन त्रिफला चूर्ण, लशुनादि वटी और बृहत् वात चिंतामणि रस का नैदानिक-पूर्व टॉक्सिकोलॉजिकल	5,88,02,520/-	1,56,70,884/-

	ग्वालियर,	मूल्यांकन और सुरक्षा फार्माकोलॉजी		
महाराष्ट्र	इन्टॉक्स प्रा. लि. पुणे	बोसवेलिया सेराटा के तकनीकी डोजियर का विकास- चरण । (नैदानिक-पूर्व अध्ययन- मौखिक विषाक्तता, जेनोटॉक्सिसिटी, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन और कृतकों में सुरक्षा फार्माकोलॉजी)	9,96,99,600/-	4,98,49,800/-
	क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, कोथरुड, पुणे	चयनित आयुर्वेदिक फॉर्मूलेशनों - लक्ष गुग्गुलु, दाडिमादि घृत और एकांगवीरा रस का नैदानिक-पूर्व टॉक्सिकोलॉजिकल मूल्यांकन और सुरक्षा फार्माकोलॉजी	4,01,97,624/-	2,36,63,920/-
उत्तर प्रदेश	डाबर रिसर्च फाउंडेशन, गाजियाबाद	विथानिया सोम्निफेरा का तकनीकी डोजियर विकसित करना - चरण । (नैदानिक-पूर्व अध्ययन - मौखिक विषाक्तता, जेनोटॉक्सिसिटी, प्रभावकारिता, फार्माकोकाइनेटिक अध्ययन और कृतकों में सुरक्षा फार्माकोलॉजी)	9,92,01,960/-	7,93,61,568/-
पश्चिमी बंगाल	केन्द्रीय आयुर्वेद अनुसंधान संस्थान, कोलकाता	रजह प्रवर्तनी वटी, फला घृत और द्राक्षावलेह का नैदानिक-पूर्व टॉक्सिकोलॉजिकल मूल्यांकन और सुरक्षा फार्माकोलॉजी	5,95,21,140/-	3,39,10,380/-
	स्कूल ऑफ नेचुरल प्रोडक्ट स्टडीज, फार्मास्युटिकल टेक्नोलॉजी विभाग, जादवपुर विश्वविद्यालय	चयनित आयुर्वेदिक दवाओं और फॉर्मूलेशनों का टॉक्सिकोलॉजिकल मूल्यांकन, सुरक्षा मूल्यांकन और मेटाबोलोमिक प्रोफाइलिंग	9,66,00,000/-	5,48,33,332/-

LABELLING OF ULTRA-PROCESSED FOOD PRODUCTS

2322. SHRI PUTTA MAHESH KUMAR:

SHRI PRABHAKAR REDDY VEMIREDDY:

SHRI MAGUNTA SREENIVASULU REDDY:

SHRI G. M. HARISH BALAYOGI:

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

- (a) whether the Food Safety and Standards Authority of India (FSSAI) has undertaken any measures to raise public awareness regarding the health impacts of consumption of ultra- processed food products and if so, the details thereof;
- (b) the regulatory, policy and enforcement steps/measures taken during the last five years to curb the manufacture, sale and consumption of ultra-processed food products in the country;
- (c) whether the Government has examined/proposed the introduction of any front-of-pack labelling, grading, or rating system to inform consumers about the nutritional and health implications of ultra-processed food products; and
- (d) if so, the details thereof and if not, the reasons therefor?

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

- (a) to (d): Food Safety and Standards Authority of India (FSSAI) is mandated to

lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

FSSAI has undertaken awareness measure called 'Aaj se Thoda Kam' to address the adverse effects of consuming foods high in fat, salt, and sugar. It encourages consumers to gradually reduce their intake of fat, salt, and sugar through dietary modifications.

FSSAI has also undertaken awareness campaign "Har Label Kuch Kehta Hai" under the 'Eat Right India' movement on social media to promote food safety consciousness and healthy eating habits across India. This awareness campaign focuses on empowering consumers to make informed dietary choices by enhancing their understanding of food labels. Food labels contain crucial information about a product's nutritional value, ingredients, and potential allergens.

FSSAI has notified the Food Safety and Standards (Labelling and Display) Regulations, 2020, which lay down comprehensive provisions relating to the labelling of pre-packaged foods. Further, 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.

FSSAI is fully committed to ensure the availability of safe food products to the consumers across the country. Towards this, regular surveillance, monitoring, inspection and random sampling of various food products are conducted throughout the year by the officials of Food Safety Departments of the respective States/ UTs to check compliance with the quality and safety parameters and other requirements as laid down under FSS Act, 2006, rules & regulations made thereunder.

RECOGNITION OF ASHAS AS FORMAL HEALTH WORKERS

2323. SHRI VE. VAITHILINGAM:

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

- (a) whether the Government has taken any steps to recognise Accredited Social Health Activists (ASHAs) across the country as formal health workers entitled to minimum wages, social security and safe working conditions, if so, the details thereof, State/UT-wise including Puducherry;
- (b) the details of measures recommended by the Government for revision of honoraria, provision of pensions, insurance coverage, travel allowance and protective equipment along with the steps taken to ensure timely payment of

incentives and fixed monthly wages;

- (c) whether the Government proposes to expand support for community health workers through integration into national health programmes, recognition under labour laws and inclusion in social security schemes; and
- (d) if so, the steps proposed to be taken by the Government to address gender and caste based inequities in rural health labour and ensure dignity, stability and fair compensation for women frontline workers ?

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

(a) to (d): The primary responsibility of strengthening public healthcare system, including support for ASHA lies with the respective State/UT Governments. 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 are envisaged to be community health volunteer and are entitled to task/activity based incentives. ASHAs receive a fixed incentive per month for routine and recurring activities.

Additionally, ASHAs are provided performance-based incentives for a varied set of activities under various National Health Programmes. 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 honorarium 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) along with ANMs based on monitored performance indicators (up to ₹1000 per month). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, Cycle, Mobile, CUG Sim, ASHA Diary, Drug Kit, ASHA rest room etc.

ASHAs are covered under Coverage include Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured, coverage of Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability and Rs. 1.00 lakh for partial disability. Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of Rs. 3,000/- pm after age of 60 years. Also, ASHAs along with their family members are provided with health care annual coverage of Rs 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

The Government has also approved a recognition amount of ₹20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as an acknowledgement of their contribution.

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 Government has been strengthening support for community health workers, including ASHAs and ASHA facilitators, through their continued integration into major national health programmes such as the National Health Mission (NHM), Ayushman Bharat, National Tuberculosis Elimination Programme, Universal Immunisation Programme, and other public health initiatives. ASHAs are provided structured training, capacity building, and supportive supervision.

SHe BOX PORTAL

2324. SHRI KALI CHARAN SINGH:

SHRIMATI ANITA NAGARSINGH CHOUHAN:

CAPTAIN BRIJESH CHOWTA:

SHRI BHOJRAJ NAG:

DR. SHARMILA SARKAR:

SHRIMATI SANJNA JATAV:

SHRI MAHENDRA SINGH SOLANKY:

SHRIMATI MAHIMA KUMARI MEWAR:

DR. NISHIKANT DUBEY:

SHRI AVIMANYU SETHI:

SHRI SHANKAR LALWANI:

DR. HEMANG JOSHI:

SHRI SHIVMANGAL SINGH TOMAR:

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

- (a) the details of the statutory/administrative architecture governing the SHe-Box (Sexual Harassment electronic Box) Portal and the institutional mechanisms through which complaints are received, processed and escalated;
- (b) the number of complaints received on the Portal since its inception, year-wise;
- (c) the number of complaints resolved, pending and under various stages of inquiry along with the average and median time taken for disposal;
- (d) whether all Central Government Ministries/Departments have been on boarded on the SHe-Box portal, if so, the details thereof and if not, the details of said Ministries and departments; and
- (e) the details of the private firms that have on boarded the said portal till date,

year-wise ?

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

(a) to (e): The Government of India enacted 'the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013' (SH Act) with the aim to provide safe and secure work environment to women. The Act is applicable to all women irrespective of their age or employment status, working in organised or unorganised sector.

The Act mandates the Appropriate Government to monitor the implementation of the Act and maintain data on number of cases filed and disposed of under SH Act. As per the Act, Central Government is the Appropriate Government in respect of the workplaces established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by the Central Government. Similarly, the State Government is the Appropriate Government in respect of the workplaces established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by them. Further, the State Government is the Appropriate Government for all other workplaces falling/ working within their jurisdiction (other than those which are under the domain of Central Government).

The Act establishes a two-tiered institutional mechanism for complaint redressal, Internal Committees (ICs) in every workplace with 10 or more

employees and Local Committees (LCs) in every district to handle complaints from workplaces with less than 10 employees and where complaint is against the employer itself.

Being the Nodal Ministry for the SH Act, 2013, the Ministry of Women and Child Development (MWCD) takes all appropriate measures to ensure its effective implementation and in fostering coordination among stakeholders across Central Government, State Governments and the private sector.

With a view to securing robust and transparent implementation of the SH Act, 2013, the Ministry of Women and Child Development (MWCD) launched the Sexual Harassment electronic Box (SHe-Box) Portal (<https://shebox.wcd.gov.in/>) on 29th August 2024 as a transformative digital governance initiative. The portal has been created with the objective of creating a central repository of information on Local Committees (LCs) and Internal Committees (ICs), which was not available earlier. It provides single-window access for women across all sectors to file complaints of sexual harassment, thereby ensuring ease of reporting with full confidentiality and accessibility. It further enables centralized data management and monitoring of SH Act implementation, facilitates real-time tracking of complaint status and promotes transparent communication between complainants and the authorities responsible for handling complaints. The portal has Multi-lingual support facility in 23 languages to make it user-friendly and provide an improved experience for users across the country.

Hon'ble Supreme Court vide Order dated 03rd Dec, 2024, directed that the Chief Secretaries of each State shall direct the Deputy Commissioners, District Magistrates or Additional District Magistrates, Collector or Deputy Collector of each district to survey the number of organisations, both public sector as well as private, within the district, about constitution of IC. The District Officer was directed to upload the requisite details for the effective implementation of Sections 4 and 6 of the Act in the matter of constitution of the Internal Complaints Committee in a work place by every employer as well as the Local Committee which has been constituted and upload the details to the SHe-Box portal which has been created by the Union of India.

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

To enable effective compliance and adherence to the provisions of the Act, the Portal facilitates the following measures for all workplaces:

- a. The portal maintains a centralized repository of ICs, LCs and other Statutory officers, i.e, District Officers, Nodal Officers designated under section 6(2) of the Act.
 - i. As of date, 777 districts have uploaded LC details

- ii. Out of 777 districts, details of 646 District Officers and 624 Nodal officers designated u/s 6(2) of the Act are uploaded
- iii. Over 1,49,900 workplaces have been onboarded (92,700 Government establishments (including 87 Central Ministries/ Departments) and 57,200 private establishments).
- iv. Out of these, 61,380 have updated their ICs details (Government – 37,600; Private – 23,780).
- v. To expedite updation, automated notifications (freeze messages, SMS, and email alerts) are issued to Nodal Officers.

b. Training and Awareness

To ensure compliance with mandatory training obligations, in accordance with Section 19 of the Act, all workplaces onboarded are enabled to update records of trainings and awareness programmes conducted for employees, ICs as well as LCs,

c. Confidentiality and Timely Disposal of Complaints

- i. In compliance with Section 16 of the Act, confidentiality of complaints is strictly maintained. Complaint details are accessible only to the Chairperson of the Committee.
- ii. To ensure disposal within the statutory period of ninety (90) days, automated notifications are issued to Nodal Officers and Chairpersons at regular intervals (30, 60, and 90 days).

- iii. In case of pendency beyond ninety (90) days, freeze messages, SMS, and email alerts are triggered to enforce timely action.

d. Annual Report Submission

To ensure accountability and statutory compliance with Rule 14 of the POSH Rules, the portal provides an option for ICs to upload their Annual Reports and confirm submission to the District Officers concerned.

The total number of complaints received on the SHe- Box Portal since its launch on 29th August, 2024, as given below-

Calendar Year	Complaint received
2024 (from 29.08.2024 to 31.12.2024)	21
2025	254
2026 (from 01.01.2026 to 06.02.2026)	25
Total	300

Total number of complaints disposed of is 105 out of 300 complaints received. The portal also provides options for disposal of complaints in accordance with Section 12 of the SH Act, 2013 and Rules 8, 9, and 10 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013.

MOTHER CHILD PROTECTION CARD

2325. SHRI BASTIPATI NAGARAJU:

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

- (a) whether the Government collects data regarding the number of Mother Child Protection cards (MCP) issued to beneficiaries;
- (b) if so, the details thereof along with the number issued till date, State/UT-wise and district-wise in the State of Andhra Pradesh during the last five years;
- (c) whether the Government has conducted or plans to conduct a study to analyse the awareness and utilisation of MCP cards especially in rural areas across the country;
- (d) if so, the details thereof, State/UT-wise and if not, the reasons therefor; and
- (e) the details of the funds allocated and released for increasing awareness about the usage of MCP cards during the last five years, year-wise, especially in the State of Andhra Pradesh?

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

(a) and (b): The Mother and Child Protection Card (MCP Card) is a health record issued to pregnant women at the time of ANC registration. As per the data from the National Family Health Survey (NFHS-5) 2019-21, there are 95.9% registered pregnancies, which cover mothers with MCP cards.

The State/UT-wise details of the registered pregnancies for which mothers received Mother and Child Protection (MCP) card including Andhra Pradesh are given in the enclosed **Statement-I**.

(c) and (d): The National Institute of Public Cooperation and Child Development had conducted a study on “Evaluation of Usage of Mother and Child Protection Card by ICDS and Health Functionaries.”

Findings of the study were:

- Over 90 per cent of AWWs, ANMs and ASHAs were aware about the MCP Card.
- Among the beneficiaries, awareness about MCP card was better among mothers with children between 6 months and 3 years (82.2%).
- MCP Card was used by all the functionaries for explaining about ANC services, preparation for delivery, danger signs in newborn, nutrition etc.

(e): The details of funds allocated and released for maternal health activities, including increasing awareness about MCP card, since 2020-21, for the State of Andhra Pradesh, is placed at **Statement-II**

STATEMENT-I

Details of funds allocated and released for maternal health activities, including increasing awareness about MCP card, since 2020-21, for the State of Andhra Pradesh

S.No.	State/UT	Registered pregnancies for which the mother received an MCP card (%)	
		NFHS 4 (2015-16)	NFHS 5 (2019-21)
1	Andaman and Nicobar	97.7	98.9
2	Andhra Pradesh	92.6	96.5
3	Arunachal Pradesh	89.2	95.6
4	Assam	96.3	98.7
5	Bihar	79.9	89.5
6	Chandigarh	98	97.2
7	Chhattisgarh	91.4	97.5
8	Delhi	86.6	94
9	Goa	96.3	99.8
10	Gujarat	89	97.7
11	Haryana	92	96.8
12	Himachal Pradesh	95.4	98.7
13	Jammu and Kashmir	88.7	97.3
14	Jharkhand	86.9	91.5
15	Karnataka	89.3	97.6
16	Kerala	84.2	91.3
17	Ladakh	93.7	97.8
18	Lakshadweep	96.3	77.8
19	Madhya Pradesh	92.2	96.7
20	Maharashtra	90.9	95.5
21	Manipur	32.8	72.9

22	Meghalaya	93.6	93.3
23	Mizoram	96.6	96.1
24	Nagaland	73.6	92.4
25	Odisha	97.2	99.4
26	Puducherry	98	98.8
27	Punjab	95.1	96.9
28	Rajasthan	92.3	98.1
29	Sikkim	99.1	94.6
30	Tamil Nadu	96	98.8
31	Telangana	89.1	96.7
32	The Dadra Nagar Haveli and Daman Diu	89.8	98.8
33	Tripura	83	93
34	Uttarakhand	93.4	97.1
35	Uttar Pradesh	79.8	95.7
36	West Bengal	97.4	98.4

Source-National Family Health Survey (NFHS)

STATEMENT-II

PIP Approvals for Maternal Health under NHM from FY 2020-21 to FY 2024-25 (Rs. in Lakh)					
State	PIP Approval				
	2020-21	2021-22	2022-23	2023-24	2024-25
Andhra Pradesh	10580.17	18,854.41	18,217.36	17,648.77	19,080.03
Note: The above data is as per the available Financial Management Reports (FMR) submitted by the State/UTs and is provisional.					

ADOPTION OF NANO UREA AND NANO DAP

2326. SHRI YADUVEER WADIYAR:

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

- (a) the extent of adoption of Nano Urea and Nano DAP among farmers particularly tobacco and ginger growers in Karnataka during the last three years, district-wise including the Mysuru–Kodagu district;
- (b) the data on the sale and usage of Nano Urea and Nano DAP along with the comparative figures for conventional urea and DAP consumption in the said district;
- (c) whether the Government has assessed the impact of Nano fertilizers on input cost reduction, soil health, crop productivity and fertilizer subsidy savings, especially in commercial crops such as tobacco and spices, if so, the details thereof;
- (d) the steps taken to promote awareness, field demonstrations and extend support for Nano fertilizers among farmers in the said district including collaboration with Krishi Vigyan Kendras and State Agriculture Departments, district-wise; and
- (e) whether the Government proposes any crop or region-specific promotion strategy for Nano fertilizers to improve adoption and reduce subsidy dependence in high-input cropping regions, 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 consumption of Nano Urea and Nano DAP is increasing over the years in the State of Karnataka. Among tobacco and ginger cultivators, particularly in Mysuru and Kodagu districts, there is increased trend in the adoption of nano urea and nano DAP. A total of 1,70,827 bottles of Nano urea and 62,360 bottles of Nano DAP were sold in Mysuru and a total of 51,022 bottles of Nano urea and 35,170 bottles of Nano DAP were sold in Kodagu districts from 2022-23 to 2024-25. District wise consumption of Nano Urea and Nano DAP are given in the enclosed **Statement- I**.

(b): The sales and usage of Nano Urea and Nano DAP along with the comparative figures for conventional Urea and DAP in Mysuru and Kodagu district for the period from 2022-23 to 2024-25 are given in the enclosed **Statement-II**.

(c): In order to assess the impact of Nano fertilizers, an MoU has been signed between National Productivity Council (NPC) of India and Department of Fertilizers on 5th March, 2024 to undertake the study of Nano Urea on "Evaluating Efficacy, Utility and Impact of Nano Urea in comparison to Conventional Urea". A Phase-II study by NPC has also been signed on 14.11.2025 for evaluating the extent of replacement of Conventional Urea by Nano Urea. As per the NPC assessment based on the farmers feedback, crop yield in the tobacco (Gujarat), Coriander (Madhya Pradesh), Chilli (Andhra Pradesh, Gujarat, Uttar Pradesh), Garlic (Madhya Pradesh) improved as a

result of mixed use of Nano Urea and Conventional Urea.

Additionally, an MoU has been signed with ICAR on 03.11.2025 for undertaking a Network Project on the evaluation of nano urea on crop productivity and nitrogen use efficiency in diverse Agro-Ecological zones of India, jointly funded by fertilizer PSUs/cooperatives for implementing across multiple collaborating agricultural institutions for a period of five years.

Furthermore, ICAR has also initiated a 2024–26 project funded by the Indian Council for Fertilizers and Fertilizer Technology Research (ICFFTR), with a total outlay of ₹160 lakh, to evaluate the impact of Nano Fertilizers on crop growth, soil health, and nutrient uptake across various agro-ecological zones.

This project, too, involves several collaborating agricultural institutions.

(d): The Government of Karnataka informed that Nano Urea and Nano DAP are being promoted as alternatives to conventional Urea and DAP in the concerned districts through the Department of Agriculture, in coordination with Krishi Vigyan Kendras (KVKs) and nano fertilizer manufacturers. Extensive awareness programmes have been conducted to educate farmers and public representatives on the benefits of nano fertilizers and the judicious use of conventional fertilizers through handouts, posters, mobile vans, and advertisements in print and electronic media. Field demonstrations, including drone-based applications under the Food and Nutrition Security programme, have also been organized in farmers' fields and at KVKs to encourage adoption.

Nano fertilizer manufacturers informed that various awareness campaigns and demonstration programs have been conducted to educate farmers across Karnataka, including the Mysuru and Kodagu districts. The promotional activities have been conducted by Nano fertilizer manufacturers (during the period FY 2023-24 to FY 2025-26 (till January 2026)) are as follows:-

S.no	Promotional Activities	Mysuru	Kodagu
(i)	Joint meeting with Department of Agriculture & KVK/Crop Seminar	146	71
(ii)	Organized Farmer meetings	81	10
(iii)	Crop Shows/Field Day	8	0
(iv)	Demonstrations on ginger and tobacco	1146	88
(v)	Group Farmer meetings	305	41
(vi)	One to One Farmer Visit	18,983	341
(vii)	Jeep Campaign	365	128
(viii)	Kisan Goshthis and Kisan Sangoshthis	45	23
(ix)	Distribution of technical literature in Kannada	60,000	20,000

Nano fertilizer manufacturers have also informed that the mass media platforms utilized for the campaign include cable TV networks, TV news channels, digital media platforms, and All India Radio.

(e): Government of India, in coordination with State Governments, is adopting a crop- and region-specific approach for the promotion of nano-fertilizers with the objective of improving adoption, enhancing nutrient use efficiency and reducing

long-term dependence on fertilizer subsidies in high-input cropping regions. Promotion strategies include targeted demonstrations, farmer awareness programmes and integration of nano-fertilizers with existing extension mechanisms, particularly in regions with intensive fertilizer usage and high subsidy outgo.

Further, the Government of Gujarat has taken a proactive initiative by providing 50% subsidy for the adoption of nano urea in the State. Additionally, large-scale awareness and outreach activities were conducted under the Viksit Bharat Yatra during the Kharif 2025 season, through village-level programmes to disseminate information on the benefits and application of nano urea to farmers. These initiatives reflect a focused effort to encourage responsible adoption of nano-fertilizers through region-specific support mechanisms.

STATEMENT-I

Consumption of Nano urea and Nano DAP (in 500 ml bottles) in 2022-23 , 2023-24 and 2024-25

Sl. No.	District	2022-23		2023-24		2024-25	
		Nano urea	Nano DAP	Nano urea	Nano DAP	Nano urea	Nano DAP
1	Bagalkot	1,10,136	6,960	25,728	9,220	80,280	32,173
2	Bangalore Rural	18,094	5,496	5,974	8,516	11,633	14,853
3	Belagavi	2,27,612	17,232	74,880	22,062	1,25,984	69,727
4	Bellary	1,43,816	12,792	46,820	18,562	50,768	67,776
5	Bengaluru Urban	20,714	4,584	15,890	5,684	5,517	8,060
6	Bidar	63,528	14,264	31,728	14,854	60,354	20,638

7	Vijayapura	1,57,848	12,216	54,168	15,606	1,21,176	74,353
8	Chamarajnagar	52,112	4,608	25,968	6,108	28,630	12,344
9	Chikballapur	41,448	11,424	23,088	13,884	30,856	30,386
10	Chikmagalur	55,008	8,256	13,632	10,256	26,702	17,678
11	Chitradurga	90,044	5,448	20,972	6,288	27,043	10,914
12	Dakshin Kannada	47,333	11,856	25,565	11,856	3,656	4,565
13	Davangere	1,80,161	5,256	59,897	8,686	51,554	30,710
14	Dharwad	1,51,348	6,312	50,572	7,182	53,592	12,259
15	Gadag	1,08,524	6,168	34,988	8,308	68,028	20,806
16	Kalaburagi	88,464	12,288	29,304	15,018	1,16,954	34,904
17	Hassan	1,61,544	12,864	43,032	14,004	72,220	23,447
18	Haveri	1,75,614	13,632	77,766	15,632	1,02,744	23,983
19	Kodagu	19,518	4,152	7,608	5,042	9,384	6,850
20	Kolar	42,504	9,144	19,224	10,874	22,884	21,187
21	Koppal	1,67,325	9,768	27,909	11,968	58,560	31,677
22	Mandya	72,336	5,328	29,040	9,438	23,476	15,591
23	Mysore	69,984	4,632	31,560	5,932	30,098	19,630
24	Raichur	2,09,352	33,240	39,336	38,180	1,23,516	1,34,169
25	Ramanagara	36,648	864	16,560	1,024	19,316	2,390
26	Shivamogga	1,21,656	14,208	31,464	15,508	62,256	20,196
27	Tumkur	66,076	6,432	33,268	8,882	34,402	19,948
28	Udupi	2,747	380	3,275	380	2,404	696
29	Uttar Kannada	19,866	1,128	14,682	1,238	11,712	5,736
30	Vijayanagara	1,00,144	7,320	48,964	9,380	48,555	15,948
31	Yadgir	1,02,408	16,200	31,969	19,040	75,658	54,394
	Total	29,23,912	2,84,452	9,94,831	3,48,612	15,59,912	8,57,988

STATEMENT-II**Consumption of conventional Urea, DAP, Nano Urea and Nano DAP in the Mysuru and Kodagu District of Karnataka State**

Year	Mysuru District				Kodagu District			
	Conventional Urea (in MT)	Nano Urea (in 500ml bottles)	Conventional DAP (in MT)	Nano DAP (in 500ml bottles)	Conventional Urea (in MT)	Nano Urea (in 500ml bottles)	Conventional DAP (in MT)	Nano DAP (in 500ml bottles)
2022-23	62,614	69,984	15,054	4632	26,286	19,518	9,838	4152
2023-24	61,087	31,560	15,789	5932	23,877	7,608	12,330	5042
2024-25	63,171	30,098	17,115	19,630	23,928	9,384	11,475	6,850

JUSTICE DELIVERY SYSTEM THROUGH DIGITIZATION**2327. SHRI BASAVARAJ BOMMAI:**

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

- the current status of pendency of cases in courts across the country, including High Courts and subordinate courts;
- the concrete steps taken by the Government to reduce judicial delays and ensure timely delivery of justice, especially for economically weaker sections of society;
- whether the Government proposes to modernize the justice delivery system through digitization and use of technology;

- (d) if so, the progress made under e-courts and related initiatives; and
- (e) the manner in which these measures have improved transparency and efficiency in the judicial process?

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

(a): As per information available on National Judicial Data Grid (NJDG), the number of pending cases in courts across the country, including High Courts and subordinate courts, as on 10.02.2026, is as follows:

Name of Court	No. of pending cases
Supreme Court	92,320
High Courts	63,62,174
District & Subordinate Courts	4,81,60,880
Total	5,46,15,374

(b): The disposal of cases is within the exclusive domain of the judiciary. However, the Government is fully committed for speedy disposal of cases and reducing pendency as mandated under Article 21 of the Constitution. The Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary which, inter-alia, involves better infrastructure for courts including computerization, increase in strength of subordinate judiciary, policy and legislative measures in the areas prone to excessive litigation, re-

engineering of court procedure for quick disposal of cases and emphasis on human resource development. 774 Fast Track Special Courts (FTSCs), including 398 exclusive e-POCSO Courts have been established for time-bound trial and disposal of cases relating to rape and offence under the Protection Children from Sexual Offences (POCSO) Act, 2012, as on 31.12.2025. As per Article 39A of the Constitution of India and as a part of the preventive and strategic legal aid, National Legal Services Authority (NALSA) through the State Legal Services Authorities and District Legal Services Authority (DLSA) has undertaken several legal services activities in the country to ensure that legal aid reach the economically weaker sections of society.

(c) to (e): To modernize the justice delivery system through through digitization and use of technology, the Government of India, in collaboration with the eCommittee, Supreme Court of India, has introduced the eCourts Mission Mode Project. As on 31st December, 2025, significant achievements have been made under the eCourts Project, inter alia:

- i. A total of 3,93,22,695 cases were dealt with (virtual hearings) on video conferencing in High Courts and District Courts.
- ii. Video Conferencing Rules has been implemented in all the High Courts and District Courts
- iii. Rules of eFiling, facility of ePayments and ICJS have been implemented in almost all the High Courts

- iv. A total of 94,55,288 challans have been paid through 29 Virtual Courts functioning across the country, resulting in collection of Rs. 9,73,25,50,414 as Challan Amount.
- v. 1,03,96,720 cases have been submitted through e-filing in High Courts and District Courts.
- vi. The number of downloads of the eCourts Services Mobile App is 3,54,86,435, while downloads of the eCourts Services JustIS app stand at 22,090.
- vii. 2,36,96,50,903 pages have been digitized in High Courts, and 4,00,89,15,374 pages have been digitized in District Courts.
- viii. Justice Clocks have been installed in 37 High Courts, and 30 District Courts.
- ix. A total of 2,331 e-Sewa Kendras are functioning in High Courts and District Courts across the country benefiting a large number of litigants.
- x. The CIS 4.0 has been implemented in all court complexes and the eCommittee has also released a User Manual on CIS 4.0.
- xi. As part of the e-Courts initiative, seven platforms have been set up to provide near real-time updates on case status, cause lists, judgments and more. These updates are being sent to lawyers and litigants through SMS Push and Pull (over 4 lakh SMS sent daily), email (over 6 lakh sent daily), the multilingual e-Courts services portal (with 35 lakh hits daily), Judicial Service Centres (JSCs) and Info Kiosks.

- xii. Live streaming of court proceedings has been introduced in several High Courts, including those in Gujarat, Gauhati, Orissa, Karnataka, Jharkhand, Patna, Madhya Pradesh, Uttarakhand and Calcutta allowing media and other interested parties to participate in the proceedings.
- xiii. A total of 96.1% of the target for installing solar power facilities in Court Complexes has been achieved.
- xiv. The Electronic Motor Accidents Claims Tribunal (e-MACT) platform to facilitate expeditious, online and asynchronous dealing of Motor Accidents Claim Petitions has been developed. The testing of the eMACT project in the live environment commenced from 07.05.2025 in the pilot court.
- xv. NJDG (National Judicial Data Grid) has been upgraded with an improved dashboard, functioning as a monitoring tool, to identify, manage & reduce pendency of cases. It also provides information regarding the reasons for delay in disposal of the cases which are categorized on various attributes.

ONE STOP CENTRES

2328. SHRI BALASHOWRY VALLABHANENI:

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

- (a) the details of support, assistance and other help provided by One Stop Centres (OSCs) in the country including the OSCs that have been integrated

with Women Helpline;

(b) the details of each of the 36 One Stop Centres in the State of Andhra Pradesh, district-wise;

(c) whether out of 36 OSCs, only 26 are functional in the said State; and

(d) if so, the reasons for non-functioning of the remaining 10 OSCs along with the steps being taken to make the said OSCs operational?

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

(a) to (d): One Stop Centre (OSC) and Women Helpline (WHL) are the components of the Sambal vertical under the umbrella of Mission Shakti. 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, and Women Helpline (WHL) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. All the OSCs in the country including the OSCs that have been integrated with Women Helpline, provide services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. Since inception, i.e. 1st April, 2015 up to 31st October 2025, over 12.88 lakh women have been assisted in the country through OSCs.

As on date, 896 One Stop Centres (OSC) are operational and 655 OSCs have been integrated with the Women Helpline across the country. Based on the

proposals received from the State of Andhra Pradesh, 36 One Stop Centres (OSCs) have been approved. Out of these, 26 OSCs are operational and integrated with Women Helpline. The details of approved and operational OSCs are given in the enclosed **Statement**.

As per the Mission Shakti guidelines, the Central Government provides 100% financial assistance to States and UTs under Sambal sub-scheme. However, the implementation of the scheme lies with the State Governments and UT Administrations.

State and UT require adequate time to establish an OSC either in a pre-existing government building or a newly constructed building, or a rented building once the OSC proposals are approved by the Programme Approval Board (PAB).

Further, once in a year, the Programme Approval Board (PAB) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives and effective delivery of services to women and children including rural and marginalized communities. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States and UTs from time to time.

STATEMENT

The details of district-wise approved and operational OSCs in the State of Andhra Pradesh:

S. No.	District	No. of Approved OSC	No. of Operational OSC
1	Srikakulam	2	1

2	Parvathipuram	1	1
3	Vizianagaram	1	1
4	Visakhapatnam	1	1
5	Anakapalli	1	1
6	Alluri Sitharama Raju	2	1
7	East Godawari	1	1
8	Kakinada	1	1
9	Konaseema	1	1
10	West Godawari	2	1
11	Eluru	1	1
12	Krishna	1	1
13	NTR	2	1
14	Guntur	2	1
15	Bapatla	1	1
16	Palnadu	2	1
17	Prakasam	2	1
18	Nellore	1	1
19	Tirupati	1	1
20	Chittoor	2	1
21	Annamayya	2	1
22	Kadapa	1	1
23	Nadyal	1	1
24	Kurnool	2	1
25	Ananthapuram	1	1
26	Sri Sathya Sai	1	1
	Total	36	26

PRIMARY HEALTH CENTRES IN ANDHRA PRADESH

2329. SHRI PRABHAKAR REDDY VEMIREDDY:

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

- (a) whether it is true that 6 new Primary Health Centres have been sanctioned for Nellore district in Andhra Pradesh;
- (b) if so, the details thereof indicating the locations where they are proposed to be set up;
- (c) the details of new and modern facilities, apart from the regular facilities, proposed to be provided in the above PHCs;
- (d) the estimated cost of each of the PHC; and
- (e) the time by which the above new PHCs are likely to become functional?

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

(a) to (e): Public Health' & 'Hospitals' are State subjects, hence, the primary responsibility of providing basic healthcare services to all the citizens of the country lies with respective State/UT Government.

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability, affordability and accessibility to quality health care in the country including Andhra Pradesh. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme

Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. The details of RoPs issued to States/UTs including Andhra Pradesh, are available at following web link:

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

As informed by Government of Andhra Pradesh, 6 new Primary Health Centres (PHC) have been sanctioned for SPSR Nellore district in Andhra Pradesh. Details of locations along with estimated cost of each PHC are as follows:

Sl. No	Name of the Mandal	Name of the PHC	Estimated Cost in Rs. Lakhs
1	Ananthasagaram	PHC Revuru /Bommavaram	270.00
2	Bogole	PHC Juvvaladinne	193.00
3	Gudluru	PHC Chevuru	193.00
4	Marripadu	PHC Krishnapuram	193.00
5	Muthukur	PHC Thallapudi	193.00
6	Voletivaripalem	PHC Pokuru	193.00
TOTAL AMOUNT			1235.00

PHCs provide a range of healthcare service including outpatient services, emergency care, Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition (RMNCAH+N) services, immunization, screening, prevention and management of communicable and non-communicable diseases, provision of essential drugs and diagnostics, and referral and follow-up of patients to higher

facilities with transport linkages to ensure continuity of care.

IMPLEMENTATION OF FOOD SAFETY MANAGEMENT SYSTEM (FSMS)

2330. SHRI G. LAKSHMINARAYANA:

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

- (a) the current status of implementation of Food Safety Management System (FSMS) guidelines by FSSAI in places of worship;
- (b) the total number of places of worship in the country and the number/percentage that have adopted FSMS guidelines, State/UT-wise;
- (c) the number of Food Hygiene Supervisors appointed for such institutions, State/UT-wise, including Andhra Pradesh;
- (d) the number of training and certification programmes conducted for Food Safety Supervisors and food handlers during the last three years, along with institutions covered, State/UT-wise;
- (e) the number of inspections conducted/samples tested/violations detected and legal actions taken by the Government in this regard, State/UT-wise; and
- (f) the key gaps and challenges in adoption and enforcement of FSMS in places of worship?

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

(a) to (f): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. The implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

As per Section 31 of FSS Act, 2006, it is mandatory for any Food Business Operators (FBOs), including Food Service at religious places, to obtain a license or registration certificate for commencing or carrying on any food-related activities. The specific clause states, "No person shall commence or carry on any food business except under a license".

Accordingly, all such FBOs engaged in food service at religious places are required to comply with the provisions and requirements stipulated under the FSS Act, 2006 and regulations made thereunder. Further, these FBOs including Food Service at religious places are required to adhere to the 'Specific Hygienic and Sanitary practices to be followed by Food Business Operators engaged in catering / food service establishments' as specified under the Food Safety and Standards (Licensing and Registration of Food Businesses) Regulation, 2011.

Eat Right Place of Worship Certification Programme is undertaken to encourage places of Worship to adopt and maintain food safety and hygiene

practices during preparation and distribution of prasad/food in the premises. The initiative aims to create awareness among Places of Worship regarding the importance of safe and hygienic food practices. As on date, a total of 2,111 Places of Worship have been certified under the Eat Right Place of Worship programme. The total number of training and certification programmes conducted for the food handlers including religious places during the Year 2023, 2024 & 2025, State/UT-wise, are given in the enclosed **Statement**.

<u>STATEMENT</u>			
Total number of training and certification programmes conducted for the food handlers including religious places during the Year 2023, 2024 & 2025			
SNo.	State	Total trainings	Total food handlers trained
1	Andaman & Nicobar Islands	23	1065
2	Andhra Pradesh	667	26865
3	Arunachal Pradesh	35	956
4	Assam	782	25786
5	Bihar	567	34078
6	Chandigarh	122	4331
7	Chhattisgarh	403	17535
8	Dadra & Nagar Haveli Daman & Diu	13	321
9	Delhi	1179	40901
10	Goa	309	9801
11	Gujarat	1380	59996
12	Haryana	2035	201840
13	Himachal Pradesh	412	15076
14	Jammu & Kashmir	241	10413

15	Jharkhand	466	26464
16	Karnataka	2350	101954
17	Kerala	2945	112151
18	Ladakh	47	2387
19	Lakshadweep	23	1297
20	Madhya Pradesh	1220	72432
21	Maharashtra	5694	347892
22	Manipur	49	1759
23	Meghalaya	183	7198
24	Mizoram	24	1013
25	Nagaland	77	2008
26	Orissa	711	36100
27	Puducherry	52	1921
28	Punjab	898	26745
29	Rajasthan	1410	59151
30	Sikkim	67	2852
31	Tamil Nadu	9465	369505
32	Telangana	994	36587
33	Tripura	229	12317
34	Uttarakhand	469	16573
35	Uttar Pradesh	2681	133992
36	West Bengal	1387	60245

IMBALANCED USE OF FERTILIZERS

2331. SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRI SANJAY DINA PATIL:

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

- (a) whether the Government is aware of persistent problems relating to imbalanced use of fertilizers and diversion of subsidised fertilizers for non-agricultural purposes, if so, the details thereof;
- (b) whether any assessment has been made of the extent of fertilizers diversion, black marketing or supply shortages affecting farmers in Maharashtra, if so, the details thereof;
- (c) whether the coordination of the Government with various departments has resulted in any concrete action plans, enforcement measures or monitoring systems to address these issues in Maharashtra, if so, the details thereof;
- (d) whether farmers continue to face difficulties in timely access to appropriate fertilizers due to distribution inefficiencies and imbalanced subsidy structures in Maharashtra, if so, the details thereof; and
- (e) whether the Government proposes any specific corrective measures, including supply chain reforms or policy changes, to ensure fair fertilizer availability to farmers in Maharashtra, if so, the details thereof ?

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

(a) and (b): Indian Council of Agricultural Research has informed that their long-term experiment shown that imbalanced use of chemical fertilizers coupled with low addition of organic matter over years cause multinutrient deficiencies vis-à-vis

deterioration of soil quality. Therefore, ICAR recommends soil test based balanced and integrated nutrient management through conjunctive use of both inorganic and organic sources (manure, biofertilizers, green manuring, in-situ crop residue recycling etc.) of plant nutrients. ICAR has developed technology to prepare various types of organic manures besides improved and efficient strains of biofertilizers specific to different crops and soil types. ICAR also imparts training, organizes front-line demonstrations, and awareness programs to educate farmers on all these aspects.

In order to address the issues of hoarding, diversion and black-marketing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. The details regarding enforcement measures taken by the States, including Maharashtra, from 01.04.2025 to 30.01.2025, to curb these malpractices are given in the enclosed **Statement-I**. Further, Government of Maharashtra undertook coordinated special inspections and enforcement actions have been conducted throughout the state of Maharashtra. These include joint inspections with State Agriculture Officers, surprise raids,

verification of fertilizer stocks of dealers.

(c): 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 Maharashtra, since April 2025, 48866 raids have been conducted with 1584 show cause notices issued, 1427 licenses suspended/cancelled and 62 FIRs registered against defaulters till 30.01.2026.

(d) and (e): The movement of subsidised fertilizers from port/plant to PoS machine is being monitored throughout the country by online web based monitoring system called Integrated Fertilizer Management System (iFMS). All farmers including those in the state of Maharashtra are being supplied fertilizers at the subsidized rates on no-denial basis. Government of Maharashtra informed that a total no. of 29206 active retailers & 5831 wholesalers work in the Maharashtra State for selling of subsidized chemical fertilizers. The dealer network is well distributed in the rural as well as urban areas.

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

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

- ii. On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Monitoring System (iFMS).
- iv. The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
- v. Regular coordination meetings are held with Ministry of Railways for giving sufficient rakes with priority to fertilizers for timely evacuation of rakes for States.
- vi. The distribution of fertilizers within the State at district level is done by the concerned State government.

Further, the availability of fertilizers viz. Urea, DAP, NPKS and MOP has remained adequate in the State of Maharashtra during the ongoing Rabi 2025-26 season. The information regarding requirement, availability, sales and closing stocks of these fertilizers in the State of Maharashtra during the said period are given in the enclosed **Statement-II**.

STATEMENT - I

Cumulative Statement from April 2025 to January 2026 (as on 30.01.2026)																		
Action taken by the State Government to check black marketing, hoarding, quality check, diversion etc during the Kharif season from April 2025 to January 2026 as on date (30.01.2026)																		
S. n o	States	No. of Inspections /raids	Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Toatal		
			Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered		Show cause notice issued	No. of licenses cancelled/suspended	FIR registered
1	Andhra Pradesh	20746	80	10	9	193	11	19	346	0	0	19	4	12	NIL	638	25	40
2	Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
3	Assam	4723	12	6	1	59	0	0	46	1	0	27	0	0	NIL	144	7	1
4	Bihar	22961	1241	782	116	7	0	0	5	0	0	0	0	0	NIL	1253	782	116
5	Chhattisgarh	6916	295	13	4	29	1	0	145	5	0	24	0	0	NIL	493	19	4
6	Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
7	Delhi	345	0	0	1	0	0	0	3	0	0	0	3	0	NIL	3	3	1
8	Goa	619	544	180	6	10	0	0	32	1	0	16	0	0	NIL	602	181	6
9	Gujarat	16055	46	3	1	15	0	0	117	2	0	9	4	11	NIL	187	9	12

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10	Haryana	5139	65	15	10	24	20	5	51	12	6	13	5	6	NIL	153	52	27
11	Himachal Pradesh	15	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
12	Jammu & Kashmir	4725	143	44	2	32	3	0	66	2	0	8	0	0	NIL	249	49	2
13	Jharkhand	759	57	20	11	32	4	0	2	0	0	1	1	0	NIL	92	25	11
14	Karnataka	8708	368	25	1	243	5	0	244	14	2	96	6	8	NIL	951	50	11
S. n o	States	No. of Inspections /raids	Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details	Total		
			Show cause notice issued	No. of license s cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered		Show cause notice issued	No. of licenses cancelled/suspended	FIR registered
15	Kerala	1585	0	0	0	0	0	0	50	0	0	4	0	4	NIL	54	0	4
16	Madhya Pradesh	6089	0	0	91	0	0	0	739	44	4	723	160	15	NIL	1462	204	110
17	Maharashtra	48866	16	0	16	0	0	0	1567	1354	44	1	73	2	NIL	1584	1427	62
18	Manipur	3	0	0	0	0	0	0	0	0	0	1	0	0	NIL	1	0	0
19	Meghalaya	685	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
20	Mizoram	35	1	0	0	0	0	0	0	0	0	4	0	0	NIL	5	0	0
21	Nagaland	77	14	0	14	0	0	0	101	0	0	2	64	1	NIL	117	64	15
22	Odisha	7601	4	3	2	0	0	0	55	1	1	2077	110	4	NIL	2136	114	7
23	Puducherry	51	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
24	Punjab	6441	37	1	1	20	0	1	293	92	3	5	0	5	NIL	355	93	10

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[illegible]

STATEMENT - II

MAHARASHTRA STATE FERTILIZER POSITION FOR RABI 2025-26 (TILL 08/02/26)					
FIG. IN LMT					
S.No	Product	Pro rata Requirement From 01/10/25 to 08/02/26	Availability From 01/10/25 to 08/02/26	Cumulative DBT Sales From 01/10/25 to 08/02/26	Closing Stock as on 08/02/26
1	UREA	8.58	12.61	8.57	4.04
2	DAP	2.08	3.88	2.02	1.87
3	MOP	1.12	1.50	0.69	0.81
4	NPKS	9.57	17.64	8.26	9.39
Total		21.35	35.64	19.54	16.10

SCREENING FACILITIES FOR SICKLE CELL ANAEMIA**2332. SHRI KESINENI SIVANATH:****SHRI B. K. PARTHASARATHI:**

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

- the list of Centres of Excellence (CoEs) for Sickle Cell Disease approved under National Sickle Cell Anaemia Elimination Mission in the country, State/UT-wise;
- the details of funds allocated and released for the approved Centres of Excellence along with the physical progress achieved, year-wise;
- whether the Government maintains and monitors data on the number of Sickle Cell Cards distributed by Primary Health Centres (PHCs) and Sub-Health Centres (SHCs) under the National Sickle Cell Anaemia Elimination Mission and if so, the details thereof along with the number of such cards distributed,

year-wise and district-wise for Andhra Pradesh;

- (d) whether the Government has identified and mapped blocks with a high prevalence of Sickle Cell Disease and if so, the details thereof along with the list of such blocks, district-wise for Andhra Pradesh; and
- (e) whether the Government collects data regarding the availability of screening facilities for Sickle Cell Anaemia at Primary Health Centres and Sub-Health Centres and if so, the details thereof along with the number of PHCs and SHCs where such facilities are available, year-wise and district-wise for Andhra Pradesh?

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): Ministry of Health and Family Welfare has devised the cost norms for establishment of Centres of Excellence (CoE) on Sickle Cell Disease (SCD) funded by Ministry of Tribal Affairs (MoTA) in various states. State-wise details of funds approved and released for the 17 approved CoEs are given in the enclosed **Statement-I.**

(c) to (e): Under National Sickle Cell Anaemia Elimination Mission (NSCAEM), screenings in the targeted age group of 0-40 years are conducted at all health facilities from District Hospitals (DH) upto Ayushman Arogya Mandir (AAM) level in affected 17 tribal states including 710 blocks of Andhra Pradesh for diagnosis

of SCD.

The no. of Primary Health Centres (PHCs) and Sub-Health Centres (SHCs) available in the country, State/UT-wise & district-wise, including Andhra Pradesh, may be seen at the following link of Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23:

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

As per SCD portal, more than 6.83 crore screenings have been conducted in tribal dominated areas of the country including 14.79 lakh screenings in Andhra Pradesh and more than 3.85 crore Genetic Status Cards have been distributed in the country including 4.78 lakh Genetic Status Cards in Andhra Pradesh, as on 03.02.2026. As informed by State, district-wise details of Genetic Status Cards distributed in Andhra Pradesh is at **Statement-II**.

STATEMENT-I

State-wise details of Centres of Excellence (CoE) established

S. No.	Name of State	Institution Name	Funds approved (In Lakhs)	Funds released (In Lakhs)
1	Telangana	Nizams Institute of Medical Science	348	174
2	Uttarakhand	AIIMS Rishikesh	185	134.11
3	Kerala	Kozhikode Medical College	494.72	494.72

4	Andhra Pradesh	King George Hospital, Vishakhapatnam	764.08	755.08
5		AIIMS Mangalagiri		
6	Jharkhand	AIIMS Deoghar	375	375
7	Maharashtra	AIIMS Nagpur	115	115
8	Chhattisgarh	AIIMS Raipur	201.6	201.6
9	Karnataka	Mysore Medical College & Research Institute	386.54	386.54
10	Madhya Pradesh	MGM Medical College, Indore	191.8	191.8
11		Bhopal Memorial Hospital and Research Centre (BMHRC)		
12	Assam	Assam Medical College, Dibrugarh	365.54	365.54
13	Gujarat	New Civil Hospital and Medical College, Surat	385.2	385.2
14	Odisha	SCB Medical College Hospital, Cuttack	405	405
15	Rajasthan	RNT Medical College	283	283
16	Tamil Nadu	Institute of Child Health and Hospital for Children – Madras Medical College	134.64	134.64
17	West Bengal	N.R.S. Medical College	427	-

STATEMENT-II

District-wise details of Genetic Status Cards distributed in Andhra Pradesh

District Name	No. of Genetic Status Cards distributed
Alluri Sitharama Raju	170824
Parvathipuram Manyam	59379
SPSR Nellore	53599

Tirupati	34531
Eluru	59727
Palnadu	31968
Prakasam	22476
Srikakulam	17984
Nandyal	26503
NTR	144
Bapatla	446
Vizianagaram	52
Annamayya	106
Sri Sathya Sai	32
Guntur	87
Anantapur	51
Chittoor	23
Anakapalli	5
Krishna	53
Kurnool	74
Kakinada	22
Y.S.R.	37
East Godavari	46
Konaseema	12
West Godavari	7
Visakhapatnam	0
Total	4,78,188

AYUSH UNIVERSITY IN ODISHA

2333. SHRI PRADEEP PUROHIT:

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

(a) whether Odisha has no National or State AYUSH University and if so, the

details thereof and if not, the reasons therefor;

- (b) whether the Government has conducted or proposes to conduct any survey or feasibility study for establishing an AYUSH University/a National Institute of Ayurveda in Odisha, particularly near the Gandhamardan region given that Gandhamardan (Gandhadardhan) Parvat located in Paikmal area of Bargarh district, Odisha, is one of the richest herbal biodiversity zones of India, having more than 2,000 species of medicinal and botanical plants with historical relevance to Ayurveda;
- (c) if so, the details and the timeline thereof; and
- (d) whether the Government proposes to establish an AYUSH University or a Centre of Excellence in Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy in Odisha to promote research, conservation of medicinal plants and employment generation for local youth and if so, the details thereof?

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

(a) to (c): At present, there is no National or State AYUSH University in the State of Odisha. However, health being a State subject, the matter of establishing a new AYUSH University in any State comes under the domain of the concerned State Government. Further, for establishment of a new AYUSH University/a

National Institute of Ayurveda in Odisha, Central Government has not proposed or conducted any survey or feasibility study.

(d): Currently, there is no such proposal.

AYUSH-BASED PREVENTIVE HEALTHCARE FOR SCHOOL STUDENTS

2334. SHRI TRIVENDRA SINGH RAWAT:

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

(a) whether in view of the preventive healthcare principles of AYUSH, the Government has taken any initiative to provide regular health check-ups, preventive care and AYUSH-based treatment to students of Navodaya Vidyalayas, Kendriya Vidyalayas and other schools for ensuring better health of the younger generation and if so, the details thereof;

(b) whether there is any proposal to establish AYUSH wellness centres in Kasturba Gandhi Balika Vidyalayas, Navodaya Vidyalayas and other residential schools; and

(c) if so, the details thereof along with the timeline fixed for implementation of any such proposal 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): Public health being a State subject, the primary responsibility to take initiative

for providing regular health check-ups, preventive care and Ayush based treatment to students of schools lies with respective State/UT Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), the State/UT Governments are being supported for implementation of a dedicated Ayush Public Health Programme “Ayurvedya” for Promotion of healthy lifestyle through Ayush for school children including students of Navodaya Vidyalayas, Kendriya Vidyalayas, as per the proposals received in their State Annual Action Plans (SAAPs). This programme has been designed with special emphasis on school children for promotion of healthy lifestyle & integrative diet education encompassing dietary principles from Ayush System and also to educate children about the role of yoga for fitness and wellbeing.

(b): No such proposal.

(c): Question does not arise.

GOVERNMENT HEALTH FACILITIES

2335. SHRI ATUL GARG:

SHRIMATI SHAMBHAVI:

DR. LATA WANKHEDE:

DR. D. PURANDESWARI:

SHRI RAJESH VERMA:

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

- (a) the total number of doctors, nurses and paramedical staff currently serving in the Government health facilities against the sanctioned posts in the country, State/UT-wise, particularly in Uttar Pradesh, Bihar and Madhya Pradesh;
- (b) the details of the Central assistance provided to these States for the recruitment and training of health human resources;
- (c) the current status of functional and operational nursing colleges and paramedical training institutes in these States;
- (d) the measures taken by the Government to incentivize the doctors to serve in the rural and remote areas of these States; and
- (e) whether the Government has any plan to increase the number of PG medical seats in the colleges of these States?

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

(a): The State/UT-wise details of doctors, nurses and paramedical staff currently serving in the Government health facilities against the sanctioned posts in the country, including Uttar Pradesh, Bihar and Madhya Pradesh are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

[23_RE%20%281%29.pdf](#)

(b): The primary responsibility of strengthening public healthcare system, including recruitment and training of health human resources lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including Uttar Pradesh, Bihar and Madhya Pradesh to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. Details of the approvals given for the strengthening healthcare in Uttar Pradesh, Bihar and Madhya Pradesh are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

The details of the Funds released to the states of Uttar Pradesh, Bihar and Madhya Pradesh under NHM are as under:

**State/UT-wise Central Release under National Health Mission for the FY
2022-23 to FY 2024-25**

(Rs. In Crore)

S.No.	Name of the States	2022-23	2023-24	2024-25
1	Uttar Pradesh	5,133.59	4,928.14	5,853.43
2	Bihar	1,586.57	2,032.95	2,367.18
3	Madhya Pradesh	2,582.10	2,545.68	2,430.91

Note:

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

(c): The details of functional and operational nursing colleges in Uttar Pradesh, Bihar and Madhya Pradesh as on 31st October, 2025 are as under:

States	Total Number of Institutions		
	Government	Private	Total
Uttar Pradesh	33	365	398
Bihar	56	76	132
Madhya Pradesh	39	297	336

(d): Under NHM, following types of incentives and honorarium are provided for encouraging doctors to serve in the rural and remote areas of the country including Uttar Pradesh, Bihar and Madhya Pradesh:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynaecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting

Cesarean Sections in rural & remote area.

- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

(e): Under the CSS for ‘Strengthening and upgradation of Government medical colleges for increase of PG seats’, 8058 seats, including 556 PG seats in Uttar Pradesh, 849 PG seats in Madhya Pradesh and 314 seats in Bihar have been approved in two Phases.

JUDICIAL VACANCIES IN MAHARASHTRA

2336. ADV. GOWAAL KAGADA PADAVI:

SHRI VISHALDADA PRAKASHBAPU PATIL:

SUSHRI PRANITI SUSHILKUMAR SHINDE:

DR. BACHHAV SHOBHA DINESH:

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

- (a) the details and the reasons for vacancies of judicial officers in district and subordinate courts of Maharashtra that have remained stagnant at approximately 250 since 2021, and whether any specific advisory has been issued to the State to expedite recruitment;
- (b) the details of the 4,855 vacant posts of judges in district courts across India and the number of cases pending for over 30 years in the Bombay High Court and district courts; and
- (c) the details of the budgetary allocation for e-Courts Phase III for the financial year 2025-26, including the actual fund utilization and the progress made in establishing "Digital Courts" in rural districts?

**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 vacancies of judicial officers in district and subordinate courts of Maharashtra since 2021 is as below:

Strength	31.12.2021 to 11.02.2026
Sanctioned Strength	2190
Working Strength	1940

Vacancies	250
Source: Nyaya Vikas Portal	

Filling up of vacant positions of judges in District and Subordinate courts is the responsibility of the High Courts and State Governments concerned. As per the Constitutional framework, in exercise of powers conferred under the proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Government, in consultation with the High Court, frames the rules and regulations regarding the appointment and recruitment of Judicial Officers in the respective State Judicial Service. The Hon'ble Supreme Court vide order passed in January 2007 in the Malik Mazhar Sultan case, has *inter-alia*, stipulated certain timelines, which are to be followed by the States and the respective High Courts, for the recruitment of judges in District and Subordinate Courts. The Government of India has, from time to time, requested the State Governments and the respective High Courts to fill up the existing vacancies, and recently a D.O. letter dated 04.02.2026 has been addressed to the Hon'ble Chief Justice of the concerned High Court.

(b): As per information available on Nyaya Vikas Portal, the details of the vacant posts of judges in district courts across India, as on 11.02.2026, are given in the enclosed **Statement**.

The number of cases pending for over 30 years in the Bombay High Court and District Courts is as follows:

Sr. No.		Civil	Criminal	Total
1.	Bombay High Court	3,838	9	3,847
2.	District Courts, Maharashtra	2,204	10,530	12,734

(c): Under eCourts Phase–III, the Department of Justice, Government of India has allocated ₹92,40,95,320/- to the High Court of Bombay for the financial year 2025–26. Out of the allocated amount, an expenditure of ₹63,11,48,890/- has been incurred till date. As a part of the project implementation progress, the High Court of Bombay has identified a total of 72 Online Courts, two courts at each District Headquarters, to function as Online Courts. The requisite hardware as provisioned by the eCommittee, Supreme Court of India has been provided to these courts.

STATEMENT**Details of vacant posts of judges in District & Subordinate Courts across India, as on 11.02.2026**

Sl. No.	States & UTs	Subordinate Judicial Service						Higher Judicial Service			Total		
		Civil Judge (Junior Division) Sanctioned Strength	Civil Judge (Junior Division) Working Strength	Civil Judge (Junior Division) Vacancy	Civil Judge (Senior Division) Sanctioned Strength	Civil Judge (Senior Division) Working Strength	Civil Judge (Senior Division) Vacancy	District Judge Sanctioned Strength	District Judge Working Strength	District Judge Vacancy	Total Sanctioned Strength	Total Working Strength	Total Vacancy
1	Andhra Pradesh	329	275	54	138	137	1	176	160	16	643	572	71
2	Arunachal Pradesh	20	13	7	19	15	4	14	11	3	53	39	14
3	Assam	206	205	1	148	139	9	131	117	14	485	461	24
4	Bihar	886	732	154	421	316	105	718	617	101	2025	1665	360
5	Chandigarh	18	18	0	2	2	0	10	9	1	30	29	1
6	Chhattisgarh	239	164	75	158	132	26	266	169	97	663	465	198
7	D & N Haveli	1	1	0	1	1	0	1	0	1	3	2	1
8	Daman & Diu	1	1	0	2	2	0	1	1	0	4	4	0
9	Delhi	361	329	32	121	109	12	415	398	17	897	836	61
10	Goa	25	19	6	14	12	2	11	9	2	50	40	10
11	Gujarat	646	441	205	554	482	72	520	262	258	1720	1185	535
12	Haryana	395	301	94	132	133	-1	254	212	42	781	646	135
13	Himachal Pradesh	80	69	11	48	47	1	60	56	4	188	172	16
14	Jammu and Kashmir	143	102	41	88	79	9	91	89	2	322	270	52
15	Jharkhand	311	139	172	156	155	1	240	202	38	707	496	211
16	Karnataka	560	386	174	440	413	27	395	330	65	1395	1129	266
17	Kerala	270	259	11	94	82	12	247	236	11	611	577	34
18	Ladakh	8	2	6	6	4	2	3	3	0	17	9	8
19	Lakshadweep	1	1	0	2	2	0	1	1	0	4	4	0
20	Madhya Pradesh	768	462	306	514	503	11	746	674	72	2028	1639	389
21	Maharashtra	1118	920	198	518	510	8	554	510	44	2190	1940	250

22	Manipur	22	18	4	20	13	7	20	18	2	62	49	13
23	Meghalaya	26	15	11	25	21	4	48	21	27	99	57	42
24	Mizoram	41	13	28	17	17	0	16	15	1	74	45	29
25	Nagaland	12	7	5	8	5	3	14	12	2	34	24	10
26	Odisha	490	380	110	288	267	21	266	214	52	1044	861	183
27	Puducherry	19	15	4	10	5	5	9	6	3	38	26	12
28	Punjab	435	363	72	138	136	2	239	200	39	812	699	113
29	Rajasthan	567	577	-10	439	381	58	692	531	161	1698	1489	209
30	Sikkim	13	4	9	7	5	2	15	14	1	35	23	12
31	Tamil Nadu	650	574	76	371	364	7	365	296	69	1386	1234	152
32	Telangana	245	218	27	142	92	50	173	135	38	560	445	115
33	Tripura	53	43	10	40	39	1	40	37	3	133	119	14
34	Uttar Pradesh	1203	757	446	806	706	100	1691	1168	523	3700	2631	1069
35	Uttarakhand	108	91	17	88	83	5	102	96	6	298	270	28
36	West Bengal	430	354	76	337	246	91	338	275	63	1105	875	230
	Andaman and Nicobar												
TOTAL		10,700	8,268	2,432	6,312	5,655	657	8,882	7,104	1,778	25,894	21,027	4,867

Source: Nyaya Vikas Portal

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन के अंतर्गत स्वास्थ्य परिचर्या सुविधाओं की स्थिति

2337. श्री देवेश शाक्य:

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

(क) प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत उत्तर प्रदेश के एटा और कासगंज जिलों में स्वास्थ्य परिचर्या सुविधाओं की वर्तमान स्थिति क्या है;

(ख) क्या 'पीएम-एबीएचआईएम' के अंतर्गत एटा और कासगंज में क्रिटिकल केयर ब्लॉक और एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशाला का निर्माण कार्य पूरा हो चुका है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो शेष कार्य को पूरा करने की क्या समयसीमा है;

(ग) क्या दवाओं और टीकों के भंडारण के लिए स्थानीय स्तर पर ब्लॉक-स्तरीय शीतागार श्रृंखला प्रणाली विकसित की गई है और यदि हां, तो तत्संबंधी ब्यौरा और वर्तमान स्थिति क्या है; और

(घ) देश भर के जिला अस्पतालों में डायलिसिस और कीमोथेरेपी सुविधाओं के विस्तार के लिए अब तक आवंटित और उपयोग किए गए बजट का ब्यौरा क्या है?

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

(क) से (घ): प्रधान मंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) एक केंद्र प्रायोजित योजना (सीएसएस) है, जिसमें कुछ केंद्रीय क्षेत्र के घटक (सीएस) शामिल हैं, जिसका योजना अवधि (वित्तीय वर्ष 2021-22 से वित्तीय वर्ष 2025-26) के लिए परिव्यय 64,180 करोड़ रुपये है।

इस योजना में स्वास्थ्य अनुसंधान सहित स्वास्थ्य सेवा प्रदायगी और जन स्वास्थ्य कार्यलापों को एकीकृत और सुदृढ़ करने के लिए नए सुधारों की परिकल्पना की गई है, ताकि समुदाय ऐसी वैश्विक

महामारियों अथवा स्वास्थ्य संबंधी संकट के प्रबंधन में आत्मनिर्भर बन सकें। योजना के अंतर्गत उपायों का उद्देश्य स्वास्थ्य प्रणालियों और संस्थानों को सुदृढ़ करना है ताकि सभी स्तरों नामतः प्राथमिक, माध्यमिक और विशिष्ट स्तरों पर निरंतर परिचर्या प्रदान की जा सके, साथ ही स्वास्थ्य प्रणालियों को वर्तमान और भावी महामारियों और आपदाओं का प्रभावकारी ढंग से सामना करने के लिए तैयार किया जा सके।

उत्तर प्रदेश सरकार द्वारा प्रदान की गई जानकारी के अनुसार, एटा जिले के लिए पीएम-एबीएचआईएम योजना के तहत 10 भवनहीन प्राथमिक स्वास्थ्य केंद्रों (एसएचसी), 7 यू-एएम, 4 बीपीएचयू, 1 आईपीएचएल और 1 सीसीबी के लिए प्रशासनिक स्वीकृति प्रदान की गई है। आईपीएचएल और सीसीबी का निर्माण कार्य पूरा हो गया है। इसी प्रकार, कासगंज जिले के लिए 5 भवनहीन एसएचसी, 6 यू-एएम, 6 बीपीएचयू, 1 आईपीएचएल और 1 सीसीबी के लिए प्रशासनिक स्वीकृति प्रदान की गई है। आईपीएचएल का निर्माण कार्य पूरा हो गया है, जबकि सीसीबी का निर्माण कार्य लगभग 85% पूरा हो गया है।

एटा और कासगंज जिलों में सार्वभौमिक प्रतिरक्षण कार्यक्रम (यूआईपी) के तहत टीकों के भंडारण के लिए ब्लॉक स्तर पर कार्यशील कोल्ड चेन सिस्टम मौजूद है। एनसीसीएमआईएस पोर्टल पर उपलब्ध आंकड़ों के अनुसार, एटा जिले में यूआईपी के तहत टीकों के भंडारण के लिए 11 कोल्ड चेन पॉइंट हैं, जबकि कासगंज जिले में 13 कोल्ड चेन पॉइंट हैं।

प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) को राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत वर्ष 2016 में देश भर में जिला अस्पताल स्तर पर हीमोडायलिसिस केंद्र स्थापित करके डायलिसिस को सुलभ और किफायती बनाने उद्देश्य से शुरू किया गया था। गरीबी रेखा से नीचे (बीपीएल) के मरीजों को डायलिसिस सेवाएं निःशुल्क प्रदान की जाती हैं, जबकि गरीबी रेखा से ऊपर (एपीएल) के मरीजों को रियायती दरों पर सेवाएं उपलब्ध कराई जाती हैं। पिछले तीन वर्षों के दौरान

प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) के अंतर्गत स्वीकृतियों और व्यय का वर्षवार और राज्यवार ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

वित्तीय वर्ष 2022-23 से वित्तीय वर्ष 2024-25 की अवधि के दौरान राष्ट्रीय स्वास्थ्य मंत्रालय (एनएचएम) के अंतर्गत प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) के लिए एसपीआईपी अनुमोदन और व्यय का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

(लाख रु. में)

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2022-23		2023-24		2024-25	
		अनुमोदन	व्यय	अनुमोदन	व्यय	अनुमोदन	व्यय
1	अंडमान व निकोबार द्वीप समूह	0.00	0.00	8.50	0.00	17.08	1.55
2	आंध्र प्रदेश	5307.87	4061.58	5680.55	5143.70	5776.12	3948.86
3	अरुणाचल प्रदेश	611.66	405.90	728.99	364.00	881.68	278.40
4	असम	1715.75	1587.45	1985.98	1850.96	3810.99	2465.58
5	बिहार	3112.37	2597.89	3521.01	3302.98	4991.50	3998.78
6	चंडीगढ़	4.00	0.02	4.25	0.25	10.53	7.12
7	छत्तीसगढ़	1182.40	617.78	1225.48	877.70	2162.00	955.55
8	दादरा और नगर हवेली तथा दमन और दीव	2.22	0.00	2.22	0.00	1.63	0.00
9	दिल्ली	703.84	416.76	709.03	572.39	860.20	720.38
10	गोवा	1247.32	937.74	1234.32	783.40	1630.91	881.95
11	गुजरात	4308.05	1869.73	4280.60	5103.79	6069.33	5645.23

12	हरियाणा	337.95	243.71	337.95	308.81	1848.70	537.90
13	हिमाचल प्रदेश	291.50	10.78	309.50	27.38	125.71	166.65
14	जम्मू और कश्मीर	303.00	67.57	768.60	106.26	437.13	109.78
15	झारखंड	826.76	324.04	674.56	315.19	1502.59	849.50
16	कर्नाटक	7735.07	3413.39	6604.02	4315.15	7995.19	6913.07
17	केरल	1522.36	401.89	1024.14	677.57	1382.47	493.83
18	लद्दाख	204.86	89.71	194.06	53.75	112.70	90.31
19	लक्षद्वीप	18.70	0.00	19.64	2.54	21.20	12.18
20	मध्य प्रदेश	1965.30	1704.39	3073.97	1969.26	2970.24	2098.07
21	महाराष्ट्र	2516.93	466.76	1488.39	579.07	4574.29	102.03
22	मणिपुर	563.33	334.05	568.83	297.02	932.72	389.15
23	मेघालय	65.07	74.31	50.05	27.33	320.13	85.99
24	मिजोरम	49.01	0.00	40.95	27.31	85.78	12.52
25	नागालैंड	247.28	133.24	208.53	206.71	466.08	314.09
26	ओडिशा	2413.73	2202.31	3317.57	2553.95	2740.69	4014.69
27	पुदुचेरी	107.20	44.36	105.10	36.38	164.20	24.53
28	पंजाब	185.14	58.97	196.29	196.29	1775.40	189.73
29	राजस्थान	877.31	213.12	877.31	216.65	918.00	423.42
30	सिक्किम	98.50	31.06	14.83	75.87	325.30	220.79
31	तमिलनाडु	966.32	1226.81	1224.30	1200.58	1194.25	963.99
32	तेलंगाना	64.74	2.38	54.95	11.85	52.00	1.36
33	त्रिपुरा	210.41	86.05	202.85	168.71	253.38	215.74

34	उत्तर प्रदेश	8097.37	5613.32	11691.30	4825.25	17301.42	8915.59
35	उत्तराखंड	259.74	78.02	263.26	168.94	784.75	297.31
36	पश्चिम बंगाल	6586.68	5276.15	7248.67	3629.06	7644.41	2732.66

नोट:

1. उपरोक्त आंकड़े राज्यों/संघ राज्य क्षेत्रों द्वारा यथा प्रस्तुत उपलब्ध एफएमआर के अनुसार हैं और अनंतिम हैं।
2. व्यय में केंद्र द्वारा जारी की गई राशि, राज्य द्वारा जारी की गई राशि और वर्ष के प्रारंभ में शेष बची राशि का व्यय शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा यथा प्रस्तुत एफएमआर के अनुसार है और अनंतिम है।

RESEARCH AND DEVELOPMENT PROJECTS ON AYUSH DRUGS

2338. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

- (a) the details of ongoing research and development projects related to AYUSH drugs and therapies including the distribution of Research and Development (R&D) centers in the country, State/UT-wise;
- (b) the outcomes of these research projects, especially in terms of developing new treatments for chronic diseases or conditions in the country; and
- (c) the details of fund provided for AYUSH drug research along with the number of patents filed or products developed 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): The Ministry of Ayush is implementing a Central Sector Scheme, namely, Ayurgyan since 2021-22 having three components viz. (i) Capacity Building &

Continuing Medical Education (CME) in Ayush (ii) Research & Innovation in AYUSH and (iii) Ayurveda Biology Integrated Health Research (ABIHR). ABIHR was added under the scheme from the year 2023-24 as a 3rd component. Being a Central Sector Scheme, the scheme is not specific to any State/UT.

Under the Research & Innovation in Ayush and ABIHR component of Ayurgyan Scheme, financial assistance is being provided to the eligible organisations for conducting the research and development activities as per provision contained in the scheme guidelines. Since inception, total 34 and 11 research projects were approved/supported under Research & Innovation in Ayush and ABIHR component of Ayurgyan Scheme respectively for conducting research activities.

Out of 11 approved projects supported under ABIHR component, 06 were related to development of safety and efficacy dossiers on 05 single Ayurveda botanicals.

In addition, Research Councils under Ministry of Ayush namely Central Council for Research in Ayurvedic Science (CCRAS), Central Council for Research in Homoeopathy (CCRH) and Central Council for Unani Medicine (CCRUM), Central Council for Research in Siddha (CCRS) and Central Council for Research in Yoga & Naturopathy (CCRYN) also undertake research activities such as Clinical Research, Drug Proving, Drug Verification, Drug validation, Drug Standardization, Public Health Research, Fundamental Research and Epidemic

research in through their Research Institutes/Treatment Centre/Peripheral Units. State /UT wise no. of Institutes/Centres/Units of the Research Councils are attached at Statement. Further, a total 709 of research studies (i.e. CCRAS-235, CCRH-230, CCRUM-120, CCRS-102, CCRYN-22) was undertaken by the above Research Councils.

(b): Under the Research & Innovation component, research projects are supported for a duration of three years and funds are released on instalment basis. The outcomes of these research activities include publications, standard operating procedures (SOPs), patents, related deliverables. A total no. of 62 research outcomes has been published in peer-reviewed journals under R&I component (including Erstwhile EMR) from FY 2021-22 to 2025-26.

The outcomes of Research Projects undertaken by the Research Councils under Ministry of Ayush are disseminated through publications in peer-reviewed journals.

(c) : Under the Research & Innovation in Ayush component, fund of Rs.5.99 Crore and under ABIHR fund of Rs.47.07 crore was provided to conduct the research on Ayush drugs. Two (02) patents have been filed under research & Innovation in Ayush component. Further, the details of patents filed, granted/products developed by the Research Councils are as under:-

- i) CCRAS - 03 patents filed and 24 patents granted
- ii) CCRUM - 05 patents filed and 02 granted

iii) CCRH - 09 filed and 02 granted

iv) CCRS - 11 patents filed and 01 patent granted

STATEMENT

State/UT wise no. of Institute/Centre/Units of Research Councils

S.No.	State/UT	No of Institute/Centre/Units				
		CCRAS	CCRH	CCRUM	CCRS	CCRYN
1	Andhra Pradesh	01	02	01	01	--
2	Andaman and Nicobar	01	01	--	--	--
3	Arunachal Pradesh	01		--	--	--
4	Assam	01	01	01	--	--
5	Bihar	01	01	01	--	--
6	Delhi	01	06	04	01	--
7	Gujarat	01	--	--	--	--
8	Goa	01	01	01	01	--
9	Haryana	--	--	--	--	01
10	Himachal Pradesh	01	01	--	--	--
11	Jharkhand	--	01	--	--	--
12	Karnatak	01	--	01	01	01
13	Kerala	02	01	01	01	--
14	Maharashtra	03	01	01	--	--
15	Madhya Pradesh	01	--	02	--	--
16	Manipur	--	01	01	--	--
17	Mizoram	--	01	--	--	--
18	Nagaland	01	01	--	--	--
19	Odisha	01	02	01	--	--
20	Puducherry	--	01	--	01	--
21	Punjab	01	--	--	--	--
22	Rajasthan	01	01	--	--	--
23	Sikkim	01	01	--	--	--
24	Tamil Nadu	02	02	01	03	--
25	Tripura	01	01	--	--	--

26	Telangana	01	01	01	--	--
27	Uttar Pradesh	02	03	05	--	--
28	West Bengal	01	02	01	--	--
29	Jammu & Kashmir	01	--	01	--	--
30	Uttarakhand	01	--	--	--	--
	Total	30	33	24	09	02

MARITIME INDIA VISION (MIV), 2030 INITIATIVE

2339. SHRIMATI DAGGUBATI PURANDESWARI:

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

- (a) whether the Government has awarded any new port development projects in major ports over the last three years, and if so, the details of these projects, particularly in Andhra Pradesh;
- (b) whether these projects are part of the Maritime India Vision (MIV), 2030 initiative, and if so, the manner in which they contribute to enhancing cargo handling capacity and operational efficiency;
- (c) whether there has been an increase in capital expenditure and Gross Budget Support for the Ministry in recent years, and if so, the specific figures for financial year 2024-25;
- (d) whether the Government has implemented any measures to monitor the outcomes of MIV, 2030, including the establishment of tracking portals or cells, and if so, the specific functions thereof and;
- (e) whether these initiatives are expected to create employment opportunities in

the maritime sector and if so, the estimates that can be provided regarding job creation?

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

(a) and (b): Yes. Around 116 number of new port development projects have been awarded in Major Ports under Maritime India Vision (MIV), 2030, with a total investment of approximately ₹11,528 crore, including 06 new projects worth ₹ 760 crore at Visakhapatnam Port Authority (VPA), which is the only Major Port in Andhra Pradesh. These projects are primarily focused on expansion of cargo handling capacity, improvement in operational performance through mechanization, automation, and technological upgradation of port operations, enhancement of multimodal connectivity, digitalization and standardization of port processes, infrastructure strengthening, and adoption of smart and green port initiatives etc.

(c): Yes. The details of Gross Budget Support to the Ministry in last three years are given in the enclosed **Statement**.

(d): The Ministry of Ports, Shipping, and Waterways has established the Sagarmanthan Portal to monitor the outcomes of MIV 2030 and other maritime projects.

(e): The initiatives under Maritime India Vision (MIV) 2030 are expected to generate more than 20 lakh direct and indirect employment opportunities.

STATEMENT

Details of Gross Budget Support for the Ministry in last three years:

Year	Amount (Rs. in crore)
2022-23	1709.50
2023-24	2218.34
2024-25	2377.49

चिकित्सा उपकरण क्षेत्र

2340. श्री राजपालसिंह महेंद्रसिंह जादव:

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

(क) वर्तमान में उत्पादन से संबद्ध प्रोत्साहन (पीएलआई) योजना के अंतर्गत भारत में निर्मित किए जा रहे विशिष्ट उच्च-स्तरीय चिकित्सा उपकरणों का ब्यौरा क्या है;

(ख) मेडिकल डिवाइस पार्क विनिर्माताओं को उत्पादन में स्तरीय अर्थव्यवस्थाएं प्राप्त करने में किस प्रकार मदद कर रहे हैं;

(ग) क्या विभिन्न कौशल विकास उप-योजनाओं के माध्यम से उक्त क्षेत्र में उच्च-तकनीकी श्रमबल विकसित किया गया है; और

(घ) यदि हां, तो सरकार द्वारा चिकित्सा उपकरण क्षेत्र में उद्योग-अकादमिक सहयोग को बढ़ावा देने और प्रोत्साहित करने के लिए तैयार की गई रणनीति सहित तत्संबंधी ब्यौरा क्या है?

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

(क): चिकित्सा उपकरणों के घरेलू विनिर्माण के संवर्धन के लिए उत्पादन-सम्बद्ध प्रोत्साहन (पीएलआई) योजना का उद्देश्य घरेलू विनिर्माण क्षमता के निर्माण के लिए बड़े निवेश को आकर्षित करके और घरेलू उत्पादन को प्रोत्साहित करके चिकित्सा उपकरणों के घरेलू विनिर्माण का संवर्धन

करना है। इस योजना के अंतर्गत देश में इस समय विनिर्मित किए जा रहे उच्च स्तरीय चिकित्सा उपकरणों की सूची विवरण में दी गई है।

(ख): चिकित्सा उपकरण पार्क संवर्धन योजना के अंतर्गत उत्तर प्रदेश, मध्य प्रदेश और तमिलनाडु राज्यों में प्रत्येक में एक-एक चिकित्सा उपकरण पार्क की स्थापना का उद्देश्य अत्याधुनिक विनिर्माण पारिस्थितिक तंत्र बनाकर एक उच्च प्रतिस्पर्धी घरेलू विनिर्माण पारिस्थितिक तंत्र विकसित करना है, जो इन पार्कों में स्थापित ग्रीनफील्ड इकाइयों को सहज और सुलभ सुविधाएं प्रदान करती है। चिकित्सा उपकरण पार्क में भूमि काफी रियायती दरों पर उपलब्ध कराई जाती है, अक्सर स्टांप शुल्क में छूट या रियायत के साथ, जिससे भूमि अधिग्रहण और परियोजना स्थापना पर प्रारंभिक पूंजीगत व्यय में उल्लेखनीय कमी आती है। यह अग्रिम लागत राहत विशेष रूप से ग्रीनफील्ड निवेशकों के लिए महत्वपूर्ण है, क्योंकि इससे उनकी पूंजी का एक बड़ा हिस्सा संयंत्र और मशीनरी, प्रौद्योगिकी अधिग्रहण, स्वचालन और गुणवत्ता प्रणालियों पर लगाया जा सकता है, न कि भूमि लागत और उन सुविधाओं की स्थापना की लागत पर जो साझी सुविधाओं के रूप में इन पार्कों में उपलब्ध कराई जा रही हैं जैसे 3डी डिजाइन और प्रिंटिंग, इलेक्ट्रॉनिक असेंबली, इलैक्ट्रो मैग्नेटिक इन्टरफेरेंस और अनुकूलता केंद्र, मोल्डिंग, स्टैरेलाइजेशन, जैव अनुकूलता परीक्षण, विष विज्ञान, इलेक्ट्रॉनिक पुर्जों का परीक्षण, घटक परीक्षण, गामा विकिरण सुविधा आदि। ऐसी सुविधाओं को साझा आधार पर प्रदान करके, पार्क कंपनियों को महंगी, पूंजी-गहन अवसंरचना में निवेश करने की आवश्यकता को समाप्त कर देते हैं, जिसका अक्सर आंतरिक रूप से स्थापित होने पर कम उपयोग होता है। इससे विनिर्माण, परीक्षण और सत्यापन की प्रति इकाई लागत में काफी कमी आती है, साथ ही उत्पाद विकास की समयसीमा भी कम हो जाती है।

(ग): चिकित्सा उपकरण क्षेत्र में क्षमता विनिर्माण और कौशल विकास चिकित्सा उपकरण उद्योग को सुदृढ़ बनाने की योजना की क्षेत्रीय उप-योजना वर्तमान में कार्यान्वयन चरण में है। इस उप-योजना के

तहत, चिकित्सा उपकरणों में स्नातकोत्तर, पीजी-डिप्लोमा और कौशल कार्यक्रमों के माध्यम से विशेषीकृत उच्च-तकनीकी जनशक्ति का विकास किया जा रहा है। इस उप योजना के तहत शैक्षणिक संस्थान उद्योग के संपर्क, इंटरनशिप और अनुप्रयुक्त अनुसंधान द्वारा समर्थित चिकित्सा उपकरण डिजाइन, उत्पादन, परीक्षण और निदान में व्यावहारिक प्रशिक्षण के साथ उद्योग-संरेखित पाठ्यक्रम प्रदान करते हैं।

अब तक, आईआईटी, एनआईटी, नाईपर, निमहंस आदि सहित 12 से अधिक प्रमुख संस्थानों को शामिल करते हुए 18 परियोजनाओं को मंजूरी प्रदान की गई है, जो अगले तीन वर्षों में लगभग 750 हाई-टेक व्यवसायियों को सृजित करने में सेवारत हैं।

(घ): औषध विभाग द्वारा फार्मा-मेडटेक सेक्टर में अनुसंधान संवर्धन (पीआरआईपी) योजना शुरू की गई है, जिसका उद्देश्य नवीन चिकित्सा उपकरणों सहित उद्योग, एमएसएमई और प्राथमिकता वाले क्षेत्रों में स्टार्टअप्स की अनुसंधान एवं विकास परियोजनाओं के लिए वित्तीय सहायता प्रदान करना है। चिकित्सा उपकरणों में विशिष्ट अनुसंधान क्षमताओं के विनिर्माण में सहायता करने, उद्योग-अकादमिक संबंधों का लाभ उठाने, अनुसंधान अवसंरचना को संस्थागत रूप से सशक्त करने और प्रतिभा पूल को पोषित करने के उद्देश्य से, राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर), अहमदाबाद में उन्नत सुविधाओं से युक्त चिकित्सा उपकरण पर आधारित उत्कृष्टता केंद्र की स्थापना की गई है।

इसके अतिरिक्त, नाईपर परिषद ने नाईपर और औषध तथा चिकित्सा उपकरण उद्योग के बीच कार्यनीतिक समन्वय के संवर्धन के लिए एक संस्थागत तंत्र के रूप में नाईपर अकादमिक-उद्योग समन्वय समिति की स्थापना की है, जिसका उद्देश्य अन्य बातों के अलावा, नाईपर और उद्योग के बीच अधिक तालमेल को सुविधाजनक बनाना और अनुसंधान-संचालित विकास, नवाचार, कौशल विकास और अकादमिक अनुसंधान को औद्योगिक अनुप्रयोगों में बदलने के लिए सहयोग प्रदान करना है।

विवरण

पीएलआई योजना के अंतर्गत भारत में विनिर्माण किए जा रहे उच्च स्तरीय चिकित्सा उपकरण।

1. रोटेशनल कोबाल्ट मशीन
2. लिनयेर ऐक्सेलरेटर (लिनेक)
3. लेजर एब्लेशन सिस्टम
4. सीटी स्कैन
5. एमआरआई
6. एमआरआई कॉयल्स
7. मैमोग्राफी
8. एक्स-रे उपकरण
9. फिक्स्ड लाइन फ्रीक्वेंसी (एलएफ) और हाई फ्रीक्वेंसी (एचएफ) एक्स-रे उत्पाद सहित एक्स-रे
10. सी-आर्म / सर्जिकल एक्स-रे सी-आर्म
11. कैथ लैब
12. पीईटी डिटेक्टर
13. डिजिटल एक्स-रे फ्लैट पैनल डिटेक्टर
14. एक्स-रे पैनल
15. एनेस्थीसिया वर्कस्टेशन
16. एनेस्थीसिया यूनिट वेंटिलेटर
17. डायलाइजर
18. डायलिसिस मशीन
19. हेमोडायलिसिस कैथेटर
20. पेरिटोनियल डायलिसिस किट्स
21. ऑक्सीजन कंसंट्रेटर्स
22. हाई फ्लो ऑक्सीजन डिवाइसेस
23. इंटेंसिव केयर वेंटिलेटर
24. इमरजेंसी वेंटिलेटर
25. ईसीजी

26. पेशेंट मॉनिटरिंग सिस्टम / पेशेंट मॉनिटर
27. मल्टी-पैरामीटर मॉनिटर
28. डिफाइब्रिलेटर / ऑटोमेटेड एक्सटर्नल डिफाइब्रिलेटर (एईडी)
29. बाई-फेसिक डिफाइब्रिलेटर
30. स्ट्रेस टेस्ट सिस्टम
31. हिप इम्प्लांट
32. घुटना इम्प्लांट
33. ट्रॉमा इम्प्लांट
34. पीटीसीए बैलून डाइलेशन कैथेटर / पीटीसीए बैलून कैथेटर/ड्रग एल्यूटिंग बैलून
35. हार्ट वाल्व
36. स्टेंट/ड्रग एल्यूटिंग स्टेंट
37. इंट्रावैस्कुलर लिथोट्रिप्सी कैथेटर सिस्टम
38. एंडोकरटर

EX-SERVICEMEN IN BIHAR

2341. SHRIMATI SHAMBHAVI:

SHRI RAJESH VERMA:

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

- (a) the total number of Ex-Servicemen registered in the State of Bihar along with the details of welfare schemes available for them;
- (b) the status of functioning of the Ex-Servicemen Contributory Health Scheme (ECHS) polyclinics in the State including availability of medicines;
- (c) the details of resettlement and skill development training programmes provided to retiring soldiers belonging to Bihar;

- (d) the measures taken by the Government to resolve pension-related grievances of Ex-Servicemen in the State through the "System for Pension Administration – RAKSHA" system; and
- (e) whether the Government has initiated/proposes to initiate construction of 'Sainik Vishram Grihas' in major cities of Bihar and if so, the details thereof?

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

- (a) : The total number of Ex-Servicemen (ESM) registered in the State of Bihar, as of 30th June 2024, is 1,33,526. The details of welfare measures for ESM provided by Kendriya Sainik Board and the Directorate of Resettlement for ESM are given in the enclosed **Statements-I** and **II** respectively.
- (b) : There are 19 ECHS Polyclinics functioning in the State of Bihar to provide cashless and capless healthcare to ESM.
- (c) : Director General of Resettlement plans and executes resettlement and up-skilling courses for Officers/Junior Commissioned Officers/Other Ranks pan-India including Bihar. The details of resettlement and up-skilling courses are given in the enclosed **Statement-III**.
- (d) : During 2025-26, two SPARSH Outreach Programmes and one ESM rally were conducted in Bihar to resolve pension grievances. The details of the same are as under:

Programme	Place	Date
SPARSH Outreach Programme	Buxar	21.04.2025
	Ara	27.11.2025
ESM Rally	Danapur	14.01.2026

A network of 305 SPARSH Service Centres (Departmental-10 and Bank-295) has been established across the State apart from 57,793 Common Service Centers (CSCs), which provide necessary assistance for portal-related services and access to SPARSH. Further, pension related grievances are also resolved through CPGRAM portal in time.

(e) : Sainik Vishram Grihas are constructed, administered and maintained by respective States/UTs. Presently, there are eight Sainik Vishram Grihas in Bihar located at Bhagalpur, Bhojpur, Chapra, Munger, Gaya, Kaithar, Motihari and Patna (Danapur Cantt).

STATEMENT-I

THE DETAILS OF WELFARE MEASURES FOR ESM PROVIDED BY KENDRIYA SAINIK BOARD AND THE DIRECTORATE OF RESETTLEMENT FOR ESM

1. Through Armed Forces Flag Day Fund.

Ser	Grants	Amount (in Rs)
1	Penury Grant (65 Yrs and above) (Non-Pensioners upto Hav Rank)	Rs 8,000/-pm
2	Education Grant (upto two children) (i) Boys/Girls upto Graduation (ii) Widows for PG (Pensioner/Non Pensioner upto Hav Rank) and	Rs 2,000/-pm

	upto two children	
3	Disabled Children Grant (Pensioner/Non-pen upto JCO Rank)	Rs 3,000/-pm
4	Daughter's Marriage Grant (upto 02 Daughters) (Pensioner/Non-Pen upto Hav Rank)	Rs 1,00,000/-
	Widow Re-Marriage Grant (Pensioner/Non-Pen upto Hav Rank)	
5	Medical Treatment Grant (Non-pensioner upto Hav Rank)	Rs 50,000/- (Max)
6	Orphan Grant (Pensioner/Non-pen All Ranks) • Daughters of ex-servicemen till she is married. • One Son of ex-servicemen upto 21 years of age.	Rs 3,000/- pm
7	Vocational Trg Grant for Widows (Pensioner/Non-Pen upto Hav Rank)	Rs 50,000/- (One Time)
8	Serious Diseases as listed below: - Angioplasty & Angiography, CABG, Open Heart Surgery, Valve Replacement, Pacemaker Implant, Cerebral stroke, Prostrate Surgery, Joint Replacement and Renal Failure. Other Diseases: Dialysis and Cancer treatment (Applicable to Non pensioners ESM/Widows/Dependents for wife of ESM in all ranks)	75% / 90% of total expenditure for officers & PBOR respectively. Upto Rs 1.50 Lakh (max). 75% / 90% of total expenditure for officer and PBOR respectively. Upto a max of Rs 75,000/- per annum for Cancer and Dialysis.

9	Modified Scooter to Disabled Ex-servicemen applicable upto JCO rank. ESM who are disabled after service with a disability 50% or more.	Rs 1,00,000 (re-apply after 10 yrs)
10	Interest Subsidy on Home Loan applicable upto JCO rank. Reimbursement of 50% interest charged by the banks or Govt/Public Sector including LIC,GIC and HUDCO etc for construction of house to War bereaved , War disabled and attributable peace time casualties.	Rs 1,00,000 max (one time)

2. **Prime Minister's Scholarship Scheme:** Total 5500 scholarship are provided to eligible wards based on merit for the entire duration of the courses.

The rates of Scholarship are as follows: -

(a) Rs. 2500/- per month for boys.

(b) Rs. 3000/- per month for girls.

3. **Financial support to institutions involved in rehabilitation of ESM :-**

<u>Ser</u>	<u>Organisation</u>	<u>Quantum of Aid/Grant</u>
a	Paraplegic Rehabilitation Centers (i) Kirkee (ii) Mohali	Establishment grant (per annum) (i)Rs 1.20 Cr wef Apr 2016 (ii)Rs 10 lakh (wef Apr 2015) } 30,000/- pa per inmate
b	All India Gorkha Ex-servicemen welfare	Rs. 12 lakh per annum (enhanced to Rs 18 lakh per

	association, Dehradun	annum wef FY 2026-27).
c	Cheshire Homes (i) Lucknow (ii) Dehradun (iii) Delhi	Rs 15,000/- per annum per inmate
d	War Memorial Hostels. There are 36 WMHs which provide shelter to the children of War Widows/War disabled, attributable and non attributable cases.	Rs 1350/- per child per month

4. **Reservation of seats in Medical/Dental Colleges for wards of Defence Personnel as Govt of India Nominee.** A total of 42 MBBS seats and 3 seats in BDS courses for FY 2025-26 were allotted by Ministry of Health Family Welfare to KSB for wards of defence personnel as a Govt of India nominee

STATEMENT-II

THE DETAILS OF WELFARE MEASURES FOR ESM PROVIDED BY KENDRIYA SAINIK BOARD AND THE DIRECTORATE OF RESETTLEMENT FOR ESM

S.No.	SCHEME NAME	SCHEME DETAILS
1	DGR sponsored Security Agency Scheme	The DGR empanels/sponsors ESM run Private Security Agencies, and State ESM Corporations for providing security guards to various CPSEs and any Corporate Houses, Private Sector Undertakings as requisitioned
2	DGR Technical Service	DGR provides Ex-servicemen manpower for

	Scheme	'Technical Services' to the Government Est/ Complexes through empanelled State ESM Corporations. This scheme has been recently introduced.
3	ESM Coal Loading And Transportation Scheme (Officers only)	The Scheme is administered on the basis of MoU between the Coal India Ltd (CIL) and DGR. Presently the scheme is under revival.
4	Coal Tipper Attachment Scheme for ESM(For JCOs/OR)	This scheme is linked with the ESM Coal loading and transportation scheme
5	Tipper Attachment Scheme for Widows and Disabled Soldiers	Widows upto age of 65 and disabled soldiers having 50% or more disability are eligible to enrol for this scheme. This scheme is linked with the ESM Coal loading and transportation scheme.
6	Issue of DGR Eligibility Certificate for Allotment of LPG/ Retail Outlet (Petrol/ Diesel) Distributorship advertised by Oil Marketing Companies against 8% Reservation Quota	ESM including War widows/ dependents of those who died in war, war disabled/disabled on duty while serving in operational area, widows/ dependents of those who died in harness due to attributable or aggravated causes to Military Service and ex-servicemen disabled in peace due to attributable or aggravated causes to Military Service are eligible for the scheme.
7	Management of Company Owned Company Operated Retail Outlets	Willing ESM (Officers) and JCOs who has not availed any other Govt/DGR benefit are sponsored for the COCO based on Oil Company's requisition for further selection

		by Oil Company.
8	Management of IGL/ MNGL CNG Stations By ESM In NCR/Pune	Desirous ESM registered in the scheme are sponsored on receipt of requisition from IGL (New Delhi and NCR region) & MNGL (Pune/Nashik).
9	Allotment Of Mother Dairy Milk Booths And Fruit & Vegetable (Safal) Shops In NCR	The ESM are registered for Milk / Safal (Fruit and Vegetable) booths separately till the age of 60 years. They operate these outlets and earn their livelihood / learn entrepreneurship wrt business.
10	Incorporation of Ex-Servicemen In PMBJP Scheme	The Government of India Scheme, Pradhan Mantri Bhartiya Janaushadhi Pariyojna (PMBJP), aims at establishing nation-wide Generic Medicine pharmacies for providing cheaper medicines to all. A special incentive of a one-time grant of Rs 2 lakhs, in addition to normal incentives (@ 20 % of monthly purchase, Maximum limit- Rs 20,000 p.m) as applicable, is granted as re-imbursement of Furniture & fixtures, Computers, Internet, Printers, Scanners etc to Women entrepreneurs, Divyang, SC, ST & those opened at aspirational districts (backward districts). As per F.No 35030/29/2022-Scheme by Dept of pharmaceuticals, Ministry of Chemicals & Fertilizers, Govt of India grant of special incentive has been approved for the Ex- Servicemen joining the scheme. The scheme was launched by DGR in collaboration with PMBI in June 2023.

11	Resettlement Training/ Skill Development Courses	Training Directorate at DGR is responsible for organizing and conducting Resettlement / Skill Development Training Courses for retiring/retired personnel of Indian Armed Forces to enhance their skill level for smooth transition and suitable employment in civil street. (aa) For Officers - 60% Course fee is paid by MoD/ DGR while 40% is paid by each individual officer. Widows of officers are also eligible to undergo above courses. (ab) For JCOs/OR & Equivalent - 100% Course fee is paid by MoD/ DGR. Widows of JCOs/OR are eligible to undergo DGR sponsored courses.

STATEMENT -III

DGR RESETTLEMENT AND UPSKILLING COURSES FOR OFFICERS/JCOS/OR AND THEIR EQUIVALENT RANKS PAN-INDIA INCLUDING BIHAR.

(a) Resettlement Courses for Officers of 24 weeks' duration in the fields of General Management, Management in HR & Finance, International Management, Public Administration & Management Skills, Aviation Technology & Management, and Logistics & Supply Chain Management. In addition, an Independent Directors Course of two weeks' duration is conducted for Officers

of the rank of Colonel and above.

(b) For JCOs/OR, Resettlement Courses are conducted with durations ranging from 4 to 36 weeks in the areas of Information Technology, Management, Entrepreneurship, Electronics, Accounts, Fire Security, Health, Agriculture, Security, Hotel Management, Tourism & Hospitality, Drone Technology, Automation, and Navy-related trades.

EFFECTIVENESS OF CHILD MARRIAGE PREVENTION MECHANISMS

2342. SHRI PUSHPENDRA SAROJ:

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

- (a) the number of complaints/alerts/reports relating to child marriages received through Childline, district authorities/other reporting channels in Uttar Pradesh during the last three years, district-wise;
- (b) the number of cases where preventive action was taken before the marriage along with the number of cases where intervention occurred after the marriage had already taken place;
- (c) the details of the average time between receipt of information and field-level intervention in such cases;
- (d) the number of instances where failures to act on prior information were recorded along with the accountability fixed on officials/institutions; and

(e) the details of the steps being taken to strengthen early-warning systems, inter-departmental coordination and time-bound response to prevent child marriages in the said State?

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

(a) to (e): The National Crime Records Bureau (NCRB) 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 2023, with details provided crime-head wise and State and UT-wise. As per the information available with NCRB, the number of cases registered, cases charge-sheeted, cases convicted, persons arrested, persons charge-sheeted, and persons convicted under the PCMA in Uttar Pradesh during 2021–2023 are given in the enclosed **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, the Government launched a national campaign 'Bal Vivah Mukht 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 focuses on targeted outreach to institutions, community leaders and service provider, along with mandatory uploading of details of Child Marriage Prohibition Officers (CMPOs) on the BVMB Portal.

The campaign follows a spell-wise thematic implementation plan. Spell-I (27th November, 2025 to 31st December, 2025) focuses on sensitisation activities in schools, colleges and universities through debates, essay competitions and pledge ceremonies. Spell-II (1st January, 2026 to 31st January, 2026) focuses on engagement with religious institutions and marriage-related service providers, including temples, mosques, caterers, tent houses and DJs, to discourage child marriage and display IEC materials. Spell-III (1st February, 2026 to 8th March, 2026) focuses on mobilisation of Gram Panchayats and Municipal Wards for passing resolutions declaring their jurisdictions as child-marriage-free.

A dedicated digital platform, the Bal Vivah 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. As on 11.02.2026, awareness programmes have reached over 7.75

crore citizens, and more than 31.75 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 61,900 CMPOs across States and Union Territories. This provides citizens with an efficient reporting mechanism, where early reporting enables timely intervention to prevent child marriages. As on 12.02.2026, the total number of incidences reported on the portal are 2600 out of which 2353 i.e. more than 90 percent have been prevented.

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.

The Central Government undertakes awareness drives, media campaigns and outreach programs and issues advisories to the States and UTs from time to time to highlight evil effects of this practice. Further, the Ministry of Women and Child Development (MWCD) implements the Beti Bachao Beti Padhao (BBBP)

component under the umbrella scheme of 'Mission Shakti', wherein creation of awareness on matters pertaining to gender equality and discouraging child marriage is an important focus area. The National Commission for Protection of Child Rights (NCPCR) also undertakes awareness programs and consultations with stakeholders from time to time in this regard. The National Legal Services Authority with its States and District arms also creates awareness about the ill-effects of child marriage. NALSA has issued a Standard Operating Procedure (SOP) to its functionaries for effective prevention of child marriages in coordination with the statutory officers and other authorities. It also has a dedicated helpline 15100 which provides free legal aid to the specified sections of citizens including women and children.

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

While the Ministry provides policy and schematic support, the responsibility to prohibit and prevent child marriages lies primarily with the respective State Governments and Union Territory Administrations, as 'Police' and 'Public Order' are State subjects under the Constitution, making them competent to act against such offences under existing laws.

STATEMENT

'EFFECTIVENESS OF CHILD MARRIAGE PREVENTION MECHANISMS'.

Cases Registered (CR), Cases Charge-sheeted (CCS), Cases Convicted (CON), Persons Arrested (PAR), Persons Charge-sheeted (PCS) and Persons Convicted (PCV) under Prohibition of Child Marriage Act, 2006 in Uttar Pradesh during 2021-2023

Sl. No.	Years	CR	CCS	CON	PAR	PCS	PCV
1	2021	6	4	0	13	16	0
2	2022	17	15	1	48	61	1
3	2023	15	13	0	61	73	0

राष्ट्रीय जलमार्गों का विकास

2343. श्री राजेश रंजन:

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

- (क) राष्ट्रीय जलमार्गों के विकास के संबंध में पिछले पांच वर्षों के दौरान किए गए व्यय और प्राप्त उपलब्धियों का राज्यवार ब्यौरा क्या है;
- (ख) क्या बिहार में राष्ट्रीय जलमार्ग-1 (गंगा) के अंतर्गत माल दुलाई क्षमता का पूर्ण उपयोग नहीं किया

गया है; और

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

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

(क): पिछले पांच वर्षों के दौरान विभिन्न राज्यों में राष्ट्रीय जलमार्गों (रा.ज.) के विकास के संबंध में किए गए व्यय और उपलब्धियों का ब्यौरा संलग्न, **विवरण -I** और **विवरण -II** में दिया गया है।

(ख) और (ग): बिहार सहित रा.ज.-1 में कार्गो आवाजाही, वर्ष 2014-15 में 5.05 मिलियन एमटी से (लगभग) 220% तक बढ़कर 2024-25 में 16.38 मिलियन एमटी हो गई है।

विवरण -I

पिछले पांच वर्षों के दौरान राज्यों में राष्ट्रीय जलमार्ग (रा.ज.) के विकास के संबंध में किए गए व्यय का ब्यौरा:

पिछले पांच वर्षों के दौरान खर्च का विवरण						
क्र. सं.	राष्ट्रीय जलमार्ग	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
1	भारतीय अंतर्देशीय जलमार्ग प्राधिकरण को अनुदान (आईडब्ल्यूएआई)- पूंजी परिसंपत्तियों के निर्माण के लिए अनुदान					
क	उत्तर प्रदेश, बिहार, झारखंड और पश्चिम बंगाल में रा.ज.-1 (गंगा- भागीरथी- हुगली नदी प्रणाली)	58.54	87.83	66.25	163.38	97.71
ख	केरल में रा.ज.-9 (कोट्टायम- वल्लीकोम) और रा.ज.-8 (अलाप्पुझा- चंगनसेरी) सहित रा.ज.-3 (पश्चिम तट नहर, केरल)	21.52	10.83	3.82	4.78	15.26
ग	चरण- 1, रा.ज.-4 (कृष्णा नदी, आंध्र प्रदेश)	3.62	3.08	0.18	0.67	1.22
घ	चरण- 1, रा.ज.-5 (ओडिशा)	2.13	2.58	0.76	26.53	2.24

ड.	नए राष्ट्रीय जलमार्गों सहित अन्य योजना स्कीमों में गोवा में रा.ज.-27 (कुंबरजुआ नहर), रा.ज.-68 (मांडवी नदी), रा.ज.-111 (जुआरी नदी), पश्चिम बंगाल में रा.ज.- 86 (रूपनारायण नदी), रा.ज.- 97 (सुंदरबन)	13.21	13.47	4.36	11.25	33.47
2	जलमार्ग विकास परियोजना (जेएमवीपी) (रा.ज.-1)	214.05	229.60	339.22	501.26	501.48
3	असम में पूंजी परिसंपत्तियों के निर्माण के लिए अनुदान- रा.ज.-2 और रा.ज.- 16	38.79	78.04	100.18	261.77	432.30
	कुल	351.86	425.43	514.77	969.64	1083.68

विवरण - II

पिछले पांच वर्षों के दौरान विभिन्न राज्यों में राष्ट्रीय जलमार्गों के विकास के संबंध में प्राप्त की गई उपलब्धियों का ब्यौरा:

- (i) आईडब्ल्यूआई जो, पत्तन, पोत परिवहन और जलमार्ग मंत्रालय (एमओपीएसडब्ल्यू) के अधीन एक स्वायत्त संगठन है के द्वारा अवसंरचना के विकास के साथ राष्ट्रीय जलमार्गों पर कार्गो परिवहन वर्ष 2013-14 के 18.1 मिलियन टन (एमएमटी) से बढ़कर वर्ष 2024-25 में 145.84 एमएमटी हो गया है।
- (ii) वाराणसी (उत्तर प्रदेश), साहिबगंज (झारखंड) और हल्दिया (पश्चिम बंगाल) में तीन मल्टी मॉडल टर्मिनलों (एमएमटी) और कालूघाट (बिहार) में 1 अंतर- मॉडल टर्मिनल और रा.ज.- 1 (गंगा नदी) पर उत्तर प्रदेश बिहार, झारखंड, पश्चिम बंगाल के राज्यों में 60 सामुदायिक जेडियों का निर्माण।
- (iii) फरक्का (पश्चिम बंगाल) में एक नया नौवहन लॉक और जलयानों की सहज एवं तीव्र आवाजाही की सुविधा के लिए रा.ज.-1 पर दो (02) क्विक पॉर्टून ओपनिंग तंत्र (क्यूपीओएम) उत्तर प्रदेश और बिहार, प्रत्येक में एक का निर्माण। इसके अलावा, फरक्का में मौजूदा नौचालन लॉक का आधुनिकीकरण शुरू किया गया है और जुलाई, 2026 में इसके समाप्त होने की अपेक्षा है।

- (iv) जोगीघोपा (असम) और बोगीबील (असम) में पूर्ण टर्मिनल। असम के जोगीघोपा, पांडू, विश्वनाथ घाट और नेमाती पर क्रूज जलयानों के लिए चार (04) समर्पित जेट्टियां उपलब्ध कराई गई हैं। इसके साथ ही असम के सादिया, लाइका और ओरियम घाट पर क्रूज एवं यात्रियों के लिए जेट्टी निर्मित की गई है।
- (v) गुवाहाटी, असम के पूर्वोत्तर क्षेत्र में अंतर्देशीय जलयान कर्मिंदल प्रशिक्षण के लिए, समुद्री कौशल विकास केंद्र (एमएसडीसी) की स्थापना की गई है।
- (vi) असम में रा.ज.-16 (बराक नदी) पर बदरपुर और करीमगंज पर दो मौजूदा टर्मिनलों का उन्नयन।
- (vii) भारत और बांग्लादेश के बीच, सीमा पार पारगमन कार्गो आवाजाही को बढ़ावा देने के लिए त्रिपुरा में गोमती नदी पर सोनामुरा टर्मिनल का विकास किया गया है।
- (viii) गोवा सरकार को चार (04) फ्लोटिंग कंक्रीट जेट्टियां प्रदान की गई और गोवा में मांडवी नदी (रा.ज.-68) पर स्थापित की गई।
- (ix) आंध्र प्रदेश में रा.ज.-4 (कृष्णा नदी) पर चार पर्यटन जेट्टियां शुरू की गई और उत्तर प्रदेश में मथुरा- वृंदावन खंड में रा.ज.- 110 (यमुना नदी) पर 12 फ्लोटिंग जेट्टियां, बिहार में रा.ज.- 73 (नर्मदा नदी) पर दो (02) जेट्टियां और रा.ज.- 37 (गंडक नदी) पर दो (02) जेट्टियां कार्यान्वयनाधीन हैं।
- (x) सुरक्षित यात्री आवागमन के लिए राज्यों को वर्ष 2023-24 के दौरान, 10 रो-रो/ रो- पैक्स जलयान सौंपे गए:-
- उत्तर प्रदेश सरकार के साथ समझौता ज्ञापन के तहत दो रो- पैक्स जलयान अर्थात् एम.वी. सैम मनेकशॉ और एम.वी. स्वामी विवेकानंद तैनात किए गए हैं।
 - असम सरकार के साथ समझौता ज्ञापन के तहत चार रो-पैक्स अर्थात् एमवी सचिन देव बर्मन, एमवी रानी गैडिनल्यू, एमवी जेएफआर जैकब और एमवी बॉब खाटिंग तैनात किए गए हैं।

- केएसआईएनसी (केरल पोत परिवहन और अंतर्देशीय नौचालन कॉरपोरेशन) के साथ समझौता ज्ञापन के तहत दो रो-रो जलयान अर्थात् एमवी आदि शंकरा और एमवी सीवी रमन तैनात किए गए हैं।
- बिहार सरकार के साथ समझौता ज्ञापन के तहत दो रो-पैक्स जलयान अर्थात् एमवी राजेंद्र प्रसाद और एमवी स्वामी परमहंस तैनात किए गए हैं।

(xi) देशज इलेक्ट्रिक फेरी और अग्रिम पर्यावरणीय अनुकूल अंतर्देशीय जल परिवहन को बढ़ावा देने के लिए आईडब्ल्यूआई ने निम्नलिखित पहल शुरू की है:

(क) हाइब्रिड इलेक्ट्रिक कैटामारन जलयान: आईडब्ल्यूआई, कोचीन शिपयार्ड लिमिटेड (सीएसएल) से ऐसे 8 जलयान खरीद रहा है। वाराणसी (गंगा नदी- रा.ज.- 1) और अयोध्या (घाघरा नदी- रा.ज.- 40) पर पहले दो जलयान तैनात किए गए हैं। इसके अलावा, पटना (रा.ज.- 1) में गायघाट टर्मिनल पर तीसरा टर्मिनल को पहले ही स्थापित किया गया है और जनवरी, 2026 में कोलकाता (रा.ज.-1) में चौथा टर्मिनल तैनात किया गया है। बचे हुए ऐसे 4 जलयानों को 2026 के दौरान पूरा करने और तैनात करने के लिए निर्धारित किया गया है।

(ख) हाइड्रोजन ईंधन सेल कैटामारन: कोचीन शिपयार्ड लिमिटेड के साथ आरएंडडी पहल के भाग के रूप में, पत्तन, पोत परिवहन और जलमार्ग मंत्रालय ने भारत का पहला हाइड्रोजन- संचालित कैटामारन शुरू किया है जो अब वाराणसी में चालु है। यह शून्य- उत्सर्जन जलयान मुख्य रूप से कार्बन फुटप्रिंट को कम करता है और अंतर्देशीय जलमार्ग में सतत नवाचार के लिए मानदंड तय करता है।

(xii) उत्तर प्रदेश, बिहार, झारखंड, पश्चिम बंगाल, असम और केरल राज्यों में जलयानों के परिचालन के लिए 2.0/2.2/2.5/3.0 मी. न्यूनतम उपलब्धि गहराई (एलएडी) और 35/45 मी. चौड़े नौवहन चैनल उपलब्ध करवाने के लिए विभिन्न राष्ट्रीय जलमार्ग (रा.ज.) में फेयरवे रख-रखाव कार्य (नदी

प्रशिक्षण, रख-रखाव ड्रेजिंग, चैनल मार्किंग और नियमित हाइड्रोग्राफिक सर्वेक्षण) शुरू किए गए हैं।

SURGE IN FERTILISER IMPORTS

2344. SUSHRI SAYANI GHOSH:

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

- (a) whether fertiliser imports have surged sharply with doubling of urea imports and significant increases in DAP and complex fertilisers during the financial year 2025-26, if so, the details thereof indicating the quantity and value of fertiliser imports since 2022–23, year-wise;
- (b) whether domestic urea production has declined despite the stated objective of achieving fertiliser self-sufficiency (Atmanirbharta) by 2023, if so, the details thereof indicating the domestic production of urea, DAP and complex fertilisers during the said period, year-wise;
- (c) whether fertiliser shortages were reported in the country during recent cropping seasons, forcing farmers to stand in long queues or pay inflated prices in black markets, if so, the details thereof, State-wise;
- (d) the reasons for shortcomings in demand forecasting, supply planning and domestic capacity augmentation despite recurring shortages; and
- (e) whether the Government has made any assessment for the rapid escalation of fertiliser subsidy, which has more than doubled in recent years, if so, the details thereof along with its implications for fiscal sustainability?

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 details of year-wise import of fertilizers (Table 1) and the details of the total expenditure incurred on such imports (Table 2) from 2022-23 to 2025-26 (Upto January-2026), are as below: -

Table 1

Import of fertilizers (Urea, DAP, MOP and NPK) from 2022-23 to 2025-26 (Upto Jan-2026)				
<i>Qty in LMT</i>				
Year	Urea	As Reported by the Companies		
		DAP	MOP *	NPK
2022-23	75.80	65.83	18.66	27.52
2023-24	70.42	55.67	28.69	22.17
2024-25	56.47	45.69	35.41	22.72
2025-26 (Upto Jan-2026)	89.30	60.16	24.81	34.88
MOP includes both Agriculture and Industrial use				

Table 2

Financial Year	Expenditure incurred under the Subsidy Schemes	
	<i>(Figures in Rs. crore)</i>	
	Imported P&K	Imported Urea
2022-23	36032.56	41365.60
2023-24	28929.57	28193.94
2024-25	18800.00	21000.00

2025-26 (Upto Jan-2026)	23975.24	37903.96

(b): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by

setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

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

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.09 LMT during 2023-24. During 2024-25, 306.67 LMT of Urea was produced in the country.

Year-wise production of Urea, DAP and NPKs in the country from 2022-23 to 2025-26 (Upto Jan 2026), is as below: -

YEAR-WISE PRODUCTION OF ALL FERTILIZERS			
<i>(Fig. in LMT)</i>			
YEAR	Urea	DAP	NPKs
2022-23	284.94	43.47	100.4
2023-24	314.09	42.93	101.85
2024-25	306.67	37.69	121.05

2025-26 (Upto Jan 2026)	251.26	33.71	111.22
Sources: dbtfert.nic.in			

(c) to (e): Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers. On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability. However, the distribution of fertilizers within the State is done by the respective State Government.

Accordingly, the availability of fertilizers viz. Urea, DAP, MOP and NPKs has remained adequate across the country during 2022-23 to 2025-26. The information regarding requirement, availability and sales of these fertilizers during the said period is given in the enclosed **Statements – I to IV**.

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

and Fertilizer Control Order, 1985.

In Phosphatic & Potassic (P&K) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010. Under the Scheme, P&K fertilizers are decontrolled and under Open General License (OGL).

Under NBS scheme, the companies are free to manufacture/import P&K fertilizers as per their business dynamics. Similarly, companies are free to modify their production capacity as per the market conditions.

However, to increase domestic fertilizer production and make country self-reliant the following measures have been taken by the Government:

- (i) D/o Fertilizers has issued guidelines dated 18.01.2024 to ensure reasonableness of MRP and encourage domestic production.
- (ii) Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme.
- (iii) The number of P&K fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades.
- (iv) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been approved since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.
- (v) To reduce import dependence on imported Potassic fertilizers, Potash Derived from Molasses (PDM), which is a domestically produced Potassic fertilizer,

has been inducted under NBS scheme since Rabi, 2021.

Urea is covered under Urea Subsidy Scheme and Phosphatic & Potassic (P&K) fertilizers is covered under Nutrient Based Subsidy (NBS) Scheme. Both schemes are Central Sector Schemes of the Ministry of Chemicals & Fertilizers, and are wholly financed by the Government of India through Budgetary Support.

In order to align the public funded schemes with the financial resource cycle of Central and State Governments, the Urea Subsidy scheme and NBS Scheme have been made co-terminus with the Finance Commission.

STATEMENT-I**REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2025-26 (Till 31.01.26)**

(fig. in LMT)

		UREA			DAP			MOP			NPKS		
S.No	State	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	12.98	16.00	14.56	4.53	5.95	5.07	1.39	2.00	1.47	13.88	17.07	13.45
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	2.85	4.05	3.69	0.49	0.91	0.61	0.48	0.58	0.38	0.49	0.47	0.33
5	Bihar	21.12	23.04	21.39	5.80	7.48	5.87	1.90	2.03	1.58	5.85	7.54	5.41
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	9.72	10.11	8.66	4.06	3.92	2.84	1.00	1.18	0.76	2.30	3.38	2.41
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.23	0.21	0.18	0.05	0.05	0.05	0.01	0.00	0.00	0.02	0.00	0.00
11	Goa	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.03	0.03	0.02
12	Gujarat	22.32	22.38	20.98	5.80	5.48	4.79	0.99	1.10	0.84	6.75	9.00	7.37
13	Haryana	20.07	23.27	21.61	5.43	5.96	5.15	0.48	0.61	0.40	1.37	1.08	0.80
14	Himachal Pradesh	0.62	0.86	0.67	0.02	0.05	0.05	0.03	0.03	0.02	0.38	0.32	0.23
15	Jammu and	1.05	1.61	1.24	0.36	0.53	0.34	0.11	0.22	0.13	0.02	0.02	0.02

	kashmir												
16	Jharkhand	2.60	3.21	2.75	0.80	1.00	0.84	0.07	0.06	0.04	0.59	0.94	0.70
17	Karnataka	16.25	18.71	15.71	5.44	6.42	5.14	1.96	2.81	2.14	14.87	24.02	18.85
18	Kerala	1.02	1.14	0.99	0.19	0.27	0.19	0.78	0.94	0.77	1.19	1.43	1.16
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	39.92	42.42	40.34	14.50	12.35	10.94	1.30	1.39	1.01	15.50	13.56	10.91
21	Maharashtra	23.62	27.67	23.80	6.60	6.69	5.03	2.25	3.09	2.24	27.12	35.55	26.69
22	Manipur	0.17	0.19	0.16	0.02	0.05	0.03	0.04	0.02	0.01	0.02	0.02	0.01
23	Meghalaya	0.02	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.07	0.11	0.10	0.01	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
26	Odisha	5.33	7.50	6.15	2.47	3.10	2.33	0.75	0.88	0.62	2.90	4.07	3.09
27	Puducherry	0.13	0.13	0.11	0.01	0.01	0.01	0.01	0.02	0.01	0.07	0.09	0.07
28	Punjab	27.92	31.94	28.64	7.15	7.79	6.06	0.90	0.94	0.55	1.90	1.60	1.23
29	Rajasthan	24.43	28.37	26.81	8.33	8.31	7.57	0.18	0.22	0.16	2.92	3.07	2.50
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	9.28	11.03	9.78	2.65	3.17	2.53	2.16	2.22	1.74	8.07	9.44	7.55
32	Telangana	17.00	17.94	16.85	3.55	4.58	4.11	1.00	1.26	0.72	14.75	16.38	13.37
33	Tripura	0.13	0.20	0.13	0.03	0.04	0.02	0.04	0.05	0.02	0.04	0.04	0.02
34	Uttarakhand	1.73	2.15	1.99	0.25	0.60	0.42	0.06	0.09	0.04	0.31	0.20	0.16
35	Uttar Pradesh	72.92	80.96	73.63	23.50	23.27	18.52	2.43	2.59	1.76	12.00	13.49	9.50
36	West Bengal	11.83	14.80	11.60	3.09	3.88	2.85	2.65	2.57	1.83	9.70	13.06	9.21
	All India	345.38	390.06	352.61	105.16	111.89	91.36	22.98	26.90	19.27	143.03	175.87	135.10

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

(fig. in LMT)

S.No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	15.90	18.68	15.70	4.30	4.80	4.34	1.50	2.38	1.71	16.00	18.36	15.78
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	3.28	4.48	4.10	0.61	0.70	0.62	0.47	0.80	0.57	0.55	0.63	0.48
5	Bihar	22.87	27.64	25.60	5.50	6.40	5.83	1.50	2.54	1.84	6.00	7.46	6.04
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	8.90	12.03	10.07	4.10	4.19	3.83	0.73	1.13	0.76	1.80	2.84	2.34
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.23	0.43	0.40	0.01	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.02	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.04	0.03	0.03

12	Gujarat	25.60	25.82	24.23	6.25	5.84	5.42	0.99	1.18	0.92	7.00	9.98	8.35
13	Haryana	21.50	25.32	22.65	5.80	5.49	5.34	0.60	0.74	0.47	1.70	1.31	1.03
14	Himachal Pradesh	0.71	0.81	0.65	0.01	0.04	0.03	0.04	0.05	0.03	0.37	0.41	0.32
15	Jammu and kashmir	1.48	2.05	1.36	0.49	0.58	0.43	0.22	0.26	0.14	0.04	0.02	0.01
16	Jharkhand	2.65	4.11	3.73	0.90	0.87	0.84	0.06	0.05	0.03	0.65	1.08	0.85
17	Karnataka	17.25	22.63	19.17	5.64	6.55	5.86	1.95	3.08	2.21	16.20	25.46	20.90
18	Kerala	1.11	1.37	1.15	0.17	0.21	0.20	0.82	1.06	0.83	1.37	1.50	1.26
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	35.38	42.43	38.09	16.57	12.70	11.66	1.05	1.59	1.08	8.50	11.94	9.77
21	Maharashtra	23.73	32.72	26.41	7.50	7.13	6.47	2.30	3.45	2.22	30.00	37.86	28.79
22	Manipur	0.25	0.16	0.14	0.03	0.03	0.02	0.04	0.02	0.02	0.02	0.01	0.01
23	Meghalaya	0.04	0.04	0.04	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.08	0.25	0.20	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	6.05	8.15	6.67	2.86	2.83	2.56	0.85	1.11	0.77	2.75	4.04	3.28
27	Puducherry	0.16	0.16	0.15	0.01	0.02	0.02	0.01	0.02	0.01	0.07	0.11	0.08
28	Punjab	26.50	36.70	32.56	8.10	6.99	6.61	1.00	1.06	0.71	2.50	1.73	1.41
29	Rajasthan	26.20	29.43	26.40	8.50	7.11	6.90	0.21	0.28	0.20	2.25	3.04	2.55
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.91	12.61	10.92	2.70	2.98	2.56	2.24	2.56	1.94	10.54	10.19	8.49
32	Telangana	20.20	22.15	20.08	3.90	3.91	3.64	1.30	1.44	1.14	17.00	17.54	14.97

9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.00	0.37	0.32	0.00	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.03	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.00	0.04	0.03	0.02
12	Gujarat	24.71	26.78	24.30	5.86	6.71	6.29	1.30	1.00	0.80	6.00	8.93	6.97
13	Haryana	20.63	24.86	21.77	5.60	6.29	5.83	0.55	0.50	0.36	1.20	0.64	0.44
14	Himachal Pradesh	0.68	0.82	0.68	0.01	0.01	0.01	0.05	0.05	0.03	0.37	0.39	0.32
15	Jammu and kashmir	1.40	2.01	1.45	0.55	0.59	0.44	0.32	0.24	0.16	0.03	0.00	0.00
16	Jharkhand	2.47	3.74	3.04	1.02	1.06	0.94	0.21	0.03	0.03	0.41	0.46	0.33
17	Karnataka	16.10	21.02	15.65	5.90	8.13	6.42	2.45	1.97	1.54	16.50	21.09	15.84
18	Kerala	1.19	1.13	0.96	0.20	0.18	0.16	0.97	0.87	0.70	1.42	1.56	1.26
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	33.46	41.73	34.37	14.22	17.81	15.50	0.87	1.05	0.67	5.40	6.99	5.41
21	Maharashtra	23.74	31.06	23.48	7.00	8.93	7.36	3.00	2.18	1.42	26.50	34.08	23.04
22	Manipur	0.30	0.26	0.25	0.04	0.01	0.01	0.05	0.02	0.02	0.00	0.01	0.00
23	Meghalaya	0.02	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.07	0.15	0.13	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	5.46	7.70	5.84	2.33	3.12	2.74	1.03	0.93	0.66	2.80	3.16	2.42
27	Puducherry	0.16	0.15	0.13	0.02	0.01	0.01	0.01	0.01	0.01	0.06	0.10	0.07
28	Punjab	29.48	37.35	30.68	8.00	8.23	7.24	0.85	0.62	0.50	1.50	1.02	0.73
29	Rajasthan	24.28	29.23	25.39	8.95	9.80	9.37	0.23	0.20	0.15	1.11	1.40	1.08
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94

32	Telangana	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62
33	Tripura	0.24	0.26	0.14	0.05	0.04	0.03	0.07	0.06	0.02	0.02	0.03	0.02
34	Uttarakhand	1.84	2.67	2.31	0.35	0.49	0.38	0.08	0.08	0.04	0.35	0.24	0.20
35	Uttar Pradesh	76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
36	West Bengal	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	All India	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80

STATEMENT IV**REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2022-23**

fig. in LMT

		UREA			DAP			MOP			NPKS		
S.No	State	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.01	0.00	0.00
2	Andhra Pradesh	16.65	18.39	15.87	4.20	5.43	4.64	3.09	1.42	1.18	15.97	16.27	13.73
3	Arunachal Pradesh	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	3.85	4.07	3.56	0.85	0.83	0.63	0.75	0.58	0.47	0.26	0.22	0.19
5	Bihar	22.80	24.68	21.96	6.82	7.15	5.66	2.16	1.55	1.26	3.72	5.35	4.25
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	8.74	10.57	8.38	3.70	4.68	3.14	1.01	0.77	0.56	1.45	1.63	1.06
8	Dadra and Nagar Haveli	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.20	0.32	0.28	0.04	0.06	0.05	0.01	0.00	0.00	0.01	0.00	0.00
11	Goa	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.04	0.03	0.03
12	Gujarat	24.00	27.30	24.73	5.50	7.48	6.10	1.15	0.91	0.81	5.85	7.08	5.23
13	Haryana	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
14	Himachal Pradesh	0.76	0.85	0.74	0.02	0.02	0.02	0.07	0.07	0.04	0.39	0.41	0.35

15	Jammu and kashmir	1.68	1.93	1.60	0.59	0.60	0.48	0.40	0.23	0.17	0.04	0.00	0.00
16	Jharkhand	2.60	3.04	2.56	1.00	0.89	0.77	0.20	0.05	0.04	0.46	0.52	0.45
17	Karnataka	17.20	22.22	18.21	5.90	8.44	6.21	3.00	1.68	1.41	17.16	21.53	16.67
18	Kerala	1.23	1.32	1.12	0.20	0.22	0.19	1.07	0.86	0.78	1.42	1.32	1.02
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	33.00	36.94	32.39	18.50	17.61	13.85	1.57	0.76	0.62	4.85	6.25	4.79
21	Maharashtra	25.29	30.39	24.66	8.20	9.34	7.18	4.30	1.68	1.38	23.50	28.89	20.46
22	Manipur	0.22	0.35	0.31	0.12	0.04	0.04	0.12	0.05	0.04	0.00	0.03	0.03
23	Meghalaya	0.02	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.09	0.11	0.10	0.06	0.01	0.01	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	5.84	7.08	5.60	2.69	2.55	1.94	1.35	0.84	0.61	3.05	3.26	2.63
27	Puducherry	0.15	0.18	0.17	0.01	0.02	0.02	0.02	0.01	0.01	0.07	0.09	0.06
28	Punjab	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58
29	Rajasthan	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38
32	Telangana	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
33	Tripura	0.27	0.28	0.19	0.05	0.02	0.02	0.09	0.06	0.02	0.02	0.03	0.02
34	Uttarakhand	2.20	2.38	2.05	0.35	0.64	0.52	0.09	0.07	0.03	0.35	0.15	0.11
35	Uttar Pradesh	77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79
36	West Bengal	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61
	All India	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31

REDUCTION IN COST OF HEALTHCARE SERVICES

2345. SHRI A. MANI:

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

- (a) whether the Government proposes to reduce the cost of healthcare services and enhance the supply of qualified doctors in rural and underserved districts such as Dharmapuri in Tamil Nadu through the use of digital health technology, telemedicine and reforms in medical education;
- (b) if so, the details of steps taken/proposed to be taken by the Government specifically to strengthen healthcare infrastructure, tele-consultation facilities, incentivise medical professionals to serve in Dharmapuri and expand medical training capacity in the State, including technology-enabled interventions; and
- (c) If not, the reasons for not implementing such targeted measures for Dharmapuri and other similar districts?

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

(a) to (c): Health is a state subject, hence, the responsibility for improving the healthcare facilities lies with the respective State/UT Governments. However, the Ministry of Health and family Welfare provides technical and financial support to the States / UTs to strengthen the public health care system, based on the proposals received in the form of Program Implementation Plans (PIPs) under National Health

Mission Scheme (NHM). The Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources.

The Government has implemented the Indian Public Health Standards (IPHS) to improve health infrastructure, medicines, equipment, human resources and services in public health facilities, and provide uniform, high-quality health services across all States. The Government has operationalized e-Sanjeevani telemedicine services across the country, enabling health facilities to provide both provider-to-provider (e-Sanjeevani AB-AAM) and patient-to-doctor (e-Sanjeevani OPD) consultations, facilitating remote specialist advice, follow-up care, and timely interventions, reducing the need for patients to travel long distances. "You Quote, We Pay" (YQWP) scheme is an initiative to address the severe shortage of specialist doctors in government hospitals. It allows specialists to name their own salary, with the Government often accepting competitive bids for positions like anesthetists, gynecologists, and pediatricians, resulting in compensation up to three times higher than regular salaries. Further, the Government ensures the training and capacity building of healthcare professionals for the effective use of tele-medicine technology through the e-Sanjeevani platform.

As per the information provided by the State Government of Tamil Nadu, the State Government is implementing multiple interventions to reduce the cost of healthcare services and improve access to qualified medical professionals in rural

and underserved districts, including Dharmapuri, through strengthening public health infrastructure, digital health initiatives and telemedicine under the National Health Mission (NHM) and allied schemes namely Health Sector Grants of the 15th Finance Commission, Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), etc.

Further, to reduce out-of-pocket expenditure, initiatives such as Free Diagnostic Services, population-based screening, organised cancer screening, home-based delivery of healthcare services, and financial protection through the Chief Minister's Comprehensive Health Insurance Scheme (CMHIS) are being expanded. In addition, preventive and promotive healthcare interventions are being strengthened to reduce catastrophic health expenditure.

The Central Government has taken several initiatives for supplementing the efforts of the State for providing quality and affordable healthcare services to the people. Under National Health Mission (NHM), Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system towards the objective of providing accessible, affordable and quality healthcare to all those who access public health facilities.

AYUSHMAN AROGYA MANDIR AYUSH

2346. SHRI BALYA MAMA SURESH GOPINATH MHATRE:

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

- (a) the total number of Ayushman Arogya Mandir (AYUSH) established under National AYUSH Mission (NAM) so far and the total number of beneficiaries who have availed services from these centres so far, State/UT-wise;
- (b) whether the Government proposes to establish Ayushman Arogya Mandir (AYUSH) in industrial areas such as Bhiwandi in Maharashtra with a view to addressing the health problems of workers and establishing a comprehensive healthcare model;
- (c) if so, the details thereof and if not, the reasons therefor;
- (d) whether the Government has conducted any assessment/evaluation of the impact of these centres on public health and the key findings of such evaluations; and
- (e) the steps taken by the Government to enhance the effectiveness of AYUSH services in the country?

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

(a): Under Centrally Sponsored Scheme National Ayush Mission (NAM), as per the proposals received from State / UT Governments through their State Annual Action Plans (SAAPs), 12500 units of existing Ayush Dispensaries and Sub Health Centres (SCs) has been upgraded for operationalisation as Ayush Health & Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush)

[(AAM(Ayush))]. The State/UT-wise status of approved and functional AAM (Ayush) are given in the enclosed **Statement-I**. Further, as reported by State/UT Governments, the State/UT-wise number of beneficiaries availed the services through AAM (Ayush) from year 2021 to 2025 are given in the enclosed **Statement-II**.

(b) and (c): Public Health being State Subject, the primary responsibility for establishment of AAM (Ayush) in industrial areas such as Bhiwandi in Maharashtra to address the health problems of workers and establishing a comprehensive healthcare model lies with respective State Government. As reported by State Government of Maharashtra, one AAM (Ayush) is located at Primary Health Unit (PHU) Village Kunda, Block Bhiwandi, District Thane and co-located Ayush Wings are also functional at Sub District Hospital, Bhiwandi & rural Hospital Ambadiphata Block Bhiwandi, District Thane for addressing the health problems of workers, adjacent to industrial area of Bhiwandi.

(d) and (e): Yes. There are third party review and also NABH assessment besides visit by the Central team in different States/UTs to review the implementation progress of different activities/services being provided by established AAM (Ayush) which were approved with an objective to establish a holistic wellness model based on Ayush principles and practices focusing on preventive, promotive, curative, rehabilitative healthcare by establishing integration with existing public healthcare system to provide informed choice to the needy public

by making Ayush services available in a team based approach.

It has been observed by visiting teams that footfall of the beneficiaries visiting to the AAM (Ayush) has been subsequently increased after upgradation of Ayush Dispensaries/Sub health centers into AAM (Ayush) because in addition to OPD services, these facilities are also providing various other services like Prakriti Parikshan, Yoga related activities at the level of facility as well as community, awareness about uses of common medicinal plants etc. Further, State/UT Governments have been suggested by the visiting team for appropriate training & capacity building of AAM (Ayush) team, strengthening of referral linkages with other public health facilities, effective involvement of field level workers specially ASHAs etc. for better outcome of the activities being conducted through AAM (Ayush).

STATEMENT-I

The State/UT wise status of approved and functional Ayushman Arogya Mandir (AAM) (Ayush) and their beneficiaries

Sl. No.	Name of States/UTs	Approved AAM (Ayush)	Functional AAM (Ayush)
1	Andaman & Nicobar Islands	6	6
2	Andhra Pradesh	126	126
3	Arunachal Pradesh	89	89
4	Assam	500	500
5	Bihar	294	294
6	Chandigarh	12	12
7	Chhattisgarh	400	400
8	Delhi	0	0
9	Dadra & Nagar Haveli and Daman & Diu	1	1

10	Goa	100	100
11	Gujarat	365	365
12	Haryana	538	538
13	Himachal Pradesh	740	740
14	Jammu & Kashmir	523	523
15	Jharkhand	745	745
16	Karnataka	376	376
17	Kerala	700	700
18	Ladakh	0	0
19	Lakshadweep	7	7
20	Madhya Pradesh	800	800
21	Maharashtra	390	390
22	Manipur	15	15
23	Meghalaya	45	45
24	Mizoram	41	41
25	Nagaland	49	49
26	Odisha	422	422
27	Puducherry	4	4
28	Punjab	158	158
29	Rajasthan	2019	2019
30	Sikkim	18	18
31	Tamil Nadu	650	650
32	Telangana	421	421
33	Tripura	72	72
34	Uttar Pradesh	1034	1034
35	Uttarakhand	300	300
36	West Bengal	540	540
Total		12500	12500

STATEMENT-II

**State/UT-wise number of beneficiaries availed the services through AAM
(Ayush) from year 2021 to 2025**

Sl. No.	State / UT	2021	2022	2023	2024	2025	TOTAL
1	Andaman & Nicobar Islands	0	11090	7982	9181	10648	38901
2	Andhra Pradesh	0	404115	703804	713523	617043	2438485
3	Arunachal Pradesh	1401	25278	55348	71249	78589	231865
4	Assam	0	28092	313319	3343870	6567817	10253098
5	Bihar	103269	194960	231661	291037	740783	1561710
6	Chandigarh	142899	200235	127474	120426	108832	699866
7	Chhattisgarh	140285	1281136	2356871	2346115	2483446	8607853
8	Dadra & Nagar Haveli and Daman & Diu	0	0	2670	26912	26648	56230
9	Delhi	0	0	0	0	0	0
10	Goa	19180	53324	254962	366284	360763	1054513
11	Gujarat	951290	1578001	6333646	5807405	1652306	16322648
12	Haryana	2322803	2514230	2658480	2473949	3516138	13485600
13	Himachal Pradesh	588655	736738	2331404	2342366	2523856	8523019
14	Jammu & Kashmir	0	2685966	3018269	2412595	2222007	10338837
15	Jharkhand	123705	187363	1487747	2691204	3007433	7497452
16	Karnataka	606296	763257	1660552	1896859	1833580	6760544
17	Kerala	1525596	5829043	6672089	8344225	7256661	29627614
18	Ladakh	0	0	0	0	0	0
19	Lakshadweep	8726	38515	55723	42215	52428	197607
20	Madhya Pradesh	1274788	1601107	2590895	4611884	5592863	15671537
21	Maharashtra	726140	764615	1073779	1517652	2072216	6154402
22	Manipur	737	946	5301	13853	21617	42454
23	Meghalaya	0	0	37950	52198	85332	175480
24	Mizoram	10060	34195	94639	126325	134773	399992
25	Nagaland	1498	21480	38444	40948	46224	148594
26	Odisha	901085	6820072	1732981	2595883	2871953	14921974
27	Puducherry	35557	57237	58978	62705	36344	250821

28	Punjab	0	0	0	767453	769821	1537274
29	Rajasthan	1775405	8396431	17740280	39066293	48319142	115297551
30	Sikkim	20778	35094	44061	47806	52697	200436
31	Tamil Nadu	3055595 9	25456637	11287166	13826356	14331878	95457996
32	Telangana	3833738	2358802	2913265	2061093	1858894	13025792
33	Tripura	0	0	55385	103439	155071	313895
34	Uttar Pradesh	3759536	13245767	16445963	12427257	12058512	57937035
35	Uttarakhand	163669	445740	1706811	1352831	1181869	4850920
36	West Bengal	1164213	8431205	4816907	3677126	3827432	21916883
	Total	50757268	84200671	88914806	115650517	126475616	465998878

PET-CT SCAN FACILITIES AT PGIMER CHANDIGARH

2347. SHRI MANISH TEWARI:

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

- (a) whether the Government is aware of the non-availability of PET-CT scan facilities at PGIMER, Chandigarh, since March 2024 and if so, the details thereof;
- (b) the number of cancer patients affected due to delays in radio diagnostic services and the impact on early-stage treatment outcomes;
- (c) whether it is a fact that doctors at PGIMER are using personal allowances to purchase critical chemicals due to supply shortages and if so, the details thereof;
- (d) the steps being taken to ensure timely procurement of radio pharmaceuticals and uninterrupted functioning of nuclear medicine departments in premier

public hospitals; and

(e) whether any long-term supply chain agreements have been signed for such vital diagnostic equipment and materials and if so, the details thereof?

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

(a) to (e): PET-CT scan facilities at the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh are available and functional. Since March 2024, more than 20,000 patients, including both malignant and non-malignant cases, have undergone PET-CT scans at the Institute. PGIMER, Chandigarh has an onsite Cyclotron installed in 2009, which generates many essential radiopharmaceuticals used for PET-CT imaging. Certain radiopharmaceuticals are procured on the basis of demand from suppliers licensed by Atomic Energy Regulatory Board (AERB) in accordance with General Financial Rules (GFR), 2017 and extant guidelines on procurement of Goods and Services issued by the Government of India.

एवीवीवाई के अंतर्गत पंजीकृत लाभार्थी

2348. श्री गजेन्द्र सिंह पटेल:

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

(क) खरगोन लोक सभा संसदीय निर्वाचन क्षेत्र और विशेषकर खरगोन और बरवानी जिलों में

आयुष्मान वय वंदना योजना (एवीवीवाई) के अंतर्गत पंजीकृत लाभार्थियों की ब्लॉकवार संख्या कितनी है;

- (ख) क्या उंगलियों के निशान के सत्यापन में विसंगतियों के कारण लाभार्थियों को उक्त योजना के अंतर्गत लाभ प्राप्त करने में कठिनाई हो रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) क्या सरकार का उक्त योजना के अंतर्गत लाभार्थियों को लाभ प्राप्त कराने के लिए उंगलियों के निशान के मिलान के अलावा वैकल्पिक तरीकों का उपयोग किए जाने 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 (ग): आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत निर्वाचन क्षेत्रवार आंकड़े एकत्र नहीं किए जाते हैं, हालांकि, दिनांक 31.01.2026 तक की स्थिति के अनुसार, खरगोन और बरवानी जिलों में बनाए गए आयुष्मान वय वंदना कार्डों का विवरण निम्नानुसार है:

जिला	बनाए गए आयुष्मान वय वंदना कार्डों की संख्या
खरगोन (पश्चिम निमार)	35,293
बरवानी	24,694

एबी-पीएमजेएवाई योजना के तहत, सेवाओं का लाभ उठाते समय लाभार्थियों का सत्यापन आधार आधारित बायो-ऑथेंटिकेशन के माध्यम से किया जाता है। बायो-ऑथेंटिकेशन के तीन तरीके उपलब्ध हैं जैसे फिंगरप्रिंट, आइरिस स्कैन और फेस ऑथेंटिकेशन तथा लाभार्थी इनमें से किसी भी तरीके से अपना प्रमाणीकरण करा सकते हैं। राष्ट्रीय स्वास्थ्य प्राधिकरण के अस्पताल को पैनलबद्ध करने संबंधी दिशानिर्देशों के अनुसार, अस्पतालों के पास ऐसे प्रमाणीकरण के लिए बायोमेट्रिक

उपकरण होना अनिवार्य है। आपातकालीन मामलों में जहां रोगी का बायोमेट्रिक प्रमाणीकरण संभव नहीं है, वहां चिकित्सा अधीक्षक (एमएस) के लॉगिन के माध्यम से बिना प्रमाणीकरण के पंजीकरण किया जा सकता है।

एबी-पीएमजेएवाई के दिशानिर्देशों के अनुसार, निजी अस्पतालों को, भर्ती होने की तारीख के 3 दिन बाद तक और सरकारी अस्पतालों को भर्ती होने की तारीख के 5 दिन बाद तक पूर्व-अनुमति के लिए अनुरोध करने की अनुमति है। यह सुविधा आपात स्थिति में स्वास्थ्य सेवाओं तक समय पर पहुंच सुनिश्चित करती है। इसके अलावा, लाभार्थी योजना से संबंधित किसी भी सहायता के लिए 24*7 टोल-फ्री हेल्पलाइन नंबर 14555 पर कॉल कर सकते हैं।

JAN AUSHADHI KENDRAS IN ANDHRA PRADESH

2349. SHRI G. M. HARISH BALAYOGI:

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

- (a) the number of Jan Aushadhi Kendras (JAKs) established alongwith their operational status in Andhra Pradesh, district-wise, especially in Konaseema district;
- (b) the details regarding the medicines available and value of medicines sold at the said JAKs including medicines for rare diseases, cancers and other chronic diseases till date, district-wise especially in the said district;
- (c) the number of beneficiaries of JAKs with demographic data such as gender, income groups and chronic disease patients including the said diseases, district-wise especially in the said district;

(d) the details regarding the frequency of stock replenishment; and

(e) whether any report came to the notice regarding shortages of critical medicines, especially for life-threatening conditions, 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): Details are are given in the enclosed **Statement-I**.

(b) and (c): The Janaushadhi product basket consists of 2,110 medicines and 315 medical devices and consumables and it covers major therapeutic groups including cardiovascular disease, oncology, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines.

The details of sales made by the Kendras located in Konaseema district is as per **Statement-II**.

While the demographic data sought are not maintained, currently about 15 lakh customers across the country purchase Janaushadhi products daily from JAKs.

(d) and (e): Number of steps have been taken to ensure effective and regular supply of medicines including critical and life saving medicines at Jan Aushadhi Kendras (JAKs), including the following:

- (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 of 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 5 warehouses and a growing network of distributors across the country.
- (iii) In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by the scheme implementing agency {Pharmaceuticals and Medical Devices Bureau of India (PMBI)} and demand for the same is forecasted on an ongoing basis. Further, steps have been taken to digitise the forecasting method to augment the procurement process.

STATEMENT- I

The District-wise number of JAKs opened in the State of Andhra Pradesh as on 31.12.2025

S. No.	District	Number of JAKs opened
1.	Alluri Sitharama Raju	2
2.	Anakapalli	7
3.	Ananthapuramu	12
4.	Annamayya	7
5.	Bapatla	8
6.	Chittoor	12
7.	Dr. B.R. Ambedkar Konaseema	8

8.	East Godavari	14
9.	Eluru	11
10.	Guntur	22
11.	Kakinada	5
12.	Krishna	9
13.	Kurnool	20
14.	Nandyal	7
15.	Ntr	16
16.	Palnadu	11
17.	Parvathipuram Manyam	3
18.	Prakasam	16
19.	Sri Potti Sriramulu Nellore	6
20.	Sri Sathya Sai	10
21.	Srikakulam	9
22.	Tirupati	15
23.	Visakhapatnam	10
24.	Vizianagaram	9
25.	West Godavari	14
26.	Y.S.R.	9
Total		272

STATEMENT-II

Sales at MRP by JAKs opened in Konaseema District:

S. No.	FY	Sales (Rs. In Cr.)
1	2022-23	0.04
2	2023-24	0.1
3	2024-25	0.14
4	2025-26 (till 31.12.2025)	0.07

TUBERCULOSIS BURDEN AND CHALLENGES

2350. SHRI T.M. SELVAGANAPATHI:

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

- (a) whether it is a fact that India continues to bear a major portion of the global tuberculosis burden, accounting for about 27% of the cases worldwide and if so, the details thereof;
- (b) whether it is a fact that India's rural, tribal and migrant communities face multiple challenges in the prevention, diagnosis and treatment of tuberculosis and if so, the details thereof;
- (c) whether it is a fact that the country needs to conduct a nationwide mapping of non-notified settlements to identify high-burden TB clusters and if so, the details thereof;
- (d) whether it is also a fact that migrant populations in India encounter critical obstacles in accessing TB care due to limited health services and if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government in this regard?

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

- (a) to (e): As per the World Health Organization's Global TB Report 2025, the annual TB incidence rate has declined by 21% from 237 cases per lakh

population in 2015 to 187 cases per lakh population in 2024 and the mortality rate has declined by 25% from 28 deaths per lakh population in 2015 to 21 deaths per lakh population in 2024. The treatment coverage has improved from 53% in 2015 to 92% in 2024. India has contributed to approximately 25% of the total global burden and is ranked 38th globally for incidence rates.

The Government has implemented TB Mukht Bharat Abhiyan (National TB Elimination Programme, under the aegis of National Health Mission (NHM) across the country. The benefits of the programme are available to all sections of the society on a uniform basis, irrespective of caste, gender, religion etc and free screening, diagnosis and treatment is provided across all public health facilities in the districts. These services are further strengthened through decentralized delivery at the Ayushman Arogya Mandir level, ensuring last-mile access and equity.

Further, to address TB among the vulnerable population across the country, key strategies implemented are mapping of congregate settings & vulnerable population including asymptomatic, pro-active screening of vulnerable population by chest x-ray for early detection, upfront nucleic acid amplification test (NAAT) for all presumptive TB cases, timely treatment initiation & completion, differentiated TB care for managing high-risk TB cases, nutrition support and preventive treatment to eligible vulnerable population.

Further, in all tribal, hilly and difficult areas, special provisions have been made

to expand diagnostics and treatment centres, programme management units, to improve access to TB patients and coverage of TB services as under:

- TB Programme Management Unit (TB Units) - 1 for every 1 lakh population in tribal, hilly and difficult area as against 1 for every 2 lakhs general population. Every TB unit is supported with a supervisory staff for management of diagnosis and treatment services in the area.
- Microscopy Centres for diagnosis of TB - The norms for establishing microscopy centres is 1 per 1,00,000 general population and has been relaxed to 1 per 50,000 population in tribal, hilly, and difficult areas.
- Incentives for travel support - for transportation of patient and attendant in tribal / hilly/difficult areas a one-time incentive of Rs. 750 is provided

RENEWAL OF CGHS CARDS

2351. SHRI EATALA RAJENDER:

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

- (a) the details of CGHS card applications received for renewal/renewed during the last twelve years, till date, dispensary-wise along with the number of such applications received physically and online and details of misplaced physical applications in R.K. Puram, Delhi including the reasons for misplacement as well as action taken thereon;

- (b) whether there is an inordinate delay in renewal of such cards particularly in R.K. Puram, Delhi due to which CGHS beneficiaries are not availing services despite deduction of their monthly contribution, if so, the details thereof;
- (c) whether the CGHS is allowing physical entry to consult doctors or to take referrals for their treatment in case where CGHS cards are pending with the CGHS office after being sent for renewal, if so, the details thereof and if not, the reasons therefor; and
- (d) the corrective steps taken by the Government to fix a time-bound period in renewal of CGHS cards to help patients in availing timely medical services?

THE MINISTER 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): CGHS card applications, including those meant for renewal, are taken up for processing by the card section. Approximately, 40,000 CGHS card applications (including online and offline) were received and processed during the last year by Card Section, Delhi. The information in respect of renewal applications is not maintained, separately.

With the introduction of the updated software-based system, CGHS cards are generated upon completion of the requisite payment formalities.

The instructions regarding processing of CGHS card applications, including renewals, along with indicative timelines, have been issued vide Office

Memorandum S.11012/1/2024-EHS(8283407) dated 28.06.2024.

As per the instructions, submission of CGHS card applications is facilitated through an online module, and generation of the card is undertaken upon completion of the prescribed procedural steps.

जीवन रक्षक दवाओं की आपूर्ति

2352. श्रीमती कलाबेन मोहनभाई देलकर:

श्री निलेश ज्ञानदेव लंके:

श्री संदिपनराव आसाराम भुमरे:

डॉ. शिवाजी बंडाप्पा कालगे:

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

- (क) सरकार द्वारा देश के विभिन्न राज्यों में सरकारी अस्पतालों और ग्रामीण स्वास्थ्य केंद्रों तक जीवन रक्षक और आवश्यक दवाओं की निर्बाध आपूर्ति सुनिश्चित करने के लिए उठाए गए / उठाए जाने वाले कदम क्या हैं;
- (ख) क्या सरकार राष्ट्रीय आवश्यक औषधि सूची (एनएलईएम) में सूचीबद्ध दवाओं सहित जीवन रक्षक दवाओं की वर्तमान अधिकतम मूल्य सीमा में संशोधन करने के किसी प्रस्ताव पर विचार कर रही है, यदि हां, तो महाराष्ट्र सहित राज्यवार ब्यौरा क्या है; और
- (ग) महाराष्ट्र के ग्रामीण क्षेत्रों में जन औषधि केंद्रों (जेनेरिक दवा भंडारों) के विस्तार की वर्तमान स्थिति क्या है और प्राथमिक स्वास्थ्य सेवा स्तर पर दवाओं की उपलब्धता सुनिश्चित करने के लिए क्या उपाय किए जा रहे हैं?

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

(क) से (ग): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राज्यों/संघ राज्य क्षेत्रों को उनकी स्वास्थ्य सेवा वितरण प्रणाली को सुदृढ़ करने के लिए वित्तीय सहायता प्रदान की जाती है, जिसमें राज्यों/संघ राज्य क्षेत्रों द्वारा अपने समग्र संसाधन बजट के भीतर कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में निर्धारित आवश्यकताओं के आधार पर सार्वजनिक स्वास्थ्य सुविधाओं में आवश्यक दवाओं की निःशुल्क उपलब्धता सुनिश्चित करने के लिए सहायता भी शामिल है। निःशुल्क औषधि सेवा पहल के तहत, मंत्रालय ने देश भर के जन स्वास्थ्य सुविधा केंद्रों में आवश्यक दवाओं की व्यापक उपलब्धता सुनिश्चित करने के लिए सुविधा केंद्र-वार आवश्यक औषधि सूची (ईडीएल) उपलब्ध कराने की सिफारिश की है।

मंत्रालय ने खरीद, आपूर्ति श्रृंखला और स्टॉक प्रबंधन में कमियों की पहचान और उनके निवारण के लिए बहुस्तरीय निगरानी रखने का दृष्टिकोण अपनाया है। कई राज्यों ने दवाओं की खरीद, खपत और पुनःआपूर्ति पर नज़र रखने के लिए औषधि एवं टीका वितरण प्रबंधन प्रणाली (डीवीडीएमएस) जैसे डिजिटल प्लेटफॉर्म अपनाए हैं। केंद्र सरकार और राज्य सरकार के वरिष्ठ अधिकारियों द्वारा किए गए क्षेत्रीय दौरों से भी इन सेवाओं की उपलब्धता और उपयोगिता की निगरानी की जाती है।

औषधि विभाग के अधीन राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए), स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा प्रकाशित आवश्यक औषधियों की राष्ट्रीय सूची (एनएलईएम) पर आधारित डीपीसीओ, 2013 की अनुसूची-1 में सूचीबद्ध अनुसूचित औषधियों की अधिकतम मूल्य-सीमा निर्धारित करता है। अनुसूचित औषधियों (चाहे जेनेरिक हो या ब्रांडेड) का कोई भी निर्माता शहरी या ग्रामीण क्षेत्र में एनपीपीए द्वारा निर्धारित अधिकतम मूल्य (लागू वस्तु एवं सेवा कर सहित) से अधिक

पर ऐसी दवा नहीं बेच सकता है। डीपीसीओ, 2013 के प्रावधानों के अनुसार, अनुसूचित औषधियों की अधिकतम मूल्य सीमा को प्रत्येक वर्ष 1 अप्रैल को या उससे पहले पिछले कैलेंडर वर्ष के वार्षिक थोक मूल्य सूचकांक (डब्ल्यूपीआई) (सभी वस्तुओं) के अनुसार संशोधित किया जाता है, जिसे सरकार द्वारा प्रत्येक वर्ष 1 अप्रैल को अधिसूचित किया जाता है। गैर-अनुसूचित औषधियों के मामले में, निर्माताओं को पिछले 12 महीनों के दौरान की एमआरपी में 10% से अधिक की वृद्धि नहीं करनी चाहिए।

प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के तहत राज्य सरकारों के सहयोग से सभी को गुणवत्तापूर्ण जेनेरिक दवाएं किफायती दामों पर उपलब्ध कराई जाती हैं। दिनांक 31.12.2025 तक की स्थिति के अनुसार, पीएमबीजेपी के अंतर्गत महाराष्ट्र राज्य में 713 जन औषधि केंद्र (जेएके) खोले जा चुके हैं।

केन्द्रीय स्वास्थ्य योजनाओं के लाभ

2353. श्री बिप्लब कुमार देब:

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

- (क) भारत में प्राथमिक स्वास्थ्य केंद्रों के माध्यम से केन्द्रीय स्वास्थ्य योजनाओं से लाभान्वित होने वाली गर्भवती महिलाओं की संख्या कितनी है, और त्रिपुरा सहित प्रत्येक राज्य / संघ राज्यक्षेत्र में लाभार्थियों की संख्या कितनी है;
- (ख) केन्द्रीय स्वास्थ्य योजनाओं के अंतर्गत प्रति वर्ष टीका लगाए गए शिशुओं की राज्यवार संख्या कितनी है; और
- (ग) सरकार द्वारा इन योजनाओं के कार्यान्वयन और निगरानी के लिए अपनाई गई प्रक्रियाएं/तंत्र क्या हैं?

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

(क): त्रिपुरा सहित प्रत्येक राज्य/संघ राज्य क्षेत्र में प्राथमिक स्वास्थ्य केंद्रों के माध्यम से केंद्रीय स्वास्थ्य योजनाओं से लाभान्वित गर्भवती महिलाओं की संख्या संलग्न **विवरण I** और II में दी गई है।

(ख): केंद्रीय स्वास्थ्य योजनाओं के अंतर्गत प्रति वर्ष टीकाकृत शिशुओं की राज्यवार संख्या संलग्न **विवरण III** में दी गई है।

(ग): भारत सरकार राज्यों और संघ राज्य क्षेत्रों के समन्वय से केंद्रीय स्वास्थ्य योजनाओं का कार्यान्वयन करती है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, भारत सरकार राज्यों/संघ राज्य क्षेत्रों द्वारा वार्षिक कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के माध्यम से प्रस्तुत प्रस्तावों के आधार पर उन्हें तकनीकी मार्गदर्शन और वित्तीय सहायता प्रदान करती है।

इन योजनाओं की प्रगति की निगरानी के लिए, सरकार समय-समय पर क्षेत्रीय और राज्य स्तरीय समीक्षा बैठकें, विभिन्न राज्यों/संघ राज्य क्षेत्रों का दौरा और सामान्य समीक्षा मिशन (सीआरएम) आयोजित करती है। भारत सरकार द्वारा की गई प्रमुख कार्यवाही निम्नलिखित हैं:

- राज्य सरकारों के साथ पत्रों, वीडियो कॉन्फ्रेंसिंग आदि सहित कई माध्यमों से संवाद।
- जनसंचार माध्यमों सहित सूचना, शिक्षा एवं संचार (आईईसी) और व्यवहार परिवर्तन संचार (बीसीसी) कार्यनीतियों के माध्यम से योजना का प्रचार-प्रसार।
- एनएचएम, आशा और सीएचओ जैसे क्षेत्रीय स्तर के कार्यकर्ता अंतरवैयक्तिक संचार के माध्यम से इस कार्यक्रम का क्षेत्रीय स्तर पर प्रचार कर रहे हैं।
- योजनाओं के कार्यान्वयन की निगरानी के लिए राज्यों और जिलों में नियमित सहायक पर्यवेक्षी दौरों की प्रणाली लागू है।

विवरण - I

वित्तीय वर्ष 2024-25 में प्राथमिक स्वास्थ्य केंद्रों के माध्यम से जेएसएसके के तहत लाभान्वित गर्भवती महिलाओं और प्रसव के बाद की माताओं की राज्य/संघ राज्य क्षेत्रवार कुल संख्या		
क्र.सं.	राज्य/ संघ राज्य क्षेत्र	लाभार्थियों की संख्या
1.	भारत	3118466
2.	अंडमान एवं निकोबार द्वीप समूह	1479
3.	आंध्र प्रदेश	21872
4.	अरुणाचल प्रदेश	4213
5.	असम	201535
6.	बिहार	167059
7.	चंडीगढ़	1443
8.	छत्तीसगढ़	99346
9.	दिल्ली	767
10.	गोवा	2244
11.	गुजरात	153115
12.	हरियाणा	76192
13.	हिमाचल प्रदेश	3117
14.	जम्मू और कश्मीर	23764
15.	झारखंड	36912
16.	कर्नाटक	71664
17.	केरल	2667
18.	लद्दाख	321
19.	लक्षद्वीप	187
20.	मध्य प्रदेश	216652
21.	महाराष्ट्र	493790
22.	मणिपुर	5942
23.	मेघालय	61986
24.	मिजोरम	1437
25.	नागालैंड	1171
26.	ओडिशा	67400
27.	पुदुचेरी	179
28.	पंजाब	31603
29.	राजस्थान	52346

30.	सिक्किम	746
31.	तमिलनाडु	547370
32.	तेलंगाना	6405
33.	दादरा एवं नगर हवेली और दमन एवं दीव	97
34.	त्रिपुरा	7942
35.	उत्तराखंड	16767
36.	उत्तर प्रदेश	702832
37.	पश्चिम बंगाल	35904

स्रोत: एचएमआईएस पोर्टल पर राज्य/ संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए आंकड़े

विवरण - II

वित्तीय वर्ष 2024-25 में जननी सुरक्षा योजना (जेएसवाई) के लाभार्थियों की राज्य/संघ राज्य क्षेत्र-वार संख्या		
क्र.सं.	राज्य/संघ राज्य क्षेत्र	लाभार्थियों की संख्या
1	अंडमान एवं निकोबार द्वीप समूह	220
2	आंध्र प्रदेश	2,16,235
3	अरुणाचल प्रदेश	15,422
4	असम	3,36,999
5	बिहार	12,97,892
6	चंडीगढ़	268
7	छत्तीसगढ़	3,48,414
8	दादरा एवं नगर हवेली और दमन एवं दीव	2,147
9	दिल्ली	5,200
10	गोवा	592
11	गुजरात	1,23,259
12	हरियाणा	36,666
13	हिमाचल प्रदेश	10,825
14	जम्मू और कश्मीर	1,43,783
15	झारखंड	4,56,708
16	कर्नाटक	3,37,030
17	केरल	61,447
18	लद्दाख	3,267
19	लक्षद्वीप	1,449
20	मध्य प्रदेश	9,28,552

21	महाराष्ट्र	3,47,926
22	मणिपुर	13,168
23	मेघालय	17,834
24	मिजोरम	6,144
25	नागालैंड	13,548
26	ओडिशा	3,75,315
27	पुदुचेरी	5,455
28	पंजाब	48,934
29	राजस्थान	9,08,678
30	सिक्किम	2,838
31	तमिलनाडु	4,04,083
32	तेलंगाना	2,44,466
33	त्रिपुरा	15,898
34	उत्तर प्रदेश	24,38,662
35	उत्तराखंड	69,326
36	पश्चिम बंगाल	3,76,675

स्रोत: राज्यों की रिपोर्ट

विवरण - III

वित्तीय वर्ष 2025-26 (अप्रैल 2025-दिसंबर 2025) में राज्य/संघ राज्यवार पूर्ण टीकाकरण कवरेज		
क्र.सं.	राज्य/संघ राज्य क्षेत्र	पूर्ण टीकाकरण कवरेज %
1	अखिल भारतीय	98.7
2	अंडमान एवं निकोबार द्वीप समूह	98.0
3	आंध्र प्रदेश	107.0
4	अरुणाचल प्रदेश	84.8
5	असम	81.1
6	बिहार	101.1
7	चंडीगढ़	111.1
8	छत्तीसगढ़	89.2
9	दिल्ली	98.3
10	गोवा	98.2

11	गुजरात	101.4
12	हरियाणा	104.6
13	हिमाचल प्रदेश	100.8
14	जम्मू एवं कश्मीर	105.5
15	झारखंड	95.3
16	कर्नाटक	104.0
17	केरल	109.4
18	लद्दाख	103.9
19	लक्षद्वीप	123.4
20	मध्य प्रदेश	102.3
21	महाराष्ट्र	99.7
22	मणिपुर	100.1
23	मेघालय	86.5
24	मिजोरम	78.6
25	नागालैंड	77.2
26	ओडिशा	97.5
27	पुदुचेरी	101.2
28	पंजाब	103.5
29	राजस्थान	90.6
30	सिक्किम	94.2
31	तमिलनाडु	94.2
32	तेलंगाना	124.7
33	दादरा एवं नगर हवेली और दमन एवं दीव	85.3
34	त्रिपुरा	96.0
35	उत्तराखंड	98.1
36	उत्तर प्रदेश	98.1
37	पश्चिम बंगाल	92.7

स्रोत: दिनांक 22-01-26 तक की स्थिति के अनुसार एचएमआईएस पोर्टल पर राज्य/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए आंकड़े।

महाराष्ट्र में आयुष केंद्र

2354. श्री बजरंग मनोहर सोनवणे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) औषधीय पौधों की खेती में लगे किसानों को वैकल्पिक आय प्रदान करने के लिए कार्यान्वित की जा रही योजनाओं का ब्यौरा क्या है और इन योजनाओं से लाभान्वित किसानों की संख्या कितनी है;
- (ख) क्या ग्रामीण और सूखाग्रस्त क्षेत्रों में जीवनशैली से संबंधित बीमारियों की रोकथाम के लिए आयुष आधारित विशेष अभियान शुरू करने का विचार है, और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) महाराष्ट्र के बीड जिले में वर्तमान में कार्यरत आयुर्वेद, होम्योपैथी, यूनानी, योग और प्राकृतिक चिकित्सा केंद्रों की संख्या कितनी है और मानव संसाधनों की कमी के कारण पूरी क्षमता से कार्यरत न होने वाले केंद्रों की संख्या कितनी है;
- (घ) इन केंद्रों में आयुष चिकित्सकों और अन्य कर्मचारियों के रिक्त पदों को भरने की अपेक्षित समय सीमा क्या है; और
- (ङ) क्या उक्त जिले में एक नया आयुष अस्पताल, पंचकर्म केंद्र या स्वास्थ्य एवं कल्याण केंद्र स्थापित करने की कोई ठोस योजना 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): एकीकृत बागवानी विकास मिशन (एमआईडीएच), जो एक केंद्र प्रायोजित योजना है, का कार्यान्वयन कृषि एवं किसान कल्याण मंत्रालय द्वारा बागवानी क्षेत्र के समग्र विकास के लिए किया जा रहा है, जिसमें फल, सब्जियाँ, कंद एवं ट्यूबर फसलें, मशरूम, मसाले, फूल, सुगंधित एवं औषधीय पौधे, नारियल, काजू, कोको तथा बांस शामिल हैं। एमआईडीएच के अंतर्गत सभी राज्य और संघ

राज्य क्षेत्र शामिल हैं। एमआईडीएच योजना के तहत अल्पावधि औषधीय पौधों, अर्थात् गैर-बहुवर्षीय प्रकृति तथा गैर-वृक्ष प्रजातियों के क्षेत्र विस्तार हेतु सहायता प्रदान करने का प्रावधान किया गया है।

(ख): आयुष मंत्रालय, केंद्रीय प्रायोजित योजना नामतः राष्ट्रीय आयुष मिशन (एनएएम) को राज्य/संघ राज्य क्षेत्रों की सरकारों के माध्यम से कार्यान्वित कर रहा है और आयुष सिद्धांतों और प्रथाओं पर आधारित समग्र स्वास्थ्य मॉडल प्रदान करने के उनके प्रयासों का समर्थन कर रहा है। इस मॉडल का उद्देश्य विभिन्न सामान्य बीमारियों के लिए निवारक, संवर्धक, उपचारात्मक और पुनर्वासात्मक स्वास्थ्य देखभाल पर केंद्रित है, जिनमें जीवनशैली से जुड़ी बीमारियां भी शामिल हैं। यह स्वास्थ्य देखभाल आयुष्मान आरोग्य मंदिर (आयुष) केंद्रों के माध्यम से प्रदान की जा रही है, जिन्हें ग्रामीण सूखाग्रस्त क्षेत्रों सहित देश के विभिन्न हिस्सों में मौजूदा आयुष औषधालयों/उप-स्वास्थ्य केंद्रों का उन्नयन करके स्थापित किया गया है। ओपीडी सेवाओं के अतिरिक्त, ये आयुष्मान आरोग्य मंदिर (आयुष) केंद्र आयुष आधारित जीवनशैली, योग, आचार संहिता, औषधीय पादपों के बारे में जागरूकता, घरेलू उपचार, जांच आदि के माध्यम से बेहतर देखभाल, निवारक और संवर्धक देखभाल के लिए सामुदायिक जागरूकता बढ़ाने के कार्यों में लगे हुए हैं।

इसके अतिरिक्त, राज्य/संघ राज्य क्षेत्रों की सरकारों को भी उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) में प्राप्त प्रस्तावों के अनुसार, एनएएम दिशानिर्देशों के मौजूदा प्रावधानों के तहत, राष्ट्रीय कैंसर, मधुमेह, हृदयवाहिका रोग और आघात रोकथाम एवं नियंत्रण कार्यक्रम (एनपीसीडीसीएस), आउटरीच कार्यक्रमों, व्यवहार परिवर्तन संप्रेषण (बीसीसी)/आईईसी गतिविधियों के साथ-साथ आयुष ग्राम पहलों के कार्यान्वयन के लिए सहायता प्रदान की जा रही है।

(ग) और (घ): जन स्वास्थ्य राज्य का विषय होने के कारण, महाराष्ट्र के बीड जिले में आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा केंद्रों के संचालन के साथ-साथ आयुष चिकित्सकों और अन्य कर्मचारियों के रिक्त पदों को भरने की प्राथमिक जिम्मेदारी संबंधित राज्य

सरकार की है और तदनुसार, भारत सरकार द्वारा ऐसा कोई डेटा नहीं रखा जाता है।

(ड): ऐसा कोई प्रस्ताव नहीं है।

स्थानीय औषधीय पौधों की प्रजातियों का संवर्धन

2355. श्रीमती अनिता नागरसिंह चौहान:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार द्वारा देश के विभिन्न राज्यों, विशेषकर जनजातीय और ग्रामीण क्षेत्रों में पाई जाने वाली स्थानीय औषधीय पौधों की प्रजातियों के संरक्षण और संवर्धन के लिए कोई विशेष योजना कार्यान्वित की जा रही है;

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

(ग) देश में उक्त योजनाओं के अंतर्गत औषधीय पौधों के संरक्षण और खेती के लिए नर्सरी स्थापित करने, प्रोत्साहन प्रदान करने और किसानों को प्रशिक्षण देने हेतु किए गए कार्यों का ब्यौरा क्या है;

(घ) क्या इन योजनाओं के अंतर्गत औषधीय पौधों की खेती को बढ़ावा देने के लिए किसानों और जनजातीय समुदायों को वित्तीय सहायता, विपणन सुविधाएं और न्यूनतम समर्थन मूल्य प्रदान किए जा रहे हैं;

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

(च) सरकार द्वारा इस संबंध में प्रस्तावित भावी ठोस कार्ययोजना क्या है?

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

(क) और (ख): जी हाँ, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय वर्तमान में जनजातीय एवं ग्रामीण क्षेत्रों सहित पूरे देश में औषधीय पादप क्षेत्र को बढ़ावा देने के लिए "औषधीय

पादपों के संरक्षण, विकास एवं सतत प्रबंधन हेतु केंद्रीय क्षेत्र योजना" का कार्यान्वयन कर रहा है। इस योजना के अंतर्गत निम्नलिखित गतिविधियों के लिए परियोजना आधारित सहायता प्रदान की जाती है:

- i. औषधीय पादप संरक्षण एवं विकास क्षेत्रों (एमपीसीडीए) के विकास के माध्यम से स्व-स्थाने संरक्षण।
- ii. स्व-स्थाने/बाह्य-स्थाने संसाधन संवर्धन।
- iii. हर्बल उद्यानों की स्थापना के माध्यम से बाह्य-स्थाने संरक्षण।
- iv. संयुक्त वन प्रबंधन समितियों (जेएफएमसी)/पंचायतों/वन पंचायतों/जैव विविधता प्रबंधन समितियों (बीएमसी)/स्वयं सहायता समूहों (एसएचजी) के साथ आजीविका संबंध स्थापित करना।
- v. आईईसी गतिविधियाँ जैसे प्रशिक्षण/कार्यशालाएँ/संगोष्ठियाँ/सम्मेलन आदि।
- vi. अनुसंधान एवं विकास।
- vii. औषधीय पादपों के उत्पादों के विपणन एवं व्यापार को बढ़ावा देना।
- viii. औषधीय पादपों की आपूर्ति श्रृंखला में अग्रवर्ती और पश्चवर्ती लिंकेज स्थापित करना।

(ग): एनएमपीबी की केंद्रीय क्षेत्र योजना के अंतर्गत, नर्सरी/गुणवत्तापूर्ण रोपण सामग्री (क्यूपीएम) के विकास और प्रजाति-विशिष्ट अभियान के लिए परियोजना आधारित सहायता प्रदान करने का भी प्रावधान है। इस योजना के अंतर्गत, पिछले पाँच वर्षों और वर्तमान वर्ष के दौरान नर्सरी विकास के लिए 22 परियोजनाओं को सहायता प्रदान की गई है।

उपरोक्त "केंद्रीय क्षेत्र योजना" के अंतर्गत आयुष में सूचना, शिक्षा और संचार (आईईसी) को बढ़ावा देने वाली परियोजनाओं को सहायता प्रदान करने का प्रावधान भी है, ताकि आयुर्वेद और अन्य चिकित्सा पद्धतियों सहित आयुष चिकित्सा पद्धतियों के बारे में जागरूकता पैदा की जा सके। किसानों

को औषधीय पादपों की खेती के लिए प्रोत्साहित करने, जंगली पादपों की कटाई, कृषि प्रौद्योगिकी, विनिर्माण, कच्चे माल का उचित प्रबंधन, व्यापार आदि जैसे औषधीय पौधों के विभिन्न पहलुओं पर जानकारी प्रसारित करने के लिए भी सहायता प्रदान की जाती है। उपरोक्त के अंतर्गत, पिछले पांच वर्षों में प्रशिक्षण और क्षमता निर्माण के लिए कुल 24 परियोजनाओं को सहायता प्रदान की गई है।

(घ) और (ङ): औषधीय पादपों के विपणन को सुगम बनाने के लिए, एनएमपीबी, आयुष मंत्रालय ने औषधीय पादपों/जड़ी-बूटियों के प्रचार-प्रसार हेतु “ई-चरक” मोबाइल एप्लिकेशन के साथ-साथ वेब पोर्टल का शुभारंभ किया है। “ई-चरक” एक ऐसा प्लेटफॉर्म है जो देश भर में औषधीय पादपों के क्षेत्र से जुड़े विभिन्न हितधारकों, मुख्य रूप से किसानों के बीच सूचना आदान-प्रदान को सुगम बनाता है। “ई-चरक” एप्लिकेशन अलग-अलग स्थानीय भाषाओं में उपलब्ध है। आसान बाजार पहुँच के लिए “ई-चरक” प्लेटफॉर्म में पूरे भारत के 25 हर्बल बाजारों से 100 औषधीय पादपों का पाक्षिक बाजार मूल्य भी निरंतर अद्यतन किया जाता है।

(च): गुणवत्तापूर्ण रोपण सामग्री, प्रशिक्षण, फसल कटाई के बाद प्रबंधन अवसंरचना और औषधीय पौधों के उत्पादों के विपणन की उपलब्धता पर आधारित आपूर्ति श्रृंखला की माँग को बढ़ाने के लिए, योजना दिशानिर्देश में "औषधीय पौधों की आपूर्ति श्रृंखला में अग्रवर्ती और पश्चवर्ती संबंध" (एकीकृत घटक) नामक एक घटक जोड़ा गया है।

DISPOSAL OF CASES UNDER THE MOTOR VEHICLES ACT, 1988

2356. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) the data on the number of motor vehicle and traffic-related cases taken up in Lok Adalats during the last three years, the total amount of penalties involved

and the amount actually realised through such settlements, State and year-wise;

- (b) whether the Government maintains State-wise data on the percentage share of traffic-related cases disposed of through Lok Adalats as compared to those disposed of through regular courts during the same period, if so, the details thereof;
- (c) whether any assessment has been undertaken to examine the impact of such settlements on compliance behaviour, including trends in repeat violations and delayed payment of challans, and if so, the findings thereof;
- (d) whether the Government has examined the implications of reduced settlement amounts on deterrence and enforcement under the Motor Vehicles Act; and
- (e) whether any policy guidelines exist or are proposed to regulate compromises in traffic-related matters during Lok Adalat proceedings, if so, the details thereof?

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

(a) and (b): Lok Adalat is organised across the country as per the provisions of the Legal Services Authorities Act, 1987 read with National Legal Services Authority (Lok Adalats) Regulations, 2009 for the subject matters as prescribed under the said Act and Regulations in the Courts and Tribunals as defined under

Section 2 (aaa) of the said Act. In Lok Adalat, the disputes/ cases pending in the court of law or at pre-litigation stage are settled amicably. The Lok Adalat has been given statutory status under the Legal Services Authorities Act, 1987 recognizing its efficacy as an expeditious, cheaper and speedier system of administration of justice. The award made by Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against the Award before any court.

State/UTs- wise number of cases settled through National, State and Permanent Lok Adalats by the Legal Services Institutions during the last three calendar/financial years are given in the enclosed **Statements- I to III** respectively.

(c) to (e): Regular assessments and measures are undertaken to reduce traffic challans with focus on both improving compliance through stricter, technology-driven enforcement and providing legal avenues to reduce or settle existing heavy penalties. One such measure include organizing Special Lok Adalats facilitating citizens to settle pending, compoundable challans at significantly reduced rates.

NALSA has framed National Legal Services Authority (Lok Adalats) Regulations, 2009. The Legal Services Institutions organises Lok Adalats as per the provisions of Legal Services Authorities Act, 1987 and National Legal Services Authority (Lok Adalats) Regulations, 2009.

No policy guidelines have been framed to regulate compromising in traffic

related matters during Lok Adalat proceedings, and presently, there is no such proposal. However, the provisions of the Legal Services Authorities Act, 1987 and NALSA (Lok Adalats) Regulations, 2009 provide that all type of Civil and Compoundable Criminal cases as permissible under the Act/Regulations are taken up in Lok Adalat for amicable settlement, and the Lok Adalat shall proceed to dispose of the case or matter and arrive at a compromise or settlement between the parties and shall be guided by the principles of justice, equity, fair play and other legal principles.

<u>STATEMENT-I</u>										
Disposal of cases under the Motor Vehicle Act, 1988.										
Disposal of cases in National Lok Adalat held in 2025 (All Types of Cases)										
S. No.	Name of State/UT Authority	Pre-litigation Cases			Pending Cases			Total		
		Taken Up	Disposed Of	Settlement Amount (Rs.)	Taken Up	Disposed Of	Settlement Amount (Rs.)	Taken Up	Disposed Of	Settlement Amount (Rs.)
1	Andaman and Nicobar Islands	5,043	402	5,58,56,019	2,729	2,026	35,59,300	7,772	2,428	5,94,15,319
2	Andhra Pradesh	91,585	34,491	75,09,50,786	8,21,653	6,27,709	13,71,44,69,156	9,13,238	6,62,200	14,46,54,19,942
3	Arunachal Pradesh	6,301	543	4,10,45,655	3,298	1,198	5,22,35,886	9,599	1,741	9,32,81,541
4	Assam	5,84,723	70,696	1,51,93,26,714	1,40,895	41,139	3,83,79,69,957	7,25,618	1,11,835	5,35,72,96,671
5	Bihar	19,14,201	1,83,167	7,14,65,80,283	5,66,048	1,37,703	3,19,77,23,705	24,80,249	3,20,870	10,34,43,03,988
6	Chandigarh	34,022	22,327	1,02,91,265	72,354	62,860	8,21,03,65,377	1,06,376	85,187	8,22,06,56,642
7	Chhattisgarh	1,81,02,841	1,70,67,004	26,41,43,20,878	5,91,324	5,30,940	7,11,81,15,220	1,86,94,165	1,75,97,944	33,53,24,36,098
8	Dadra and Nagar Haveli	7,539	984	4,52,66,316	1,163	121	4,02,25,305	8,702	1,105	8,54,91,621
9	Daman and Diu	7,538	2,476	1,98,94,818	702	86	4,35,14,332	8,240	2,562	6,34,09,150
10	Delhi	33,408	1,810	41,80,42,789	7,92,780	6,19,748	35,43,07,08,052	8,26,188	6,21,558	35,84,87,50,841
11	Goa	9,311	331	1,92,19,876	17,356	4,443	13,58,59,074	26,667	4,774	15,50,78,950
12	Gujarat	42,19,938	22,38,837	3,82,88,42,477	19,73,834	15,88,273	66,75,52,20,765	61,93,772	38,27,110	70,58,40,63,242
13	Haryana	10,61,961	9,40,697	81,54,71,060	14,67,978	11,09,222	9,37,87,07,851	25,29,939	20,49,919	10,19,41,78,911
14	Himachal Pradesh	34,008	4,896	6,35,72,117	4,69,084	2,76,837	3,85,48,03,793	5,03,092	2,81,733	3,91,83,75,910
15	Jammu and Kashmir	4,36,247	3,51,333	68,28,36,848	3,59,109	3,04,421	1,78,20,80,381	7,95,356	6,55,754	2,46,49,17,229

16	Jharkhand	73,31,244	73,30,694	25,07,73,85,824	6,04,485	6,03,213	10,79,05,08,755	79,35,729	79,33,907	35,86,78,94,579
17	Karnataka	3,21,91,480	3,05,07,296	43,96,44,53,507	15,76,238	11,14,134	79,27,51,36,649	3,37,67,718	3,16,21,430	1,23,23,95,90,156
18	Kerala	2,61,004	36,550	2,52,88,18,414	78,169	17,485	6,30,36,80,432	3,39,173	54,035	8,83,24,98,846
19	Ladakh	730	464	1,98,56,948	2,159	1,865	5,42,08,025	2,889	2,329	7,40,64,973
20	Lakshadweep	227	85	18,43,500	37	5	90,000	264	90	19,33,500
21	Madhya Pradesh	16,83,697	4,08,822	5,76,88,75,804	2,37,244	1,64,399	18,47,07,92,174	19,20,941	5,73,221	24,23,96,67,978
22	Maharashtra	78,57,762	26,30,388	15,94,58,71,795	26,23,241	7,05,603	75,90,63,61,487	1,04,81,003	33,35,991	91,85,22,33,282
23	Manipur	1,305	1,202	12,26,58,541	202	45	1,13,38,000	1,507	1,247	13,39,96,541
24	Meghalaya	1,715	517	3,47,22,021	1,403	240	2,81,79,567	3,118	757	6,29,01,588
25	Mizoram	6,973	976	21,70,43,043	281	65	11,28,01,731	7,254	1,041	32,98,44,774
26	Nagaland	2,501	1,121	12,56,48,588	101	54	2,28,90,197	2,602	1,175	14,85,38,785
27	Odisha	4,98,618	31,125	93,87,57,918	12,43,562	9,66,333	6,98,56,39,593	17,42,180	9,97,458	7,92,43,97,511
28	Puducherry	12,275	444	3,48,63,997	10,285	5,740	36,27,31,700	22,560	6,184	39,75,95,697
29	Punjab	16,87,566	15,16,256	2,40,04,16,061	3,27,918	2,35,508	28,81,69,23,812	20,15,484	17,51,764	31,21,73,39,873
30	Rajasthan	1,99,31,637	1,77,98,522	10,30,45,72,704	37,94,182	29,70,929	33,81,02,09,004	2,37,25,819	2,07,69,451	44,11,47,81,708
31	Sikkim	163	111	1,00,25,675	65	18	1,76,78,145	228	129	2,77,03,820
32	Tamil Nadu	1,47,464	29,961	3,18,30,87,592	6,61,568	3,78,704	28,92,43,50,865	8,09,032	4,08,665	32,10,74,38,457
33	Telangana	35,49,797	35,05,055	2,65,18,14,205	27,71,272	27,52,700	31,53,66,75,163	63,21,069	62,57,755	34,18,84,89,368
34	Tripura	26,435	2,618	8,57,64,677	85,175	57,692	3,89,37,790	1,11,610	60,310	12,47,02,467
35	Uttarakhand	34,098	34,089	76,05,20,780	99,417	99,394	2,42,05,64,549	1,33,515	1,33,483	3,18,10,85,329
36	Uttar Pradesh	5,08,66,256	4,14,64,346	27,26,72,74,064	82,13,304	50,69,253	24,07,87,92,798	5,90,79,560	4,65,33,599	51,34,60,66,862
37	West Bengal	5,95,980	3,68,899	20,18,48,71,330	14,54,379	13,85,410	16,34,35,06,604	20,50,359	17,54,309	36,52,83,77,934
	Grand Total	15,32,37,593	12,65,89,535	2,03,46,06,64,889	3,10,64,994	2,18,35,515	5,17,86,75,55,194	18,43,02,587	14,84,25,050	7,21,32,82,20,083

Disposal of cases in National Lok Adalat held in 2024 (All Types of Cases)										
S. No.	Name of State/UT Authority	Pre-litigation Cases			Pending Cases			Total		
		Taken Up	Disposed Of	Settlement Amount (Rs.)	Taken Up	Disposed Of	Settlement Amount (Rs.)	Taken Up	Disposed Of	Settlement Amount (Rs.)
1	Andaman and Nicobar Islands	4,670	516	7,67,26,840	2,924	2,460	9,83,850	7,594	2,976	7,77,10,690
2	Andhra Pradesh	80,026	20,937	71,94,77,332	4,17,291	2,41,512	12,99,15,73,814	4,97,317	2,62,449	13,71,10,51,146
3	Arunachal Pradesh	5,746	852	6,82,99,416	2,282	919	2,56,16,346	8,028	1,771	9,39,15,762
4	Assam	8,74,911	1,06,770	2,08,26,96,768	2,04,417	72,555	3,85,95,28,182	10,79,328	1,79,325	5,94,22,24,950
5	Bihar	24,94,217	2,26,540	7,46,55,27,322	6,89,206	1,29,060	3,88,69,38,376	31,83,423	3,55,600	11,35,24,65,698
6	Chandigarh	21,471	7,208	1,76,93,559	38,040	29,535	5,70,65,87,879	59,511	36,743	5,72,42,81,438
7	Chhattisgarh	47,51,174	43,50,860	9,10,35,84,707	3,89,927	2,83,770	5,94,71,06,076	51,41,101	46,34,630	15,05,06,90,783
8	Dadra and Nagar Haveli	6,714	567	2,75,14,872	1,514	157	7,16,30,906	8,228	724	9,91,45,778
9	Daman and Diu	22,554	8,159	3,64,59,970	817	75	5,88,31,920	23,371	8,234	9,52,91,890
10	Delhi	43,979	1,945	26,56,34,372	8,08,388	6,63,947	1,02,67,49,81,858	8,52,367	6,65,892	1,02,94,06,16,230
11	Goa	9,510	338	2,28,03,601	17,306	3,714	17,12,41,664	26,816	4,052	19,40,45,265
12	Gujarat	29,50,706	11,87,177	3,38,18,18,286	14,59,497	9,73,856	49,13,60,12,360	44,10,203	21,61,033	52,51,78,30,646
13	Haryana	7,53,576	6,26,294	71,39,35,470	10,80,506	7,50,192	6,29,80,08,879	18,34,082	13,76,486	7,01,19,44,349
14	Himachal Pradesh	38,683	6,436	7,65,18,889	3,27,312	1,75,588	3,46,15,37,367	3,65,995	1,82,024	3,53,80,56,256

15	Jammu and Kashmir	2,10,248	1,83,733	40,01,16,439	5,17,727	4,96,259	1,83,02,47,605	7,27,975	6,79,992	2,23,03,64,044
16	Jharkhand	48,81,758	47,35,211	36,38,68,89,366	4,93,570	4,36,066	11,29,80,51,439	53,75,328	51,71,277	47,68,49,40,805
17	Karnataka	1,45,17,174	1,34,06,840	37,41,07,58,503	14,08,352	9,62,224	60,90,53,75,233	1,59,25,526	1,43,69,064	98,31,61,33,736
18	Kerala	2,23,807	35,959	2,70,71,33,735	87,426	23,061	6,76,87,02,133	3,11,233	59,020	9,47,58,35,868
19	Ladakh	1,156	523	63,59,427	1,870	1,627	2,64,30,805	3,026	2,150	3,27,90,232
20	Lakshadweep	123	38	12,03,333	60	4	46,41,000	183	42	58,44,333
21	Madhya Pradesh	25,89,124	3,43,863	4,33,15,30,036	8,00,366	1,56,025	19,35,16,20,310	33,89,490	4,99,888	23,68,31,50,346
22	Maharashtra	5,57,10,235	39,84,495	13,38,59,94,145	23,75,975	6,90,769	1,32,28,21,89,056	5,80,86,210	46,75,264	1,45,66,81,83,201
23	Manipur	956	880	9,84,88,593	205	123	1,45,55,534	1,161	1,003	11,30,44,127
24	Meghalaya	3,041	643	2,93,39,674	1,465	272	2,52,46,799	4,506	915	5,45,86,473
25	Mizoram	6,512	1,110	18,58,61,882	233	120	2,76,78,404	6,745	1,230	21,35,40,286
26	Nagaland	2,854	976	13,75,02,504	57	45	2,79,30,800	2,911	1,021	16,54,33,304
27	Odisha	3,90,919	22,677	68,46,26,056	9,32,594	7,36,028	5,86,45,84,714	13,23,513	7,58,705	6,54,92,10,770
28	Puducherry	17,387	788	6,93,46,789	8,110	3,543	20,13,55,378	25,497	4,331	27,07,02,167
29	Punjab	10,99,665	8,23,311	3,28,02,99,757	4,25,276	3,38,558	33,06,84,99,879	15,24,941	11,61,869	36,34,87,99,636
30	Rajasthan	1,17,74,689	1,01,62,940	7,68,57,48,657	34,13,609	21,40,177	43,36,57,03,238	1,51,88,298	1,23,03,117	51,05,14,51,895
31	Sikkim	214	109	95,64,434	32	20	11,94,400	246	129	1,07,58,834

32	Tamil Nadu	1,94,020	61,682	3,14,06,91,469	5,75,942	2,76,838	22,48,67,20,629	7,69,962	3,38,520	25,62,74,12,098
33	Telangana	1,24,94,902	1,24,67,737	3,09,43,80,869	22,55,937	22,26,077	15,76,16,12,809	1,47,50,839	1,46,93,814	18,85,59,93,678
34	Tripura	17,658	1,999	5,55,13,109	61,707	40,911	3,43,19,839	79,365	42,910	8,98,32,948
35	Uttarakhand	46,347	38,564	72,83,75,087	52,219	48,249	3,95,29,08,329	98,566	86,813	4,68,12,83,416
36	Uttar Pradesh	4,12,81,003	3,41,36,001	29,27,83,22,839	68,56,473	43,51,329	21,85,01,74,380	4,81,37,476	3,84,87,330	51,12,84,97,219
37	West Bengal	4,13,045	64,381	2,66,83,22,368	13,25,987	12,51,395	7,79,57,14,089	17,39,032	13,15,776	10,46,40,36,457
	Grand Total	15,79,34,774	8,70,19,059	1,69,83,50,60,475	2,70,34,619	1,75,07,060	5,81,23,60,36,279	18,49,69,393	10,45,26,119	7,51,07,10,96,754

Disposal of cases in National Lok Adalat held in 2023 (All Types of Cases)

S. No.	Name of State/UT Authority	Pre-litigation Cases			Pending Cases			Total		
		Taken Up	Disposed Of	Settlement Amount (Rs.)	Taken Up	Disposed Of	Settlement Amount (Rs.)	Taken Up	Disposed Of	Settlement Amount (Rs.)
1	Andaman and Nicobar Islands	4,326	433	5,91,11,205	1,607	1,103	37,13,360	5,933	1,536	6,28,24,565
2	Andhra Pradesh	1,61,979	59,813	65,68,30,956	8,20,800	6,11,799	8,56,43,99,030	9,82,779	6,71,612	9,22,12,29,986
3	Arunachal Pradesh	5,373	593	3,73,79,917	1,464	397	3,36,35,585	6,837	990	7,10,15,502
4	Assam	7,46,524	75,368	1,33,72,27,186	2,17,220	89,077	3,25,35,27,617	9,63,744	1,64,445	4,59,07,54,803
5	Bihar	24,57,222	2,50,317	7,97,10,62,951	4,11,770	1,07,448	2,55,83,31,542	28,68,992	3,57,765	10,52,93,94,493
6	Chandigarh	20,563	122	67,62,938	76,015	63,642	9,00,63,79,998	96,578	63,764	9,01,31,42,936

7	Chhattisgarh	18,54,947	14,93,021	3,16,56,34,502	2,50,789	1,71,216	4,75,78,49,031	21,05,736	16,64,237	7,92,34,83,533
8	Dadra and Nagar Haveli	6,842	729	4,04,00,661	1,614	253	10,98,21,669	8,456	982	15,02,22,330
9	Daman and Diu	42,925	19,584	7,39,94,353	654	66	2,64,04,949	43,579	19,650	10,03,99,302
10	Delhi	55,200	1,610	20,13,62,993	7,62,132	6,69,668	82,62,35,93,827	8,17,332	6,71,278	82,82,49,56,820
11	Goa	8,022	189	1,61,91,334	14,996	3,316	16,40,49,620	23,018	3,505	18,02,40,954
12	Gujarat	25,79,853	10,35,224	2,81,70,35,589	13,46,585	8,27,953	53,69,40,20,093	39,26,438	18,63,177	56,51,10,55,682
13	Haryana	4,59,786	3,80,821	8,66,07,84,854	8,83,834	6,04,829	5,89,88,63,711	13,43,620	9,85,650	14,55,96,48,565
14	Himachal Pradesh	54,140	17,102	19,54,46,045	3,14,090	1,33,079	2,98,23,62,073	3,68,230	1,50,181	3,17,78,08,118
15	Jammu and Kashmir	2,10,390	1,12,692	63,26,63,881	3,19,942	2,91,973	1,83,40,51,522	5,30,332	4,04,665	2,46,67,15,403
16	Jharkhand	27,26,497	25,51,436	25,86,71,37,462	3,26,986	2,71,511	11,97,85,95,114	30,53,483	28,22,947	37,84,57,32,576
17	Karnataka	1,57,25,382	1,39,63,932	15,78,62,03,656	14,70,199	8,76,520	47,31,66,92,030	1,71,95,581	1,48,40,452	63,10,28,95,686
18	Kerala	1,81,579	31,191	2,95,15,21,987	1,03,793	26,535	5,76,73,37,258	2,85,372	57,726	8,71,88,59,245
19	Ladakh	1,191	383	97,89,388	1,605	1,398	4,53,39,584	2,796	1,781	5,51,28,972
20	Lakshadweep	78	38	13,000	29	3	-	107	41	13,000
21	Madhya Pradesh	25,61,947	3,80,178	4,10,76,65,389	9,27,545	1,55,927	16,34,71,10,213	34,89,492	5,36,105	20,45,47,75,602
22	Maharashtra	2,51,14,722	29,38,342	12,59,62,65,416	23,29,292	6,05,394	72,61,86,35,367	2,74,44,014	35,43,736	85,21,49,00,783
23	Manipur	513	403	3,09,43,006	123	34	1,76,59,891	636	437	4,86,02,897
24	Meghalaya	2,572	403	1,59,98,654	1,705	277	1,67,74,899	4,277	680	3,27,73,553
25	Mizoram	10,504	4,000	21,51,36,373	253	87	2,49,34,530	10,757	4,087	24,00,70,903
26	Nagaland	2,459	717	9,78,05,805	107	84	4,91,34,000	2,566	801	14,69,39,805
27	Odisha	4,17,009	19,979	72,24,57,023	4,81,158	3,28,309	5,38,00,86,542	8,98,167	3,48,288	6,10,25,43,565
28	Puducherry	10,315	738	7,68,85,509	12,925	5,559	35,50,07,525	23,240	6,297	43,18,93,034
29	Punjab	6,64,004	3,88,257	3,11,36,31,130	4,76,070	3,72,455	26,85,77,85,665	11,40,074	7,60,712	29,97,14,16,795

30	Rajasthan	1,76,61,082	1,55,85,434	5,81,42,38,213	22,09,254	10,00,637	43,10,72,78,316	1,98,70,336	1,65,86,071	48,92,15,16,529
31	Sikkim	180	84	63,44,368	83	42	1,00,01,600	263	126	1,63,45,968
32	Tamil Nadu	1,79,711	73,252	3,77,61,42,649	5,25,037	2,82,510	22,74,82,11,887	7,04,748	3,55,762	26,52,43,54,536
33	Telangana	37,32,716	37,03,684	1,67,53,67,440	19,01,389	18,88,165	6,90,17,41,753	56,34,105	55,91,849	8,57,71,09,193
34	Tripura	21,713	2,385	6,60,72,767	28,922	13,339	4,25,14,340	50,635	15,724	10,85,87,107
35	Uttarakhand	77,407	52,141	88,99,42,712	39,265	32,891	4,61,04,70,512	1,16,672	85,032	5,50,04,13,224
36	Uttar Pradesh	4,00,54,814	2,78,36,426	31,59,44,81,252	72,95,801	38,08,168	18,46,35,69,810	4,73,50,615	3,16,44,594	50,05,80,51,062
37	West Bengal	3,02,529	51,959	3,41,53,34,350	11,42,941	10,63,573	9,09,15,33,053	14,45,470	11,15,532	12,50,68,67,403
	Grand Total	11,81,17,016	7,10,32,980	1,38,70,12,66,914	2,46,97,994	1,43,09,237	4,67,26,14,17,516	14,28,15,010	8,53,42,217	6,05,96,26,84,430

STATEMENT-II

Number of State Lok Adalats held and cases settled by State Legal Services Authorities (other than National Lok Adalats) during the period from April, 2025 to December, 2025

[illegible]

[illegible]

		26	-	-	-	-	-	-	-	-	-
22	Meghalaya	-	-	-	-	-	-	-	-	-	-
23	Mizoram	28	4,461	754	15,46,56,001	352	104	12,12,94,582	4,813	858	27,59,50,583
24	Nagaland	-	-	-	-	-	-	-	-	-	-
25	Odisha	-	-	-	-	-	-	-	-	-	-
26	Puducherry	15	5,531	237	1,39,97,827	-	-	-	5,531	237	1,39,97,827
27	Punjab	-	-	-	-	-	-	-	-	-	-
28	Rajasthan	1,049	1,858	387	9,01,392	34,119	1,803	4,38,11,218	35,977	2,190	4,47,12,610
29	Sikkim	104	871	567	82,55,196	76	66	1,61,53,445	947	633	2,44,08,641
30	Tamil Nadu	347	50,303	3,878	33,87,50,371	-	-	-	50,303	3,878	33,87,50,371
31	Telengana	2,201	2,456	1,635	6,63,97,359	29,743	29,581	1,44,22,73,372	32,199	31,216	1,50,86,70,731
32	Tripura	19	178	44	7,61,679	16,213	11,475	25,51,600	16,391	11,519	33,13,279
33	U. T. Chandigarh	-	-	-	-	-	-	-	-	-	-
34	Uttar Pradesh	149	9,085	4,881	2,84,83,516	3,51,15	2,21,64	30,55,182	3,60,244	2,26,525	3,15,38,698

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35	Uttarakhand	55	-	-	-	5,402	2,758	57,22,300	5,402	2,758	57,22,300
36	West Bengal	-	-	-	-	-	-	-	-	-	-
37	Ladakh	-	-	-	-	-	-	-	-	-	-
	Grand Total	9,757	5,47,732	3,59,053	3,46,87,82,326	5,53,654	3,51,426	8,06,19,38,642	11,01,386	7,10,479	11,53,07,20,968

Number of State Lok Adalats held and cases settled by State Legal Services Authorities (other than National Lok Adalats) during the period from April, 2024 to March, 2025											
S.No.	Name of State/UT Authority	No. of Lok Adalats Held	Pre-Litigation Cases			Pending Cases in Courts			Total		
			Taken up	Disposed of	Settlement Amount (Rs.)	Taken up	Disposed of	Settlement Amount (Rs.)	Taken up	Disposed of	Settlement Amount (Rs.)
1	Andaman & Nicobar Islands	-	-	-	-	-	-	-	-	-	-
2	Andhra Pradesh	-	-	-	-	-	-	-	-	-	-
3	Arunachal Pradesh	-	-	-	-	-	-	-	-	-	-
4	Assam	-	-	-	-	-	-	-	-	-	-
5	Bihar	-	-	-	-	-	-	-	-	-	-
6	Chhattisgarh	-	-	-	-	-	-	-	-	-	-
7	Dadra & Nagar Haveli	-	-	-	-	-	-	-	-	-	-
8	Daman & Diu	-	-	-	-	-	-	-	-	-	-
9	Delhi	186	1,675	1,358	5,20,47,935	1,49,288	1,41,984	1,53,73,518	1,50,963	1,43,342	6,74,21,453
10	Goa	9	2	-	-	2,177	378	1,21,75,668	2,179	378	1,21,75,668

11	Gujarat	3,466	15,000	868	3,06,50,026	20,272	12,488	2,46,97,80,706	35,272	13,356	2,50,04,30,732
12	Haryana	-	-	-	-	-	-	-	-	-	-
13	Himachal Pradesh	47	-	-	-	1,815	1,780	38,16,000	1,815	1,780	38,16,000
14	Jammu & Kashmir	329	9,765	6,807	13,67,72,945	57,963	54,218	27,89,31,526	67,728	61,025	41,57,04,471
15	Jharkhand	1,463	9,80,607	7,23,908	5,07,37,90,008	1,33,147	96,489	2,94,26,05,118	11,13,754	8,20,397	8,01,63,95,126
16	Karnataka	-	-	-	-	-	-	-	-	-	-
17	Kerala	928	1,44,209	29,846	2,16,96,01,677	41,598	10,539	2,47,20,38,059	1,85,807	40,385	4,64,16,39,736
18	Lakshadweep	2	22	8	-	1	-	-	23	8	-
19	Madhya Pradesh	1,218	4,545	779	90,33,785	4,866	1,732	12,45,10,508	9,411	2,511	13,35,44,293
20	Maharashtra	6	36	2	-	-	-	-	36	2	-
21	Manipur	26	615	578	4,34,50,180	108	47	75,75,000	723	625	5,10,25,180
22	Meghalaya	-	-	-	-	-	-	-	-	-	-
23	Mizoram	70	3,642	766	20,87,46,741	128	33	24,14,308	3,770	799	21,11,61,049
24	Nagaland	-	-	-	-	-	-	-	-	-	-
25	Odisha			-	-						

		-	-			-	-	-	-	-	-
26	Puducherry	29	10,530	408	3,41,12,415	-	-	-	10,530	408	3,41,12,415
27	Punjab	-	-	-	-	-	-	-	-	-	-
28	Rajasthan	1,040	1,678	438	4,86,140	32,737	541	1,06,03,176	34,415	979	1,10,89,316
29	Sikkim	143	1,333	708	94,63,851	101	55	39,89,100	1,434	763	1,34,52,951
30	Tamil Nadu	565	90,949	6,943	91,51,99,612	-	-	-	90,949	6,943	91,51,99,612
31	Telangana	2,682	51,708	32,296	36,67,15,569	35,230	34,472	1,75,56,73,910	86,938	66,768	2,12,23,89,479
32	Tripura	35	24	18	10,00,000	19,774	13,062	23,88,225	19,798	13,080	33,88,225
33	U. T. Chandigarh	-	-	-	-	-	-	-	-	-	-
34	Uttar Pradesh	226	-	-	-	3,41,901	1,63,036	5,65,111	3,41,901	1,63,036	5,65,111
35	Uttarakhand	86	-	-	-	17,667	8,229	1,22,18,854	17,667	8,229	1,22,18,854
36	West Bengal	-	-	-	-	-	-	-	-	-	-
37	Ladakh	-	-	-	-	-	-	-	-	-	-
	Grand Total	12,556	13,16,340	8,05,731	9,05,10,70,884	8,58,773	5,39,083	10,11,46,58,787	21,75,113	13,44,814	19,16,57,29,671

Number of State Lok Adalats held and cases settled by State Legal Services Authorities (other than National Lok Adalats) during the period from April, 2023 to March, 2024											
S.No.	Name of State/UT Authority	No. of Lok Adalats Held	Pre-Litigation Cases			Pending Cases in Courts			Total		
			Taken up	Disposed of	Settlement Amount (Rs.)	Taken up	Disposed of	Settlement Amount (Rs.)	Taken up	Disposed of	Settlement Amount (Rs.)
1	Andaman & Nicobar Islands	-	-	-	-	-	-	-	-	-	-
2	Andhra Pradesh	80	42	42	14,60,449	3,469	1,783	81,83,45,525	3,511	1,825	81,98,05,974
3	Arunachal Pradesh	-	-	-	-	-	-	-	-	-	-
4	Assam	-	-	-	-	-	-	-	-	-	-
5	Bihar	-	-	-	-	-	-	-	-	-	-
6	Chhattisgarh	-	-	-	-	-	-	-	-	-	-
7	Dadra & Nagar Haveli	-	-	-	-	-	-	-	-	-	-
8	Daman & Diu	-	-	-	-	-	-	-	-	-	-
9	Delhi	198	5,131	4,933	16,31,06,514	1,26,047	1,18,218	1,07,05,91,827	1,31,178	1,23,151	1,23,36,98,341
10	Goa	13	41	1	31,119	1,068	244	1,64,51,215	1,109	245	1,64,82,334

11	Gujarat	12	11,272	205	2,40,342	39	39	23,41,125	11,311	244	25,81,467
12	Haryana	92	-	-	-	37,733	29,196	69,21,41,655	37,733	29,196	69,21,41,655
13	Himachal Pradesh	59	-	-	-	2,968	2,880	49,88,300	2,968	2,880	49,88,300
14	Jammu & Kashmir	134	982	214	41,17,839	30,590	27,956	35,98,29,825	31,572	28,170	36,39,47,664
15	Jharkhand	1,495	23,803	21,255	11,11,18,741	15,882	12,463	44,84,99,973	39,685	33,718	55,96,18,714
16	Karnataka	-	-	-	-	-	-	-	-	-	-
17	Kerala	657	67,318	14,250	92,04,55,219	41,576	11,981	1,65,87,49,217	1,08,894	26,231	2,57,92,04,436
18	Lakshadweep	1	2	1	-	-	-	-	2	1	-
19	Madhya Pradesh	1,472	48,452	44,379	14,55,89,437	11,973	4,617	65,94,97,670	60,425	48,996	80,50,87,107
20	Maharashtra	38	464	27	-	5,968	553	39,54,52,433	6,432	580	39,54,52,433
21	Manipur	-	-	-	-	-	-	-	-	-	-
22	Meghalaya	-	-	-	-	-	-	-	-	-	-
23	Mizoram	12	259	88	3,55,36,950	14	6	41,68,281	273	94	3,97,05,231
24	Nagaland	-	-	-	-	-	-	-	-	-	-
25	Odisha				-						

		3	-	-		2,84,068	2,44,230	52,38,45,151	2,84,068	2,44,230	52,38,45,151
26	Puducherry	38	10,764	486	4,26,25,949	6	6	54,27,000	10,770	492	4,80,52,949
27	Punjab	154	-	-	-	6,133	2,268	1,13,42,23,974	6,133	2,268	1,13,42,23,974
28	Rajasthan	1,086	1,933	353	-	38,818	686	1,02,43,567	40,751	1,039	1,02,43,567
29	Sikkim	143	1,009	697	58,92,118	102	87	3,52,000	1,111	784	62,44,118
30	Tamil Nadu	1,336	1,26,530	15,306	1,72,09,88,531	69,785	19,438	6,49,84,29,356	1,96,315	34,744	8,21,94,17,887
31	Telangana	2,474	81,264	75,979	14,78,10,186	95,918	95,838	2,40,43,12,699	1,77,182	1,71,817	2,55,21,22,885
32	Tripura	62	226	29	6,87,814	38,795	25,608	91,02,768	39,021	25,637	97,90,582
33	U. T. Chandigarh	32	4,685	1,413	-	770	-	-	5,455	1,413	-
34	Uttar Pradesh	172	54,062	39,572	-	9,65,961	3,72,369	94,28,87,232	10,20,023	4,11,941	94,28,87,232
35	Uttarakhand	102	-	-	-	37,193	17,407	2,06,10,840	37,193	17,407	2,06,10,840
36	West Bengal	-	-	-	-	-	-	-	-	-	-
37	Ladakh	-	-	-	-	-	-	-	-	-	-
	Grand Total	9,865	4,38,239	2,19,230	3,29,96,61,208	18,14,876	9,87,873	17,68,04,91,633	22,53,115	12,07,103	20,98,01,52,841

STATEMENT-III							
Statistical information in respect of Permanent Lok Adalats (Established u/s 22-B of LSA Act)							
During the period from April, 2025 to December, 2025							
S. No	Name of State/UT Authority	PLAs Functioning	Sitting during the year	Cases pending as on the beginning of the year	Cases received	Cases settled	Settlement Amount (in Rs.)
1	Andaman & Nicobar Islands	-	-	-	-	-	-
2	Andhra Pradesh	13	1,205	1,585	1,060	1,038	8,39,48,836
3	Arunachal Pradesh	-	-	-	-	-	-
4	Assam	12	106	98	42	32	9,29,500
5	Bihar	33	1,244	-	3,947	660	47,20,586
6	Chhattisgarh	5	787	1,102	60,248	60,143	33,89,645
7	Dadra & Nagar Haveli	-	-	-	-	-	-
8	Daman & Diu	1	-	-	-	-	-
9	Delhi	3	599	1,531	14,410	14,386	41,95,14,343
10	Goa	2	4	-	627	128	4,35,380
11	Gujarat	-	-	-	-	-	-
12	Haryana	21	2,666	9,013	58,289	59,513	41,13,67,667
13	Himachal Pradesh	-	-	-	-	-	-
14	Jammu & Kashmir	-	-	-	-	-	-
15	Jharkhand	24	4,227	25,820	20,708	18,107	1,90,19,15,853
16	Karnataka	6		9,679			

			1,139		15,288	3,553	12,30,60,65,118
17	Kerala	3	225	22,023	544	328	78,19,576
18	Lakshadweep	-	-	-	-	-	-
19	Madhya Pradesh	51	361	166	125	105	6,01,000
20	Maharashtra	4	589	1,359	412	312	10,15,49,684
21	Manipur	-	-	-	-	-	-
22	Meghalaya	-	-	-	-	-	-
23	Mizoram	-	-	-	-	-	-
24	Nagaland	-	-	-	-	-	-
25	Odisha	22	1,088	2,708	1,809	1,767	17,23,67,240
26	Puducherry	-	-	-	-	-	-
27	Punjab	22	4,056	11,000	15,027	43,132	53,02,45,702
28	Rajasthan	36	3,555	10,589	6,677	3,366	61,86,14,923
29	Sikkim	-	-	-	-	-	-
30	Tamil Nadu	32	941	365	375	340	8,30,600
31	Telangana	6	86	12,533	6,520	8,765	15,29,68,915
32	Tripura	8	81	69	149	156	8,22,966
33	U. T. Chandigarh	1	178	407	8,701	8,722	5,78,02,428
34	Uttar Pradesh	71	2,708	16,142	1,496	1,677	33,69,44,431
35	Uttarakhand	7	635	808	745	369	7,39,34,199
36	West Bengal	-	-	-	-	-	-
37	Ladakh	-	-	-	-	-	-
	Grand Total	383	26,480	1,26,997	2,17,199	2,26,599	17,18,67,88,592

Statistical information in respect of Permanent Lok Adalats (Established u/s 22-B of LSA Act)							
During the period from April, 2024 to March, 2025							
S. No	Name of State/UT Authority	PLAs Functioning	Sitting during the year	Cases pending as on the beginning of the year	Cases received	Cases settled	Settlement Amount (in Rs.)
1	Andaman & Nicobar Islands	-	-	-		-	-
2	Andhra Pradesh	13	1,333	1,687	1,311	1,413	7,50,00,778
3	Arunachal Pradesh	-	-	-	5	2	-
4	Assam	13	146	103	53	28	20,000
5	Bihar	-	-	-	-	-	-
6	Chhattisgarh	5	1,158	677	25,971	25,546	40,76,989
7	Dadra & Nagar Haveli	-	-	-	-	-	-
8	Daman & Diu	1	-	-	-	-	-
9	Delhi	3	773	921	24,973	24,363	92,51,54,079
10	Goa	2	5	-	814	113	21,07,404
11	Gujarat	-	-	-	-	-	-
12	Haryana	21	3,602	19,568	82,711	82,977	51,94,56,968
13	Himachal Pradesh	-	-	-	-	-	-

14	Jammu & Kashmir	-	-	-	-	-	-
15	Jharkhand	24	5,313	21,942	42,007	41,638	1,10,80,62,489
16	Karnataka	6	1,411	11,369	6,096	7,786	1,03,89,29,150
17	Kerala	3	346	22,155	397	486	5,38,38,718
18	Lakshadweep	-	-	-	-	-	-
19	Madhya Pradesh	50	864	130	188	275	75,07,100
20	Maharashtra	4	985	1,782	952	1,375	46,55,53,238
21	Manipur	-	-	-	-	-	-
22	Meghalaya	-	-	-	-	-	-
23	Mizoram	-	-	-	-	-	-
24	Nagaland	-	-	-	-	-	-
25	Odisha	22	1,153	2,422	2,188	1,894	30,54,78,269
26	Puducherry	-	-	-	-	-	-
27	Punjab	22	5,026	10,482	24,044	23,300	88,44,31,635
28	Rajasthan	36	5,071	9,760	5,481	4,585	65,92,01,748
29	Sikkim	-	-	-	-	-	-
30	Tamil Nadu	32	1,067	308	488	409	1,23,94,627
31	Telangana	6	78	12,920	10,066	10,454	14,09,81,801
32	Tripura	8	118	20	305	272	26,88,977
33	U. T.	1					3,21,79,154

	Chandigarh		239	637	19,283	8,511	
34	Uttar Pradesh	71	3,574	15,859	1,926	1,930	14,85,91,119
35	Uttarakhand	4	717	582	849	623	22,09,55,739
36	West Bengal	-	-	-	-	-	-
37	Ladakh	-	-	-	-	-	-
	Grand Total	347	32,979	1,33,324	2,50,108	2,37,980	6,60,66,09,982

Statistical information in respect of Permanent Lok Adalats (Established u/s 22-B of LSA Act)							
During the period from April, 2023 to March,2024							
S. No	Name of State/UT Authority	PLAs Functioning	Sitting during the year	Cases pending as on the beginning of the year	Cases received	Cases settled	Settlement Amount (in Rs.)
1	Andaman & Nicobar Islands	-	-	-	-	-	-
2	Andhra Pradesh	13	1,349	1,342	1,479	1,134	5,04,14,348
3	Arunachal Pradesh	-	-	-	-	-	-
4	Assam	19	195	118	133	97	20,71,673
5	Bihar	-	-	-	-	-	-
6	Chhattisgarh	5	1,174	527	6,899	6,749	40,16,289
7	Dadra & Nagar Haveli	-	-	-	-	-	-
8	Daman & Diu	-	-	-	-	-	-
9	Delhi	3					

			781	576	19,682	19,337	70,53,49,293
10	Goa	1	-	-	-	-	-
11	Gujarat	-	-	6	-	-	-
12	Haryana	21	3,659	22,497	1,01,318	1,07,362	54,04,39,095
13	Himachal Pradesh	-	-	-	-	-	-
14	Jammu & Kashmir	-	-	-	-	-	-
15	Jharkhand	24	5,826	23,895	29,779	35,715	1,07,43,29,864
16	Karnataka	6	603	10,850	4,709	4,190	65,68,96,518
17	Kerala	3	415	23,608	262	1,527	4,42,45,637
18	Lakshadweep	-	-	-	-	-	-
19	Madhya Pradesh	50	1,071	203	264	409	46,43,039
20	Maharashtra	4	1,023	1,495	779	485	4,95,39,757
21	Manipur	-	-	-	-	-	-
22	Meghalaya	-	-	-	-	-	-
23	Mizoram	-	-	-	-	-	-
24	Nagaland	-	-	-	-	-	-
25	Odisha	22	1,041	2,940	1,344	1,891	4,79,67,993
26	Puducherry	-	-	-	-	-	-
27	Punjab	22	4,969	8,663	21,521	20,279	84,62,76,803
28	Rajasthan	36	4,230	10,161	5,382	5,799	53,83,78,150

29	Sikkim	-	-	-	-	-	-
30	Tamil Nadu	32	1,119	340	439	427	1,24,14,380
31	Telangana	6	104	13,534	12,136	12,746	23,72,91,903
32	Tripura	7	97	82	152	157	31,51,412
33	U. T. Chandigarh	1	239	826	11,322	11,511	4,02,48,371
34	Uttar Pradesh	71	4,476	15,535	2,713	2,516	10,99,61,180
35	Uttarakhand	4	649	603	411	432	7,53,73,057
36	West Bengal	-	-	-	-	-	-
37	Ladakh	-	-	-	-	-	-
	Grand Total	350	33,020	1,37,801	2,20,724	2,32,763	5,04,30,08,762

NATIONAL CLEAN AIR HEALTH MISSION

2357. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) whether air pollution related morbidity and mortality have been officially classified as a public health emergency despite reports of rising hospital admissions across States and if so, the details thereof and if not, the reasons therefor;
- (b) whether cases of asthma, Chronic Obstructive Pulmonary Disease (COPD) cardiovascular diseases and cancers are attributable to air pollution and if so,

the details thereof;

- (c) the steps taken/proposed to be taken by the Government to strengthen District Hospitals and Primary Health Centres (PHCs) to manage the increasing disease burden;
- (d) the reasons for the failure to deploy mobile health clinics, provide free respiratory medicines and ensure the availability of oxygen support in high-pollution areas, particularly for children, the elderly and informal sector workers;
- (e) whether any inter-ministerial action plan has been initiated by the Government in coordination with the Ministries of Environment, Forest and Climate Change, Road Transport and Highways and Housing and Urban Affairs to mitigate health risks arising from vehicular and construction-related pollution and if so, the details thereof; and
- (f) whether the Government proposes to launch a time-bound National Clean Air Health Mission with dedicated funding for early screening, treatment support and compensation for affected families or continue shifting responsibility across departments and if so, the details thereof and if not, the reasons therefor?

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

(a) and (b): Air pollution is one of the aggravating factors for respiratory ailments and associated diseases, however, there are no conclusive data available to establish direct correlation of disease exclusively due to air pollution. Health effects of air pollution are synergistic manifestation of factors which include food habits, occupational habits, socioeconomic status, medical history, immunity and heredity etc. of the individuals.

(c) and (d): Public Health is a State subject and the responsibility of strengthening public healthcare system lies with the respective State/ Union Territory Governments. Under National Health Mission (NHM), the Ministry provides technical and financial support to States/ Union Territory for strengthening their healthcare systems based on the proposals submitted by them in their Program Implementation Plans subject to norms and availability of resources. Respiratory medicines are included in the Government of India's National List of Essential Medicines (NLEM) and are provided through public health facilities. Medical oxygen infrastructure has also been strengthened through PSA plants and supply of oxygen cylinders and concentrators since COVID-19.

For long-term preparedness, the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission has been implemented to augment capacities at primary, secondary and tertiary levels. Key components include establishing Integrated Public Health Labs, Block Public Health Units, Critical Care Hospital Blocks, and expanding the Integrated Health Information Portal across all States/UTs.

(e): The Government of India has constituted a Steering Committee, co-chaired by Secretary of Health and Family Welfare and Secretary of Environment and Climate Change with member from other ministries including Ministry of Housing & Urban Affairs, Ministry of Jal Shakti, Ministry of New and Renewable Energy, Department of Health Research Indian Council of Medical Research. The committee is constituted for monitoring and overall coordination on environment and health issues.

(f): No such proposal for National Clean Health Mission is under consideration in the Ministry of Health and Family Welfare. However, to improve air quality in 130 non-attainment and Million-Plus Cities in 24 States/UTs, Ministry of Environment, Forest and Climate Change (MoEF&CC) launched National Clean Air Programme (NCAP) in January, 2019 through a comprehensive, integrated and collaborative approach involving the coordinated efforts of the Central and State Governments, Urban Local Bodies (ULBs) and other stakeholders.

It emphasizes source-specific mitigation measures through the implementation of city, state, and national-level Clean Air Action Plans. State Action Plans have been prepared by all 24 States/UTs. Also, all 130 cities under the NCAP have prepared a Clean Air Action Plan (CAP). These plans focus on sectoral interventions such as road dust control, solid waste management, vehicular emissions, construction and demolition activities and industrial pollution.

MALARIA ERADICATION PROGRAMME**2358. SHRI V. K. SREEKANDAN:**

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

- (a) whether it is a fact that the invasive vector *Anopheles stephensi* has emerged in metropolitan areas, posing a national concern and threatening India's goal of eliminating malaria by the year 2030 and if so, the details thereof;
- (b) whether it is a fact that the Government is considering strengthening surveillance systems, enhancing vector monitoring and improving supply chain reliability as top priorities to address this challenge and if so, the details thereof;
- (c) whether it is a fact that the country continues to face key challenges in eradicating malaria that require urgent attention and if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government in this regard?

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

(a) and (b): 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 in an integrated manner for control of Vector Borne Diseases including Malaria based on the Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall resource envelope.

Anopheles stephensi is a well-established urban malaria vector in metropolitan cities/towns of India. The vector control/vector surveillance is carried out regularly in urban areas/metropolitan cities/towns of the country. The elimination strategies for Malaria are effective and not threatened by any specific vector. The National Center for Vector Borne Disease Control (NCVBDC) is strengthening surveillance systems through on-boarding of all 36 states/UTs on Integrated Health Information Platform (IHIP) for real time monitoring of malaria situation. To improve supply chain reliability, Drug Vaccine Distribution & Management System (DVDMS) portal for stock related monitoring has been rolled out.

(c) and (d): As the risk of Vector Borne Diseases increases during monsoon and post monsoon period, Government of India starts preparatory activities well before the monsoon season and following measures are being undertaken to prevent and control spread of Vector Borne Diseases like Malaria:-

- Disease Management involving early case detection with active and passive surveillance followed by complete and effective treatment,

strengthening of referral services, epidemic preparedness and rapid response.

- Integrated Vector Management including Indoor Residual Spraying (IRS) in selected high risk areas, Long Lasting Insecticidal Nets (LLINs) in high malaria endemic areas, use of larvivorous fish, anti-larval measures in urban areas including bio-larvicide and minor environmental engineering and source reduction for prevention of breeding.
- Additional support is provided under the Global Fund for 10 high priority states to strengthen the malaria elimination efforts.
- Supportive Interventions including Behaviour Change Communication (BCC), Inter- Sectoral Convergence and Human Resource Development through capacity building.

OPERATION OF ONE STOP CENTRES

2359. SHRIMATI BAG MITALI:

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

- (a) the number of One Stop Centres (OSCs) approved/operational in the country;
- (b) the details of the funds allocated/released for OSCs since its inception, year-wise;

(c) whether all OSCs have been integrated with the women helpline, if not, the details thereof;

(d) the status of OSCs proposed/established abroad and their addresses, country-wise; and

(e) the details of the funds allocated and released for the OSCs abroad?

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

(a) to (c): One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, 1025 OSCs have been approved administratively out of which 896 OSCs have become functional across the country and 655 OSCs have been integrated with the Women Helpline.

The details of year-wise funds released for OSCs since inception are as under:

Amount in Cr.)										
Financial Year	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Released/Exp.	11.03	40.25	29.96	148.41	137.85	160.23	145.39	65.73	189.73	158.30

(d) and (e): The Empowered Committee under the framework for Nirbhaya Fund has appraised a proposal for establishment of OSC like facilities in 9 Indian Mission abroad with a total cost of Rs.40.79 Cr. The Ministry of External Affairs has released the funds to Consulate General of India (CGI) Dubai, Embassy of India (Eol) Riyadh, High Commission of India (HCI) Singapore, CGI Toronto, Eol Doha, Eol Muscat, Eol Kuwait, Eol Bahrain and CGI Jeddah for the purpose.

आवासीय क्षेत्रों में निदान केंद्रों का विनियमन

2360. श्री इमरान मसूद:

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

(क) क्या सरकार ने आवासीय क्षेत्रों में संचालित खतरनाक जैव-चिकित्सा अपशिष्ट उत्पन्न करने वाले निदान केंद्रों को विनियमित करने के लिए कोई कदम उठाए हैं;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और वैध पंजीकरण प्रमाण पत्र के बिना संचालित प्रयोगशालाओं के विरुद्ध की गई कार्रवाई क्या है;

(ग) क्या चिकित्सा अपशिष्ट के उपचार के लिए प्राथमिक उपचार सुविधाओं को अनिवार्य बनाने की कोई योजना है; और

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

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

(क) से (घ): 'स्वास्थ्य' राज्य का विषय होने के कारण, नैदानिक केंद्रों को विनियमित व पंजीकृत

करना तथा जैव-चिकित्सा अपशिष्ट के मुद्दे का समाधान करने की प्राथमिक जिम्मेदारी संबंधित राज्यों/संघ राज्य क्षेत्रों की है।

फिर भी, भारत सरकार ने मान्यता प्राप्त चिकित्सा प्रणालियों से संबंधित सरकारी (सशस्त्र बलों के प्रतिष्ठानों को छोड़कर) और निजी नैदानिक प्रतिष्ठानों के पंजीकरण और विनियमन के लिए नैदानिक प्रतिष्ठान (पंजीकरण और विनियमन) अधिनियम, 2010 (सीई अधिनियम) लागू किया और नैदानिक प्रतिष्ठान (केंद्र सरकार) नियम, 2012 को अधिसूचित किया, जिसे वर्ष 2018 और वर्ष 2020 में (सीई नियम) संशोधित किया गया। सीई अधिनियम के अनुसार, नैदानिक प्रतिष्ठानों को प्रदान की जाने वाली प्रत्येक प्रकार की सेवा के लिए न्यूनतम सेवा मानकों की शर्तों को पूरा करना अपेक्षित होता है। सीई अधिनियम 19 राज्यों/ संघ राज्य क्षेत्रों (12 राज्यों अरुणाचल प्रदेश, असम, बिहार, झारखंड, हरियाणा, हिमाचल प्रदेश, मिजोरम, राजस्थान, सिक्किम, तेलंगाना, उत्तराखंड और उत्तर प्रदेश में और 7 संघ राज्य क्षेत्रों अंडमान और निकोबार द्वीप समूह, चंडीगढ़, दादरा और नगर हवेली एवं दमन और दीव, जम्मू और कश्मीर, लद्दाख, लक्षद्वीप और पुडुचेरी) में लागू है।

इसके अतिरिक्त, नैदानिक प्रयोगशालाओं द्वारा उत्पन्न जैव-चिकित्सा अपशिष्ट का प्रबंधन पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय द्वारा पर्यावरण (संरक्षण) अधिनियम, 1986 के तहत अधिसूचित जैव-चिकित्सा अपशिष्ट प्रबंधन नियम, 2016 द्वारा नियंत्रित होता है। ये नियम उन सभी व्यक्तियों, जिनमें अस्पताल, नर्सिंग होम, क्लीनिक, पैथोलॉजिकल प्रयोगशालाएं आदि शामिल हैं, जो किसी भी रूप में जैव-चिकित्सा अपशिष्ट को सृजन, संग्रहण, एकत्रण, भंडारण, परिवहन, शोधन, निपटान या नियंत्रण करते हैं, उन सभी पर लागू होते हैं। इन प्रावधानों का अनुपालन, सीई नियम के तहत नैदानिक प्रतिष्ठानों के पंजीकरण और निरंतर संचालन की शर्तों का एक भाग है।

जिन राज्यों/ संघ राज्य क्षेत्रों ने सीई अधिनियम को अपनाया है, वे अपने अस्पतालों के विनियमन के लिए सीई अधिनियम के प्रावधानों का क्रियान्वयन/प्रवर्तन करने के लिए मुख्य रूप से

जिम्मेदार हैं। अधिनियम में जिला कलेक्टर/जिला मजिस्ट्रेट की अध्यक्षता में जिला स्तर पर एक पंजीकरण प्राधिकरण को इसके प्रावधानों के उल्लंघन के संबंध में दंड लगाने सहित कार्रवाई करने का अधिकार दिया गया है। अधिनियम में यह भी प्रावधान है कि यदि अधिनियम के प्रावधानों का अनुपालन नहीं किया जाता है तो पंजीकरण रद्द किया जा सकता है। जिन राज्यों/संघ राज्य क्षेत्रों में क्लिनिकल प्रतिष्ठान, जिन्होंने सीई अधिनियम को नहीं अपनाया और लागू नहीं किया है, वे संबंधित राज्य अधिनियमों द्वारा पंजीकृत और विनियमित होते हैं।

PERSONALITY RIGHTS AND AI

2361. SHRIMATI SATABDI ROY:

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

- (a) whether guidelines exist for providing civil remedies and interim relief in cases of AI- generated personality rights violations, if so, the details thereof;
- (b) the number of such cases admitted by courts in the last two years;
- (c) whether model procedural rules for courts are being considered to handle such cases; and
- (d) if so, the details thereof?

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

- (a) to (d): These matters are dealt with by the Court(s) concerned in accordance with law keeping in view the existing legal provisions, facts and circumstances of

each case. All matters, including civil remedies and interim relief in cases of AI-generated personality rights violations are listed as per Supreme Court Rules, 2013 and guidelines in Supreme Court of India, Handbook on Practice and Procedure and Office Procedure 2017 and general and specific directions of the Competent Authority. The Supreme Court Rules, 2013 and 'Supreme Court of India. Handbook on Practice and Procedure and Office Procedure 2017' are available in public domain on the website of the Supreme Court of India, viz. <https://www.sci.gov.in> under the tab Publication and then 'Supreme Court Rules and Practice and Procedure respectively. There is no such specific 'Subject Category' in database pertaining to AI-generated personality rights violations cases. The data pertaining to such cases is not centrally maintained.

PENDENCY OF CASES

2362. SHRI DEEPENDER SINGH HOODA:

SHRI KARTI P. CHIDAMBARAM:

SHRI KONDA VISHWESHWAR REDDY:

SHRI LAXMIKANT PAPPU NISHAD:

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

- (a) the present number of pending cases before the Supreme Court, various High Courts and subordinate courts across the country as of December, 2025, along with the rise in pendency, if any, during the last three years;

- (b) the number of Fast Track Special Courts (FTSCs) established to deal with cases involving women, children and other sensitive matters, along with their current disposal rates;
- (c) the number of sanctioned, working and vacant posts of Judges in the Supreme Court, High Courts and district judiciary, State-wise;
- (d) whether the Government proposes to increase the sanctioned strength of Judges in the Supreme Court and High Courts to address rising pendency, if so, the details thereof and the expected timeline for implementation;
- (e) the budgetary, legislative and administrative measures taken or proposed during 2024–25 to reduce pendency, fill vacancies in a time-bound manner, strengthen legal aid and improve court infrastructure including e-Courts in Uttar Pradesh;
- (f) the number of sanctioned, working and vacant posts of Judges in the Allahabad High Court (including Lucknow Bench) and in district and subordinate courts of Uttar Pradesh, district-wise; and
- (g) the comprehensive steps taken or proposed by the Government to reduce judicial delays and improve case management across all levels of the judiciary?

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

(a): As per information available on National Judicial Data Grid (NJDG), the present number of pending cases before the Supreme Court, various High Courts and subordinate courts across the country as on 31st December, 2025, along with the rise in pendency, during the last three years are given in the enclosed **Statement-I and II.**

(b): 774 Fast Track Special Courts (FTSCs), including 398 exclusive e-POCSO Courts have been established for time-bound trial and disposal of cases relating to rape and offences under the Protection of Children from Sexual Offences (POCSO) Act, 2012, as on 31.12.2025. The current disposal rate (January'25–December'25) in these Courts is 46.20%.

(c): As per data available on Nyaya Vikas Portal, the number of sanctioned, working and vacant posts of Judges in the Supreme Court, High Courts and district judiciary, State-wise are given in the enclosed **Statement-III and IV.**

(d): The Supreme Court (Number of Judges) Act, 1956 was amended to increase the sanctioned strength of the Judges of the Supreme Court of India from 30 to 33 (excluding CJI). The Supreme Court (Number of Judges) Amendment Act, 2019 came into force w.e.f. 09.08.2019. The sanctioned strength of Judges of High Court has been increased from 906 in 2014 to 1122 as on 06.02.2026.

(e): The Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary which, inter-alia, involves better infrastructure for courts including computerization, increase in strength of

subordinate judiciary, policy and legislative measures in the areas prone to excessive litigation, re-engineering of court procedure for quick disposal of cases and emphasis on human resource development.

Appointment of Judges of 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, 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 Court vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. Further filling up of vacant positions of judges in District and Subordinate courts is the responsibility of the High Courts and State Governments concerned.

As per Article 39A of the Constitution of India and as a part of the preventive and strategic legal aid, National Legal Services Authority (NALSA) through the State Legal Services Authorities and District Legal Services Authority (DLSA) has undertaken several legal services activities in the country to ensure that legal aid reach the poor. To strengthen the criminal court based legal services, the Legal Aid Defense Counsel System (LADCS) Scheme has been

introduced as a Central Sector Scheme by the Department of Justice, which involves full time engagement of Legal Aid Defense Counsels (LADCs) with supporting staff at district level. As on December 2025, Legal Aid Defense Counsel (LADC) offices are functional in 680 districts across the country. LADCS Scheme has been approved for the period of 3 financial years 2023-24 to 2025-26) with a total financial outlay of Rs. 998.43 crore and up to January 2026, Rs. 643.755 crore has been released to NALSA for LADCS Scheme. The details of criminal cases assigned and disposed of by LADCs during the last three years are as follows: -

Financial Year	Criminal Cases assigned	Criminal Cases disposed	Disposal Rate
2023-24	3,36,830	2,12,505	63%
2024-25	5,32,413	3,72,750	70%
2025-26 (Dec. 2025)	3,93,614	2,86,326	73%
Total	12,62,857	8,71,581	69%

To augment the resources of the State Governments/UTs, the Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts since 1993-94, by providing financial assistance in the prescribed fund-sharing pattern between the Centre and States/UTs. Total Central assistance of Rs.1,756.41 crore (as on 31.01.2026) has been provided to

the State of Uttar Pradesh since inception of the Scheme. During the FY 2024-25, an amount of Rs.174.12 Crore has been released to the State of Uttar Pradesh. As on 31.01.2026, State of Uttar Pradesh has 2,930 Court Halls and 2,524 Residential Units for Judicial Officers.

The Phase-III of the eCourts Project (2023-2027) approved on 13.09.2023 with an outlay of Rs.7,210 crore to make justice delivery progressively more robust, easy and accessible. As on date, 226.44 crore pages have been digitized across courts of Uttar Pradesh. Around 69,22,878 cases have been heard through video conferencing facilities available with the courts in Uttar Pradesh. There are 113 eSewa Kendras (facilitation centres) across Uttar Pradesh courts. For the FY 2024-2025, a total fund of Rs. 79.26 crore has been released for implementation of the eCourts project in Uttar Pradesh.

(f): The number of sanctioned, working and vacant posts of Judges in the Allahabad High Court and in district and subordinate courts of Uttar Pradesh, is as below:

Court	Sanctioned Strength	Working Strength	Vacancy
Allahabad High Court	160	109	51
District & Subordinate Court	3700	2631	1069
Total	3,860	2,741	1,119

However, the details of sanctioned, working and vacant posts of Judges in district and subordinate courts is not centrally maintained district-wise.

(g): The disposal of cases is within the exclusive domain of the judiciary. However, the Central Government is committed for speedy disposal of cases and reducing pendency as mandated under Article 21 of the Constitution and has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary:

- i. The National Mission for Justice Delivery and Legal Reforms was set up in August, 2011, with the twin objectives of increasing access to justice by reducing delays in the system and enhancing accountability through structural changes and by setting performance standards and capacities.
- ii. Arrears Committees have been set up in all 25 High Courts and the District Courts as well to clear cases pending for more than five years.
- iii. The Government has also amended The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018, The Specific Relief (Amendment) Act, 2018, The Arbitration and Conciliation (Amendment) Act, 2019 and The Criminal Laws (Amendment) Act, 2018 with a view to reduce pendency.
- iv. Alternate Dispute Resolution methods have been promoted. The Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes.

Amendment to the Arbitration and Conciliation Act, 1996 has been made by the Arbitration and Conciliation (Amendment) Act 2015 for expediting the speedy resolution of disputes by prescribing timelines.

- 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. Under The Legal Services Authorities (LSA) Act, 1987, an award made by a Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against it before any court. National Lok Adalats are organized simultaneously in all Taluks, Districts and High Courts on a pre-fixed date.
- vi. The Government launched the Tele-Law program in 2017, which provides an effective and reliable e-interface platform connecting the needy and disadvantaged sections seeking legal advice and consultation with panel lawyers via video conferencing, telephone and chat facilities available at the Common Service Centres (CSCs) situated in Gram Panchayats and through Tele-Law mobile App. Pro bono culture and pro bono lawyering have been institutionalized in the country. Pro Bono Panel of advocates has been established in 23 High Courts. Pro Bono Clubs have been started in 109 Law Schools to instill Pro Bono culture in budding lawyers.

STATEMENT-I

**Pending cases in Supreme Court and High Courts, along with increase
in pendency, for last 3 years**

		31.12.2023	31.12.2024	31.12.2025	Increase in Pendency (%)
Supreme Court of India		82674	82496	92101	11.40
Sr No.	High Court				
1	Allahabad High Court	1066757	1139977	1207240	13.17
2	Bombay High Court	667961	695578	664979	-0.45
3	Calcutta High Court	202840	204924	198868	-1.96
4	Gauhati High Court	60463	61674	63867	5.63
5	High Court for the State of Telangana	231975	230337	233866	0.82
6	High Court of Andhra Pradesh	247854	245675	249016	0.47
7	High Court of Chhattisgarh	90515	84620	76434	-15.56
8	High Court of Delhi	113391	118672	124978	10.22
9	High Court of Gujarat	167258	171211	175486	4.92
10	High Court of Himachal Pradesh	88355	93922	102503	16.01
11	High Court of Jammu and Kashmir	42925	43280	42964	0.09
12	High Court of Jharkhand	85728	74350	72170	-15.82
13	High Court of Karnataka	284592	298404	328153	15.31
14	High Court of Kerala	255054	251341	250858	-1.65
15	High Court of Madhya Pradesh	448927	467821	471183	4.96
16	High Court of Manipur	4663	5282	5792	24.21
17	High Court of Meghalaya	1125	1253	1739	54.58
18	High Court of Punjab and Haryana	444114	434480	422112	-4.95
19	High Court of Rajasthan	602269	618831	687595	14.17

20	High Court of Sikkim	180	207	272	51.11
21	High Court of Tripura	1280	1056	1429	11.64
22	High Court of Uttarakhand	50393	55616	59658	18.39
23	Madras High Court	574517	559738	546387	-4.90
24	Orissa High Court	146502	145163	158865	8.44
25	Patna High Court	197462	202250	219609	11.22
	Total	60,77,100	62,05,662	63,66,023	4.75

Source-National Judicial Data Grid (NJDG)

STATEMENT-II

Pending cases in District & Subordinate Courts, along with increase in pendency, for last 3 years

Sr No.	State	31.12.2023	31.12.2024	31.12.2025	Increase in Pendency (%)
1	Andaman and Nicobar	9070	8514	8329	-8.17
2	Andhra Pradesh	895282	921948	915398	2.25
3	Arunachal Pradesh	10671	9784	10665	-0.06
4	Assam	451138	496819	564945	25.23
5	Bihar	3608014	3660802	3700012	2.55
6	Chandigarh	91078	104194	100498	10.34
7	Chhattisgarh	418688	420661	452049	7.97
8	Delhi	1229806	1452717	1587493	29.08
9	Goa	63159	60895	61285	-2.97
10	Gujarat	1556371	1503763	1590844	2.21
11	Haryana	1524118	1446433	1521463	-0.17
12	Himachal Pradesh	593875	646753	590988	-0.49
13	Jammu and	310486	311925	345785	11.37

	Kashmir				
14	Jharkhand	560102	547977	564410	0.77
15	Karnataka	1987983	2113569	2237391	12.55
16	Kerala	1897469	1783932	1788680	-5.73
17	Ladakh	1244	1407	1583	27.25
18	Lakshadweep	492	518	539	9.55
19	Madhya Pradesh	2055620	2054704	2098396	2.08
20	Maharashtra	5326823	5612876	5926999	11.27
21	Manipur	13286	12857	13931	4.85
22	Meghalaya	16068	15178	16343	1.71
23	Mizoram	3983	6298	6875	72.61
24	Nagaland	3201	3357	3856	20.46
25	Odisha	1687827	1741306	1793888	6.28
26	Puducherry	37477	35381	36495	-2.62
27	Punjab	876134	864524	914711	4.40
28	Rajasthan	2525123	2496501	2542253	0.68
29	Sikkim	1819	1727	1962	7.86
30	Tamil Nadu	1508744	1520258	1735167	15.01
31	Telangana	920101	947417	976399	6.12
32	The Dadra And Nagar Haveli And Daman And Diu	7314	7750	8346	14.11
33	Tripura	44490	44085	58295	31.03
34	Uttar Pradesh	11444974	11648631	11345328	-0.87
35	Uttarakhand	350474	350069	300614	-14.23
36	West Bengal	2996527	3380587	3835113	27.99
	Total	4,50,29,031	4,62,36,117	4,76,57,328	5.84

Source-National Judicial Data Grid (NJDG)

STATEMENT-III

**Details of sanctioned strength, working strength and vacant post in
Supreme Court & High Courts, as on 11.02.2026**

		Total Sanctioned Strength			Total Working Strength			Total Vacancy		
A.	Supreme Court	34			33			1		
B.	High Court	Perm anent	Addition al	Tota l	Permane nt	Addition al	Tota l	Permane nt	Addition al	Total
1	Allahabad	119	41	160	109	0	109	10	41	51
2	Andhra Pradesh	28	9	37	26	6	32	2	3	5
3	Bombay	71	23	94	53	27	80	18	-4	14
4	Calcutta	54	18	72	32	11	43	22	7	29
5	Chhattisgarh	17	5	22	10	5	15	7	0	7
6	Delhi	45	15	60	44	0	44	1	15	16
7	Gauhati	22	8	30	18	7	25	4	1	5
8	Gujarat	39	13	52	35	0	35	4	13	17
9	Himachal Pradesh	13	4	17	12	0	12	1	4	5
10	J & K and Ladakh	19	6	25	14	0	14	5	6	11
11	Jharkhand	20	5	25	14	0	14	6	5	11
12	Karnataka	47	15	62	42	4	46	5	11	16
13	Kerala	35	12	47	28	12	40	7	0	7
14	Madhya Pradesh	40	13	53	38	4	42	2	9	11
15	Madras	56	19	75	50	3	53	6	16	22
16	Manipur	4	1	5	3	0	3	1	1	2

17	Meghalaya	4	0	4	4	0	4	0	0	0
18	Orissa	24	9	33	19	0	19	5	9	14
19	Patna	40	13	53	38	0	38	2	13	15
20	Punjab & Haryana	64	21	85	45	16	61	19	5	24
21	Rajasthan	38	12	50	33	6	39	5	6	11
22	Sikkim	3	0	3	3	0	3	0	0	0
23	Telangana	32	10	42	20	8	28	12	2	14
24	Tripura	4	1	5	4	0	4	0	1	1
25	Uttarakhand	9	2	11	8	2	10	1	0	1
	Total	847	275	1122	702	111	813	145	164	309

STATEMENT-IV

Details of sanctioned strength, working strength and vacancy position in District & Subordinate Courts

Sl. No.	High Courts	Total		
		Total Sanctioned Strength	Total Working Strength	Total Vacancy
1	Allahabad	3700	2631	1069
2	Andhra Pradesh	643	572	71
3	Bombay	2247	1986	261
4	Chhattisgarh	663	465	198
5	Delhi	897	836	61
6	Gujarat	1720	1185	535
7	Guwahati	646	569	77
8	Himachal Pradesh	188	172	16
9	Jammu & Kashmir	322	270	52
10	Jharkhand	707	496	211
11	Karnataka	1395	1129	266
12	Kerala	615	581	34

13	Kolkata	1105	875	230
14	Ladakh	17	9	8
15	Madhya Pradesh	2028	1639	389
16	Madras	1424	1260	164
17	Manipur	62	49	13
18	Meghalaya	99	57	42
19	Odisha	1044	861	183
20	Patna	2025	1665	360
21	Punjab & Haryana	1623	1374	249
22	Rajasthan	1699	1490	209
23	Sikkim	35	23	12
24	Telangana	560	445	115
25	Tripura	133	119	14
26	Uttarakhand	298	270	28
TOTAL		25,895	21,028	4,867

Source-Nyaya Vikas Portal

पोषण अभियान के अंतर्गत प्रमुख उपलब्धियाँ

2363. श्री निलेश ज्ञानदेव लंके:

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

- (क) क्या पोषण अभियान के तहत देश में कुपोषित बच्चों की संख्या कम करने में कोई महत्वपूर्ण प्रगति हुई है;
- (ख) यदि हाँ, तो अब तक उक्त अभियान के तहत प्राप्त प्रमुख परिणामों और प्रमुख उपलब्धियों का ब्यौरा क्या है;
- (ग) क्या कई राज्यों में बच्चों के कुपोषण की स्थिति अभी भी अत्यंत गंभीर बनी हुई है;
- (घ) यदि हाँ, तो महाराष्ट्र सहित तत्संबंधी राज्य-वार ब्यौरा क्या है; और

(ड) उन राज्यों में पोषण की स्थिति में सुधार के लिए सरकार द्वारा उठाए जा रहे कदमों का राज्य-वार ब्यौरा क्या है?

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

(क) से (ड): मंत्रालय, कुपोषण की चुनौती का समाधान करने के लिए, मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 कार्यान्वित कर रहा है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0, जिसे मिशन पोषण 2.0 के नाम से भी जाना जाता है, के अंतर्गत व्यापक आंगनवाड़ी सेवाओं के विभिन्न घटक, पोषण अभियान और किशोरियों (आकांक्षी जिलों और उत्तर-पूर्वी क्षेत्र में 14-18 वर्ष) के लिए योजना को शामिल किया गया है। यह एक केंद्र प्रायोजित मिशन है, जिसमें विभिन्न गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। इस मिशन देश में 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं, प्रसव के बाद 6 महीने तक स्तनपान कराने वाली माताओं और उत्तर-पूर्वी राज्यों और आकांक्षी जिलों में किशोरियों (14-18 वर्ष आयु) को शामिल किया जाता है। यह मिशन देश के सभी राज्यों/ संघ राज्य क्षेत्रों में कार्यान्वित किया जा रहा है।

मिशन के उद्देश्य निम्नलिखित हैं:

- देश में मानव पूंजी के विकास में योगदान देना;
- कुपोषण की चुनौती का समाधान;
- स्वास्थ्य और तंदुरुस्ती बनाए रखने हेतु पोषण संबंधी जागरूकता तथा खानपान की अच्छी आदतों को बढ़ावा देना।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस) के विभिन्न चरणों और पोषण ट्रैकर से प्राप्त कुपोषण संकेतकों (5 वर्ष से कम आयु के बच्चों में ठिगनापन, दुबलापन और अल्प वजन) के आंकड़ों में पिछले कुछ वर्षों में सुधार हुआ है। जिसका ब्यौरा नीचे दिया

गया है:

एनएफएचएस सर्वेक्षण (महाराष्ट्र)	ठिगनापन %	दुबलापन %	अल्प वजन %
एनएफएचएस-1 (1992-93)*	47	32.7	27.6
एनएफएचएस-2 (1998-99)**	47.1	44.8	23.6
एनएफएचएस-3 (2005-06)***	44.0	47.3	17.2
एनएफएचएस-4 (2015-16)***	34.4	36	25.6
एनएफएचएस-5 (2019-20)***	35.2	36.1	25.6
महाराष्ट्र (पोषण ट्रैकर, जनवरी 2026)	26.85	10.51	2.57
भारत (पोषण ट्रैकर, जनवरी 2026) ***	31.38	13.12	4.36

*4 वर्ष से कम, ** 3 वर्ष से कम, *** 5 वर्ष से कम

पोषण ट्रैकर पर महाराष्ट्र सहित सभी राज्यों/संघ राज्य क्षेत्रों के जिलावार और राज्यवार आंकड़ें <https://www.poshantracker.in/statistics> पर उपलब्ध हैं:

राज्यों/संघ राज्य क्षेत्रों में पोषण स्तर को सुधारने के लिए सरकार द्वारा की जा रही कुछ पहलें इस प्रकार हैं:

- कुपोषण की समस्या का प्रभावी ढंग से समाधान करने के लिए खाद्य, स्वास्थ्य, जल, स्वच्छता और शिक्षा जैसे आयामों को शामिल करते हुए बहुक्षेत्रीय दृष्टिकोण अपनाने हेतु 18 से अधिक मंत्रालयों/विभागों के बीच व्यापक समन्वय सुनिश्चित किया गया है।
- मिशन पोषण 2.0 के तहत, बच्चों (6 माह से 6 वर्ष तक), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण दिया जाता है। यह पूरक पोषण, राष्ट्रीय खाद्य सुरक्षा अधिनियम की अनुसूची-II में दिए गए पोषण मानदंडों के अनुसार दिया जाता है। इन मानदंडों को जनवरी 2023 में संशोधित और उन्नत किया गया है। पुराने मानदंड ज्यादातर कैलोरी-आधारित थे; जबकि संशोधित मानदंड, आहार विविधता के सिद्धांतों पर आधारित हैं और

पूरक पोषण की मात्रा और गुणवत्ता दोनों के मामले में अधिक व्यापक और संतुलित हैं जिनमें गुणवत्ता वाले प्रोटीन, लाभदायक वसा और 7 आवश्यक सूक्ष्म पोषक तत्वों (कैल्शियम, जिंक, आयरन, आहार फोलेट, विटामिन ए, विटामिन-बी 6 और विटामिन बी-12) का प्रावधान है।

- इसके अलावा, महिलाओं और बच्चों में एनीमिया को नियंत्रित करने और सूक्ष्म-पोषक तत्वों की ज़रूरत को पूरा करने के लिए आंगनवाड़ी केंद्रों को फोर्टिफाइड चावल दिया जाता है। आंगनवाड़ी केंद्रों पर पका हुआ गर्म भोजन और घर ले जाने वाला राशन तैयार करने के लिए हफ्ते में कम से कम एक बार मिलेट्स (श्री अन्न) के इस्तेमाल पर अधिक ज़ोर दिया जाता है।
- पोषण ट्रैकर के अंतर्गत प्रौद्योगिकी का उपयोग बच्चों में ठिगनापन, दुबलापन और अल्पवजन की व्याप्तता का निरंतर पता लगाने के लिए किया जा रहा है। इससे आंगनवाड़ी सेवाओं जैसे कि आंगनवाड़ी केंद्रों का खुलना, बच्चों की दैनिक उपस्थिति इसीसीई गतिविधियाँ, बच्चों की वृद्धि की निगरानी, पका हुआ गर्म भोजन (एचसीएम)/घर ले जाने वाला राशन (टीएचआर) उपलब्ध कराना, वृद्धि मापन आदि के लिए लगभग तत्समय (रियल टाइम) आंकड़ों का संग्रह संभव हो पाया है।
- महिला एवं बाल विकास मंत्रालय द्वारा पूरक पोषण प्रदायगी में पारदर्शिता, कुशलता और जवाबदेही सुनिश्चित करने के उद्देश्य से पोषण ट्रैकर के माध्यम से गुणवत्ता आश्वासन, कर्तव्य धारकों की भूमिका और उत्तरदायित्व, खरीद प्रक्रिया, आयुष अवधारणाओं का एकीकरण और आंकड़ों के प्रबंधन एवं निगरानी संबंधी सुव्यवस्थित दिशानिर्देश जारी किए गए हैं। पूरक पोषण के अंतर्गत खाद्य पदार्थों की पोषण स्थिति और गुणवत्ता मानकों की निगरानी राज्य, जिला और ग्राम स्तर पर की जा रही है।
- मंत्रालय ने 12 सितंबर 2022 की अधिसूचना के माध्यम से एकीकृत पोषण सहायता कार्यक्रम-सक्षम आंगनवाड़ी और पोषण (2.0), नियम 2022 जारी किया, जिसमें राष्ट्रीय खाद्य सुरक्षा

अधिनियम, 2013 के प्रावधानों के तहत प्रत्येक गर्भवती महिला और स्तनपान कराने वाली माता के लिए प्रसव के बाद छह महीने तक और छह महीने से छह वर्ष की आयु वर्ग के प्रत्येक बच्चे के लिए निर्दिष्ट अधिकारों को विनियमित किया गया है।

- चलाई जाने वाली प्रमुख गतिविधियों में से एक सामुदायिक जुटाव और जागरूकता प्रचार है, जिसका उद्देश्य लोगों को पोषण संबंधी पहलुओं पर शिक्षित करना है, क्योंकि पोषण की अच्छी आदत को अपनाने के लिए व्यवहार परिवर्तन हेतु निरंतर प्रयास करने की आवश्यकता होती है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर एवं मार्च-अप्रैल के महीने 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 पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में कार्य किया है तथा सभी आंगनवाड़ी कार्यकर्त्रियों से हर महीने समुदाय आधारित दो कार्यक्रम आयोजित करने की अपेक्षा की गई है।
- जनजातीय कार्य मंत्रालय द्वारा शुरू किये गये प्रधानमंत्री जनमन मिशन का उद्देश्य 18 राज्यों और एक संघ राज्य क्षेत्र में रहने वाले 75 विशेष रूप से संवेदनशील जनजातीय समूहों का लक्षित विकास करना है। यह मिशन महिला एवं बाल विकास मंत्रालय सहित 9 प्रमुख मंत्रालयों से संबंधित 11 महत्वपूर्ण कार्यकलापों पर केंद्रित है। 30 नवंबर 2025 तक, देश भर में कुल 2500 आंगनवाड़ी केंद्रों के निर्माण और महाराष्ट्र राज्य में 178 आंगनवाड़ी केंद्रों के निर्माण को मंजूरी दी गई है।
- जनजातीय कार्य मंत्रालय ने जनजातीय बहुल क्षेत्रों और आकांक्षी ब्लॉक के अनुसूचित जनजाति गांवों में जनजातीय परिवारों को पूरी तरह शामिल करके जनजातीय समुदायों की सामाजिक-आर्थिक स्थिति में सुधार लाने के उद्देश्य से धरती आबा जनजातीय ग्राम उन्नत अभियान (डीएजेजीयू) आरंभ किया है।

मोटापे के मामले

2364. डॉ. संबित पात्रा:

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

- (क) क्या सरकार ने देश में मोटापे से ग्रस्त महिलाओं, पुरुषों, लड़कों और लड़कियों की संख्या के संबंध में कोई आकलन या अध्ययन किया है और यदि हाँ, तो राज्य-वार तत्संबंधी ब्यौरा क्या है;
- (ख) क्या नैदानिक मोटापे और पूर्व-नैदानिक मोटापे की परिभाषा को संशोधित करने का कोई प्रस्ताव विचाराधीन है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या देश में मोटापा निवारण संबंधी एक कृतक बल गठित करने का कोई प्रस्ताव विचाराधीन है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार देश में मोटापे के विरुद्ध कोई जन जागरूकता अभियान चला रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या मोटापे को सार्वजनिक स्वास्थ्य महामारी के रूप में वर्गीकृत करने का कोई प्रस्ताव विचाराधीन है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) और (ख): आईसीएमआर ने 2008 से 2020 तक, देश भर के 30 राज्यों/संघ राज्य क्षेत्रों में "आईसीएमआर-इंडिया डायबिटीज (आईसीएमआर-इंडियाबी)" नामक एक अध्ययन आयोजित किया। इस अध्ययन में 20 वर्ष और उससे अधिक आयु के कुल 113043 व्यक्तियों को शामिल किया गया। इस अध्ययन के आंकड़ों के अनुसार, सामान्यीकृत मोटापे की कुल भारत व्यापकता 28.6% और पेट के मोटापे की 39.5% है। राज्य/संघ राज्य क्षेत्र वार मोटापे (सामान्यीकृत और पेट के मोटापे) की व्यापकता संलग्न विवरण में दी गई है।

(ग) से (ड): आशाकर्मी, सामुदायिक आधारित मूल्यांकन चेकलिस्ट (सीबीएसी) का उपयोग करके व्यक्तियों के लिए, कमर की परिधि माप सहित, जोखिम मूल्यांकन करते हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत एक जीवन चक्र दृष्टिकोण लागू करता है, जिसमें देश भर के बच्चों में मोटापे सहित पोषण संबंधी समस्याओं को दूर करने के लिए कार्यकलाप शामिल हैं, जो निम्नानुसार हैं:

- i. भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसआई) द्वारा शुरू किए गए 'सही खान-पान अभियान' का उद्देश्य नागरिकों, जिनमें बच्चे भी शामिल हैं, को स्वस्थ और पौष्टिक आहार खाने के लिए प्रोत्साहित करना और उन्हें सक्षम बनाना है और यह जन जागरूकता पैदा करना है कि नमक, चीनी और वसा युक्त खाद्य पदार्थों का नियमित और अत्यधिक सेवन मोटापे का कारण बनता है।
- ii. भारत सरकार 'फिट इंडिया मूवमेंट' जैसे देशव्यापी अभियानों के माध्यम से स्वास्थ्य संवर्धन और जागरूकता पैदा करने पर ध्यान केंद्रित करती है, जहां लोगों को स्वस्थ और चुस्त रहने के लिए प्रोत्साहित किया जाता है।
- iii. राष्ट्रीय गैर-संचारी रोग निवारण एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के माध्यम से शारीरिक गतिविधियों सहित स्वस्थ जीवन शैली के लिए निम्नलिखित गतिविधियों को भी बढ़ावा दिया जाता है:
 - आयुष्मान आरोग्य मंदिर (एएएम) के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के तहत सामुदायिक स्तर पर स्वास्थ्य संबंधी गतिविधियों और लक्षित संचार को बढ़ावा दिया जाता है।
 - आयुष मंत्रालय द्वारा योग संबंधी गतिविधियाँ संचालित की जाती हैं।
 - एनपी-एनसीडी के तहत मुद्रित, इलेक्ट्रॉनिक और सोशल मीडिया के माध्यम से जागरूकता

पैदा करने वाली गतिविधियों (आईईसी) के लिए वित्तीय सहायता प्रदान की जाती है।

- स्वस्थ जीवनशैली के बारे में जागरूकता पैदा करने के लिए प्रत्येक एएएम में स्वास्थ्य मेले आयोजित किए जाते हैं।
- राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके) के तहत, सरकार 10-19 वर्ष आयु वर्ग के किशोरों के स्वास्थ्य और कल्याण में सुधार के लिए निवारक, प्रोत्साहक और उपचारात्मक अंतःक्षेप लागू करती है।
- राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) के तहत, जन्म से लेकर 18 वर्ष तक के बच्चों में स्वास्थ्य समस्याओं का शीघ्र पता लगाने और मुफ्त उपचार के लिए एक राष्ट्रीय बाल स्वास्थ्य जांच कार्यक्रम लागू किया जाता है।

विवरण

राज्य/संघ राज्य क्षेत्र वार मोटापे (सामान्यीकृत और पेट के मोटापे) की व्यापकता

राज्य/संघ राज्य क्षेत्र	सामान्यीकृत मोटापा (%)	पेट का मोटापा (%)
हिमाचल प्रदेश	38.6	54.6
पंजाब	39.7	57.2
चंडीगढ़	31.3	36.2
उत्तराखंड	33.4	46.1
हरियाणा	37.8	56.9
दिल्ली	41.8	55.0
राजस्थान	23.4	34.6
उत्तर प्रदेश	24.1	33.5
बिहार	14.5	26.1
सिक्किम	39.8	48.4
अरुणाचल प्रदेश	23.2	32.9
नागालैंड	21.1	30.3
मणिपुर	30.4	40.7
मिजोरम	21.9	28.9
त्रिपुरा	15.5	29.6

मेघालय	13.9	24.8
असम	14.7	24.7
पश्चिम बंगाल	24.8	39.4
झारखंड	11.7	16.8
ओडिशा	28.8	39.1
छत्तीसगढ़	18.8	29.5
मध्य प्रदेश	18.3	27.2
गुजरात	22.1	28.4
महाराष्ट्र	16.6	18.7
आंध्र प्रदेश	25.0	23.5
कर्नाटक	22.9	31.8
गोवा	40.3	47.6
केरल	43.6	58.2
तमिलनाडु	24.5	26.6
पुडुचेरी	45.9	51.8

UPGRADATION OF DISTRICT HOSPITAL, KARGIL

2365. SHRI MOHMAD HANEEFA:

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

- (a) the current status of the proposal submitted by the UT Administration of Ladakh for upgrading the District Hospital, Kargil, from 75 beds to a 200-bed facility along with enhanced diagnostic and treatment infrastructure;
- (b) the timeline by which the said upgradation is proposed to be sanctioned and completed;
- (c) whether any proposal has been received by the Government or is under consideration to further upgrade the District Hospital, Kargil, into a multi-

specialty hospital and if so, the present status thereof; and

(d) the steps being taken by the Government to ensure improved secondary and tertiary healthcare services in the said district given its remote, high-altitude location and limited access to advanced medical 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) to (d): The Ministry of Health and Family Welfare has not yet received any proposal for upgradation of District Hospital, Kargil from 75 bedded hospital to a 200 bedded facility from the Union Territory Administration of Ladakh in the Programme Implementation Plans (PIPs) for the consideration of the National Programme Coordination Committee under the National Health Mission (NHM).

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), need based technical and financial support is provided to the States/UTs, including the U.T. of Ladakh, based on the proposals made by the States/UTs in their Programme Implementation Plans within their overall resource envelop duly appraised by the National Programme Implementation Committee (NPCC). The details for the approvals provided under NHM RoPs 2024-26 for various Health Care Centre can be accessed from the link - <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

Apart from this, support has been provided to the States/UTs for transformation of Sub-Health Centres and Primary Health Centres into Ayushman Arogya Mandirs (AAMs) to deliver twelve packages of Comprehensive Primary Health Care, covering preventive, promotive, curative, rehabilitative, geriatric and palliative services closer to communities.

To further improve access in vulnerable regions, the IPHS 2022 guidelines provide relaxed population norms for establishment of Sub-Health Centres (SHCs), Primary Health Centres (PHCs), and Community Health Centres (CHCs) in remote, tribal, desert and hard-to-reach areas. In addition, 15th Finance Commission Health Grants support the construction and strengthening of building-less SHCs and PHCs, particularly in underserved regions.

PROMOTION OF AYURVEDA IN WEST BENGAL

2366. SHRI SAUMITRA KHAN:

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

- (a) the details of the efforts being made/proposed to be made by the Government to promote Ayurveda and other systems of AYUSH in West Bengal;
- (b) the details of the total number of institutes and training centres related to Yoga, Naturopathy and Unani that are functional in West Bengal, district-wise;
- (c) whether the Government proposes to set up more such institutes and training centres in the State during the current financial year;

- (d) if so, the details thereof, district-wise and Stream-wise;
- (e) whether opening of AYUSH hospitals in various districts of West Bengal has been pending for a long time; and
- (f) if so, the details thereof and if not, the reasons therefor?

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

(a): The Government through its various initiatives has been able to promote Ayurveda and other systems of AYUSH in the Country including in the State of West Bengal. With the view to fulfil the mandate of propagation of Ayush System of Healthcare, Ministry of Ayush implements a Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush. This aims to reach out to all sections of the population across the country including in the State of West Bengal. Under this Scheme, Ministry organises National/ State level Arogya Fairs, Yoga Fests/ Utsavs, Ayurveda Parvs, celebrate important days of Ayush system, participate in Health fairs/ melas, Exhibitions etc, provide financial assistance for organising seminars, workshops, conferences and conduct multimedia campaigns etc. to create awareness among citizens regarding Ayush system of health care.

Besides, Ministry of Ayush is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through State/UT Governments,

including West Bengal, for the overall development and promotion of Ayurveda and other systems of Ayush. NAM inter alia, makes provision of financial assistance to States/UTs for the following major activities, subject to the condition that proposals are required to be submitted through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines:

- (i) Operationalization of Ayush Health & 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, including construction of buildings for existing Ayush Dispensaries operating from rented or dilapidated accommodations, and construction of buildings to establish new Ayush Dispensaries;
- (v) Setting up of 10-, 30- and 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) Implementation of Ayush Public Health Programmes;
- (viii) Establishment of new Ayush colleges in States where the availability of Ayush teaching institutions is inadequate in the Government sector; and

(ix) Infrastructural development of Ayush Undergraduate and Postgraduate Institutions, including add-on PG, Pharmacy and Para- Medical courses.

(b) to (f): Public health being a state subject, the opening of institutes, training centres related to Yoga, Naturopathy and Unani and Ayush hospitals in various districts of West Bengal come under the purview of the respective State Government. However, under NAM, as per the proposals received from the State Govt. of West Bengal through SAAPs, 02 units of 50- bedded Integrated Ayush Hospitals have been approved in the District of Alipurduar and Midnapur, respectively.

उर्वरकों में आत्मनिर्भरता

2367. डॉ. राजकुमार सांगवान:

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

- (क) क्या देश में रासायनिक उर्वरकों की मांग निरंतर बढ़ रही है;
- (ख) यदि हां, तो पिछले पांच वर्षों के दौरान यूरिया, डीएपी और अन्य उर्वरकों के घरेलू उत्पादन का राज्य-वार, उर्वरक-वार और वर्ष-वार ब्यौरा क्या है; और
- (ग) घरेलू उत्पादन बढ़ाने, आत्मनिर्भरता सुनिश्चित करने और वर्तमान में किसानों को उनकी फसलों के लिए समय पर उर्वरक उपलब्ध कराने हेतु सरकार द्वारा राज्य-वार, विशेषकर उत्तर प्रदेश में, क्या कदम उठाए जा रहे हैं?

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

(क): उत्तर प्रदेश राज्य सहित, देशभर में पिछले पाँच वर्षों अर्थात् 2020–21, 2021–22, 2022–23, 2023–24 और 2024–25 के दौरान उर्वरकों जैसे यूरिया, डीएपी, एमओपी और एनपीकेएस की कुल आवश्यकता/मांग, उपलब्धता तथा उनकी बिक्री से संबंधित ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख): पिछले पांच वर्षों के दौरान प्रमुख उर्वरक उत्पादन इकाइयों में यूरिया, डीएपी और अन्य उर्वरकों के राज्य-वार कुल घरेलू उत्पादन के बारे में ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग): राज्यों में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाए किए जाते हैं:

- i. प्रत्येक फसल मौसम का प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- ii. डीएण्डएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- iii. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- iv. डीएण्डएफडब्ल्यू और उर्वरक विभाग द्वारा राज्य के कृषि अधिकारियों के साथ संयुक्त रूप से नियमित साप्ताहिक वीडियो कॉन्फ्रेंस आयोजित की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों के प्रेषण के लिए सुधारात्मक कार्रवाई की जाती है।
- v. राज्य के भीतर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

इसके अतिरिक्त, फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए, सरकार ने दिनांक

01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। एनबीएस नीति के तहत, पीएंडके उर्वरकों को मुक्त सामान्य लाइसेंस (ओजीएल) के तहत शामिल किया गया है और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं।

घरेलू उर्वरक उत्पादन को बढ़ावा देने और उर्वरकों के उत्पादन में देश को आत्मनिर्भर बनाने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- (i) उर्वरक विभाग ने एमआरपी की उपयुक्तता सुनिश्चित करने और घरेलू उत्पादन को बढ़ावा देने के लिए दिनांक 18.01.2024 से दिशानिर्देश जारी किए हैं।
- (ii) प्राप्त अनुरोधों के आधार पर, एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता बढ़ाने को अहमियत दी गई है/संज्ञान में लिया गया है।
- (iii) एनबीएस नीति के तहत शामिल किए गए पीएण्डके उर्वरकों की संख्या वर्ष 2021 की 22 ग्रेड से बढ़ाकर वर्तमान में 28 ग्रेड कर दी गई है।
- (iv) मृदा को फॉस्फेटयुक्त अथवा 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी जो स्वदेशी रूप से उत्पादित उर्वरक है, के उपयोग को बढ़ावा देने के लिए एसएसपी पर मालभाड़ा सब्सिडी, खरीफ, 2022 से अनुमोदित की गई है।
- (v) आयातित पोटाश उर्वरकों पर आयात निर्भरता को कम करने के लिए, शीरे से प्राप्त पोटाश (पीडीएम), जो घरेलू रूप से उत्पादित पोटाशयुक्त उर्वरक है, को रबी, 2021 से एनबीएस स्कीम के तहत शामिल किया गया है।

उपर्युक्त उपायों से पीएंडके उर्वरकों के उत्पादन को वर्ष 2014-15 के 159.54 एलएमटी से बढ़ाकर वर्ष 2024-25 में 211.22 एलएमटी करने में मदद मिली है।

यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र

में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान रही 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) वर्ष 2023-24 के दौरान बढ़कर 283.74 एलएमटीपीए हो गई है। इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामतः तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने ब्रह्मपुत्र वैली फ़र्टिलाइजर कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप, असम के मौजूदा परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है, जिससे असम

वैली फर्टिलाइजर एण्ड केमिकल कंपनी लिमिटेड (एवीएफसीसीएल) के नाम से जाना जाएगा।

इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन को आरएसी से अधिक करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति (एनयूपी)-2015 भी अधिसूचित की है। एनयूपी-2015 से यूरिया का उत्पादन वर्ष 2014-15 के दौरान हुए वार्षिक उत्पादन की तुलना में 20-25 एलएमटीपीए बढ़ा है।

उपर्युक्त सभी उपायों से रिकार्ड यूरिया उत्पादन हुआ है, जो वर्ष 2014-15 के दौरान 225 एलएमटी प्रतिवर्ष था वर्ष 2023-24 के दौरान बढ़कर 314.07 एलएमटी हो गया है। वर्ष 2024-25 के दौरान देश में 306.67 एलएमटी यूरिया का उत्पादन हुआ है।

विवरण-I

प्रमुख उर्वरक उत्पादन इकाइयों में उर्वरकों का कुल उत्पादन									
क्र.सं.	राज्य का नाम	कंपनी का नाम	उर्वरक उत्पादन इकाइयों का नाम/अवस्थिति	उत्पादित उर्वरकों के प्रकार	उत्पादन (आंकड़े एलएमटी में)				
					2020-21	2021-22	2022-23	2023-24	2024-25
सार्वजनिक क्षेत्र									
1	हरियाणा	नेशनल फर्टिलाइजर्स लिमिटेड	नेशनल फर्टिलाइजर्स लिमिटेड:पानीपत	यूरिया	5.83	4.69	5.70	5.30	5.15
2	मध्य प्रदेश		नेशनल फर्टिलाइजर्स लिमिटेड: विजयपुर-I	यूरिया	9.66	10.41	10.50	10.43	9.74
3			नेशनल फर्टिलाइजर्स लि:विजयपुर-II	यूरिया	11.27	9.55	11.87	11.24	11.61
4	पंजाब		नेशनल फर्टिलाइजर्स	यूरिया	5.47	5.32	5.45	5.21	5.14

			लिमिटेड:-नांगल-II						
5			नेशनल फर्टिलाइजर्स लिमिटेड: भटिंडा	यूरिया	5.77	5.29	5.82	4.72	5.50
6	महाराष्ट्र	राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स. लिमिटेड	राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स लिमिटेड:ट्राम्बे	यूरिया/मिश्रित	8.77	8.99	9.59	9.17	9.21
7			राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स लिमिटेड:थल	यूरिया	19.12	18.59	18.80	18.42	17.74
	असम	ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉरपोरेशन लि.:	ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉरपोरेशन लि.:नामरूप-II	यूरिया	0.02	-	0.00	0.00	0.00
8			ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉरपोरेशन लि.:नामरूप-III	यूरिया	1.30	1.70	2.23	1.80	1.87
9	केरल	फर्टिलाइजर एण्ड केमिकल्स ट्रावनकोर लि.:	फर्टिलाइजर एण्ड केमिकल्स ट्रावनकोर लि.:उद्योगमंडल	ए/एस और मिश्रित	4.62	3.23	4.53	4.63	3.93
10			फर्टिलाइजर एण्ड केमिकल्स ट्रावनकोर लि.:कोचीन	मिश्रित	6.46	6.40	6.20	6.06	5.03
11	तमिलनाडु	मद्रास फर्टिलाइजर लि.:	मद्रास फर्टिलाइजर लि.:चेन्नई	यूरिया और मिश्रित	5.34	5.28	5.27	4.33	5.28
सहकारी क्षेत्र									
12	गुजरात	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.:कांडला	डीएपी और मिश्रित	22.83	23.40	24.87	18.90	22.79
13			इंडियन फार्मर्स	यूरिया	6.24	5.45	6.62	6.19	6.03

			फर्टिलाइजर कोऑपरेटिव लि.:कलोल						
14	ओडिशा		इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.: पारादीप	डीएपी और मिश्रित	19.88	19.95	21.88	21.17	22.13
15	उत्तर प्रदेश		इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.:फूलपुर-I	यूरिया	7.06	6.40	6.51	7.05	7.64

क्र. सं.	राज्य का नाम	कंपनी का नाम	उर्वरक उत्पादन इकाइयों का नाम /अवस्थिति	उत्पादित उर्वरकों के प्रकार	उत्पादन (आंकड़े एलएमटी में)				
					2020- 21	2021- 22	2022- 23	2023- 24	2024- 25
16			इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.:फूलपुर-II	यूरिया	10.64	8.38	12.24	12.00	10.71
17			इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.: आंवला-I	यूरिया	11.04	12.07	11.52	12.26	11.35
18			इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.: आंवला- II	यूरिया	11.77	11.32	11.92	11.36	12.44
19	गुजरात	कृषक भारती कोऑपरेटिव लि	कृषक भारती कोऑपरेटिव लि हजीरा	यूरिया	23.23	22.08	22.21	23.35	24.34
निजी क्षेत्र									
20	आंध्र प्रदेश	नागार्जुन फर्टिलाइजर्स एण्ड	नागार्जुन फर्टिलाइजर्स एण्ड केमिकल्स लि.:काकीनाड़ा-I	यूरिया	5.28	7.53	6.08	6.45	1.13

		केमिकल्स लि							
21			नागार्जुन फर्टिलाइजर्स एण्ड केमिकल्स लि.:काकीनाड़ा-II	यूरिया	2.16	1.61	5.13	6.65	1.04
22		कोरोमंडल इंटरनेशनल लि.:	कोरोमंडल इंटरनेशनल लि.: काकीनाड़ा	डीएपी और मिश्रित	16.50	15.59	20.06	19.31	21.61
23		लि.:	कोरोमंडल इंटरनेशनल लि.: वाइजैग	डीएपी और मिश्रित	9.75	10.77	11.43	11.64	11.64
24	उत्तर प्रदेश	हिंदुस्तान उर्वरक एवं रसायन लिमिटेड (एचयूआरएल)	एचयूआरएल: गोरखपुर	यूरिया	-	-	8.66	13.50	12.01
25	बिहार		एचयूआरएल :बरौनी	यूरिया	-	-	1.74	10.57	8.55
26	झारखंड		एचयूआरएल : सिंदरी	यूरिया	-	-	1.74	11.44	12.47
27	गोवा	पारादीप फॉस्फेट्स लिमिटेड (पूर्व में जेडएसीएल)	पारादीप फॉस्फेट्स लिमिटेड (पूर्व में जेडएसीएल)	यूरिया, डीएपी और मिश्रित	8.19	6.00	7.75	8.79	10.93
28	गुजरात	गुजरात नर्मदा वैली फर्टिलाइजर एण्ड केमिकल्स लि.:	गुजरात नर्मदा वैली फर्टिलाइजर एण्ड केमिकल्स लि.:भरुच	यूरिया और मिश्रित	8.10	7.79	7.69	8.28	8.13
29		गुजरात स्टेट फर्टिलाइजर्स एण्ड केमिकल्स लि.	गुजरात स्टेट फर्टिलाइजर्स एण्ड केमिकल्स लि.:वड़ोदरा	यूरिया, डीएपी, ए/एस और मिश्रित	11.09	10.91	11.13	9.89	11.10
30			गुजरात स्टेट फर्टिलाइजर्स एण्ड केमिकल्स लि.:सिक्का	यूरिया और मिश्रित	7.93	3.63	2.74	4.40	5.36

31		किसान शक्ति	किसान शक्ति भरुच	टीएसपी	-	-	-	0.02	0.01
32		हिंडाल्को दाहेज	हिंडाल्को दाहेज	डीएपी	0.05	-	-	0.00	0.00
33	कर्नाटक	मंगलौर केमिकल्स एंड फर्टिलाइजर्स लि.	मंगलौर केमिकल्स एंड फर्टिलाइजर्स लि.:मंगलौर	यूरिया, डीएपी एण्ड मिश्रित	6.11	6.81	5.62	7.55	7.68
34	महाराष्ट्र	महाधन एग्री टेक लि . तलोजा	महाधन एग्री टेक लि . स्मार्टकेम/डीएफपीसीएल:तलोजा	मिश्रित	6.56	5.62	5.83	6.08	8.35

क्र. सं.	राज्य का नाम	कंपनी का नाम	उर्वरक उत्पादन इकाइयों का नाम /अवस्थिति	उत्पादित उर्वरकों के प्रकार	उत्पादन (आंकड़े एलएमटी में)				
					2020- 21	2021- 22	2022- 23	2023- 24	2024- 25
35	ओडिशा	पारादीप फॉस्फेट लि	पारादीप फॉस्फेट लि.:पारादीप	डीएपी एण्ड मिश्रित	10.23	12.49	12.98	14.27	15.42
36	राजस्थान	चंबल फर्टिलाइजर्स एंड केमिकल्स लि	चंबल फर्टिलाइजर्स एंड केमिकल्स लि. :गड़ेपान-I	यूरिया	11.15	10.10	10.22	10.40	11.15
37			चंबल फर्टिलाइजर्स एंड केमिकल्स लि. :गड़ेपान-II	यूरिया	9.62	9.49	10.39	9.58	10.60
38			चंबल फर्टिलाइजर्स एंड केमिकल्स लि. :गड़ेपान-III	यूरिया	12.70	13.55	12.86	13.84	12.87

39		श्रीराम फर्टिलाइजर्स एंड केमिकल्स लि	श्रीराम फर्टिलाइजर्स एंड केमिकल्स लि.:कोटा	यूरिया	4.01	3.92	3.98	4.10	4.07
40		पटेल फोसकेम	पटेल फोस केम उदयपुर	टीएसपी	0.00	-	0.04	0.02	0.04
		रामाफोस- उदयपुर	रामाफोस उदयपुर	मिश्रित	-	-	-	-	0.02
41	तमिलनाडु	कोरोमंडल इंटरनेशनल लि	कोरोमंडल इंटरनेशनल लि. :एन्नोर	मिश्रित	2.12	2.51	1.40	2.19	0.00
42		सदर्न पेट्रोकेमिकल इंड . कॉरपोरेशन लि	सदर्न पेट्रोकेमिकल इंड . कॉरपोरेशन लि.:तूतीकोरिन	यूरिया	6.20	6.20	7.59	5.23	7.21
43		ग्रीनस्टार फर्टिलाइजर लि .	ग्रीनस्टार फर्टिलाइजर लि :तूतीकोरिन	डीएपी एण्ड मिश्रित	3.60	4.12	5.03	5.06	6.04
44	तेलंगाना	रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड	आरएफसीएल, रामागुण्डम	यूरिया	0.02	3.83	8.41	11.12	11.95
45	उत्तर प्रदेश	इंडोरामा इंडिया)पहले ग्रासिम) प्राइवेट लिमिटेड	इंडोरमा ग्रासिम/आईजीएफ: जगदीशपुर	यूरिया	10.95	10.45	11.17	11.38	12.18
46		यारा फर्टिलाइजर्स इंडिया लिमिटेड	यारा फर्टिलाइजर्स इंडिया प्रा.लि./टीसीएल:बबराला	यूरिया	11.55	12.98	11.82	12.31	13.23

47		कृभको फर्टिलाइजर्स लिमिटेड	केएफएल कृभको श्याम फर्टिलाइजर्स लि.: शाहजहांपुर	यूरिया	10.74	9.65	10.95	10.66	11.35
48		कानपुर फर्टिलाइजर्स एंड सीमेंट लिमिटेड	केएफसीएल कानपुर	यूरिया	6.72	6.73	6.28	6.85	6.12
49	पश्चिम बंगाल	आईआरसी एग्रोकेमिकल्स प्राइवेट लिमिटेड	इण्डोरमा इंडिया हल्दिया	डीएपी एण्ड मिश्रित	6.70	5.18	4.94	6.01	6.50
50		मैटिक्स फर्टिलाइजर्स एण्ड केमिकल्स लि	मैटिक्स फर्टिलाइजर्स एण्ड केमिकल्स लि. पानागढ़	यूरिया	0.00	6.29	10.52	14.99	14.71
51	मध्य प्रदेश	मध्य भारत एग्रो प्रोडक्ट लि . (एमबीएपीएल)	मध्य भारत एग्रो प्रोडक्ट लि) .एमबीएपीएल)	डीएपी और मिश्रित	-	0.38	0.94	1.27	1.54
52		कृष्णा फॉस्केम लि.	कृष्णा फॉस्केम लि.	डीएपी और मिश्रित	-	-	0.01	1.49	2.31
53		कोरोमंडल इंटरनेशनल लिमिटेड.	सीआईएल: निर्माणी	मिश्रित	-	-	-	-	0.50
				कुल	384.34	382.61	428.85	458.90	465.45

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

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री

वित्त वर्ष 2023-24 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और बिक्री													
आंकड़े एलएमटी में													
क्रम. सं.	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	डीबी टी बिक्री	आवश्यकता	उपलब्धता	डीबी टी बिक्री	आवश्यकता	उपलब्धता	डीबी टी बिक्री	आवश्यकता	उपलब्धता	डीबी टी 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

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25	नागालैंड	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	5.46	7.70	5.84	2.33	3.12	2.74	1.03	0.93	0.66	2.80	3.16	2.42
27	पुदुचेरी	0.16	0.15	0.13	0.02	0.01	0.01	0.01	0.01	0.01	0.06	0.10	0.07
28	पंजाब	29.48	37.35	30.68	8.00	8.23	7.24	0.85	0.62	0.50	1.50	1.02	0.73
29	राजस्थान	24.28	29.23	25.39	8.95	9.80	9.37	0.23	0.20	0.15	1.11	1.40	1.08
30	सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	तमिलनाडु	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94
32	तेलंगाना	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62
33	त्रिपुरा	0.24	0.26	0.14	0.05	0.04	0.03	0.07	0.06	0.02	0.02	0.03	0.02
34	उत्तराखंड	1.84	2.67	2.31	0.35	0.49	0.38	0.08	0.08	0.04	0.35	0.24	0.20
35	उत्तर प्रदेश	76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
36	पश्चिम बंगाल	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	अखिल भारत	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता

2 सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री

वित्त वर्ष 2022-23 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और बिक्री													
आंकड़े एलएमटी में													
क्रम. सं.	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	डीबी टी बिक्री	आवश्यकता	उपलब्धता	डीबी टी बिक्री	आवश्यकता	उपलब्धता	डीबी टी बिक्री	आवश्यकता	उपलब्धता	डीबी टी बिक्री
1	अंडमान और निकोबार द्वीप समूह	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.01	0.00	0.00

2	आंध्र प्रदेश	16.65	18.39	15.87	4.20	5.43	4.64	3.09	1.42	1.18	15.97	16.27	13.73
3	अरुणाचल प्रदेश	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	असम	3.85	4.07	3.56	0.85	0.83	0.63	0.75	0.58	0.47	0.26	0.22	0.19
5	बिहार	22.80	24.68	21.96	6.82	7.15	5.66	2.16	1.55	1.26	3.72	5.35	4.25
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	8.74	10.57	8.38	3.70	4.68	3.14	1.01	0.77	0.56	1.45	1.63	1.06
8	दादरा और नगर हवेली	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	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	0.20	0.32	0.28	0.04	0.06	0.05	0.01	0.00	0.00	0.01	0.00	0.00
11	गोवा	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.04	0.03	0.03
12	गुजरात	24.00	27.30	24.73	5.50	7.48	6.10	1.15	0.91	0.81	5.85	7.08	5.23
13	हरियाणा	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
14	हिमाचल प्रदेश	0.76	0.85	0.74	0.02	0.02	0.02	0.07	0.07	0.04	0.39	0.41	0.35
15	जम्मू और कश्मीर	1.68	1.93	1.60	0.59	0.60	0.48	0.40	0.23	0.17	0.04	0.00	0.00
16	झारखंड	2.60	3.04	2.56	1.00	0.89	0.77	0.20	0.05	0.04	0.46	0.52	0.45
17	कर्नाटक	17.20	22.22	18.21	5.90	8.44	6.21	3.00	1.68	1.41	17.16	21.53	16.67
18	केरल	1.23	1.32	1.12	0.20	0.22	0.19	1.07	0.86	0.78	1.42	1.32	1.02
19	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	33.00	36.94	32.39	18.50	17.61	13.85	1.57	0.76	0.62	4.85	6.25	4.79
21	महाराष्ट्र	25.29	30.39	24.66	8.20	9.34	7.18	4.30	1.68	1.38	23.50	28.89	20.46
22	मणिपुर	0.22	0.35	0.31	0.12	0.04	0.04	0.12	0.05	0.04	0.00	0.03	0.03

23	मेघालय	0.02	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
24	मिजोरम	0.09	0.11	0.10	0.06	0.01	0.01	0.04	0.00	0.00	0.00	0.00	0.00
25	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	5.84	7.08	5.60	2.69	2.55	1.94	1.35	0.84	0.61	3.05	3.26	2.63
27	पुदुचेरी	0.15	0.18	0.17	0.01	0.02	0.02	0.02	0.01	0.01	0.07	0.09	0.06
28	पंजाब	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58
29	राजस्थान	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
30	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	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38
32	तेलंगाना	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
33	त्रिपुरा	0.27	0.28	0.19	0.05	0.02	0.02	0.09	0.06	0.02	0.02	0.03	0.02
34	उत्तराखंड	2.20	2.38	2.05	0.35	0.64	0.52	0.09	0.07	0.03	0.35	0.15	0.11
35	उत्तर प्रदेश	77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79
36	पश्चिम बंगाल	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61
	अखिल भारत	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री

वित्त वर्ष 2021-22 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और बिक्री													
आंकड़े एलएमटी में													
क्रम. सं.	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	अंडमान और	0.00	0.01	0.00	0.00	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00

[illegible]

20	मध्य प्रदेश	35.00	33.01	29.18	19.50	12.54	12.03	1.80	1.31	1.18	4.35	5.31	4.96
21	महाराष्ट्र	25.50	28.29	23.68	8.50	6.42	5.87	4.50	3.63	3.26	21.50	28.97	25.75
22	मणिपुर	0.27	0.24	0.14	0.14	0.03	0.01	0.14	0.00	0.00	0.00	0.02	0.01
23	मेघालय	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.09	0.03	0.01	0.06	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	नागालैंड	0.02	0.01	0.01	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
26	ओडिशा	5.64	6.36	5.53	2.68	2.51	2.37	1.43	1.17	1.07	2.80	2.77	2.49
27	पुदुचेरी	0.12	0.15	0.15	0.02	0.01	0.01	0.02	0.02	0.02	0.07	0.08	0.07
28	पंजाब	28.00	34.95	31.34	8.00	6.58	6.27	1.00	0.87	0.64	0.76	1.47	1.21
29	राजस्थान	21.00	25.43	22.59	7.70	6.59	6.10	0.30	0.31	0.24	0.63	1.23	1.20
30	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	10.10	10.85	10.40	2.90	2.56	2.39	3.00	2.80	2.53	6.92	9.25	8.17
32	तेलंगाना	19.00	19.19	17.12	4.20	3.14	2.98	3.10	1.50	1.39	18.60	15.07	13.24
33	त्रिपुरा	0.27	0.32	0.18	0.05	0.04	0.01	0.09	0.05	0.01	0.02	0.03	0.01
34	उत्तराखण्ड	2.16	2.30	2.09	0.32	0.43	0.31	0.09	0.09	0.04	0.30	0.24	0.22
35	उत्तर प्रदेश	78.00	82.30	71.12	29.50	23.75	21.20	3.80	2.12	1.91	8.00	6.78	6.36
36	पश्चिम बंगाल	14.23	15.84	13.30	4.05	3.03	2.70	3.70	2.09	1.89	10.12	11.30	10.34
	अखिल भारत	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. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री

वित्त वर्ष 2020-21 के दौरान उर्वरकों की आवश्यकता, उपलब्धता और बिक्री													
आंकड़े एलएमटी में													
क्रम.सं	राज्य	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	अंडमान और निकोबार द्वीप समूह	0.01	0.01	0.00	0.02	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
2	आंध्र प्रदेश	17.50	18.84	15.92	4.00	4.66	4.21	2.80	3.60	2.94	13.50	19.78	17.27
3	अरुणाचल प्रदेश	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	असम	4.15	4.11	3.46	0.83	0.92	0.79	0.82	0.99	0.80	0.20	0.17	0.14
5	बिहार	22.00	26.21	23.30	7.00	8.93	8.12	2.50	3.44	2.61	3.50	4.58	3.63
6	चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	छत्तीसगढ़	6.50	11.08	9.17	3.35	5.42	4.51	1.01	1.52	1.12	1.60	1.72	1.19
8	दादरा और नगर हवेली	0.00	0.01	0.01	0.00	0.01	0.01	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	0.24	0.22	0.05	0.04	0.04	0.02	0.01	0.00	0.02	0.00	0.00
11	गोवा	0.02	0.03	0.02	0.02	0.00	0.00	0.01	0.01	0.01	0.03	0.04	0.03
12	गुजरात	24.00	26.22	23.82	5.00	7.02	6.55	1.30	1.70	1.51	5.35	9.48	7.79
13	हरियाणा	21.00	23.64	21.52	6.30	6.86	6.32	0.70	0.98	0.60	0.40	0.35	0.23
14	हिमाचल प्रदेश	0.70	0.88	0.72	0.02	0.02	0.02	0.09	0.12	0.08	0.41	0.45	0.34
15	जम्मू और कश्मीर	1.43	2.58	2.16	0.79	0.93	0.80	0.26	0.60	0.48	0.00	0.04	0.02
16	झारखंड	2.60	3.07	2.58	1.00	1.27	1.08	0.11	0.07	0.05	0.38	0.44	0.36

17	कर्नाटक	16.50	20.62	16.43	6.50	7.97	6.82	3.15	4.57	3.35	14.15	23.28	18.24
18	केरल	1.13	1.51	1.27	0.19	0.22	0.21	0.85	1.28	1.09	1.25	1.72	1.44
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	31.00	34.73	30.18	13.55	18.04	16.07	1.50	2.03	1.50	3.75	4.85	3.98
21	महाराष्ट्र	25.00	29.76	24.62	7.00	9.44	8.17	4.50	5.43	4.09	21.00	35.89	26.89
22	मणिपुर	0.27	0.24	0.22	0.16	0.06	0.04	0.14	0.03	0.03	0.00	0.00	0.00
23	मेघालय	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	मिजोरम	0.09	0.02	0.02	0.05	0.00	0.00	0.04	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
26	ओडिशा	5.65	6.66	5.27	2.20	2.82	2.52	1.30	1.81	1.38	2.80	3.26	2.65
27	पुदुचेरी	0.13	0.15	0.14	0.02	0.01	0.01	0.02	0.03	0.02	0.04	0.11	0.09
28	पंजाब	28.30	32.85	29.37	8.25	8.87	7.73	1.50	1.21	0.85	0.76	0.47	0.36
29	राजस्थान	22.00	25.78	23.21	8.00	9.72	9.17	0.30	0.46	0.32	0.55	0.76	0.64
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	10.00	11.58	9.88	3.25	3.07	2.72	3.10	3.88	3.07	6.30	9.08	7.38
32	तेलंगाना	19.50	22.20	17.54	2.70	3.62	3.14	2.60	3.00	2.47	13.50	18.38	15.18
33	त्रिपुरा	0.25	0.25	0.14	0.06	0.07	0.05	0.10	0.07	0.04	0.02	0.02	0.01
34	उत्तराखंड	2.25	2.57	2.40	0.40	0.46	0.38	0.10	0.11	0.06	0.38	0.34	0.31
35	उत्तर प्रदेश	74.00	84.55	74.13	23.00	29.02	25.76	3.50	3.74	2.78	8.00	8.20	6.26
36	पश्चिम बंगाल	14.43	16.08	12.78	4.05	4.48	3.94	3.20	3.89	3.06	10.12	13.16	11.39
	अखिल भारत	350.64	406.49	350.51	107.76	133.98	119.18	35.51	44.56	34.32	108.00	156.55	125.82

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री

NARI ADALATS

2368. CAPTAIN BRIJESH CHOWTA:

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

- (a) the number of Nari Adalats established/under implementation, State-wise/district-wise and whether Karnataka has been included under the pilot phase;
- (b) whether any proposal/recommendation has been received from the Government of Karnataka to set up Nari Adalats in Dakshina Kannada district, if so, the details thereof;
- (c) whether any evaluation/review has been undertaken by the Ministry to assess the performance, case disposal rate/community participation of said Adalats in pilot States; and
- (d) the details of the measures being taken to expand said Adalats across all districts, to ensure convergence with One Stop Centres, Women Helplines and District Legal Services Authorities for holistic grievance redressal?

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

(a) to (d): Nari Adalat has been introduced as a pilot initiative under the Sambal vertical of Mission Shakti Mission in the 15th Finance Commission period. The scheme aims to offer services such as alternative dispute resolution, grievance

redressal, counselling, and decision-making based on evidence at Gram Panchayat level. The scheme aims to tackle socio-economic and cultural challenges faced by women in the area and provides dispute resolution through mediation and referral to appropriate institutions such as One Stop Centre, Police Station, District Legal Service Authority and Women Help Desk. The implementation of the scheme lies with the State government and UT administration.

There is no legal status given to the forum as the goal of Nari Adalat is reconciliation and grievance redressal through mutual consent and creating awareness of rights and entitlements. Any aggrieved woman shall always have recourse to legal mechanism also as per her need.

Presently, Nari Adalat is being run in 50 Gram Panchayats each in the State of Assam and UT of Jammu & Kashmir and 10 Gram Panchayats in the State of Sikkim and Mizoram. Based on the proposal received from the State Government of Karnataka, Nari Adalat have been approved for 10 Gram Panchayats in the State; however, they are yet to be operationalised.

NITI Aayog has conducted an evaluation of the schemes of the Ministry of Women and Child Development for Financial Years 2019 to 2024 including the Nari Adalat under the Sambal vertical of Mission Shakti.

16th INDIA-EUROPEAN UNION (EU) SUMMIT**2369. SHRI K. SUDHAKARAN:**

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

- (a) whether the Government has successfully concluded the negotiations for a Free Trade Agreement and a Migration and Mobility Partnership during the recently held 16th India-EU Summit in New Delhi, if so, the details thereof;
- (b) the specific timeline for the “legal scrubbing” and formal ratification of these agreements before they come into force;
- (c) whether the Government has addressed the concerns regarding the EU’s Carbon Border Adjustment Mechanism and its potential impact on Indian metal and engineering exports, if so, the details thereof; and
- (d) the details of the new Security and Defence Partnership, specifically regarding maritime security in the Indo-Pacific and cooperation in the defense industrial sector?

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 conclusion of negotiations for the India-EU Free Trade Agreement (FTA) was announced at the 16th India-EU Summit held in New Delhi on 27 January 2026, co-chaired by Prime Minister Narendra Modi, President of the European Council Mr. António Costa, and President of the European Commission Ms.

Ursula von der Leyen. India-EU FTA is a modern, rules-based trade partnership focused on market access, regulatory cooperation and economic integration, while preserving India's policy space and developmental priorities. India secured preferential market access for more than 99% of merchandise exports to a large EU market in sectors such as textiles, chemicals, electronics, engineering, etc.

Further, an MoU on Comprehensive Framework of Cooperation on Mobility was also signed during the summit, aimed to foster research and innovation, address skill gap, mitigate labour shortages, promote economic growth, alongside supporting the trade and investment framework and facilitate mobility of skilled workers, students, researchers (including doctoral candidates), and seasonal workers between India and the EU. Under this MoU, the EU will work with India to establish a pilot European Union Legal Gateway Office, initially focused on the ICT sector, to act as a one-stop hub facilitating legal mobility of workers, researchers, and students, enhancing the visibility of EU-India ICT opportunities, and providing guidance on legal migration pathways, including qualification recognition.

(b): The India-EU FTA is to come into force after signing and ratification by both the Parties. The process will be carried forward by both the parties in mutual consultation. The MoU on Mobility has already entered in force for a period of seven years from the date of its signature i.e. 27 January 2026.

(c): India has secured an Annex on Carbon Border Measures in the India-EU

FTA. The Annex aims to strengthen cooperation and support between India and EU to enhance efforts to reduce greenhouse gas emissions. It also establishes a Technical Dialogue wherein India can engage with the EU on verification and accreditation requirements and setting of default values under the EU CBAM. India will also get a more beneficial treatment that EU gives to any other country in terms of flexibilities under CBAM through the Most Favoured Nation clause.

(d): The Security and Defence Partnership signed during the Summit is the first overarching framework agreement on defence and security cooperation between India and the European Union. It will deepen India-EU cooperation across traditional and non-traditional defence and security domains, including maritime security, cyber, space, hybrid, counter-terrorism, non-proliferation, defence industry, consultation on Indo-Pacific, emerging technologies and critical infrastructure resilience.

INDIAN YOUTH DUPED BY TRAVEL AGENTS

2370. SHRIMATI HARSIMRAT KAUR BADAL:

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

- (a) whether the Government is aware of the growing number of Indian youth, particularly from Punjab and other northern States, being duped by unscrupulous travel and immigration agents who send them abroad through illegal “donkey routes” or fraudulent visas, resulting in their detention and

- deportation by foreign authorities;
- (b) if so, the number of such youth sent through such fraudulent ways and routes;
- (c) the number of Indian nationals deported from foreign countries in the last five years, country-wise and year-wise;
- (d) whether any assessment has been made on victims of such illegal agents, if so, the details thereof;
- (e) the number of FIRs registered and prosecutions launched against illegal travel/immigration agents in Punjab and other major source States over the last three years, including those booked under anti human smuggling laws; and
- (f) the steps taken or proposed by the Government publicise the list of blacklisted/unauthorised agents?

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): Government has been made aware of instances where dubious entities involved in fake recruitment job offers have lured Indian nationals including from Punjab and other northern States, mostly through social media channels for overseas employment to various countries. Such fraudulent activities of illegal/unscrupulous recruitment agents in the country come to light as and when a complaint is filed by the aggrieved emigrants or their relatives/friends/family

members, who have been cheated, since these Indian nationals proceed abroad on their own volition through fraudulent/unscrupulous recruitment agents and through illegal channels. Specific data on the number of Indian nationals who have attempted such irregular migration, is not available.

Most of the foreign Governments do not provide information on illegal stay by foreigners in their countries, except when they are under orders of deportation and travel document/nationality verification is required. The procedure followed for deportation of foreign nationals also varies from country to country. Some countries do not arrest the deportee but keep them in detention/deportation centers until deportation. Information about arrest/detention and deportation is not shared with Indian Missions/Posts and the deportation is done directly by the host Government if the deportee has a valid Indian travel document. Indian Missions/Posts are contacted by the host Governments only in such cases where nationality verification and issuance of Emergency Certificate (EC) to the deportee is required. However, based on information available with our Missions abroad, country-wise and year-wise data of Indian nationals deported for various reasons in the last five years, are given in the enclosed **Statement-I**.

(d) to (f): As per Section 10 of the Emigration Act, 1983, no person/agency can function as Recruiting Agent (RA) without a valid Registration Certificate (RC) issued by the Registering Authority, i.e., Protector General of Emigrants (PGE). As and when complaints of illegal migration/human trafficking are received, such

matters are referred to the State police for investigation and prosecution under the relevant legal provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislations in place.

State-wise details of complaints registered and action taken by law enforcement agencies against unregistered/illegal recruiting agents during the last three years are given in the enclosed **Statement-II**.

Ministry issues advisories through eMigrate portal, social media handles, and other modes of publicity about the perils of fake job rackets and ways to prevent the same. Till January 2026, a list of 3,505 unregistered agents, against whom grievances have been received, has been published on the eMigrate portal to caution the prospective emigrants. The awareness campaign on safe and legal migration through eMigrate portal has been carried out by the Ministry across the country by conducting workshops, trainings, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public. During these sessions awareness on emigration regulations, schemes beneficial for emigrants like Pravasi Bharatiya Bima Yojana (PBBY), Pre-Departure Orientation Training (PDOT), eMigrate portal and various advisories issued by Indian Embassies are brought to the notice of all stakeholders.

The Protector General of Emigrants (PGE) in the Ministry of External Affairs through 16 Protector of Emigrants (PoEs) across India, regularly coordinates with

the State Governments regarding issues of illegal recruiting agencies and the ways to address challenges related to enforcement of emigration rules and regulations. The Ministry regularly organises such outreach programs to sensitise various stakeholders about the benefits of safe and legal migration and suggests ways to prevent illegal migration through fake/unregistered recruitment agencies. In addition to the regular information sharing on unregistered recruiting agencies, regular meetings with the State level Nodal Officer are held. Further, workshops & training sessions are held by the Ministry for the law enforcement agencies of the State Governments in which information on the Standard Operating Procedures (SOP) of the Ministry, detection of unlawful content on social media, and case studies of Cyber Scamming is shared with the participants.

STATEMENT-I
DATA ON INDIAN NATIONALS DEPORTED FROM FOREIGN COUNTRIES

Sl. No.	Name of the Country	Name of the Mission/Post	Number of Indian nationals deported from foreign countries				
			2021	2022	2023	2024	2025
1	Afghanistan	EOI, Kabul	0	0	0	0	0
2	Albania	EOI, Tirana	0	0	0	0	0
3	Algeria	EOI, Algiers	0	0	0	1	2
4	Angola	HCI, Luanda	0	0	0	0	0
5	Argentina	EOI, Buenos Aires	0	0	0	0	0
6	Armenia	EOI, Yerevan	0	0	0	0	0
7	Australia	HCI, Canberra	0	0	9	0	0
8		CGI, Melbourne	0	0	0	0	0
9		CGI, Sydney	0	2	7	28	16
10		CGI, Perth	0	0	0	0	0
11		CGI, Brisbane	0	0	0	1	3
12	Austria	EOI, Vienna	0	0	0	0	0
13	Azerbaijan	EOI, Baku	0	0	0	0	0
14	Bahrain	EOI, Bahrain	0	0	0	0	0
15	Bangladesh	HCI, Dhaka	0	0	0	0	0
16		AHCI, Chittagong	0	0	0	0	0
17		AHCI, Khulna	0	0	0	0	0
18		AHCI, Rajshahi	0	0	0	0	0
19		AHCI, Sylhet	0	0	0	0	0
20	Belarus	EOI, Minsk	0	0	0	0	0
21	Belgium	EOI, Brussels	0	10	19	5	4
22	Belize	EOI, Mexico city	0	0	0	0	0
23	Bhutan	EOI, Thimphu	0	0	0	0	1
24		CGI, Phuntsholing	0	0	0	0	0

25	Bolivia	EOI, La Paz	0	0	0	0	0
26	Botswana	HCI, Gaborone	0	0	0	0	0
27	Brazil	EOI, Brasilia	0	0	0	0	0
28		CGI, Sao Paulo	0	0	0	0	0
29	Bulgaria	EOI, Sofia	0	0	0	0	0
30	Burkina Faso	EOI, Ouagadougou	0	0	0	0	0
31	Cabo Verde	EOI, Praia	0	0	0	0	0
32	Cambodia	EOI, Phnom Penh	0	0	0	0	0
33	Cameroon	HCI, Yaounde	0	0	0	0	0
34	Canada	HCI, Ottawa	3	26	48	30	48
35		CGI, Toronto	27	38	60	63	198
36		CGI, Vancouver	0	0	0	0	0
37	Chad	EOI, N'Djamena	0	0	0	0	0
38	Chile	EOI, Santiago	0	0	0	0	0
39	China	EOI, Beijing	5	5	3	4	7
40		CGI, Shanghai	3	1	2	1	1
41		CGI, Guangzhou	1	6	21	26	8
42		CGI, Hong Kong	123	166	207	201	300
43	Colombia	EOI, Bogota	0	0	0	60	0
44	Comoros	EOI, Antananarivo	0	0	0	0	0
45	Cote D'Ivoire	EOI, Abidjan	0	0	0	0	0
46	Croatia	EOI, Zagreb	0	0	0	0	0
47	Cuba	EOI, Havana	0	0	0	0	0
48	Cyprus	EOI, Nicosia	46	96	173	183	163
49	Czech Republic	EOI, Prague	0	0	0	0	0
50	Democratic Republic of Congo	EOI, Kinshasa	0	0	0	0	0
51	Denmark	EOI, Copenhagen	0	0	0	0	0
52	Djibouti	EOI, Djibouti	0	0	0	0	0

53	Dominican Republic	EOI, Santo Domingo	0	0	0	0	0
54	Ecuador	EOI, Quito	0	0	0	0	0
55	Egypt	EOI, Cairo	0	0	2	0	0
56	Equatorial Guinea	EOI, Malabo	0	0	0	0	0
57	Eritrea	EOI, Asmara	0	0	0	0	0
58	Estonia	EOI, Tallinn	0	0	0	0	0
59	Eswatini	HCI, Mbabane	0	0	0	0	0
60	Ethiopia	EOI, Addis Ababa	0	0	0	0	0
61	Fiji	HCI, Suva	0	0	0	0	0
62	Finland	EOI, Helsinki	0	0	0	0	0
63	France	EOI, Paris	0	0	0	0	0
64		CGI, Marseille	0	0	0	0	5
65		CGI, Saint Denis (Reunion Island)	0	0	0	1	0
66	Gabon	HCI, Libreville	0	0	0	0	0
67	Georgia	EOI, Tbilisi	0	0	0	0	155
68	Germany	EOI, Berlin	0	0	0	79	16
69		CGI, Frankfurt	0	0	0	0	0
70		CGI, Hamburg	0	0	0	0	0
71		CGI, Munich	0	0	0	0	0
72	Ghana	HCI, Accra	0	0	0	0	0
73	Greece	EOI, Athens	0	0	0	0	0
74	Guatemala	EOI, Guatemala City	0	0	0	0	4
75	Guyana	HCI, Georgetown	0	0	0	11	5
76	Hungary	EOI, Budapest	0	0	0	0	0
77	Iceland	EOI, Reykjavik	0	0	0	0	0
78	Indonesia	EOI, Jakarta	0	0	0	0	11
79		CGI, Medan	0	11	0	0	3
80		CGI, Bali	5	0	20	20	10

81	Iran	EOI, Tehran	0	0	0	0	0
82		CGI, Bandar Abbas	0	0	0	0	0
83		CGI, Zahedan	0	0	0	0	0
84	Iraq	EOI, Baghdad	0	0	0	0	0
85		CGI, Erbil	0	0	0	0	0
86	Ireland	EOI, Dublin	0	0	0	2	5
87	Israel	EOI, Tel Aviv	0	0	0	0	0
88	Italy	EOI, Rome	1	2	2	6	9
89		CGI, Milan	0	0	0	0	0
90	Jamaica	HCI, Kingston	0	0	0	0	0
91	Japan	EOI, Tokyo	23	13	16	11	12
92		CGI, Osaka Kobe	0	0	0	0	0
93		CGI, Fukuoka	0	0	0	0	0
94	Jordan	EOI, Amman	24	28	59	79	61
95	Kazakhstan	EOI, Astana	0	0	0	0	0
96		ROI, Almaty	0	0	0	0	0
97	Kenya	HCI, Nairobi	0	0	1	1	1
98		AHCI, Mombasa	0	0	0	0	0
99	Kuwait	EOI, Kuwait	0	0	0	0	0
100	Kyrgyzstan	EOI, Bishkek	0	0	0	0	0
101	Lao PDR	EOI, Vientiane	0	0	0	0	0
102	Latvia	EOI, Riga	0	0	0	0	0
103	Lebanon	EOI, Beirut	2	3	1	5	2
104	Liberia	EOI, Monrovia	0	0	0	0	0
105	Libya	EOI, Tripoli	0	0	0	0	0
106	Lithuania	EOI, Vilnius	0	0	0	0	4
107	Madagascar	EOI, Antananarivo	0	0	0	0	0
108	Malawi	HCI, Lilongwe	0	0	1	0	0

109	Malaysia	HCI, Kuala Lumpur	1439	1188	1182	1259	1675
110	Maldives	HCI, Male	16	30	117	194	150
111	Mali	EOI, Bamako	0	0	0	0	0
112	Malta	EOI, Malta	0	0	0	0	3
113	Mauritania	EOI, Nouakchott	0	0	0	0	0
114	Mauritius	HCI, Port Louis	0	0	0	0	0
115	Mexico	EOI, Mexico City	0	0	0	0	0
116	Mongolia	EOI, Ulaanbaatar	0	0	0	0	0
117	Morocco	EOI, Rabat	0	0	0	0	0
118	Mozambique	HCI, Maputo	0	0	0	0	0
119	Myanmar	EOI, Yangon	0	338	89	148	1,605
120		CGI, Mandalay	0	0	0	0	0
121		CGI, Sittwe	0	0	0	0	0
122	Namibia	HCI, Windhoek	0	0	0	0	0
123	Nepal	EOI, Kathmandu	0	0	0	0	0
124		CGI, Birgunj	0	0	0	0	0
125	Netherlands	EOI, The Hague	0	10	58	11	3
126	New Zealand	EOI, Wellington	9	20	19	20	6
127		CGI, Auckland	0	0	0	0	0
128	Niger	EOI, Niamey	0	0	0	0	0
129	Nigeria	HCI, Abuja	0	0	0	0	1
130		AHCI, Lagos	0	0	0	0	0
131	North Korea	EOI, Pyongyang	0	0	0	0	0
132	Norway	EOI, Oslo	0	0	0	0	0
133	Oman	EOI, Muscat	50	57	47	25	25
134	Pakistan	HCI, Islamabad	0	0	0	0	0
135	Palestine	ROI, Ramallah	0	0	0	0	0
136	Panama	EOI, Panama	0	0	0	215	79

137	Papua New Guinea	HCI, Port Moresby	0	0	1	1	0
138	Paraguay	EOI, Asuncion	0	0	0	0	0
139	Peru	EOI, Lima	0	0	0	0	0
140	Phillipines	EOI, Manila	0	0	0	0	0
141	Poland	EOI, Warsaw	14	63	24	14	12
142	Qatar	EOI, Doha	803	1,170	1,414	1,136	796
143	Republic of Congo	EOI, Brazzaville	0	0	0	0	0
144	Republic of Guinea	EOI, Conakry	0	0	0	0	0
145	Romania	EOI, Bucharest	0	0	0	0	0
146	Russia	EOI, Moscow	0	0	0	35	284
147		CGI, St. Petersburg	0	0	0	0	0
148		CGI, Vladivostok	0	0	0	0	1
149		CGI, Kazan	0	0	0	0	0
150		CGI, Yekaterinaburg	0	0	0	0	0
151	Rwanda	HCI, Kigali	0	0	0	0	0
152	Sao Tome and Principe	EOI, Sao Tome and Principe	0	0	0	0	0
153	Saudi Arabia	EOI, Riyadh	10264	28056	29592	5235	4335
154		CGI, Jeddah	12104	6746	7542	8831	8921
155	Senegal	EOI, Dakar	0	0	0	0	0
156	Serbia	EOI, Belgrade	7	68	2	5	10
157	Seychelles	HCI, Victoria, Mahe	0	0	0	0	0
158	Sierra Leone	EOI, Freetown	0	0	0	0	0
159	Singapore	HCI, Singapore	22	16	21	13	15
160	Slovakia	EOI, Bratislava	12	2	0	8	27
161	Slovenia	EOI, Ljubljana	0	0	0	0	0
162	South Africa	HCI, Pretoria	0	0	0	0	0
163		CGI Johannesburg	0	0	0	0	0
164		CGI, Cape Town	0	0	0	0	1

165		CGI, Durban	0	0	0	0	0
166	South Korea	EOI, Seoul	5	7	4	0	0
167	South Sudan	EOI, Juba	0	0	0	0	0
168	Spain	EOI, Madrid	0	0	0	0	0
169		CGI, Barcelona	0	0	0	0	0
170	Sri Lanka	HCI, Colombo	0	0	0	0	0
171		AHCI, Kandy	0	0	0	0	0
172		CGI, Jaffna	0	0	0	0	0
173		CGI, Hambantota	0	0	0	0	0
174	Sudan	EOI, Khartoum	0	0	0	0	0
175	Suriname	EOI, Paramaribo	0	0	0	0	0
176	Sweden	EOI, Stockholm	3	1	27	16	13
177	Switzerland	EOI, Bern	0	0	0	0	0
178		CGI, Geneva	0	0	0	0	0
179	Syria	EOI, Damascus	0	0	0	0	0
180	Taiwan	India Taipei Association	0	0	0	0	0
181	Tajikistan	EOI, Dushanbe	0	0	0	0	0
182	Tanzania	HCI, Dar-e-Salaam	0	0	0	0	0
183		CGI, Zanzibar	0	0	0	0	0
184	Thailand	EOI, Bangkok	0	0	0	0	0
185		COI, Chiangmai	0	0	0	0	0
186	Timor Leste	EOI, Dili	0	0	0	0	0
187	Togo	EOI, Lome	0	0	0	0	0
188	Trinidad & Tobago	HCI, Port of Spain	0	0	0	0	0
189	Tunisia	EOI, Tunis	0	3	2	0	0
190	Turkiye	EOI, Ankara	15	47	23	10	3
191		CGI, Istanbul	0	0	0	0	0
192	Turkmenistan	EOI, Ashgabat	0	0	0	0	0

193	UAE	EOI, Abu Dhabi	358	587	666	899	1,662
194		CGI, Dubai	876	1,203	2,841	5,221	7,896
195	Uganda	HCI, Kampala	0	0	0	0	0
196	Ukraine	EOI, Kyiv	21	13	11	5	5
197	United Kingdom	HCI, London	0	0	0	0	0
198		CGI, Birmingham	0	0	0	0	0
199		CGI, Edinburgh	0	0	0	0	0
200		CGI, Manchester	0	0	0	0	0
201		CGI, Belfast	0	0	0	0	0
202	Uruguay	EOI, Buenos Aires	0	0	0	0	0
203	USA	EOI, Washington	805	862	617	1,368	3414 (till mid Dec 2025)
204		CGI, New York	16	11	18	26	47
205		CGI, Chicago	0	0	0	0	0
206		CGI, Atlanta	14	10	5	14	31
207		CGI, Houston	29	32	14	42	234
208		CGI, San Fransisco	18	43	19	17	49
209		CGI, Seattle	0	0	0	3	31
210		CGI, Los Angeles	0	0	0	0	0
211	Uzbekistan	EOI, Tashkent	0	0	0	0	0
212	Venezuela	EOI, Caracas	0	0	0	14	0
213	Vietnam	EOI, Hanoi	0	0	0	0	0
214		CGI, Ho Chi Minh City	0	0	0	0	0
215	Yemen	EOI, Riyadh	0	0	0	0	0
216	Zambia	HCI, Lusaka	0	0	0	0	0
217	Zimbabwe	EOI, Harare	0	0	0	0	0

STATEMENT-II**Data regarding data on action taken on unauthorized/illegal recruiting agents [2023 – 2025]**

Sl. No.	State/UT	Number of Complaints			ATR Submitted/FIR Registered by State/UT Police			Number of Cases in which request for issue of prosecution sanction after investigation received			Number of Prosecution Sanctions issued		
		2023	2024	2025	2023	2024	2025	2023	2024	2025	2023	2024	2025
1.	Andaman and Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0
2.	Andhra Pradesh	445	602	448	5	11	19	1	0	0	1	0	0
3.	Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0
4.	Assam	2	0	0	0	0	0	0	0	0	0	0	0
5.	Bihar	6	5	1	1	1	1	0	0	0	0	0	0
6.	Chandigarh	3	9	80	0	0	37	0	0	0	0	0	0
7.	Chhattisgarh	0	1	0	0	0	0	0	0	0	0	0	0
8.	Dadra & Nagar Haveli and Daman & Diu	0	0	0	0	0	0	0	0	0	0	0	0
9.	Delhi	4	92	153	0	0	34	0	11	9	0	11	9
10.	Goa	5	1	13	0	1	0	0	0	0	0	0	0
11.	Gujarat	2	9	12	1	1	0	0	0	0	0	0	3
12.	Haryana	4	2	33	0	0	15	0	1	0	0	1	0
13.	Himachal Pradesh	4	0	2	1	0	1	0	0	0	0	0	0
14.	Jammu & Kashmir	1	0	4	0	0	0	1	0	0	1	0	0
15.	Jharkhand	0	0	4	0	0	0	0	0	0	0	0	0
16.	Karnataka	32	33	61	6	8	0	3	0	0	3	0	0

17.	Kerala	110	277	238	87	197	158	7	1	0	7	1	15
18.	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0
19.	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0
20.	Madhya Pradesh	0	0	0	0	0	0	0	0	0	0	0	0
21.	Maharashtra	6	14	22	1	1	1	0	1	0	0	1	0
22.	Manipur	0	0	0	0	0	0	0	0	0	0	0	0
23.	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0
24.	Mizoram	2	0	4	1	0	3	0	0	1	0	0	1
25.	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0
26.	Odisha	0	5	7	0	2	1	0	0	0	0	0	0
27.	Puducherry	0	0	0	0	0	0	0	0	0	0	0	0
28.	Punjab	56	18	80	0	38	69	0	0	0	0	0	0
29.	Rajasthan	35	87	97	0	0	4	2	0	0	2	0	0
30.	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0
31.	Tamil Nadu	152	106	99	7	64	52	1	0	0	1	0	0
32.	Telangana	132	96	111	35	17	47	0	0	0	0	0	0
33.	Tripura	0	0	1	0	0	0	0	0	0	0	0	0
34.	Uttarakhand	0	5	5	0	0	0	0	0	0	0	0	0
35.	Uttar Pradesh	0	6	31	0	0	11	0	0	0	0	0	0
36.	West Bengal	5	10	35	2	2	12	0	0	0	0	0	0
	Total	1,006	1378	1541	147	343	465	15	14	10	15	14	28

SALARY AND BENEFITS TO ANGANWADI WORKER**2371. SHRI SHAFI PARAMBIL:****DR. NAMDEO KIRSAN:**

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

- (a) whether the Government has any plan to increase the salary, benefits and social security of Anganwadi Workers (AWWs) across the country including Maharashtra, if so, the details thereof;
- (b) the details of the salary and other benefits given to Anganwadi workers as of 31st December 2025, State-wise;
- (c) whether the Government has taken steps for upliftment and development of Anganwadi Workers (AWWs), if so, the details of the schemes formulated therefor; and
- (d) whether the Government is considering to release additional Grant-in-aid to Government of Maharashtra to meet the demand of Anganwadi workers and development of these workers, if so, the details thereof?

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

(a) to (d): Anganwadi Workers and Anganwadi Helpers are honorary workers from the local community who come forward voluntarily to render their services in the area of child care and development to help the local community.

Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are paid a monthly honorarium which 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; AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the centre & the States/UTs. Besides, performance linked incentive of Rs.500/- is provided to AWWs and Rs.250/- per month to AWHs. In addition, States/UTs are also paying additional monetary incentives/top ups to these voluntary workers from their own resources which vary from State to State. The State and UT wise details of additional top up to Anganwadi Workers are given in the enclosed **Statement**.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. 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. Leave: 20 days annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
- ii. 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 sectors in the country to ensure old age protection.

- iii. Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for Anganwadi Workers have been enhanced. 50% posts of Anganwadi Workers are to be filled by Anganwadi Helpers with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of Anganwadi Workers with 5 years of experience subject to fulfilment of other criteria.
- iv. Social Security Insurance Schemes: Insurance benefits have been provided to Anganwadi Workers and Helpers 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 Anganwadi Workers and Helpers 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 Anganwadi workers and helpers 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.

STATEMENT

Details of additional top ups provided by States/UTs as per Annual Programme Implementation Plan (APIP) 2025-26:

Sr. No.	State	Additional Honorarium paid to AWWs (per month)
1	Andhra Pradesh	7,000
2	Bihar	2,500
3	Chhattisgarh	5,500
4	Gujarat	5,500
5	Haryana	10,250
6	Himachal Pradesh	5,500
7	Jammu & Kashmir	600
8	Jharkhand	5,000
9	Karnataka	7,000
10	Kerala	5,700
11	Madhya Pradesh	8,500

12	Maharashtra	8,500
13	Odisha	5,500
14	Punjab	5,500-6,500
15	Rajasthan	5,510
16	Tamil Nadu	3,200
17	Telangana	9,150
18	Uttar Pradesh	1,500
19	Uttarakhand	4,800
20	West Bengal	4,500
21	Arunachal Pradesh	3,000
22	Assam	2,000
23	Manipur	1,000
24	Meghalaya	3,000
25	Mizoram	450
26	Nagaland	Nil
27	Sikkim	7,000
28	Tripura	3,500-5,946
29	Andaman & Nicobar	7,500
30	Goa	5,500 -13,500
31	Puducherry	1,950

32	Chandigarh	3,600
33	Ladakh	1,300
34	Delhi	6,720
35	Dadra & Nagar Haveli and Daman & Diu	3,500
36	Lakshadweep	5,500

ऑटिज्म स्पेक्ट्रम डिसऑर्डर के मामले

2372. श्री मुरारी लाल मीना:

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

- (क) क्या सरकार देश में, विशेष रूप से पिछले तीन वर्षों के दौरान राजस्थान और दौसा संसदीय क्षेत्र में बच्चों में ऑटिज्म स्पेक्ट्रम डिसऑर्डर (एएसडी) के मामलों में निरंतर वृद्धि से अवगत है और यदि हाँ, तो वर्ष-वार तत्संबंधी ब्यौरा क्या है;
- (ख) बच्चों में ऑटिज्म के प्रारंभिक निदान और स्क्रीनिंग के लिए सरकार द्वारा चलाए जा रहे कार्यक्रमों/योजनाओं का ब्यौरा क्या है;
- (ग) क्या सरकारी अस्पतालों में ऑटिज्म से पीड़ित बच्चों के लिए विशेष उपचार, परामर्श, थेरेपी और विशेषज्ञ डॉक्टरों की पर्याप्त व्यवस्था मौजूद है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (घ) इस संबंध में सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने प्रस्तावित हैं;
- (ङ) क्या ऑटिज्म से पीड़ित बच्चों को जांच करने के लिए तीन साल या उससे भी बाद की तिथियां दी जा रही हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (च) देश भर में, विशेषकर राजस्थान में स्वास्थ्य सुविधाओं का विस्तार करने और ऑटिज्म के बारे में

जागरूकता बढ़ाने के लिए सरकार की कार्य-योजना क्या है?

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

(क) से (च): सरकार द्वारा राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान (निम्हांस), बेंगलूर के माध्यम से देश के 12 राज्यों में आयोजित राष्ट्रीय मानसिक स्वास्थ्य सर्वेक्षण, 2016 के अनुसार, 13-17 वर्ष आयु वर्ग में ऑटिज्म स्पेक्ट्रम विकार का प्रसार 1.6% था।

राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) के तहत मोबाइल स्वास्थ्य टीमें (एमएचटी) आंगनवाड़ी और स्कूलों में जन्म से 18 वर्ष तक के बच्चों की स्वास्थ्य जांच करती हैं, जिसमें चार 'डी' अर्थात् जन्मजात दोष, रोग, कमियां और विकास में देरी जैसे चार कारकों की जांच की जाती है। ऑटिज्म भी ऐसी स्वास्थ्य स्थिति है जिसे विकास में देरी के तहत शामिल किया गया है।

चिन्हित बच्चों को जिला प्रारंभिक हस्तक्षेप केंद्रों (डीईआईसी) में प्रारंभिक हस्तक्षेप सेवाएं और फॉलो-अप परिचर्या प्रदान की जाती है। डीईआईसी संदर्भित और उपचारित मामलों के फॉलो-अप प्रबंधन के लिए जिला स्तर पर विकासात्मक सहायक परिचर्या प्रदान करके कई प्रकार की सेवाएं प्रदान करते हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) स्वास्थ्य परिचर्या सुविधा केन्द्रों में स्वास्थ्य अवसंरचना को सुदृढ़ करने और पर्याप्त मानव संसाधन उपलब्ध कराने में सहायता करता है ताकि स्वास्थ्य परिचर्या सेवाओं की सुलभता, वहनीयता और गुणवत्ता में सुधार हो सके। इसका मुख्य उद्देश्य शहरी, ग्रामीण, जनजातीय और पहाड़ी क्षेत्रों, जिनमें राजस्थान और दौसा संसदीय क्षेत्र शामिल हैं, में गरीब और कमजोर आबादी की सेवा करना है। स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों और संघ राज्य क्षेत्रों को सार्वजनिक स्वास्थ्य परिचर्या प्रणाली को विशेष रूप से ग्रामीण क्षेत्रों में और सुदृढ़ करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है।

ऑटिज़्म, सेरेब्रल पाल्सी, मानसिक मंदता (बौद्धिक अक्षमता) और बहु-विकलांगता से पीड़ित व्यक्तियों के कल्याण हेतु राष्ट्रीय ट्रस्ट द्वारा दी गई सूचना के अनुसार, देश में राष्ट्रीय ट्रस्ट अधिनियम के अंतर्गत आने वाले दिव्यांगजनों, जिनमें ऑटिज़्म से पीड़ित व्यक्ति भी शामिल हैं, के कल्याण और पुनर्वास के लिए विभिन्न योजनाएँ और कार्यक्रम कार्यान्वित किए जा रहे हैं। राष्ट्रीय ट्रस्ट अधिनियम के तहत, जिला मजिस्ट्रेट/जिला कलेक्टर की अध्यक्षता में जिला स्तर पर गठित स्थानीय स्तर की समिति (एलएलसी) के माध्यम से, इन दिव्यांगजनों के लिए जिन्हें इनकी आवश्यकता हो कानूनी अभिभावक नियुक्त करने का प्रावधान है। राष्ट्रीय ट्रस्ट दिशा (प्रारंभिक हस्तक्षेप और विद्यालय तत्परता) योजना, विकास (डे केयर) योजना, दिशा-सह-विकास (डे केयर) योजना, समर्थ (विश्राम देखभाल) योजना, घरोंदा (वयस्कों के लिए समूह गृह) योजना, समर्थ-सह-घरोंदा (आवासीय) योजना और निरामया स्वास्थ्य बीमा योजना जैसी योजनाएँ भी कार्यान्वित कर रहा है।

दिव्यांगजन सशक्तिकरण विभाग (डीईपीडब्ल्यूडी) राष्ट्रीय संस्थानों/कंपोजिट क्षेत्रीय केंद्रों (सीआरसी) के अंतर्गत 28 क्रॉस डिसेबिलिटी अलर्नी इंटरवेंशन सेंटर (सीडीईआईसी) संचालित करता है, जो एएसडी (ऑटिज़्म स्पेक्ट्रम डिसऑर्डर) से पीड़ित व्यक्तियों की देखभाल भी करते हैं। सीडीईआईसी के अंतर्गत, अनुमोदित दिशानिर्देशों के अनुसार, नैदानिक/पुनर्वास मनोवैज्ञानिकों, बाल रोग विशेषज्ञों, ऑडियोलॉजिस्ट और स्पीच लैंग्वेज पैथोलॉजिस्ट, ऑक्यूपेशनल थेरेपिस्ट और फिजियोथेरेपिस्ट सहित योग्य पेशेवरों द्वारा स्क्रीनिंग और पहचान की जाती है। सीडीईआईसी पुनर्वास और हस्तक्षेप-उन्मुख केंद्र हैं और मौजूदा स्वास्थ्य सुविधा केन्द्रों के समन्वय से कार्य करते हैं।

डीईपीडब्ल्यूडी 'दिव्यांगजनों को सहायक उपकरण और यंत्रों की खरीद/फिटिंग के लिए सहायता (एडीआईपी)' योजना भी लागू करता है, जिसके तहत विभिन्न कार्यान्वयन एजेंसियों को धनराशि जारी की जाती है ताकि ऑटिज़्म स्पेक्ट्रम डिसऑर्डर से ग्रसित व्यक्तियों सहित पात्र दिव्यांगजनों को टिकाऊ, परिष्कृत और वैज्ञानिक रूप से निर्मित आधुनिक, मानक सहायक उपकरण

और यंत्र प्राप्त करने में सहायता मिल सके। ये उपकरण देश भर में दिव्यांगता के प्रभावों को कम करके और उनकी आर्थिक क्षमता को बढ़ाकर उनके शारीरिक, सामाजिक और मनोवैज्ञानिक पुनर्वास को बढ़ावा दे सकते हैं। विभाग लाभार्थी की जैव-यांत्रिकीय कमी के अनुसार विभिन्न प्रकार के सहायक उपकरण जैसे व्हीलचेयर, शिक्षण और अधिगम सामग्री किट आदि प्रदान करता है ताकि ऑटिज्म स्पेक्ट्रम डिसऑर्डर से ग्रसित व्यक्ति के पुनर्वास में सहायता मिल सके।

शिक्षा मंत्रालय ने समग्र शिक्षा की केंद्र प्रायोजित योजना के तहत एक या अधिक दिव्यांगता के विशेष आवश्यकता वाले बच्चों (सीडब्ल्यूएसएन) की शिक्षा के लिए समावेशी शिक्षा घटक समर्पित किया है। भारतीय पुनर्वास परिषद द्वारा निर्धारित न्यूनतम आवश्यकताओं के अनुसार विद्यालयों में विशेष शिक्षकों की नियुक्ति की जाती है। शिक्षकों को विभिन्न प्रकार के शिक्षार्थियों की आवश्यकताओं के प्रति संवेदनशील बनाने के लिए कार्यशालाएं और प्रशिक्षण कार्यक्रम आयोजित किए जाते हैं। शिक्षकों को समावेशी शिक्षण विधियों को अपनाने और विशेष आवश्यकता वाले छात्रों के लिए व्यक्तिगत शिक्षा योजना (आईईपी) बनाने के लिए प्रशिक्षित किया जाता है। दिव्यांग छात्रों के लिए विभिन्न परीक्षा सुविधाएं प्रदान की जाती हैं, जैसे अतिरिक्त समय, लेखक का उपयोग या कंप्यूटर का उपयोग करने का विकल्प। बोर्ड सभी बैचमार्क दिव्यांगताओं में बोर्ड परीक्षाओं (कक्षा 10 और 12) में छूट प्रदान करता है (आरपीडब्ल्यूडी अधिनियम-2016)।

DISHA SCHEME

2373. SHRI TEJASVI SURYA:

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

- (a) the key details regarding the Designing Innovative Solutions for Holistic Access to Justice in India (DISHA) scheme, including the total financial outlay

across various components of the scheme, the number of registered advocates, the number of beneficiaries and other relevant performance details;

- (b) whether the Government has under taken any assessment of the implementation of the DISHA scheme, including its impact, performance against predefined targets, efficiency of delivery and other outcome-based indicators and if so, the details thereof; and
- (c) the plans of the Government regarding the DISHA scheme upon the conclusion of its current period in 2026, including whether any proposal exists to extend or restructure the scheme and if so, the details thereof?

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

(a) to (c): The Department of Justice, Ministry of Law and Justice, has been implementing a Central Sector Scheme, namely, Designing Innovative Solutions for Holistic Access to Justice (DISHA), with a total outlay of Rs. 250 crores for a period of five years (2021-2026). It aims to provide a comprehensive, integrated solution on Access to Justice at a pan India level through the components of Tele-Law, Nyaya Bandhu, Nyaya Mitra (discontinued in 2023) and Legal Literacy and Legal Awareness Programmes. It is citizen-centric, inclusive, and leverages technology for ensuring ease of justice to the beneficiaries. The Component wise

breakup of the total financial outlay is as follows:

(Rs. in Crores)		
S.No.	Particulars	Financial Outlay of DISHA Scheme (2021-26)
1.	Tele-Law: Reaching the Unreached.	194.52
2.	Nyaya Bandhu (Pro Bono Legal Services) Programme (Citizen Centric Legal Services)	5.34
3.	Legal Literacy and Legal Awareness (LLLAP)	23.38
4.	Nyaya Mitra Programme	10.4
5.	Programme Management Unit	5.00
6.	Contingency Cost	2.00
	Total	250.00

Under the DISHA scheme, Tele Law connects citizens with the lawyers through Mobile App and Toll Free No. 14454 for rendering pre-litigation advice through the use of video/Tele conferencing facilities available at the Common Service Centres (CSCs)/Village Level Entrepreneurs (VLEs) at the Panchayat level. Under the Tele Law outreach programme, Nyaya Sahayaks are active as community based legal facilitators in the aspirational blocks of the country. They play a critical role in creating awareness about legal rights and entitlements through door-to-door outreach, community interactions and local campaigns. A total of 269 panel lawyers are registered under Tele-Law Program as of 31st

January 2026.

Under the Nyaya Bandhu (Pro Bono Legal Services) programme, interested Pro Bono Advocates are registered and connected to the beneficiaries (who are entitled for free legal aid under Section 12 of the Legal Services Authorities Act, 1987) through the Nyaya Bandhu Application (available iOS/Android/UMANG Platform). A panel of Pro Bono Advocates has also been constituted in 23 High Courts to strengthen institutional mechanisms for delivering pro bono legal services to the beneficiary. As on 31st January, 2026, 10,133 advocates have volunteered and registered on Nyaya Bandhu platform. Further, to instil the spirit of pro bono work among law students and nurture a long-term commitment to legal services, Pro Bono Clubs have been constituted across 109 law colleges in the country.

Under the erstwhile Nyaya Mitra programme, focus was to facilitate the disposal of 10 year old or more pending cases at the District Level. Under the Legal Literacy and Legal Awareness Programme, institutional collaboration is done with reputed Government and private organisations to prepare information and communication (IEC) materials in the form of books, training modules, workshops, etc., to promote legal literacy and awareness.

The DISHA Scheme has a sunset date of 31st March, 2026, as it is aligned with XV Finance Commission Cycle. M/s. Quality Council of India (QCI) has done the Third-Party Evaluation and Impact Assessment of DISHA Scheme and

highlighted the relevance of the Scheme.

THALASSEMIA PATIENTS AND BLOOD TRANSFUSION SAFETY

2374. SUSHRI KANGNA RANAUT:

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

- (a) the number of registered thalassemia patients in the country and the trends in prevalence and mortality during the last five years;
- (b) the current status of specialised infrastructure for thalassemia that has been established or strengthened during the last five years;
- (c) the number of deaths reported due to HIV-infected blood transfusions among thalassemia patients in the country;
- (d) the protocols and regulatory mechanisms in place to ensure the safety of blood transfusions, including screening for HIV and other infections, particularly in view of the requirement of frequent transfusions for thalassemia patients; and
- (e) whether the Government has undertaken any national strategy or targeted interventions for the prevention, early detection and long-term management of thalassemia and if so, the details thereof?

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

(a) to (e): In Sickle Cell Portal, thalassemia module was added in 2023 for the States to enter the records of existing thalassemia patients in their States. Monitoring and follow up is done and the data of thalassemia for screening is entered regularly on the National Portal.

As per data updated by States on national portal, out of 33,44,507 individuals screened for Thalassemia, a total of 11,274 have been identified as diseased and 94,542 as carriers of Thalassemia, as on 09.02.2026.

The primary responsibility of management of Thalassemia along with raising awareness lies with the respective State/UT Governments. However, under National Health Mission (NHM), support is provided to States/UTs to strengthen their healthcare system including support for prevention and management of Thalassemia at public healthcare facilities, provision of Blood Bank facilities, Day Care Centre, Medicines, Lab services, IEC activities and training of HR etc. based on the proposals submitted by the States/UTs in their Programme Implementation Plans.

Under Department of Health Research, Indian Council of Medical Research (ICMR) has established the ICMR-National Institute of Immunohaematology (NIIH) and a Centre for Research Management and Control of Hemoglobinopathies in Chandrapur, Maharashtra which supports research, diagnostics, transfusion support and capacity building for thalassemia.

This Ministry, in association with Coal India Limited (CIL), is implementing a

scheme namely Thalassemia Bal Sewa Yojana (TBSY) wherein financial assistance up to Rs.10 lakh is provided to eligible patients for Bone Marrow Transplants (BMT) from CIL Corporate Social Responsibility (CSR) funds. This scheme provides for BMT in seventeen empanelled hospitals spread across the country.

The data related to number of deaths reported due to HIV-infected blood transfusions among thalassemia patients is not maintained centrally.

To ensure the safety of patients suffering from blood disorders, directions have been issued to all States/UTs for the functioning of all Blood Centres in accordance with applicable statutory provisions and national guidelines and standards issued from time to time by the National Blood Transfusion Council (NBTC), including the National Standards for Blood Centres & Blood Transfusion Services (2022), the Transfusion Medicine Technical Manual (2023), External Quality Assessment Scheme (EQAS) Operational Guidelines (2024), Guideline for Voluntary Blood Donation (2024) and the revised Donor Selection and Referral Guidelines (2025), etc.

Comprehensive guidelines on Prevention and Control of Hemoglobinopathies in India- Thalassemia & Sickle cell Disease and other variant Hemoglobins (2016) had been shared to assist the States/UTs for management of Haemoglobinopathies including Thalassemia. The guidelines detail the strategies for management of Thalassemia disease including Thalassemia major (Blood

transfusion therapy with packed red blood cell, iron chelation for iron overload, monitoring and management of complication and psychological support etc.) and non transfusion dependent Thalassemia (NTDT) etc.

GOVERNMENT HEALTH EXPENDITURE IN GDP

2375. SHRI NAVEEN JINDAL:

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

- (a) the details of the share of Government health expenditure in the country's GDP as on 31st March, 2024;
- (b) the average Government spending in healthcare as on 31st March, 2024; and
- (c) the average Out-of-Pocket expenditure on health services as on 31st March, 2024 along with the efforts being made by the Government to reduce this expenditure and the outcomes thereof?

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

(a) to (c): As per the available National Health Accounts (NHA) Estimates 2021-22, Government Health Expenditure (GHE) is Rs. 4,34,163 crore, Out-of-Pocket Expenditure (OOPE) is Rs. 3,56,254 crore and GHE as a percentage of GDP is 1.84%.

The Government is making efforts to reduce the OOPE as a percentage of

Total Health Expenditure (THE). There has been a significant increase in Government Health Expenditure (GHE) as percentage of THE, which has increased from 29.0% in 2014-15 to 48.0% in 2021-22.

Ministry of Health and Family Welfare has rolled out and implemented various schemes and programs to provide accessible, affordable and quality healthcare services to all, including those in rural areas. These key schemes/programs have contributed in reducing out-of-pocket expenditures in availing health services, some of these initiatives are below:-

National Health Mission (NHM): Under the NHM, the Government has taken many steps towards universal health coverage by supporting the State Governments in providing accessible and affordable healthcare to people. The NHM provides support for improvement in health infrastructure, availability of adequate human resources to man health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups in rural areas. National Free Drugs Service initiative and Free diagnostic Service has been rolled out to ensure availability of essential drugs and diagnostic facilities and to reduce out of pocket expenditure of the patients visiting public health facilities.

Ayushman Arogya Mandir (AAM) : As reported on AAM portal, a total of 1.83 lakh AAMs have been established and operationalized by transforming existing Sub-Health Centres and Primary Health Centres in rural and urban areas.

The purpose of AAMs are to deliver the expanded range of comprehensive primary healthcare services that includes preventive, promotive, curative, palliative and rehabilitative services encompassing Reproductive and Child care services, Communicable diseases, Non-communicable diseases and all health issues, which are universal, free and closer to the community.

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched as a mission to develop the capacities of primary, secondary and tertiary health care systems; strengthen existing national institutions and create new institutions to cater to detection and cure of new and emerging diseases.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to more than 12 crore families constituting the economically vulnerable bottom 40% of India's population. States/UTs implementing AB-PMJAY have further expanded the beneficiary base, at their own cost. Recently, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status under AB-PMJAY with Vay Vandana Card.

Besides, quality generic medicines are made available at affordable prices to all under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in collaboration with the State Governments. Affordable Medicines and Reliable

Implants for Treatment (AMRIT) Pharmacy stores have been set up in some hospitals/institutions.

TALKS BETWEEN INDIA AND SRI LANKA

2376. SHRI A. RAJA:

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

- (a) the details of talks held between India and Sri Lanka during the recent visits of Foreign Ministers and Secretaries;
- (b) whether the issues of Indian fishermen being harassed and arrested at high seas, on the borders of India-Sri Lanka were discussed and if so, the outcome thereof;
- (c) whether the issue of Constitutional reforms in Sri Lanka constitution affecting the Tamils interest was raised, if so, the details thereof; and
- (d) the diplomatic action taken or proposed to be taken to protect the interests of Tamils in Sri Lanka?

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

(a) to (d): The Minister of External Affairs visited Sri Lanka as Prime Minister's Special Envoy on 22-23 December 2025. During the visit, a comprehensive relief package worth USD 450 million to assist Sri Lanka in its rehabilitation and

reconstruction efforts in the aftermath of Cyclone Ditwah was announced. EAM engaged with Sri Lankan leadership on a variety of bilateral issues, including the effective implementation of India's relief assistance for the benefit of the people of Sri Lanka.

The issue of Indian fishermen, who are arrested from time to time by Sri Lankan authorities for allegedly crossing the International Maritime Boundary Line (IMBL) and fishing in Sri Lankan waters is regularly discussed between the two countries. The Government has consistently taken up with Sri Lankan authorities the early release and repatriation of Indian fishermen and fishing boats, as well as the fines imposed, and stressed that this issue be considered purely on humanitarian and livelihood grounds and that the use of force be avoided under all circumstances. Concerted efforts of the Government have so far resulted in the release and repatriation of 3704 Indian fishermen since May 2014.

The Government of India has, in its interactions with the Government of Sri Lanka, consistently called for the full and effective implementation of the Sri Lankan Constitution, and the early holding of Provincial Council elections. It has been stressed that meaningful devolution and genuine reconciliation through an inclusive approach would help build a future that accommodates the aspirations of all sections of Sri Lankan society, including the Sri Lankan Tamil community, for a life of equality, justice, peace and dignity within a united Sri Lanka.

UTILISATION OF POSHAN TRACKER

2377. SHRI C. N. ANNADURAI:

SHRI G. SELVAM:

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

- (a) whether consistent improvement has been achieved by Tamil Nadu in reducing child malnutrition under Poshan 2.0, with regards to indicators such as stunting, wasting and anaemia;
- (b) if so, the details of nutrition outcomes recorded in the State during the last five years;
- (c) whether the effective utilisation of the Poshan Tracker in Tamil Nadu for real-time monitoring of beneficiaries has strengthened service delivery and accountability, if so, the details thereof,
- (d) whether the intensive nutrition interventions undertaken to address Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) have resulted in measurable improvements, if so, the details thereof; and
- (e) whether the Government is considering to replicate Tamil Nadu's best practices in reducing stunting/wasting levels in other States to improve national nutrition indicators, if so, the details thereof?

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

(a) to (e): Poshan Tracker application of the Ministry provides data of the children who attend Anganwadi centers or who receive Anganwadi services at home including information of their malnutrition indicators (stunting, wasting and underweight) under Mission Poshan 2.0. The data of Poshan tracker shows consistent improvement achieved by Tamil Nadu in reducing child malnutrition. Details of the nutritional outcomes, strengthened service delivery and other components of the Mission Poshan 2.0 for the State of Tamil Nadu are available at: <https://www.poshantracker.in/statistics>. As per National Family Health Survey-5 (2019-21), the prevalence of anaemia in children (0-5 years) in the state of Tamil Nadu is 57.4 percent.

The 'Poshan Tracker' application was rolled out by the Ministry as an important governance tool. Technology under the application 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), Growth Measurement etc. The effective utilization of the Poshan Tracker has strengthened real-time monitoring of beneficiaries, service delivery and accountability under Mission Poshan 2.0 across the country. The measurable improvements due to nutrition interventions undertaken to address Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) may be seen at:

<https://www.poshantracker.in/statistics>.

Under Mission Poshan 2.0, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight. Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (14-18 years) in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal (HCM) and Take-Home Ration (THR) at Anganwadi Centers. Further, Ministries of Women & Child Development and HEALTH AND FAMILY WELFARE have jointly released the 'Protocol for Management of Malnutrition in Children' for management of malnourished children and for reducing associated morbidity and mortality." Poshan Vatikas have been developed at AWCs to encourage diet-diversity and consumption of wholesome local produce. Major activities under the Mission are Community Mobilization and Awareness Advocacy to educate people on nutritional aspects

as adoption of good nutrition habit requires sustained efforts for behavioural change. This awareness advocacy is being ensured through Jan Andolans during Poshan Maah, Poshan Pakhwada and monthly Community Based Events (CBEs).

Under the Mission Poshan 2.0, additional nutrition is being provided in the form of Take-Home Ration (THR) to the SAM Children. The State Government of Tamil Nadu has implemented “Uttachathai Uruthi Sei” scheme to reduce malnutrition among children. Under this scheme, mothers of malnourished children below six months of age are provided with Nutri Kits to help improve the child’s nutritional status.

- Mothers of severely malnourished children receive two Nutri Kits.
- Mothers of moderately malnourished children receive one Nutri Kit.

KNOW INDIA PROGRAMME

2378. SHRI ARVIND GANPAT SAWANT:

SHRI SANJAY UTTAMRAO DESHMUKH:

SHRI OMPRAKASH BHUPALSINH ALIAS PAVAN RAJENIMBALKAR:

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

- (a) whether the Government evaluated the impact of the 'Know India Programme (KIP)' in strengthening the cultural, emotional and developmental engagement of overseas Indian youth with India, if so, the details thereof;

- (b) the number of participants benefited from this programme since its inception and during the last five years, country-wise, particularly Girmitiya countries;
- (c) whether the Government proposes to increase the participant capacity, number of editions per year or country coverage of the programme, if so, the details thereof;
- (d) the various measures taken to improve the outreach of the programme, quality of exposure visits, post-programme engagement and long-term tracking of participants; and
- (e) the steps taken/being taken to ensure sustained diaspora engagement and soft power diplomacy?

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

(a): *Yes, this Ministry* constantly monitors and evaluates the impact of the 'Know India Programme (KIP)' in strengthening the cultural, emotional and developmental engagement of overseas Indian youth with India. It secures feedback from the participants, scrutinises them and incorporates the suggestions in the next editions of the Programme with the view to enhancing its impact and effectiveness. Ministry also factors in the comments/suggestions from Indian Missions/Posts abroad based on the debriefing by the participants of the Program upon their return.

The feedback of the KIP participants has been encouraging on account of Ministry's continuous efforts to enhance the robustness and efficiency of this Programme. KIP participants have posted positive remarks of their experiences during the Programme on their social media handles and have strongly recommended their friends and acquaintances to participate in it.

(b): 3116 youth PIOs benefited from this programme since its inception in 2003. The number of participants of the Know India Programme, particularly those from the Girmitya countries, during the last five years *are given in the enclosed Statement*.

(c): Ministry has adopted a multi-pronged approach including effective and strategic utilization of the social media and digital platforms to expand awareness and outreach of the Know India Programme amongst the youth members of the Indian diaspora overseas. It has also worked towards creating engaging and attractive content, such as videos, infographics, and interactive quizzes, to attract their attention and to share information with the latter in a more robust and dynamic manner. Indian Missions/ Posts abroad, through their focussed and targeted outreach, have also disseminated the unique opportunities offered by this Programme.

The response of the young diaspora members has been overwhelming demonstrated by their oversubscription for every edition of the Program over and above the current limit of 40 participants per batch. KIP participants are selected

to represent the widest possible geographical spread of the Indian diaspora.

(d): Ministry has been steadfast in its effort to design the most appropriate schedule and agenda for each edition of the KIP. It strives to offer the participants experiences from different regions of India by facilitating their visits to at least two States in India during each edition of the Programme. More and more States are being included in the list of visits by fresh batches of participants as part of Ministry's efforts to showcase diverse aspects of India's rich cultural heritage, technological advancements, historical places etc. Ministry is also trying to further evolve this programme by making it more subject-oriented and tailored. The quality of the Programme is sought to be continuously improved and sharpened to include more high-level Calls on dignitaries (Parliament, Rashrapati Bhawan) and visits to premier scientific institutions like ISRO and BARC. The last two batches of the KIP (85th and 86th editions) had the honour to Call on the Hon'ble Prime Minister of India while also having the opportunity to participate in the Viksit Bharat Young Leaders Dialogue (VBYLD) in January 2026. To ensure long-term tracking of participants of the KIP, Ministry has been sharing the alumni database with Indian Missions/Posts abroad for continued engagement with them.

(e): Ministry has successfully been able to leverage the young members of the Indian diaspora to promote its "soft power", particularly by encouraging the participants to undertake an effective and impactful projection of India through their social media handles and other digital platforms.

STATEMENT**Number of KIP Participants, year-wise, during the last five years**

S.No.	Country	2021-22	2022-23	2023-24	2024-25	2025-26	Total Participants
1	Argentina	0	1	0	0	0	1
2	Armenia	0	1	0	0	0	1
3	Australia	0	0	1	0	3	4
4	Austria	0	1	0	0	0	1
5	Belgium	0	0	1	0	0	1
6	Canada	0	0	2	0	3	5
7	Chile	0	1	0	0	0	1
8	Colombia	0	0	1	0	0	1
9	Denmark	0	1	0	1	0	2
10	Fiji	0	33	83	49	22	187
11	France	0	3	4	3	12	22
12	Germany	0	0	0	0	1	1
13	Guyana	0	31	35	16	17	99
14	Indonesia	0	0	0	1	0	1
15	Israel	0	4	2	2	5	13
16	Italy	0	0	0	1	2	3
17	Jamaica	0	0	1	0	2	3
18	Kenya	0	0	1	2	1	4
19	Madagascar	0	0	0	0	1	1
20	Malawi	0	0	0	0	1	1
21	Malaysia	0	7	23	11	8	49
22	Mauritius	0	51	89	51	23	214
23	Myanmar	0	19	30	29	18	96
24	Netherlands	0	3	1	0	3	7
25	New Zealand	0	1	4	4	1	10

26	Panama	0	0	0	0	2	2
27	Paraguay	0	0	0	0	1	1
28	Portugal	0	1	0	0	1	2
29	Russia	0	0	1	0	0	1
30	Singapore	0	0	0	1	2	3
31	South Africa	0	17	21	20	18	76
32	Sri Lanka	0	11	3	13	7	34
33	Suriname	0	30	28	19	13	90
34	Switzerland	0	0	0	0	1	1
35	Tanzania	0	0	0	6	0	6
36	Thailand	0	1	0	0	0	1
37	Trinidad and Tobago	0	14	41	24	16	95
38	United Kingdom	0	0	0	0	1	1
39	United States of America	0	4	0	3	9	16
40	Venezuela	0	0	1	0	0	1
41	Zimbabwe	0	0	1	1	0	2
Grand Total		0	235	374	257	194	1060

Number of KIP Participants from Girmitiya Countries (FY Wise)

S.No.	Country	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	Total
1	Fiji	0	33	83	49	22	187
2	Reunion Island (France)	0	3	2	0	9	14
3	Guyana	0	31	35	16	17	99
4	Jamaica	0	0	1	0	2	3
5	Mauritius	0	51	89	51	23	214

6	South Africa	0	17	21	20	18	76
7	Suriname	0	30	28	19	13	90
8	Trinidad and Tobago	0	14	41	24	16	95
Total		0	179	300	179	120	778

PENDENCY OF GRIEVANCES OF EX-SERVICEMEN AND ECHS CLAIMS

2379. DR. KADIYAM KAVYA:

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

- (a) the number of pending defence pension-related grievances and Ex-Servicemen Contributory Health Scheme (ECHS) reimbursement claims across the country during the last three years, year-wise;
- (b) the average time taken for the disposal of such grievances along with the reasons for such delays, if any;
- (c) the steps taken by the Government to ensure digital grievance tracking, time-bound settlement and fixation of accountability; and
- (d) whether any performance benchmarks/Service Level Agreements (SLAs) have been fixed for grievance redressal and if so, the details thereof?

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

- (a) to (d): The Department of Ex-Servicemen Welfare coordinates with all

stakeholders for redressal of defence pension-related grievances. The Centralized Public Grievance Redress and Monitoring System (CPGRAMS) and the SPARSH Portal are online platforms available to ensure digital grievance tracking, time bound settlement and fixation of accountability. The average time taken for disposal of grievances received through CPGRAMS is 30 days. The aggregate rate of disposal of grievances for the last three years within 30 days is approximately 93%. The details of pension grievances for the last three years that were disposed within 30 days are as under:

Year	Grievances received	Grievances disposed
2023	36660	32623
2024	50177	47128
2025	34854	33737

The performance timelines set by the Government are monitored closely to redress grievances in a time-bound manner.

NATIONAL WATERWAY DEVELOPMENT IN KERALA

2380. SHRI KODIKUNNIL SURESH:

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

- (a) whether the Government has approved the development of the Alappuzha-Changanassery stretch as part of the National Waterway network in Kerala and if so, the present status of the project;

- (b) the total funds sanctioned, released and utilised so far for the said project, since its approval, year-wise;
- (c) the physical progress achieved, including dredging, bank protection, navigation facilities, terminals and related infrastructure till date;
- (d) the reasons including land acquisition, environmental clearance or technical constraints responsible for the delay in implementation of the said projects;
- (e) whether the Government proposes to fix a definite timeline for completion of the said project and if so, the details thereof; and
- (f) the steps being taken to ensure the early completion of the Alappuzha–Changanassery National Waterway considering its importance for inland transport, tourism and regional economic development of Kuttanad and adjoining areas in the State of Kerala?

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

(a) to (f): Alappuzha -Chaganasserry stretch was declared as National Waterway (NW)-8 under the National Waterways Act, 2016. Necessary Aids to navigation and fairway development works has been undertaken for safe movement of vessels. This waterway is operational. Operation & maintenance work is an ongoing process to keep the NW operational. Funds sanctioned, released and utilised so far for the said project, since its approval, year-wise are as under:

Financial Year	Funds Sanctioned (INR cr.)	Funds released& utilized (INR cr.)
2019-20	0.24	0.24
2020-21	0.04	0.04
2021-22	0.04	0.04
2022-23	0.04	0.04
2023-24	0.05	0.04
2024-25	0.87	0.75
2025-26	0.85	0.78

TREATMENT OF SPINAL MUSCULAR ATROPHY

2381. DR. BYREDDY SHABARI:

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

- (a) the number of Spinal Muscular Atrophy (SMA) cases reported in the country during the last five years, State-wise, including Andhra Pradesh;
- (b) whether the Government acknowledges that infants belonging to economically weaker families are unable to access SMA gene therapy due to its cost of about 16 crore per injection and if so, the details thereof;
- (c) whether the National Policy for Rare Diseases adequately covers ultra-expensive life-saving treatments required for infants suffering from SMA and if so, the details thereof;
- (d) whether the Government proposes to extend financial support, special approvals or negotiated pricing mechanisms for SMA gene therapy and if so, the details thereof; and

(e) the steps taken or proposed to be taken by the Government to strengthen early diagnosis, newborn screening and genetic counselling for SMA across the country, including 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): Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, to mitigate the challenges posed by rare disease patients in India, the Government has framed the National Policy for Rare Diseases (NPRD), 2021. Under NPRD, more than 1125 Spinal Muscular Atrophy (SMA) patients have been registered since 2021 from across the country, including Andhra Pradesh.

(b): As on date, 63 rare disease are identified under NPRD. Spinal Muscular Atrophy is categorized as Group-III rare disease with a prohibitive treatment cost. Some of the steps taken by the Government to support rare disease patients are as follows:

- NPRD facilitates financial assistance of up to Rs. 50 lakhs for treatment of identified rare diseases through the designated Centers of Excellence (CoEs). As per NPRD guidelines, treatment and fund allocation to each patient is decided by the dedicated Rare Disease Committee in each CoE after clinical examination on case-to-case basis, irrespective of any income

criteria.

- Exemption from Basic Customs Duty (BCD) and Integrated Goods & Services Tax (IGST) is extended to rare diseases' drugs, medicines and Food for Special Medical Purposes (FSMP), subject to the extant rules.
- For financial assistance of high-cost rare diseases, a "Digital Portal for Crowd Funding & Voluntary Donations for Patients of Rare Diseases" has also been launched to fill the funding gap between the Government assistance and the actual treatment cost.

(c) and (d): Vide Order dt. 04.10.2024 in W.P.(C) 5315/2020 & CM APPL. 19189/2020, 4237/2023, Hon'ble High Court of Delhi issued certain directions to the Government regarding adequacy of the Rs. 50 lakh cap for high-cost treatment of some rare diseases. However, that Order was stayed by the Hon'ble Supreme Court vide Order dt. 09.12.2024 in Petition for Special Leave to Appeal (C) No. 28777/2024, wherein the Court directed the Government to comply with the extant terms and conditions of NPRD. Therefore, the matter is sub judice in the Apex Court.

(e): The Government encourages and support the State Governments in implementation of a targeted preventive strategy through the CoEs. Some of the steps taken by the Government are as follows:

- Under NPRD, the CoEs are mandated to perform Antenatal Screening, Neonatal Screening (specified disorders), High-Risk Screening

(Antenatal, newborns and children) etc. as methods of prevention and control of rare diseases.

- The CoEs are also given one-time financial support of up to Rs. 5 crore for procurement of equipment for strengthening patient care services for screening, diagnosis and prevention (prenatal diagnosis) of rare diseases.

DISTRIBUTION OF SUBSTANDARD COUGH SYRUPS

2382. SHRI RAHUL GANDHI:

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

- (a) the number of deaths linked to contaminated cough syrups during the last five years along with details of brands and manufacturers, State-wise;
- (b) the total number of cough syrup samples tested/number found containing diethylene glycol (DEG) and/or ethylene glycol (EG) beyond permissible limits during the last five years, year-wise and State-wise along with the details of data is available;
- (c) the action taken against manufacturers and regulatory officials responsible for manufacture, approval and distribution of substandard cough syrups;
- (d) whether the Government is aware of alerts by the World Health Organization regarding Indian made contaminated cough syrups linked to child deaths in Gambia and Uzbekistan and if so, the details thereof;
- (e) the steps taken/proposed to be taken by the Government to strengthen drug

testing protocols to prevent such incidents from recurring; and

- (f) whether any compensation has been provided to families of victims of contaminated cough syrups and if so, the details thereof?

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

(a) to (f): Upon receipt of reports of a cluster of child deaths from Chhindwara, Madhya Pradesh, a Central team of experts comprising an epidemiologist, a microbiologist, an entomologist, and drug inspectors from the National Centre for Disease Control (NCDC), National Institute of Virology (NIV), and Central Drugs Standard Control Organisation (CDSCO), respectively visited Chhindwara and Nagpur and undertook a detailed investigation of the reported cases and deaths in coordination with the Madhya Pradesh State Authorities. A total of 19 drug samples, reportedly consumed by the affected children, were collected from the treating private practitioners and nearby retail stores for testing. Chemical analysis of these 19 samples indicated that 15 samples were of Standard Quality, while 4 samples were declared Not of Standard Quality (NSQ). As per the test report, the content of Diethylene Glycol (DEG) in Syrup Coldrif (B.No. SR-13) manufactured by M/s Sresan Pharmaceutical located in Kancheepuram, Tamil Nadu and consumed by the deceased children was found to be 46.28% w/v.

The premises of M/s Sresan Pharmaceuticals was inspected. Several

critical and major Good Manufacturing Practices (GMP) violations including unhygienic storage conditions were observed. The matter regarding the criminal action against the manufacturer was taken up by CDSCO with the State Government of Tamil Nadu. The State Drugs Controller, Tamil Nadu cancelled the manufacturing licence. Further, following the incident, the States of Madhya Pradesh, Tamil Nadu, Odisha and the Union Territory of Puducherry to which the impugned cough syrup batches were supplied, ordered immediate ban and recall of the same. Criminal case has been registered in the matter by the State of Madhya Pradesh and strict action has been taken including the arrest of persons involved.

As per information received from States/UTs Drugs Controllers, the number of drug samples tested including cough syrups during the last five years by various States/U.Ts and status regarding number of drug samples declared Not of Standard Quality/spurious/ adulterated including enforcement actions taken is as under:

Financial Year	No. of drugs samples tested	No. of drugs samples declared Not of Standard Quality	No. of drugs samples declared Spurious/ Adulterated	Number of prosecution launched for manufacturing, sale and distribution of spurious/adulterated drugs
2020-21	84,874	2,652	263	236
2021-22	88,844	2,545	379	592

2022-23	96,713	3,053	424	663
2023-24	1,06,150	2,988	282	604
2024-25	1,16,323	3,104	245	961

The World Health Organisation, on an ongoing basis, issues medical product alerts as and when quality related incidents are reported to it by its member nations. Such alerts relate to incidents pertaining to various member nations, including Gambia and Uzbekistan, and are accessible to the member nations.

In case of Gambia, joint investigation was undertaken by CDSCO and State Drug Controller, Haryana. Based on investigations conducted, which revealed violation of Good Manufacturing Practices (GMP), State Drugs Controller, Haryana issued show cause notice to M/s Maiden Pharma under Rule 85(2) of the Drugs Rules, 1945 and order was issued for stopping all the manufacturing activities of M/s Maiden Pharmaceuticals at Sonipat, Haryana with immediate effect for violation of GMP.

In the case of Uzbekistan, CDSCO in coordination with State Drugs Controller, Uttar Pradesh conducted a joint investigation at M/s. Marion Biotech Pvt. Ltd., Noida, Uttar Pradesh. Drug samples were drawn from the manufacturing premises under the provisions of Drugs & Cosmetics Act, 1940 for test & analysis. Further, manufacturing license of the firm was suspended by State Licensing Authority, Uttar Pradesh on 09.01.2023. Further, an FIR was lodged in the concerned police station and three persons were arrested.

CDSCO and Ministry of Health and Family Welfare have taken following regulatory measures to ensure the import and manufacture of safe, efficacious and quality medicines across the country:

- (i) An advisory has been issued on 03.10.2025 to all State/UT Health Departments and healthcare facilities to ensure rational use of paediatric cough syrups. Further, the Drugs Controller (India) directed all State/UT Drug Controllers on 07.10.2025 to ensure strict compliance with testing requirements under the Drugs Rules, 1945, and on 27.10.2025 instructed them to maintain heightened vigilance against spurious and substandard drugs and take prompt action under the Drugs & Cosmetics Act, 1940.
- (ii) In addition to the existing requirements of testing the raw materials, the Indian Pharmacopoeia Commission, Ghaziabad has issued an amendment to Indian Pharmacopoeia (IP) 2022, to also mandate the testing for DEG and Ethylene Glycol (EG) in oral liquids at finished product stage before market release.
- (iii) In order to assess the regulatory compliance of drug manufacturing premises in the country, the CDSCO along with State Drugs Controllers (SDCs) have conducted Risk-Based Inspections of more than 960 premises since December, 2022 and based on findings, more than 860 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken

by the State Licensing Authorities.

- (iv) Further, more than 1100 cough syrup manufacturers have been subjected to intense audit in coordination with State authorities. Increased market surveillance sampling of syrup formulations by Central and State drugs regulators has also been done.
- (v) The Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and equipment for pharmaceutical products. Revised Schedule M has become effective for the drug manufacturers with turnover > Rs. 250 crores from 29.06.2024 and for manufacturers having turnover of less than Rs. 250 Cr from 01.01.2026.
- (vi) In February 2024, CDSCO published regulatory guidelines for the sampling of drugs, cosmetics, and medical devices by Central and State Drugs Inspectors. These guidelines provide a structured approach to ensure the quality and efficacy of products available in the market through uniform drug sampling methodology.
- (vii) An online portal, SUGAM labs is in place since September 2023 for integrating the drug testing labs of the CDSCO. It automates the entire workflow for testing of Medical Products (Drugs, Vaccine, Cosmetics & Medical devices) to meet the quality specification and tracing the testing

status in the laboratories.

- (viii) The Drugs Rules, 1945 have been amended in year 2023 to mandate that manufacturers of the top 300 drug formulation brands listed in Schedule H2 shall print or affix a Bar Code or QR Code on the primary packaging label, or on the secondary label where space is insufficient, to store data readable through software applications for authentication. Similarly, the Rules have also been amended to require that every Active Pharmaceutical Ingredient (bulk drug), whether manufactured or imported, shall bear a QR Code on each level of packaging containing data readable through software applications to facilitate tracking and tracing.
- (ix) Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.
- (x) Central government is providing regular residential, regional training and workshops to officials of CDSCO and State Drug Regulatory Authorities on Good Manufacturing Practices. In the Financial Year 2023-24 CDSCO has trained 22854 persons while in Financial Year 2024-25, 20551 persons have been trained.

IMPLEMENTATION OF THE NUTRIENT BASED SUBSIDY SCHEME**2383. SHRI APPALANAIDU KALISETTI:**

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

- (a) the total amount of subsidy disbursed under Nutrient Based Subsidy (NBS) scheme during the last five years, year-wise;
- (b) the rates of subsidy notified under NBS for the Kharif and Rabi seasons during the last five years, nutrient-wise and fertilizer-wise;
- (c) the number of fertilizer manufacturers and importers registered under the said scheme during the said period, year-wise;
- (d) whether there has been any change in the retail prices of DAP and other major P&K fertilizers in the open market during the last five years and if so, the details thereof, fertilizer-wise and year-wise;
- (e) the mechanism adopted by the Government to monitor and regulate market prices of NBS covered fertilizers to ensure affordability for farmers; and
- (f) whether any audits or assessments have been conducted by the Government to evaluate the effectiveness of the said scheme in promoting balanced fertiliser usage and reducing urea overuse, 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 details of total expenditure incurred under the Nutrient Based Subsidy

(NBS) Scheme during the last five years i.e. 2020-21 to 2024-25 are given in the enclosed **Statement-I**.

(b): The rates of subsidy notified under NBS for the Kharif and Rabi seasons during the last five years, nutrient-wise and fertilizer-wise are given in the enclosed **Statement-II**.

(c): The number of fertilizer manufacturers and importers registered under NBS scheme, over and above those already registered, since 2020-21 till 2024-25 are given in the enclosed **Statement-III**.

(d): The details of product wise average MRP of major fertilizers from 2020-21 to 2024-25 (as per available records) are given in the enclosed **Statement-IV**.

(e): In Phosphatic & Potassic (P&K) fertilizers, Government has implemented Nutrient Based Subsidy Policy w.e.f. 01.04.2010. Under NBS policy, P&K fertilizers are decontrolled and companies are allowed to fix MRP at reasonable levels as per the business dynamics. However, in order to ensure availability of fertilizers at affordable prices to farmers, Government has issued guidelines dated 15.11.2019 and 18.01.2024 to evaluate reasonability of MRPs fixed by the P&K fertilizer companies. As per the guidelines, any profit earned by P&K fertilizer companies over and above fixed margin is recovered.

(f): A third party study had been conducted by M/s SANTEK on impact of NBS policy in 2020. The study has shown that use of Phosphatic & Potassic (P&K) fertilizers helped in improving productivity in the farm land and multi-nutrient

deficiency of the soil. The consumption of NPK fertilizers rose from 281.22 LMT in 2010-11 to 290.39 LMT in 2019-20. As per the report, there is a substantial increase in production of major crops since inception of NBS scheme.

STATEMENT-I

Total expenditure incurred under the Nutrient Based Subsidy (NBS) Scheme during the last five years i.e. 2020-21 to 2024-25 are as follows:

(Figures in Rs. crore)

Financial Year	Total
2020-21	37303.73
2021-22	52726.26
2022-23	86122.23
2023-24	65199.57
2024-25	52810.00
Grand Total	294161.79

STATEMENT-II**(i) Nutrient-wise NBS subsidy rates (in Rs./Kg)**

Nutrients	2020-21	2021-22	2022 (kharif)	2022 (Rabi) 01.10.22 to 31.12.22	2022 (rabi) 01.01.23 to 31.03.23	2023 (Kharif)	2023-24 (Rabi)	2024-25 Kharif	2024- 25 Rabi	2025 Kharif	2025-26 Rabi
'N' (Nitrogen)	18.789	18.789	91.96	98.02	99.27	76.49	47.02	47.02	43.02	43.02	43.02
'P' (Phosphate)	14.888	45.323	72.74	66.93	49.94	41.03	20.82	28.72	30.80	43.60	47.96
'K' (Potash)	10.116	10.116	25.31	23.65	25.70	15.91	2.38	2.38	2.38	2.38	2.38
'S' (Sulphur)	2.374	2.374	6.94	6.12	2.84	2.80	1.89	1.89	1.76	2.61	2.87

(ii) Fertilizer-wise NBS subsidy rates (in Rs./MT)

Sl. No.	Fertilizer Grades (N P K S nutrient)	2020- 21	2021- 22	2022 (Kharif)	2022 (Rabi)	2022 (rabi) 01.01.23 to 31.03.23	2023 (Kharif)	2023-24 (Rabi)	2024 (kharif)	2024- 25 Rabi	2025 Kharif	2025-26 Rabi
1.	DAP (18-46-0-0)	10231	33000	50013	48433	40841	32641	22541	21676	21911	27799	29805
2.	MAP (11-52-0-0)	9809	25635	47940	45588	36889	29748	15999	20108	20748	27404	29671

3.	TSP (0-46-0-0)	6848	20849	33460	30789	22972	18872	9578	13212	14168	20056	22062
4.	MOP (0-0-60-0)	6070	6070	15186	14188	15420	9547	1427	1427	1427	1428	1428
5.	SSP (0-16-0-11)	2643	7513	7513	7513	7513	6872	3540	4804	5121	7263	7408
6.	16-20-0-13	6292	12379	30164	29866	26240	20808	11933	13514	13272	15942	16848
7.	20-20-0-13	7044	15131	33842	33787	30211	23868	13814	15395	14993	17663	18569
8.	20-20-0-0	6735	12822	32940	32991	29842	23504	13568	15148	14764	17324	18196
9.	28-28-0-0	9430	17951	46116	46188	41779	32906	18995	21208	20670	24253	25474
10.	10-26-26-0	8380	18293	34689	33353	29593	22453	10734	12788	12928	16257	17390
11.	12-32-16-0	8637	20377	38362	36965	32005	24854	12686	15214	15399	19495	20890
12.	14-28-14-0	8215	16737	36785	35775	31479	24424	12746	14958	14980	18564	19785
13.	14-35-14-0	9258	19910	41877	40460	34975	27296	14203	16969	17136	21616	23142
14.	15-15-15-0	6569	11134	28502	28290	26237	20015	10533	11718	11430	13350	14004
15.	17-17-17-0	7445	12619	32302	32063	29735	22683	11937	13281	12954	15130	15871
16.	19-19-19-0	8321	14103	36102	35835	33233	25352	13342	14843	14478	16910	17738
17.	Ammonium Sulphate (20.5-0-0-23)	4398	4398	20448	21503	31004	16325	10074	10075	9224	9419	9479
18.	16-16-16-0(w.e.f. 1.7.2010)	7007	11876	30402	30177	27986	21349	11235	12499	12192	14240	14938
19.	15-15-15-9 (w.e.f. 1.10.2010)	6783	11348	29126	28841	26492	20267	10703	11889	11588	13585	14262
20.	24-24-0-0(from 1.10.10 to 29.5.12 and w.e.f. 22.6.2012)	8082	15387	39528	39590	35810	28205	16282	18178	17717	20789	21835

21.	24-24-0-8 (wef 12.11.13 to 14.2.15) without subsidy on S	8002	15387	39528	39590	35810	28429	16433	18178	17717	20789	21835
22.	14-28-0-0 (w.e.f. 1.4.2020)	6799	15321	33242	32464	27881	22197	12413	14625	14647	18321	19452
23.	8-21-21 (w.e.f. 20.05.2021)	NA	13145	27947	26864	23826	18077	8634	10293	10409	13097	14013
24.	9-24-24 (w.e.f. 20.05.2021)	NA	14996	31808	30561	27088	20550	9800	11696	11835	14907	15953
25.	PDM (0-0-14.5-0)	NA	1467	1467	1467	1467	2307	345	345	345	345	345
26.	11-30-14 (w.e.f. 01.04.2024)	NA	NA	NA	NA	NA	NA	NA	14122	14305	18145	19453
27.	Urea-SSP complex (5-15-0-10) (w.e.f. 01.04.2024)	NA	NA	NA	NA	NA	NA	NA	6849	6947	8952	9088
28.	SSP 16-0-11 (fortified with Mg, Zn & B) (w.e.f. 01.04.2024)	NA	NA	NA	NA	NA	NA	NA	4804	5121	7263	7408

STATEMENT-III

Number of companies registered under NBS scheme as manufacturer/importer during 2020-21 to 2024-25:

Company classification	2020-21	2021-22	2022-23	2023-24	2024-25
P&K Manufacturer	0	1	2	5	6
P&K Importer	0	3	3	1	10

STATEMENT-IV

The average MRP (in Rs. Per 50 Kg bag) of major P&K fertilizers viz., DAP, MOP, SSP, NPK 12-32-16, NPK 10-26-26 and NPK 20-20-0-13 are as under:

Product Name	2020-21	2021-22	2022-23	2023-24	2024-25
10-26-26	1228.78	1487.56	1488.04	1469.75	1530.22
12-32-16	1232.16	1436.66	1578.30	1493.26	1498.89
20-20-0-13	997.51	1232.63	1403.21	1263.78	1283.31
DAP	1250.00	1250.00	1350.00	1350.00	1350.00
MOP	893.63	1166.92	1707.17	1699.39	1557.56
SSP-Powdered	401.60	364.73	501.74	531.39	506.95

SHORTAGE OF OFFICIAL RESIDENTIAL ACCOMMODATION FOR JUDICIAL OFFICERS IN BIHAR

2384. SHRI JANARDAN SINGH SIGRIWAL:

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

- (a) whether the Government is aware of the persistent shortage of official residential

accommodation for judicial officers in the district courts/lower courts in Bihar, which adversely impacts their working conditions and personal well-being, if so, the details thereof, district-wise;

- (b) whether the Government has conducted any assessment of the specific accommodation requirements of women judicial officers, including safety, privacy and proximity to court complexes, if so, the findings thereof and if not, the reasons therefor;
- (c) whether the Government proposes to allocate additional funds or initiate any special scheme to ensure adequate and gender-sensitive residential accommodation for all judicial officers, especially women, in the district/lower courts in Bihar, if so, the timeline and specific measures proposed in this regard and if not, the reasons therefor; and
- (d) the steps taken or proposed to be taken by the Government to improve overall judicial infrastructure in Bihar with emphasis on ensuring safe, adequate and gender-responsive housing for women judicial officers?

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

(a) to (d): The primary responsibility for development of Infrastructure Facilities for District and Subordinate Courts rests with the State Governments/UTs. However, to augment the resources of the State Governments/UTs, the Central

Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for District and Subordinate courts since 1993-94, by providing financial assistance to them in the prescribed fund-sharing pattern between the Centre and States. In the case of State of Bihar, it is in the ratio of 60:40. There are five components covered under the scheme viz. Court Halls, Residential Units for Judicial Officers, Lawyer's Halls, Toilet Complexes and Digital Computer Rooms.

As informed by the Registrar (Administration), High Court of Judicature at Patna, the Judicial Infrastructure facility including Residential Units for Judicial Officers is monitored by the High Court of Judicature at Patna. Further, the State Government of Bihar take necessary measures to provide security arrangements in the Residential Complexes in coordination with the High Court of Judicature at Patna.

An amount of Rs.651.22 crore (upto 31.01.2026) has been released to the State of Bihar under CSS for Development of Infrastructure Facilities for District and Subordinate since inception of the scheme, out of which Rs.595.62 crore has been released since 2014-15. For financial year 2025-26, a sum of Rs.62.98 crore has been released to the State Government of Bihar (as on 31.01.2026). As per Nyaya Vikas portal, the State of Bihar has 1,290 Residential Units against working strength of 1,665 as on 31.01.2026. Further, 346 Residential Units are under construction as on 31.01.2026.

REGISTERED AYUSH DOCTORS

2385. SHRI JAGADISH CHANDRA BARMA BASUNIA:

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

- (a) the total number of AYUSH doctors registered in the country since 2014, State/UT-wise, year-wise and category-wise; and
- (b) the total number of post graduate AYUSH doctors in active service in the country, State/UT-wise and category-wise?

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

(a) and (b): As Public Health is a State subject, the primary responsibility of recruitment and posting of Ayush doctors and maintaining the data thereof comes under the purview of respective State/UT Governments. However, as reported by State/UT Governments, the total number of Registered Ayush Practitioners (Doctors) State/UT-wise and category-wise in the country as on 01.01.2023 are given in the enclosed **Statement**.

STATEMENT

State/UT-wise and System-wise total number of Ayush Registered Practitioners (Doctors) in the country as on 01.01.2023

S. No.	States/UT	Ayurveda	Unani	Siddha	Naturo pathy	Sowa-Rigpa	Homoeo pathy	Total
1	Andhra Pradesh	2212	656	0	242	0	3063	6173
2	Arunachal Pradesh	90	3	0	0	3	455	551
3	Assam	1438	0	0	0	0	1939	3377

4	Bihar	34023	5423	0	0	0	34777	74223
5	Chhattisgarh	4679	224	0	132	0	2461	7496
6	Delhi	4048	2167	0	0	0	5648	11863
7	Goa	751	0	0	1	0	882	1634
8	Gujarat	30082	368	0	78	0	30470	60998
9	Haryana	10737	216	0	0	0	1642	12595
10	Himachal Pradesh	6233	4	0	0	0	1439	7676
11	Jammu & Kashmir	2284	2533	0	73	63	494	5447
12	Jharkhand	267	81	0	0	0	832	1180
13	Karnataka	19875	1199	11	1059	0	11230	33374
14	Kerala	31442	210	2485	373	0	14504	49014
15	Madhya Pradesh	21144	2158	0	112	0	22067	45481
16	Maharashtra	89928	8009	0	0	0	80225	178162
17	Manipur	0	0	0	0	0	0	0
18	Meghalaya	0	0	0	0	0	552	552
19	Mizoram	22	0	0	0	0	251	273
20	Nagaland	0	0	0	0	0	183	183
21	Odisha	5538	28	0	0	0	10011	15577
22	Punjab	12451	183	0	0	0	4201	16835
23	Rajasthan	11977	1234	0	231	0	9281	22723
24	Sikkim	0	0	0	0	0	0	0
25	Tamil Nadu	2306	585	7035	1671	0	7735	19332
26	Telangana	12444	5282	0	407	0	5730	23863
27	Tripura	0	0	0	0	0	796	796
28	Uttar Pradesh	44199	15870	0	0	0	36550	96619
29	Uttarakhand	3358	204	0	0	0	964	4526
30	West Bengal	3888	5332	0	0	0	41828	51048
31	A&N Islands	0	0	0	0	0	0	0
32	Chandigarh	0	0	0	0	0	197	197
33	D&N Haveli & Daman & Diu	0	0	0	0	0	0	0
34	Ladakh	0	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0	0
36	Puducherry	0	0	0	0	0	0	0
	TOTAL	355416	51969	9531	4379	66	330407	751768

Source: State/UT Boards/Councils

USE OF IMMUNOTHERAPY FOR CANCER TREATMENT

2386. SHRI MADDILA GURUMOORTHY:

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

- (a) whether immunotherapy is permitted for the treatment of cancer under the approved medical protocols and guidelines issued by the Government in the country and if so, the details thereof;
- (b) whether immunotherapy is currently being provided to cancer patients in Government hospitals across the country and if so, the names of such hospitals; and
- (c) the details of the approved protocols, Standard Operating Procedures (SOPs), and clinical guidelines prescribed by the Ministry for the administration of immunotherapy in cancer hospitals including criteria for patient eligibility and monitoring mechanisms in place?

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

(a) and (b): As per information provided by Indian Council of Medical Research, Department of Health Research - ICMR has prepared evidence-based guidelines for lung cancer treatment and palliative care. These guidelines establish a standardized, evidence-based framework for the diagnosis, treatment, and palliation of lung cancer, with the objective of improving early

detection, strengthening clinical decision-making, and reducing variations in care delivery across the country. The guidelines comprise 15 evidence-based recommendations covering both therapeutic and palliative aspects of lung cancer management, including the recommendation of immunotherapy, either alone or in combination with other agents, over chemotherapy alone in suitable patients.

Immunotherapy services are provided in certain tertiary care Government hospitals, including institutions under the Central Government and State Governments, subject to availability of infrastructure, trained specialists, and approved drugs.

(c): The Government of India, through the Department of Health Research, Clinical Establishment Standards, and ICMR recommendations, has established a framework to support the use of immunotherapy in lung cancer treatment. The detailed standard operating procedures, patient eligibility criteria, and monitoring protocols are outlined in the national lung cancer evidence-based guidelines. [Ref: <https://dhr.gov.in/whatsnew/eve-world-cancer-day-honorable-union-health-minister-releases-evidence-based-guidelines>].

INADEQUATE PUBLIC INFRASTRUCTURE IN DHUBRI DISTRICT

2387. MD. RAKIBUL HUSSAIN:

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

- (a) whether the Government is aware that the public health infrastructure in Dhubri district of Assam is grossly inadequate to cater to the need of its large and predominantly rural population;
- (b) if so, the number of Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals sanctioned, functional and under construction in Dhubri district;
- (c) whether it is a fact that several health facilities are functioning from dilapidated buildings lacking basic amenities such as clean drinking water, electricity and sanitation, if so, the details thereof, and
- (d) the steps taken/proposed to be taken by the Government to upgrade health infrastructure in Dhubri district within a defined timeline?

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

- (a) and (b): Health is a state subject, hence, the responsibility for improving the healthcare facilities lies with the respective State/UT Governments. As per the information provided by the State Government of Assam, continuous efforts are being made to augment health infrastructure and service delivery in Dhubri district of Assam. In the district there is a functional Community Health Centre (CHC) and 18 functional Sub Centres whereas 16 Sub Centres are under construction.
- (c) and (d): As per the information provided by the State Government of Assam,

Health services are being provided from functional buildings, and wherever services are being delivered from old or partially dilapidated structures, interim arrangements have been made to ensure uninterrupted delivery of essential health services. Basic amenities such as drinking water, electricity and sanitation are available in the health facilities. The State Government has undertaken several measures to upgrade health infrastructure in Dhubri district within a defined timeline, including construction of new health facilities, upgradation of existing institutions, provision of essential equipment, and improvement of basic amenities under National Health Mission (NHM) and State schemes.

The Ministry of Health and family Welfare provides technical and financial support to the States / UTs to strengthen the public health care system, based on the proposals received in the form of Program Implementation Plans (PIPs) under National Health Mission Scheme (NHM). The 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 facilities initiated or on-going across all the States/ UTs including Assam can be accessed on the following link to RoPs in the Ministry's Website:

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

सिजेरियन प्रसव की दर

2388. श्री राजकुमार रोटः

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

- (क) विगत पांच वर्षों के दौरान राजस्थान में सरकारी और निजी अस्पतालों में किए गए प्रसवों की वर्ष-वार, अस्पताल-वार और जिला-वार संख्या कितनी है और उनमें से कितनी महिलाएं खून की कमी से पीड़ित रही हैं;
- (ख) विगत पांच वर्षों के दौरान राजस्थान के सभी अस्पतालों में किए गए सिजेरियन और सामान्य प्रसवों की वर्ष-वार और अस्पताल-वार संख्या कितनी है;
- (ग) क्या कुछ अस्पतालों में सिजेरियन प्रसव की दर अधिक है और वहां सिजेरियन प्रसव को प्राथमिकता दी जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख): राजस्थान के सरकारी और निजी अस्पतालों में वर्षवार, अस्पतालवार और जिलावार वर्ष 2020-21 से 2024-25 तक संपन्न प्रसवों की संख्या <https://hmis.mohfw.gov.in/downloadfile?fileid=64> लिंक पर उपलब्ध है। (स्रोत- स्वास्थ्य प्रबंधन सूचना प्रणाली)

(ग) और (घ): राजस्थान से प्राप्त रिपोर्ट के अनुसार, पिछले पांच वर्षों के दौरान राज्य में औसत सी-सेक्शन दर 17.5% है और निजी स्वास्थ्य सुविधा केंद्रों में यह 29.6% है। संस्थागत प्रसव के दौरान आने वाली जटिलताओं के आधार पर उपचार करने वाले चिकित्सकों के चिकित्सकीय निर्णय पर निर्भर करता है, जो भिन्न-भिन्न मामलों में अलग होता है।

INLAND WATERWAYS PROJECT IN KERALA**2389. SHRI ANTO ANTONY:**

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

- (a) whether the Government proposes to develop any new inland waterways projects in the State of Kerala, if so, the details thereof;
- (b) whether the Government of Kerala has submitted any proposals to the Union Government for new inland waterways projects during the last two years, if so, the details thereof;
- (c) whether the Union Government has received any proposal from the Government of Kerala regarding the Chengannur–Aranmula inland waterway; and
- (d) if so, the details along with the current status of the said proposal?

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

(a): The Government has identified the following new inland waterways projects on National Waterway (NW)-3 in the State of Kerala during the third meeting of the Inland Waterways Development Council (IWDC) and they are at different stages of development:

- (i) Installation of four River Cruise Jetties
- (ii) Deployment of one survey vessel

(iii) Slipway facility at Kochi, Kerala

(b) to (d): NIL

स्थानीय उद्योगों को अंतरराष्ट्रीय अनिश्चितताओं से निपटने के लिए लोचशील बनाना

2390. श्रीमती रुचि वीरा:

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

- (क) क्या सरकार ने उत्तर प्रदेश के मुरादाबाद जिले से संबंधित निर्यात-निर्भर उद्योगों, प्रवासी कामगारों और अंतरराष्ट्रीय व्यापार संबंधों पर उभरते वैश्विक भू-राजनीतिक घटनाक्रमों के प्रभाव की समीक्षा की है;
- (ख) यदि हां, तो जिले में आजीविका और बाजार पहुंच के संबंध में बाहरी व्यवधानों के प्रभाव को कम करने के लिए राजनयिक संपर्कों, व्यापार सुविधा और परामर्शी सहायता का ब्यौरा क्या है; और
- (ग) सरकार द्वारा स्थानीय उद्योगों और कामगारों को अंतरराष्ट्रीय अनिश्चितताओं से निपटने के लिए लोचशील बनाने हेतु प्रस्तावित नीतिगत उपायों का ब्यौरा क्या है?

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

- (क) से (ग): सरकार अपने नागरिकों की सुरक्षा, संरक्षा, कल्याण और आजीविका को प्रभावित करने वाले सभी घटनाक्रमों पर बारीकी से नजर रखती है। सरकार की विभिन्न पहलों, जिनमें हाल ही में शुरू किया गया निर्यात संवर्धन मिशन (ईपीएम) भी शामिल है, का उद्देश्य निर्यातकों का समर्थन करना है। ईपीएम दो एकीकृत उप-योजनाओं - निर्यात प्रोत्साहन और निर्यात दिशा के माध्यम से सीमित व्यापार वित्त, बाजार पहुंच बाधाओं, उच्च संभार लागत और अनुपालन बाधाओं सहित प्रमुख निर्यात बाधाओं का निपटान करता है। निर्यात प्रोत्साहन योजना का उद्देश्य समय पर, किफायती और विविध व्यापार वित्तपोषण विकल्पों के माध्यम से भारत के व्यापार वित्त तंत्र को मजबूत बनाना और

एमएसएमई व्यापार वित्त अंतर को पाटना है। निर्यात दिशा का उद्देश्य व्यापार के लिए गैर-टैरिफ बाधाओं को दूर करके, निर्यात क्षमताओं का निर्माण करके और प्रमुख वैश्विक बाजारों में भारतीय वस्तुओं और सेवाओं को स्थापित करके भारत की निर्यात क्षमता का विस्तार करना है।

विदेश मंत्रालय, विदेशों में अपने मिशनों और केन्द्र के माध्यम से वाणिज्य विभाग (डीओसी) के साथ निकट समन्वय से कार्य करते हुए भारतीय निर्यातकों का सहयोग करता है। मिशन का सहयोग करने के लिए संबंधित उद्योग संघों के साथ मिलकर नियमित कार्यशालाएं और क्षमता निर्माण क्रियाकलाप संपन्न किए जा रहे हैं। विदेश में भारतीय मिशन और केन्द्र भी एक जिला एक उत्पाद (ओडीओपी) पहल के तहत ग्रामीण कारीगरों के उत्पादों के निर्यात का सक्रिय रूप से समर्थन कर रहे हैं।

PROTECTION OF WOMEN AND CHILDREN UNDER WELFARE SCHEMES

2391. SHRI RAJMOHAN UNNITHAN:

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

- (a) whether gaps in implementation of women and child-centric welfare schemes are affecting vulnerable families in Kerala, particularly in border and coastal districts like Kasaragod, if so, the details thereof;
- (b) whether nutritional support, childcare services and maternal health outreach remain inadequate in certain regions, if so, the details thereof;
- (c) whether performance of ICDS, POSHAN Abhiyaan and related schemes has been reviewed, district-wise, if so, the details thereof;

- (d) whether any special interventions have been proposed for backward and high-risk districts, if so, the details thereof; and
- (e) the details of the steps being taken/proposed to be taken to strengthen delivery, monitoring and inclusiveness of women and child welfare programmes?

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

(a) to (e): Various schemes implemented by the Ministry of Women and Child Development (MWCD) for welfare of women and children all over the country, including schemes for nutrition support, childcare services and maternal health outreach in Kerala, have been clubbed into three Umbrella Missions viz. (1) Mission Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the Umbrella Missions are as under:

(i) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): Under this mission, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganized into 3 primary sub-verticals: (i) Nutrition Support for Children, Pregnant Women & Lactating Mothers and for Adolescent Girls (ii) Early Childhood Care and Education and (iii) Anganwadi Infrastructure including upgraded Saksham Anganwadis.

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

I. Sambal - The following schemes have been included under the Sambal vertical:

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

II. Samarthya - The following schemes have been included under 'Samarthya' vertical: **Pradhan Mantri Matru Vandana Yojana (PMMVY)** - a Centrally Sponsored Maternity Benefit Scheme under which cash incentives flow to the beneficiaries in Direct Benefit Transfer (DBT) mode for the first child and the second girl child; **Shakti Sadan** - an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women; **Sakhi Niwas** - to

promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunities for women exist; **National Hub for Empowerment of Women (NHEW)** - to facilitate intersectoral convergence of schemes and programs meant for women at National level, State/ UT level and district level and **Palna** that aims to increase the participation of women in work force in the economy by providing quality crèche facility in safe and secure environment for children.

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

NITI Aayog has got conducted a third-party evaluation of the schemes of the Ministry of Women and Child Development for Financial Years 2019 to 2024. The study found that the schemes of the Ministry are relevant.

The implementation of schemes including utilization of funds is reviewed on regular basis at various high levels through physical meetings, video conferences and field visits.

NON-ISSUANCE OF CGHS PLASTIC CARD**2392. SHRI TAMILSELVAN THANGA:**

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

- (a) whether it is a fact that the Government has not been issuing printed CGHS plastic card to the Central Government serving employees, pensioners and their dependents during the last fifteen months and is advising beneficiaries to take printout from the site/internet due to which all the CGHS beneficiaries are facing some practical difficulties while going for medical treatment in CGHS approved hospitals/laboratories etc.;
- (b) if so, the details thereof along with the reasons therefor;
- (c) whether the Government is likely to take necessary actions to print CGHS plastic cards for all pending requests of CGHS beneficiaries and expedite their issuance at the earliest;
- (d) if so, the details thereof; and
- (e) if not, the reasons therefor?

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

- (a) to (e): To facilitate ease of access and uninterrupted availment of CGHS services, CGHS cards are available in digital form on Digilocker platform, MyCGHS 2.0 mobile application and CGHS website, which are valid and

accepted at all CGHS Wellness Centres and CGHS-empanelled hospitals and diagnostic laboratories. For the convenience of beneficiaries, FAQs have also been updated and made available on the CGHS website and MyCGHS 2.0 mobile application.

A total of 2,07,182 fresh CGHS cards and 1,37,127 renewed CGHS cards have been generated, since April, 2025. Printing of CGHS plastic cards are undertaken under revised arrangements. With a view to reducing turnaround time, card printing have been decentralised and necessary software changes have been implemented, enabling CGHS Card Offices to print cards either through outsourced service providers or by using in-house card printing machines, wherever available. CGHS plastic Cards up to the month of August 2025 has been printed and sent to Wellness Centers for distribution.

ALLOCATION OF FERTILIZERS

2393. SHRI MALVINDER SINGH KANG:

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

- (a) the allocation vis-à-vis actual consumption of fertilizers supplied under the 'One Nation One Fertilizer' initiative, including "Bharat" branded Urea, DAP and NPK, in Punjab during the last three Rabi and Kharif seasons, year-wise;
- (b) the details of Nutrient Based Subsidy (NBS) released for Punjab during the said period and the assessment of the Direct Benefit Transfer (DBT) system

in ensuring timely fertilizer availability to small and marginal farmers;

- (c) whether any supply/transaction-related issues linked to mandatory use of Electronic Point of Sale machines have been reported from the Shivalik and border districts of the State, if so, the details thereof; and
- (d) the steps taken under the Prime Minister Programme for Restoration, Awareness, Nourishment and Amelioration of Mother Earth (PM-PRANAM) scheme to incentivize reduction in chemical fertilizer usage and improve transparency in last-mile delivery of subsidised fertilizers in Punjab?

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 availability of Urea, DAP and NPK has remained adequate in the State of Punjab during the last three years i.e. 2022-23, 2023-24 and 2024-25. The information regarding requirement, availability and sales of these fertilizers during the said period in the State of Punjab are given in the enclosed **Statement**.

(b) and (c): Under the 'DBT in Fertilizers system, 100% subsidy on various fertilizer grades is released to the fertilizer manufacturing/importing companies, on actual sales to the beneficiaries based on Aadhar authentication through PoS devices installed at each retail shop. Accordingly, all farmers including those in the state of Punjab are being supplied fertilizers at the subsidized rates on no-denial basis. Funds are not allocated or disbursed in a district-wise or State-wise manner. The

details of total expenditure incurred under the Nutrient Based Subsidy (NBS) scheme (Indigenous P&K and Imported P&K), during the three years i.e. 2022-23 to 2024-25 are as under:

(Figures in Rs. crore)			
Financial Year	Subsidy Schemes		Grand Total
	Imported P&K	Indigenous P&K	
2022-23	36032.56	50089.67	86122.23
2023-24	28929.57	36270.00	65199.57
2024-25	18800.00	34010.00	52810.00
Grand Total	83762.13	120369.67	204131.80

Further, as per the information received from the State Government of Punjab no supply/transaction-related issues linked to mandatory use of Electronic Point of Sale machines have been reported from the Shivalik and border districts of the State.

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

reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, equivalent to 50% of the fertilizer subsidy saved. Of the total grant, 95% will be allocated to the State, while the remaining 5% will be utilized for monitoring, IEC, research, capacity building and reward purposes.

PM-PRANAM scheme is funded from savings of fertilizer subsidy arising out of reduction in consumption of chemical fertilizers. As per guidelines of PM-PRANAM Scheme, States/UTs are required to submit Action Plans with utilization of the grants at the beginning of each financial year. Utilization Certificates must be provided at the end of the financial year. Grants for subsequent years are based on the proper utilization of the previous grants. No incentives have been disbursed to the concerned States / Union Territories till date.

Further, as per the information received from the State Government of Punjab, Under the PM-PRANAM scheme to promote balanced fertilizer use, the Department of Agriculture, Punjab has organized awareness camps at village, block, and district levels. Farmers are being educated on proper fertilizer application practices, including the benefits of green manuring and gypsum application where required.

Additionally, the Soil Health Card Scheme plays a crucial role in guiding farmers. Soil samples are collected and analysed, and Soil Health Cards are issued to advise farmers on the judicious use of fertilizers based on their specific

soil conditions.

Furthermore, organic farming and the use of organic fertilizers are being actively promoted in the State to reduce dependence on chemical fertilizers.

STATEMENT**Availability of Urea, DAP and NPK in the State of Punjab during 2022-23, 2023-24 and 2024-25**

PUNJAB													
SEASON WISE (KHARIF & RABI) REQUIREMENT, AVAILABILITY & CONSUMPTION OF FERTILIZERS													
fig. in LMT													
S.No	SEASONS	UREA			DAP			MOP			NPKS		
		Requirement	Availability	Consumption	Requirement	Availability	Consumption	Requirement	Availability	Consumption	Requirement	Availability	Consumption
1	KHARIF 2025	14.92	19.19	15.94	2.85	3.86	2.36	0.50	0.70	0.32	0.50	1.27	0.66
2	RABI 2024-25	15.00	19.47	15.30	4.50	4.24	3.86	0.50	0.73	0.37	1.50	1.29	0.97
3	KHARIF 2024	11.50	21.02	17.27	3.60	3.74	2.75	0.50	0.69	0.34	1.00	1.03	0.44
4	RABI 2023-24	14.75	20.77	14.10	5.00	3.89	2.90	0.35	0.35	0.22	1.20	0.69	0.41
5	KHARIF 2023	14.73	19.11	16.58	3.00	4.99	4.34	0.50	0.48	0.27	0.30	0.62	0.32
6	RABI 2022-23	14.75	20.12	14.68	5.00	5.43	4.15	0.40	0.30	0.21	1.20	0.53	0.40
7	KHARIF 2022	14.50	18.34	14.77	2.25	4.03	3.02	0.50	0.39	0.19	0.50	0.33	0.18
YEAR WISE REQUIREMENT, AVAILABILITY & CONSUMPTION OF FERTILIZERS													
S.No	YEAR	UREA			DAP			MOP			NPKS		
		Requirement	Availability	Consumption	Requirement	Availability	Consumption	Requirement	Availability	Consumption	Requirement	Availability	Consumption
1	2024-25	26.50	36.70	32.56	8.10	6.99	6.61	1.00	1.06	0.71	2.50	1.73	1.41
2	2023-24	29.48	37.35	30.68	8.00	8.23	7.24	0.85	0.62	0.50	1.50	1.02	0.73
3	2022-23	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58

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

DOCTOR-POPULATION RATIO IN INDIA

2394. SHRI YUSUF PATHAN:

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

- (a) the total number of Government hospitals in the country, State/UT-wise;
- (b) the total number of hospitals under the Union Government, State/UT-wise;
- (c) the total number of allopathic doctors registered with the State Medical Councils/Medical Council of India; and
- (d) the details of doctor-population ratio in the country along with the total number of allopathic doctors available for active service, State-wise?

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

(a): The State/UT-wise details of Government hospitals in the country are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

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

(b): The list of hospitals under the Union Government is given in the enclosed **Statement**.

(c) and (d): As per information provided by National Medical Commission (NMC),

there are 13,88,185 registered allopathic doctors and 7,51,768 registered AYUSH practitioners. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811.

STATEMENT

List of hospitals under the Union Government

Sr. No.	Medical College/Institutes
1	All India Institute of Medical Sciences (AIIMS), New Delhi
2	22 New AIIMS under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)
3	Postgraduate Institute of Medical Education and Research, Chandigarh (PGIMER)
4	Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry (JIPMER)
5	Vardhman Mahavir Medical College (VMMC), New Delhi (Associated with Safdarjung Hospital)
6	Lady Hardinge Medical College (LHMC), New Delhi
7	Atal Bihari Vajpayee Institute of Medical Sciences (ABVIMS), New Delhi (Associated with Dr. Ram Manohar Lohia Hospital)
8	North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong
9	Regional Institute of Medical Sciences (RIMS), Imphal
10	Rural Health Training Centre, Najafgarh, New Delhi
11	Regional Institute of Paramedical and Nursing Sciences (RIPANS), Aizawl, Mizoram

DEVELOPMENT OF TRANS-SHIPMENT PORTS

2395. SHRIMATI D. K. ARUNA:

SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

SHRI VISHNU DAYAL RAM:

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

- (a) the number of under-developed trans-shipment ports identified in the country;
- (b) the number of projects approved or under implementation to reduce dependence on foreign trans-shipment hubs;
- (c) whether the Government has data on changes in coastal shipping volumes and cost efficiencies achieved following policy support for coastal and short-sea shipping; and
- (d) if so, the details thereof?

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

(a) and (b): Two

(c) and (d): Yes. The coastal shipping volume at Indian ports has shown an increase over the past few years, rising from 228 million metric tons (MMT) in 2020-21 to 336 MMT in 2024-25, reflecting growing maritime trade and the increasing importance of coastal shipping in India's logistics and transport sector.

FAST TRACK SPECIAL COURTS IN GUJARAT**2396. SHRI DHAVAL LAXMANBHAI PATEL:**

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

- (a) the number of Fast Track Special Courts (FTSCs) functional in Gujarat for cases relating to rape and offences under the POCSO Act, district-wise;
- (b) the number of cases pending in these Fast Track Special Courts in Valsad district; and
- (c) the disposal rate of cases by Fast Track Special Courts in Gujarat during the last three years, 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): As per the information received from the High Court of Gujarat, 54 Fast Track Special Courts (FTSCs) are functional in the State to deal with cases relating to rape and offences under the Protection of Children from Sexual Offences (POCSO) Act, 2012. Out of these, 35 FTSCs, including 24 exclusive POCSO (e-POCSO) Courts, are functioning under the Centrally Sponsored Scheme to set up Fast Track Special Courts. The district-wise details of functional FTSCs in Gujarat are given in the enclosed **Statement**.

(b): As per the information made available by the High Court of Gujarat, 81 cases under the POCSO Act are pending in Valsad District as on 31.12.2025.

(c): As per the information received from the High Court of Gujarat, the year-wise disposal of rape and POCSO cases by Fast Track Special Courts in the State during the last three years is as under:

Year	Number of cases disposed of
2023	3493
2024	3562
2025	3494

STATEMENT

District-wise number of functional Fast Track Special Courts (FTSCs) in Gujarat for cases relating to rape and offences under the POCSO Act

Sl. No	Districts	No. of courts exclusive/dedicated for POCSO Act cases	No. of FTSCs to primarily try rape cases along with POCSO Act cases
1.	Ahmedabad (Rural)	2	1
2.	Anand	2	1
3.	Aravalli at Modasa	1	0
4.	Banaskantha at Palanpur	2 (Including 01 at Dessa)	0
5.	Botad	1	0
6.	Bharuch	1	0
7.	Bhavnagar	2 (Including 01 at Mahuva)	1
8.	Chhotaudepur	1	0
9.	Dahod	2 (Including 01 at Limkheda)	0
10.	Gandhinagar	1	0

11.	Jamnagar	1	0
12.	Kachchh at Bhuj	1	0
13.	Kheda at Nadiad	1	0
14.	Mehsana	2 (Including 01 at Visnagar)	1
15.	Morbi	1	0
16.	Navsari	1	0
17.	Panchmahals at Godhra	2 (Including 01 at Halol)	0
18.	Patan	1	0
19.	Porbandar	1	0
20.	Rajkot	2 (Including 01 at Gondal)	1
21.	Sabarkantha at Himmatnagar	2 (Including 01 at Idar)	0
22.	Surat	4	2
23.	Surendranagar	1	1
24.	Vadodara	2	1
25.	Valsad	1 (at Vapi)	0
26.	City Civil Court, Ahmedabad	5	2
	TOTAL	43	11

REDUCTION OF COST FOR NEET PG 2025

2397. 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 the Government has decided to reduce the cut off for NEET PG 2025 to zero percentage level on the ground that thousands of seats in medical colleges are lying vacant, if so, the details thereof;
- (b) the number of vacant seats in Government medical colleges and private medical colleges separately;
- (c) whether it is a fact that the majority of seats are vacant in private medical colleges where the fees run into crores which most candidates cannot afford;
- (d) if so, the details thereof along with the Government's reaction thereto;
- (e) whether the Government's attention has been drawn to the opinion of the former principal health secretary of Andhra Pradesh Dr. P.V. Ramesh that this decision is shameful and must be condemned as unadulterated corruption; and
- (f) if so, the details thereof along with the Government's reaction thereto?

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

(a) to (f): The Medical Counselling Committee (MCC) of the Directorate General of Health Services (DGHS) conducts counselling for postgraduate medical courses as per the scheme laid down by the Hon'ble Supreme Court of India. NEET PG counselling conducted by MCC covers 50% All India Quota seats and 100% seats of Central/Deemed Universities across the country. Counselling for State quota

PG seats is conducted by the respective State Governments and counselling for private medical colleges comes under the purview of State counselling authorities.

The decision to revise the qualifying percentiles follows the completion of Round-2 counselling by MCC wherein it was reported that of the 29,476 seats offered by MCC for counselling, 9,621 seats remained vacant. Further, as counselling for 50% seats is conducted by respective state authorities, it was assessed that approximately 20,000 seats (including DNB seats) were vacant after two rounds. Hence, consistent with past academic years which had proven effective in ensuring maximum seat utilisation, the Government reduced the qualifying percentile for eligibility to PG Counselling 2025 to ensure precious PG medical seats do not remain vacant. The revised qualifying percentiles for NEET PG 2025 are as under:

- UR Category: Eligibility reduced to above 7 percentiles
- UR–PwD Category: Eligibility reduced to above 5 percentiles
- SC / ST / OBC Categories: All candidates declared qualified

The fee structure for medical courses in Government and private medical colleges varies across States and is determined in accordance with the guidelines issued by the respective State Fee Regulatory Authorities. The fee structure in Government medical colleges is subsidized in order to enhance accessibility. Also, guidelines for the determination of fees and other charges in respect of 50% of seats in private medical institutions and deemed-to-be universities were framed

under clause (i) of sub-section (1) of section 10 of the National Medical Commission Act, 2019, and were issued by the National Medical Commission on 03.02.2022. However, these guidelines have been challenged before various courts and the matter is currently sub judice.

UNDERTRIAL PRISONERS AND MEASURES FOR EXPEDITED RELEASE

2398. DR. PRABHA MALLIKARJUN:

SHRI TANGELLA UDAY SRINIVAS:

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

- (a) the details of undertrial prisoners lodged in jails for periods of up to three years, three to five years and more than five years, category-wise and State-wise;
 - (b) the initiatives undertaken to reduce prolonged undertrial detention, along with details of funds allocated, released and utilised therefor;
 - (c) the details of funds allocated, released and utilised by Undertrial Review Committees during the last five years, year-wise and State-wise, with district-wise details for Andhra Pradesh, including Kakinada;
 - (d) the number of undertrial prisoners recommended for release by UTRCs and the number actually released during the said period;
 - (e) the steps taken to operationalise bail reforms under recent judicial directions;
- and

- (f) whether any technology-based systems have been adopted for identification, tracking and timely release of eligible undertrial prisoners and if so, the details thereof, including funding and inter-agency coordination mechanisms?

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

(a): National Crime Records Bureau (NCRB) compiles prison statistics reported to it by the States and Union Territories (UTs) and publishes the same in its annual publication "Prison Statistics India". As per the latest published data for the year 2023, State/UT wise number of undertrial prisoners confined upto three years, three to five years and more than five years in the jails of the country as on 31.12.2023 are given in the enclosed **Statement – I** and **Statement – II**. These data are readily available on National Crime Records Bureau website: <https://www.ncrb.gov.in/uploads/files/PSI-20231.pdf>.

(b) and (c): 'Prisons and Prisoners' is a State-list subject under Entry 4 of List II of the Seventh Schedule to the Constitution of India. Therefore, the administration and management of prisons and prisoners is the responsibility of respective State Governments. Central Government has also been supplementing the efforts of State Governments in this regard.

With the objective of providing financial assistance to poor prisoners, who are unable to pay the fine imposed on them or are unable to secure bail due to

financial constraints, the Government is implementing a scheme named “Support to Poor Prisoners”. The guidelines and SOP for implementation of the Scheme, has provision for bail assistance amounting upto Rs. 1 lakh, prescribing timelines for case processing, and simplification of procedures for drawal and utilisation of funds.

For implementation of the Scheme, the Ministry of Home Affairs (MHA) had provided an annual financial outlay of Rs. 20 crore for three years i.e. 2023-24, 2024-25 and 2025-26. As on 10.02.2026, funds amounting to Rs. 71,71,476/- have already been utilized by States and UTs, providing benefit of the Scheme to 273 eligible prisoners.

Further, National Legal Services Authority (NALSA) has taken initiatives for establishment of Under Trial Review Committees (UTRCs) in all the districts to recommend for release of eligible undertrial prisoners and convicts. Quarterly meetings are held by UTRCs across the country. NALSA allocates funds to the State Legal Services Authorities (SLSAs) and the SLSAs allocate funds to the District Legal Services Authorities (DLSAs) and High Court Legal Services Committees (HCLSCs). NALSA does not maintain DLSA/HCLSC and scheme wise details of funds allocation and utilisation.

(d) to (f): The number of undertrial prisoners recommended by UTRCs and released during last five years are as under:

Year	No. of UTPs/ Convicts recommended for bail/ release	No. of inmates released pursuant to UTRCs recommendations
2021	36,983	17,020
2022	70,780	35,480
2023	73,274	34,232
2024	53,594	25,982
2025	40,434	22,523
Total	2,75,065	1,35,237

Several initiatives are undertaken by the Government to operationalize bail reforms. Section 479 (1) of the Bharatiya Nagarik Suraksha Sanhita (BNSS) provides that “Where a person has, during the period of investigation, inquiry or trial under this Sanhita of an offence under any law (not being an offence for which the punishment of death or life imprisonment has been specified as one of the punishments under that law) undergone detention for a period extending up to one-half of the maximum period of imprisonment specified for that offence under that law, he shall be released by the Court on bail.”

The Proviso under Section 479 (1) of the BNSS provides further relief to first time offenders/undertrial prisoners and provides that “where such person is a first-time offender (who has never been convicted of any offence in the past), he shall be released on bond by the Court, if he has undergone detention for the period extending up to one-third of the maximum period of imprisonment specified for such offence under that law.” Further, technology based alerts are generated

through the ePrisons portal under Inter-Operable Criminal Justice System (ICJS) and are sent to concerned officials for taking appropriate action for timely release of undertrial prisoners.

STATEMENT- I

State/UT-wise and Category-wise number of Undertrial Prisoners lodged in jails as on 31st December, 2023						
S. No.	State/UT	SC	ST	OBC	Others	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	ANDHRA PRADESH	1089	1453	1908	1118	5568
2	ARUNACHAL PRADESH	9	124	48	7	188
3	ASSAM	863	898	2434	3351	7546
4	BIHAR	8549	1514	26411	10055	46529
5	CHHATTISGARH	2100	3648	4025	1747	11520
6	GOA	44	61	59	312	476
7	GUJARAT	1409	1719	5353	3068	11549
8	HARYANA	5868	1564	5920	5940	19292
9	HIMACHAL PRADESH	537	35	161	1094	1827
10	JHARKHAND	2398	3765	5488	1933	13584
11	KARNATAKA	2627	1237	6888	971	11723
12	KERALA	1115	428	3353	1168	6064
13	MADHYA PRADESH	4385	4891	9279	4409	22964
14	MAHARASHTRA [§]	-	-	-	-	32438
15	MANIPUR	15	142	104	155	416
16	MEGHALAYA	102	643	48	88	881
17	MIZORAM	77	1168	1	1	1247
18	NAGALAND	25	318	58	31	432
19	ODISHA	4374	3961	3982	2461	14778
20	PUNJAB	7389	2134	3659	11321	24503
21	RAJASTHAN	3636	2767	7240	3620	17263
22	SIKKIM	30	36	89	16	171
23	TAMIL NADU	3887	308	7906	250	12351
24	TELANGANA	831	501	1429	1038	3799
25	TRIPURA	144	185	87	431	847

26	UTTAR PRADESH	20534	3489	31596	17872	73491
27	UTTARAKHAND	1369	298	1284	1447	4398
28	WEST BENGAL	2437	840	2442	14575	20294
29	A & N ISLANDS	0	4	17	147	168
30	CHANDIGARH	267	2	168	281	718
31	DNH & DAMAN DIU	22	16	37	59	134
32	DELHI	3838	383	5753	7860	17834
33	JAMMU & KASHMIR	165	432	187	3784	4568
34	LADAKH	0	20	6	16	42
35	LAKSHADWEEP	0	3	0	0	3
36	PUDUCHERRY	57	0	245	2	304
	TOTAL	80192	38987	137665	100628	389910
☐ As per data provided by States/UTs			\$ Maharashtra did not provide breakup.			

Source: Prison Statistics India 2023 Report by National Crime Records Bureau, Ministry of Home Affairs.

STATEMENT-II

State/UT-wise number of Undertrial prisoners lodged in jails for period of up to three years, three to five years and above five years as on 31st December, 2023				
S. No.	State/UT	Upto 3 years	3 to 5 Years	Above 5 Years
(1)	(2)	(5)	(6)	(7)
1	ANDHRA PRADESH	5529	36	3
2	ARUNACHAL PRADESH	171	14	3
3	ASSAM	7263	136	147
4	BIHAR	45035	1198	296
5	CHHATTISGARH	10975	501	44
6	GOA	390	64	22
7	GUJARAT	10219	866	464
8	HARYANA	18098	778	416
9	HIMACHAL PRADESH	1645	125	57
10	JHARKHAND	12172	931	481
11	KARNATAKA	10867	630	226
12	KERALA	6030	26	8
13	MADHYA PRADESH	21792	1057	115

14	MAHARASHTRA	26402	3823	2213
15	MANIPUR	393	5	18
16	MEGHALAYA	802	55	24
17	MIZORAM	1235	12	0
18	NAGALAND	409	11	12
19	ODISHA	13480	884	414
20	PUNJAB	23270	1050	183
21	RAJASTHAN	15523	1276	464
22	SIKKIM	167	4	0
23	TAMIL NADU	12199	106	46
24	TELANGANA	3769	21	9
25	TRIPURA	847	0	0
26	UTTAR PRADESH	65378	5474	2639
27	UTTARAKHAND	4099	251	48
28	WEST BENGAL	17128	1921	1245
29	A & N ISLANDS	150	16	2
30	CHANDIGARH	679	30	9
31	DNH & DAMAN DIU	102	22	10
32	DELHI	16286	1051	497
33	JAMMU & KASHMIR	3667	626	275
34	LADAKH	36	4	2
35	LAKSHADWEEP	3	0	0
36	PUDUCHERRY	302	2	0
	TOTAL	356512	23006	10392

Source: Prison Statistics India 2023 Report by National Crime Records Bureau, Ministry of Home Affairs.

विदेश में भारतीय कामगार

2399. श्री सुधाकर सिंह

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) विगत दस वर्षों के दौरान अकुशल, अर्ध-कुशल और कुशल कामगारों के रूप में रोजगार के लिए

विदेश गए भारतीय नागरिकों की वर्ष-वार और बिहार सहित राज्य-वार संख्या कितनी है;

(ख) उक्त अवधि के दौरान अन्य देशों से निर्वासित होकर भारत वापस लौटे भारतीय नागरिकों की संख्या कितनी है;

(ग) क्या वर्तमान में सरकार के पास विदेशों में कार्यरत भारतीय कामगारों की सुरक्षा, अधिकारों की रक्षा और कल्याण सुनिश्चित करने के लिए कोई विशिष्ट योजना या पहल है;

(घ) यदि हां, तो ऐसी योजनाओं का ब्यौरा क्या है, इनके अंतर्गत क्या सुविधाएं और लाभ प्रदान किए गए हैं तथा इनसे कितने कामगार लाभान्वित हुए हैं; और

(ङ) 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): मंत्रालय, ई- माइग्रेट पोर्टल के माध्यम से किसी भी अधिसूचित ईसीआर श्रेणी के देशों में रोजगार के लिए जाने वाले, इमिग्रेशन चेक आवश्यक (ईसीआर) पासपोर्ट रखने वाले भारतीय श्रमिकों के संबंध में डाटा अनुरक्षित रखता है। पिछले दस वर्षों के दौरान विदेश में रोजगार के लिए ई-माइग्रेट के माध्यम से इमिग्रेशन क्लीयरेंस (ईसी) जारी किए गए बिहार राज्य के श्रमिकों सहित भारतीय श्रमिकों का राज्यवार डाटा संलग्न **विवरण -I** में दिया गया है।

(ख): उपलब्ध जानकारी के अनुसार, विभिन्न कारणों से विदेशों से निर्वासित किए गए भारतीय नागरिकों की संख्या संलग्न **विवरण -II** में दी गई है।

(ग) से (ङ): भारत सरकार विदेशों में भारतीय श्रमिकों की सुरक्षा, संरक्षण और कल्याण को सर्वोच्च प्राथमिकता देती है। यदि उन्हें किसी सहायता की आवश्यकता हो तो उन्हें दूतावास/कोंसलावास तक पहुंचने में सक्षम बनाने के लिए स्थापित चैनल हैं। वे वॉक-इन, ईमेल, बहुभाषी 24X7 आपातकालीन नंबर, व्हाट्सएप नंबर, शिकायत निवारण पोर्टल जैसे मदद/सीपीग्राम्स/ई-माइग्रेट और सोशल मीडिया आदि के माध्यम से दूतावास/कोंसलावास से संपर्क कर सकते हैं। विदेशों में भारतीय मिशनों/केंद्रों में

ऐसे मामलों को निपटने के लिए समर्पित श्रम विंग हैं, जहां भारतीय प्रवासी श्रमिकों की एक बड़ी संख्या है। भारतीय श्रमिकों को मार्गदर्शन और परामर्श प्रदान करने के लिए नई दिल्ली, दुबई, रियाद और जेद्दाह जैसे प्रमुख स्थानों पर प्रवासी भारतीय सहायता केंद्र स्थापित किए गए हैं।

मजदूरों सहित भारतीय नागरिकों से कोई शिकायत प्राप्त होने पर, दूतावास/ कोंसलावास सक्रिय रूप से संबंधित विदेशी नियोक्ता लेता है और यदि आवश्यक हो, तो पीड़ित श्रमिक के कार्यस्थल का भी दौरा किया जाता है। मुद्दों को स्थानीय श्रम विभाग और मेजबान देश के अन्य संबंधित प्राधिकरण के साथ त्वरित निवारण के लिए भी लिया जाता है।

भारतीय मिशन/केंद्र नियमित रूप से दूरदराज के क्षेत्रों में ओपन हाउस और कोंसली कैंप आयोजित करते हैं ताकि ऐसे क्षेत्रों में रहने वाले भारतीय श्रमिकों से प्रतिक्रिया प्राप्त की जा सके और उनकी शिकायतों का समाधान किया जा सके।

इसके अलावा, महिला श्रमिकों (घरेलू क्षेत्र के श्रमिकों सहित) की सुरक्षा और संरक्षा के लिए अतिरिक्त सुरक्षा के रूप में, सरकार ने अधिसूचित ईसीआर देशों में विदेशी रोजगार के लिए ईसीआर श्रेणी के पासपोर्ट धारक भारतीय महिला श्रमिकों की भर्ती के लिए केवल राज्य संचालित भर्ती एजेंसियों (आरए) को ई-माइग्रेट पोर्टल के माध्यम से अधिकृत किया है। इसके अलावा, विदेशी रोजगार के लिए ईसीआर श्रेणी के पासपोर्ट धारक महिला श्रमिकों को शोषण से बचाने के लिए 30 वर्ष की न्यूनतम आयु मानदंड है।

मिशन/केन्द्र समय-समय पर भारतीय समुदाय कल्याण कोष (आईसीडब्ल्यूएफ) का उपयोग विदेश में संकटग्रस्त भारतीय नागरिकों को वित्तीय और कानूनी सहायता प्रदान करने के लिए करते हैं, जिसमें बिहार से भी शामिल है। आईसीडब्ल्यूएफ के तहत प्रमुख सहायता में भोजन और आवास, स्वदेश वापसी की लागत, कानूनी सहायता, आपातकालीन चिकित्सा देखभाल, पार्थिव शरीरों का भारत में परिवहन आदि शामिल हैं। इसकी स्थापना के बाद से, 3,60,000 से अधिक संकटग्रस्त

विदेशी भारतीयों को आईसीडब्ल्यूएफ के माध्यम से सहायता प्रदान की गई है।

विवरण -I

वर्ष 2016 से 2025 तक भारतीय नागरिकों को जारी किए गए इमिग्रेशन क्लीयरेंस की संख्या

राज्य/वर्ष	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
अंडमान निकोबार	17	13	12	11	2	0	11	5	25	5
आंध्र प्रदेश	27026	17726	15528	18005	3882	5482	19347	16387	16615	18370
अरुणाचल प्रदेश	3	3	0	5	0	1	3	4	6	9
असम	3888	2557	1667	2632	566	395	3594	3451	3095	3619
बिहार	76518	69428	59180	55423	13911	24526	60945	67547	72523	89127
चंडीगढ़	218	139	101	125	30	45	346	252	197	174
छत्तीसगढ़	187	123	109	120	33	24	126	113	140	166
दादरा और नगर हवेली	9	11	3	8	2	0	3	7	2	3
दमन और दीव	32	25	37	20	11	9	16	31	19	33
दिल्ली	1788	1211	1107	1485	388	508	1569	1575	1505	1899
गोवा	839	666	641	627	105	262	622	420	374	431
गुजरात	4599	4266	3314	3688	1494	1583	3438	3825	4212	4940
हरियाणा	1978	1548	1382	1475	314	459	1232	1326	1354	1785
हिमाचल प्रदेश	774	666	399	431	115	145	414	437	389	418
जम्मू और कश्मीर	4365	2090	2704	4540	1095	992	4868	5264	4322	4682
झारखंड	4928	3930	3664	3348	831	1481	4322	4326	4760	5819
कर्नाटक	6521	5231	4267	5316	1476	2143	5700	6209	5811	6927
केरल	25672	16643	14496	19173	8487	10560	16253	18469	16653	14520

लद्दाख						0	0	1	3	3
लक्षद्वीप	4	5		1			2	3	1	6
मध्य प्रदेश	1343	995	974	1145	220	232	1367	1335	1137	1313
महाराष्ट्र	10557	7851	7449	7666	2592	2828	6846	7559	6365	7251
मणिपुर	17	18	12	10	4	9	13	24	63	53
मेघालय	9	9	5	7	3	3	11	11	7	21
मिजोरम	1	2	1	3				2	1	2
नगालैंड	1	2	5	3	1	4	2	3	5	6
ओडिशा	12341	11200	9832	7476	2199	4179	6726	6691	5952	5377
पुदुचेरी	307	336	312	281	75	123	318	386	326	335
पंजाब	31871	27606	19777	14665	3317	5983	10654	11505	12575	18388
राजस्थान	35220	32184	30272	28982	6126	11345	28819	24441	26051	32135
सिक्किम	15	7	13	7	1		4	5	5	13
तमिलनाडु	42761	38341	31588	27783	6476	8830	23556	27010	21219	19246
तेलंगाना	25099	17609	13085	13388	2984	4375	11990	10372	9850	10885
त्रिपुरा	2910	1365	1218	1643	248	145	1197	1401	1139	1263
उत्तर प्रदेश	14403 5	88450	86273	11625 1	28911	35222	123699	142547	13826 8	16602 2
उत्तराखंड	3297	2172	2081	3323	821	864	3627	3744	3239	3548
पश्चिम बंगाल	53409	36599	28648	28982	7425	9917	31788	31628	28863	30316

विवरण – II**विभिन्न कारणों से विदेशों से निर्वासित किए गए भारतीय नागरिकों की संख्या**

क्रम सं.	देश का नाम	मिशन/केन्द्र का नाम	विदेशों से निकाले गए और भारत वापस लाए गए भारतीय नागरिकों की संख्या									
			2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1	अफ़ग़ानिस्तान	ईओआई, काबुल	0	0	0	0	0	0	0	0	0	0
2	अल्बानिया	ईओआई, तिराना	0	0	0	0	0	0	0	0	0	0
3	अल्जीरिया	ईओआई, अल्जीयर्स	0	0	0	0	0	0	0	0	1	2
4	अंगोला	एचसीआई, लुआंडा	0	0	0	0	0	0	0	0	0	0
5	अर्जेंटीना	ईओआई, ब्यूनस आयर्स	0	0	0	0	0	0	0	0	0	0
6	आर्मीनिया	ईओआई, येरेवन	4	12	27	66	0	0	44	64	206	1086
7	ऑस्ट्रेलिया	एचसीआई, कैनबरा	0	38	33	48	17	14	31	37	33	6
8	ऑस्ट्रेलिया	सीजीआई, मेलबर्न	13	27	19	10	9	7	9	19	27	34
9	ऑस्ट्रेलिया	सीजीआई, सिडनी	10	22	8	4	3	0	2	7	28	16
10	ऑस्ट्रेलिया	सीजीआई, पर्थ	1	9	4	1	1	3	3	18	4	7
11	ऑस्ट्रेलिया	सीजीआई, ब्रिस्बेन	0	0	0	0	0	0	0	0	1	4
12	ऑस्ट्रिया	ईओआई, वियना	0	0	0	0	0	10	33	94	66	74
13	अजरबैजान	ईओआई, बाकू	0	0	0	0	0	0	0	0	0	0
14	बहरीन	ईओआई, बहरीन	0	0	0	0	0	0	0	0	0	0
15	बांग्लादेश	एचसीआई, ढाका	260	130	85	199	128	89	290	110	112	198

16	बांग्लादेश	एएचसीआई, चटगांव	0	0	0	0	0	0	0	0	0	0
17	बांग्लादेश	एएचसीआई, खुलना	0	0	0	0	0	0	0	0	0	0
18	बांग्लादेश	एएचसीआई, राजशाही	0	0	0	0	0	0	0	0	0	0
19	बांग्लादेश	एएचसीआई, सिलहट	0	0	0	0	0	0	0	0	0	0
20	बेलारूस	ईओआई, मिन्स्क	6	16	28	7	16	26	65	605	671	92
21	बेल्जियम	ईओआई, ब्रुसेल्स	15	31	52	26	9	8	10	19	5	4
22	बेलीज़	ईओआई मेक्सिको सिटी	0	0	0	0	0	0	0	0	0	0
23	भूटान	ईओआई, थिम्पू	0	0	0	0	10,209	2,168	617	0	0	1
24	भूटान	सीजीआई, फुंटशोलिंग	0	0	0	0	0	0	0	0	0	0
25	बोलीविया	ईओआई, ला पाज़	0	0	0	0	0	0	0	0	0	शून्य
26	बोत्सवाना	एचसीआई, गैबोरोन	0	0	0	0	0	0	0	0	0	0
27	ब्राजील	ईओआई, ब्रासीलिया	0	0	0	0	0	0	0	0	0	
28	ब्राजील	सीजीआई, साओ पाउलो	0	0	0	0	0	0	0	0	0	0
29	ब्रुनेई	एचसीआई, ब्रुनेई दारुस्सलाम	0	0	0	0	0	0	0	0	0	0
30	बुल्गारिया	ईओआई, सोफिया	9	3	1	4	0	0	0	1	1	2
31	बुर्किना फासो	ईओआई, औगाडौगू	0	0	0	0	0	0	0	0	0	0
32	काबो वर्डे	ईओआई, प्रारिया	0	0	0	0	0	0	0	0	0	0
33	कंबोडिया	ईओआई, नोम पेन्ह	0	0	0	0	0	0	44	207	982	1300

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	गणराज्य											
54	इक्वेडोर	ईओआई, क्विटो	0	0	0	0	0	0	0	0	0	सितंबर 2025 से आगे- 0
55	मिस्र	ईओआई, काहिरा	0	0	0	0	0	0	0	0	1	1
56	इक्वेटोरियल गिनी	ईओआई, मालाबो	0	0	0	0	0	0	0	0	0	0
57	इरिट्रिया	ईओआई, अस्मारा	0	डेटा नोट उपलब्ध है	0	0	0	0	0	0	0	0
58	एस्तोनिया	ईओआई, तेलिन	0	0	0	0	0	0	0	0	16	3
59	एस्वातिनी	एचसीआई, मबाबाने	0	0	0	0	0	0	0	0	0	0
60	इथियोपिया	ईओआई, अदीस अबाबा	33	27	181	20	984	6	8	14	73	54
61	फिजी	एचसीआई, सुवा	0	0	0	0	0	0	0	0	0	0
62	फिनलैंड	ईओआई, हेलसिंकी	0	0	0	0	0	0	0	0	3	2
63	फ्रांस	ईओआई, पेरिस	0	0	0	0	0	0	0	0	0	0
64	फ्रांस	सीजीआई, मार्सिले	ना	ना	ना	ना	ना	ना	ना	ना	ना	5
65	फ्रांस	सीजीआई, सेंट डेनिस (रीयूनियन आइलैंड)	0	0	2	4	36	0	0	0	2	0
66	गैबॉन	एचसीआई, लिब्रेविल	0	0	0	0	0	0	0	0	0	0
67	जॉर्जिया	ईओआई, त्बिलिसी	0	0	0	0	0	0	0	0	0	155
68	जर्मनी	ईओआई, बर्लिन	0	0	0	0	0	0	0	0	79	45
69	जर्मनी	सीजीआई, फ्रैंकफर्ट	28	11	24	45	18	21	28	21	15	13
70	जर्मनी	सीजीआई, हैम्बर्ग	22	12	25	13	12	5	16	23	31	33

71	जर्मनी	सीजीआई, म्यूनिख	60	69	116	88	31	36	57	79	73	75
72	घाना	एचसीआई, अकरा										
73	ग्रीस	ईओआई, एथेंस	2	9	1	7	8	10	31	15	31	
74	ग्वाटेमाला	ईओआई, ग्वाटेमाला सिटी	0	0	0	0	0	0	0	0	0	4
75	गुयाना	एचसीआई, जॉर्जटाउन	0	0	0	0	0	0	0	0	11	4
76	हंगरी	ईओआई बुडापेस्ट	23	39	41	58	11	10	60	20	25	50
77	आइसलैंड	ईओआई, रेक्जाविक	0	0	0	0	0	0	0	0	0	0
78	इंडोनेशिया	ईओआई, जकार्ता	0	0	0	0	0	0	डेटा उपलब्ध नहीं है	0	0	11
79	इंडोनेशिया	सीजीआई, मेदान	0	0	0	0	0	0	0	0	0	0
80	इंडोनेशिया	सीजीआई, बाली	35	7	2	7	8	5	शून्य	20	20	10
81	ईरान	ईओआई, तेहरान	0	0	0	0	0	0	0	0	0	0
82	ईरान	सीजीआई, बंदर अब्बास	0	0	0	0	0	0	0	0	0	0
83	ईरान	सीजीआई, ज़ाहेदान	0	0	0	0	0	0	0	0	0	0
84	इराक	ईओआई, बगदाद	0	0	0	0	28	16	17	37	81	128
85	इराक	सीजीआई, एरबिल	0	0	0	0	0	0	0	0	0	0
86	आयरलैंड	ईओआई, डबलिन	0	0	0	0	0	0	0	0	2	5
87	इज़राइल	ईओआई, तेल अवीव	0	0	0	0	0	0	0	71	135	197
88	इटली	ईओआई, रोम	1	2	3	3	0	1	2	2	6	9
89	इटली	सीजीआई, मिलान	0	0	0	7	3	3	3	4	8	10

90	जमैका	एचसीआई, किंग्स्टन	0	0	0	0	0	0	0	0	3	3
91	जापान	ईओआई, टोक्यो	12	29	31	41	24	34	32	50	55	59
92	जापान	सीजीआई, ओसाका कोबे	3	1	5	5	2	2	1	8	5	20
93	जापान	सीजीआई, फुकुओका	0	0	0	0	0	0	0	0	0	0
94	जॉर्डन	ईओआई, अम्मान	41	47	79	185	32	24	28	59	79	61
95	कजाखस्तान	ईओआई, अस्ताना	0	0	0	0	0	0	0	9	31	5
96	कजाखस्तान	आरओआई, अल्माटी	0	0	0	0	0	0	0	36	30	36
97	केन्या	एचसीआई, नैरोबी	शून्य	शून्य	शून्य	शून्य	शून्य	शून्य	शून्य	1	17	1
98	केन्या	एचसीआई, मोम्बासा	3	1	13	9	2	1	1	7	10	8
99	कुवैत	ईओआई, कुवैत	0	0	0	3710	2363	2910	3820	4517	2055	2608
100	किर्गिजस्तान	ईओआई, बिश्केक	0	0	0	0	0	0	0	0	0	42
101	लाओ पीडीआर	ईओआई, वियनतियाने	0	19	0	0	3	3	74	244	558	1501
102	लातविया	ईओआई, रीगा	मिशन जुलाई 2024 में खुलेगा	0	0	0	0	0	0	0	0	2
103	लेबनान	ईओआई, बेरुत	17	15	37	40	24	4	3	1	5	3
104	लाइबेरिया	ईओआई, मोनरोविया	0	0	0	0	0	1	0	0	0	0
105	लीबिया	ईओआई, त्रिपोली	0	0	0	0	0	0	0	0	0	0
106	लिथुआनिया	ईओआई, विनियस	0	0	0	0	0	0	0	0	1	4
107	मेडागास्कर	ईओआई, एंटानानारिवो	0	0	0	0	0	0	0	0	0	0
108	मलावी	एचसीआई, लिलोंग्वे	9	5	17	4	1	2	4	4	6	9

[illegible]

[illegible]

[illegible]

165	दक्षिण अफ्रीका	सीजीआई डरबन	22	26	20	35	23	18	20	25	8	9
166	दक्षिण अफ्रीका	सीजीआई, केप टाउन	6	9	17	21	8	6	13	13	10	17
167	दक्षिण कोरिया	ईओआई, सियोल	0	0	0	0	0	5	7	4	0	0
168	दक्षिण सूडान	ईओआई, जुबा	0	0	0	0	0	0	0	0	0	0
169	स्पेन	ईओआई, मैड्रिड	1	5	5	8	3	2	3	7	4	1
170	स्पेन	सीजीआई, बार्सिलोना	ना	ना	ना	ना	ना	ना	ना	ना	0	0
171	श्रीलंका	एचसीआई, कोलंबो	0	0	0	0	0	0	0	0	0	0
172	श्रीलंका	एचसीआई, कैंडी	0	0	0	0	0	0	0	0	0	0
173	श्रीलंका	सीजीआई, जाफना	1	1	0	1	1	45	3	1	6	2
174	श्रीलंका	सीजीआई, हंबनटोटा	0	0	0	0	0	0	0	0	0	0
175	सूडान	ईओआई, खार्तूम	0	0	0	0	0	0	0	3961	0	0
176	सूरीनाम	ईओआई, पारामारिबो	0	0	0	0	0	0	0	1	1	1
177	स्वीडन	ईओआई, स्टॉकहोम	2	6	7	8	3	3	1	27	16	13
178	स्विट्ज़रलैंड	ईओआई, बर्न	3	8	4	2	2	1	0	2	2	0
179	स्विट्ज़रलैंड	सीजीआई जिनेवा	60	71	51	30	7	16	38	33	50	24
180	सीरिया	ईओआई, दमिश्क	0	0	0	0	0	0	0	0	0	0
181	ताइवान	भारत ताइपे संघ	0	0	0	8	2	6	6	8	6	6
182	तजाकिस्तान	ईओआई, दुशांबे	0	0	0	0	0	0	0	0	0	0
183	तंजानिया	एचसीआई, दार-ए-सलाम	0	0	0	0	0	0	0	0	0	0
184	तंजानिया	सीजीआई, ज़ांज़ीबार	0	0	0	0	0	0	0	1	0	0
185	थाईलैंड	ईओआई, बैंकॉक	201	190	199	180	88	256	586	967	647	2044

[illegible]

[illegible]

ECHS POLYCLINICS AND CSD CANTEENS**2400. SHRI ANURAG SINGH THAKUR:**

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

- (a) the total number of Ex-Servicemen Contributory Health Scheme (ECHS) polyclinics and Canteen Stores Department (CSD) canteens currently functional in Himachal Pradesh, district-wise including Hamirpur, Bilaspur, Una, Kangra and Mandi;
- (b) whether Indian Navy/Indian Air Force personnel along with their dependants are eligible to avail services at these facilities and if so, the details thereof along with inter-service entitlements and any restrictions thereon;
- (c) the financial, demographic and geographic parameters and staffing norms followed for sanctioning new ECHS polyclinics and CSD canteens in rural and hilly regions along with the manner in which high recruitment-to-population ratios are factored into such planning;
- (d) whether the Government has received/approved any proposals to establish new facilities in the aforesaid districts and if so, the details thereof including timelines likely to be taken for making such approved facilities functional along with the monitoring mechanisms in place to ensure timely implementation; and
- (e) whether the Government has approved provision of free medical treatment under the Ex-Servicemen Contributory Health Scheme for officer cadets who

suffer varying degrees of disability during training and if so, the details thereof?

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

(a) and (b): The total number of Ex-Servicemen Contributory Health Scheme (ECHS) polyclinics and Canteen Stores Department canteens currently functional in Himachal Pradesh, district-wise are given in the enclosed **Statement**.

All defence pensioners who fulfill the eligibility criteria of being Ex-servicemen including those of Indian Navy and Indian Air Force with their dependents are eligible to avail services of ECHS scheme.

All serving and retired Armed Forces personnel, irrespective of their Service are entitled to CSD facilities.

(c): Based on number of ex-servicemen residing in a particular area, polyclinics are categorized into five types as under:-

Type of Polyclinics	Strength of ESM	Daily Average Sick Report
Type 'A'	above 20000	281-420
Type 'B'	above 10000	211-280
Type 'C'	above 5000	141-210
Type 'D'	above 2500	upto 140
Type 'E'	above 850 (for remote areas)	-

The criteria for opening a CSD Canteen include a minimum strength for full ESM (ex-Servicemen) Unit Run Canteen (URC) of 5,000 ex-servicemen in a

district/ tehsil and minimum strength required for opening of an Extension Counter is 2,500 ESM. Further, the distance of nearest Unit Run Canteen (URC) should be more than 50 Kms in plains and 30 Kms in hilly terrain.

(d): Three new Polyclinics are now functional at Bhoranj in District Hamirpur, Nalagarh in District Solan, and Gagret in District Una in Himachal Pradesh. Further, nine ESM Unit Run Canteens / Extension Counters have been sanctioned in Himachal Pradesh in last five years.

(e): Medical facilities under ECHS have been granted to officer cadets who are invalidated from their training on medical ground due to causes attributable to or aggravated by military training.

STATEMENT

ECHS POLYCLINICS FUNCTIONAL IN HIMACHAL PRADESH

S.No.	District	Name of Polyclinic
1	Bilaspur	Bilaspur
2		Ghumarwin
3	Chamba	Chamba
4		Bakloh
5	Hamirpur	Barsar
6		Hamirpur
7		Bhoranj
8	Kangra	Shahpur
9		Deragopipur
10		Yol
11		Palampur

12	Kullu	Kullu
13	Mandi	Sarakaghat
14		Jogindernagar
15		Mandi
16	Shimla	Shimla
17		Rampur
18	Sirmaur	Nahan
19	Solan	Solan
20		Nalagarh
21	Una	Gagret
22		Una

CSD canteens functional in Himachal Pradesh

S.No	District	No of URCs
1	Chamba	05
2	Lahual & Spiti	05
3	Kangra	31
4	Una	02
5	Hamirpur	13
6	Mandi	13
7	Kullu	08
8	Kinnuar	08
9	Bilaspur	07
10	Solan	07
11	Shimla	15
12	Sirmaur	03

**EXPENDITURE INCURRED BY CENTRAL AUTONOMOUS MEDICAL
INSTITUTES**

2401. SHRI AMAR SHARADRAO KALE:

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

- (a) the details of expenditure incurred by Central Autonomous Medical Institutes including various AIIMS, PGIMER Chandigarh, JIPMER, NIMHANS, RIMS, NEIGRIHMS, CNCI, etc., on Standing Finance Committee (SFC) meetings and Governing Body meetings including expenditure on Travelling Allowance (TA), Dearness Allowance (DA), honorarium and other allied costs during the last five financial years including the current year, institute-specific-wise and year-wise;
- (b) whether the Government proposes to merge institute-specific Standing Finance Committees and Governing Bodies into a single or centralized mechanism so as to reduce administrative and recurring costs; and
- (c) if so, the details thereof and if not, reasons therefor?

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

(a) to (c): The Governing Body (GB) and the Standing Committee (SFC) of All India Institute of Medical Sciences (AIIMS), Post Graduate Institute of Medical Education and Research (PGIMER), Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), National Institute of Mental Health

and Neuro-Sciences (NIMHANS), Regional Institute of Medical Sciences (RIMS) and North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS) are constituted and their meetings are held as per the provisions contained in the respective Acts/Rules/Regulations/Memorandum-of-Association/Bye-laws under which these Institutions are set up. The expenditure incurred by each Institute for the conduct of the above meetings is contingent on the frequency, venue of the meeting, attendance of the members etc. The members of the Governing Body (GB) and the Standing Committee (SFC) are not entitled to any allowance or other remuneration except travelling and daily allowances for which they are eligible. There is no proposal to merge Institute-specific Governing Bodies and the Standing Committees into a single body.

हरियाणा में आयुष अवसंरचना का विकास

2402. श्री जय प्रकाश:

श्री सतपाल ब्रह्मचारी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) विगत तीन वर्षों के दौरान राष्ट्रीय आयुष मिशन के अंतर्गत आयुष औषधालयों, आयुष स्वास्थ्य और कल्याण केन्द्रों, आयुष अस्पतालों और संबद्ध मानव संसाधन सहित आयुष अवसंरचना के विकास के लिए हरियाणा को विशेषकर हिसार और सोनीपत संसदीय निर्वाचन क्षेत्रों को आवंटित की गई कुल निधियों का ब्यौरा क्या है;
- (ख) उक्त अवधि के दौरान स्वीकृत, जारी की गई और वास्तव में उपयोग की गई निधियों का वर्ष-वार

और घटक-वार ब्यौरा क्या है;

(ग) क्या उक्त निर्वाचन क्षेत्रों में नए आयुष औषधालयों/अस्पतालों/महाविद्यालयों की स्थापना अथवा मौजूदा संस्थानों के उन्नयन के लिए कोई प्रस्ताव अनुमोदित कर दिया गया है अथवा विचाराधीन है;

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

(ङ) आगामी वर्षों में उक्त निर्वाचन क्षेत्रों में आयुष सेवाओं के विस्तार के लिए सरकार द्वारा प्रस्तावित 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) और (ख): राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत, हरियाणा राज्य सरकार द्वारा दी गई सूचना के अनुसार, विगत तीन वर्षों के दौरान आयुष औषधालयों, आयुष स्वास्थ्य एवं कल्याण केंद्रों (अब आयुष्मान आरोग्य मंदिर (आयुष) के नाम से पुनः नामित), आयुष अस्पतालों और एनएएम के अंतर्गत संबद्ध मानव संसाधन सहित आयुष अवसंरचना के विकास के लिए हिसार और सोनीपत संसदीय निर्वाचन क्षेत्रों के लिए स्वीकृत/आवंटित/जारी तथा उपयोग किए गए निधियों का ब्यौरा संलग्न **विवरण** पर दिया गया है।

(ग) से (ङ): जन स्वास्थ्य राज्य का विषय होने के कारण, हिसार और सोनीपत संसदीय निर्वाचन क्षेत्रों में नए आयुष औषधालयों/अस्पतालों/महाविद्यालयों की स्थापना और मौजूदा संस्थानों का उन्नयन संबंधित राज्य सरकार के कार्यक्षेत्र में आता है। हालांकि, एनएएम के तहत नए आयुष औषधालयों/अस्पतालों/महाविद्यालयों की स्थापना और मौजूदा आयुष औषधालयों/अस्पतालों के उन्नयन के लिए प्रावधान हैं, जिसके लिए हरियाणा राज्य सरकार को एनएएम के दिशानिर्देशों के अनुसार उपयुक्त प्रस्ताव प्रस्तुत करने होंगे। हरियाणा और उक्त निर्वाचन क्षेत्र में आयुष सेवाओं के

विस्तार के संबंध में, राज्य सरकार द्वारा दी गई सूचना के अनुसार, उन्होंने आयुष चिकित्सकों के 1085 पदों को मंजूरी दी है और पहले चरण में, 572 आयुर्वेदिक चिकित्सा अधिकारियों (एमओ) (सोनीपत में 21 एमओ सहित) को नियुक्त किया गया है और हरियाणा के नए प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) में तैनात किया गया है। इसके अलावा, सभी आयुष संस्थानों को एनएम के तहत आयुष दवाओं की पर्याप्त उपलब्धता और आकस्मिक खर्चों के लिए सहायता प्रदान की जाती है ताकि वे सुचारु रूप से कार्य कर सकें।

विवरण

विगत तीन वर्षों के दौरान एनएम के तहत, हिसार और सोनीपत के संसदीय निर्वाचन क्षेत्रों के लिए आवंटित/जारी और उपयोग की गई धनराशि:

लाख रुपये में

जिला	वित्तीय वर्ष	आवंटित धनराशि	व्यय
हिसार	2022-23	44.85	41.15
	2023-24	131.63	100.74
	2024-25	78.66	40.82
सोनीपत	2022-23	63.15	36.93
	2023-24	77.46	48.43
	2024-25	44.78	36.53

STREAMLINING OF JUDICIAL FUNCTIONING

2403. SHRI HANUMAN BENIWAL:

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

- (a) the major legal reforms and initiatives undertaken by the Government during the last five years to improve access to justice and reduce barriers in the legal

and judicial processes;

- (b) the steps taken by the Government to streamline judicial functioning, reduce pendency of cases, strengthen dispute resolution mechanisms including Lok Adalats and enhance legal literacy and awareness among citizens across the country;
- (c) the manner in which the Government proposes to fulfil its constitutional obligation under Article 39A of the Constitution by providing free and effective legal services to economically weaker, socially marginalized and vulnerable sections of the society; and
- (d) the details of coverage, implementation status, outcomes and measurable impact of programmes and institutions such as the National Legal Services Authority, Designing Innovative Solutions for Holistic Access to Justice, Legal Aid Defence Counsel System and Nyaya Bandhu (Pro-Bono Legal Services) in achieving equitable access to justice, State-wise?

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

(a) to (d): The Government of India has undertaken various initiatives in last five years to improve access to justice and reduce barriers in the legal and judicial processes with the aim to fulfil the obligation under Article 39A of the Indian Constitution.

The Department of Justice, Ministry of Law and Justice, has been implementing a Central Sector Scheme, namely, Designing Innovative Solutions for Holistic Access to Justice (DISHA), with a total outlay of Rs. 250 crores for a period of five years (2021-2026). It aims to provide a comprehensive, integrated solution on Access to Justice at a pan India level through the components of Tele-Law, Nyaya Bandhu, and Legal Literacy and Legal Awareness Programmes. It is a citizen-centric, inclusive, and leverages technology for ensuring ease of justice to the beneficiaries. The Tele-Law programme provides free pre-litigation legal advice to citizens through video and telephonic consultations at Common Service Centres (CSCs), the Tele-Law Mobile Application and the dedicated toll-free helpline number 14454. Tele-Law is operational in 2,50,000 lakh CSCs across 776 districts in 36 States/UTs, including 112 Aspirational Districts and 500 Aspirational Blocks of the country. To strengthen last-mile delivery, Nyaya Sahayaks have been engaged since 2024 to provide door-to-door pre-litigation legal assistance in 500 Aspirational Blocks. As on 31st January, 2026, more than 1.12 crore pre-litigation advices have been provided across the country.

Under the Nyaya Bandhu (Pro Bono Legal Services) programme, interested Pro Bono Advocates are registered and connected to the beneficiaries (who are entitled for free legal aid under Section 12 of the Legal Services Authorities Act, 1987) through the Nyaya Bandhu Application (available iOS/Android/UMANG Platform). A panel of Pro Bono Advocates has also been

constituted in 23 High Courts to strengthen institutional mechanisms for delivering pro bono legal services to the beneficiary. As on 31st January, 2026, 10,133 advocates have volunteered and registered on Nyaya Bandhu platform. Further, to instil the spirit of pro bono work among law students and nurture a long-term commitment to legal services, Pro Bono Clubs have been constituted across 109 law colleges in the country. Under the Legal Literacy and Legal Awareness Programme, institutional collaboration is done with reputed Government and private organisations to prepare information and communication (IEC) materials in the form of books, training modules, workshops, etc. to promote legal literacy and awareness. This Programme has outreached more than 1.20 crore beneficiaries as on 31 January 2026.

Under the Centrally Sponsored Scheme namely Fast Track Special Courts (FTSCs) Scheme, 774 Fast Track Special Courts (FTSCs) including 398 exclusive POCSO (ePOCSO) Courts are functional across 29 States/UTs for the expeditious disposal of pending cases of Rape and POCSO Act, and have collectively disposed of 3,66,124 cases since their inception, as on 31.12.2025. The financial outlay under the scheme is Rs. 1952.23 crore with Rs. 1207.24 crore as Central Share to be incurred from Nirbhaya Fund on the CSS pattern. The Central Government, as on 05.02.2026, has released a total amount of Rs. 1,156.99 crore to States/UTs for the operationalization of FTSCs since the inception of the Scheme in 2019.

The Government has set up National Legal Services Authority (NALSA) under the Legal Services Authorities (LSA) Act, 1987 to provide free and competent legal services to the weaker sections of the society as covered under Section 12 of the Act, to ensure that opportunities for securing justice are not denied to any citizens by reason of economic or other disabilities, and to organize Lok Adalats to secure that the operation of the legal system promotes justice on the basis of equal opportunities. For this purpose, the legal services institutions have been setup from the Taluk Court level to the Supreme Court. The activities/programmes undertaken by Legal Services Authorities include Legal Aid and advice; Legal Awareness Programmes; Legal Services/Empowerment camps; Legal Service Clinics; Legal Literacy Clubs; Lok Adalats and implementation of Victim Compensation Scheme.

Lok Adalat is an important Alternative Disputes Resolution Mechanism available to common people, where the disputes/ cases pending in the court of law or at pre-litigation stage are settled/compromised amicably. Under The Legal Services Authorities (LSA) Act, 1987, an award made by a Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against it before any court. National Lok Adalats are organized simultaneously in all Taluks, Districts and High Courts on a pre-fixed date. The details of the cases disposed of in Lok Adalats from 2016 to Dec 2025 are as under:

Lok Adalat	Pre-litigative cases settled	Pending cases settled
National Lok Adalat	33,80,76,089	8,45,59,866
State Lok Adalats	39,33,548	67,03,159
Permanent Lok Adalats (cases relating to public utility service)	14,58,389	-

As per Article 39A of the Constitution of India and as a part of the preventive and strategic legal aid, NALSA through the State Legal Services Authorities and District Legal Services Authority (DLSA) has undertaken several legal services activities in the country to ensure that legal aid reach the poor. To strengthen the criminal court based legal services, the Department of Justice is implementing a Central Sector Scheme, namely, the Legal Aid Defense Counsel System (LADCS) Scheme, which involves full time engagement of Legal Aid Defense Counsels (LADCs) with supporting staff at district level. As on December 2025, Legal Aid Defense Counsel (LADC) offices are functional in 680 districts across the country. LADCS Scheme has been approved for the period of 3 financial years 2023-24 to 2025-26) with a total financial outlay of Rs. 998.43 crore and up to January 2026, Rs. 643.755 crore has been released to NALSA for LADCS Scheme. The details of criminal cases assigned and disposed of by LADCs during the last three years are as follows: -

Financial Year	Criminal Cases assigned	Criminal Cases disposed	Disposal Rate
2023-24	3,36,830	2,12,505	63%
2024-25	5,32,413	3,72,750	70%
2025-26 (Dec. 2025)	3,93,614	2,86,326	73%
Total	12,62,857	8,71,581	69%

The Phase-III of the eCourts Project (2023-2027) approved on 13.09.2023 with an outlay of Rs.7,210 crore to make justice delivery progressively more robust, easy and accessible. As on 31st December, 2025, significant achievements have been made under the eCourts Project, inter alia:

- i. A total of 3,93,22,695 cases were dealt with (virtual hearings) on video conferencing in High Courts and District Courts.
- ii. Video Conferencing Rules has been implemented in all the High Courts and District Courts
- iii. Rules of eFiling, facility of ePayments and ICJS have been implemented in almost all the High Courts
- iv. A total of 94,55,288 challans have been paid through 29 Virtual Courts functioning across the country, resulting in collection of Rs. 9,73,25,50,414 as Challan Amount.
- v. 1,03,96,720 cases have been submitted through e-filing in High Courts and District Courts.

- vi. The number of downloads of the eCourts Services Mobile App is 3,54,86,435, while downloads of the eCourts Services JustIS app stand at 22,090.
- vii. 2,36,96,50,903 pages have been digitized in High Courts, and 4,00,89,15,374 pages have been digitized in District Courts.
- viii. Justice Clocks have been installed in 37 High Courts, and 30 District Courts.
- ix. A total of 2,331 e-Sewa Kendras are functioning in High Courts and District Courts across the country benefiting a large number of litigants.
- x. The CIS 4.0 has been implemented in all court complexes and the eCommittee has also released a User Manual on CIS 4.0.
- xi. As part of the e-Courts initiative, seven platforms have been set up to provide near real-time updates on case status, cause lists, judgments and more. These updates are being sent to lawyers and litigants through SMS Push and Pull (over 4 lakh SMS sent daily), email (over 6 lakh sent daily), the multilingual e-Courts services portal (with 35 lakh hits daily), Judicial Service Centres (JSCs) and Info Kiosks.
- xii. Live streaming of court proceedings has been introduced in several High Courts, including those in Gujarat, Gauhati, Orissa, Karnataka, Jharkhand, Patna, Madhya Pradesh, Uttarakhand and Calcutta allowing media and other interested parties to participate in the proceedings.

- xiii. A total of 96.1% of the target for installing solar power facilities in Court Complexes has been achieved.
- xiv. The Electronic Motor Accidents Claims Tribunal (e-MACT) platform to facilitate expeditious, online and asynchronous dealing of Motor Accidents Claim Petitions has been developed. The testing of the eMACT project in the live environment commenced from 07.05.2025 in the pilot court.
- xv. NJDG (National Judicial Data Grid) has been upgraded with an improved dashboard, functioning as a monitoring tool, to identify, manage & reduce pendency of cases. It also provides information regarding the reasons for delay in disposal of the cases which are categorized on various attributes.

जीवनशैली से जुड़ी बीमारियों की रोकथाम के लिए अभियान

2404. श्री कंवर सिंह तंवर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने उत्तर प्रदेश के अमरोहा जिले के अमरोहा, हसनपुर, धनौरा, जोया और मंडावर क्षेत्रों में सामुदायिक योग को बढ़ावा देने के लिए पहल, जीवनशैली से जुड़ी बीमारियों की रोकथाम के लिए जागरूकता अभियान और स्कूल आधारित स्वास्थ्य गतिविधियों सहित आयुष आधारित कल्याण और निवारक स्वास्थ्य देखभाल कार्यक्रमों के विस्तार की आवश्यकता का आकलन किया है; और
- (ख) यदि हां, तो उक्त क्षेत्रों में कल्याण कार्यक्रमों के कार्यान्वयन, पहुंच कवरेज, संस्थागत भागीदारी और मापनीय परिणामों 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): राष्ट्रीय आयुष मिशन (एनएएम) की केन्द्रीय प्रायोजित योजना के अंतर्गत, आयुष मंत्रालय ने, राज्य वार्षिक कार्य योजना (एसएएपी) के माध्यम से राज्य सरकार से प्राप्त प्रस्तावों के अनुसार अमरोहा जिले में 01 एएएम (आयुष) सहित उत्तर प्रदेश के विभिन्न भागों में 1034 आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] अनुमोदित किए हैं और उनके द्वारा दी गई सूचना के अनुसार ये सभी कार्यशील हैं।

उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, अमरोहा जिले में निम्नलिखित पहलों को प्राथमिकता दी गई है:

- (i) **सामुदायिक योग सत्र:** शारीरिक और मानसिक स्वास्थ्य को बढ़ावा देने के लिए आयुष्मान आरोग्य मंदिरों (आयुष) के माध्यम से नियमित योग सत्र आयोजित किए जाते हैं।
- (ii) **आयुष कल्याण की आउटरीच गतिविधियां:** संचारी, गैर-संचारी रोगों की रोकथाम और नियंत्रण के लिए अमरोहा में नियमित आयुष शिविर आयोजित किए जा रहे हैं।
- (iii) **स्कूल आधारित गतिविधियाँ:** अमरोहा में छात्रों में स्वस्थ जीवन शैली की आदतों को प्रोत्साहित करने के लिए स्कूल स्तर पर योग सत्र आयोजित किए जा रहे हैं।
- (iv) **आयुष नैदानिक सेवाएं:** आयुष औषधालयों और आयुष्मान आरोग्य मंदिरों (आयुष) के माध्यम से आयुष सेवाएं दी जा रही हैं। अप्रैल 2025 से जनवरी 2026 तक विभिन्न आयुष सुविधाओं में आने वाले लाभार्थियों (मरीजों) का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

हसनपुर, धनौरा, जोया और मंडावर में 12 राजकीय आयुर्वेदिक औषधालय, 08 राजकीय होम्योपैथिक औषधालय, 03 राजकीय यूनानी औषधालय, 01 आयुष्मान आरोग्य मंदिर (आयुष) और 02 योग कल्याण केंद्र हैं जो आयुष नैदानिक और योग कल्याण सेवाएं प्रदान कर रहे हैं। इसे केंद्रों द्वारा

प्राथमिक स्वास्थ्य देखभाल, प्रकृति परीक्षण (काया रचना विश्लेषण) और दैनिक योग सत्र संचालित किए जाते हैं।

अमरोहा में, जीवनशैली से संबंधित बीमारियों की रोकथाम के लिए जागरूकता अभियान और स्कूल आधारित स्वास्थ्य गतिविधियों सहित उक्त क्षेत्रों में आयुष पहल को बढ़ावा देने के लिए, “आयुष आपके द्वार” अभियान के तहत, स्कूलों, पंचायत भवनों, साप्ताहिक बाजारों, मेलों, सामुदायिक केंद्रों आदि में मासिक आयुष शिविर आयोजित किए जा रहे हैं ताकि ग्रामीण क्षेत्रों में आम जनता तक पहुंचा जा सके। इन शिविरों में इलाज किए गए रोगियों (वित्तीय वर्ष 2025-26) का ब्योरा संलग्न **विवरण-II** में दिया गया है।

उपर्युक्त पहल के अलावा, रिजर्व पुलिस लाइनों में मासिक होम्योपैथिक शिविर भी आयोजित किए जा रहे हैं। दिसंबर, 2025 से जनवरी, 2026 के दौरान, कुल 113 रोगियों ने इन शिविरों में आयुष परामर्श लिया। एक टीम-आधारित दृष्टिकोण, जिसमें सामुदायिक स्वास्थ्य अधिकारियों (सीएचओ), आयुष चिकित्सा अधिकारियों, योग प्रशिक्षकों, योग सहायकों और आशा कार्यकर्ताओं को शामिल किया जाता है, जमीनी स्तर पर भागीदारी सुनिश्चित करता है।

विवरण-I

अप्रैल 2025 से जनवरी 2026 तक विभिन्न आयुष सुविधाओं में आने वाले लाभार्थियों (मरीजों) की संख्या

पद्धति	कुल औषधालय	नए मरीज	पुराने मरीज	कुल मरीज
आयुर्वेद	12	109683	45709	155392
यूनानी	03	26544	20764	47308
होम्योपैथी	08	82504	60087	142591

विवरण-II

शिविरों में इलाज किए गए मरीजों का विवरण (वित्तीय वर्ष 2025-26)

पद्धति	शिविरों की संख्या	कुल
होम्योपैथी	70	7017
आयुर्वेद एवं यूनानी	135	19510

GANGA WATER SHARING TREATY**2405. SHRIMATI MALA ROY:**

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

- (a) whether any bilateral talk has been initiated with Bangladesh Government to renew the Ganga water sharing treaty which will expire on December 2026, if so, the details thereof; and
- (b) whether the Central Government has held talks with Government of West Bengal regarding the renewal of said treaty, 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): The India-Bangladesh Ganga/Ganges Water Treaty was signed on December 12, 1996 and is expiring in December 2026. Discussions for its renewal are yet to commence between the two countries.
- (b): Inputs on drinking water and industrial water requirements have also been

received from all stakeholders, including from the Government of West Bengal, which have been taken into account while formulating the Government's views. An authorised representative from the Government of West Bengal took part in inter-ministerial discussions held on the matter on 30 October 2023, 15 March 2024, 31 May 2024 and also on 26 March 2025, where a collective view was formulated.

सीजीएचएस योजना के अंतर्गत निजी अस्पतालों का सूचीबद्ध न होना

2406. श्री भाऊसाहेब राजाराम वाकचौरे:

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

- (क) क्या महाराष्ट्र के अहमदनगर, सोलापुर, कोल्हापुर, अमरावती, सांगली जिलों और गोवा राज्य में सीजीएचएस योजना के अंतर्गत कोई भी निजी अस्पताल सूचीबद्ध नहीं है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उक्त कारण से पांच लाख से अधिक सीजीएचएस लाभार्थियों विशेषकर इन क्षेत्रों के वरिष्ठ नागरिकों और पेंशनभोगियों को इलाज के लिए मुंबई, पुणे, नासिक या औरंगाबाद जाना पड़ता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार को इस संबंध में संचार निगम पेंशनर्स वेलफेयर एसोसिएशन, महाराष्ट्र मण्डल से कोई अभ्यावेदन प्राप्त हुआ है; और
- (घ) यदि हां, तो सरकार द्वारा महाराष्ट्र और गोवा के संबंधित जिलों में निजी अस्पतालों को सीजीएचएस पैनेल में शामिल करने के लिए क्या ठोस कदम उठाए जा रहे हैं?

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

(क) से (घ): सीजीएचएस के अंतर्गत निजी अस्पतालों का सूचीबद्ध होना एक स्वैच्छिक प्रक्रिया है। इच्छुक निजी अस्पताल इस योजना के अंतर्गत सूचीबद्ध होने के लिए आवेदन कर सकते हैं। निर्धारित मानदंडों को पूरा करने वाले निजी अस्पतालों को इस योजना के अंतर्गत सूचीबद्ध किया जाता है।

गोवा राज्य में, एक नेत्र अस्पताल, जिसका नाम "एसजी आई हॉस्पिटल" है, और एक प्रयोगशाला, जिसका नाम "मेट्रोपोलिस" है, सीजीएचएस के साथ सूचीबद्ध हैं। इसके अतिरिक्त, महाराष्ट्र के अहमदनगर जिले में स्थित दो अस्पताल, जिनका नाम पाटिल अस्पताल और आनंदरिशजी अस्पताल एवं अनुसंधान केंद्र है, और महाराष्ट्र के अमरावती जिले में स्थित एक अस्पताल, जिसका नाम देशमुख आई हॉस्पिटल है, सीएस (एमए) नियम, 1944 के तहत सूचीबद्ध हैं।

लाभार्थी समूचे महाराष्ट्र और गोवा में स्थित 50 स्वास्थ्य आरोग्य केंद्रों के माध्यम से आस-पास के सीजीएचएस के अंतर्गत आने वाले शहरों में सीजीएचएस की सुविधाओं का लाभ उठा सकते हैं। इसके अतिरिक्त, लाभार्थी अपनी सभी चिकित्सा आवश्यकताओं के लिए अखिल भारतीय आयुर्विज्ञान संस्थान (एमएस) नागपुर, सरकारी मेडिकल कॉलेजों और इन क्षेत्रों में कार्यरत जिला अस्पतालों की सेवाओं का लाभ उठा सकते हैं। आपातकालीन स्थिति में, लाभार्थी उपचार के लिए चिकित्सा प्रतिपूर्ति का दावा करने के लिए पात्र हैं।

स्वास्थ्य और परिवार कल्याण मंत्रालय ने दिनांक 22.12.2025 के कार्यालय ज्ञापन संख्या 5-34/ सीजीएचएस /एचईसी(एचक्यू)/2025 के द्वारा पैनल में शामिल होने संबंधी नए दिशानिर्देश जारी किए हैं, जिससे देश भर के सभी जिला मुख्यालयों में निजी अस्पतालों को सूचीबद्ध किया जा सकेगा।

INCIDENCE OF CERVICAL CANCER

2407. DR. KAKOLI GHOSH DASTIDAR:

SHRIMATI SAJDA AHMED:

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

- (a) the details of the reported incidence of cervical cancer in the country, State/UT-wise;
- (b) whether the Government is aware that the Indian Council for Medical Research (ICMR) had attributed Human Papilloma Viruses (HPVs) 16 and 18 responsible for over 80 percent of the invasive cervical cancer cases in the country;
- (c) if so, the details thereof along with the steps taken by the Government in this regard; and
- (d) the reasons for non-inclusion of the HPV vaccine under the Universal Immunization Programme so far?

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

(a): As per the National Centre for Disease Informatics and Research (NCDIR) – National Cancer Registry Programme (NCRP), the estimated number of incidence of Cervical Cancer in the country during 2021-2025, State/UT -wise are given in the enclosed **Statement**.

(b) and (c): Yes. 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 the prevention, control, and screening of common non-communicable diseases (NCDs), including three common cancers, through a population-based initiative targeting individuals aged 30 years and above.

Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC), and 6,410 NCD clinics at Community Health Centres have been set up. Further 297 District Day Care Cancer Centre (DCCC) have been approved for the financial year 2025-26 to ensure cancer care accessibility at district hospital level.

Moreover, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been set up in different parts of the country to provide advanced cancer care. Also, cancer treatment facilities have been approved in all 22 new AIIMS with diagnostic, medical and surgical facilities.

(d): The Ministry of Health and Family Welfare (MoHFW) has initiated the capacity building exercise of medical and paramedical staff for the HPV Vaccine.

STATEMENT

Estimated Incidence of cancer cases in India by different State/UT wise (2021-2025) - Cervix Uteri (C53)					
	Year				
State/UT	2021	2022	2023	2024	2025
Jammu & Kashmir	70	71	72	72	73
Ladakh	1	1	1	1	1
Himachal pradesh	301	303	304	306	307
Punjab	1279	1288	1296	1305	1314
Chandigarh	36	36	36	37	37
Uttarakhand	460	465	469	474	479
Haryana	1148	1163	1178	1193	1208
Delhi	793	767	741	716	692
Rajasthan	3852	3898	3945	3991	4038
Uttar pradesh	11054	11173	11292	11411	11530
Bihar	7773	7892	8012	8131	8250
Sikkim	23	23	23	24	24
Arunachal pradesh	35	35	36	36	36
Nagaland	158	160	161	163	164
Manipur	102	105	108	111	114
Mizoram	134	138	141	144	147
Tripura	192	195	198	201	204
Meghalaya	87	88	89	90	90
Assam	1750	1767	1784	1802	1819
West bengal	6300	6334	6368	6403	6437
Jharkhand	2468	2501	2534	2567	2600
Orissa	2978	2998	3018	3038	3057
Chattisgarh	1470	1487	1504	1522	1539
Madhya pradesh	4093	4145	4197	4249	4300
Gujarat	2483	2436	2390	2345	2372
Daman	11	11	11	11	12
Dadra & Nagar Haveli	19	19	20	20	21
Maharashtra	4848	4752	4658	4566	4600
Telangana	3169	3185	3201	3217	3233

Andhra pradesh	4460	4476	4493	4509	4526
Karnataka	5572	5607	5642	5677	5712
Goa	58	56	55	53	54
Lakshadweep	6	6	6	6	6
Kerala	1642	1649	1655	1662	1668
Tamil nadu	7902	8021	8142	8264	8389
Puducherry	139	143	147	150	154
Andaman & Nicobar Islands	32	32	32	32	32
Total	76898	77426	77959	78499	79239

AVERAGE ANNUAL PRICE OF UREA

2408. SHRI K. RADHAKRISHNAN:

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

- (a) the average annual price per kg of urea, DAP and MOP, respectively, during the last five years, year-wise; and
- (b) the details of the annual usage of the said fertilizers during the last five years, year-wise, category-wise and State-wise?

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

(a): The MRP of Urea during the last five years is Rs.242 per 45 kg bag of Urea (exclusive of Central/State levies/GST and charges towards neem coating). Accordingly, the per kg rate of urea comes out to be Rs.5.37.

The average MRP (in Rs. Per 50 Kg bag) of major P&K fertilizers viz., DAP,

MOP are as under:

Product Name	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26 (as on January, 2026)
DAP	1250.00	1250.00	1350.00	1350.00	1350.00	1350.00
MOP	893.63	1166.92	1707.17	1699.39	1557.56	1700.23

(b): The availability of fertilizers viz. Urea, DAP and MOP has remained adequate across the country during the last five years. The information regarding sales of these fertilizers during the said period is given in the enclosed **Statement**.

STATEMENT**STATE WISE SALES OF FERTILIZERS DURING 2020-21 TO 2024-25**

fig. in LMT

S.N o	State	2024-25			2023-24			2022-23			2021-22			2020-21		
		UREA	DAP	MOP	UREA	DAP	MOP	UREA	DAP	MOP	UREA	DAP	MOP	UREA	DAP	MOP
1	Andaman and Nicobar Islands	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	15.70	4.34	1.71	14.99	4.20	1.31	15.87	4.64	1.18	14.83	3.60	1.78	15.92	4.21	2.94
3	Arunachal Pradesh	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	4.10	0.62	0.57	3.73	0.72	0.44	3.56	0.63	0.47	3.60	0.52	0.55	3.46	0.79	0.80
5	Bihar	25.60	5.83	1.84	23.24	6.51	1.39	21.96	5.66	1.26	21.53	5.52	1.38	23.30	8.12	2.61
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	10.07	3.83	0.76	8.99	4.34	0.60	8.38	3.14	0.56	8.00	3.53	0.83	9.17	4.51	1.12
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.40	0.04	0.00	0.32	0.04	0.00	0.28	0.05	0.00	0.26	0.03	0.00	0.22	0.04	0.00
11	Goa	0.02	0.00	0.00	0.02	0.01	0.00	0.02	0.00	0.00	0.02	0.00	0.00	0.02	0.00	0.01
12	Gujarat	24.23	5.42	0.92	24.30	6.29	0.80	24.73	6.10	0.81	21.90	5.00	1.09	23.82	6.55	1.51

13	Haryana	22.65	5.34	0.47	21.77	5.83	0.36	20.46	5.59	0.35	20.75	4.96	0.57	21.52	6.32	0.60
14	Himachal Pradesh	0.65	0.03	0.03	0.68	0.01	0.03	0.74	0.02	0.04	0.74	0.00	0.04	0.72	0.02	0.08
15	Jammu and kashmir	1.36	0.43	0.14	1.45	0.44	0.16	1.60	0.48	0.17	1.67	0.44	0.19	2.16	0.80	0.48
16	Jharkhand	3.73	0.84	0.03	3.04	0.94	0.03	2.56	0.77	0.04	2.57	0.91	0.01	2.58	1.08	0.05
17	Karnataka	19.17	5.86	2.21	15.65	6.42	1.54	18.21	6.21	1.41	17.84	5.73	2.54	16.43	6.82	3.35
18	Kerala	1.15	0.20	0.83	0.96	0.16	0.70	1.12	0.19	0.78	1.15	0.14	0.77	1.27	0.21	1.09
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	38.09	11.66	1.08	34.37	15.50	0.67	32.39	13.85	0.62	29.18	12.03	1.18	30.18	16.07	1.50
21	Maharashtra	26.41	6.47	2.22	23.48	7.36	1.42	24.66	7.18	1.38	23.68	5.87	3.26	24.62	8.17	4.09
22	Manipur	0.14	0.02	0.02	0.25	0.01	0.02	0.31	0.04	0.04	0.14	0.01	0.00	0.22	0.04	0.03
23	Meghalaya	0.04	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.20	0.00	0.00	0.13	0.00	0.00	0.10	0.01	0.00	0.01	0.00	0.00	0.02	0.00	0.00
25	Nagaland	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
26	Odisha	6.67	2.56	0.77	5.84	2.74	0.66	5.60	1.94	0.61	5.53	2.37	1.07	5.27	2.52	1.38
27	Puducherry	0.15	0.02	0.01	0.13	0.01	0.01	0.17	0.02	0.01	0.15	0.01	0.02	0.14	0.01	0.02
28	Punjab	32.56	6.61	0.71	30.68	7.24	0.50	29.45	7.17	0.41	31.34	6.27	0.64	29.37	7.73	0.85
29	Rajasthan	26.40	6.90	0.20	25.39	9.37	0.15	25.17	8.47	0.14	22.59	6.10	0.24	23.21	9.17	0.32
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.92	2.56	1.94	10.11	2.71	1.63	10.05	2.76	1.65	10.40	2.39	2.53	9.88	2.72	3.07
32	Telangana	20.08	3.64	1.14	19.03	3.68	0.92	18.83	3.71	0.74	17.12	2.98	1.39	17.54	3.14	2.47

33	Tripura	0.17	0.02	0.04	0.14	0.03	0.02	0.19	0.02	0.02	0.18	0.01	0.01	0.14	0.05	0.04
34	Uttarakhand	2.31	0.40	0.04	2.31	0.38	0.04	2.05	0.52	0.03	2.09	0.31	0.04	2.40	0.38	0.06
35	Uttar Pradesh	79.18	19.51	1.76	74.53	21.61	1.21	74.72	22.38	1.22	71.12	21.20	1.91	74.13	25.76	2.78
36	West Bengal	15.77	3.12	2.57	12.20	3.20	1.83	14.05	3.77	2.36	13.30	2.70	1.89	12.78	3.94	3.06
	All India	387.92	96.29	22.02	357.81	109.73	16.45	357.26	105.31	16.32	341.73	92.64	23.93	350.51	119.18	34.32

DEVELOPMENT OF MINOR PORTS IN TAMIL NADU**2409. KUMARI SUDHA R.:**

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

- (a) whether the Government proposes to develop Tranquebar and Sirkali as minor ports so as to invigorate the regional coastal economy;
- (b) whether the Government has any plans to develop training centres or institutes to create a pool of talented experts in Mayiladuthurai Parliamentary Constituency's coastal regions in ship building and ship breaking trades, given the fact that the region was part of the Great Chola's naval exploits; and
- (c) the details of funds allocated, since 2020, for undertaking studies to create minor ports along the country's coastline?

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

(a) and (b): The Ports other than Major Ports (OTMS), also known as non-major ports or 'minor' ports, are under the administrative control of the respective State Governments. The development of these ports are under the administrative control of the respective State Governments. As per information furnished by the Government of Tamil Nadu, at present there is no proposal to develop Tranquebar and Sirkali as notified 'minor' ports. Further, Government of Tamil Nadu has not provided any details or plans to develop training centres or

institutes in Mayiladuthurai Parliamentary Constituency in ship building and ship breaking trades. At present, no proposal is under consideration of the Government of India to develop training centres or institutes in Mayiladuthurai Parliamentary Constituency in ship building and ship breaking trades.

(c): No fund has been allocated.

हृदयाघात के मामले

2410. श्री नारायण तातू राणे:

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

- (क) क्या सरकार के पास विगत पांच वर्षों के दौरान देश में हृदयाघात के मामलों की सूचना मिली है और यदि हां, तो तत्संबंधी राज्य-वार, विशेषकर महाराष्ट्र का ब्यौरा क्या है;
- (ख) देश में हृदयाघात के बढ़ते मामलों के संबंध में पहचाने गए मुख्य कारण क्या हैं;
- (ग) क्या सरकार ने उक्त कारणों का पता लगाने के लिए कोई अध्ययन या अनुसंधान कराया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार ने दिल के दौरों को रोकने और नियंत्रित करने के लिए कोई जन जागरूकता अभियान, नियमित स्वास्थ्य जांच कार्यक्रम या उपचार सेवाएं शुरू की हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) देश में हृदय रोगों पर केन्द्रित चल रहे अनुसंधान की वर्तमान स्थिति क्या है; और
- (च) इस क्षेत्र में कार्य कर रहे प्रमुख सरकारी अनुसंधान संस्थान कौन-कौन से हैं और इस संबंध में उनकी अब तक की प्रमुख उपलब्धियां क्या हैं?

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

(क) से (घ): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि हृदयघात के कारणों को समझने के लिए, आईसीएमआर-राष्ट्रीय महामारी विज्ञान संस्थान (आईसीएमआर-एनआईई) ने भारत भर के 25 अस्पतालों में एक बहु-केंद्रित सुमेल केस-कंट्रोल अध्ययन किया। इसमें 18-45 वर्ष आयु वर्ग के रोगियों को शामिल किया गया था जिन्हें अक्टूबर 2021 से जनवरी 2023 के बीच अध्ययन अस्पतालों में नए निदान किए गए तीव्र मायोकार्डियल इन्फार्क्शन (एमआई) के साथ भर्ती किया गया था। कंट्रोल में उन 18-45 वर्ष आयु वर्ग के रोगियों को शामिल किया गया था जिन्हें उसी अस्पताल में अन्य कारणों से भर्ती किया गया था और जिनके भर्ती होने का समय आईसीएमआर के रोगियों से मेल खाता था। विभिन्न जोखिम कारकों के बारे में जानकारी एकत्र की गई। अध्ययन में पाया गया कि एमआई के साथ अस्पताल में भर्ती होना किसी भी ज्ञात सह-रुग्णता की उपस्थिति, थ्रोम्बोटिक घटनाओं के पारिवारिक इतिहास और धूम्रपान करने से संबंधित था।

राष्ट्रीय गैर-संचारी रोग निवारण एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत 770 जिला एनसीडी क्लीनिक, 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लीनिक और 233 हृदय रोग देखभाल इकाइयाँ स्थापित की गई हैं। इसके अतिरिक्त, व्यापक प्राथमिक स्वास्थ्य देखभाल के अंतर्गत राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत उच्च रक्तचाप सहित सामान्य एनसीडी की रोकथाम, नियंत्रण और स्क्रीनिंग के लिए जनसंख्या आधारित पहल शुरू की गई है। इस पहल के तहत 30 वर्ष से अधिक आयु के व्यक्तियों को स्क्रीनिंग के लिए लक्षित किया गया है।

हृदय संबंधी गंभीर समस्याओं के प्रबंधन के लिए हब-एंड-स्पोक मॉडल लागू किया गया है। जिला अस्पताल और सामुदायिक स्वास्थ्य केंद्र (स्पोक) प्रारंभिक थ्रोम्बोलिसिस और स्थिति स्थिर करने की सुविधा प्रदान करते हैं, जबकि विशिष्ट अस्पताल और मेडिकल कॉलेज (हब) उन्नत उपचार

उपलब्ध कराते हैं। एम्बुलेंस सेवाएं, टेलीमेडिसिन प्लेटफॉर्म और सुव्यवस्थित रेफरल प्रक्रियाएं विशेष रूप से ग्रामीण क्षेत्रों में स्वास्थ्य सेवाओं तक पहुंच को और बेहतर बनाती हैं।

भारत सरकार, गैर-संचारी रोगों (एनसीडी) के बारे में जागरूकता बढ़ाने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत वित्तीय सहायता प्रदान करती है, जिसमें हृदय रोग भी शामिल हैं। ये गतिविधियां राज्यों और संघ राज्य क्षेत्रों द्वारा की जानी हैं। आयुष्मान आरोग्य मंदिर के माध्यम से व्यापक प्राथमिक स्वास्थ्य देखभाल के तहत रोकथाम को मजबूत किया जाता है, जिसमें सामुदायिक स्तर पर स्वास्थ्य संबंधी गतिविधियों और लक्षित संचार को बढ़ावा दिया जाता है। इसके अलावा, भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण के माध्यम से स्वस्थ खानपान को भी बढ़ावा दिया जाता है। फिट इंडिया अभियान युवा कार्य एवं खेल मंत्रालय द्वारा कार्यान्वित किया जाता है, और आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न गतिविधियां संचालित की जाती हैं।

(ड) और (च): आईसीएमआर ने पिछले दो वर्षों में हृदय संबंधी विकारों पर शोध के लिए दो उन्नत अनुसंधान केंद्रों (सीएआर) को वित्त पोषित किया है। ये केंद्र हैं:

- i. हृदय-पात में उन्नत अनुसंधान और उत्कृष्टता केंद्र, चरण II, श्री चित्रा तिरुनल आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान, केरल
- ii. भारत भर में विभिन्न आबादी में हृदय रोग (सीवीडी) के बोझ को कम करने के लिए एक समन्वित, बहुआयामी, अनुकूलित, कम लागत वाले हस्तक्षेप पैकेज (आईपी) का प्रभाव, लागत-प्रभावशीलता और स्थिरता। सेंट जॉन मेडिकल कॉलेज अस्पताल, बेंगलुरु।

AGREEMENTS WITH UAE

2411. SHRI DHAIRYASHEEL SAMBAJIRAO MANE:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI SUDHEER GUPTA:

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

- (a) whether India and United Arab Emirates(UAE) have recently finalised a series of agreements;
- (b) if so, the key areas and focus of the said bilateral agreement indicating the major sectors on which deals were signed;
- (c) whether the Government has also signed a pact for importing 0.5 million tonnes of liquified natural gas annually for 10 years starting 2028 from UAE and if so, the details thereof;
- (d) the progress made under the India–UAE Comprehensive Economic Partnership Agreement (CEPA) and its impact on bilateral trade and investments so far;
- (e) the steps taken/being taken to address trade imbalances, improve market access for Indian goods and services and encourage greater participation of Indian companies in the UAE market; and
- (f) the future roadmap outlined by the Government to deepen the India–UAE strategic partnership in the coming years?

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

- (a) and (b): During the visit of His Highness Sheikh Mohamed bin Zayed Al

Nahyan, President of the United Arab Emirates to India, on 19 January 2026, several MoUs/ Agreements were signed and announcements made to enhance cooperation in the areas of trade and investment, energy, infrastructure, defence, technology and cultural exchanges. Details are given in the enclosed **Statement-I and II**.

(c): During the above mentioned visit, a Sales & Purchase Agreement (SPA) was signed between Hindustan Petroleum Corporation Limited (HPCL) and the Abu Dhabi National Oil Company Gas (ADNOC Gas), which provides a long-term Agreement towards purchase of 0.5 MMPTA LNG by HPCL from ADNOC Gas over a period of 10 years starting from 2028.

(d): The India-UAE Comprehensive Economic Partnership Agreement (CEPA) was signed on 18 February 2022 and came into force from 1 May 2022. India-UAE bilateral trade has increased from USD 72.87 billion in FY 2021-22 to USD 100.06 billion in FY 2024-25. India's merchandise exports to the UAE have grown steadily, supported by preferential market access on over 97% of tariff lines covering 99% of Indian exports in value terms.

(e): The Government is engaging closely with the UAE through the CEPA institutional mechanisms to address trade imbalances, improve market access and promote participation of Indian companies in the UAE market. Both sides have agreed to work towards expanding non-oil, non-precious metal trade and diversifying the trade basket. Sector-specific issues relating to agriculture,

pharmaceuticals, standards, customs procedures, certification, and gems & jewellery are being discussed regularly under the Joint Committee framework of the India UAE CEPA.

(f): The India–UAE Comprehensive Strategic Partnership relationship is driven by sustained engagement at the highest levels of leadership. Government of India is committed to deepen its multifaceted cooperation with UAE in the traditional sectors of cooperation, while expanding collaboration into new and strategic areas.

STATEMENT-I

List of Agreements/ MoUs/ Lols signed during the visit

No	Agreements/ MoUs/ Lols	Sector/ Objectives
1	Letter of Intent on Investment Cooperation between the Government of Gujarat, Republic of India and the Ministry of Investment of the United Arab Emirates for Development of Dholera Special Investment region	To pursue investment cooperation for UAE partnership in development of the Special Investment Region in Dholera, Gujarat. The envisioned partnership would include the development of key strategic infrastructure, including an international airport, a pilot training school, a maintenance, repair and overhaul (MRO) facility, a greenfield port, a smart urban township, railway connectivity, and energy

		infrastructure.
2	Letter of Intent between the Indian National Space Promotion and Authorisation Centre (IN-SPACe) of India and the Space Agency of the United Arab Emirates for a Joint Initiative to Enable Space Industry Development and Commercial Collaboration	To pursue India-UAE partnership in developing joint infrastructure for space and commercialization, including launch complexes, manufacturing and technology zones, incubation centre and accelerator for space start-ups, training institute and exchange programmes.
3	Letter of Intent between the Republic of India and the United Arab Emirates on the Strategic Defence Partnership	Work together to establish Strategic Defence Partnership Framework Agreement and expand defence cooperation across a number of areas, including defence industrial collaboration, defence innovation and advanced technology, training, education and doctrine, special operations and interoperability, cyber space, counter terrorism.
4	Sales & Purchase Agreement (SPA) between Hindustan Petroleum Corporation Limited,	The long-term Agreement provides for purchase of 0.5

	(HPCL) and the Abu Dhabi National Oil Company Gas (ADNOC Gas)	MMPTA LNG by HPCL from ADNOC Gas over a period of 10 years starting from 2028.
5	MoU on Food Safety and Technical requirements between Agricultural and Processed Food Products Export Development Authority (APEDA), Ministry of Commerce and Industry of India, and the Ministry of Climate Change and Environment of the United Arab Emirates.	The MoU provides for sanitary and quality parameters to facilitate the trade, exchange, promotion of cooperation in the food sector, and to encourage rice, food products and other agricultural products exports from India to UAE. It will benefit the farmers from India and contribute to food security of the UAE.

STATEMENT-II

List of announcements made during the visit

- A) Establishing a supercomputer cluster in India
- B) Doubling bilateral trade by 2032
- C) Promoting civil nuclear cooperation
- D) Exploring establishment of Digital Embassies
- E) Developing a cultural 'House of India' in UAE
- F) Promoting youth exchanges
- G) Integrating India's Digilocker with UAE's platforms for seamless authentication of Indian educational degrees/documents.

RELEASE OF FUNDS FOR OSCs

2412. DR. ANGOMCHA BIMOL AKOIJAM:

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

- (a) whether there have been any issues relating to delay, inadequacy/non-release of funds for One Stop Centres (OSCs) in various States/UTs;
- (b) if so, the details thereof, including the amount sanctioned and released during the last five years, State/UT-wise; and
- (c) the details of the steps taken/proposed to be taken by the Government to address funding constraints, ensure timely release of funds and strengthen the functioning of One Stop Centres in the country to effectively support women and children in distress?

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

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

As 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. 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 implementation of the 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. The details of State and UT-wise funds released for OSCs during the last five years from financial year 2020-21 to 2024-25 are at **Statement.**

STATEMENT

Details of State and UT-wise funds released for OSCs during the last five years from financial year 2020-21 to 2024-25 are as under:

(Amount in Cr.)

S. No.	State	Released/Exp.
1	A&N Islands	2.48
2	Andhra Pradesh	13.22
3	Arunachal Pradesh	25.29

4	Assam	34.61
5	Bihar	12.65
6	Chandigarh	1.34
7	Chattishgarh	30.13
8	DNHDD	1.93
9	Delhi	10.11
10	Goa	1.15
11	Gujarat	42.83
12	Haryana	19.84
13	Himachal Pradesh	8.53
14	Jammu and Kashmir	13.49
15	Jharkhand	12.04
16	Karnataka	33.50
17	Kerala	10.17
18	Ladakh-UT	1.67
19	Lakshadweep	0.39
20	Madhya Pradesh	52.86
21	Maharashtra	28.17
22	Manipur	20.15
23	Meghalaya	12.71
24	Mizoram	14.78
25	Nagaland	22.50
26	Odisha	41.89
27	Puducherry	1.58
28	Punjab	17.03
29	Rajasthan	32.74
30	Sikkim	4.65
31	Tamil Nadu	45.03
32	Telangana	46.06
33	Tripura	3.16

34	Uttar Pradesh	76.46
35	Uttarakhand	11.80
36	West Bengal	10.97

ANNUAL MEDICAL COLLEGE ASSESSMENT REPORTS

2413. SHRI DURAI VAIKO:

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

- (a) whether the National Medical Commission (NMC) has stopped uploading the Annual Medical College Assessment Reports on its official website and if so, the details thereof;
- (b) the reasons for withholding these reports for each academic year despite multiple orders issued by the Central Information Commission (CIC) directing NMC to upload them annually;
- (c) whether the Government is aware that the erstwhile Medical Council of India (MCI) used to proactively publish such complete assessment and inspection reports in compliance with the section 4 of the Right to Information Act, 2005 and if so, the details thereof; and
- (d) the steps being taken by the Government to ensure transparency and timely publication of all medical college assessment reports so that students choosing medical colleges can make an informed choice based on the availability of adequate faculty, infrastructure and patient load?

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): As informed by the National Medical Commission (NMC), all information relating to colleges, recognition of courses, seat matrix, regulations, application process, services provided to UG/PG graduates/doctors, admissions, annual renewal of medical colleges, counselling process etc. is proactively displayed on the NMC website and informed to all stakeholders through public notices issued from time to time.

The information sought pertains to specific details relating to colleges which fall within the ambit of third-party information under the provisions of the Right to Information Act, 2005. Disclosure of such information is legally restricted, particularly where it involves personal, confidential, or commercially sensitive data and legal opinion is being sought by NMC on this aspect. The Commission is fully committed to implement its statutory obligations & adhere to the provisions of Right to Information Act and the CIC's order.

नोटरी पोर्टल के माध्यम से उपलब्ध सेवाएं

2414. श्री राहुल सिंह लोधी :

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

(क) नोटरी अधिनियम, 1952 के अंतर्गत नोटरी पोर्टल के माध्यम से कौन-कौन सी विभिन्न सेवाएं

प्रदान की जा रही है ;

(ख) अब तक कितने डिजिटल रूप से हस्ताक्षरित अभ्यास प्रमाणपत्र जारी किए गए हैं ;

(ग) इस संबंध में पारदर्शिता और दक्षता सुनिश्चित करने के लिए कौन-कौन से विभिन्न उपाय किए गए हैं;

(घ) क्या उक्त पोर्टल के दायरे का विस्तार करने के लिए अतिरिक्त डिजिटल मॉड्यूल स्थापित किए जाने का प्रस्ताव है; और

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

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

(क) से (ङ): सरकार ने नोटरी अधिनियम, 1952 और नोटरी नियम, 1956 से संबंधित कार्यों के लिए ऑनलाइन सेवाएं प्रदान करने वाले एक समर्पित मंच के रूप में नोटरी पोर्टल का शुभारंभ किया है। इसका उद्देश्य नोटरी के रूप में नियुक्ति के लिए आवेदन जमा करना, नोटरी के रूप में नियुक्ति के लिए पात्रता का सत्यापन, नोटरी के रूप में व्यवसाय के डिजिटल रूप से हस्ताक्षरित प्रमाण पत्र का जारी करना, व्यवसाय प्रमाण पत्र का नवीनीकरण, व्यवसाय क्षेत्र में परिवर्तन, वार्षिक रिटर्न जमा करना आदि जैसी विभिन्न सेवाओं के लिए नोटरी और सरकार के बीच एक ऑनलाइन इंटरफ़ेस प्रदान करना है। नोटरी पोर्टल एक सरल, कागज रहित, पारदर्शी और कुशल प्रणाली प्रदान करता है। वर्तमान में, केवल दस्तावेज़ सत्यापन, पात्रता और नवनियुक्त नोटरी को डिजिटल रूप से हस्ताक्षरित व्यवसाय प्रमाण पत्र जारी करने से संबंधित मॉड्यूल ही सक्रिय हैं। नोटरी पोर्टल के लॉन्च से पहले, व्यवसाय प्रमाण पत्र नोटरी को भौतिक रूप से जारी किए जाते थे। 09.02.2026 तक, नोटरी पोर्टल के माध्यम से विभिन्न राज्यों और संघ राज्यक्षेत्रों के नवनियुक्त नोटरी को 36,000 से अधिक डिजिटल रूप से हस्ताक्षरित अभ्यास प्रमाण पत्र जारी किए जा चुके हैं।

STRENGTHENING OF PM-PRANAM SCHEME

2415. SHRI E. TUKARAM:

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

- (a) whether the Government proposes to strengthen PM Programme for Restoration, Awareness Generation, Nourishment and Amelioration of Mother Earth (PM-PRANAM) Scheme with clear targets and effective monitoring in the Budget 2026; and
- (b) if so, the details thereof?

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

- (a) and (b): Under the PM-PRANAM scheme (2023-24 to 2025-26), there is a provision to provide incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, equivalent to 50% of the fertilizer subsidy saved.

PM-PRANAM scheme is funded from savings of fertilizer subsidy arising out of reduction in consumption of chemical fertilizers with no separate budget. As per guidelines of PM-PRANAM Scheme, States/UTs are required to submit Action Plans with utilization of the grants at the beginning of each financial year. Utilization Certificates must be provided at the end of the financial year. Grants for

subsequent years are based on the proper utilization of the previous grants.

AWCS FUNCTIONING IN LAKSHADWEEP

2416. SHRI HAMDULLAH SAYEED:

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

- (a) the details of Anganwadi Centres functioning under Mission Saksham Anganwadi & POSHAN 2.0 in the Union Territory of Lakshadweep, island-wise;
- (b) the number of children (0–6 years), pregnant women and lactating mothers benefitting from supplementary nutrition, early childhood care and growth monitoring under the Mission;
- (c) whether the Government has identified any gaps or challenges in infrastructure, staffing, supply of nutrition and service delivery in Lakshadweep and the corrective measures taken or proposed; and
- (d) the funds allocated, released and utilised under the Mission in Lakshadweep during the last three years and the current year?

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

- (a) and (b): The number of Anganwadi Centres (AWCs) functioning under Mission Saksham Anganwadi & POSHAN 2.0 in the Union Territory of Lakshadweep and

number of beneficiaries including children (0–6 years), pregnant women and lactating mothers under the Mission is available at the link: <https://www.poshantracker.in/statistics>.

(c): 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.

As per data available on Poshan Tracker, all Anganwadi Centres sanctioned to the UT of Lakshadweep have basic infrastructure facilities like drinking water, functional toilets, permanent electricity connection, functional kitchen etc. Also, no vacancy with respect to Anganwadi Workers and Anganwadi Helpers has been reported by UT of Lakshadweep on the Poshan Tracker. With regard to service delivery, all Anganwadi Centres in the UT are operational and are delivering the six services envisaged under the scheme, including Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Growth monitoring of beneficiaries is undertaken and data is available on Poshan Tracker at the link: <https://www.poshantracker.in/statistics>.

(d): The funds released and utilised under the Mission in UT of Lakshadweep during the last three years and the current year is as below:

(Rs. in Crore)

Name of UT	2022-23		2023-24		2024-25	2025-26
	Funds released	Fund utilized	Funds released	Fund utilized	Funds released	Funds released
Lakshadweep	0.44	0.44	2.88	2.73	1.35	0.81

INTERNATIONAL MARITIME ORGANISATION COUNCIL

2417. DR. C. M. RAMESH:

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

- (a) whether it is true that India has been re-elected to the International Maritime Organisation Council;
- (b) if so, the details of the advantages of being elected to the above forum and the extent to which this position is likely to be helpful to India's global maritime sector; and
- (c) the details of plans that the Government chalked out to invest US\$ 1 Trillion in the coming years?

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

(a): Yes, India has been re-elected to the International Maritime Organization (IMO) Council for the 2026-27 biennium in Category B, securing 154 out of 169 votes (highest in the category) during the elections held on 28 November 2025 at the 34th Session of the IMO Assembly. Category B represents countries with the

largest interest in international seaborne trade.

(b): India has been a longstanding member of the IMO Council under Category B since its inception. IMO develops international regulations for maritime safety and environmental protection, formulates international treaties and conventions like SOLAS and MARPOL, monitors compliance and implementation of conventions and provides technical assistance and training to developing countries. Being a member of the IMO Council ensures that India's stance is clearly heard when international conventions regarding safety, sustainability and other pertinent issues are discussed in IMO. India's sustained leadership and constructive engagement at IMO directly support its ambition to emerge as a leading global maritime power, benefiting shipping, ports, shipbuilding, maritime services, and seafarers alike.

(c): The Union Cabinet, in its meeting held on 24.09.2025, approved two schemes i.e. Shipbuilding Financial Assistance Scheme (SBFAS) to promote shipbuilding in India and Shipbuilding Development Scheme (SbDS) for Capacity & Capability development and credit risk coverage for shipbuilding in India.

The Shipbuilding Financial Assistance Scheme (SBFAS), with a corpus of ₹24,736 crore, will provide financial support of 15–25% per vessel and introduce shipbreaking credit note that will provide shipowners with 40% of the vessel's fair scrap value as an incentive for recycling and supporting new builds in India. The scheme also aims to establish the National Shipbuilding Mission to oversee

implementation and coordination, supporting ₹96,000 crore worth of shipbuilding over the next decade.

Shipbuilding Development Scheme (SbDS), with a corpus of ₹19,989 crore is designed to accelerate India's shipbuilding capacity through targeted interventions for new infrastructure, modernization of existing facilities, and risk mitigation. The Key Components of SbDS are as follows:

- Capital Support for Greenfield Clusters: ₹9,930 crore is allocated to create multiple shipbuilding clusters equipped with common maritime infrastructure such as breakwaters, channel and basin development, land reclamation, internal connectivity, and regional capability development centers.
- Capital Assistance for Brownfield Expansion: ₹8,261 crore is allocated to assist existing shipyards in expanding production capacity.
- Shipbuilding Risk Coverage: ₹1,443 crore is proposed for risk coverage through insurance instruments such as Pre-Shipment Insurance, Post-Shipment Insurance, and Vendor Default Insurance. This measure aims to safeguard shipyards against financial uncertainties and enhance confidence in long-term investments.

REPRESENTATION OF WOMEN IN THE JUDICIARY

2418. SHRI KALIPADA SAREN KHERWAL:

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

- (a) the current number and percentage of women judges in the Supreme Court and High Courts; and;
- (b) the comparative percentage of male and female judges in the Supreme Court and High Courts?

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

(a) and (b): In the Supreme Court, out of the total strength of 34 Judges including the Chief Justice of India, 33 Judges are working including one woman Judge. One woman Judge of the Supreme Court retired in June, 2025.

In High Courts, out of the total strength of 1122, 813 Judges are working as on 10.02.2026. The number of women Judges working in the High Courts is 116. As on date, 14.27% of the Judges working in High Courts are women. Since 2018, 5 women Judges were appointed in the Supreme Court and 130 women Judges were appointed in various High Courts.

निर्भया/सखी केंद्र

2419. श्री अरुण कुमार सागर:

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

- (क) क्या सरकार ने देश के सभी जिलों में संकटग्रस्त महिलाओं के लिए वन-स्टॉप संकट समाधान केंद्रों के रूप में निर्भया/सखी केंद्रों की स्थापना करने का निर्णय लिया है;

(ख) यदि हां, तो अब तक राज्य-वार ऐसे कितने केंद्र स्थापित किए गए हैं; और

(ग) क्या उक्त केंद्र समुचित रूप से कार्य कर रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): वन स्टॉप सेंटर (ओएससी) मिशन शक्ति के अंतर्गत संबल वर्टिकल का एक घटक है। यह निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही छत के नीचे एकीकृत 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 भी प्रदान करता है।

मिशन शक्ति के दिशानिर्देशों के अनुसार, केंद्र सरकार संबल उप-योजना के तहत राज्यों और संघ राज्य क्षेत्र को 100% वित्तीय सहायता प्रदान करती है। इस योजना का कार्यान्वयन राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों के अधीन है। दिनांक 01 अप्रैल, 2015 से लेकर 31 अक्टूबर, 2025 तक, देश भर में ओएससी के माध्यम से 12.88 लाख से अधिक महिलाओं को सहायता प्रदान की जा चुकी है।

चूंकि यह योजना मांग आधारित है, इसलिए राज्यों और संघ राज्य क्षेत्र को प्रत्येक जिले में कम-से-कम एक ओएससी स्थापित करने और उन जिलों में अतिरिक्त ओएससी स्थापित करने के लिए प्रोत्साहित किया जाता है जहां महिलाओं के खिलाफ अपराध की दर अधिक है या जिनका भौगोलिक क्षेत्र बड़ा है और आकांक्षी जिलों में भी। आज तक, पूरे देश में 1025 ओएससी स्वीकृत किए गए हैं, जिनमें से 896 ओएससी कार्यरत हैं। राज्यवार स्वीकृत और कार्यरत ओएससी की सूची संलग्न विवरण में दी गई है।

विवरण

राज्य और संघ राज्य क्षेत्र-वार अनुमोदित और कार्यरत ओएससी का ब्यौरा इस प्रकार है:

क्र.सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित ओएससी की संख्या	कार्यरत ओएससीएस की संख्या
क	ख	ग	घ
1	अंडमान और निकोबार द्वीपसमूह	3	3
2	आंध्र प्रदेश	36	26
3	अरुणाचल प्रदेश	27	25
4	असम	36	36
5	बिहार	65	39
6	चंडीगढ़	1	1
7	छत्तीसगढ़	42	42
8	दादरा और नगर हवेली एवं दमन और दीव	3	3
9	दिल्ली	22	11
10	गोवा	2	2
11	गुजरात	36	35
12	हरियाणा	27	22
13	हिमाचल प्रदेश	13	13
14	जम्मू और कश्मीर	23	20
15	झारखंड	37	26
16	कर्नाटक	44	40
17	केरल	16	14
18	लद्दाख	2	2
19	लक्षद्वीप	1	1

20	मध्य प्रदेश	65	57
21	महाराष्ट्र	67	67
22	मणिपुर	16	16
23	मेघालय	14	12
24	मिजोरम	13	13
25	नागालैंड	17	17
26	ओडिशा	39	34
27	पुदुचेरी	4	4
28	पंजाब	23	23
29	राजस्थान	52	52
30	सिक्किम	7	6
31	तमिलनाडु	59	54
32	तेलंगाना	36	36
33	त्रिपुरा	10	10
34	उत्तर प्रदेश	124	96
35	उत्तराखंड	19	14
36	पश्चिम बंगाल	24	24
	कुल	1025	896

MEGA CONTAINER TERMINAL PROJECT AT V.O. CHIDAMBARANAR PORT

2420. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

(a) whether it is a fact that the outer harbour and mega container terminal project

at V.O. Chidambaranar Port, Thoothukudi, involving works such as breakwater, dredging and land reclamation, has faced delays due to repeated failure of private bids;

- (b) if so, the current status and revised timeline for execution of the project;
- (c) whether the project, estimated at about 9,860 crore, has now been proposed for implementation under the PPP–HAM model as of December 2025;
- (d) whether the Government has assessed the impact of delays on Tamil Nadu's export and transshipment potential; and
- (e) if so, the steps taken to ensure time-bound completion of the project?

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

(a) to (c): The Outer Harbour and Mega Container Terminal project at V.O. Chidambaranar Port has faced delays due to non-responsive private bids, with initial tenders discharged after bidders failed to meet pre-qualification criteria and subsequent re-issue receiving no response; to address this, the Port Authority has undertaken wider market outreach, restructured tender conditions, and adopted measures to enhance viability, resulting in a revised project cost of about ₹14,690.76 crore under a Hybrid Annuity Model (HAM) and Public Private Partnership framework, which has been submitted to the Appraisal Authority as per Department of Economic Affairs guidelines, and the tender has been floated, with progress and timelines contingent upon receipt of responsive bids and

successful completion of the bidding process.

(d) and (e): The V.O. Chidambaranar Port handled 41.72 million tonnes of cargo in 2024–25 and the cargo handled has been growing at ~ 5% p.a over the past 5 years and the port has sufficient capacity to handle more cargo. Further, the outer harbour project would meet the future requirement of container handling capacity.

INFERTILITY TREATMENT UNDER AB-PMJAY

2421. SUSHRI PRANITI SUSHILKUMAR SHINDE:

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

- (a) whether the Government is aware that infertility affects one in six couples in the country and that the high cost of Assisted Reproductive Technology (ART) and In vitro Fertilisation (IVF) treatments makes such care unaffordable for most families and if so, the details thereof;
- (b) whether the Government has considered including infertility-related services, including OPD consultations, diagnostics, hormone therapy, monitoring and IVF treatment under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) package and if so, the details thereof;
- (c) whether any assessment has been conducted to estimate the financial burden of infertility treatment on families and its impact on out-of-pocket expenditure and if so, the details thereof; and
- (d) the steps taken or proposed to be taken to ensure equitable access to infertility

care and financial protection for couples seeking fertility treatment under the national health insurance framework?

THE MINISTER 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 (c): The Government is aware that infertility is a significant reproductive health concern affecting a substantial proportion of couples in India. As per WHO Newsletter dated 4th April 2023, around 17.5% of the adult -roughly 1 in 6 experience infertility. A study from central India reported a lower 8.9% prevalence of infertility in a community -based study. A study in 2020 by Purkayastha et al compared data from four rounds of NFHS and the results stated that prevalence of infertility has shown a remarkable increase in 2015-2016, especially in the southern states.

The Health Technology Assessment India (HTAI) Resource Hub at the ICMR-National Institute for Research in Reproductive and Child Health recently estimated the costs of Assisted Reproductive Technology (ART), including In-vitro Fertilization (IVF). The findings indicate that the average out-of-pocket expenditure (OOPE) for a single IVF cycle was approximately Rs 1.10 lakh at public hospitals and Rs 2.30 lakh at private hospitals. In addition, the median out-of-pocket expenditure for general infertility care (non-IVF services such as consultations, investigations, medications and monitoring) was estimated at

around Rs. 7,340 in public hospitals and Rs. 11,834 in private hospitals.

(b): Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY) provides health coverage of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization. The latest Health Benefit Package (HBP 2022) provides cashless healthcare services for 1,961 procedures across 27 medical specialties. Assisted Reproductive Technology (ART), including In-Vitro Fertilisation (IVF), is not covered under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

(d): The Government has introduced the Assisted Reproductive Technology (Regulation) Act, 2021 and Surrogacy (Regulation) Act, 2021 to regulate assisted reproductive technology clinics and banks and surrogacy clinics, ensuring safe and ethical practices.

A state-specific initiative, Sikkim Vatsalya Yojana, launched in 2022 offers financial aid up to 3 lakhs for IVF treatment for couples facing infertility.

“Jiyo Parsi” is a program of Ministry of Minority Affairs to help India's minority Parsi community to have more-children and reverse its rapid population decline. Through this program, Parsi couples who need help conceiving can receive free or subsidized fertility treatment.

HEALTH INSURANCE FOR PERSONS WITH DISABILITIES

2422. SHRI ASADUDDIN OWAISI:

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

- (a) whether the Government has identified the eligible number of rural households with a disabled member and no able-bodied adult member (D4 category) of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), if so, the details thereof;
- (b) the number of these identified Persons with disabilities (PwD) availing health insurance under the D4 category of the said scheme;
- (c) the details of the other Government-sponsored health insurance schemes providing health insurance for persons with disabilities;
- (d) the steps taken by the Government to raise awareness among PwD about these health insurance schemes; and
- (e) the timeline fixed for integrating UDID (Unique Disability Identity) cards with AB-PMJAY for seamless PwD verification?

THE MINISTER 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 Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population. Additionally, in March 2024, approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers and Anganwadi Helpers

were included under the scheme. The scheme was further expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status.

The AB-PMJAY beneficiary base includes poor and vulnerable families identified on the basis of deprivation criteria in the Socio-Economic Caste Census (SECC-2011). However, beneficiaries are not categorised on the basis of disability under the scheme.

AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries. This includes advertisement over traditional media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, telecast of beneficiary testimonials, etc. In addition to this, State Health Agencies have also engaged a wide network of frontline workers in creating mass awareness at the grassroot level. Ministry of Social Justice and Empowerment has informed that Unique Disability Identity (UDID) sub-scheme is integrated based on the requirement of a government agency.

MEDIATION COUNCIL OF INDIA

2423. SHRI BRIJMOHAN AGRAWAL:

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

(a) the progress made towards the operationalization of the Mediation Council of

- India (MCI), including the current status of key appointments;
- (b) the measures taken to ensure the continued recognition and quality assurance of mediation service providers and training institutes during the transitional phase;
- (c) whether the Government proposes any interim guidelines to facilitate 'Community Mediation' through District Legal Services Authorities to ensure rural access, if so, the details thereof; and
- (d) the steps being taken to standardize Online Dispute Resolution (ODR) mechanisms and the expected timeline for the full functioning of the Council?

**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 Mediation Act, 2023, lays down the statutory framework for mediation to be adopted by parties to a dispute, especially institutional mediation, wherein various stakeholders have also been identified to establish a robust and efficacious mediation ecosystem in the country. As provided under section 1 (3) of the Mediation Act, 2023, some provisions of the Act have been notified *vide* gazette notification dated 09.10.2023. Pursuant thereto various rules as required to be framed under the Mediation Act, 2023, being the Mediation Council of India (Salary, Allowances and other Terms and Conditions of Service of Chairperson and Members) Rules, 2024, Mediation Council of India (Traveling and other

Allowances for Part-time Chairperson and Part-time Members) Rules, 2024 and Mediation Council of India (Forms and Manner of Annual Statement of Accounts) Rules, 2024, have been notified on 13.06.2024.

Section 32 of the Mediation Act, 2023, envisages Mediation Council of India as a seven member body including a Chairperson, one member having experience in law related to mediation or alternative dispute resolution, one member having experience in research or teaching in the field of mediation and alternative dispute resolution laws, three *ex-officio* members and one representative of a recognized body of commerce and industry. One representative each of a recognized body of commerce and industry and Secretary Department of Expenditure have been nominated to the Council. The Chairperson and other Members of the Mediation Council of India are yet to be appointed.

(b) to (d): Chapter IX of the Mediation Act, 2023, contains novel provisions relating to Mediation Service Providers and Mediation Institutes, wherein Section 40 enables Mediation Council of India to recognise mediation service providers and Section 42 enables Mediation Council of India to recognise mediation institutes. Similarly, as per section 44 of the Act, community mediators can devise suitable procedure for the purpose of resolving disputes through community mediation and there is no role envisaged for the Central Government in this regard. Also, as per Section 30 of the Act, online mediation is to be conducted in

accordance with the manner specified by the Mediation Council of India by way of regulations. These provisions however have not been notified and the Mediation Council of India is yet to be established.

AWARENESS ABOUT MENSTRUAL HYGIENE

2424. SHRIMATI POONAMBEN MAADAM:

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

- (a) whether the Government has taken any steps to increase awareness about menstrual hygiene and dispel any misconceptions among adolescent girls in the country;
- (b) if so, the details thereof;
- (c) whether the Government has taken any steps to increase the availability and accessibility of sanitary napkins to adolescent girls in remote areas of the country; and
- (d) if so, the details thereof

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

(a) to (d): The Ministry of Health and Family Welfare implements the Scheme for Promotion of Menstrual Hygiene aimed at promoting menstrual hygiene among adolescent girls aged 10–19 years. The scheme implementation promotes

increased awareness among adolescent girls on menstrual hygiene management, increased access to sanitary napkins by adolescent girls and promotion of safe disposal of sanitary napkins in an environmentally friendly manner.

Under this scheme, sanitary napkins are provided to adolescent girls through schools and community-based platforms. Information Education and Communication material on menstrual hygiene management have been developed by the Government and disseminated to the States/UTs. These are used by ASHAs and teachers to conduct regular awareness sessions for adolescent girls on safe menstrual hygiene practices and for dispelling misconceptions, both in schools and in the community.

Additionally, the National Menstrual Hygiene Policy for School-Going Girls, released in November 2024, provides a comprehensive framework to ensure access to safe and affordable menstrual hygiene products, gender-responsive sanitation facilities, awareness generation, and environmentally safe disposal mechanisms in Government and Government-aided schools, through coordinated action with States/UTs and relevant Ministries.

The Government also, under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), makes available 'Jan Aushadhi Suvidha' sanitary napkins, @ Rs.1 per pad, to ensure affordable access to menstrual hygiene products.

ACHIEVEMENT OF TB ELIMINATION TARGETS

2425. SHRI VISHNU DATT SHARMA:

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

- (a): whether the Government is implementing the National Tuberculosis Elimination Programme (NTEP) and Nikshay support schemes to achieve TB elimination targets in the country and if so, the details thereof;
- (b): whether active TB case-finding, diagnosis, treatment and nutritional support have been effectively implemented in the districts of Katni, Panna and the town of Khajuraho in Khajuraho Lok Sabha constituency and if so, the number of cases detected, treated and cured during the last two years;
- (c): the measures taken or proposed to be taken to ensure treatment adherence, reduce drug resistance and prevent relapse among poor TB patients;
- (d): whether TB incidence, mortality or treatment gaps persist in these areas and if so, the reasons therefor along with the corrective steps taken in this regard; and
- (e): the plan of the Government to strengthen district-level surveillance, community outreach and nutritional support to accelerate TB elimination in the said districts?

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

(a) to (e): To achieve the Sustainable Development Goals (SDGs) related to TB, the Government has implemented TB Mukh Bharat Abhiyan (National TB Elimination Programme), under the aegis of National Health Mission (NHM) across all the States/UTs (including all districts of Madhya Pradesh) in the country. These services are further strengthened through decentralized delivery at the Ayushman Arogya Mandir level, ensuring last-mile access and equity. Further, to address TB among the vulnerable population across the country, key strategies implemented are mapping of congregate settings & vulnerable population including asymptomatic, pro-active screening of vulnerable population by chest x-ray for early detection, upfront nucleic acid amplification test (NAAT) for all presumptive TB cases, timely treatment initiation & completion, differentiated TB care for managing high-risk TB cases, nutrition support and preventive treatment to eligible vulnerable population.

The details of TB cases detected, initiated on treatment and treated successfully, during the last two years in the Katni and Panna districts and at the Community Health Centre (CHC) of Khajuraho in Khajuraho Lok Sabha constituency, as reported by the State in Ni-kshay portal, are given in the enclosed **Statement**.

The measures taken under TB Mukh Bharat Abhiyan, to reduce TB incidence, mortality, strengthen surveillance, treatment adherence, reduce drug resistance, nutrition interventions, and prevent relapse among all TB patients are

as under:

- Targeted interventions in high TB burden areas through State and District Specific Strategic plans.
- Intensified TB case-finding among vulnerable populations through mobile diagnostic units for reaching out to remote and rural areas.
- Decentralization of TB screening and treatment services to the Ayushman Arogya Mandir (AAM).
- Provision of free drugs and diagnostics to TB patients.
- Private sector engagement with incentives for notification & management of TB cases.
- Upfront nucleic acid amplification test (NAAT), for early detection of drug resistance & ensure appropriate treatment regimen.
- Fixed dose combination of drugs for drug sensitive TB and shorter, all oral & more efficacious drug resistant treatment regimen, to reduce pill burden & improve treatment adherence.
- Ni-kshay Poshan Yojana of Rs 1,000 per month per patient as nutritional support for the entire duration of treatment.
- Provision of additional nutritional support to TB patients and household contacts under Ni-kshay Mitra initiative.
- Notified TB patients are linked to a designated treatment supporter to

ensure treatment adherence.

- Provision of TB Preventive Treatment to contacts of TB patients and vulnerable population.
- Intensified Information, Education & Communication (IEC) interventions to reduce stigma, enhance community awareness and improve health seeking behaviour.
- Tracking individual TB patients through Ni-kshay portal.

STATEMENT

1. Details of TB cases detected and initiated on treatment during year 2024 and year 2025 in the Katni and Panna districts and at the Community Health Centre (CHC) of Khajuraho in Khajuraho Lok Sabha constituency:

	2024		2025	
	TB cases notified	Initiated on treatment	TB cases notified	Initiated on treatment
Katni District	3375	3177 (94%)	3583	3307 (93%)
Panna District	3054	2964 (97%)	3375	2972 (88%)
Khajuraho CHC	20	19 (95%)	20	18 (90%)
Data Source: Ni-kshay Portal				

2. Details of number of TB cases reported as treated successfully in year 2024 and 2025 in the Katni and Panna districts and at the Community Health Centre (CHC) of Khajuraho in Khajuraho Lok Sabha constituency:

	Treated successfully* reported in 2024	Treated successfully* reported in 2025
Katni District	2707 (81%)	2623 (81%)
Panna District	2762 (91%)	2750 (94%)
Khajuraho CHC	12 (75%)	11 (55%)
*Year in column heading reflects treatment outcome of patients notified in the previous year. Data Source: Ni-kshay Portal		

AVAILABILITY OF NICOTINE REPLACEMENT THERAPY PRODUCTS

2426. SHRI TANGELLA UDAY SRINIVAS:

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

- (a) the current availability of Nicotine Replacement Therapy products including the number and types of formulations approved and marketed along with price range, brand-wise in the country and State/UT-wise;
- (b) whether NRT products are accessible in public health facilities under the National Tobacco Control Programme and if so, the details of stock availability, procurement and distribution in Government hospitals and tobacco cessation centres during the last five years;
- (c) the number of individuals who have used NRT through Government programmes and the estimated number who purchased NRT through private

channels, year-wise since 2019;

- (d) whether any assessment has been conducted on the effectiveness and quit-success rates of NRT and if so, the key findings thereof; and
- (e) whether the Government is considering adoption of alternative products or cessation-support techniques, in addition to NRT to strengthen tobacco-dependence treatment and improve quit outcomes and if so, the details thereof?

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

(a): The Central Drugs Standard Control Organization (CDSCO), Ministry of Health and Family Welfare has approved Nicotine Replacement Therapy (NRT) products such as Nicotine Transdermal patch, Nicotine Polacrilex Gum, Nicotine Polacrilex Lozenges and Nicotine Polacrilex Orally disintegrating stripes for using as aid for smoking cessation. The Nicotine formulations containing up to 2 mg of nicotine are exempted from requirement of sale license issued by State Licensing Authority (SLA).

The prices of drugs are regulated as per provisions of the Drugs (Prices Control) Order, 2013 (DPCO, 2013) across the country. The National Pharmaceutical Pricing Authority (NPPA) under Department of Pharmaceuticals fixes ceiling prices of scheduled formulation listed in Schedule-I of DPCO, 2013.

Since Nicotine is listed in Schedule-I of DPCO, 2013, NPPA has fixed ceiling price for NRT products which is applicable to all scheduled formulation (whether branded or generic) sold across the country to all the States/UTs. The fixed ceiling prices of the NRT products are as under:-

S. No	Medicines	Strength	Unit	Ceiling Price (in ₹)
1	Nicotine (for nicotine replacement therapy)	Lozenge 2mg	1 Lozenges	8.06
2	Nicotine (for nicotine replacement therapy)	Gum 2 mg	1 Gum	8.74
3	Nicotine (for nicotine replacement therapy)	Gum 4 mg	1 Gum	10.83
4	Nicotine (for nicotine replacement therapy)	Lozenge 4mg	1 Lozenges	9.92
5	Nicotine (for nicotine replacement therapy)	Oral Dosage forms 2mg Pastille	1 Pastille	7.24
6	Nicotine (for nicotine replacement therapy)	Oral Dosage forms 4mg Pastille	1 Pastille	7.97

(b) to (d): The Tobacco Cessation Centers offer comprehensive cessation services by way of counselling and pharmacological interventions wherein NRT is provided free of cost. As per Global Adult Tobacco Survey (GATS), 2016–17, 4.1% of smokers and 3.2% of smokeless tobacco users who tried to quit, used pharmacotherapy, including NRT.

(e): The National Tobacco Control Program (NTCP) provides evidence-based cessation support (pharmacological and behavioral therapy) to strengthen tobacco-dependence treatment. It also aims to boost tobacco cessation by enhancing counseling services through tobacco cessation centers, National Quitline services, and building capacity of healthcare providers to offer behavioral interventions.

PARTICIPATION OF WOMEN SHGs IN NUTRITION SCHEMES

2427. SHRI CHARANJIT SINGH CHANNI:

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

- (a) the number of women Self-Help Groups (SHGs) currently linked with the Government's nutrition and related schemes across the country, district-wise, particularly in Punjab;
- (b) the number of women members enrolled in these SHGs engaged with nutrition programme activities, including food preparation, distribution,

community outreach and monitoring;

- (c) the number of women whose livelihoods and employment have been directly supported through these engagements under the nutrition schemes; and
- (d) the details of the specific mechanisms in place to ensure that such participation leads to sustainable income generation, skill development and social empowerment for women in rural and urban areas?

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) implements Mission Poshan 2.0 through State Government/UT Administration. The initiative has evolved into a vibrant Jan Andolan to address malnutrition through sustained convergence with more than 18 ministries, including the Ministry of Rural Development. In addition to this scheme, Self-Help Groups (SHGs) are also involved by other Ministries and Departments in their own schemes.

Under this framework, Self-Help Groups (SHGs) have emerged as pivotal grassroots partners in annual Jan Andolan campaigns such as Rashtriya Poshan Maah (September) and Poshan Pakhwada (fortnight in March/ April), mobilizing communities, catalyzing behavior change, and ensuring inclusive participation of people at scale. SHG's leverage their deep community reach to organize nutrition sensitization events, Poshan Panchayats, home visits, village rallies and peer-to-

peer dialogue on key nutrition practices from infant feeding and anaemia prevention to Nutri gardens and dietary diversity, thereby transforming awareness into sustained action at the household level.

As per Supplementary Nutrition Rules, 2022, it provides flexibility to States and Union Territories in engaging suitable entities for production and supply of supplementary nutrition. These entities may include Self-Help Groups (SHGs), community-based organizations, cooperative societies, or private manufacturers, subject to compliance with FSSAI registration, licensing, and applicable quality and safety standards. Thus, as per State's decision, SHGs are also engaged in Supplementary Nutrition Programme, including food preparation, distribution and community outreach

SHGs involvement complements convergent actions by frontline workers like Anganwadi Workers, along with Panchayati Raj representatives, and other multiple sectors, translating national campaigns/ Jan Andolans into grassroots engagement. Evidence shows that out of all the 150 crore activities reported through 15 Jan Andolans since 2018, SHG participation has been vital for community level sensitization. In the last celebrated Poshan Maah from 17 September to 16 October 2025, there have been reported a total of 14.33 crore activities and MoRD has contributed as the third largest convergence Ministry with 35.26 lakh sensitization activities across the country through the engagement of SHGs.

Also, under the Deendayal Antyodaya Yojana –National Rural Livelihoods Mission (DAY-NRLM) as on 31st January 2025 about 10.05 crore Women households have been mobilized into 90.90 lakh Self Help Groups (SHGs). The State/UT wise details of the number of households mobilized into SHGs since 2011 are given in the enclosed **Statement**.

Additionally, to strengthen processes for community engagement, empowerment of beneficiaries and increased social accountability under the Mission, there is a provision for organizing Community Based Events (CBEs) twice in a month at each Anganwadi Centre. Community based events such as Annaprasan Diwas, Godbharai, Suposan Diwas, messages related to public health for improvement of nutrition and to reduce illness, etc. are celebrated. So far, 9 crore 55 lakh CBEs have been conducted since 2018 in close coordination with and support from various community-based and women-led institutions including SHGs.

The Ministry of Housing and Urban Affairs, through its “Deendayal Antyodaya Yojana – National Urban Livelihoods Mission (DAY-NULM),” aims to reduce poverty and the vulnerability of urban poor households by enabling sustainable income generation, skill development, and social empowerment for women in urban areas. The details of women beneficiaries (including SHGs) as on 30th September 2024 under DAY-NULM in All India is as under:

- No. of SHG members: 90,30,521

- No. of Skilled Candidates trained:10,99,393
- No. of Skilled Candidates Placed: 6,16,526

The details of women beneficiaries (including SHGs) under DAY-NULM in Punjab is as under

- No. of SHGs members formed: 98,798
- No. of Skilled Candidates trained: 49,121
- No. of Skilled Candidates Placed: 32,850

The “Evaluation of Centrally Sponsored Schemes in Package 2: Women and Child Development” commissioned by DMEO, NITI Aayog recognizes grassroots platforms such as Self-Help Groups (SHGs) as part of the stakeholder ecosystem in women and child development interventions. It highlights the critical role of community mobilization, behavior change communication, and joint community monitoring activities in delivering nutrition services, which directly aligns with the field functions performed by SHGs in Poshan Abhiyaan and Anganwadi Services. The report also stresses the necessity of multi-sectoral convergence and engagement of local collectives and community partners to enhance scheme effectiveness, reinforcing the value of linking SHGs with frontline service delivery for improved nutrition outcomes.

STATEMENT

State/UT wise details of the number of households mobilized & SHGs Formed as on 31st January 2025

S No	State/UT	SHGs formed	Households Mobilized
1	Andhra Pradesh	8,55,600	90,75,289
2	Assam	3,61,516	41,11,020
3	Bihar	10,97,100	1,27,13,428
4	Chhattisgarh	2,76,375	30,68,427
5	Gujarat	2,79,758	27,83,006
6	Jharkhand	2,91,601	35,89,607
7	Karnataka	3,60,684	42,07,374
8	Kerala	2,71,209	40,02,478
9	Madhya Pradesh	4,87,291	58,29,972
10	Maharashtra	6,40,719	65,25,549
11	Odisha	5,51,141	57,75,035
12	Rajasthan	3,21,875	38,04,161
13	Tamil Nadu	3,36,764	40,23,939
14	Telangana	4,42,979	48,20,573
15	Uttar Pradesh	8,42,101	95,09,884
16	West Bengal	11,92,980	1,22,51,533
17	Haryana	60,301	6,29,094
18	Himachal Pradesh	45,295	3,78,542
19	Jammu & Kashmir	91,445	7,97,805
20	Punjab	52,118	5,43,246
21	Uttarakhand	65,840	4,97,777
22	Arunachal Pradesh	11,730	91,964
23	Manipur	11,538	1,17,457
24	Meghalaya	45,312	4,44,264
25	Mizoram	10,291	85,934
26	Nagaland	15,419	1,35,261
27	Sikkim	5,915	56,675
28	Tripura	51,841	4,94,675

29	Andaman & Nicobar Islands	1,294	13,194
30	Goa	3,891	50,735
31	Ladakh	1,745	12,230
32	Lakshadweep	348	4,363
33	Puducherry	4,744	59,714
34	Daman DIU and NH	1,645	16,674
	Total	9,090,405	10,05,20,879

CONSULAR SERVICES IN UTTAR PRADESH

2428. SHRI ZIA UR REHMAN:

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

- (a) whether the Government is aware of difficulties faced by residents of Western Uttar Pradesh in passport issuance, consular services and grievance redressal;
- (b) if so, the details of steps taken to improve accessibility and efficiency of passport and consular services in the said region;
- (c) whether similar service-delivery issues exist in other parts of the country; and
- (d) if so, the details of measures undertaken at national level to improve citizen-centric external affairs services?

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

- (a) to (d): Currently in Uttar Pradesh, 6 PSKs and 52 POPSKs are operational

under 3 RPOs viz. RPO Lucknow, RPO Ghaziabad and RPO Bareilly. In Western Uttar Pradesh, Passport related services are provided through 2 PSKs and 19 POPSKs under RPO Ghaziabad and RPO Bareilly.

Ministry of External Affairs has taken several steps to provide improved and smooth passport and consular services to the citizens of the country, including the citizens residing in western Uttar Pradesh. The upgraded Passport Programme Version 2.0 (PSP V2.0) has been rolled out in all 37 Regional Passport Offices (RPOs) in the country, including the 3 RPOs in Uttar Pradesh.

Passport Seva Programme (PSP), an IT driven mission mode project, has been successfully providing an efficient, secure, user-friendly, transparent and accountable passport services to citizens across the country.

New digital tools introduced under PSP V2.0 have significantly addressed the difficulties faced by the Passport applicants and improved the passport application and grievance-redressal experience by making the process faster, transparent and more user-friendly. Further, the payment of application fees has been expanded through expanded through digital modes. Online appointment facilities and feedback kiosks/screens has also been installed in PSKs/POPSKs for quicker service improvements.

In June 2018, Ministry had launched the 'Apply anywhere in India' scheme under which a passport can be applied at any PSK/POPSK in India. Also, MEA has been regularly deploying Passport Mobile Van under respective RPOs,

including RPOs in Western Uttar Pradesh, for on-site passport processing in rural/remote and underserved areas.

Further, the Ministry provides attestation/apostille services to Indian nationals for their original document/true copies of documents to be used abroad. Apostille is acceptable in all member-countries of the Hague Convention of October 5, 1961. Ministry also launched e-Sanad portal in the year 2017 with the aim of contactless, faceless, seamless economic and efficient online attestation & apostille services. e-Sanad has been linked with Digilocker as well, wherein verification is done real time for documents which can be fetched from the Digilocker database.

QUALITY OF EYEGLASSES AND OPTICAL LENSES

2429. SHRI PARSHOTTAMBHAI RUPALA:

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

- (a) whether the Government has instituted/proposes to institute a regulatory mechanism to periodically test, certify and monitor the quality of eyeglasses and optical lenses in the country, if so, the details thereof;
- (b) whether the Government is aware that substandard eyeglasses and lenses are adversely affecting the vision of the people in the country and if so, the details thereof;
- (c) whether the Government has examined international practices and foreign

legislation that have established optical councils or regulatory bodies for enforcing quality standards; and

(d) if so, the details thereof along with the key elements identified from such legislations for possible adoption in the country?

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

(a) to (d): To have a comprehensive regulatory provisions for import, manufacture, sale and distribution of all medical devices including prescription spectacles, contact lenses and intraocular lenses, based on risk based criteria, the Ministry of HEALTH AND FAMILY WELFARE, Government of India has notified the Medical Devices Rules, 2017 vide G.S.R. 78(E) dated 31.01.2017 under the provisions of the Drugs and Cosmetics Act, 1940. Said rules are effective from 01.01.2018 to regulate the clinical investigation, manufacture, import, sale and distribution of the medical devices in the country.

Under the rules, the import of all classes of medical devices (Class A, B, C, and D) and the manufacture of Class C and D medical devices are regulated by CDSCO, whereas the manufacture of Class A and B medical devices is regulated by the concerned State Licensing Authorities (SLAs) after conformity assessment by a registered notified body. The sale and distribution of all classes of medical devices are regulated by the SLAs. CDSCO has notified NABL accredited

laboratories for testing of medical devices on behalf of manufacturers and Central Medical Device Testing Laboratories are notified by Government of India for testing of medical devices. In the event of non-compliance, appropriate actions including suspension or cancellation of licenses and prosecution initiated as per the provisions of the said Act and Rules.

Under MDR 2017, the medical devices are required to conform to standards specified by the Bureau of Indian Standards (BIS) or those notified by the Central Government. In the absence of such standards, devices must comply with standards of the International Organization for Standardization (ISO), the International Electrotechnical Commission (IEC), or other recognized pharmacopoeial standard or the validated manufacturer's standards, wherever applicable.

ECONOMIC AND STRATEGIC INTERESTS OF INDIA

2430. SUSHRI S. JOTHIMANI:

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

- (a) the details and potential diplomatic or strategic implications of the recent or proposed tariffs, trade restrictions or import duties imposed by the United States on Indian goods;
- (b) the diplomatic steps and bilateral engagements undertaken by the Government of India, including discussions in international forums, to address

or mitigate these measures; and

(c) the strategy adopted by the Government to protect India's economic and strategic interests?

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

(a) to (c): On 2nd February 2026, Prime Minister Narendra Modi and President Donald Trump held a telephone conversation to discuss bilateral and other international issues. Subsequent to this call, President Trump announced that the tariffs applicable to India stood reduced to 18%.

During the period leading up to this announcement, Government remained in close consultation with Indian exporters and industry and took action to provide targeted support to them. Efforts were also made to improve the utilization of existing Free Trade Agreements (FTAs) and to advance negotiations on new trade agreements. Intense discussions also continued with the US side for the conclusion of a balanced and mutually beneficial trade deal.

Government continues to prioritize resilience of supply chains and diversification of sources as key elements of any strategy to preserve the country's economic security. In addition, it also continues to deepen and broaden its existing strategic partnerships with a broad range of countries on the global stage.

SAGARMALA PROJECTS

2431. DR. NAMDEO KIRSAN:

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

- (a) the details of projects added, dropped or put on hold and projects re-scoped due to delays or infeasibility under Sagarmala Programme since its inception, year-wise;
- (b) the list of the 133 projects which are in development stage, including original approval date, latest revised completion date and present stage of execution;
- (c) the details of original project cost and the latest estimated cost of all 131 projects that are still at the development stage; and
- (d) the number of Sagarmala projects that have been delayed by more than three years solely due to land acquisition issues along with the cumulative cost escalation attributable to the said delays?

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

(a) to (c): Since the inception of the Sagarmala scheme in March 2015, 186 projects have been sanctioned for financial assistance by Ministry of Ports, Shipping and Waterways. However, sanctions of 58 projects have been withdrawn from time to time in terms of Sagarmala funding guidelines to maintain fiscal discipline. No project has been re-scoped due to delay or non-feasibility.

Year wise details of projects sanctioned and sanction withdrawn for funding under Sagarmala scheme are given in the enclosed **Statement-I**.

At present 128 projects are funded Sagarmala scheme. Out of these, 78 projects have been completed and 50 projects are under implementation. The details of these 128 projects including sanction date, completion date, present status and project cost are given in the enclosed **Statement- II**.

(d): No project under Sagarmala scheme have delayed by more than three years on account of land acquisition and cost escalation.

STATEMENT- I

The year wise details of projects sanctioned and sanction withdrawn for funding under Sagarmala scheme:

Financial Year	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Projects sanctioned	9	34	20	23	6	17	29	30	4	2	12	186
Sanction withdrawn	0	0	0	0	0	0	0	0	0	55	3	58

STATEMENT- II

The details of 128 projects funded under Sagarmala scheme:

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
1	Providing separate approach way for cargo movement in Havelock jetty at Havelock	Andaman and Nicobar Island	15/01/2021	31/12/2023	Completed	10.91

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
2	Construction of coastal Berth at VPT	Andhra Pradesh	01/04/2014	30/09/2017	Completed	43.00
3	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	Andhra Pradesh	27/02/2017	06/10/2020	Completed	46.34
4	2 to 4 laning of port road connectivity to NH – 5 -Phase II	Andhra Pradesh	30/12/2015	30/09/2017	Completed	77.00
5	DDUGKY Phase I Andhra Pradesh	Andhra Pradesh	28/07/2016	30/09/2018	Completed	0.28
6	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP - 18 out of 24 Labs	Andhra Pradesh	30/10/2017	30/12/2018	Completed	574.00
7	Construction of fishing harbour at Juvvaladinne in Nellore District	Andhra Pradesh	18/03/2020	30/01/2025	Completed	288.00
8	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district	Andhra Pradesh	02/06/2021	28/02/2024	Completed	73.34
9	Recycling/Reuse of Sewage Treated Water from Sewerage Infrastructure Development Corporation of goa Ltd (SIDCGL) located at	Goa	13/03/2024	15/06/2025	Completed	3.18

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	KatemBaina					
10	Road circulation plan for ease of movement of break bulk cargo at Mormugao	Goa	20/09/2018	11/03/2019	Completed	19.35
11	Full rake wagon handling line with paving 30m wide at Mormugao	Goa	26/09/2016	06/01/2019	Completed	17.65
12	Removal of 2 No.s Mooring of Spiral in the area of Cruise Berth - Mormugao	Goa	25/02/2019	23/09/2019	Completed	13.87
13	2nd Full rake handling line RD 8A with 30m paving	Goa	27/09/2019	21/10/2021	Completed	6.59
14	Construction of an Up-Ramp at MPT Railway yard Baina.	Goa	11/11/2020	30/11/2024	Completed	21.99
15	Construction of 12m wide concrete road connecting berth 5 6 7 8 & 9 to new entry / exit road	Goa	09/02/2021	03/06/2023	Completed	9.51
16	Balance Portion 4 Lane road connectivity to NH17 - for Mormugao Port	Goa	16/03/2024	30/01/2026	Completed	719.00
17	Installation of 3 MWp Solar Power Plant with Virtual Net Metering on Turnkey Basis	Goa	19/06/2025	21/05/2025	Completed	11.91
18	Coastal jetty at	Gujarat	27/02/2017	30/04/2025	Completed	108.00

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	Navlakhi for cement					
19	Capital Dredging work of Ro-Pax Ferry services between Gogha and Dahej in Gulf of Cambay.	Gujarat	21/09/2016	30/10/2018	Completed	208.85
20	Construction of RoRO/ Ro-Pax Facility at Hazira	Gujarat	15/03/2021	30/12/2022	Completed	98.42
21	Upgradation of Dredging of Ghogha Channel, Turning Circle and Approach Channel to achieve depth of 7 meter".	Gujarat	30/03/2022	30/11/2023	Completed	62.49
22	Third stage expansion including modernisation of the existing fishing harbour of Malpe in Udupi District in Karnatak	Karnataka	25/01/2017	30/12/2023	Completed	50.00
23	Modernisation of the existing fishing harbour at Amadalli in Uttara Kannada	Karnataka	29/12/2016	30/09/2018	Completed	19.00
24	DDUGKY Phase I Karnataka	Karnataka	05/08/2016	30/09/2018	Completed	1.53
25	Installation of Fire Fighting Equipment at Karwar Port	Karnataka	03/03/2022	30/07/2025	Completed	18.21
26	Refurbishment and Capacity enhancement of Coastal liquid	Kerala	24/04/2015	13/01/2018	Completed	19.27

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	terminal -COT and NTB at CoPT					
27	Construction of Multipurpose Coastal Berth at Kollam	Kerala	21/11/2017	27/10/2020	Completed	18.50
28	Construction of Fishing Harbour at Thalai in Kannur District	Kerala	29/12/2016	19/05/2018	Completed	35.00
29	Construction of Mini Fishing Harbour Chettuva in Thrissur District	Kerala	25/01/2017	30/12/2018	Completed	30.00
30	Reconstruction of South Coal Berth at Cochin Port for handling chemicals	Kerala	13/12/2019	17/08/2022	Completed	19.30
31	Development of RORO facilities for handling propylene and other cargo at Cochin Port	Kerala	22/04/2022	30/06/2024	Completed	12.46
32	Passenger Jetty at Janjira Fort, Raigad District	Maharashtra	14/10/2022	30/01/2026	Completed	121.23
33	Construction of break water at Mandwa	Maharashtra	04/03/2016	15/07/2018	Completed	72.14
34	Ro Ro service at Mandwa -Phase 2 of Mandwa port development	Maharashtra	26/09/2016	15/07/2018	Completed	63.00
35	Construction of Ro-Ro jetties at Vasai	Maharashtra	14/12/2016	09/02/2024	Completed	6.73
36	Construction of approach jetty and	Maharashtra	14/12/2016	01/12/2020	Completed	7.25

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	sloping berth jetty and approach road to facilitate Ro Ro jetty at Bhayander					
37	Construction of Ro Ro jetty at Narangi (Virar)	Maharashtra	27/12/2016	30/10/2021	Completed	6.75
38	Construction of jetties at Ghodbunder	Maharashtra	22/12/2016	22/02/2024	Completed	7.40
39	Construction of Ro Ro Jetty at Malvan Passenger Jetty at Sindhudurg Port in Maharashtra	Maharashtra	27/12/2016	15/10/2021	Completed	10.63
40	Dredging in the Navigational Channel for Ro-Ro Pax Services at Mandwa	Maharashtra	20/11/2017	15/07/2018	Completed	16.54
41	Stage II expansion of Mirkawada Fishing Harbour in Ratnagiri	Maharashtra	29/12/2016	31/03/2020	Completed	75.00
42	DDUGKY Phase I Maharashtra	Maharashtra	28/07/2016	30/06/2019	Completed	5.50
43	Centre of Excellence in Maritime and Shipbuilding -CEMS - Maharashtra-6 out of 24 Labs	Maharashtra	30/10/2017	28/02/2019	Completed	191.00
44	Construction of passenger boat landing jetty at KanhojiAngre Island	Maharashtra	17/08/2020	17/04/2017	Completed	7.68
45	Construction of Coastal Berth at JNPT	Maharashtra	22/09/2017	31/03/2021	Completed	143.00

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
46	Construction of Fishing Harbor at Karanja, Raigad district	Maharashtra	13/08/2018	15/09/2023	Completed	149.80
47	Construction of Tourism jetty at Belapur	Maharashtra	23/07/2018	30/09/2021	Completed	6.50
48	Construction of tourism Jetty at Veldur, Distt.-Ratnagiri	Maharashtra	18/07/2018	31.06.24	Completed	7.06
49	Construction of Ro-Ro Jetty at Ambadave Shigwan in Raigad District	Maharashtra	23/07/2018	31/07/2024	Completed	7.37
50	'Construction of Approach road to Kharwadeshwari Jetty in District Palghar	Maharashtra	26/03/2019	30/01/2020	Completed	15.00
51	Construction of Third Chemical Berth at Pirpau, MbPT	Maharashtra	27/01/2022	27/09/2024	Completed	161.00
52	SCADA and PLC automation system at Marine Oil Terminal at Mumbai Port	Maharashtra	04/05/2022	31/07/2024	Completed	22.77
53	DDUGKY Phase I Odisha	Odisha	01/08/2016	31/10/2019	Completed	3.72
54	Capital Dredging for Puducherry Port	Puducherry	30/03/2018	31/12/2022	Completed	27.65
55	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to	Tamil Nadu	24/03/2016	06/12/2017	Completed	23.69

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	Fisheries college at V. O .Chidambaranar					
56	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000 DWT -length 150m at VoCPT	Tamil Nadu	23/06/2015	19/12/2017	Completed	36.00
57	Coastal Cargo Berth at ChPT	Tamil Nadu	2015-16	21/11/2019	Completed	80.00
58	Construction of Breakwater both in North and South side of entrance channel- Berth-1- Berth-2 and Capital Dredging at Cuddalore Port -From entrance channel till cargo berths	Tamil Nadu	27/02/2017	30/09/2023	Completed	135.00
59	Development of paved storage yard at Chennai Port for handling export cargo	Tamil Nadu	16/02/2018	16/06/2023	Completed	51.46
60	Construction of Bunker berth at Chennai Port	Tamil Nadu	23/02/2018	31/01/2023	Completed	44.00
61	Construction of a fishing harbour at Poompuhar in Nagapattinam District	Tamil Nadu	26/12/2016	31/08/2019	Completed	148.00
62	Expansion of fishing harbour at Chinnamuttomin Kanyakumari District	Tamil Nadu	25/01/2017	30/09/2016	Completed	74.00

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
63	DDUGKY Phase I Tamil Nadu	Tamil Nadu	09/08/2016	30/09/2018	Completed	2.94
64	Construction of widening the Korampallam Surplus course bridge and rail over bridge -RoB including widening of road from western boundary to TTPS	Tamil Nadu	07/10/2020	20/02/2021	Completed	41.55
65	Dredging the dock basin for coastal cargo berth at VOCPT - Dredging in front of dedicated coastal berth	Tamil Nadu	21/11/2017	21/04/2018	Completed	98.00
66	National Technology Centre for Ports, Waterways and Coasts (NTCPWC) at IIT Madras.	Tamil Nadu	30/06/2018	30/09/2022	Completed	77.03
67	Fishing harbor at Mookaiyur in Ramanathapuram district	Tamil Nadu	19/07/2018	30/08/2019	Completed	113.90
68	Construction of fish landing centre at Kunthukal in Ramanathapuram District of Tamil Nadu.	Tamil Nadu	27/02/2019	14/09/2020	Completed	74.00
69	Modern elevated steel bridge for safe transport of tourists from Vivekananda Rock to	Tamil Nadu	17/12/2020	31/01/2025	Completed	37.00

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	Thiruvalluvur statue					
70	Development of Buffer Parking yard for Trailers / Trucks at the backup areas of Berth No. 24B(BD-II) in Chennai Port Authority	Tamil Nadu	13/03/2024	10/02/2025	Completed	49.06
71	RoB cum Flyover at Ranichak level crossing at KoPT	West Bengal	24/11/2015	28/12/2020	Completed	127.80
72	Improvement of road connectivity to facilitate trade and port users at KoPT	West Bengal	27/09/2016	18/04/2023	Completed	13.52
73	Upgradation of the track 10-12-14-16-18-19-20-21- 22 and 23 at EJC yard of KoPT	West Bengal	27/09/2016	30/06/2018	Completed	47.00
74	Upgrade of existing rail network at Kolkata Dock System	West Bengal	05/10/2016	10/01/2018	Completed	9.00
75	2nd Railway Line from Durgachak take off point to 'A' cabin at Durgachak at HDC	West Bengal	01/02/2016	03/08/2021	Completed	117.00
76	Improvement of road connectivity to facilitate trade and port users at KoPT, Phase-2	West Bengal	24/09/2018	18/03/2023	Completed	87.91
77	Design, Engineering & Construction for Rehabilitation of No.7, NSD Old Berth	West Bengal	12/07/2022	01/09/2024	Completed	80.74

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	including Development of Backyard at N.S. Dock of KDS - SMP, Kolkata'					
78	Anti-erosion work on the left bank of river Hooghly/ Bhagirathi Block & P.S. Kalyani, Nadia district, Kolkata (WB)	West Bengal	23/03/2023	28/02/2025	Completed	14.99
79	DDUGKY Phase II Andaman & Nicobar Islands	Andaman and Nicobar Island	24/08/2021	31/03/2026	Under Implementation	7.09
80	Development of Sea Port Terminal at Havelock SwarajDweep	Andaman and Nicobar Island	14/01/2021	30/04/2026	Under Implementation	24.98
81	Modernisation of Visakhapatnam Fishing Harbour	Andhra Pradesh	30/03/2022	30/11/2026	Under Implementation	178.51
82	DDUGKY Phase II Andhra Pradesh	Andhra Pradesh	12/03/2019	31/03/2026	Under Implementation	5.98
83	Augmentation of Firefighting facilities at Berth no. 8 of MgPA on Turnkey basis	Goa	05/06/2025	31/03/2026	Under Implementation	17.76
84	International & Domestic Cruise Terminal and Ferry Terminal at Mormugao Port, Goa	Goa	15/07/2020	31/03/2026	Under Implementation	87.44
85	Construction of Ro-Ro/	Gujarat	03/11/2021	31/12/2026	Under	90.49

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	Ro-Pax facility at Muldwarka				Implementation	
86	DDUGKY Phase II Gujarat	Gujarat	04/07/2019	31/03/2026	Under Implementation	10.85
87	National Maritime Heritage Complex, Lothal	Gujarat	25/02/2019	31/03/2026	Under Implementation	573.12
88	Construction of fishing harbor at Mangrol (Phase-III), Junagarh	Gujarat	16/10/2017	31/03/2026	Under Implementation	158.00
89	Occupational Safety and Health Training in Alang	Gujarat	20/09/2016	31/03/2026	Under Implementation	30.00
90	DDUGKY Phase II Karnataka	Karnataka	29/02/2024	31/03/2026	Under Implementation	2.18
91	Development of Fishing Harbour at Kulai	Karnataka	28/02/2018	31/12/2026	Under Implementation	196.51
92	Development of existing fish landing center at HejamadiKodiin Udupi district of Karnataka	Karnataka	13/08/2018	31/03/2026	Under Implementation	138.60
93	Construction of coastal cargo berth at Old Mangaluru Port	Karnataka	14/09/2017	31/03/2026	Under Implementation	65.00
94	DDUGKY Phase II Kerala	Kerala	12/03/2019	31/03/2026	Under Implementation	25.46
95	Modernization and up-gradation of Cochin	Kerala	11/03/2022	30/09/2026	Under Implementation	169.17

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	Fishing Harbour				tion	
96	DDUGKY Phase II Maharashtra	Maharashtra	21/10/2019	31/03/2026	Under Implementation	15.11
97	Modernization of existing Fishing Harbor at Sassoon Dock, Mumbai	Maharashtra	02/04/2016	30/05/2026	Under Implementation	92.52
98	Development of Fishing Harbour at Mallet Bunder, Mazgaon	Maharashtra	20/01/2022	31/03/2026	Under Implementation	96.60
99	Development of Ro-Ro Service at Rewas	Maharashtra	03/08/2020	30/06/2026	Under Implementation	21.66
100	Construction of Ro-Pax jetty and Terminal at Mora, Distt. Raigad	Maharashtra	06/08/2021	30/04/2026	Under Implementation	82.92
101	Construction of fishing harbour at Anandwadi (Deogad) in Sindhudurg District	Maharashtra	28/03/2018	30/05/2026	Under Implementation	88.44
102	Construction of Approach Jetty and sloping berth jetty and Approach Road to facilitate Ro-Ro Jetty at Manori, Maharashtra	Maharashtra	14/12/2016	31/03/2026	Under Implementation	6.59
103	Construction of jetty at Arnala fort- Tal Vasai- Dist. Thane	Maharashtra	25/09/2020	31/03/2026	Under Implementation	9.94
104	Up-gradation/modernization of International	Maharashtra	27/01/2017	31/03/2026	Under Implementation	363.30

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	Cruise Terminal at Indira Dock, Mumbai					
105	Tourism Jetty at Kashid in Raigad District	Maharashtra	30/03/2018	31/03/2026	Under Implementation	99.82
106	DDUGKY Phase II Odisha	Odisha	11/02/2025	31/03/2026	Under Implementation	22.83
107	Ro-pax Jetty and allied infrastructure connecting Kaninali in Bhadrak District & Talchua in Kendrapada District".	Odisha	05/04/2021	10/03/2026	Under Implementation	136.98
108	Modernization and upgradation of Paradip Fishing Harbour	Odisha	03/01/2022	19/07/2026	Under Implementation	99.75
109	Construction of fishing harbor at Chandipur (Balaramagadi) in Balasore district, Odisha.	Odisha	06/08/2018	31/03/2026	Under Implementation	49.94
110	Ro-pax Jetty and allied infrastructure connecting Balugaon in Khurda District & Krishnaprasad Gada in Puri District	Odisha	21/09/2020	31/03/2026	Under Implementation	37.02
111	DDUGKY Phase II Puducherry	Puducherry	14/02/2022	31/03/2026	Under Implementation	2.22
112	Upgradation of Nagapattinam Port	Tamil Nadu	21/08/2024	10/05/2026	Under Implementation	10.47

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	Infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)				tion	
113	Creation of Berthing facilities for the tourist vessels at Agni Theertham, Tamil Nadu	Tamil Nadu	07/03/2023	20/03/2026	Under Implementation	7.58
114	Creation of additional berthing facilities for the tourist vessels at VilloondiTheertham, Tamil Nadu	Tamil Nadu	08/02/2023	20/03/2026	Under Implementation	3.66
115	DDUGKY Phase II Tamil Nadu	Tamil Nadu	27/03/2019	31/03/2026	Under Implementation	10.67
116	Modernization and up-gradation of Chennai Fishing Harbour	Tamil Nadu	22/02/2022	30/06/2026	Under Implementation	97.95
117	Development of Passenger jetty at Kanyakumari	Tamil Nadu	23/03/2018	27/02/2026	Under Implementation	20.00
118	Setting up of Centre for Inland and Coastal Maritime Technology (CICMT) at Indian Institute of Technology, Kharagpur	West Bengal	07/03/2019	30/03/2026	Under Implementation	69.20
119	Development of River Cruise terminal and river tourism facility	West Bengal	11/08/2025	30/02/2027	Under Implementation	75.82

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	along with riverfront beautification works at KDS, SMP, Kolkata'					
120	Augmentation of Firefighting facilities at Pir Pau Terminal of Mumbai Port	Maharashtra	30/09/2025	31/01/2026	Under Implementation	52.69
121	Construction of Approach road to Narangi Jetty	Maharashtra	17/10/2025	30/01/2026	Under Implementation	29.41
122	Construction of four EXIM Godowns and concrete roads around EXIM Godowns at Chennai Port	Tamil Nadu	25/11/2025	31/05/2026	Under Implementation	54.34
123	Development of paved storage yard at marshalling yard and JD (east) back up area for handling EXIM cargoes	Tamil Nadu	25/11/2025	31/05/2026	Under Implementation	45.90
124	Smart Lighting on Willingdon Island	Kerala	25/11/2025	30/04/2026	Under Implementation	2.01
125	2.3 MWp roof mounted grid connected solar power plant at Khidderpre Dock-II	West Bengal	24/11/2025	31/03/2026	Under Implementation	30.70
126	Extension and Improvement of Loading Platform of full rake No.8 and modification to railway	Goa	02/12/2025	31/07/2026	Under Implementation	12.58

Sl. No.	Project Name	State/UT	Sanction Date	Completion date	Project Status	Project cost (in ₹ crore)
	infrastructure for Handling two rakes simultaneously at Line No. 08 and 8A at Mormugao Port					
127	Revamping/upgradation of 6 roads in port operational areas of KDS under SMPA	West Bengal	11/12/2025	31/03/2026	Under Implementation	19.35
128	Creation of additional birthing and Land side facilities at Chellanam Fishing Harbor in Kerala	Kerala	19/12/2025	31/03/2027	Under Implementation	7.65
	Total					8,936

OPENING OF NEW PMBJKS

2432. SHRI ARUN BHARTI:

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

- whether the Government has approved/sanctioned the opening of new Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) in Jamui Parliamentary Constituency in Bihar during the financial year 2025–26, if so, the details and timeline thereof;
- the physical and financial progress of the sales turnover of existing PMBJKs in said Constituency as on January 1, 2026;
- the funds released and utilised for the "One-time grant" to SC/ST

entrepreneurs for opening the said Kendras in the said district during the financial year 2025–26;

(d) whether any shortfall has been identified in the supply of essential diabetes and BP medicines to the JAKs and if so, the remedial steps proposed and timeline fixed thereon; and

(e) whether any new approvals are proposed for a Janaushadhi warehouse in the said region to ensure faster replenishment during the financial year 2026–27?

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

(a) and (b): Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme, 11 JAKs have been opened in Jamui Parliamentary Constituency of Bihar. Out of 11 JAKs, 1 Kendra has been opened during F.Y. 2025-26. During the F.Y. 2025-26, the JAKs located in the said constituency have reported a sales turnover of ₹ 1.86 Crore till 31.12.2025.

(c): Out of the 11 JAKs operational in Jamui Constituency, no request has been received for One Time Special Incentive from any SC/ST entrepreneur till 31.12.2025.

(d): Number of steps have been taken to ensure effective and regular supply of medicines including essential diabetes and BP medicines at Jan Aushadhi Kendras (JAKs), including the following:

- (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 of 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 5 warehouses and a growing network of distributors across the country.
 - (iii) In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by the scheme implementing agency {Pharmaceuticals and Medical Devices Bureau of India (PMBI)} and demand for the same is forecasted on an ongoing basis. Further, steps have been taken to digitise the forecasting method to augment the procurement process.
- (e): No such proposal is under consideration in the said region at present.

FERTILIZER SUBSIDY REGIME

2433. DR. SHASHI THAROOR:

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

- (a) whether the Government has reviewed the sustainability of the fertilizer subsidy regime in view of the continued increase in subsidy outgo, including

the recent enhancement of nutrient based subsidies for phosphorus and sulphur fertilizers for the rabi season 2025-26, if so, the details thereof; and

- (b) whether the Government has examined proposals to improve subsidy targeting, including reports on linking fertilizer subsidies to land holdings or other eligibility criteria in order to reduce fiscal burden and diversion, 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): Urea is covered under Urea Subsidy Scheme and Phosphatic & Potassic (P&K) fertilizers are covered under Nutrient Based Subsidy (NBS) Scheme. Both schemes are Central Sector Schemes of the Ministry of Chemicals & Fertilizers, and are provided full Budgetary support.

To align the public funded schemes with the financial resource cycle of Central and State Governments, the Urea Subsidy scheme and NBS Scheme have been made co-terminus with the Finance Commission and taken up for evaluation by NITI Aayog.

(b): Under DBT in fertilizers, the sale of subsidized fertilizers to the farmer is made to the farmer on the basis of Aadhaar based authentication via Point of Sale (PoS) devices installed at each retail shop. The subsidy is paid to the fertilizers companies on the basis of DBT sale captured in digital application called

Integrated Fertilizers Management System (iFMS), in form of weekly DBT bills. Accordingly, all farmers are being supplied fertilizers at the subsidized rates.

Further, in the State of Haryana, to make targeted delivery of subsidized fertilizers more effective, reduce fiscal burden and diversion, the Government of India has integrated Meri Fasal Mera Byora (MFMB) portal of the Government of Haryana with the Integrated Fertilizers Management System (iFMS) of Government of India with effect from 08.10.2025 to enable transparent and real-time fertilizer delivery to identified farmers.

नकली उर्वरक कंपनियों के खिलाफ कार्रवाई

2434. श्री अमरा राव:

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

(क) क्या सरकार ने देश में नकली रासायनिक उर्वरकों के निर्माण में संलिप्त व्यक्तियों के विरुद्ध कोई कार्रवाई की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) विगत पांच वर्षों के दौरान देश में नकली उर्वरकों/रासायनिक उर्वरकों के विनिर्माण में लगे कितने कारखानों का पता चला है और उनके विरुद्ध अब तक क्या कार्रवाई की गई है; और

(ग) सरकार द्वारा किसानों को उर्वरकों के साथ-साथ अनावश्यक दवाइयों या अन्य वस्तुओं को जबरन बेचने के लिए विक्रेताओं और कंपनियों के विरुद्ध आज तक क्या कार्रवाई की गई है?

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

(क) से (ग): गुणवत्तापूर्ण उर्वरकों की आपूर्ति सुनिश्चित करने के लिए, कृषि और किसान कल्याण विभाग

(डीएएंडएफडब्ल्यू) आवश्यक वस्तु अधिनियम, 1955 के तहत उर्वरक (इनऑर्गेनिक, ऑर्गेनिक अथवा मिश्रित) नियंत्रण आदेश (एफसीओ), 1985 का प्रशासन कर रहा है। एफसीओ, 1985 उन उर्वरकों के उत्पादन/बिक्री को सख्ती से प्रतिबंधित करता है जो निर्धारित मानकों के अनुरूप नहीं हैं। एफसीओ के तहत, राज्य सरकारें प्रवर्तन प्राधिकारी हैं, जिन्हें उल्लंघन के खिलाफ कार्रवाई करने के लिए शक्ति प्राप्त है। किसानों को गुणवत्तापूर्ण उर्वरक उपलब्ध कराने की जिम्मेदारी राज्यों की है। तदनुसार, राज्य प्राधिकारी आवश्यक वस्तु अधिनियम के अनुसार जैसा भी मामला हो, आवश्यक कार्रवाई करते हैं। उर्वरक (नियंत्रण) आदेश के उपबंध का कोई भी उल्लंघन होने पर आवश्यक वस्तु अधिनियम के तहत तीन माह से सात वर्ष की अवधि के लिए कारावास की दंडात्मक कार्रवाई तथा प्राधिकार पत्र के निरस्तीकरण और निलंबन की प्रशासनिक कार्रवाई दोनों का प्रावधान है। भारत सरकार राज्य सरकार के साथ परामर्श करके कालाबाजारी, जमाखोरी, अवमानक उर्वरक और विपथन के मामलों के खिलाफ राज्य सरकार द्वारा की गई प्रवर्तन कार्रवाई की साप्ताहिक आधार पर निगरानी करती है। देश में, अप्रैल 2025 से, 4,30,541 छापे मारे गए हैं, जिनमें चूककर्ताओं के विरुद्ध 15,544 कारण बताओ नोटिस जारी किए गए हैं, 6,620 लाइसेंस निलंबित/रद्द कर दिए गए हैं और 794 एफआईआर दर्ज की गई हैं। राज्य सरकार द्वारा सूचित कालाबाजारी, जमाखोरी, अवमानक उर्वरक और निपथन के मामलों की संख्या दर्शाने वाला ब्यौरा संलग्न **विवरण** में दिया गया है।

इसके अलावा, राज्य सरकारों से प्राप्त जानकारी के अनुसार, अधिकांश राज्यों ने बताया है कि पिछले पांच वर्षों के दौरान नकली रासायनिक उर्वरकों के उत्पादन में कोई भी कारखाना या कंपनी शामिल नहीं पाई गई है। तथापि, कुछ राज्यों ने व्यक्तियों/विक्रेताओं के खिलाफ ऐसे मामलों और उनके द्वारा की गई कार्रवाइयों की सूचना दी है। छत्तीसगढ़ राज्य ने दो एफआईआर दर्ज की; हरियाणा ने चार एफआईआर दर्ज की; कर्नाटक ने 15 एफआईआर दर्ज की; मध्य प्रदेश ने नकली उर्वरकों के 16 मामले दर्ज किए और 14 एफआईआर दर्ज की; महाराष्ट्र ने नकली उर्वरकों में शामिल 19 उत्पादकों के

खिलाफ मामले दर्ज किए; ओडिशा ने तीन मामले दर्ज किए; राजस्थान ने संदिग्ध उर्वरकों के 42 उत्पादकों के खिलाफ कार्रवाई की; और उत्तर प्रदेश ने पिछले पांच वर्षों के दौरान 36 मामले दर्ज किए।

इसके अलावा, भारत सरकार ने उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के तहत एक आवश्यक वस्तु घोषित किया है, और टैगिंग / जबरन बिक्री को रोकने के लिए राज्य सरकारों को पर्याप्त रूप से सशक्त बनाया है। तथापि, उर्वरक विभाग ने उर्वरक कंपनियों और राज्य सरकारों को नियमित रूप से अन्य उत्पादों को सब्सिडी वाले उर्वरकों के साथ टैगिंग को हतोत्साहित करने के निर्देश जारी किए हैं।

विवरण

अप्रैल 2025 से फरवरी 2026 (06.02.2026 तक) तक का संचयी ब्यौरा																	
अप्रैल 2025 से फरवरी 2026 (06.02.2026) तक की अवधि के दौरान कालाबाजारी, जमाखोरी, विपथन आदि को रोकने तथा गुणवत्ता जांच के लिए राज्य सरकार द्वारा की गई कार्रवाई																	
		कालाबाजारी			जमाखोरी			घटिया गुणवत्ता			विपथन			विवरण के साथ दोषसिद्ध *	कुल		
राज्य	निरीक्षण/छापों की संख्या	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर	जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर		जारी कारण बताओ नोटिस	रद्द/निलंबित किए गए लाइसेंसों की संख्या	दर्ज एफआईआर
आंध्र प्रदेश	21631	80	10	9	196	11	19	354	0	0	19	4	12	शून्य	649	25	40
अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
असम	4864	12	6	1	59	0	0	46	1	0	27	0	0	शून्य	144	7	1
बिहार	23443	1264	797	117	7	0	0	6	0	0	0	0	0	शून्य	1277	797	117
छत्तीसगढ़	6975	295	13	4	29	1	0	145	5	0	24	0	0	शून्य	493	19	4
दादर और नगर	0	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
दिल्ली	355	0	0	1	0	0	0	3	0	0	0	3	0	शून्य	3	3	1
गोवा	619	544	180	6	10	0	0	32	1	0	16	0	0	शून्य	602	181	6
गुजरात	16480	56	3	1	25	0	0	131	2	0	19	4	11	शून्य	231	9	12
हरियाणा	5139	65	15	10	24	20	5	51	12	6	13	5	6	शून्य	153	52	27
हिमाचल प्रदेश	15	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
जम्मू और कश्मीर	4855	143	44	2	34	3	0	67	2	0	8	0	0	शून्य	252	49	2
झारखंड	759	57	20	11	32	4	0	2	0	0	1	1	0	शून्य	92	25	11
कर्नाटक	8824	368	25	1	243	5	0	246	14	2	96	6	8	शून्य	953	50	11

केरल	1608	0	0	0	0	0	0	50	0	0	4	0	4	शून्य	54	0	4
मध्य प्रदेश	6110	0	0	92	0	0	0	744	44	4	729	160	15	शून्य	1473	204	111
महाराष्ट्र	49007	16	0	16	0	0	0	1704	1354	44	1	73	2	शून्य	1721	1427	62
मणिपुर	3	0	0	0	0	0	0	0	0	0	1	0	0	शून्य	1	0	0
मेघालय	707	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
मिजोरम	37	2	0	0	0	0	0	0	0	0	4	0	0	शून्य	6	0	0
नागालैंड	78	14	0	14	0	0	0	101	0	0	2	64	1	शून्य	117	64	15
ओडिशा	7640	4	3	2	0	0	0	55	1	1	2084	110	4	शून्य	2143	114	7
पुडुचेरी	52	0	0	0	0	0	0	0	0	0	0	0	0	शून्य	0	0	0
पंजाब	6513	37	1	1	20	0	1	307	93	3	5	0	6	शून्य	369	94	11
राजस्थान	11938	652	118	48	74	40	34	512	1	2	27	22	27	शून्य	1265	181	111
तमिलनाडु	21342	14	0	4	6	8	0	33	25	0	112	17	1	शून्य	165	50	5
तेलंगाना	135052	5	9	3	4	2	0	128	0	0	4	0	5	शून्य	141	11	8
त्रिपुरा	803	0	0	0	9	0	0	0	0	0	0	0	0	शून्य	9	0	0
उत्तर प्रदेश	42548	2480	2951	183	164	139	11	167	161	20	88	7	14	3	2899	3258	228
उत्तराखंड	510	0	0	0	0	0	0	0	0	0	43	0	0	शून्य	43	0	0
पश्चिम बंगाल	52634	0	0	0	0	0	0	289	0	0	0	0	0	शून्य	289	0	0
कुल	430541	6108	4195	526	936	233	70	5173	1716	82	3327	476	116	3	15544	6620	794

आयुर्वेदिक संस्थानों को आईएनआई का दर्जा

2435. श्री रामवीर सिंह बिधूड़ी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार द्वारा कुल कितने आयुर्वेदिक संस्थानों को राष्ट्रीय महत्व के संस्थानों (आईएनआई) का दर्जा प्रदान किया गया है;
- (ख) क्या दिल्ली स्थित अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) को राष्ट्रीय महत्व के संस्थान का दर्जा प्रदान किया गया है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) यदि नहीं, तो क्या एआईआईए, दिल्ली को आईएनआई का दर्जा प्रदान करने का कोई प्रस्ताव विचाराधीन है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (ग): वर्तमान में केवल एक आयुर्वेदिक संस्थान नामतः आयुर्वेद शिक्षण और अनुसंधान संस्थान (आईटीआरए), जामनगर, गुजरात को सरकार द्वारा राष्ट्रीय महत्व के संस्थान (आईएनआई) का दर्जा दिया गया है।
- (घ): वर्तमान में एआईआईए, दिल्ली को आईएनआई का दर्जा देने का कोई प्रस्ताव विचाराधीन नहीं है।

उर्वरक उत्पादन इकाइयाँ

2436. श्री अशोक कुमार रावत:

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

- (क) देश में वर्तमान में कितनी उर्वरक उत्पादन इकाइयां कार्य कर रही हैं;
- (ख) सरकार द्वारा आयात पर निर्भरता को कम करने के लिए क्या कदम उठाए गए हैं;
- (ग) क्या देश में नए उर्वरक कारखाने स्थापित किए जाने का प्रस्ताव है; और
- (घ) यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है?

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

- (क): देश में वर्तमान में प्रचालनरत उर्वरक उत्पादन इकाइयों की संख्या संलग्न **विवरण** में दी गई है।
- (ख) से (घ): आयात पर निर्भरता कम करने के लिए सरकार द्वारा किए गए उपाय निम्नानुसार हैं:
- यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित

हैं।

इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामतः तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने ब्रह्मपुत्र वैली फर्टिलाइजर कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप, असम के मौजूदा परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है।

सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (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-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। घरेलू उर्वरक उत्पादन को बढ़ावा देने और उर्वरकों के उत्पादन में देश को आत्मनिर्भर बनाने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- (i) उर्वरक विभाग ने एमआरपी की तर्कसंगतता सुनिश्चित करने और घरेलू उत्पादन को बढ़ावा देने के लिए दिनांक 18.01.2024 को दिशानिर्देश जारी किए हैं।
- (ii) प्राप्त अनुरोधों के आधार पर, एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता बढ़ाने को अहमियत दी गई है/संज्ञान में लिया गया है।
- (iii) एनबीएस नीति के तहत शामिल किए गए पीएण्डके उर्वरकों की संख्या वर्ष 2021 की 22 ग्रेड से बढ़ाकर वर्तमान में 28 ग्रेड कर दी गई है।
- (iv) मृदा को फॉस्फेट अथवा 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी, जो स्वदेशी रूप से

उत्पादित उर्वरक है, के उपयोग को बढ़ावा देने के लिए एसएसपी पर मालभाड़ा सब्सिडी, खरीफ, 2022 से अनुमोदित की गई है।

- (v) आयातित पोटाशयुक्त उर्वरकों पर आयात निर्भरता को कम करने के लिए, शीरे से प्राप्त पोटाश (पीडीएम), जो घरेलू रूप से उत्पादित पोटाशयुक्त उर्वरक है, को रबी, 2021 से एनबीएस स्कीम के तहत शामिल किया गया है।

विवरण

देश में वर्तमान में कार्यरत प्रमुख उर्वरक उत्पादन इकाइयाँ		
क्रम.सं.	कंपनी का नाम	उर्वरक उत्पादन इकाइयों के नाम/अवस्थिति
सार्वजनिक क्षेत्र		
1	नेशनल फर्टिलाइजर्स लिमिटेड.	नेशनल फर्टिलाइजर्स लिमिटेड:पानीपत
2		नेशनल फर्टिलाइजर्स लिमिटेड: विजयपुर-I
3		नेशनल फर्टिलाइजर्स लिमिटेड: विजयपुर- II
4		नेशनल फर्टिलाइजर्स लिमिटेड:-नांगल-II
5		नेशनल फर्टिलाइजर्स लिमिटेड: बटिंडा
6	राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स लिमिटेड	राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स लिमिटेड:ट्राम्बे
7		राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स लिमिटेड:थल
8	ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉरपोरेशन लि.	ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉरपोरेशन लि.:नामरूप-III
9	फर्टिलाइजर एण्ड केमिकल्स ट्रावनकोर लि.	फर्टिलाइजर एण्ड केमिकल्स ट्रावनकोर लि.:उद्योगमंडल
10		फर्टिलाइजर एण्ड केमिकल्स ट्रावनकोर लि.:कोचीन
11	मद्रास फर्टिलाइजर लि.	मद्रास फर्टिलाइजर लि.:चेन्नई
सहकारी क्षेत्र		
12	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव लि.	इंडियन फार्मर्स फर्टिलाइजर्स कोऑपरेटिव लि.:कांडला

13		इंडियन फार्मर्स फर्टिलाइजर्स कोऑपरेटिव लि.:कलोल
14		इंडियन फार्मर्स फर्टिलाइजर्स कोऑपरेटिव लि.:पारादीप
15		इंडियन फार्मर्स फर्टिलाइजर्स कोऑपरेटिव लि.:फूलपुर-I
16		इंडियन फार्मर्स फर्टिलाइजर्स कोऑपरेटिव लि.:फूलपुर-II
17		इंडियन फार्मर्स फर्टिलाइजर्स कोऑपरेटिव लि.:आंवला-I
18		इंडियन फार्मर्स फर्टिलाइजर्स कोऑपरेटिव लि.:आंवला-II
19	कृषक भारती कोऑपरेटिव लि.:	कृषक भारती कोऑपरेटिव लि.:हजीरा
निजी क्षेत्र		
20		कोरोमंडल इंटरनेशनल लि.: काकीनाड़ा
21		कोरोमंडल इंटरनेशनल लि.: वाइजैग
22	कोरोमंडल इंटरनेशनल लि	कोरोमंडल इंटरनेशनल लि.: इन्नोर
23		कोरोमंडल इंटरनेशनल लि.: उदयपुर
24		कोरोमंडल इंटरनेशनल लि.:नीमरानी
25	हिंदुस्तान उर्वरक एण्ड रसायन लिमिटेड (एचयूआरएल)	एचयूआरएल: गोरखपुर
26		एचयूआरएल :बरौनी
27		एचयूआरएल : सिंदरी
28	गुजरात नर्मदा वैली फर्टिलाइजर्स एंड केमिकल्स लिमिटेड	गुजरात नर्मदा वैली फर्टिलाइजर एण्ड केमिकल्स लि.:भरुच
29	गुजरात स्टेट फर्टिलाइजर्स एण्ड केमिकल्स लि.	गुजरात स्टेट फर्टिलाइजर्स एण्ड केमिकल्स लि.:वड़ोदरा
30		गुजरात स्टेट फर्टिलाइजर्स एण्ड केमिकल्स लि.:सिकका

31	किसान शक्ति फर्टिलाइजर्स एंड पेस्टिसाइड्स प्राइवेट लिमिटेड	किसान शक्ति फर्टिलाइजर्स एंड पेस्टिसाइड्स प्राइवेट लिमिटेड, भरुच
32	महाधन एग्रीटेक लिमिटेड, तालोजा	महाधन एग्रीटेक लिमिटेड/स्मार्टकेम/डीएफपीसीएल: तालोजा
33	राजलक्ष्मी एग्रो	राजलक्ष्मी एग्रो, नांदेड़
34	आरसी फर्टिलाइजर्स	आरसी फर्टिलाइजर्स, नासिक
35	पारादीप फॉस्फेट लिमिटेड	पारादीप फॉस्फेट लि.:पारादीप
36		पारादीप फॉस्फेट लिमिटेड: मैंगलोर
37		पारादीप फॉस्फेट लिमिटेड: गोवा (पूर्व में जेडएसीएल)
38	चंबल फर्टिलाइजर्स एंड केमिकल्स लि.	चंबल फर्टिलाइजर्स एंड केमिकल्स लि.: गढ़पान-I
39		चंबल फर्टिलाइजर्स एंड केमिकल्स लि.: गढ़पान-II
40		चंबल फर्टिलाइजर्स एंड केमिकल्स लि.: गढ़पान-III
41	श्रीराम फर्टिलाइजर्स एंड केमिकल्स लि.	श्रीराम फर्टिलाइजर्स एंड केमिकल्स लि.:कोटा
42	पटेल फोसकेम	पटेल फोसकेम: उदयपुर
43	रामाफोस-उदयपुर	रामाफोस-उदयपुर
44	अधीशा फॉस्फेट	अधीशा फॉस्फेट, उदयपुर
45	इंडियन फॉस्फेट	इंडियन फॉस्फेट, उदयपुर
46	ओस्टवाल फॉस्केम (इंडिया) लिमिटेड	ओस्टवाल फॉस्केम (इंडिया) लिमिटेड, भीलवाड़ा
47	श्री गणपति फर्टिलाइजर्स लिमिटेड	श्री गणपति फर्टिलाइजर्स लिमिटेड, चित्तौड़गढ़
48	साधना फॉस्फेट्स लिमिटेड (एसपीसीएल)	साधना फॉस्फेट्स लिमिटेड, उदयपुर
49	ब्लू फॉस्फेट लिमिटेड	ब्लू फॉस्फेट लिमिटेड, उदयपुर
50	अरावली फॉस्फेट्स लिमिटेड	अरावली फॉस्फेट्स लिमिटेड, उदयपुर
51	सदर्न पेट्रोकेमिकल इंड. कॉरपोरेशन लि	सदर्न पेट्रोकेमिकल इंड. कॉरपोरेशन लि.:तूतीकोरिन
52	ग्रीनस्टार फर्टिलाइजर लि	ग्रीनस्टार फर्टिलाइजर लि: तूतीकोरिन
53	रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड	आरएफसीएल, रामागुण्डम
54	इंडोरामा इंडिया (पूर्व में ग्रासिम) प्राइवेट लिमिटेड	इंडोरमा/ग्रासिम/आईजीएफ: जगदीशपुर
55	यारा फर्टिलाइजर्स इंडिया प्रा.लि	यारा फर्टिलाइजर्स इंडिया प्रा.लि./टीसीएल:बबराला
56	कृभको फर्टिलाइजर्स लिमिटेड	केएफएल/कृभको श्याम फर्टिलाइजर्स लि.:शाहजहांपुर

57	आईआरसी एग्रीकेमिकल्स प्राइवेट लिमिटेड.	इंडोरमा इंडिया: हल्दिया
58	मैटिक्स फर्टिलाइजर्स एण्ड केमिकल्स लि.:	मैटिक्स फर्टिलाइजर्स एण्ड केमिकल्स लि.:पानागढ़
59	साई फर्ट	साई फर्ट, कोलकाता
60	मध्य भारत एग्री प्रोडक्ट लिमिटेड (एमबीएपीएल)	मध्य भारत एग्री प्रोडक्ट लिमिटेड (एमबीएपीएल)
61	कृष्णा फॉस्केम लिमिटेड	कृष्णा फॉस्केम लिमिटेड
62	राम पोटाश यूनिट I और II	राम पोटाश यूनिट I और II, मुजफ्फरनगर
63	नर्मदा बायो-पीडीएम	नर्मदा बायो-पीडीएम, अहमदाबाद

सीतापुर जिला अस्पताल की स्थिति

2437. श्री राकेश राठौर:

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

- (क) क्या सरकार को जानकारी है कि सीतापुर जिला अस्पताल वर्तमान में जीर्ण-शीर्ण स्थिति में है और वहां पर्याप्त आधुनिक स्वास्थ्य सुविधाओं का भारी अभाव है;
- (ख) क्या सरकार को जानकारी है कि उक्त अस्पताल में समर्पित हृदय रोग संबंधी इकाई की अनुपलब्धता के कारण गंभीर रोगियों को लखनऊ रेफर कर दिया जाता है जिसके परिणामस्वरूप समय पर उपचार न होने के कारण रास्ते में ही रोगियों की मृत्यु हो जाती है;
- (ग) हृदय रोग और अन्य गंभीर बीमारियों की जांच और उपचार के लिए आवश्यक प्रयोगशाला, स्क्रीनिंग और अन्य नैदानिक सुविधाओं की वर्तमान स्थिति क्या है; और
- (घ) सरकार द्वारा उक्त अस्पताल में हृदय रोग संबंधी इकाई, आधुनिक प्रयोगशाला और समग्र स्वास्थ्य अवसंरचना के उन्नयन के लिए क्या कदम उठाए जा रहे हैं और इसे पूरा करने के लिए क्या समय-सीमा निर्धारित की गई है?

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

(क) और (ख): स्वास्थ्य राज्य का विषय है, स्वास्थ्य सेवाएँ प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्रों की है। हालांकि, स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन योजना के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर सार्वजनिक स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने हेतु राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्रस्तावों को स्वीकृति प्रदान करती है। उत्तर प्रदेश सहित सभी राज्यों/संघ राज्य क्षेत्र में शुरू की गई या चल रही स्वास्थ्य सुविधा केन्द्रों का विवरण मंत्रालय की वेबसाइट पर आरओपी के निम्नलिखित लिंक पर देखा जा सकता है:

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

सरकार ने जन स्वास्थ्य सुविधा केन्द्रों में स्वास्थ्य अवसंरचना, दवाओं, उपकरणों, मानव संसाधनों और सेवाओं में सुधार लाने और सभी राज्यों में एक समान, उच्च गुणवत्ता वाली स्वास्थ्य सेवाएँ प्रदान करने के लिए भारतीय जन स्वास्थ्य मानक (आईपीएचएस) लागू किए हैं। ये मानक परिणाम-उन्मुख दृष्टिकोण अपनाते हुए स्वास्थ्य सुविधा केन्द्रों में स्वास्थ्य सेवाएँ प्रदान करने के लिए अवसंरचना, मानव संसाधन, दवाओं, निदान, सेवा प्रदायगी और शासन संबंधी आवश्यकताओं पर मार्गदर्शन प्रदान करते हैं।

उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, सीतापुर जिला अस्पताल में विशेषज्ञ चिकित्सकों द्वारा हृदय रोग का प्राथमिक उपचार किया जाता है। हृदय रोग से संबंधित निदान और दवाओं की उपलब्धता की सुविधा उपलब्ध है।

(ग) और (घ): निःशुल्क निदान सेवा पहल (एफडीएसआई) के अंतर्गत सार्वजनिक स्वास्थ्य सुविधा केन्द्रों पर निःशुल्क निदान सेवाएँ प्रदान की जा रही हैं। सभी सार्वजनिक स्वास्थ्य सुविधा केन्द्रों प्रशिक्षित विशेषज्ञ कर्मचारियों की उपलब्धता के अनुरूप, सेवा प्रदायगी हेतु आवश्यक एवं वांछनीय

गहन देखभाल उपकरण एवं नैदानिक से अवसंरचना पर्याप्त रूप से सुसज्जित हैं।

इसके अलावा, भारत सरकार के पास राष्ट्रीय स्वास्थ्य मिशन के अतिरिक्त, उत्तर प्रदेश सहित देश के सभी राज्यों/संघ राज्य क्षेत्रों में स्वास्थ्य सेवा अवसंरचना की कमी को दूर करने के लिए कई योजनाएं हैं, जिनमें प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) और पंद्रहवां वित्त आयोग (एफसी- xv) शामिल हैं।

PREVALENCE OF ANAEMIA AND SICKLE CELL DISEASE

2438. SHRI SUNIL DATTATREY TATKARE:

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

- (a) the specific targets and timelines fixed by the Government under Anaemia Mukht Bharat (AMB) and the National Sickle Cell Anaemia Elimination Mission for reduction in the prevalence of anaemia and sickle cell disease, including baseline year-wise targets;
- (b) the budgetary allocation made for Anaemia Mukht Bharat and the National Sickle Cell Anaemia Elimination Mission for the financial year 2025–26 and the details of the component-wise and State-wise proposed utilisation of these funds;
- (c) the measures being taken by the Government to strengthen the distribution, coverage and adherence of Iron and Folic Acid (IFA) supplementation among young children and pregnant women, particularly in Maharashtra; and
- (d) whether the Government proposes to scale up screening, including newborn

screening, genetic counselling and comprehensive care for sickle cell anaemia in high-burden districts and if so, the details thereof along with the monitoring and evaluation framework being used by the Ministry to assess the impact of such interventions?

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

(a) to (d): The Government of India implements Anaemia Mukh Bharat (AMB) strategy in a life cycle approach across the country, including the State of Maharashtra, to reduce prevalence of anaemia among six beneficiaries - 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 (IFA) supplementation, Deworming, Intensified Behavioural Change Communication campaign, Testing for anaemia and treatment as per anaemia management protocols, mandatory provision of IFA fortified food in public health programmes and addressing non nutritional causes of anaemia especially malaria, fluorosis and hemoglobinopathies.

Under National Sickle Cell Anaemia Elimination Mission (NSCAEM), screenings in the targeted age group of 0-40 years are conducted at all health

facilities from District Hospitals (DH) upto Ayushman Arogya Mandir (AAM) level in affected 17 tribal states for diagnosis of Sickle Cell Disease (SCD). As per SCD portal, more than 6.83 crore screenings have been conducted in tribal dominated areas of the country as on 03.02.2026. A total of 2,37,981 individuals have been identified as diseased and 19,32,500 as carriers, as on 03.02.2026.

State/UT-wise State Programme Implementation Plan (SPIP) approvals and expenditure for Anaemia Mukta Bharat and Blood Services & Disorders including Sickle Cell Anaemia under National Health Mission (NHM) for F.Y. 2025-26 in the country are given in the enclosed **Statement**.

Hydroxyurea has been included in NHM Essential Drugs List at all health facilities to address the issue of access to medicine. Patients living with SCD are provided with the following services/ facilities for improving their quality of life through AAM- Sub Health Centres (SHC) and AAM- Primary Health Centres (PHCs):

- Follow-up of diseased individuals at frequent intervals.
- Counseling regarding lifestyle management, pre-marriage and pre-natal decisions.
- Nutritional supplementation support through distribution of folic acid tablets.
- Conducting yoga and wellness sessions.
- Management of crisis symptoms and referral to higher facilities.

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

Through MoTA, awareness and counseling material have been developed and disseminated to the States & UTs. Through monthly Ayushman Arogya Shivirs, awareness is raised for various health programmes including SCD.

Under NHM, the performance of various health programmes is regularly assessed, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes.

STATEMENT

State/UT-wise SPIP Approval and Expenditure for Blood Services & Disorders and Anaemia Mukh Bharat under NHM for F.Y. 2025-26

(Rs. in Lakhs)

S.No.	State/UT	Anaemia Mukh Bharat		Blood Services & Disorders	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nicobar Islands	53.77	15.07	54.61	1.47
2	Andhra Pradesh	9,188.34	2,601.39	1522.34	1595.61
3	Arunachal	1,680.52	86.70	173.73	36.17

	Pradesh				
4	Assam	2,984.23	368.18	1818.51	76.84
5	Bihar	11,301.80	4,652.66	1750.88	1112.63
6	Chandigarh	4.16	0.12	4.64	2.82
7	Chhattisgarh	5,550.65	853.47	6612.69	316.79
8	Dadra & Nagar Haveli and Daman & Diu	74.51	8.44	7.50	0.00
9	Delhi	1,141.12	148.73	2714.35	0.00
10	Goa	114.05	11.68	0.00	0.00
11	Gujarat	8,394.39	1,070.56	1857.16	88.61
12	Haryana	2,469.05	221.22	380.05	6.44
13	Himachal Pradesh	804.50	96.67	294.50	112.44
14	Jammu and Kashmir	1,327.57	136.99	489.99	0.64
15	Jharkhand	9,298.37	2,605.34	1730.98	1169.52
16	Karnataka	2,070.06	131.89	4106.18	1116.55
17	Kerala	2,512.75	620.13	5521.39	4599.98
18	Ladakh	58.44	15.36	32.55	0.46
19	Lakshadweep	9.42	0.85	2.10	0.00
20	Madhya Pradesh	11,397.15	1,361.12	6406.08	12415.14
21	Maharashtra	10,308.58	724.73	12860.55	2160.70
22	Manipur	934.69	50.03	510.06	240.31
23	Meghalaya	928.50	90.96	353.27	63.94
24	Mizoram	268.89	27.41	30.61	7.11
25	Nagaland	438.48	130.78	110.90	0.00
26	Odisha	2,636.93	1,345.31	5401.05	1494.28
27	Puducherry	206.76	32.67	17.66	0.00
28	Punjab	2,434.81	45.78	7554.84	0.20
29	Rajasthan	7,981.26	203.33	7690.83	375.38
30	Sikkim	80.95	23.67	9.01	3.83
31	Tamil Nadu	600.25	158.66	7432.68	5098.18
32	Telangana	4,586.60	-	4640.75	0.00
33	Tripura	823.57	201.36	36.31	36.29

34	Uttar Pradesh	31,418.36	681.82	42749.12	291.72
35	Uttarakhand	1,862.52	87.58	610.53	825.82
36	West Bengal	6,941.85	1,390.24	8162.51	1993.58

Note:

1. The above data is as per available FMRs as submitted by States/UTs and is provisional.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional. The expenditure w.r.t. flexible pool for RCH, etc. is updated up-to 30.11.2025 except for Punjab (updated upto 31.07.2025), Haryana, Delhi, Lakshadweep (updated upto 31.08.2025), Andhra Pradesh, Sikkim, Goa (updated upto 30.09.2025) & Tamil Nadu (updated upto 31.10.2025).

REPORTING OF HIGH CANCER CASES IN NORTH-EAST

2439. SHRI RAJU BISTA:

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

- (a) the details of cancer incidence in the country along with the number of reported cases annually during the last five years, State-wise;
- (b) the total number of different types of cancer cases reported from the Darjeeling and Kalimpong districts during the last five years, type-wise;
- (c) whether it is true that the incidences of cancer are particularly high in the North-East States and Himalayan regions and if so, the details thereof and if not, the reasons therefor;
- (d) the details of research/studies conducted by the Government to assess the major causes of cancer and the key findings thereof;
- (e) the details of hospitals treating cancer, screening centres and public awareness programmes during the last five years in the State of West Bengal,

particularly in Darjeeling and Kalimpong districts; and

(f) the details of financial schemes and facilities provided to Cancer Patients for travel to hospitals and towards treatment costs?

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

(a) to (c): Indian Council of Medical Research (ICMR) has informed that, as per the National Centre for Disease Informatics and Research (NCDIR) – National Cancer Registry Programme (NCRP), the estimated number of incident cases of all types and sites of cancer in the country during the last five years, State/UT-wise, are given in the enclosed **Statement**. As per the NCDIR – NCRP, the higher Age Adjusted Incidence Rates (AAIR) are seen in some areas of North Eastern States.

(d): ICMR is conducting research on cancer through its institutes, various projects and cancer consortium. ICMR is funding research in areas of gall bladder cancer, breast cancer, lung cancers, cancers in North-east through its centrally sponsored research projects.

(e) and (f): 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, 364 District Day Care Cancer Centres (DCCC) and 6,410 NCD clinics at Community Health Centres have been set up across the country. As per the announcement of Union Budget 2025-26, for financial year 2025-26, 297 Day Care Cancer Centres (DCCCs) have been approved for establishment across the country to strengthen decentralized cancer care by aligning infrastructure development with patient needs.

A population-based initiative for prevention, control and screening for common NCDs i.e., diabetes, hypertension including three common cancers (oral cancer, breast cancer and cervical cancer) has been rolled out in the country under NHM and also as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening for the three common cancers. Screening of these common cancers is an integral part of service delivery at Ayushman Arogya Mandir.

Under Strengthening of Tertiary Care Cancer Facilities Scheme, 19 State Cancer Institutes (SCI) and 20 Tertiary Care Cancer Centres (TCCC) have been established across the country including 3 TCCCs in State of West Bengal. Further, Chittaranjan National Cancer Institute in Kolkata have been set up by the Government to provide super specialty cancer care.

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

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

STATEMENT

Estimated Incidence of New cancer cases in India by different State/UT - All types of cancer sites					
State	2021	2022	2023	2024	2025
Jammu & Kashmir	11683	11764	11869	11946	12024
Ladakh	260	261	262	262	262
Himachal pradesh	7885	7924	7959	8001	8041

Punjab	23129	23276	23420	23573	23719
Chandigarh	979	992	997	1006	1014
Uttarakhand	12172	12298	12420	12552	12678
Haryana	31505	31896	32282	32671	33059
Delhi	24878	25591	26328	27120	27935
Rajasthan	80761	84041	87535	91208	92175
Uttar pradesh	235153	244583	254579	265167	267823
Bihar	120159	121945	123731	125522	127306
Sikkim	565	573	583	597	607
Arunachal pradesh	659	663	668	675	677
Nagaland	2240	2257	2268	2288	2314
Manipur	2062	2146	2214	2300	2373
Mizoram	1894	1943	1991	2048	2093
Tripura	3122	3253	3407	3557	3605
Meghalaya	2834	2918	3004	3105	3128
Assam	45365	47292	49349	51553	52027
West bengal	95586	96058	96529	97004	97472
Jharkhand	37571	38054	38539	39022	39507
Orissa	44572	44861	45148	45426	45714
Chattisgarh	30054	31289	32600	33988	34372
Madhya pradesh	86126	89737	93560	97621	98759
Gujarat	65609	67611	69687	71873	72759
Daman	442	498	557	607	650
Dadra & Nagar Haveli	580	639	691	744	789
Maharashtra	116666	119687	122857	126173	127139
Telangana	42087	43786	45599	47522	47751
Andhra pradesh	58914	61212	63664	66268	66503
Karnataka	74573	77710	81043	84585	85110

Goa	1463	1495	1535	1571	1581
Lakshadweep	67	71	77	84	84
Kerala	76384	80042	83945	88118	88471
Tamil nadu	81396	85215	89314	93731	95100
Puducherry	1771	1879	1995	2112	2158
Andaman & Nicobar Islands	445	459	480	499	499
India	1421611	1465919	1512686	1562099	1577278

PERMANENT LOK ADALAT IN BARMER

2440. SHRI UMMEDA RAM BENIWAL:

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

- (a) whether the Government has considered setting up a permanent Lok Adalat in Barmer for quick dispute resolution;
- (b) if so, the details thereof; and
- (c) whether similar institutions are being planned for other desert districts, if so, the details thereof?

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

- (a) to (c): Permanent Lok Adalats have been established in 36 districts of Rajasthan including major desert districts such as Jaisalmer, Bikaner, Jodhpur, Jalore, Pali, Sikar, Churu, Hanumangarh, Ganganagar, and Nagaur (Merta City).

The proposal for establishment of Permanent Lok Adalat in Barmer (which

fall in the desert region) was considered by the State Government of Rajasthan, but not approved.

IMPORT OF UREA

2441. SHRI K. E. PRAKASH:

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

- (a) whether the Government has taken note of the data of the Fertilizer Association of India indicating that Urea imports more than doubled to about 7.17 million tonnes during April-November 2025-26 compared to the corresponding period of the previous year, while domestic Urea production declined during the same period, if so, the details thereof;
- (b) the reasons for the decline in domestic Urea production despite repeated assurances of achieving self-reliance in fertilizers;
- (c) whether the increasing dependence on Urea imports has led to price pressures and exposes the farmers in the country to global supply disruptions and volatility, if so, the details thereof;
- (d) whether the Government has taken note of the impact of higher Urea prices on farmers in agrarian constituencies, including Erode Parliamentary Constituency in the State of Tamil Nadu, if so, the details thereof; and
- (e) the policy measures being taken to stabilise prices, enhance domestic Urea production capacity and reduce import dependence in a time-bound manner?

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 details of the production and import of Urea in the country during April-November 2024-25 and April-November 2025-26 are tabulated below:

Year	Production of Urea (in LMT)	Import of Urea (in LMT)
2024-25 (Apr-Nov)	205.21	32.55
2025-26 (Apr-Nov)	197.61	71.71

(b): The two units of Nagarjuna Fertilizers and Chemicals Ltd. (NFCL-Unit I & II) at Kakinada with each having a production capacity of 5.97 LMT per annum are under shutdown w.e.f 5th June 2024 and 1st June 2024 respectively on account of purchasing of Ammonia-Urea assets of NFCL by AM Green Ammonia (India) Private Ltd. under SARFEASI process from Asset Reconstruction Enterprise Private Ltd. (ACRE).

Further, the Kanpur Fertilizers and Chemicals Ltd. (KFCL)-Kanpur with a production capacity of 7.22 LMT per annum is under shutdown w.e.f 1st April 2025.

(c) to (e): Under the Urea Subsidy Scheme, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as

applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers across the country are being supplied urea at the subsidized rate.

With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the Urea sector and to make India self-sufficient in the Urea sector. Total 6 new Urea units have been set up under NIP-2012 which includes 4 Urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 Urea units set up by the private companies. The units set up through JVC are Ramagundam Urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 Urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh Urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III Urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added Urea production capacity of 76.2 LMTPA, thereby total indigenous Urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during

2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam which will be named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

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

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

STRENGTHENING OF PM-PRANAM SCHEME

2442. SHRI ANUP SANJAY DHOTRE:

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

- (a) whether the Government has regularly assessed the requirement, availability and consumption of fertilizers, including liquid fertilizers, across the country, if so, the details thereof during each of the last three years and the current year, State/UT-wise and year-wise;
- (b) whether adequate availability of fertilizers, including liquid fertilizers, has been ensured for farmers across the country;
- (c) if so, the details of domestic production and imports undertaken to meet demand during the said period, State/UT and fertilizer-wise;
- (d) whether the Government continues to provide fertilizers, including imported fertilizers and liquid fertilizers, to farmers at subsidized rates; and
- (e) if so, the details thereof?

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

(a) to (c): Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the requirement of fertilizers. On the basis of month-wise & state-wise projections given by DA&FW, Department of Fertilizers (DoF) allocates adequate quantities of fertilizers to States by issuing monthly supply plan.

Accordingly, the availability of fertilizer viz. Urea, DAP, MOP and NPKS has remained adequate across the States/UTs during the last three years and current year. The State/UT-wise information regarding the requirement, availability, sales/consumption and closing stock of these fertilizers during the said period are given in the enclosed **Statement-I**.

Also, the information regarding sales and production of liquid fertilizers i.e. Nano Urea and Nano DAP during the last three years and the current year i.e. 2022-23, 2023-24, 2024-25 and 2025-26 (till 31.01.2026) are given in the enclosed **Statement-II**.

Further, the details of domestic production of fertilizers during the last three years and the current year (till 31.01.2026) are given in the enclosed **Statement-III**. In addition, the information regarding import of fertilizers viz. Urea, DAP, MOP and NPK during the said period has been tabulated below:-

Import of fertilizers (Urea, DAP, MOP and NPK) from 2022-23 to 2025-26 (Upto Jan-2026)				
<i>Qty in LMT</i>				
Year	Urea	As Reported by the Companies		
		DAP	MOP *	NPK
2022-23	75.80	65.83	18.66	27.52
2023-24	70.42	55.67	28.69	22.17
2024-25	56.47	45.69	35.41	22.72
2025-26 (Upto Jan-26)	89.30	60.16	24.81	34.88
MOP includes both Agriculture and Industrial use*				

(d) and (e): Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

Further, The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided on notified P&K fertilizers depending on their nutrient content irrespective of fertilizer being imported or domestically produced. The details of subsidy applicable (in Rs/MT) on different grades of P&K fertilizers for the period 01.10.2025 to 31.03.2026 are given in the enclosed **Statement IV**.

STATEMENT-I**REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2025-26 (Till 31.01.26)****(fig. in LMT)**

		UREA			DAP			MOP			NPKS		
S. No	State	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	12.98	16.00	14.56	4.53	5.95	5.07	1.39	2.00	1.47	13.88	17.07	13.45
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	2.85	4.05	3.69	0.49	0.91	0.61	0.48	0.58	0.38	0.49	0.47	0.33
5	Bihar	21.12	23.04	21.39	5.80	7.48	5.87	1.90	2.03	1.58	5.85	7.54	5.41
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	9.72	10.11	8.66	4.06	3.92	2.84	1.00	1.18	0.76	2.30	3.38	2.41
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.23	0.21	0.18	0.05	0.05	0.05	0.01	0.00	0.00	0.02	0.00	0.00
11	Goa	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.03	0.03	0.02
12	Gujarat	22.32	22.38	20.98	5.80	5.48	4.79	0.99	1.10	0.84	6.75	9.00	7.37
13	Haryana	20.07	23.27	21.61	5.43	5.96	5.15	0.48	0.61	0.40	1.37	1.08	0.80
14	Himachal Pradesh	0.62	0.86	0.67	0.02	0.05	0.05	0.03	0.03	0.02	0.38	0.32	0.23
15	Jammu and kashmir	1.05	1.61	1.24	0.36	0.53	0.34	0.11	0.22	0.13	0.02	0.02	0.02
16	Jharkhand	2.60	3.21	2.75	0.80	1.00	0.84	0.07	0.06	0.04	0.59	0.94	0.70
17	Karnataka	16.25	18.71	15.71	5.44	6.42	5.14	1.96	2.81	2.14	14.87	24.02	18.85

18	Kerala	1.02	1.14	0.99	0.19	0.27	0.19	0.78	0.94	0.77	1.19	1.43	1.16
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	39.92	42.42	40.34	14.50	12.35	10.94	1.30	1.39	1.01	15.50	13.56	10.91
21	Maharashtra	23.62	27.67	23.80	6.60	6.69	5.03	2.25	3.09	2.24	27.12	35.55	26.69
22	Manipur	0.17	0.19	0.16	0.02	0.05	0.03	0.04	0.02	0.01	0.02	0.02	0.01
23	Meghalaya	0.02	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.07	0.11	0.10	0.01	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
26	Odisha	5.33	7.50	6.15	2.47	3.10	2.33	0.75	0.88	0.62	2.90	4.07	3.09
27	Puducherry	0.13	0.13	0.11	0.01	0.01	0.01	0.01	0.02	0.01	0.07	0.09	0.07
28	Punjab	27.92	31.94	28.64	7.15	7.79	6.06	0.90	0.94	0.55	1.90	1.60	1.23
29	Rajasthan	24.43	28.37	26.81	8.33	8.31	7.57	0.18	0.22	0.16	2.92	3.07	2.50
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	9.28	11.03	9.78	2.65	3.17	2.53	2.16	2.22	1.74	8.07	9.44	7.55
32	Telangana	17.00	17.94	16.85	3.55	4.58	4.11	1.00	1.26	0.72	14.75	16.38	13.37
33	Tripura	0.13	0.20	0.13	0.03	0.04	0.02	0.04	0.05	0.02	0.04	0.04	0.02
34	Uttarakhand	1.73	2.15	1.99	0.25	0.60	0.42	0.06	0.09	0.04	0.31	0.20	0.16
35	Uttar Pradesh	72.92	80.96	73.63	23.50	23.27	18.52	2.43	2.59	1.76	12.00	13.49	9.50
36	West Bengal	11.83	14.80	11.60	3.09	3.88	2.85	2.65	2.57	1.83	9.70	13.06	9.21
	All India	345.38	390.06	352.61	105.16	111.89	91.36	22.98	26.90	19.27	143.03	175.87	135.10

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2024-25 (fig. in LMT)													
S.No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	15.90	18.68	15.70	4.30	4.80	4.34	1.50	2.38	1.71	16.00	18.36	15.78
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	3.28	4.48	4.10	0.61	0.70	0.62	0.47	0.80	0.57	0.55	0.63	0.48
5	Bihar	22.87	27.64	25.60	5.50	6.40	5.83	1.50	2.54	1.84	6.00	7.46	6.04
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	8.90	12.03	10.07	4.10	4.19	3.83	0.73	1.13	0.76	1.80	2.84	2.34
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.23	0.43	0.40	0.01	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.02	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.04	0.03	0.03
12	Gujarat	25.60	25.82	24.23	6.25	5.84	5.42	0.99	1.18	0.92	7.00	9.98	8.35
13	Haryana	21.50	25.32	22.65	5.80	5.49	5.34	0.60	0.74	0.47	1.70	1.31	1.03
14	Himachal Pradesh	0.71	0.81	0.65	0.01	0.04	0.03	0.04	0.05	0.03	0.37	0.41	0.32
15	Jammu and	1.48	2.05	1.36	0.49	0.58	0.43	0.22	0.26	0.14	0.04	0.02	0.01

	kashmir												
16	Jharkhand	2.65	4.11	3.73	0.90	0.87	0.84	0.06	0.05	0.03	0.65	1.08	0.85
17	Karnataka	17.25	22.63	19.17	5.64	6.55	5.86	1.95	3.08	2.21	16.20	25.46	20.90
18	Kerala	1.11	1.37	1.15	0.17	0.21	0.20	0.82	1.06	0.83	1.37	1.50	1.26
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	35.38	42.43	38.09	16.57	12.70	11.66	1.05	1.59	1.08	8.50	11.94	9.77
21	Maharashtra	23.73	32.72	26.41	7.50	7.13	6.47	2.30	3.45	2.22	30.00	37.86	28.79
22	Manipur	0.25	0.16	0.14	0.03	0.03	0.02	0.04	0.02	0.02	0.02	0.01	0.01
23	Meghalaya	0.04	0.04	0.04	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.08	0.25	0.20	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	6.05	8.15	6.67	2.86	2.83	2.56	0.85	1.11	0.77	2.75	4.04	3.28
27	Puducherry	0.16	0.16	0.15	0.01	0.02	0.02	0.01	0.02	0.01	0.07	0.11	0.08
28	Punjab	26.50	36.70	32.56	8.10	6.99	6.61	1.00	1.06	0.71	2.50	1.73	1.41
29	Rajasthan	26.20	29.43	26.40	8.50	7.11	6.90	0.21	0.28	0.20	2.25	3.04	2.55
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.91	12.61	10.92	2.70	2.98	2.56	2.24	2.56	1.94	10.54	10.19	8.49
32	Telangana	20.20	22.15	20.08	3.90	3.91	3.64	1.30	1.44	1.14	17.00	17.54	14.97
33	Tripura	0.18	0.24	0.17	0.04	0.03	0.02	0.03	0.06	0.04	0.04	0.04	0.03
34	Uttarakhand	2.03	2.60	2.31	0.30	0.52	0.40	0.08	0.08	0.04	0.40	0.28	0.21
35	Uttar Pradesh	77.00	91.72	79.18	24.05	21.55	19.51	1.72	2.50	1.76	14.50	12.85	10.50
36	West Bengal	13.80	19.05	15.77	3.55	3.62	3.12	2.50	3.41	2.57	11.00	15.25	12.24
	All India	364.01	443.83	387.92	111.92	105.14	96.29	22.21	30.85	22.02	151.29	183.98	149.72

[illegible]

[illegible]

26	Odisha	5.46	7.70	5.84	2.33	3.12	2.74	1.03	0.93	0.66	2.80	3.16	2.42
27	Puducherry	0.16	0.15	0.13	0.02	0.01	0.01	0.01	0.01	0.01	0.06	0.10	0.07
28	Punjab	29.48	37.35	30.68	8.00	8.23	7.24	0.85	0.62	0.50	1.50	1.02	0.73
29	Rajasthan	24.28	29.23	25.39	8.95	9.80	9.37	0.23	0.20	0.15	1.11	1.40	1.08
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94
32	Telangana	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62
33	Tripura	0.24	0.26	0.14	0.05	0.04	0.03	0.07	0.06	0.02	0.02	0.03	0.02
34	Uttarakhand	1.84	2.67	2.31	0.35	0.49	0.38	0.08	0.08	0.04	0.35	0.24	0.20
35	Uttar Pradesh	76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
36	West Bengal	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	All India	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE FY 2022-23

fig. in LMT

S.N o	State	UREA			DAP			MOP			NPKS		
		Requireme nt	Availabilit y	DBT Sales	Requireme nt	Availabilit y	DBT Sales	Requireme nt	Availabilit y	DBT Sales	Requireme nt	Availabilit y	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.01	0.00	0.00
2	Andhra Pradesh	16.65	18.39	15.87	4.20	5.43	4.64	3.09	1.42	1.18	15.97	16.27	13.73
3	Arunachal Pradesh	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	3.85	4.07	3.56	0.85	0.83	0.63	0.75	0.58	0.47	0.26	0.22	0.19
5	Bihar	22.80	24.68	21.96	6.82	7.15	5.66	2.16	1.55	1.26	3.72	5.35	4.25
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	8.74	10.57	8.38	3.70	4.68	3.14	1.01	0.77	0.56	1.45	1.63	1.06
8	Dadra and Nagar Haveli	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.20	0.32	0.28	0.04	0.06	0.05	0.01	0.00	0.00	0.01	0.00	0.00
11	Goa	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.04	0.03	0.03
12	Gujarat	24.00	27.30	24.73	5.50	7.48	6.10	1.15	0.91	0.81	5.85	7.08	5.23
13	Haryana	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
14	Himachal Pradesh	0.76	0.85	0.74	0.02	0.02	0.02	0.07	0.07	0.04	0.39	0.41	0.35
15	Jammu and	1.68	1.93	1.60	0.59	0.60	0.48	0.40	0.23	0.17	0.04	0.00	0.00

	kashmir												
16	Jharkhand	2.60	3.04	2.56	1.00	0.89	0.77	0.20	0.05	0.04	0.46	0.52	0.45
17	Karnataka	17.20	22.22	18.21	5.90	8.44	6.21	3.00	1.68	1.41	17.16	21.53	16.67
18	Kerala	1.23	1.32	1.12	0.20	0.22	0.19	1.07	0.86	0.78	1.42	1.32	1.02
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	33.00	36.94	32.39	18.50	17.61	13.85	1.57	0.76	0.62	4.85	6.25	4.79
21	Maharashtra	25.29	30.39	24.66	8.20	9.34	7.18	4.30	1.68	1.38	23.50	28.89	20.46
22	Manipur	0.22	0.35	0.31	0.12	0.04	0.04	0.12	0.05	0.04	0.00	0.03	0.03
23	Meghalaya	0.02	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.09	0.11	0.10	0.06	0.01	0.01	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	5.84	7.08	5.60	2.69	2.55	1.94	1.35	0.84	0.61	3.05	3.26	2.63
27	Puducherry	0.15	0.18	0.17	0.01	0.02	0.02	0.02	0.01	0.01	0.07	0.09	0.06
28	Punjab	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58
29	Rajasthan	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38
32	Telangana	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
33	Tripura	0.27	0.28	0.19	0.05	0.02	0.02	0.09	0.06	0.02	0.02	0.03	0.02
34	Uttarakhand	2.20	2.38	2.05	0.35	0.64	0.52	0.09	0.07	0.03	0.35	0.15	0.11
35	Uttar Pradesh	77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79
36	West Bengal	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61
	All India	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31

STATEMENT-II

Sales and production of liquid fertilizers during last three years and the current year						
Nano Urea Sales						
S. No	State Name	2021- 22	2022- 23	2023-24	2024-25	2025-26(Till 31.01.2026)
		SALES	SALES	SALES	SALES	SALES
1	Andaman & Nicobar	0.000	0.000	0.000	0.000	0.000
2	Andhra Pradesh	5.801	4.798	3.241	3.014	6.426
3	Arunachal Pradesh	0.000	0.000	0.000	0.000	0.000
4	Assam	4.386	6.095	8.268	11.333	13.469
5	Bihar	14.840	28.559	12.817	12.151	6.265
6	Chandigarh	0.000	0.000	0.000	0.000	0.000
7	Chhattisgarh	5.234	11.017	4.326	3.558	3.284
8	Dadra and Nagar Haveli	0.000	0.000	0.000	0.000	0.000
9	Daman and Diu	0.000	0.000	0.000	0.000	0.000
10	Delhi	0.000	0.000	0.000	0.000	0.000
11	Goa	0.000	0.000	0.000	0.000	0.000
12	Gujarat	8.752	17.602	27.611	30.099	10.845
13	Haryana	16.287	12.695	8.474	10.209	9.672
14	Himachal Pradesh	1.501	1.268	1.532	1.729	1.339
15	Jammu and kashmir	2.006	3.001	2.945	1.258	0.630
16	Jharkhand	1.552	3.661	2.218	3.936	4.088
17	Karnataka	8.182	19.645	9.594	15.566	16.069
18	Kerala	1.001	1.204	0.603	0.760	0.770
19	Lakshadweep	0.000	0.000	0.000	0.000	0.000

20	Madhya Pradesh	16.117	23.383	16.293	24.918	15.423
21	Maharashtra	16.512	25.041	14.976	35.641	15.095
22	Manipur	0.000	0.000	0.000	0.000	0.000
23	Meghalaya	0.000	0.000	0.000	0.000	0.000
24	Mizoram	0.000	0.000	0.000	0.000	0.000
25	Nagaland	0.000	0.000	0.000	0.000	0.000
26	Odisha	4.179	11.211	6.778	5.779	7.784
27	Puducherry	0.000	0.000	0.000	0.000	0.000
28	Punjab	17.774	22.710	22.788	24.801	13.729
29	Rajasthan	15.023	25.227	20.080	22.083	17.408
30	Sikkim	0.000	0.000	0.000	0.000	0.000
31	Tamil Nadu	12.067	10.019	4.638	7.203	6.610
32	Telangana	5.867	6.001	3.088	5.314	9.613
33	Tripura	0.000	0.000	0.000	0.000	0.000
34	Uttarakhand	1.400	2.340	1.684	1.757	1.311
35	Uttar Pradesh	40.629	63.520	22.595	30.775	13.453
36	West Bengal	13.022	26.357	12.420	21.792	13.229
GRAND TOTAL		212.133	325.353	206.969	273.676	186.511

Nano DAP Sales					
S. No	State Name	2022-23	2023-24	2024-25	2025-26 (Till 31.01.2026)
		SALES	SALES	SALES	SALES
1	Andaman & Nicobar	0.00	0.00	0.00	0.00
2	Andhra Pradesh	0.00	2.74	9.62	14.05
3	Arunachal Pradesh	0.00	0.00	0.00	0.00
4	Assam	0.00	0.56	1.63	1.78
5	Bihar	0.00	1.43	5.46	4.55
6	Chandigarh	0.00	0.00	0.00	0.00
7	Chhattisgarh	0.00	0.65	2.86	4.87
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00
10	Delhi	0.00	0.00	0.00	0.00
11	Goa	0.00	0.00	0.00	0.00
12	Gujarat	0.00	4.17	9.29	4.74
13	Haryana	0.00	1.53	1.83	2.01
14	Himachal Pradesh	0.00	0.16	0.14	0.12
15	Jammu and kashmir	0.00	0.48	0.42	0.21
16	Jharkhand	0.00	0.30	0.63	0.86
17	Karnataka	0.00	4.13	11.45	16.22
18	Kerala	0.00	0.17	0.26	0.28
19	Lakshadweep	0.00	0.00	0.00	0.00

20	Madhya Pradesh	0.00	5.22	18.03	14.43
21	Maharashtra	0.00	8.36	30.89	18.70
22	Manipur	0.00	0.00	0.00	0.00
23	Meghalaya	0.00	0.00	0.00	0.00
24	Mizoram	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.00	0.00	0.00
26	Odisha	0.00	0.99	5.55	4.55
27	Puducherry	0.00	0.02	0.07	0.05
28	Punjab	0.00	2.19	5.77	4.64
29	Rajasthan	0.00	3.96	10.04	13.23
30	Sikkim	0.00	0.00	0.00	0.00
31	Tamil Nadu	0.00	1.54	3.63	5.13
32	Telangana	0.00	1.87	6.04	9.44
33	Tripura	0.00	0.00	0.00	0.00
34	Uttarakhand	0.00	0.42	1.04	0.61
35	Uttar Pradesh	0.00	12.97	23.95	19.43
36	West Bengal	0.00	3.98	11.40	11.17
GRAND TOTAL		0.00	57.81	160.00	151.07

Nano Urea Production (Lakh Bottles of 500ml each)						
S. No	State Name	2021-22	2022-23	2023-24	2024-25	2025-26 (Till 31.01.2026)
		Production	Production	Production	Production	Production
1	Andaman & Nicobar	0.000	0.000	0.000	0.000	0.000
2	Andhra Pradesh	0.000	0.000	0.000	0.917	5.340
3	Arunachal Pradesh	0.000	0.000	0.000	0.000	0.000
4	Assam	0.000	0.000	0.000	0.000	0.000
5	Bihar	0.000	0.000	0.000	0.000	0.000
6	Chandigarh	0.000	0.000	0.000	0.000	0.000
7	Chhattisgarh	0.000	0.000	0.000	0.000	0.000
8	Dadra and Nagar Haveli	0.000	0.000	0.000	0.000	0.000
9	Daman and Diu	0.000	0.000	0.000	0.000	0.000
10	Delhi	0.000	0.000	0.000	0.000	0.000
11	Goa	0.000	0.000	0.000	0.000	0.000
12	Gujarat	290.000	375.439	3.391	145.508	64.509
13	Haryana	0.000	0.000	0.000	0.000	0.000
14	Himachal Pradesh	0.000	0.000	0.000	0.000	0.000
15	Jammu and kashmir	0.000	0.000	0.000	0.000	0.000
16	Jharkhand	0.000	0.000	0.000	0.000	0.000
17	Karnataka	0.000	0.000	0.000	3.140	14.619
18	Kerala	0.000	0.000	0.000	0.000	0.000

19	Lakshadweep	0.000	0.000	0.000	0.000	0.000
20	Madhya Pradesh	0.000	0.000	0.000	0.000	0.000
21	Maharashtra	0.000	0.000	0.000	0.000	0.000
22	Manipur	0.000	0.000	0.000	0.000	0.000
23	Meghalaya	0.000	0.000	0.000	0.000	0.000
24	Mizoram	0.000	0.000	0.000	0.000	0.000
25	Nagaland	0.000	0.000	0.000	0.000	0.000
26	Odisha	0.000	0.000	0.000	0.000	0.000
27	Puducherry	0.000	0.000	0.000	0.000	0.000
28	Punjab	0.000	0.000	0.000	5.832	4.049
29	Rajasthan	0.000	0.000	0.000	0.000	0.000
30	Sikkim	0.000	0.000	0.000	0.000	0.000
31	Tamil Nadu	0.000	0.000	0.000	0.000	0.000
32	Telangana	0.000	0.000	0.000	0.000	0.000
33	Tripura	0.000	0.000	0.000	0.000	0.000
34	Uttarakhand	0.000	0.000	0.000	0.000	0.000
35	Uttar Pradesh	0.000	99.678	87.225	240.342	114.667
36	West Bengal	0.000	0.000	0.000	0.000	0.000
GRAND TOTAL		290.000	475.117	90.616	395.739	203.185

Nano DAP Production (Lakh Bottles of 500ml each)					
S. No	State Name	2022-23	2023-24	2024-25	2025-26(Till 31.01.2026)
		Production	Producti on	Producti on	Production
1	Andaman & Nicobar	0.000	0.000	0.000	0.000
2	Andhra Pradesh	0.000	22.298	55.347	82.253
3	Arunachal Pradesh	0.000	0.000	0.000	0.000
4	Assam	0.000	0.000	0.000	0.000
5	Bihar	0.000	0.000	0.000	0.000
6	Chandigarh	0.000	0.000	0.000	0.000
7	Chhattisgarh	0.000	0.000	0.000	0.000
8	Dadra and Nagar Haveli	0.000	0.000	0.000	0.000
9	Daman and Diu	0.000	0.000	0.000	0.000
10	Delhi	0.000	0.000	0.000	0.000
11	Goa	0.000	0.000	0.000	0.000
12	Gujarat	4.262	91.137	85.253	33.174
13	Haryana	0.000	0.000	0.000	0.000
14	Himachal Pradesh	0.000	0.000	0.000	0.000
15	Jammu and Kashmir	0.000	0.000	0.000	0.000
16	Jharkhand	0.000	0.000	0.000	0.000

17	Karnataka	0.000	0.000	0.000	0.000
18	Kerala	0.000	0.000	0.000	0.000
19	Lakshadweep	0.000	0.000	0.000	0.000
20	Madhya Pradesh	0.000	0.000	0.000	0.000
21	Maharashtra	0.000	0.000	0.000	0.000
22	Manipur	0.000	0.000	0.000	0.000
23	Meghalaya	0.000	0.000	0.000	0.000
24	Mizoram	0.000	0.000	0.000	0.000
25	Nagaland	0.000	0.000	0.000	0.000
26	Odisha	0.000	0.000	0.000	0.000
27	Puducherry	0.000	0.000	0.000	0.000
28	Punjab	0.000	0.000	15.640	18.318
29	Rajasthan	0.000	0.000	0.000	0.000
30	Sikkim	0.000	0.000	0.000	0.000
31	Tamil Nadu	0.000	0.000	0.000	0.000
32	Telangana	0.000	0.000	0.000	0.000
33	Tripura	0.000	0.000	0.000	0.000
34	Uttarakhand	0.000	0.000	0.000	0.000
35	Uttar Pradesh	0.000	0.000	0.000	17.231
36	West Bengal	0.000	0.000	0.000	0.000
GRAND TOTAL		4.262	113.435	156.240	150.976

STATEMENT-III

	Sector-wise/State-wise/Company-wise major fertilizer manufacturing units							
Sl. No.	Name of the State	Name of the Company	Name of the fertilizer manufacturing units/Locations	Type of Fertilizers Produced	Production (Fig. In 'LMT)			
					2022-23	2023-24	2024-25	2025-26 (Upto Jan 2026)
PUBLIC SECTOR								
1	Haryana	National Fertilizers Ltd.	National Fertilizers Ltd. : Panipat	Urea	5.70	5.30	5.15	4.62
2	Madhya Pradesh		National Fertilizers Ltd. : Vijaipur-I	Urea	10.50	10.43	9.74	8.12
3			National Fertilizers Ltd. : Vijaipur-II	Urea	11.87	11.24	11.61	8.39
4	Punjab		National Fertilizers Ltd. : Nangal-II	Urea	5.45	5.21	5.14	4.92
5			National Fertilizers Ltd. : Bhatinda	Urea	5.82	4.72	5.50	4.71
6	Maharashtra	Rashtriya Chemicals & Fertilizers Ltd.	Rashtriya Chemicals & Fertilizers Ltd.: Trombay	Urea/Complex	9.59	9.17	9.21	8.87
7			Rashtriya Chemicals & Fertilizers Ltd., Thal	Urea	18.80	18.42	17.74	14.63
	Assam	Brahmaputra Valley Fertilizers Corporation Ltd	Brahmaputra Valley Fertilizers Corporation Ltd., Namrup-III	Urea	2.23	1.80	1.87	1.94
9	Kerala	Fertilizer and Chemicals & Travancore Ltd.	Fertilizer and Chemicals & Travancore Ltd. : Udyogamandal	A/S & Complex	4.53	4.63	3.93	3.77
10			Fertilizer and Chemicals & Travancore Ltd. : Cochin	Complex	6.20	6.06	5.03	5.35
11	Tamil Nadu	Madras Fertilizer Ltd.	Madras Fertilizer Ltd. : Chennai	Urea & Complex	5.27	4.33	5.28	4.00
COOPERATIVE SECTOR								
12	Gujarat		Indian Farmers Fertilizers Co-operative Ltd.: Kandla	DAP & Complex	24.87	18.90	22.79	16.54
13			Indian Farmers Fertilizers Co-operative	Urea	6.62	6.19	6.03	4.86

		Indian	Ltd.: Kalol					
14	Odisha	Farmers Fertilizer s	Indian Farmers Fertilizer Co-operative Ltd. : Paradeep	DAP & Complex	21.88	21.17	22.13	19.94
15			Indian Farmers Fertilizer Co-operative Ltd. : Phulpur-I	Urea	6.51	7.05	7.64	5.87
16	Uttar Pradesh	Co-operative Ltd.	Indian Farmers Fertilizer Co-operative Ltd. : Phulpur-II	Urea	12.24	12.00	10.71	10.37
17			Indian Farmers Fertilizer Co-operative Ltd. : Aonla-I	Urea	11.52	12.26	11.35	10.43
18			Indian Farmers Fertilizer Co-operative Ltd. : Aonla-II	Urea	11.92	11.36	12.44	9.71
19	Gujarat	Krishak Bharati Co-operative Ltd.	Krishak Bharati Co-operative Ltd.: Hazira	Urea	22.21	23.35	24.34	18.38
PRIVATE SECTOR								
20		Nagarjuna Fertilizers and Chemicals Ltd.	Nagarjuna Fertilizers and Chemicals Ltd.: Kakinada-I	Urea	6.08	6.45	1.13	0.00
21	Andhra Pradesh		Nagarjuna Fertilizers and Chemicals Ltd.: Kakinada-II	Urea	5.13	6.65	1.04	0.00
22		Coromandel International Ltd.	Coromandel International Ltd.: Kakinada	DAP & Complex	20.06	19.31	21.61	19.70
23			Coromandel International Ltd.: Vizag	DAP & Complex	11.43	11.64	11.64	11.00
24	Uttar Pradesh	Ram Potash Unit I & Unit II	PDM 0-0-14.5-0					0.17
25			HURL: Gorakhpur	Urea	8.66	13.50	12.01	11.90
26	Bihar	Hindustan Urvarak and Rashayan Ltd. (HURL)	HURL : Barauni	Urea	1.74	10.57	8.55	9.65
27	Jharkhand		HURL : Sindri	Urea	1.74	11.44	12.47	11.55

28	Goa	Paradeep Phosphates Ltd (Earlier ZACL)	PPL : Goa (earlier ZACL)	Urea, DAP & Complex	7.75	8.79	10.93	10.34
29	Gujarat	Gujarat Narmada Valley Fertilizers & Chemicals Ltd.	Gujarat Narmada Valley Fertilizer & Chemicals Ltd. : Bharuch	Urea & Complex	7.69	8.28	8.13	6.77
30		Gujarat State Fertilizers & Chemicals Ltd.	Gujarat State Fertilizers & Chemicals Ltd. : Vadodara	Urea, DAP, A/S & Complex	11.13	9.89	11.10	10.30
31		Gujarat State Fertilizers & Chemicals Ltd.	Gujarat State Fertilizers & Chemicals Ltd. : Sikka	DAP & Complex	2.74	4.40	5.36	5.19
33		Narmada Bio - PDM	Ahmedabad	Bio-Fertilizers			0.01	0.04
34		Kisan Shakti Fertilizers and Pesticides Pvt Ltd.	Bharuch	Complex/TS P		0.02	0.01	0.16
35		Hindalco Dahej	Hindalco Dahej	DAP				
36	Karnataka	Mangalore Chemicals & Fertilizers Ltd.	Manglore Chemicals & Fertilizers Ltd. : Manglore	Urea, DAP & Complex	5.62	7.55	7.68	6.68
37	Maharashtra	Mahadhan Agritech Ltd. Taloja	Mahadhan Agritech Ltd./ Smartchem/DFPCL : Taloja	Complex	5.83	6.08	8.35	6.61

38	ra	Rajlaxmi Agro	Nanded	Complex				0.04
39		RC Fertilizers	Nasik	Complex				0.04
40	Odisha	Paradeep Phosphate Lt	Paradeep Phosphate Ltd. : Paradeep	DAP & Complex	12.98	14.27	15.42	14.73
41	Rajasthan	Chambal Fertilizers and Chemicals Ltd.	Chambal Fertilizers and Chemicals Ltd. : Gadepan-I	Urea	10.22	10.40	11.15	9.65
42			Chambal Fertilizers and Chemicals Ltd. : Gadepan-II	Urea	10.39	9.58	10.60	8.33
43			Chambal Fertilizers and Chemicals Ltd. : Gadepan-III	Urea	12.86	13.84	12.87	11.47
44		Shriram Fertilizers & Chemicals Ltd.	Shriram Fertilizers & Chemicals Ltd. : Kota	Urea	3.98	4.10	4.07	3.52
45		Patel Phoschem	Patel Phoschem, Udaipur	TSP & Complex	0.04	0.02	0.04	0.26
46		RamaPhos-Udaipur	RamaPhos-Udaipur	Complex			0.02	0.03
47		Coromandel International Ltd.	CIL : Udaipur	Complex				0.29
48		Adheeshaa Phosphat	Udaipur	Complex				0.06
49		Indian Phosphate	Udaipur	Complex				0.01
50		Ostwal Phoschem (India) Ltd.	Bhilwara	Complex				0.02
51		Shri Ganpati Fertilizers Ltd.	Chittorgarh	Complex				0.07

52		Ms-SPCL	Udaipur	Complex				0.01
53		Blue Phosphate Limited	Udaipur	Complex				0.05
54		Arawali Phosphates Limited	Udaipur	Complex				0.00
55	Tamil Nadu	Coromandel International Ltd.	Coromandel International Ltd. : Ennore	Complex	1.40	2.19	0.00	0.01
56		Southern Petrochemicals Inds. Corpn. Ltd.	Southern Petrochemical Inds. Corpn. Ltd. : Tuticorin	Urea	7.59	5.23	7.21	6.37
57		Greenstar Fertilizer Ltd.	Greenstar Fertilizer Ltd. : Tuticorin	DAP & Complex	5.03	5.06	6.04	6.02
58	Telangana	Ramagundam Fertilizers & Chemicals Ltd.	RFCL, Ramangundam	Urea	8.41	11.12	11.95	6.99
59	Uttar Pradesh	Indorama India (earlier GRASIM) Pvt Limited	Indorama/GRASIM/IGF : Jagdishpur	Urea	11.17	11.38	12.18	9.55
60		Yara Fertilizers India Pvt. Ltd.	Yara Fertilizers India Pvt. Ltd./TCL : Babrala	Urea	11.82	12.31	13.23	10.60
61		Kribhco Fertilizers Ltd.	KFL/Kribhco Shyam Fertilizers Ltd. : Shahjahanpur	Urea	10.95	10.66	11.35	9.27
62		Kanpur Fertilizers & Cement Ltd.	KFCL : Kanpur	Urea	6.28	6.85	6.12	0.01
63		IRC Agrochemicals Pvt.	Indorama India : Haldia	DAP & Complex	4.94	6.01	6.50	6.09

	West Bengal	Ltd.						
64		Matix Fertilizers & Chemicals Ltd.	Matix Fertilizers & Chemicals Ltd. : Panagarh	Urea	10.52	14.99	14.71	12.35
65		Sai Fert	Kolkata	Complex				0.02
66	Madhya Pradesh	Madhya Bharat Agro Product Ltd. (MBAPL)	Madhya Bharat Agro Product Ltd. (MBAPL)	DAP & Complex	0.94	1.27	1.54	2.35
67		Krishna Phoschem Ltd.	Krishna Phoschem Ltd.	DAP & Complex	0.01	1.49	2.31	2.47
68		Coromandel International Ltd.	CIL: Nirmani	Complex			0.50	0.41
				Total	428.85	458.90	465.46	396.51

STATEMENT-IV

Details of subsidy applicable on different grades of P&K fertilizers

Sl. No	Name of fertilizers	NBS Rates for RABI 2025-26 season from 01.10.2025 to 31.03.2026 (per MT) (in ₹)
1.	DAP 18-46-0-0	29805
2.	MOP 0-0-60-0	1428
3.	SSP 0-16-0-11	7408
4.	NPS 20-20-0-13	18569
5.	NPK 10-26-26-0	17390
6.	NP 20-20-0-0	18196
7.	NPK 15-15-15	14004

8.	NP 24-24-0-0	21835
9.	AS 20.5-0-0-23	9479
10.	NP 28-28-0-0	25474
11.	NPK 17-17-17	15871
12.	NPK 19-19-19	17738
13.	NPK 16-16-16-0	14938
14.	NPS 16-20-0-13	16848
15.	NPK 14-35-14	23142
16.	MAP 11-52-0-0	29671
17.	TSP 0-46-0-0	22062
18.	NPK 12-32-16	20890
19.	NPK 14-28-14	19785
20.	NPKS 15-15-15-09	14262
21.	NP 14-28-0-0	19452
22.	PDM 0-0-14.5-0	345
23.	Urea-SSP Complex (5-15-0-10)	9088
24.	NPS 24-24-0-8*	21835
25.	NPK 8-21-21*	14013
26.	NPK 9-24-24*	15953
27.	NPK 11-30-14*	19453
28.	SSP 0-16-0-11*	7408

BPHUS AND IPHLS ESTABLISHED UNDER PM-ABHIM

2443. SHRI ARUN NEHRU:

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

(a) the number of Block Public Health Units (BPHUs) and Integrated Public

Health Laboratories (IPHLs) established under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) in Perambalur and Tiruchirappalli districts of Tamil Nadu as on January 23, 2026;

- (b) the amount of funds sanctioned, released and utilized for these BPHUs and IPHLs in both districts during 2021-22 to 2025-26, block-wise and district-wise;
- (c) whether fund release timelines are being met and if not, the reasons for delays, if any;
- (d) the amount of funds requested versus allocated under PM-ABHIM for Tamil Nadu, particularly in the said districts; and
- (e) the steps proposed to be taken by the Government to expedite full establishment for enhanced public health surveillance and diagnostics?

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

(a) to (e): Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (FY 2021-22 to FY 2025-26).

Under CSS component of the scheme, provision is made for the State of Tamil Nadu for construction/strengthening of 708 Urban-Ayushman Arogya

Mandirs (U-AAMs), 38 Integrated Public Health Labs (IPHLs) and 37 Critical Care Blocks (CCBs) during the scheme period of FY 2021-22 to FY 2025-26 with the total financial out lay of Rs.1656.32 Crores.

Administrative approvals have been accorded to the State of Tamil Nadu for five years (i.e. FY 2021-22 to FY 2025-26) for an amount of Rs.1656.32 Crore for construction/ strengthening of 708 Urban-AAM, 38 IPHLs at District level and 37 CCB at District Hospital and Medical college level.

For the districts of Perambalur and Tiruchirappalli, IPHLs have been approved under PM-ABHIM with a financial outlay of Rs.1.25 crore for each district. Additionally, 50-bedded CCBs have been approved in both districts under PM-ABHIM, with a total financial outlay of Rs.23.75 crore each.

Under PM-ABHIM, funds are released to States/UTs under flexible pools on a lump-sum basis, enabling them to utilize the funds as per their assessed needs and priorities. The details of Central Release and Expenditure under PM-ABHIM for the State of Tamil Nadu from FY 2022–23 to FY 2024–25 are as below:

Financial Year	Central Release (Rs. In Cr.)	Expenditure (Rs. In Cr.)
2022-23	150.42	183.35
2023-24	279.36	389.37
2024-25	224.99	512.33

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 & unspent

balances at the beginning of the year. Expenditure is as per FMRs submitted by the States & is provisional.

टेली-लॉ: रीचिंग द अनरीच्ड योजना

2444. श्री बाबू सिंह कुशवाहा :

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

- (क) वर्ष 2017 में आरंभ की गई 'टेली-लॉ: रीचिंग द अनरीच्ड' योजना के उद्देश्य क्या हैं तथा यह योजना मुकदमे से पहले निःशुल्क कानूनी परामर्श प्रदान करने में किस प्रकार सहायक है;
- (ख) इस योजना के अन्तर्गत उत्तर प्रदेश के जौनपुर और मछलीशहर संसदीय निर्वाचन क्षेत्रों में वर्तमान में कितने सामान्य सेवा केन्द्र कार्यरत हैं और गत तीन वर्षों के दौरान कितने लाभार्थियों को वीडियो/टेलीफोन/मोबाइल ऐप के माध्यम से कानूनी सलाह प्रदान की गई है ;
- (ग) क्या सरकार द्वारा उक्त योजना के अन्तर्गत जौनपुर-मछलीशहर जैसे ग्रामीण एवं अर्ध-शहरी क्षेत्रों में महिलाओं, अनुसूचित जातियों/अनुसूचित जनजातियों तथा गरीब एवं वंचित वर्गों तक पहुंच बढ़ाने के लिए कोई विशेष कदम उठाए गए हैं ; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

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

- (क) से (घ): न्याय तक समग्र पहुंच के लिए अभिनव समाधानों का निर्माण (डिशा) **स्कीम** के अंतर्गत, टेली-लॉ कार्यक्रम नागरिकों को वकीलों से जोड़ता है ताकि ग्राम पंचायत स्तर पर ग्राम स्तर उद्यमियों (व्ही एल ई) द्वारा संचालित सामान्य सेवा केंद्रों (सी एस एस) पर उपलब्ध दृश्य दूरसंलाप / टेली कॉन्फ्रेंसिंग सुविधाओं, टेली-लॉ मोबाइल ऐप और टोल-फ्री संख्या 14454 के माध्यम से वाद पूर्व सलाह प्रदान की जा सके।

टेली-लॉ कार्यक्रम के अंतर्गत, वर्ष 2024 से देश भर के लगभग 500 आकांक्षी प्रखंडों में न्याय सहायकों की नियुक्ति की गई है, ताकि नागरिकों को टेली-लॉ कार्यक्रम के अंतर्गत विधिक सलाह प्राप्त करने हेतु घर-घर विधिक सेवा सहायता प्रदान की जा सके, टेली-लॉ प्लेटफॉर्म पर मामलों के पंजीकरण में सुविधा दी जा सके, तथा हिताधिकारियों और सूचीकृत (पैनल) वकीलों के मध्य एक महत्वपूर्ण कड़ी के रूप में कार्य किया जा सके। न्याय सहायक देश के आकांक्षी प्रखंडों में सामुदायिक संवाददाताओं के रूप में सक्रिय हैं। वे घर-घर जनसंपर्क / पहुँच, सामुदायिक संवाद और स्थानीय अभियानों के माध्यम से विधिक अधिकार और हकदारी के बारे में जागरूकता पैदा करने में महत्वपूर्ण भूमिका निभाते हैं।

देशभर के 36 राज्यों / संघ राज्यक्षेत्रों में फैले 776 जिलों (जिसमें 112 आकांक्षी जिले और 500 आकांक्षी प्रखंड शामिल हैं) में 2,50,000 सामान्य सेवा केंद्रों के नेटवर्क के माध्यम से, टेली-लॉ कार्यक्रम ने 31.01.2026 तक हिताधिकारियों को 1.12 करोड़ से अधिक मुकदमा पूर्व सलाह प्रदान की है।

31 जनवरी 2026 को यथाविद्यमान टेली-लॉ कार्यक्रम के अंतर्गत, उत्तर प्रदेश के जौनपुर और मछलीशहर संसदीय निर्वाचन क्षेत्रों में क्रमशः 800 और 51 सामान्य सेवा केंद्र कार्यरत हैं। पिछले तीन वर्षों में 31 जनवरी, 2026 तक वीडियो/टेलीफोन/मोबाइल ऐप के माध्यम से जौनपुर निर्वाचन क्षेत्र में 7,527 हिताधिकारियों को वीडियो/टेलीफोन/मोबाइल ऐप के माध्यम से मुकदमा पूर्व सलाह प्रदान की गई और मछलीशहर निर्वाचन क्षेत्र में 140 सलाह दिये गए।

सरकार ने समाज के हाशिए पर और वंचित वर्गों, जिनमें महिलाएं, अनुसूचित जाति/अनुसूचित जनजाति और अन्य शामिल हैं, तक स्कीम की पहुँच बढ़ाने के लिए अनेक कदम उठाए हैं। टेली-लॉ कार्यक्रम के अंतर्गत मुकदमा पूर्व सलाह अनेक भाषाओं में प्रदान की जाती है। हिताधिकारियों तक स्कीम की पहुँच को सुगम बनाने हेतु समय-समय पर राष्ट्रीय वेबिनार और क्षेत्रीय कार्यशालाएँ

आयोजित की जाती हैं।

स्कीम की पहुँच बढ़ाने के लिए, टेली-लॉ वेब पोर्टल और टेली-लॉ ऐप का 22 अनुसूचित भाषाओं में अनुवाद किया गया है। इसके अलावा, टेली-लॉ प्लेटफॉर्म को न्याय बंधु (निःशुल्क विधिक सेवाएँ) प्लेटफॉर्म के साथ एकीकृत किया गया, जिससे विधिक सेवा प्राधिकरण अधिनियम, 1987 की धारा 12 के अधीन पात्र हिताधिकारियों को न्यायालयों में विधिक प्रतिनिधित्व प्रदान करने में सुविधा हो सके।

IMPACT OF GST STRUCTURE ON AGRICULTURAL INPUTS

2445. SHRI B. Y. RAGHAVENDRA:

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

- (a) the details of the changes made under the Goods and Services Tax (GST) structure applicable to fertilizers and other agricultural inputs and the objectives behind such changes;
- (b) whether the Government has undertaken any assessment, post implementation, to evaluate the impact of these changes on production costs, availability and pricing of fertilizers for farmers, if so, the details and key findings thereof; and
- (c) the expected outcomes of the said reforms in terms of improving affordability of fertilizers and promoting sustainable agricultural practices?

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 rationalized Goods and Services Tax (GST) rates applicable on fertilizers and agricultural inputs with effect from 22.09.2025. The details of changes made are as under:

- i. GST on key raw materials such as Sulphuric Acid, Nitric Acid and Ammonia has been reduced from 18% to 5%.
- ii. GST on Micronutrients has been reduced from 12% to 5%.
- iii. GST on bio-pesticides has been reduced from 12% to 5%.
- iv. GST rate on tractors and other agricultural machinery & equipments has been reduced from 18% / 12% to 5%.

Lowering GST rates from 18% to 5% on critical raw materials reduces the cost of production for fertiliser manufacturing units, especially those producing P&K fertilisers. This helps correct the long-standing inverted duty structure, where inputs were taxed at a higher rate than final fertiliser products. Reduced tax incidence eases working-capital pressures, lowers the accumulation of Input Tax Credit (ITC) and improves cash flows, which is crucial given the industry's dependence on subsidy reimbursements. The reduction in GST on micronutrient fertilizers from 12% to 5% also provides measurable financial relief to farmers by lowering their per-acre cultivation costs, improves affordability, particularly for small and marginal farmers who are often sensitive to input price fluctuations. Lower input cost make it financially viable for farmers to adopt recommended micronutrient doses. As per Indian Micro-Fertilizers Manufacturers Association,

due to reduction of GST from 12% to 5%, savings would be of Rs. 140 per acre in Paddy, Rs. 199 per acre in Sugarcane, Rs. 446 per acre in Potato and Rs. 146 per acre in Wheat to farmers.

The reduction of GST on bio-pesticides from 12% to 5% is a progressive and environmentally conscious policy intervention to generate a significant positive impact on sustainable agriculture and eco-friendly crop protection practices in India. The reduction in GST would make bio-pesticides more economical and accessible to farmers, thereby encouraging their greater use as a pocket-friendly crop protection solution. Lower input costs would promote wider adoption of Integrated Pest Management (IPM) practices, wherein bio-pesticides play a central role in reducing pest resistance and maintaining ecological balance. Competitive prices would support gradual shift from synthetic chemical pesticides towards safer biological alternatives. The tax relief directly supports the government's initiatives on organic and natural farming aligning with the vision of sustainable and residue-free agriculture. The reduction of GST from 12% to 5% on mechanical sprayers, sprinklers, drip irrigation systems, and nozzles is a step towards promoting precision agriculture. This reform would make plant protection and irrigation equipment more affordable, thereby encouraging farmers to adopt scientific spraying practices and efficient pesticide application technologies. The resulting improvement in spray efficiency is expected to reduce wastage, minimize environmental contamination, and enhance the overall effectiveness of

crop protection measures.

The reduction in GST resulted in lowering the purchase cost of tractors, power tillers, harvesters, threshers, and other essential farm machinery and equipments, making them more affordable and accessible to farmers. When combined with the financial support available under farm mechanization schemes, which provides subsidies up to 40–50 percent for purchase of agricultural machines, farmers would enjoy the dual advantage of reduction in taxation and financial assistance. This eases the financial burden on individual farmers but also encourages farmer groups, cooperatives, and Farmer Producer Organizations (FPOs) to establish more number of Custom Hiring Centres and Farm Machinery Banks at lower project costs. This proactive step would accelerate the pace of mechanization and contribute meaningfully to achieving the goals of inclusive and sustainable agricultural development. This move would also provide a major boost to indigenous agricultural machinery manufacturers, in line with the vision of 'Atmanirbhar Bharat' by improving the competitiveness of domestic manufacturers. The reduction of the GST rate on tractors and other agricultural machinery from 12-18% to 5% will lead to a reduction in the prices of Tractors and farm machinery by 7-13%.

लिंगानुपात में असंतुलन को दूर करने के लिए योजनाएँ/कार्यक्रम

2446. श्री दर्शन सिंह चौधरी:

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

- (क) देश में लिंगानुपात असंतुलन की समस्या से निपटने के लिए सरकार द्वारा कौन-कौन सी योजनाएं/कार्यक्रम कार्यान्वित किए जा रहे हैं;
- (ख) देश में वर्तमान लिंगानुपात की स्थिति क्या है तथा पूर्ववर्ती वर्षों की तुलना में इसमें क्या परिवर्तन दर्ज किए गए हैं;
- (ग) लिंगानुपात में असंतुलन के कारणों का ब्यौरा क्या है;
- (घ) कन्या भ्रूण-हत्या, लैंगिक भेदभाव तथा अन्य सामाजिक कुरीतियों पर अंकुश लगाने के लिए सरकार द्वारा क्या-क्या कदम उठाए गए हैं; और
- (ङ) उक्त योजनाओं/कार्यक्रमों के प्रभाव का आकलन करने के लिए सरकार द्वारा कौन-कौन से निगरानी एवं मूल्यांकन तंत्र स्थापित किए गए हैं?

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

(क) से (ङ): सरकार देश में बालिकाओं की सुरक्षा, संरक्षा और सशक्तिकरण को सर्वोच्च प्राथमिकता देती है। इस उद्देश्य से सरकार ने बालिकाओं के शैक्षिक, सामाजिक और आर्थिक सशक्तिकरण के लिए बहुआयामी दृष्टिकोण अपनाया है।

बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना 22 जनवरी 2015 को बाल लिंगानुपात(सीएसआर) और जीवन चक्र के दौरान बालिकाओं और महिलाओं के सशक्तिकरण से संबंधित मुद्दों का समाधान करने में सहायता के लिए शुरू की गई थी। बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना एक नीतिगत पहल से एक राष्ट्रीय आंदोलन में परिवर्तित हो गई है, जिसमें सरकारी एजेंसियों, समुदायों, मीडिया, नागरिक समाज और आम जनता सहित विभिन्न हितधारकों को एकजुट किया गया है। इस आंदोलन का उद्देश्य न केवल लिंगानुपात और लैंगिक आधारित भेदभाव से संबंधित तात्कालिक चिंताओं को दूर करना है, बल्कि बालिका को महत्व देने और उसके अधिकारों

और अवसरों को सुनिश्चित करने की दिशा में एक सांस्कृतिक बदलाव को बढ़ावा देना भी है। यह योजना सभी हितधारकों को सूचित करने, प्रभावित करने, प्रेरित करने, शामिल करने और सशक्त बनाने के माध्यम से बालिका के प्रति मानसिकता और व्यवहार में बदलाव लाने पर केंद्रित है।

विशेषकर देश के ग्रामीण क्षेत्रों में बालिकाओं और महिलाओं के जीवन को आसान बनाने के लिए, स्वच्छ भारत मिशन के तहत 11.8 करोड़ से अधिक शौचालयों का निर्माण किया गया है। सुकन्या समृद्धि योजना बालिकाओं के भविष्य को सुरक्षित करने के लिए बनाई गई एक लघु बचत योजना है, जो उच्च ब्याज दर प्रदान करती है। समग्र शिक्षा, प्री-स्कूल से बारहवीं कक्षा तक स्कूल शिक्षा के लिए एक एकीकृत योजना है, जो राष्ट्रीय शिक्षा नीति 2020 और शिक्षा का अधिकार अधिनियम, 2009 के कार्यान्वयन में सहायता करती है। यह प्रारंभिक बाल्यावस्था देखरेख और शिक्षा, मूलभूत साक्षरता और संख्या ज्ञान, व्यापक और समावेशी पाठ्यक्रम, शिक्षा के परिणामों में सुधार, सामाजिक और लैंगिक भेदभाव कम करने और सभी शिक्षा के सभी स्तरों पर समानता और समावेशन को सुनिश्चित करने पर जोर देती है।

कस्तूरबा गांधी बालिका विद्यालय योजना का उद्देश्य बारहवीं कक्षा तक की बालिकाओं के लिए आवासीय स्कूल शिक्षा की सुविधा प्रदान करके स्कूल शिक्षा में लैंगिक और सामाजिक श्रेणी के भेदभाव को कम करना है। इस योजना के अंतर्गत अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्ग, अल्पसंख्यक समुदायों और बीपीएल परिवारों की 10-18 वर्ष आयु वर्ग की बालिकाओं को शामिल किया जाता है।

किशोरियों के लिए योजना को 01.04.2022 से मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत समाहित कर लिया गया है। इस योजना के अंतर्गत लक्षित लाभार्थी आकांक्षी जिलों और सभी पूर्वोत्तर राज्यों की 14-18 वर्ष आयु वर्ग की किशोरियां हैं।

विज्ञान ज्योति कार्यक्रम लैंगिक संतुलन में सुधार लाने के लिए बालिकाओं को एसटीईएम

(विज्ञान, प्रौद्योगिकी, इंजीनियरिंग, गणित) क्षेत्रों में शिक्षा प्राप्त करने और करियर बनाने के लिए प्रोत्साहित करता है। यह कार्यक्रम कक्षा 9 से कक्षा 12 तक की मेधावी बालिकाओं को लक्षित करता है और इसमें छात्र-अभिभावक परामर्श, करियर परामर्श, अतिरिक्त शैक्षणिक सहायता कक्षाएं, टिकरिंग गतिविधियाँ, विशेष व्याख्यान, वैज्ञानिक संस्थानों, प्रयोगशालाओं, उद्योगों का दौरा और विज्ञान शिविर तथा कार्यशालाएं शामिल हैं।

एकल बालिका संतान सहित बालिकाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के उद्देश्य से, सरकार ने व्यापक कौशल विकास और व्यावसायिक प्रशिक्षण प्रदान करने के लिए कौशल भारत मिशन शुरू किया है। सरकार ने प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई) के अंतर्गत देश भर में प्रधानमंत्री कौशल केंद्र भी स्थापित किए हैं। प्रधानमंत्री कौशल विकास योजना के अंतर्गत महिलाओं को कौशल और व्यावसायिक प्रशिक्षण प्रदान किया जाता है।

इसके अलावा, पीएमकेवीवाई 4.0 उन परियोजनाओं को प्राथमिकता देता है जो महिलाओं को प्राथमिक लाभार्थी के रूप में महत्व देती हैं। यह समावेशी दृष्टिकोण देश भर के कौशल प्रशिक्षण कार्यक्रमों में महिलाओं के लिए महत्वपूर्ण प्रतिनिधित्व और लाभ सुनिश्चित करता है।

दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन, जिसके अंतर्गत महिला स्वयं सहायता समूह रोजगार और स्वरोजगार के लिए ग्रामीण परिदृश्य को बदल रहे हैं। इसी प्रकार, राष्ट्रीय शहरी आजीविका मिशन शहरी क्षेत्रों के लिए है। इसके अलावा, रोजगार/स्वरोजगार और ऋण सुविधाएँ प्रदान करने के लिए स्टैंड-अप इंडिया, स्टार्ट-अप इंडिया, प्रधानमंत्री स्ट्रीट वेंडर्स आत्मनिर्भर निधि (पीएम स्वनिधि), महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा) जैसी योजनाएँ भी हैं। इन योजनाओं के अंतर्गत अधिकांश लाभार्थी महिलाएँ हैं।

वर्ष 2017 में, मातृत्व लाभ अधिनियम में संशोधन करके पहले दो बच्चों के लिए सवैतनिक मातृत्व अवकाश को 12 सप्ताह से बढ़ाकर 26 सप्ताह कर दिया गया है। यह अधिनियम महिला

कर्मचारियों के लिए सवैतनिक मातृत्व अवकाश और पचास या इससे अधिक कर्मचारियों वाले सभी प्रतिष्ठानों में निर्धारित दूरी के भीतर शिशु देखभाल (क्रेच) सुविधा का प्रावधान भी करता है।

स्टैंड-अप इंडिया योजना 5 अप्रैल 2016 को शुरू की गई थी, जिसका उद्देश्य अनुसूचित वाणिज्यिक बैंकों (एससीबी) से 10 लाख रुपये से 1 करोड़ रुपये तक के ऋण उपलब्ध कराना था। यह ऋण प्रत्येक बैंक शाखा में कम से कम एक अनुसूचित जाति या अनुसूचित जनजाति उधारकर्ता और ऋण लेने वाली एक महिला उधारकर्ता को कृषि से संबंधित गतिविधियों सहित विनिर्माण, सेवा या व्यापार क्षेत्र में नए उद्यम (ग्रीनफील्ड) स्थापित करने के लिए दिया जाना था। इस योजना को वर्ष 2025 तक बढ़ा दिया गया है।

प्रधानमंत्री मुद्रा योजना और प्रधानमंत्री रोजगार सृजन कार्यक्रम (पीएमईजीपी) जैसी योजनाएं महिलाओं को अपने उद्यम स्थापित करने में सहायता करने के लिए शुरू की गई हैं।

जमीनी स्तर पर महिलाओं को राजनीतिक नेतृत्व की मुख्यधारा में लाने के उद्देश्य से, सरकार ने संविधान के 73वें संशोधन के माध्यम से पंचायती राज संस्थाओं (पीआरआई) में कम से कम 33% सीटें महिलाओं के लिए आरक्षित की हैं। उपलब्ध आंकड़ों के अनुसार, पंचायती राज संस्थाओं में 12.06 लाख से अधिक निर्वाचित महिला प्रतिनिधि (ईडब्ल्यूआर) हैं, जो कुल निर्वाचित प्रतिनिधियों का लगभग 49.75% हैं।

देश में महिला सशक्तिकरण और सर्वोच्च राजनीतिक पदों पर महिलाओं के प्रतिनिधित्व की दिशा में सबसे बड़ा कदम सरकार द्वारा 28 सितंबर, 2023 को नारी शक्ति वंदन अधिनियम, 2023 (संविधान एक सौ छठा संशोधन) की अधिसूचना जारी करना रहा है, जिसमें लोकसभा और राज्य विधानसभाओं, जिसमें दिल्ली राष्ट्रीय राजधानी क्षेत्र की विधानसभा भी शामिल है, में महिलाओं के लिए एक तिहाई सीटें आरक्षित की गई हैं।

मिशन शक्ति का उद्देश्य महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए किए जा रहे

प्रयासों को मजबूत करना है।

मिशन शक्ति की दो उप-योजनाएं अर्थात् महिलाओं की सुरक्षा के लिए "संबल" और महिलाओं के सशक्तीकरण के लिए "सामर्थ्य"। 'संबल' में वन स्टॉप सेंटर (ओएससी), महिला हेल्पलाइन (डब्ल्यूएचएल), बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) और नारी अदालत शामिल हैं। 'सामर्थ्य' में शक्ति सदन, सखी निवास, प्रधानमंत्री मातृ वंदना योजना, पालना और संकल्प: महिला सशक्तीकरण केंद्र (संकल्प: एचईडब्ल्यू) शामिल हैं।

भारत सरकार ने बालिकाओं और महिलाओं को सशक्त बनाने और लैंगिक भेदभाव को समाप्त करने के लिए कई योजनाओं और पहलों के माध्यम से एक व्यापक और एकीकृत दृष्टिकोण अपनाया है। इन उपायों का सामूहिक उद्देश्य सुरक्षा सुनिश्चित करना, रोजगार क्षमता में सुधार करना, उद्यमिता को बढ़ावा देना और महिलाओं के लिए अनुकूल वातावरण बनाना है।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के स्वास्थ्य प्रबंधन सूचना प्रणाली की नवीनतम रिपोर्ट के अनुसार, राष्ट्रीय स्तर पर जन्म के समय लिंगानुपात 2014-15 में 918 से बढ़कर 2024-25 में 929 हो गया है।

इसके अतिरिक्त, स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा गर्भाधारण पूर्व एवं प्रसवपूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम, 1994 को कार्यान्वित करता है, जिसका उद्देश्य भ्रूण के लिंग का पता लगाने और उसे प्रकट करने की क्षमता रखने वाली तकनीकों के उपयोग को विनियमित करना है। यह अधिनियम, गर्भाधान से पहले या बाद में लिंग चयन पर रोक लगाने, आनुवंशिक असामान्यताओं, चयापचय संबंधी विकारों या गुणसूत्र संबंधी असामान्यताओं या कुछ जन्मजात विकारों या लिंग-संबंधी विकारों का पता लगाने के उद्देश्य से प्रसवपूर्व निदान तकनीकों को विनियमित करने, और कन्या भ्रूण हत्या की ओर ले जाने वाले लिंग निर्धारण के लिए उनके दुरुपयोग को रोकने, तथा इससे संबंधित या इससे जुड़े मामलों के लिए अधिनियमित किया गया था।

पीसी एंड पीएनडीटी अधिनियम एक केंद्रीय कानून है जिसे सभी राज्यों और संघ राज्य क्षेत्रों में समान रूप से क्रियान्वित किया जाता है ताकि लैंगिक-भेदभाव आधारित लिंग-चयनात्मक पद्धतियों पर अंकुश लगाया जा सके और लिंग-संवेदनशील नीतियों, जागरूकता सृजन और विधायी उपायों के माध्यम से बालिका के लिए एक सकारात्मक वातावरण को बढ़ावा दिया जा सके।

गर्भाधारण पूर्व एवं प्रसवपूर्व निदान तकनीक (लिंग चयन प्रतिषेध) अधिनियम(पीसी एंड पीएनडीटी) के प्रभावी प्रवर्तन को सुनिश्चित करने के लिए सरकार द्वारा उठाए गए उपाय निम्नलिखित हैं:

- राज्यों/संघ राज्य क्षेत्रों को पीसी एवं पीएनडीटी अधिनियम के संबंध में जागरूकता और क्षमता निर्माण हेतु सहायता प्रदान करना।
- राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, स्वास्थ्य एवं परिवार कल्याण मंत्रालय पीसी एवं पीएनडीटी अधिनियम के कार्यान्वयन को सुदृढ़ करने हेतु राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान करता है।
- व्यवहार परिवर्तन को बढ़ावा देने और लैंगिक समानता को प्रोत्साहित करने हेतु सूचना, शिक्षा एवं संचार (आईईसी) तथा जागरूकता गतिविधियों के लिए सहायता प्रदान की जा रही है।
- माननीय सर्वोच्च न्यायालय के निर्देशानुसार एमओएचएफडब्ल्यू ने अधिनियम के प्रावधानों का उल्लंघन करने वाले ऑनलाइन विज्ञापनों की निगरानी और उन्हें हटाने की प्रक्रिया को सुगम बनाने के लिए एक 'नोडल एजेंसी' का गठन किया है।
- पीसी एवं पीएनडीटी अधिनियम के जमीनी स्तर पर कार्यान्वयन को और सुदृढ़ करने हेतु केंद्र, राज्यों और जिलों द्वारा विभिन्न संस्थागत तंत्रों जैसे कि सामान्य समीक्षा मिशन दौरे, निरीक्षण एवं निगरानी दौरे के माध्यम से नियमित समीक्षा एवं मूल्यांकन किया जाता है।

पीसीपीएनडीटी से संबंधित विस्तृत जानकारी स्वास्थ्य एवं परिवार कल्याण मंत्रालय की वार्षिक रिपोर्ट 2024-25 में नीचे दिए गए लिंक पर उपलब्ध है:

<https://mohfw.gov.in/?q=en/publications-12>

ADDITIONAL MBBS AND MD/MS SEATS

2447. SHRI JAGDAMBIKA PAL:

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

- (a) the number of additional MBBS and MD/MS seats approved and filled including the 10,023 newly sanctioned seats and the manner in which these seats were distributed between Government and private medical colleges during the last five years, year-wise;
- (b) the manner in which the expansion of medical seats impacted each State's doctor-population ratio whether assessments or evaluations are available in this regard, especially district-wise in the State of Uttar Pradesh;
- (c) whether the increase in domestic medical seats helped reduce students' dependence on studying medicine abroad and what evidence supports this trend in the country; and
- (d) if so, the details thereof ?

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

(a) to (d): As informed by National Medical Commission (NMC), there is an increase of 48,563 MBBS seats and 29,080 PG seats in the country from Academic Year 2020-21 to 2025-26. The details of the increase in MBBS and PG seats are given in the enclosed **Statement**. Further, the Government has approved the addition of 10,023 medical seats under Centrally Sponsored Schemes across government colleges from financial year 2025-26 to 2028-29.

The expansion of medical seats reduce the gap in the healthcare workforce, particularly in underserved region and has a direct bearing on the doctor-population ratio across States, including Uttar Pradesh. The growing number of medical seats, coupled with improvements in infrastructure and faculty, has made domestic institutions more accessible to Indian students.

NMC , as an apex regulatory body entrusted with the responsibility of maintaining the quality of medical education has notified various Regulations namely Minimum Standards Requirement (MSR), Graduate Medical Education Regulations (GMER), 2023, Maintenance of Standards of Medical Education Regulations, 2023 (MSMER-2023) and Competency-Based Medical Education (CBME) Curriculum Guidelines 2024 to ensure the adherence to prescribed standards in medical education. These regulations are designed to uphold the integrity and quality of medical education and training across the country.

STATEMENT**Number of MBBS seats from academic year 2020-21 to 2025-26**

Sr. No.	Academic Year	Increase in MBBS seats
1	2020-21	2963
2	2021-22	8790
3	2022-23	7398
4	2023-24	9652
5	2024-25	8641
6	2025-26	11119

Number of PG seats from academic year 2020-21 to 2025-26

Sr. No.	Academic Year	Increase in PG seats
1	2020-21	4983
2	2021-22	4705
3	2022-23	2874
4	2023-24	4713
5	2024-25	4186
6	2025-26	7619

दाहोद में एबी-पीएमजेएवाई के तहत कार्ड जारी करना

2448. श्री जसवंतसिंह सुमनभाई भाभोर:

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

(क) जनवरी, 2026 तक दाहोद लोक सभा निर्वाचन क्षेत्र में आयुष्मान भारत योजना के अंतर्गत कितने परिवारों को कार्ड जारी किए गए हैं;

(ख) दाहोद मेडिकल कॉलेज में सुपर-स्पेशियलिटी सुविधाओं के विस्तार तथा डॉक्टरों की कमी को

दूर करने के लिए केंद्र सरकार द्वारा कितनी बजटीय आवंटन किया गया है; और
(ग) जनजातीय क्षेत्रों में सिकल सेल एनीमिया के उन्मूलन के लिए दाहोद में कार्यान्वित की जा रही मिशन की वर्तमान प्रगति 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 निर्वाचन क्षेत्र-वार आंकड़े एकत्र नहीं किए जाते हैं, तथापि, दाहोद लोकसभा निर्वाचन क्षेत्र के संबंधित जिलों में 31.01.2026 की स्थिति के अनुसार, इस योजना के अंतर्गत आयुष्मान कार्ड जारी किए गए परिवारों की संख्या का विवरण निम्नानुसार है:

जिला	आयुष्मान कार्ड जारी किए गए परिवारों की संख्या
दाहोद	3.61 लाख
महिसागर	4.00 लाख

(ग): एबी-पीएमजेएवाई के वर्तमान स्वास्थ्य लाभ पैकेज (एचबीपी) 2022 के तहत, सिकल सेल एनीमिया को सामान्य चिकित्सा और बाल चिकित्सा प्रबंधन विशेषज्ञता के अंतर्गत शामिल किया गया है।

इसके अतिरिक्त, स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं के रूप में प्राप्त प्रस्तावों के आधार पर, राज्यों/संघ राज्य क्षेत्रों को स्क्रीनिंग, परामर्श एवं जागरूकता शिविरों के आयोजन, औषधियों की खरीद, सिकल सेल एनीमिया के लिए रक्त आधान सेवाओं, रोकथाम एवं प्रबंधन, रक्त बैंक सुविधाओं, डे केयर सेंटर, दवाओं, प्रयोगशाला सेवाओं के प्रावधान, मानव संसाधन प्रशिक्षण के लिए तकनीकी एवं वित्तीय सहायता

प्रदान करता है।

राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन के तहत, प्रभावित 17 आदिवासी राज्यों में जिला अस्पतालों से लेकर आयुष्मान आरोग्य मंदिर स्तर तक के सभी स्वास्थ्य केंद्रों में 0-40 वर्ष के लक्षित आयु वर्ग के लोगों की सिकल सेल रोग (एससीडी) की पहचान के लिए स्क्रीनिंग की जाती है।

एससीडी पोर्टल के अनुसार, दिनांक 08.02.2026 की स्थिति के अनुसार, देश के आदिवासी बहुल क्षेत्रों में लगभग 6.82 करोड़ स्क्रीनिंग की जा चुकी हैं, जिस में दाहोद जिले में 15.13 लाख स्क्रीनिंग शामिल हैं। गुजरात के दाहोद जिले में कुल 7,090 व्यक्तिगत मामलों की पहचान की गई है और 1,71,050 लोगों को सिकल सेल रोग का वाहक पाया गया है और 15,20,522 सिकल सेल कार्ड वितरित किए गए हैं।

दमन में दवा निर्माण इकाइयाँ

2449. श्री उमेषभाई बाबूभाई पटेल:

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

- (क) वर्तमान में दमन में कार्यरत दवा निर्माण इकाइयों की संख्या कितनी है;
- (ख) खतरनाक और जैव-चिकित्सा अपशिष्ट के निपटान के लिए वैध प्राधिकरण वाली कंपनियों की संख्या कितनी है;
- (ग) अपशिष्ट प्रबंधन के लिए सामान्य अपशिष्ट शोधन संयंत्र (सीईटीपी) से वर्तमान में जुड़ी हुई दवा इकाइयों की संख्या कितनी है;
- (घ) शून्य द्रव अपशिष्ट (ज़ीरो लिक्विड डिस्चार्ज-जेडएलडी) प्रणाली के अंतर्गत वर्तमान में कार्यरत कंपनियों की संख्या कितनी है; और
- (ङ) पर्यावरण (संरक्षण) अधिनियम, 1986 के अंतर्गत उल्लंघन के लिए कितनी कंपनियों के खिलाफ

मामले दर्ज किए गए हैं?

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

(क): स्वास्थ्य और परिवार कल्याण विभाग द्वारा प्रदान की गई जानकारी के अनुसार, दमन में इस समय कुल 40 औषध विनिर्माण इकाइयां परिचालित हैं।

(ख) से (ङ): पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय (एमओईएफसीसी) द्वारा प्रदान की गई जानकारी के अनुसार, सभी परिचालन इकाइयों के पास खतरनाक और बायोमेडिकल अपशिष्ट के प्रबंधन के लिए वैध प्राधिकार है। दमन में कोई साझा अपशिष्ट जल शोधन संयंत्र (सीईटीपी) नहीं है और सभी औषध विनिर्माण इकाइयां शून्य तरल निर्वहन प्रणाली के अन्तर्गत काम कर रही हैं। इसके अलावा, पर्यावरण (संरक्षण) अधिनियम, 1986 के तहत उल्लंघन के संबंध में किसी भी कंपनी के खिलाफ कोई मामला दर्ज नहीं किया गया है।

IMPLEMENTATION OF POSHAN 2.0

2450. DR. KALANIDHI VEERASWAMY:

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

- (a) whether the Government has reviewed the progress in implementation of Mission POSHAN 2.0, including the availability and timely delivery of nutritional services and supplementary nutrition provided through Anganwadi Centres across the country, if so, the details thereof;
- (b) the number of beneficiaries registered, supplies delivered and gaps, if any, in

- coverage during the past three years, especially in Tamil Nadu;
- (c) the functioning and effectiveness of the Poshan Tracker app in ensuring real time monitoring, reducing leakages and improving last mile delivery of nutritional services;
- (d) whether there have been shortages or delays in delivery of supplementary nutrition or related services under the programme and if so, the reasons therefor; and
- (e) the steps being taken to enhance infrastructure, strengthen supply chains, ensure capacity building of Anganwadi workers and improve outcomes under Mission POSHAN 2.0 in the forthcoming financial year?

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

(a) to (e): The Ministry has introduced 'Poshan Tracker' application as an important governance tool in March, 2021 for monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators under Mission Poshan 2.0. 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. Poshan Tracker app has enabled the Ministry to review the implementation of the scheme on various parameters and to make course correction. For last mile tracking of

service delivery, Facial Recognition System (FRS) has been introduced in Poshan Tracker app for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker. The details of beneficiaries registered, Services provided at Anganwadi Centres (AWCs) and delivery of Supplementary Nutrition for all the States and UTs including the State of Tamil Nadu are available at Poshan Tracker dashboard: <https://www.poshantracker.in/statistics>. There have been no shortages or delays in delivery of supplementary nutrition or related services under the programme.

Some of the steps taken to enhance infrastructure, strengthen supply chains, ensure capacity building of Anganwadi workers and improve outcomes under Mission POSHAN 2.0 are as follows:

- Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of construction of 50,000 AWCs buildings over a period of 5 years (from 2021 to 2026) @10000 AWCs per year in convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). Further as on 02.02.2026, a total of 1,00,333 Anganwadi Centres has been upgraded to Saksham AWCs.
- The PM JANMAN (Pradhan Mantri Janjatiya Adivasi Nyaya Maha Abhiyan), a total of 2500 AWCs have been approved for construction under PM JANMAN across the country. A total of 178 number of AWCs have been sanctioned for construction in the Particularly Vulnerable Tribal Groups areas (PVTGs).

- Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) launched by the Ministry of Tribal Affairs (MoTA) focusing on convergence, outreach and saturation in approximately, 63843 villages. Under DAGJUA, 875 AWCs have been sanctioned for construction out of which 639 AWCs have become operational wherein 34,936 beneficiaries are registered.
- Streamlining Guidelines have been issued on Quality Assurance, Roles and Responsibilities of Duty Holders, procedure for procurement, integrating AYUSH concepts and Data Management and Monitoring through Poshan Tracker for transparency, efficiency and accountability in delivery of Supplementary Nutrition. Nutritional Status and Quality Standards of food items under Supplementary Nutrition, transparency are being monitored in Supply Chain Management at State, District and Village Level.
- Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the Ministry is imparting training to all the officials and field functionaries in the States/ 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. As on 3rd February 2026, 10,05,756 AWWs have been trained across the country.

आंगनवाड़ी योजना के तहत दी जाने वाली सेवाएँ

2451. श्रीमती मंजू शर्मा:

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

(क) देशभर में आंगनवाड़ी योजना के अंतर्गत प्रदान की जाने वाली सेवाओं का ब्यौरा क्या है;

(ख) क्या देश में कुछ आंगनवाड़ी केंद्र गैर-कार्यात्मक रहे हैं, और यदि हाँ, तो राज्य-वार तत्संबंधी ब्यौरा क्या है;

(ग) क्या आंगनवाड़ी कार्यकर्त्रियों द्वारा उनकी मानदेय में वृद्धि की मांग की जा रही है; और

(घ) यदि हाँ, तो आंगनवाड़ी कार्यकर्त्रियों की मांगों पर विचार करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाने का विचार है?

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

(क): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, देश भर के पात्र लाभार्थियों को छह सेवाओं का एक पैकेज प्रदान किया जाता है, जिनमें पूरक पोषण (एसएनपी), विद्यालय -पूर्व (प्री स्कूल) अनौपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं शामिल हैं। इन छह सेवाओं में से तीन अर्थात् टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं, स्वास्थ्य से संबंधित हैं और राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं।

(ख): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत सभी राज्यों/संघ राज्य क्षेत्रों में कार्यशील आंगनवाड़ी केंद्रों (एवीसी) की संख्या <https://www.poshantracker.in/statistics>. पर उपलब्ध है।

(ग) और (घ): आंगनवाड़ी कार्यकर्त्री और आंगनवाड़ी सहायिका स्थानीय समुदाय की मानद कार्यकर्ता हैं जो स्थानीय समुदाय की मदद के लिए बाल देखरेख और विकास के क्षेत्र में अपनी सेवाएं देने के लिए स्वेच्छा से आगे आती हैं।

आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को मासिक मानदेय दिया जाता है, जिसमें समय-समय पर वृद्धि की जाती है। 1 अक्टूबर, 2018 से, भारत सरकार ने आंगनवाड़ी केंद्रों में

कार्यरत आंगनवाड़ी कार्यकर्त्रियों का मानदेय 3,000 रुपये से बढ़ाकर 4,500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं का मानदेय 1,500 रुपये से बढ़ाकर 2,250 रुपये प्रति माह कर दिया है। यह राशि केंद्र और राज्यों/संघ राज्य क्षेत्रों के बीच निर्धारित लागत हिस्सेदारी अनुपात के अनुसार दी जाती है। इसके अतिरिक्त, आंगनवाड़ी कार्यकर्त्रियों को 500 रुपये और आंगनवाड़ी सहायिकाओं को 250 रुपये प्रति माह का कार्य-निष्पादन आधारित प्रोत्साहन भी दिया जाता है। साथ ही, राज्य/संघ राज्य क्षेत्र अपने संसाधनों से इन स्वैच्छिक कार्यकर्त्रियों को अतिरिक्त मौद्रिक प्रोत्साहन/टॉप-अप भी प्रदान करते हैं, जो राज्यवार भिन्न-भिन्न होते हैं। आंगनवाड़ी कार्यकर्त्रियों को दी जाने वाली अतिरिक्त टॉप-अप राशि का राज्य और संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, आंगनवाड़ी कार्यकर्त्रियों को कुशल निगरानी और सेवा प्रदायगी के लिए स्मार्टफोन उपलब्ध कराकर तकनीकी रूप से समर्थ बनाया गया है। पोषण ट्रेकर एक मोबाइल फोन एप्लिकेशन है जिसमें आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले भौतिक रजिस्ट्रों को डिजिटल किया गया है। इससे उनके काम की गुणवत्ता में सुधार होता है और साथ ही वे आंगनवाड़ियों में चल रही सभी गतिविधियों की तत्समय (रियल टाइम) निगरानी कर पाती हैं।

आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रोत्साहित करने और प्रेरित करने के लिए, निम्नलिखित विभिन्न पहलें की गई हैं:

- (i) अवकाश: 20 दिन का वार्षिक अवकाश और 180 दिनों का सवैतनिक मातृत्व अवकाश, गर्भपात/गर्भस्राव पर एक बार 45 दिनों का सवैतनिक अवकाश।
- (ii) राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के अंतर्गत स्वयं को नामांकित कराने के लिए प्रोत्साहित करें, यह योजना वृद्धावस्था सुरक्षा

सुनिश्चित करने के लिए देश में असंगठित क्षेत्रों हेतु एक स्वैच्छिक और अंशदायी पेंशन योजना है।

(iii) पदोन्नति : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों के लिए पदोन्नति के अवसर बढ़ाए गए हैं। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी सहायिकाओं द्वारा भरे जाने हैं तथा पर्यवेक्षकों के 50% पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाने हैं, बशर्ते कि वे अन्य मानदण्डों को पूरा करती हों।

(iv) सामाजिक सुरक्षा बीमा योजनाएं : 18 से 50 वर्ष की आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) के अंतर्गत 2.00 लाख रुपये का जीवन बीमा (जीवन जोखिम, किसी भी कारण से मृत्यु शामिल है) और 18-59 वर्ष की आयु समूह की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री सुरक्षा बीमा योजना के अंतर्गत 2.00 लाख रुपये (दुर्घटनागत मृत्यु और स्थायी पूर्ण विकलांगता)/1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) का दुर्घटना बीमा प्रदान किया गया है।

(v) सेवानिवृत्ति तिथि: राज्यों और संघ राज्य क्षेत्रों से अनुरोध किया गया है कि वे उचित मानव संसाधन नियोजन सुनिश्चित करने के लिए आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के संबंध में एक समान सेवानिवृत्ति तिथि अर्थात प्रत्येक वर्ष के 30 अप्रैल को अपनाएं।

(vi) वित्तीय वर्ष 2024-25 के बजट में की गई घोषणा के अनुपालन में सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के तहत 5 लाख रुपये की वार्षिक स्वास्थ्य देखरेख कवरेज दी गई है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 केंद्र प्रायोजित योजना है। इसकी नीति एवं योजना के लिए केंद्र सरकार जिम्मेदार है, जबकि कार्यक्रम के दैनिक कार्यान्वयन की जिम्मेदारी राज्य सरकारों/संघ राज्य क्षेत्रों की है।

विवरण

राज्यों/संघ राज्य क्षेत्रों द्वारा वार्षिक कार्यक्रम कार्यान्वयन योजना (एपीआईपी) 2025-26 के अनुसार प्रदान की गई अतिरिक्त टॉप-अप राशि का ब्यौरा:

क्र. संख्या	राज्य/संघ राज्य क्षेत्र	आंगनवाड़ी कार्यकर्त्रियों को अतिरिक्त मानदेय भुगतान (प्रति माह)
1	आंध्र प्रदेश	7,000
2	बिहार	2,500
3	छत्तीसगढ़	5,500
4	गुजरात	5,500
5	हरियाणा	10,250
6	हिमाचल प्रदेश	5,500
7	जम्मू एवं कश्मीर	600
8	झारखंड	5,000
9	कर्नाटक	7,000
10	केरल	5,700
11	मध्य प्रदेश	8,500
12	महाराष्ट्र	8,500
13	ओडिशा	5,500
14	पंजाब	5,500-6,500
15	राजस्थान	5,510
16	तमिलनाडु	3,200
17	तेलंगाना	9,150
18	उत्तर प्रदेश	1,500
19	उत्तराखंड	4,800
20	पश्चिम बंगाल	4,500
21	अरुणाचल प्रदेश	3,000
22	असम	2,000
23	मणिपुर	1,000
24	मेघालय	3,000
25	मिजोरम	450

26	नागालैंड	Nil
27	सिक्किम	7,000
28	त्रिपुरा	3,500-5,946
29	अंडमान और निकोबार	7,500
30	गोवा	5,500 -13,500
31	पुदुच्चेरी	1,950
32	चंडीगढ़	3,600
33	लद्दाख	1,300
34	दिल्ली	6,720
35	दादरा और नगर हवेली एवं दमन और दीव	3,500
36	लक्षद्वीप	5,500

WOMEN'S WELFARE AND PROTECTION IN COAL MINING AFFECTED AREAS

2452. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) whether the Ministry has assessed the gender-specific social, economic and health impacts of coal mining-related displacement in Sundargarh district of Odisha, particularly on women affected by operations of Mahanadi Coalfields Limited, if so, the details thereof;
- (b) whether any data is available on incidences of domestic violence, loss of livelihoods, mental health concerns and access to nutrition and childcare services among women in mining affected and resettled communities, if so,

the details thereof;

- (c) whether women from displaced households are being covered under PMMVY, Mission Shakti, Saksham Anganwadi and One Stop Centres, if so, the details of coverage in Sundargarh district thereof; and
- (d) whether the Ministry has coordinated with coal PSUs and concerned Ministries to ensure gender-sensitive rehabilitation, livelihood support and protection mechanisms for women in coal mining regions, if so, the details thereof?

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

(a) to (d): Mahanadi Coalfields Limited has provided land compensation in project affected villages in Sundargarh district of Odisha as per provision of CBA (A&D) act 1957 and R& R benefits as per Orissa Resettlement and Rehabilitation policy 2006. The resettlement of project affected villages are done at a site away from the vicinity of active mining operations with consent of the project affected persons as well as the host community. All amenities as provisioned in statute/ policy are provided in the resettlement site.

Further, “Police” and “Public Order” are State subjects under the Seventh Schedule to the Constitution of India. The responsibility to maintain law and order, protection of life and property of the citizens including investigation and prosecution in crimes against women and children rests with the respective State

Governments and they are competent to deal with it. Section 8 of the Protection of Women from Domestic Violence Act (PWDVA), 2005 mandates the States/ UTs to appoint such number of Protection Officers in each district as it may consider necessary and also to notify the area or areas within which a Protection Officer shall exercise the powers and perform the duties conferred. It is the duty of the Protection Officer to report the cases of domestic violence to the Magistrate upon receipt of complaints and to assist the Magistrate in the discharge of his functions. However, conviction of an accused person is done by the competent court after careful consideration of factual positions, evidence and all related legal aspects as per the provisions of law. The PWDVA provides to women remedies such as protection order, residence order, custody order, monetary relief, compensation order etc. under it.

Nevertheless, the Central Government gives highest priority to ensuring safety and security of women and has undertaken various legislative and schematic interventions in this regard. These include legislations such as “Bharatiya Nyaya Sanhita”, “Bharatiya Nagrik Suraksha Sanhita”, “The Protection of Women from Domestic Violence Act, 2006”, The Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act 2013, Code on Wages, 2019, the Industrial Relations Code, 2020, the Code on Social Security, 2020 and the Occupational Safety, Health and Working Conditions Code, 2020.

In order to encourage employment of women, the aforementioned four

Labour Codes have been implemented with effect from 21st November 2025, rationalizing 29 erstwhile labour laws. As part of the reforms, the codes prohibit discrimination on the basis of gender, mandate equal pay, and open doors for women to work across all sectors of economy at all times, including underground mining and heavy machinery duties & night shifts; subject to their consent and adequate safety measures by employers.

Besides these legal provisions, there are a number of schemes/ initiatives implemented by various Ministries/ Departments of the Central Government across the country for social and economic empowerment of women, which also includes women working in mining industry, subject to meeting the eligibility conditions prescribed under such schemes/ initiatives. Some of the major schemes/ programmes in this regard are as follows:-

- i. The Ministry of Women and Child Development during the 15th Finance Commission period with effect from the financial year 2022-23, implements Centrally Sponsored, Mission Shakti Umbrella Scheme for safety, security and empowerment of women. Mission Shakti has two sub-schemes - 'Sambal' and 'Samarthya'.
- ii. 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 a new component of Nari Adalat. One Stop Centre (OSC) scheme, which is fully funded by the central government

is being implemented across the country since 1st April, 2015. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It also provides an integrated range of services including medical aid, legal aid and advice, temporary shelter, police assistance, psycho-social counselling to needy women. 896 OSCs are operational across the country (including 34 OSCs in Odisha) and since inception over 12.88 lakh women have been assisted (including 41,627 number of women assisted in Odisha) upto 31th October, 2025.

- iii. Further, 24×7×365 toll-free Women Helpline (WHL-181) has been universalised. It provides emergency and non-emergency services to any women in need by connecting them with appropriate authorities. As of December 31, 2025, a total of 96.37 lakh (including 71,174 number of women assisted in Odisha) women have been assisted across the country. Besides, Emergency Response Support System (ERSS), which is a pan-India single number (112)/ mobile app based system for emergencies is also available to women in distress. Now, Women Help Line (WHL) is integrated with ERSS for providing 24×7 emergency and non-emergency help and support to needy women. In addition, under Nirbhaya Fund, the Central Government has provided financial assistance to States/ UTs for setting up/ strengthening Women Help Desks (WHDs) in all police stations. So far,

14658 Women Help Desks have been established in police stations.

- iv. 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 a new component of Gap Funding for Economic Empowerment i.e. SANKALP : Hub for Empowerment of Women (HEW) to facilitate inter-sectoral convergence of schemes and programs meant for women at the Central, State/ UT and District levels for creating an environment in which women are able to realize their full potential. The support under the HEW provides for guiding, linking and hand holding women to various institutional and schematic set ups for their empowerment and development including access to healthcare, quality education, career and vocational counselling/ training, financial inclusion, entrepreneurship, backward and forward linkages, health and safety for workers, social security and digital literacy.
- v. Under Mission Shakti Scheme, component of Shakti Sadan provides necessary assistance including shelter, food, vocational training for destitute women and women in difficult circumstances. Presently, 413 Shakti Sadans are functional across the country. Out of these, 68 Shakti Sadans are functional in the State of Odisha including 02 Shakti Sadans in the Sundargarh district of Odisha.
- vi. Under Pradhan Mantri Matru Vandana Yojana (PMMVY), cash benefit of Rs.

- 5000/- for first child and Rs. 6000/- for second child, if it is a girl child, are provided in direct benefit transfer mode.
- vii. The Ministry of Women and Child Development also implements the scheme of Saksham Anganwadi and Poshan 2.0. It is a universal scheme, under which free services for nutrition and early childhood care and education for children upto six years and pregnant women and lactating mothers are provided.
 - viii. National Social Assistance Programme (NSAP), Atal Pension Yojana (APY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) have been implemented to provide social protection through insurance coverage and pension.
 - ix. In order to reduce drudgery and enhance the ease of living for the women particularly in the rural areas, under the Swacch Bharat Mission more than 11.6 crore toilets have been constructed, 10.3 crore households have been provided Clean cooking fuel through Ujjawala Yojana and safe and potable tap water connection to nearly 15 crore households through Jal Jeevan Mission.
 - x. Prime Minister Awaas Yojana Gramin (PMAY-G) and Pradhan Mantri Awaas Yojana Urban (PMAY-U) aim to provide 'Housing for All' through provision of pucca house with basic amenities to all houseless families and households living in kutcha and dilapidated house in rural areas and the housing

requirement of Economically Weaker Sections (EWS) including slum dwellers in the urban areas.

- xi. Under Ayushman Bharat, the Government is providing free of cost treatment through over 1200 medical packages to over 55 crore citizens. Out of these, over 141 medical packages are exclusively designed for addressing medical needs of women. Seven types of screening (TB, Hypertension, Diabetes, Oral Cancer, Breast Cancer, Cervical Cancer and Cataract) are provided under the scheme, which have benefitted crores of women including female sex workers. There are nearly 1.8 lakh Health and Wellness Centres (AB-HWCs), also referred to as Ayushman Arogya Mandir, in both urban and rural areas, bring health care closer to the community. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) is the world's largest public funded health assurance scheme, with special focus on poor and disadvantaged women.
- xii. There are over 16,000 Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJK) functional across the country. The PMBJK besides providing affordable medicines and medical devices, including about 40 women specific items also have provision for sale of Sanitary Napkins named 'Suvidha Sanitary Napkins' at extremely affordable price of Rupee 1 per pad.
- xiii. The Central Government had released foodgrains to about 79 crore

beneficiaries to Antyodaya Anna Yojana (AAY) households and Priority Household (PHH) beneficiaries, as per their entitlement, under the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY). Government has decided to continue providing free food grains for the next five years from 2024.

- xiv. Under Pradhan Mantri Kaushal Vikas Yojna (PMKVY) and Prime Minister's Internship Scheme, skill development and vocational training is provided to women.
- xv. Women are also the largest beneficiaries under Prime Minister Jan Dhan Yojna (PM-JDY) one of the largest financial inclusion initiatives in the world which also provides access to direct benefits under various welfare schemes, credit and insurance services.
- xvi. Schemes such as MUDRA Yojna, Stand-Up India, Start-up India, Pradhan Mantri Street Vendors AtmaNirbhar Nidhi (PM SVANidhi), Pradhan Mantri Employment Generation Programme (PMEGP), Viksit Bharat-Guarantee for Rozgar and Ajeevika Mission (Gramin) (VB-G RAM G) provide employment/self-employment and credit facilities. Majority of the beneficiaries under these schemes are women.

केंद्रीय योजनाओं का कार्यान्वयन और मूल्यांकन

2453. श्री तारिक अनवर:

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

(क) क्या राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस-5) और अन्य विश्वसनीय स्रोतों से प्राप्त आंकड़ों के आधार पर सीमांचल क्षेत्र (बॉर्डरलैंड) सहित बिहार में बाल विवाह और लिंग अनुपात की वर्तमान स्थिति के संबंध में सरकार के पास कोई अध्ययन उपलब्ध है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या ये सामाजिक बुराइयां अभी भी उक्त क्षेत्रों में चिंताजनक स्तर पर मौजूद हैं;

(ग) यदि हां, तो इसके क्या कारण हैं;

(घ) उक्त चुनौतियों से निपटने के लिए बेटी बचाओ बेटी पढ़ाओ जैसी केन्द्रीय योजनाओं के कार्यान्वयन और प्रभावकारिता के संबंध में सरकार द्वारा किए गए आकलन का ब्यौरा क्या है; और

(ङ) विशेषकर सीमांचल क्षेत्र जैसे संवेदनशील क्षेत्रों में उक्त योजनाओं की पहुंच और प्रभाव को बढ़ाने के लिए किए जा रहे विशेष उपायों का ब्यौरा क्या है?

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

(क) से (ङ): राष्ट्रीय अपराध रिकॉर्ड ब्यूरो (एनसीआरबी) बाल विवाह प्रतिषेध अधिनियम, (पीसीएमए), 2006 के तहत पंजीकृत बाल विवाह के मामलों की संख्या के आंकड़ों को संकलित करता है और अपने प्रकाशन 'भारत में अपराध (क्राइम इन इंडिया)' में प्रकाशित करता है। उक्त रिपोर्ट, वर्ष 2023 तक अपराध शीर्ष-वार और राज्य और संघ राज्य क्षेत्र-वार उपलब्ध है। एनसीआरबी के पास उपलब्ध जानकारी के अनुसार, वर्ष 2023 में बिहार राज्य में पीसीएमए के तहत पंजीकृत मामलों की संख्या 13 है।

भारत सरकार ने बाल विवाह को रोकने और उन पर अंकुश लगाने तथा बाल विवाह कराने में शामिल लोगों के खिलाफ दंडात्मक कार्रवाई करने के लिए बाल विवाह प्रतिषेध अधिनियम, 2006 (पीसीएमए) अधिनियमित किया है। पीसीएमए की धारा 16 राज्य सरकार को पूरे राज्य या उसके

निर्दिष्ट भाग के लिए एक अधिकारी या अधिकारियों को नियुक्त करने का अधिकार देती है, जिन्हें 'बाल विवाह प्रतिषेध अधिकारी (सीएमपीओ)' के रूप में जाना जाएगा, जिनका क्षेत्राधिकार अधिसूचना में निर्दिष्ट क्षेत्र या क्षेत्रों पर होगा। यह धारा सीएमपीओ द्वारा किए जाने वाले कार्यों को भी निर्दिष्ट करती है, जिसमें उनके द्वारा उचित समझी जाने वाली कार्रवाई करके बाल विवाह को रोकना; अधिनियम के प्रावधानों का उल्लंघन करने वाले व्यक्तियों के खिलाफ प्रभावी अभियोजन के लिए साक्ष्य एकत्र करना; व्यक्तियों या स्थानीय निवासियों को बाल विवाह को बढ़ावा देने, मदद करने, सहायता करने या अनुमति देने में शामिल न होने की सलाह देना; बाल विवाह के दुष्प्रभावों के बारे में जागरूकता पैदा करना; तथा बाल विवाह के मुद्दे पर समुदाय को संवेदनशील बनाना, शामिल है। ये सभी प्राधिकारी संबंधित राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासन के प्रत्यक्ष प्रशासनिक नियंत्रण और पर्यवेक्षण के तहत काम करते हैं।

इसके अलावा, भारत सरकार ने, अधिनियम के कार्यान्वयन को सुदृढ़ करने और बाल विवाह उन्मूलन की दिशा में प्रगति को तेज करने के लिए दिनांक 27 नवंबर 2024 को 'बाल विवाह मुक्त भारत' नामक राष्ट्रीय अभियान आरंभ किया, जिसका उद्देश्य भारत को बाल विवाह मुक्त बनाना है। 'समग्र सरकार' और 'समग्र समाज की भागीदारी' दृष्टिकोण के माध्यम से 'विकसित भारत' के सपने को साकार करने के लिए बालिकाओं और महिलाओं में शिक्षा, कौशल विकास, उद्यम और उद्यमिता को बढ़ावा देना अत्यंत महत्वपूर्ण है। इस अभियान का उद्देश्य बाल विवाह की रोकथाम के लिए जागरूकता पैदा करना, माता-पिता, परिवारों और समुदायों की भागीदारी बढ़ाना, सीएमपीओ की भूमिका और क्षमता को मजबूत करना, बाल विवाह के मामलों की समय पर रिपोर्टिंग को प्रोत्साहित करना और स्कूल छोड़ने वाली या बाल विवाह के जोखिम वाली किशोरियों की पहचान करना है ताकि उनकी शिक्षा, कौशल विकास और सशक्तीकरण सुनिश्चित किया जा सके।

इस अभियान की सफलता का उत्सव मनाने और प्रयासों को और अधिक तेज करने के लिए

बाल विवाह मुक्त भारत के अंतर्गत दिनांक 4 दिसंबर 2025 को 100 दिनों का विशेष अभियान आरंभ किया गया, जिसका उद्देश्य सभी हितधारकों को एक सुनियोजित और समयबद्ध तरीके से एकजुट करना था। इस 100 दिनों के विशेष अभियान का मुख्य उद्देश्य संस्थानों, सामुदायिक नेताओं और सेवा प्रदाताओं तक लक्षित पहुंच बनाना है, साथ ही बाल विवाह प्रतिषेध अधिकारियों (सीएमपीओ) के ब्यौरे को बीवीएमबी पोर्टल पर अनिवार्य रूप से अपलोड करना है।

यह अभियान एक चरणबद्ध विषयगत कार्यान्वयन योजना का अनुसरण करता है। चरण-1 (27 नवंबर, 2025 से 31 दिसंबर, 2025) विद्यालयों, महाविद्यालयों और विश्वविद्यालयों में वाद-विवाद, निबंध प्रतियोगिताओं और शपथ ग्रहण समारोहों के माध्यम से जागरूकता गतिविधियों पर केंद्रित है। चरण-2 (1 जनवरी, 2026 से 31 जनवरी, 2026) धार्मिक संस्थानों और विवाह संबंधी सेवा प्रदाताओं, जिनमें मंदिर, मस्जिद, कैटरर्स, टेंट हाउस और डीजे शामिल हैं, के साथ जुड़ाव स्थापित करना है ताकि बाल विवाह को हतोत्साहित किया जा सके और आईईसी सामग्री प्रदर्शित की जा सके। चरण-3 (1 फरवरी, 2026 से 8 मार्च, 2026) ग्राम पंचायतों और नगर पालिका वार्डों को अपने अधिकार क्षेत्र को बाल विवाह मुक्त घोषित करने वाले प्रस्ताव पारित करने के लिए प्रेरित करने पर केंद्रित है।

बाल विवाह मुक्त भारत पोर्टल (<https://stopchildmarriage.wcd.gov.in>) एक विशिष्ट डिजिटल प्लेटफॉर्म है, जो बाल विवाह की घटनाओं की रिपोर्टिंग, सूचना प्रसार और प्रतिज्ञाओं के पंजीकरण की सुविधा प्रदान करता है। नागरिक, संस्थाएं और जन प्रतिनिधि इस विशिष्ट पोर्टल के साथ-साथ माई गॉव (MyGov) पोर्टल के माध्यम से भी बाल विवाह मुक्त भारत की प्रतिज्ञा ले सकते हैं, जिससे व्यापक भागीदारी को बढ़ावा मिलता है। 11.02.2026 तक, जागरूकता कार्यक्रमों के माध्यम से 7.75 करोड़ से अधिक नागरिकों तक पहुंचा जा चुका है और बाल विवाह के विरुद्ध 31.75 लाख से अधिक प्रतिज्ञाएं पोर्टल पर पंजीकृत की जा चुकी हैं, जो देश भर में मजबूत सामुदायिक जुड़ाव

और सक्रिय भागीदारी को दर्शाती हैं। बीबीएमबी पोर्टल राज्यों और संघ राज्य क्षेत्रों के 61,900 से अधिक सीएमपीओ का एक केंद्रीकृत भंडार है, जिसमें बिहार राज्य के 669 सीएमपीओ शामिल हैं, जिनमें सीमांचल क्षेत्र के 9 जिले (अररिया, कटिहार, किशनगंज, मधुबनी, पश्चिम चंपारण, पूर्वी चंपारण, पूर्णिया, सीतामढ़ी और सुपौल) भी शामिल हैं। यह नागरिकों को एक कुशल रिपोर्टिंग तंत्र प्रदान करता है, जिससे शीघ्र रिपोर्टिंग से बाल विवाहों को रोकने के लिए समय पर कार्रवाई संभव हो पाती है।

बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) योजना 22 जनवरी 2015 को, बाल लिंगानुपात (सीएसआर) और जीवन चक्र निरंतरता के दौरान बालिकाओं तथा महिलाओं के सशक्तीकरण से संबंधित मुद्दों का समाधान करने में मदद करने के लिए शुरू की गई थी। बड़ी संख्या में सरकारी एजेंसियों, समुदायों, मीडिया, नागरिक समाज और आम जनता सहित विभिन्न हितधारकों को एकजुट करके बीबीबीपी नीतिगत पहल से एक राष्ट्रीय आंदोलन में परिवर्तित हो गई है। इस आंदोलन का उद्देश्य न केवल लिंगानुपात और लिंग आधारित भेदभाव से संबंधित तात्कालिक चिंताओं का समाधान करना है, बल्कि बालिका को महत्व देने और उसके अधिकारों तथा अवसरों को सुनिश्चित करने की दिशा में एक सांस्कृतिक बदलाव को बढ़ावा देना भी है। इस योजना का कार्यान्वयन राज्य सरकार और संघ राज्य क्षेत्र के प्रशासन के अधीन है। सीमांचल क्षेत्र सहित बिहार राज्य में जन्म के समय जिलावार लिंगानुपात संलग्न **विवरण** में दिया गया है।

यह बीबीबीपी योजना विभिन्न हितधारकों को सूचित करके, प्रभावित करके, प्रेरित करके, शामिल करके और समर्थ बनाकर बालिका के प्रति मानसिकता और व्यवहार में बदलाव लाने पर केंद्रित है। इस समस्या के समाधान के लिए, मंत्रालय ने एक प्रचालन नियमावली तैयार की है और सभी राज्यों और संघ राज्य क्षेत्रों को वितरित की है, जिसमें अन्य बातों के अलावा, जिला स्तर पर प्रस्तावित समन्वय गतिविधियों के लिए एक विषयगत कैलेंडर शामिल है, जिसमें बालिका के समग्र विकास के लिए माहवार विशिष्ट विषय शामिल हैं और यह सुनिश्चित किया गया है कि बालिकाओं,

उनके परिवारों और समुदायों की वर्ष भर भागीदारी बनी रहे।

नीति आयोग ने महिला एवं बाल विकास मंत्रालय की वित्तीय वर्ष 2019 से 2024 तक की योजनाओं का मूल्यांकन किया है। इस अध्ययन में पाया गया कि मिशन शक्ति का संबल वर्टिकल, जिसमें बीबीबीपी भी शामिल है, अत्यधिक प्रासंगिक है और एकीकृत, आंकड़ा-आधारित सेवाओं के माध्यम से प्रमुख लैंगिक चुनौतियों का प्रभावी ढंग से समाधान करता है।

विवरण

बिहार के सीमांचल क्षेत्र के 9 जिलों में जन्म के समय लिंगानुपात

क्र.सं	ज़िला	2024-25
1.	अररिया	956
2.	कटिहार	946
3.	किशनगंज	929
4.	मधुबनी	803
5.	पश्चिम चंपारण	866
6.	पूर्वी चंपारण	891
7.	पूर्णिया	947
8.	सीतामढ़ी	891
9.	सुपौल	939

BULK DRUG PARKS

2454. SHRI MALAIYARASAN D.:

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

- the current status of the Bulk Drug Parks promoted under the Production Linked Incentive (PLI) Scheme including locations identified and operational status in Tamil Nadu;
- the total investment committed and employment generated so far in such Bulk

Drug Parks in the said State;

- (c) the incentives and support provided to MSMEs and start-ups within the said parks;
- (d) whether any steps have been taken by the Government to promote research and development and innovation in bulk drug manufacturing in the said State; and
- (e) the future plans and timeline for establishing additional Bulk Drug Parks in the State?

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

(a) to (c): There is no provision for Bulk Drug Parks under the Production Linked Incentive (PLI) schemes implemented by the Department of Pharmaceuticals. However, the Department of Pharmaceuticals is implementing another scheme, namely the scheme for Promotion of Bulk Drug Parks, with a budgetary outlay of ₹3,000 crore, under which three bulk drug parks have been approved and are at various stages of development in the States of Andhra Pradesh, Gujarat and Himachal Pradesh, through their respective State implementing agencies. The total project cost of these parks is over ₹6,306.68 crore, with Central assistance to the tune of ₹1,000 crore each for creation of common infrastructure facilities. These parks envisage land and utilities such as power, water, effluent treatment

plant, steam, solid waste management and warehouse facilities at a subsidised rate to bulk drug or API manufacturers for units set up in the park. The State implementing agencies of the States concerned have also offered fiscal incentives in the form of capital subsidy on fixed capital investment, interest subsidy, State Goods and Services Tax reimbursement, exemption of stamp duty and registration charges, etc. Further, the scheme provides for applicants for allotment of land in the parks to set up units for manufacturing products prioritised in the PLI Scheme for Bulk Drugs to have priority in land allotment.

While no Bulk Drug Park has been approved for Tamil Nadu under the said scheme, the Government is promoting infrastructure development and investment in the pharmaceutical sector across the country, including Tamil Nadu, through other initiatives such as Scheme for Promotion of Medical Devices Parks and Production Linked Incentive (PLI) Scheme. The details of these schemes are as under:

(i) Scheme for Promotion of Medical Devices Parks: The Scheme for Promotion of Medical Devices Parks aims to provide easy access to world-class, common infrastructure facilities to medical device units set up in medical device parks. Under this scheme, three parks are being set up and are at an advanced stage of development in Greater Noida, Uttar Pradesh, Ujjain, Madhya Pradesh and Kanchipuram, Tamil Nadu. The total project cost of these Parks is ₹871.11 crore, with Central grant-in-aid to the tune of ₹100 crore each

for creation of common infrastructure facilities, which is expected to enhance industry's competitiveness and reduce production costs through optimisation of resources and economies of scale. Civil construction for the three parks is at the final stages. As of December 2025, 199 medical devices manufacturers have been allotted land in the three parks in a 306.64 acre area and 34 units have commenced construction of their plants.

(ii) Production Linked Incentive (PLI) Scheme:

1. PLI Scheme for promotion of domestic manufacturing of critical KSMs/DIs/APIs in India (commonly known as the PLI Scheme for Bulk Drugs): The scheme, which has a total budgetary outlay of ₹6,940 crore, aims to avoid disruption in supply of critical active pharmaceutical ingredients (APIs) used to make critical drugs for which there are no alternatives by reducing supply disruption risk due to excessive dependence on single source. The scheme provides financial incentives on the sale of 41 identified KSMs/ DIs/ APIs products manufactured through greenfield projects set up under the scheme. Under the scheme, 48 projects are approved for manufacturing of 33 bulk drugs, out of which 2 projects are approved from the State of Tamil Nadu.
2. PLI Scheme for Pharmaceuticals: The scheme, which has a total budgetary outlay of ₹15,000 crore, aims to enhance India's manufacturing capabilities by increasing investment and production in the sector and

contributing to product diversification to high-value goods in the pharmaceutical sector. It incentivises production of high-value medicines such as biopharmaceuticals, complex generic drugs, patented drugs or drugs nearing patent expiry, auto-immune drugs, anti-cancer drugs, etc. as well as production of KSMs/ DIs/ APIs other than those notified under the PLI Scheme for Bulk Drugs, thereby contributing to self-reliance. Under the scheme, 55 applicants are approved for manufacturing of pharmaceuticals and in-vitro medical devices (IVDs) manufactured through both greenfield and brownfield projects. 16 manufacturing units are situated in the State of Tamil Nadu.

3. Production Linked Incentive (PLI) scheme for promoting domestic manufacturing of Medical Devices: The scheme has a budgetary outlay of ₹3,420 crore and a five-year performance-linked incentive period from FY2022-23 to FY2026-27. Under the scheme, selected companies are eligible for financial incentive for incremental sales of domestically manufactured medical devices in the radiotherapy, imaging device, anaesthesia, cardio-respiratory and critical care and implant device segments, for a period of five years. Under the scheme, out of total 28 approved projects two have been approved in Tamil Nadu.

(d): The Department of Pharmaceuticals is implementing the scheme for Promotion of Research and Innovation in Pharma-MedTech Sector (PRIP) with

an approved outlay of ₹ 5000 crore and scheme duration of up to the financial year 2029-30 to strengthen research and innovation by supporting projects across the innovation lifecycle from early research to product development and commercialisation. Under the scheme, seven Centres of Excellence (CoEs) has been established, one at each National Institute for Pharmaceutical Education and Research, with a focus on strengthening research infrastructure, accelerating innovation, and enhancing industry-academia collaboration in identified areas. Of these, the CoE at NIPER Hyderabad is focused on Bulk Drugs.

The scheme also provides financial assistance to industries, MSMEs, start-ups for eligible R&D projects for the development or expeditious validation of new medicines; complex generics and biosimilars; and novel medical devices in identified priority areas taken up either in-house or in collaboration with the academia. The Scheme would incentivize eligible R&D and innovation projects and promote such activities across States including the state of Tamil Nadu.

(e): At present, there is no such proposal of the Government of India to establish a Bulk Drug Park in the State of Tamil Nadu under the Scheme for Promotion of Bulk Drug Parks.

MICRONUTRIENT DEFICIENCY AMONG CHILDREN

2455. SHRI P. V. MIDHUN REDDY:

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

state:

- (a) whether micronutrient deficiency among school children can affect their memory, cognition and working memory;
- (b) if so, whether the Ministry has conducted any survey about micronutrient deficiency among children in the country;
- (c) if so, the details thereof and if not, the reasons therefor; and
- (d) the details of the steps taken by the Government to curb the issue of micronutrient deficiency?

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. The consequences of malnutrition during childhood *inter alia* include weaker immune systems and a greater risk of infection and disease, poor cognitive and developmental outcomes. 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 i.e. the receipt of relevant messages, home visits by the Anganwadi Worker, and attendance at community-based events were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months. Further, a third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and also in 2025 and has found its relevance to be satisfactory for tackling malnutrition in the country. Under Mission Poshan 2.0, various steps have been taken to curb the issue of micronutrient deficiency which are as below:

- 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).

- Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.
- Poshan Vatikas or Nutri-gardens have been set up across the country to provide easy and affordable access to fruits, vegetables, medicinal plants and herbs. To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs.
- One of the major activities undertaken in the Mission Poshan 2.0 is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. Further, Community Based Events (CBEs) conducted at the Anganwadi Centers have served as a significant strategy in promoting healthy nutritional practices.
- The 'Poshan Tracker' application was rolled out as an important governance tool. The Poshan Tracker facilitates dynamic identification of malnutrition 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), Growth

Measurement etc.

Besides above, following interventions are implemented in the schemes of the Ministry of Health and Family Welfare and Ministry of Education to address nutritional deficiencies among children :

- Mothers' Absolute Affection (MAA) Programme is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- Nutrition Rehabilitation Centers (NRCs) are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications with special focus on improving the skills of mothers and caregivers on timely, adequate and appropriate feeding for children.
- Under Anaemia Mukh Bharat (AMB) strategy prophylactic Iron Folic Acid supplementation as biweekly IFA syrup is provided to children (6-59 months) across all States/UTs.
- Lactation Management Centres: Lactation Management Units (LMU) are facilities established to ensure the availability of Mother's Own Milk or Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Intensive Care Units.

- Under National Deworming Day (NDD) Albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children (1-19 years).
- Vitamin A Supplementation programme is implemented to administer biannual Vitamin A supplementation to all children below five years of age (9-59 months).
- Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and childcare including nutrition in convergence with Ministry of Women and Child Development.
- Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) under Ministry of Education provides one hot cooked meal in Government and Government-aided schools as per nutrition norms under Schedule II of NFSA Act, 2013 to school going children from Bal Vatikas (pre-school) to Class VIII. The nutrition norms for the scheme are specified under the Schedule-II of the National Food Security Act, 2013, which have undergone recent revision to give more emphasis on provision of quality protein and essential micronutrients.

SINGLE WINDOW SYSTEM FOR DEATH CASES OF INDIANS ABROAD

2456. SHRI KUNDURU RAGHUVeer:

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

- (a) whether the Government has established or proposes to establish a Single Window System to assist Indian families in case of death of a citizen abroad, including documentation, repatriation of mortal remains, insurance claims, legal procedures and financial support, if so, the details thereof;
- (b) the details of the current mechanism followed by Indian missions abroad to coordinate such cases;
- (c) whether there is a centralized portal or dashboard to track the status of death-related assistance, if so, the details thereof;
- (d) whether the Government has developed inter-ministerial protocols involving MEA, Ministry of Home Affairs, Civil Aviation and State Governments to ensure time-bound redressal and dignified handling of such deaths, if so, the details thereof; and
- (e) whether families have faced challenges in accessing support and compensation due to lack of coordination, specially Nalgonda district of Telangana and if so, the details of corrective steps being taken by the Government?

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

(a) to (c): The Government attaches high priority to addressing and resolving issues affecting Indian nationals abroad, including cases of deaths, local cremation/burial and transportation of mortal remains to their home towns in India.

The Ministry has a well-established mechanism/SOPs to coordinate with all Missions /Posts abroad to provide help to Indian nationals abroad in cases of death or transportation of mortal remains to their home towns in India. Transportation of mortal remains of Indians who die abroad, involves completion of certain formalities as per the local laws before local authorities allow such body/bodies to be transported to India. In case the death is unnatural, police investigations will have to be completed. There exists a well established mechanism in all Indian Missions/Posts to handle such cases with utmost priority. As soon as the information about the death of an Indian national comes to the knowledge of the concerned Indian Mission/Post abroad, they take proactive action by seeking a report from the local Foreign Office and other concerned local 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 of mortal remains to India or the local burial of mortal remains in accordance with the wishes of the family of the deceased.

For transportation of mortal remains, Indian Missions/Posts usually liaise with different authorities in the foreign country, viz., on the following aspects:

- i. Medical report / death certificate issued from the hospital concerned;

- ii. Police report (with English translation, if the report is in any other language), in case of accidental or unnatural death;
- iii. Consent letter from the next of kin of the deceased for local cremation / burial / transportation of mortal remains;
- iv. Issuing of No Objection Certificate (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.

As soon as the authorised person provides relevant documents as per host country's requirement to Missions/Posts abroad, the death of the deceased person is registered and NOC for transportation of mortal remains to India is issued on priority basis, including on holidays. Additionally, 24x7 helpline in Missions/Posts abroad support death registration and transportation of mortal remains to India.

Missions/Posts accord high priority to the issues pertaining to transportation of mortal remains including completion of local documentation work. Issues related to delays in issuance of police report, medical certificate, death certificate etc. by authorities of the host country are taken up during bilateral meetings including Consular Dialogues and High Level Visits. Moreover, the Indian Community Welfare Fund (ICWF) has also been set up in Indian Missions/Posts

abroad for assisting overseas Indian nationals in distress situations on a means-tested basis which also includes transportation of mortal remains of Indian nationals at Government expenditure.

Every Indian Mission/Post abroad has a dedicated consular wing equipped with adequate staff to address grievances of distressed Indian nationals abroad. Missions/Posts monitor the cases for timely and smooth documentation for transportation of mortal remains including guidance to the family and coordination between different agencies. Missions/Posts also have 24x7 Emergency helpline number so that the families can contact them.

(d): 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.

(e): No such instances of challenges in accessing support and compensation due to lack of coordination has been brought to the attention of this Ministry from the families of Nalgonda district of Telangana. Indian Missions/Posts abroad support

and provide assistance to family members of deceased Indian nationals in preparation of requisite documentation in death compensation cases. These include documents such as Legal Heirship Certificate (LHC) and Power of Attorney (POA) which are required for submission in courts in foreign countries on behalf of the legal heirs of the deceased.

Indian Missions/Posts abroad render all necessary assistance to facilitate early settlement of death compensation and insurance claims from local authorities/companies. Missions/Posts abroad have standard operating procedures for the disbursement of compensation of deceased Indian nationals. All death compensation cases are pursued with the employer/ concerned court till the family of the deceased receive the compensation. Missions/Posts abroad also liaise with the concerned foreign governments to ensure early release of the death compensation in case the employer is not cooperating.

VACANT POSTS IN INSTITUTES OF MEDICAL SCIENCES

2457. THIRU DR. S. JAGATHRAKSHAKAN:

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

- (a) the number of sanctioned posts, filled posts, shortfall and backlog vacancies during the past ten years in various hospitals and central institutes of medical sciences like the AIIMS, category-wise including OBC, SC/ST;
- (b) whether there are any issues or discrepancies identified by the Government so

far in the data collection process, if so, the details thereof and if not, the reasons therefor;

(c) the present status of vacancies, particularly those reserved for OBC candidates, including the number of such vacancies that remain unfilled along with the reasons therefor; and

(d) the timeline fixed along with the steps proposed to be taken by the Government to ensure that all pending vacancies, especially those for OBCs, are filled promptly?

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

(a) to (d): The details of sanctioned, filled, vacant faculty and non-faculty posts, and backlog vacancies for SC, ST, OBC in various central institutes of medical sciences under the Ministry are given in the enclosed **Statement**. Reservation rosters for making recruitment are maintained in all these hospitals/institutes under the Ministry in accordance with the instructions issued by the Central Government from time to time.

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

sanctioned positions in the newly set up AIIMS under PMSSY, following special measures have been taken by the Ministry of Health and Family Welfare:

- (i) Standing Selection Committee has been constituted in each Institute as per the provision of their respective Act for selection of faculty etc. Each Institute is mandated to conduct four meetings of the SSC in a year.
- (ii) Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, in new AIIMS, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
- (iii) Visiting Faculty Scheme has been formulated to allow Professors, Additional Professors and Associate Professors, who are holding academic positions in Government Institutions within India or academic institutions outside India, to be the Visiting Faculty in new AIIMS for teaching purposes.
- (iv) Nursing Officer Recruitment Common Eligibility Test (NORCET) is conducted by AIIMS Delhi for recruitment of Nursing Officers for various AIIMS twice a year.
- (v) Common Recruitment Examination (CRE) in 2025 was conducted by AIIMS Delhi twice in the year for recruitment to Group B and C non-faculty positions in various AIIMS.
- (vi) The Institute of National Importance Combined Entrance Test (INI-CET) for selection of Junior Residents (Academic) and the Institute of National

Importance Super Speciality (INI-SS) Exam for selection of Senior Residents
(Academic) for various AIIMS are conducted by AIIMS Delhi twice a year.

STATEMENT

Details of Faculty and Non-Faculty position in hospitals/institutes

Sl. No.	Hospitals/Institutes	Faculty position			Non-Faculty position			Backlog Vacancies		
		Sanctioned	In position	Vacant	Sanctioned	In position	Vacant	SC	ST	OBC
1	New Delhi (Delhi)	1306	860	446	13911	11369	2542	84	91	97
2	Bhopal (Madhya Pradesh)	312	241	71	3874	2920	954	8	3	22
3	Bhubaneswar (Odisha)	337	238	99	3963	2937	1026	65	65	118
4	Jodhpur (Rajasthan)	405	221	184	4048	3322	726	195	69	172
5	Patna (Bihar)	305	219	86	3884	2752	1132	36	22	51
6	Raipur (Chhattisgarh)	305	200	105	3884	2815	1069	14	13	43
7	Rishikesh (Uttarakhand)	355	229	126	4095	2951	1144	101	47	217
8	Bathinda (Punjab)	219	143	76	2090	1453	637	38	17	64
9	Bibinagar (Telangana)	183	132	51	1374	898	476	18	7	23
10	Bilaspur (Himachal Pradesh)	217	130	87	1511	987	524	45	19	74
11	Deoghar (Jharkhand)	208	132	76	1712	940	772	75	42	139
12	Gorakhpur (Uttar Pradesh)	213	117	96	1492	949	543	4	2	5
13	Guwahati (Assam)	183	117	66	1630	879	751	47	17	46
14	Jammu (Jammu & Kashmir)	183	119	64	1311	935	376	20	10	42
15	Kalyani (West Bengal)	309	175	134	2221	1171	1050	26	19	29
Sl. No.	Hospitals/Institutes	Faculty position			Non-Faculty position			Backlog Vacancies		
		Sanctioned	In position	Vacant	Sanctioned	In position	Vacant	SC	ST	OBC
16	Madurai (Tamil Nadu)	183	70	113	911	40	871	5	7	8
17	Mangalagiri (Andhra Pradesh)	309	171	138	1953	1291	662	8	5	12

18	Nagpur (Maharashtra)	373	238	135	2107	1395	712	30	19	45
19	Raebareli (Uttar Pradesh)	209	111	98	1613	1120	493	34	16	68
20	Rajkot (Gujarat)	183	78	105	1410	665	745	20	10	39
21	LHMC & Associated Hospital, New Delhi	386	298	88	1812	1343	469	5	1	11
22	JIPMER, Puducherry	464	360	104	3390	2258	1132	20	9	16
23	PGIMER, Chandigarh	732	593	139	7010	5186	1824	55	141	76

UNDUE DELAY IN IMPLEMENTATION OF JUSTICE

2458. PROF. SOUGATA RAY:

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

- (a) the details of steps taken to make justice predictable, accessible, and humane rather than just theoretically sound, ensuring it reaches the average citizen of the country;
- (b) whether the Government is aware that high litigation costs, complex procedures, and massive backlogs are the main barriers of the sector; and
- (c) if so, the details of steps taken, so far, to minimise the cost of litigation and expedite the procedures?

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

- (a) to (c): The justice delivery system consists of a number of stakeholders involved in dispensation of justice which, inter-alia, includes the judiciary, law enforcement authorities, prosecution agencies and legal aid authorities. The

Government is committed towards facilitating an ecosystem that promotes transparency, public outreach and community engagement thereby aiding a fair justice delivery system.

Some of initiatives taken by the Government in this regard are as under:-

- i. The Government had setup the National Mission for Justice Delivery and Legal Reforms in 2011, with the twin objectives of increasing access to justice by reducing delays and arrears in the system and enhancing accountability through structural changes and by setting performance standards and capacities.
- ii. Under the e-Courts Mission Mode Project, Information and Communication Technology (ICT) has been leveraged for IT enablement of the Indian Judiciary. This has made justice delivery faster, more transparent and accessible to all citizens. The establishment of eSewa Kendras to provide front-end facilitation services to citizens and lawyers, and development of the National Judicial Data Grid (NJDG) as a transparent online repository of case data, has facilitated accessibility to justice. The live streaming of cases and use of video conferencing facilities by courts, jails, etc., has aided greater transparency. Advanced Artificial Intelligence (AI)/ Machine Learning (ML) tools are integrated into judicial workflows, thereby easing the process flow.
- iii. Under the Centrally Sponsored Scheme for Judicial Infrastructure, implemented since 1993-94, funds are being released to the States/UTs for

construction of court halls, digital computer rooms, lawyers' halls, etc., for easing the life of lawyers and litigants, thereby aiding justice delivery. As on 31.12.2025, 22683 court halls are available and 3197 court halls are under construction.

- iv. Fast Track Courts have been established for the expeditious trial of specific categories of cases including heinous crimes, civil cases involving women, children, senior citizens, persons with disabilities, individuals afflicted with terminal illnesses, and property-related cases pending for more than five years. As per information received from the High Courts, 879 FTCs are functional across 22 State/UTs as on 31.12.2025.
- v. In addition, a Centrally Sponsored Scheme for the establishment of Fast Track Special Courts (FTSCs), including exclusive POCSO (e-POCSO) Courts, is operational since October, 2019. These courts are dedicated to the time-bound trial and disposal of pending cases related to rape and the Protection of Children from Sexual Offences (POCSO) Act. As per data provided by the High Courts, 774 FTSCs, including 398 exclusive POCSO Courts, are functional across 29 States/UTs as on 31.12.2025.
- vi. Arrears Committees have been set up in all 25 High Courts and the District Courts as well to clear cases pending for more than five years.
- vii. The Government has also amended The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018,

The Specific Relief (Amendment) Act, 2018, The Arbitration and Conciliation (Amendment) Act, 2019 and The Criminal Laws (Amendment) Act, 2018 with a view to reduce pendency.

- viii. Alternate Dispute Resolution methods have been promoted. The Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes. Amendment to the Arbitration and Conciliation Act, 1996 has been made by the Arbitration and Conciliation (Amendment) Act 2015 for expediting the speedy resolution of disputes by prescribing timelines.
- ix. Lok Adalat is an important Alternative Disputes Resolutions Mechanism available to common people, where the disputes/cases pending in the court of law or at pre-litigation stage are settled/compromised amicably. Under The Legal Services Authorities (LSA) Act, 1987, and award made by a Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against it before any court. National Lok Adalats are organised simultaneously in all Taluks, Districts and High Courts on a pre-fixed date.
- x. Under the Designing Innovative Solutions for Holistic Access to Justice (DISHA) Scheme, citizen-centric and technology-enabled initiatives have been undertaken to ease the justice delivery. The Tele-Law programme provides an effective and reliable e-interface platform connecting the needy

and disadvantaged sections seeking legal advice and consultation with panel lawyers via video conferencing, telephone and chat facilities available at the Common Service Centres (CSCs) situated in Gram Panchayats and through Tele-Law mobile app. The Nyaya Bandhu (Pro Bono Legal Services) Programme promotes a pro bono culture by enabling beneficiaries to access free legal services from registered advocates. Pro Bono Panel of advocates has been established in 23 High Courts. Pro Bono Clubs are functional in 109 Law Schools to instil Pro Bono culture in budding lawyers. Under the Legal Literacy and Legal Awareness Programme (LLLAP) partnerships have been forged with Ministries and allied Departments, Institutions, Schools, etc., for facilitating capacity building of existing grassroots/frontline legal workers/volunteers.

INTEGRATION OF AI INTO AYUSH SYSTEMS

2459. SHRI KAMAKHYA PRASAD TASA:

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

- (a) whether the Government is taking any measures to actively integrate Artificial Intelligence (AI) into Ayush systems for diagnostics, research and service delivery;
- (b) if so, the details of key AI-driven initiatives;
- (c) whether the World Health Organization (WHO) has acknowledged India's AI

innovations in traditional medicine; and

- (d) if so, the details thereof along with the steps taken by the Government to ensure global inter-operability, scientific validation and wider adoption of AI in AYUSH practices?

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

(a) and (b): Ministry of Ayush has taken following steps to actively integrate Artificial Intelligence (AI) into Ayush systems:

The Ayush Grid project serves as the IT backbone of the Ayush sector, driving digital transformation by integrating advanced technologies such as Artificial Intelligence (AI), Machine Learning (ML) and others across functional areas i.e. Healthcare, Research & Development, Education & Awareness etc. Under this initiative, multiple robust digital platforms have been developed to ensure seamless, citizen-centric service delivery. These include the My Ayush Integrated Service Portal (MAISP), the master portal of Ayush Grid, designed to provide integrated access to Ayush services and schemes; the Ayush Hospital Management Information System (A-HMIS) to strengthen diagnostics and healthcare service delivery; and dedicated platforms such as the Ayush Research Portal and the NAMASTE Portal to promote and support evidence-based research in the Ayush sector.

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. Furthermore, an MoU has been signed between National Commission for Indian System of Medicine (NCISM), a statutory body constituted under NCISM Act, 2020 and Birla Institute for Technical Studies (BITS), Pilani to assess the AI preparedness of faculty and students in Ayurveda, Siddha, Unani, and Sowa-Rigpa (ASUS) systems, identify sector-specific needs, and co-develop appropriate AI-based tools, course content, and pedagogies for wider adoption. Additionally 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): 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.

(d): The Ministry of Ayush has undertaken following initiatives to ensure global

interoperability, scientific validation, and wider adoption of Artificial Intelligence (AI) in Ayush practices:

- i. The Ministry of Ayush has played a leading role as a topic driver for Traditional Medicine within the Focus Group on Artificial Intelligence for Health (FG-AI4H). This initiative promotes global collaboration and the standardization of AI in health. The effort has now advanced into the “Global Initiative on AI for Health (GI-AI4H),” jointly led by the World Health Organization (WHO), the International Telecommunication Union (ITU), and the World Intellectual Property Organization (WIPO).
- ii. The Ministry played a pivotal role in developing Traditional Medicine Module 2 of Chapter 26 in the International Classification of Diseases (ICD-11), dedicated to Ayurveda, Siddha, and Unani. This module was officially released on the WHO ICD-11 Portal in February 2025, enabling healthcare providers worldwide to use dual coding for both traditional and conventional diagnoses. This supports comprehensive data collection and enhances global interoperability in healthcare systems.

अवैध आप्रवासन रैकेट पर रोक

2460. डॉ. आनन्द कुमार गोंड:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को देश में चल रहे अवैध प्रवासन रैकेटों की जानकारी है जो धोखाधड़ी से भारतीय

नागरिकों को विदेश भेजकर उन्हें वित्तीय नुकसान पहुंचाते हैं और देश की अंतर्राष्ट्रीय छवि को भी नुकसान पहुंचाते हैं;

(ख) यदि हाँ, तो सरकार ने ऐसे रैकेट को रोकने और उनके खिलाफ सख्त कार्रवाई करने के लिए अब तक क्या कदम उठाए हैं;

(ग) इस संबंध में की-गई- कार्रवाई में हुई प्रगति तथा अब तक प्राप्त परिणामों का ब्यौरा क्या है; और

(घ) भविष्य में अवैध प्रवासन रैकेटों पर प्रभावी रूप से रोक लगाने के लिए सरकार द्वारा क्या अतिरिक्त उपाय प्रस्तावित हैं?

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

(क) से (घ): सरकार को ऐसे मामलों की जानकारी मिली है जिनमें फर्जी भर्ती प्रस्तावों में शामिल संदिग्ध संस्थाओं ने भारतीय नागरिकों को मुख्यतः सोशल मीडिया चैनलों के माध्यम से विभिन्न देशों में रोजगार के लिए लुभाया है। मंत्रालय को देश में अवैध/बेईमान भर्ती एजेंटों की ऐसी धोखाधड़ी वाली गतिविधियों की जानकारी तब मिलती है जब पीड़ित प्रवासी या उनके रिश्तेदार/मित्र/परिवार के सदस्य, जो ठगे गए हैं, शिकायत दर्ज कराते हैं, क्योंकि ये भारतीय नागरिक अपनी मर्जी से धोखाधड़ी करने वाले/बेईमान भर्ती एजेंटों और अवैध चैनलों के माध्यम से विदेश जाते हैं।

उत्प्रवास अधिनियम, 1983 की धारा 10 के अनुसार, कोई भी व्यक्ति/एजेंसी पंजीकरण प्राधिकारी, अर्थात् प्रवासी महासंरक्षक (पीजीई) द्वारा जारी वैध पंजीकरण प्रमाण पत्र (आरसी) के बिना भर्ती एजेंट (आरए) के रूप में कार्य नहीं कर सकता है। अवैध प्रवासन/मानव तस्करी की शिकायतें प्राप्त होने पर, ऐसे मामलों को भारतीय न्याय संहिता (बीएनएस) और अन्य लागू कानूनों के प्रासंगिक कानूनी प्रावधानों के तहत जांच और अभियोजन के लिए राज्य पुलिस को भेजा जाता है।

मंत्रालय फर्जी नौकरी के रैकेटों के खतरों और उनसे बचाव के तरीकों के बारे में ई-माइग्रेट

पोर्टल, सोशल मीडिया और प्रचार के अन्य माध्यमों से परामर्शी जारी करता है। जनवरी 2026 तक, 3,505 अपंजीकृत एजेंटों की एक सूची, जिनके खिलाफ शिकायतें प्राप्त हुई हैं, भावी प्रवासियों को सतर्क करने के लिए ई-माइग्रेट पोर्टल पर प्रकाशित की गई है। मंत्रालय द्वारा ई-माइग्रेट पोर्टल के माध्यम से सुरक्षित और वैध प्रवास के बारे में जागरूकता अभियान देश भर में कार्यशालाओं, प्रशिक्षणों, सूचना सत्रों और मीडिया समूहों, पुलिस अधिकारियों और कानून प्रवर्तन एजेंसियों, स्थानीय प्रशासन, इच्छुक भर्ती एजेंटों, उद्यमियों और आम जनता के लिए डिजिटल अभियानों के माध्यम से चलाया गया है। इन सत्रों के दौरान, प्रवास विनियमों, प्रवासी भारतीय बीमा योजना (पीबीबीवाई), प्रस्थान-पूर्व अभिविन्यास प्रशिक्षण (पीडीओटी) जैसी प्रवासियों के लिए लाभकारी योजनाओं, ई-माइग्रेट पोर्टल और भारतीय दूतावासों द्वारा जारी विभिन्न परामर्शी के बारे में सभी हितधारकों को जागरूक किया जाता है।

विदेश मंत्रालय के प्रवासी महासंरक्षक (पीजीई), भारत भर में 16 प्रवासी संरक्षकों (पीओई) के माध्यम से राज्य सरकारों के साथ अवैध भर्ती एजेंसियों से संबंधित मुद्दों और प्रवास नियमों एवं विनियमों के प्रवर्तन से जुड़ी चुनौतियों के समाधान के लिए नियमित रूप से समन्वय करते हैं। मंत्रालय सुरक्षित और कानूनी प्रवास के लाभों के बारे में विभिन्न हितधारकों को जागरूक करने और फर्जी/अपंजीकृत भर्ती एजेंसियों के माध्यम से अवैध प्रवास को रोकने के उपाय सुझाने के लिए नियमित रूप से ऐसे आउटरीच कार्यक्रम आयोजित करता है। अपंजीकृत भर्ती एजेंसियों के बारे में नियमित सूचना साझा करने के अतिरिक्त, राज्य स्तरीय नोडल अधिकारी के साथ नियमित बैठकें आयोजित की जाती हैं। इसके अतिरिक्त, मंत्रालय द्वारा राज्य सरकारों की कानून प्रवर्तन एजेंसियों के लिए कार्यशालाएं और प्रशिक्षण सत्र आयोजित किए जाते हैं, जिनमें विदेश में रोजगार से संबंधित शिकायतों के निपटान के लिए मंत्रालय की मानक संचालन प्रक्रियाओं (एसओपी) की जानकारी प्रतिभागियों के साथ साझा की जाती है।

हरियाणा में प्रधानमंत्री भारतीय जनऔषधि केंद्र

2461. श्री सतपाल ब्रह्मचारी:

श्री जय प्रकाश:

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

- (क) हरियाणा राज्य में विशेषकर हिसार और सोनीपत संसदीय निर्वाचन क्षेत्रों में प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के अंतर्गत स्थापित प्रधानमंत्री भारतीय जनऔषधि केन्द्रों (पीएमबीजेके) की कुल संख्या कितनी है;
- (ख) गत तीन वर्षों के दौरान उक्त संसदीय निर्वाचन क्षेत्रों में अनुमोदित, कार्यरत और प्रस्तावित जनऔषधि केन्द्रों का वर्ष-वार ब्यौरा क्या है;
- (ग) क्या उक्त संसदीय निर्वाचन क्षेत्रों के ग्रामीण एवं पिछड़े क्षेत्रों में जनऔषधि केन्द्रों की स्थापना को बढ़ावा देने के लिए कोई विशेष प्रोत्साहन योजनाएं क्रियान्वित की गई हैं;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और
- (ङ) क्या सरकार की निकट भविष्य में उक्त संसदीय क्षेत्रों में नए जनऔषधि केंद्र स्थापित करने तथा औषधियों की उपलब्धता सुनिश्चित करने की कोई योजना है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

- (क): प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) योजना के अंतर्गत, दिनांक 31.12.2025 की स्थिति के अनुसार हरियाणा राज्य में कुल 474 जन औषधि केंद्र (जेएके) खोले गए हैं, जिनमें से 35 जेएके हिसार संसदीय क्षेत्र में और 45 जेएके सोनीपत संसदीय क्षेत्र में खोले गए हैं।
- (ख): हिसार और सोनीपत संसदीय निर्वाचन क्षेत्रों में पिछले तीन वित्तीय वर्षों में अनुमोदित और खोले

गए जन औषधि केंद्रों का ब्यौरा निम्नानुसार है:-

क्र.सं.	वित्तीय वर्ष	हिसार संसदीय क्षेत्र	सोनीपत संसदीय क्षेत्र
		खोले गए जेएके की संख्या	खोले गए जेएके की संख्या
1.	2022-23	16	5
2.	2023-24	11	8
3.	2024-25	8	14

(ग) और (घ): इस योजना के अंतर्गत, पूर्वोत्तर राज्यों, हिमालयी क्षेत्रों, द्वीपीय क्षेत्रों और नीति आयोग द्वारा आकांक्षी जिलों के रूप में अधिसूचित पिछड़े क्षेत्रों में खोले गए जेएके के लिए और पूर्व सैनिकों, दिव्यांगजनों और अनुसूचित जातियों और अनुसूचित जनजातियों के सदस्यों सहित कुछ पात्र श्रेणियों के उद्यमियों द्वारा खोले गए जेएके के लिए, जेएके की स्थापना के लिए 2 लाख रुपये का एकमुश्त विशेष प्रोत्साहन दिया जाता है।

(ङ): जेएके को व्यक्तिगत उद्यमियों, गैर-सरकारी संगठनों, सोसाइटियों, ट्रस्टों, फर्मों, निजी कंपनियों आदि से आवेदन आमंत्रित करके खोला जाता है। उक्त संसदीय क्षेत्र सहित देश के सभी जिलों से वेबसाइट www.janaushadhi.gov.in के माध्यम से ऑनलाइन आवेदन आमंत्रित किए गए हैं।

जन औषधि केन्द्रों (जेएके) में दवाओं की प्रभावी और नियमित आपूर्ति सुनिश्चित करने के लिए कई कदम उठाए गए हैं, जिनमें निम्नलिखित शामिल हैं:

- (i) सितंबर 2024 से, जेएके द्वारा सामान्यतः उपयोग की जाने वाली 200 दवाओं, जिनमें योजना उत्पाद बॉस्केट में शामिल बाजार में सर्वाधिक बिक्री होने वाली 100 दवाएं और तेजी से बिकने वाली 100 दवाएं शामिल हैं, का स्टॉक बनाए रखने के लिए प्रोत्साहन दिया गया है, जिसके रखे जाने पर जेएके मालिक इन दवाओं के स्टॉक के आधार पर मासिक प्रोत्साहन के लिए पात्र हैं।
- (ii) एक सुदृढ़ आपूर्ति श्रृंखला प्रणाली स्थापित करने के लिए एक परिपूर्ण सूचना प्रौद्योगिकी सक्षम आपूर्ति श्रृंखला प्रणाली स्थापित की गई है जिसमें पांच मालगोदाम और देश भर में वितरकों का

एक बढ़ता हुआ नेटवर्क शामिल है।

- (iii) इसके अलावा, सामान्यतः उपयोग किए जाने वाले उत्पादों की उपलब्धता सुनिश्चित करने की दृष्टि से, योजना कार्यान्वयन एजेंसी {भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो} द्वारा 400 तेजी से बिकने वाले उत्पादों की नियमित रूप से निगरानी की जाती है और इसकी मांग का निरंतर आधार पर पूर्वानुमान लगाया जाता है। इसके अतिरिक्त, खरीद प्रक्रिया को संवर्धित करने के लिए पूर्वानुमान पद्धति के डिजिटलीकरण के लिए कदम उठाए गए हैं।

महाराष्ट्र में प्लास्टिक पार्क

2462. श्री संजय उत्तमराव देशमुख:

श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

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

- (क) क्या प्लास्टिक पार्क योजना के अंतर्गत महाराष्ट्र राज्य से किसी प्लास्टिक पार्क की स्थापना का कोई प्रस्ताव प्राप्त हुआ है;
- (ख) यदि हाँ, तो उक्त प्रस्ताव का तत्संबंधी ब्यौरा क्या है तथा उसके स्वीकृति, लंबित/विचाराधीन अथवा अस्वीकृति से संबंधित वर्तमान स्थिति क्या है;
- (ग) क्या इस संबंध में सरकार के ध्यान में कोई टिप्पणी/कमी लाई गई है; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और महाराष्ट्र में उक्त पार्क को बनाने में तेजी लाने के लिए सरकार ने क्या कदम उठाए हैं/उठाने का प्रस्ताव है?

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

- (क) से (घ): विभाग ने प्लास्टिक पार्क स्थापित करने की योजना के अंतर्गत विभिन्न राज्यों में 10

प्लास्टिक पार्कों को स्वीकृति दी है। ये 10 प्लास्टिक पार्क कार्यान्वयन के विभिन्न चरणों में हैं और विभाग इन 10 पार्कों के निर्माण को सफलतापूर्वक पूरा करने और इनके संचालन पर ध्यान केंद्रित कर रहा है। वर्तमान में, नए प्लास्टिक पार्कों की स्थापना पर विचार नहीं किया जा रहा है। प्लास्टिक पार्क योजना के अंतर्गत महाराष्ट्र राज्य से कोई प्रस्ताव प्राप्त नहीं हुआ है।

ESTABLISHMENT OF A DISTRICT HIGH COURT BENCH IN BHIWANI— MAHENDERGARH

2463. SHRI DHARAMBIR SINGH:

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

- (a) whether the Government plans to expand judicial infrastructure in new and growing districts, if so, the details thereof;
- (b) whether pendency of cases causes hardship to litigants in this region, if so, the steps taken to address the issue;
- (c) whether e-Courts and video-conferencing facilities are being strengthened, if so, the details thereof;
- (d) whether proposals for new court complexes are under consideration, if so, the details thereof;
- (e) whether land and State support are prerequisites; and
- (f) whether the Government will consider establishing enhanced court infrastructure facilities in Bhiwani–Mahendergarh for speedy justice?

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

(a) to (f): 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 the State Governments/UTs, the Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for District and Subordinate Courts since 1993-94, by providing financial assistance to them in the prescribed fund-sharing pattern between the Centre and States. In the case of State of Haryana, it is in the ratio of 60:40. There are five components covered under the scheme viz. Court Halls, Residential Units for Judicial Officers, Lawyers' Hall, Toilet Complexes and Digital Computer Rooms.

An amount of Rs.243.30 crore (upto 31.01.2026) has been released to the State of Haryana under CSS for Development of Infrastructure Facilities for District and Subordinate Courts since inception of the scheme, out of which Rs.150.44 crore has been released since 2014-15. For financial year 2025-26, a sum of Rs.17.37 crore has been released to the State Government of Haryana (as on 31.01.2026). As per Nyaya Vikas portal, the State of Haryana has 589 Court Halls and 594 Residential Units as on 31.01.2026. Further, 73 Court Halls and 63 Residential Units are under construction. As per the scheme guidelines

under above CSS, release of funds is done only after land is available, all clearances are in place and a certificate to this effect is provided by the States/UTs.

Disposal of pending cases lies within the domain of the judiciary, and no fixed time-frame is prescribed for disposal of various pending cases by the respective courts. Timely disposal depends on factors such as availability of judges and staff, infrastructure, case complexity, evidence, and cooperation of stakeholders. The Government is committed to speedy justice as mandated under Article 21 of the Constitution. Government has taken initiatives like improving court infrastructure, computerization, increasing judicial strength, policy reforms, and re-engineering court procedures to reduce pendency. The High Court of Punjab & Haryana has formulated an Action Plan 2025-26 for District Courts to curb the pendency of cases and has issued instructions to all the District and Session Judges to minimize the grant of unnecessary adjournments for speedy disposal of cases.

Under Phase III (2023- 2027) of eCourts Project, Rs.228.48 crore have been earmarked for enhancing and upgrading the available infrastructure of video conferencing in various establishments, including courts, jail and hospitals based on size of establishment.

Video conferencing facilities have been enabled in 3,240 court complexes and 1,272 jails across the country. Total 3.93 crore (2,95,33,143 in District &

Subordinate Courts and 97,89,552 in High Courts) case hearings through Video Conferencing have been conducted till 31.12.2025. The numbers of cases dealt through video conferencing under the High Court of Punjab & Haryana are as under:-

Name of High Court	Number of cases dealt through video conferencing		
	High Court	District Courts	Grand Total
Punjab and Haryana	6,53,089	37,34,523	43,87,612

उत्तर प्रदेश में क्रिटिकल केयर ब्लॉक और आईपीएचएल

2464. श्री नीरज मौर्य:

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

- (क) क्या प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत उत्तर प्रदेश के बरेली, बदायूं एवं शाहजहांपुर जिलों में 'क्रिटिकल केयर हॉस्पिटल ब्लॉक्स' तथा 'एकीकृत जन स्वास्थ्य प्रयोगशालाओं' का निर्माण कार्य पूर्ण कर लिया गया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या तराई क्षेत्र होने के कारण उक्त जिलों में मलेरिया एवं मेनिन्जाइटिस के बढ़ते मामलों की निगरानी हेतु कोई रियल-टाइम सर्विलांस प्रणाली सक्रिय है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या स्थानीय स्तर पर औषधियों के भंडारण हेतु ब्लॉक-स्तरीय कोल्ड चेन विकसित की गई हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) जिला अस्पतालों में डायलिसिस एवं कीमोथेरेपी सुविधाओं के विस्तार हेतु आवंटित बजट का 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): स्वास्थ्य राज्य का विषय है, इसलिए, स्वास्थ्य परिचर्या सुविधाओं में सुधार का उत्तरदायित्व संबंधित राज्य/संघ राज्य क्षेत्र सरकार का है। प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत उत्तर प्रदेश राज्य के लिए 5 वर्ष (अर्थात् वित्तीय वर्ष 2021-22 से 2025-2026) के लिए 5249.99 करोड़ रुपये की प्रशासनिक स्वीकृति प्रदान की गई है, जिसमें 1670 भवन रहित स्वास्थ्य केंद्रों (एसएचसी-एएएम) का निर्माण, 674 शहरी-एएएम का संचालन, 515 बीपीएचयू की स्थापना, 75 एकीकृत जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) का निर्माण/सुदृढ़ीकरण तथा जिला अस्पतालों/ सरकारी मेडिकल कॉलेज स्तर पर 74 गहन परिचर्या ब्लॉक (सीसीबी) की स्थापना शामिल है।

बरेली, बदायूं और शाहजहांपुर जिलों में गहन परिचर्या ब्लॉक और एकीकृत जन स्वास्थ्य प्रयोगशालाओं की स्थिति निम्नलिखित है:

क्रम संख्या	जिला	सीसीबी		आईपीएचएल	
		अनुमोदित	स्थिति	अनुमोदित	स्थिति
1.	बरेली	1	भूमि की अनुपलब्धता के कारण कार्य शुरू नहीं हो सकी और इसे लखनऊ में स्थानांतरित कर दिया गया।	1	भूमि की अनुपलब्धता के कारण परियोजना शुरू नहीं हो सकी।
2.	बदायूं	1	कार्य शुरू हो गया है। 48% कार्य पूरा हो चुका है।	1	पूर्ण हुआ
3.	शाहजहांपुर	1	कार्य शुरू हो गया है। 50% कार्य पूरा हो चुका है।	1	पूर्ण हुआ

उत्तर प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, एकीकृत रोग निगरानी मंच (यूडीएसपी) पोर्टल का उपयोग राज्य भर में मलेरिया, डेंगू, चिकनगुनिया, एड्स/जेई और अन्य

जलजनित रोगों की नियमित निगरानी के लिए किया जाता है। प्रत्येक जिले के सभी सामुदायिक स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों और उप-केंद्रों से दैनिक, उचित समय का डेटा यूडीएसपी पोर्टल पर दर्ज किया जाता है। इस डेटा का विश्लेषण जिला महामारी विज्ञानी/जिला निगरानी इकाई द्वारा दैनिक आधार पर और राज्य स्तर पर राज्य निगरानी इकाई द्वारा किया जाता है।

(ग) और (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय, प्रधान मंत्री राष्ट्रीय डायलिसिस कार्यक्रम के अंतर्गत डायलिसिस सेवाओं के विस्तार के लिए राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तावित आवश्यकताओं के आधार पर तकनीकी एवं वित्तीय सहायता प्रदान करता है। ये आवश्यकताएँ राज्यों द्वारा किए गए डायलिसिस की मांग के आकलन और उनके समग्र संसाधन बजट के अनुसार निर्धारित की जाती हैं। राज्य/ संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों पर राष्ट्रीय कार्यक्रम समन्वय समिति (एनपीसीसी) की बैठक में चर्चा की जाती है और मौजूदा मानदंडों के अनुसार कार्यवाही अभिलेख (आरओपी) के अनुमोदन के रूप में वित्तीय सहायता प्रदान की जाती है। उत्तर प्रदेश सहित सभी राज्यों/ संघ राज्य क्षेत्रों में शुरू की गई या चल रही स्वास्थ्य सुविधाओं का विवरण मंत्रालय की वेबसाइट पर आरओपी के निम्नलिखित लिंक पर देखा जा सकता है:

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

सार्वभौमिक टीकाकरण कार्यक्रम (यूआईपी) के तहत, राज्यों/ संघ राज्य क्षेत्रों को टीकों के उचित भंडारण और वितरण के लिए आइस लाइन्ड रेफ्रिजरेटर (आईएलआर), डीप फ्रीजर (डीएफ), वॉक-इन कूलर (डब्ल्यूआईसी), वॉक-इन फ्रीजर (डब्ल्यूआईएफ), सोलर रेफ्रिजरेटर, कोल्ड बॉक्स, वैक्सीन कैरियर और आइस पैक उपलब्ध कराए जाते हैं। राज्य पीएमएनडीपी की 31 दिसंबर, 2025 की मासिक रिपोर्ट के अनुसार, उत्तर प्रदेश राज्य में पीएमएनडीपी सभी 75 जिलों में पीपीपी मोड के माध्यम से संचालित है। वर्ष 2025-26 में उत्तर प्रदेश के 67 जिला अस्पतालों के लिए डे केयर सेंटर भी स्वीकृत किए गए हैं।

SHORTAGE OF UREA

2465. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the total quantum of urea (in metric tonnes) allocated and distributed during the last three years in the State of Odisha district-wise, year-wise and month-wise;
- (b) whether the Government is aware of the reports regarding an acute shortage of urea fertiliser used by farmers during the ongoing Kharif season in the Koraput district of Odisha;
- (c) if so, the reasons for the said shortage, including any supply chain disruptions or logistical constraints; and
- (d) the measures being undertaken to ensure the timely availability of urea to farmers and safeguard agricultural operations during the critical cropping season in the said 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): The availability of Urea has remained adequate in the State of Odisha, during the last three years. The district-wise/month-wise information regarding the allocation and supply of Urea during the said period is given in the enclosed **Statements I, II and III.**

(b) to (d): The mandate of Department of Fertilizers is to ensure adequate

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

Accordingly, as per the information received from the State Government of Odisha, the State Government has taken adequate steps to make various chemical fertilisers available to the farmers in the right quantity & at right prices as under:

- State level committee under joint chairmanship of Secretary Agriculture and Farmers Empowerment, Cooperation has been formed to monitor availability of fertilizers in different parts of the State.
- District level committee has been formed under the chairmanship of collector and District Magistrate for micro planning to make fertilizer available in different parts of the district. All the fertilizer manufacturing companies have been directed to supply adequate quantities of all kinds of fertilisers to the MARKFED & the MARKFED also has been advised to ensure availability of fertilizers in all PACS/ LAMPCS as per their requirement.
- Efforts made to channelize sixty percent of all kinds of fertilizers will be channelized through MARKFED for further supply and sale by PACS/LAMPCS.
- For prepositioning of fertilizers during the lean period of requirement a corpus fund of Rs 150.00 crore has been formed and given to MARKFED for purchase and store enough quantity of fertilizers.

- Transportation and handling charges of Rs 375/- per MT is given to MARKFED on Urea supply during Kharif.
- To prevent black marketing/ illegal hoardings/ sell of spurious & non-standard fertilizers regular inspections of fertilizer retail & wholesale points are being carried out by agriculture/ revenue & police personnel under the direct supervision of the Collector v& District magistrate in the districts for any kind of illegal activities.

Further, an adequate quantity of Urea was supplied to Koraput district during the Kharif 2025 season. As on 30.09.2025, against the seasonal requirement of 18,000 MT of Urea, 21,355 MT was supplied. With an opening stock of 6,729 MT, to make total availability 28,084 MT. However, the sales of Urea during the said season were 26,665 MT and the closing stock stood at 1,375 MT in Koraput district of Odisha.

STATEMENT-I**DISTRICT-WISE ,YEAR-WISE,MONTH-WISE ALLOCATION AND DISTRIBUTION OF UREA in LAST THREE YEARS**

(All Fig in MTs)

SI No.	District	KHARIF 2022												RABI 2022-23											
		April		May		June		July		August		September		October		November		December		January		February		March	
		Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply	Alloca- tion	Supply
1	Anugul	540	324	660	338	1,085	1,481	1,070	772	1,080	807	1,065	1,030	630	259	430	302	300	-	420	309	300	44	420	
2	Balangir	1,535	7,272	2,205	5,707	3,910	841	6,390	9,623	4,210	3,696	3,250	4,720	1,140	188	540	-	290	-	550	1,443	840	1,657	1,140	3,107
3	Baleshwar	2,365	2,234	2,195	3,494	2,580	826	1,855	2,040	3,110	2,163	4,395	2,210	1,980	1,456	1,090	-	710	-	1,990	2,690	3,640	8,515	4,590	2,569
4	Bargarh	2,920	1,924	2,750	7,031	4,265	5,556	4,820	8,287	5,605	5,325	4,140	10,601	1,340	7,303	740	1,935	1,520	2,928	6,090	3,946	8,320	6,425	6,990	10,178
5	Bhadrak	1,260	502	1,835	3,071	2,155	2,486	1,185	1,142	2,480	4,297	4,085	4,236	1,940	1,367	1,280	-	570	-	570	143	670	316	470	-
6	Boudh	460	63	590	195	835	508	1,190	1,322	980	725	945	1,087	1,060	103	320	-	90	-	370	153	390	153	270	52
7	Cuttack	1,420	1,924	1,650	1,608	2,645	5,197	2,040	1,397	2,795	1,677	2,950	2,341	2,040	4,751	1,110	710	660	-	1,060	1,190	1,000	-21	1,130	120
8	Debagarh	300	654	345	751	700	200	920	570	720	846	515	743	220	151	100	-	100	208	130		150	100	300	767
9	Dhenkanal	480	296	650	542	830	2,079	760	883	1,125	1,223	1,155	1,068	800	1,645	720	100	180	-	520	400	330	-	450	217
10	Gajapati	485	916	715	658	880	1,507	775	631	1,075	739	1,070	536	800	-	450	-	220	20	320	20	350	149	360	220
11	Ganjam	3,810	4,408	5,130	4,748	7,085	8,946	6,710	7,065	7,840	8,505	8,925	14,186	5,660	100	1,720	101	1,200	949	1,820	-106	1,930	1,127	1,670	2,411
12	J. singhapur	495	416	825	536	915	1,670	950	195	890	839	1,425	1,564	1,070	1,069	410	140	270	-	450	210	370		430	
13	Jajapur	1,080	651	1,375	1,422	1,900	3,395	1,730	876	2,160	1,556	2,755	3,729	1,110	472	720	-	460	-	820	100	720	30	670	767
14	Jharsuguda	440	839	580	123	1,205	423	1,165	1,097	1,245	486	865	766	260	-	150	-	100	330	290		410	158	290	95
15	Kalahandi	3,680	3,044	3,535	2,134	6,170	2,856	8,155	8,769	6,835	3,635	4,625	7,405	1,890	-	520	-	330	-	970	1,254	2,850	5,674	4,940	5,053
16	Kandhamal	125	20	160	50	190	362	195	81	255	41	275	243	180	-	260	-	160	65	150	86	120	61	130	-
17	Kendrapara	495	325	655	728	910	1,956	1,050	370	1,155	1,467	1,235	2,129	1,010	410	450	209	220	-	520	220	390	1	410	210
18	Kendujhar	995	1,428	1,390	1,994	2,400	2,500	3,125	3,577	3,035	2,703	2,055	2,822	920	467	540	-	250	-	460	211	430	25	400	25
19	Khordha	975	843	1,045	739	1,380	2,509	1,120	215	1,515	2,397	1,765	2,696	1,330	1,299	580	400	320	-	810	2,464	750	197	710	-172
20	Koraput	1,860	1,643	2,060	590	3,640	4,430	3,545	3,531	3,400	5,369	1,495	538	540	-	200	431	250	2,517	1,110	1,071	1,790	2,859	2,610	2,947
21	Malkangiri	520	474	925	297	1,695	1,129	1,450	1,177	1,885	1,357	1,025	1,222	710	-	470	-	110	45	330	347	380	747	500	735
22	Mayurbhanj	1,680	2,033	2,140	2,302	3,365	449	2,985	3,778	4,905	7,189	3,425	5,371	1,240	293	760	-	400	-	530	443	810	594	760	132
23	Nabarangpur	4,655	8,322	6,745	11,271	13,595	10,626	10,305	7,285	5,640	6,353	2,060	3,635	650	-	560	2,422	550	333	1,230	3,916	3,090	13,305	7,420	18,376
24	Nayagarh	590	27	855	1,828	1,215	1,233	1,275	559	1,565	1,768	1,500	2,958	960	380	690	250	460	-	550	230	490	510	350	473

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25	Nuapada	755	1,747	935	-	2,145	45	2,760	4,826	1,700	1,206	1,205	2,634	260	-	110	-	320	-	1,100	1,237	1,220	987	1,990	248
26	Puri	1,085	455	1,650	1,379	1,560	2,672	990	145	2,115	2,120	2,100	3,032	1,740	2,364	940	509	530	-	1,510	2,348	1,850	646	1,930	1,029
27	Rayagada	1,050	1,331	1,420	5,328	1,955	65	2,625	5,603	2,745	2,817	2,705	302	1,420	-	370	95	270	30	500	-	390	50	550	50
28	Sambalpur	2,100	4,186	2,545	4,533	4,460	1,242	4,730	3,975	4,075	2,816	3,090	6,603	960	1,592	1,040	206	730	4,291	3,330	411	3,900	2,898	4,540	4,199
29	Subarnapur	1,040	1,694	1,180	1,458	1,475	1,085	1,740	2,744	2,020	1,955	2,045	4,751	520	1,132	130	467	80	223	810	677	1,550	2,146	1,910	1,792
30	Sundargarh	805	1,627	1,255	825	2,855	882	2,390	1,590	1,840	1,303	1,855	1,580	620	377	600	-	350	697	690	-	570	1,291	670	611
STATE TOTAL		40,000	51,618	50,000	65,682	80,000	69,158	80,000	84,126	80,000	77,381	70,000	96,737	35,000	27,174	18,000	8,278	12,000	12,639	30,000	25,413	40,000	50,642	49,000	56,210

STATEMENT-II**DISTRICT-WISE , YEAR-WISE, MONTH-WISE ALLOCATION AND DISTRIBUTION OF UREA in LAST THREE YEARS**

(All Fig in MTs)

SI No.	District	KHARIF 2023												RABI 2023-24											
		April		May		June		July		August		September		October		November		December		January		February		March	
		Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily	Alloca- tion	Sup-Ily
1	Anugul	526	253	691	1,216	1,148	815	1,245	1,062	1,218	1,000	1,022	617	360	175	340	367	320	70	290	290	290	119	400	427
2	Balangir	2,033	7,187	2,438	3,027	3,832	1,729	7,637	3,581	4,084	6,013	2,476	4,112	690	200	300	-	320	-	580	908	810	962	1,300	4,104
3	Baleshwar	1,625	415	1,556	1,239	2,600	2,900	1,979	2,119	3,037	2,837	3,003	4,113	1,230	449	730	1,200	850	1,822	2,180	2,354	3,930	7,171	3,580	441
4	Bargarh	3,033	2,498	3,611	7,054	4,655	5,805	6,175	8,145	5,516	2,689	3,110	7,000	1,360	4,736	1,180	3,640	2,240	3,924	6,900	7,561	8,550	12,444	6,770	4,897
5	Bhadrak	711	922	1,321	5,136	2,510	2,070	1,458	1,738	2,411	2,710	2,989	5,583	1,650	516	680	106	620	1,117	730	3	810	-30	510	146
6	Boudh	489	298	715	596	882	502	1,322	641	1,495	746	947	202	520	146	150	-	150	-	210	189	270	18	200	90
7	Cuttack	1,004	2,283	1,503	3,120	2,349	2,403	2,070	1,861	2,504	932	2,450	2,934	1,360	1,788	860	1,697	950	391	1,040	1,322	1,060	323	1,230	1,337
8	Debagarh	416	192	345	861	738	583	1,284	1,022	657	567	460	942	250	135	150	106	140	107	220	194	270	293	470	167
9	Dhenkanal	365	350	570	1,588	920	819	889	360	981	905	1,155	1,449	510	549	600	120	240	86	390	100	330	240	430	490
10	Gajapati	446	-	730	1,361	993	1,745	1,005	411	1,172	715	1,024	653	470	1,020	150	-	110	-	180	182	310	131	280	829
11	Ganjam	2,877	3	4,007	10,886	6,425	8,355	6,339	4,403	7,224	3,365	6,898	6,266	5,160	8,258	1,080	51	1,340	630	1,780	1,433	1,940	-61	1,700	1,622
12	J. singhapur	445	629	775	585	959	740	1,063	962	982	549	1,146	2,094	680	524	260	242	270	240	460	110	410	130	420	190
13	Jajapur	738	939	1,036	1,174	1,734	2,465	1,690	405	1,761	2,742	1,821	2,541	1,050	257	740	1,309	560	95	750	330	690	65	710	1,140
14	Jharsuguda	509	-	642	1,108	1,235	920	1,467	1,275	1,294	810	703	212	190	48	130	-	150	81	350	64	420	346	260	128
15	Kalahandi	3,312	4,566	3,354	6,514	5,411	7,020	7,885	4,322	6,247	5,947	3,391	3,957	1,200	1,788	170	1,337	340	888	790	727	2,510	6,992	3,990	685
16	Kandhamal	122	-	174	303	256	323	281	85	316	-	321	-	140	28	140	-	110	30	120	142	90	82	100	-
17	Kendrapara	456	130	651	1,314	946	1,164	1,113	564	1,124	1,088	1,080	1,351	640	430	380	280	450	-	550	170	490	226	490	544
18	Kendujhar	1,018	2,807	1,436	1,399	2,128	2,778	3,489	1,642	2,661	4,041	1,618	1,786	670	380	440	49	420	117	540	77	450	274	480	250
19	Khordha	789	170	957	698	1,326	1,218	1,159	1,012	1,248	1,519	1,351	2,100	910	1,728	380	1,643	400	-47	740	1,990	810	238	760	662
20	Koraput	1,982	1,351	2,136	5,349	3,026	4,169	3,772	6,185	3,078	4,077	1,206	230	370	629	160	2,357	310	755	880	2,958	1,680	436	2,600	2,068
21	Malkangiri	525	920	963	1,581	1,845	1,431	1,892	1,272	1,703	1,483	872	-	310	336	80	172	100	214	230	430	360	104	420	290
22	Mayurbhanj	1,272	1,590	2,124	1,929	3,055	2,620	3,236	3,386	4,580	5,972	2,833	3,822	1,020	277	420	221	560	228	720	495	950	429	830	547
23	Nabarangpur	6,182	10,585	7,606	12,863	13,053	8,335	7,602	8,978	3,539	4,295	1,798	100	330	2,334	200	2,844	690	851	1,120	9,638	3,340	8,552	7,820	13,498
24	Nayagarh	580	500	1,015	977	1,300	1,080	1,479	1,196	1,781	1,733	1,165	1,973	570	795	520	515	500	165	430	1,187	390	320	390	1,517

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25	Nuapada	1,025	3,291	846	1,339	2,034	126	3,157	2,223	1,684	2,317	1,004	1,074	100	381	50	-	260	162	570	635	650	1,647	870	59
26	Puri	896	559	1,435	1,271	1,327	1,015	965	1,099	1,789	1,363	1,388	3,229	1,150	1,728	550	752	810	1,051	1,760	2,515	1,810	1,270	1,920	2,073
27	Rayagada	838	-	1,221	6,342	2,156	1,227	2,635	4,393	2,662	2,036	2,368	1,786	640	1,311	280	-	320	32	400	-	380	62	480	1,467
28	Sambalpur	2,490	1,914	2,657	4,056	4,242	5,023	4,985	6,128	3,291	3,577	2,285	3,726	650	1,579	490	1,372	930	713	3,340	2,717	3,580	3,844	4,010	1,915
29	Subarnapur	1,339	2,767	1,188	1,462	1,420	1,100	2,143	2,112	2,103	1,463	1,557	2,907	570	595	150	1,036	190	1,807	1,210	1,025	1,870	3,456	2,010	810
30	Sundargarh	854	441	1,082	1,683	2,885	1,229	2,532	2,839	1,648	1,626	1,249	1,481	250	628	240	256	350	249	540	438	550	1,741	570	480
STATE TOTAL		38,897	47,559	48,785	88,030	77,390	71,710	83,948	75,420	73,790	69,118	54,690	68,241	25,000	33,746	12,000	21,672	15,000	15,781	30,000	40,183	40,000	51,824	46,000	42,873

STATEMENT-III

	DISTRICT-WISE ,YEAR-WISE,MONTH-WISE ALLOCATION AND DISTRIBUTION OF UREA in LAST THREE YEARS																								
District	Kharif 2024													Rabi 2024-25											
	April		May		June		July		August		Sept.		Oct.		Nov.		Dec.		Jan.		Feb.		March.		
	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	Allo- c- catin	Sup- ply catin	
1 Anugul	534	-	808	556	1,037	800	1,364	724	1,190	2,127	1,067	594	360	334	380	-	340	340	340	355	280	237	300	367	
2 Balangir	1,516	9,504	3,229	5,147	5,184	913	8,503	3,036	4,628	2,272	2,945	3,805	940	1,446	430	23	350	350	750	86	850	2,199	1,180	1,516	
3 Baleshwar	1,758	462	2,099	3,679	2,552	228	1,507	2,184	3,030	3,594	3,556	5,030	1,330	693	960	-	980	980	2,130	2,811	3,800	6,756	3,300	7,248	
4 Bargarh	3,147	6,796	4,607	1,488	6,447	4,568	7,549	5,384	6,902	3,188	3,848	6,017	1,300	3,304	1,210	4,276	1,940	1,940	7,400	5,795	9,910	9,841	7,240	9,546	
5 Bhadrak	1,073	618	2,100	6,702	2,674	146	1,490	4,717	3,168	1,665	3,495	4,082	1,560	2,166	870	56	540	540	940	610	700	1,645	390	2,080	
6 Boudh	494	263	826	242	867	812	1,125	1,528	1,693	1,107	995	608	530	368	210	34	130	130	260	171	230	351	140	628	
7 Cuttack	1,095	-10	1,800	2,332	2,012	1,753	2,144	1,255	2,275	4,049	2,174	1,728	1,150	1,229	1,020	28	940	940	1,220	586	950	1,417	1,220	1,909	
8 Debagarh	372	764	400	621	751	657	1,389	1,033	657	631	431	984	280	326	140	131	160	160	270	270	320	250	330	333	
9 Dhenkanal	390	10	720	1,404	785	1,049	985	1,258	1,052	2,369	1,068	1,109	470	1,043	680	30	240	240	400	210	360	467	350	540	
10 Gajapati	390	145	771	901	1,048	508	1,242	1,739	1,133	207	916	1,083	560	545	150		110	110	260		260	290	160	866	
11 Ganjam	2,927	2,397	4,732	5,724	5,920	5,355	6,776	7,973	6,470	1,128	7,175	10,307	4,850	7,966	1,440		1,060	1,060	2,610	-	1,800	1,009	1,240	1,927	
12 J. singhapur	451	-	986	699	875	643	922	1,293	1,102	2,251	1,164	759	690	744	310		260	260	520	160	380	380	340	310	
13 Jajapur	715	844	1,252	1,513	1,444	615	1,206	963	1,766	1,984	1,617	1,058	930	3,127	870	-	640	640	870	1,349	610	1,043	580	1,032	
14 Jharsuguda	371	1,256	786	638	1,326	264	1,495	1,154	1,194	1,014	828	681	180	220	150	50	130	130	360	223	460	437	220	291	

15 Kalahandi	2,56 6	3,81 7	3,99 0	8,03 1	7,56 6	6,85 7	7,54 0	5,17 4	6,87 1	3,67 2	3,46 7	8,35 5	1,49 0	1,52 9	440	-	360	360	1,26 0	1,25 9	3,23 0	4,32 4	4,520 6,252
16 Kandhamal	129	-	218	319	238	91	313	248	312	50	290	106	150	81	140		100	100	140		100	41	70
17 Kendrapara	496	-	875	961	880	400	947	1,31 6	1,11 9	2,07 0	1,18 3	874	710	1,09 0	450		430	430	570	626	470	322	370 567
18 Kendujhar	788	1,98 5	1,69 5	2,04 6	2,51 2	2,33 7	3,39 6	1,22 9	2,91 8	4,88 8	1,69 1	3,15 8	590	704	470	-	440	440	650 7	1,04	430	79	420 233
19 Khordha	943	-	1,19 1	1,24 9	1,15 4	1,36 3	1,07 8	132	1,31 9	1,95 6	1,31 5	983	730	817	490	-	340	340	780	789	610	496	550 604
20 Koraput	1,94 4	4,08 6	2,38 3	2,87 6	4,54 1	2,13 6	4,24 8	1,49 2	3,19 3	5,39 2	1,69 1	2,06 8	310	795	230	2,737	280	280	960	-774 0	1,64 0	4,49 0	2,580 2,676
21 Malkangiri	476	1,15 1	1,14 8	2,21 9	3,01 1	1,76 3	2,20 7	979	2,03 7	2,43 2	1,12 1	1,35 7	310	234	100	245	80	80	250	170	380	767	380 868
22 Mayurbhanj	1,18 1	1,83 5	2,32 3	2,43 4	3,40 3	2,78 7	3,15 8	282	4,26 5	5,39 3	3,17 0	7,29 2	930	404	570	29	530	530	850	893	910	467	710 1,258
23 Nabarangpur	8,13 2	11,0 61	9,02 6	7,62 2	15,4 98	13,7 10	9,22 0	8,85 7	4,99 1	7,36 9	2,13 3	1,87 8	490	602	490	3,672	1,58 0	1,58 0	2,55 0	629	6,59 0	5,54 5	13,300 10,728
24 Nayagarh	605	-	1,11 2	1,20 7	1,40 4	1,23 5	1,38 6	1,51 8	1,73 4	2,03 5	1,25 9	1,07 1	620	1,12 9	630		410	410	520	389	410	618	410 9 18
25 Nuapada	860	-	1,30 9	1,20 8	2,63 6	3,12 2	3,60 6	2,42 6	1,84 4	3,34 9	1,24 5	1,83 0	170	180	60		310	310	830	1,31 5	800	1,83 4	830 18
26 Puri	1,53 5	-	1,70 2	2,05 0	1,57 2	240	1,20 0	1,56 1	1,82 0	1,95 9	1,67 1	974	880	2,29 5	650	-	760	760	1,67 0	1,50 0	1,43 0	2,08 3	1,610 2,050
27 Rayagada	855	1,33 0	1,72 2	3,63 1	2,70 3	3,19 8	3,18 0	836	2,98 8	2,22 7	2,55 2	2,20 9	690	1,95 8	330	-	250	250	450	-	400	-	380 -
28 Sambalpur	2,18 5	2,56 2	3,44 2	2,13 7	5,30 0	2,20 7	5,93 5	6,28 5	4,07 3	5,11 9	3,06 5	3,19 5	790	1,30 4	590	2,404	780	780	3,19 0	2,50 2	3,84 0	4,43 4	3,810 4,131
29 Subarnapur	1,51 4	3,18 8	1,57 2	680	1,87 6	1,48 2	2,55 8	1,04 0	2,60 6	2,10 4	1,87 4	1,91 9	690	943	270	715	220	220	1,46 0	792	2,32 0	3,07 1	2,540 2,660
30 Sundargarh	558	1,42 8	1,17 6	1,07 5	2,78 4	1,20 2	2,33 1	2,02 8	1,65 2	1,46 6	999	1,30 0	320	406	270	323	310	310	540	600	530	503	530 5 38

STATE	40,0	55,4	60,0	71,3	90,0	62,4	90,0	69,6	80,0	79,0	60,0	76,4	25,0	37,9	15,0	14,75	15,0	15,0	35,0	24,3	45,0	55,3	50,000
TOTAL	00	91	00	93	00	39	00	38	00	77	00	21	00	79	00	1	00	00	00	61	00	95	62,058

STATUS OF AIIMS PROJECT

2466. SHRI ABHISHEK BANERJEE.

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

- the current operational status of all AIIMS institutions in the country announced since 2015, including faculty and bed strength;
- the number of AIIMS projects delayed beyond their target dates along with the reasons thereof; and
- whether the Government has fixed any revised deadline for completion of remaining institutes, if so, the details thereof?

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

(a) to (c): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of 15 All India Institutes of Medical Sciences (AIIMS) have been approved in various States/UTs in the country since 2015. The current operational status and details of faculty and bed strength in these AIIMS is at **Statement**. The completion of projects depends upon various factors including transfer of encumbrance free land by the State Government, regulatory clearances and site specific issues.

STATEMENT**Status of AIIMS approved under PMSSY since 2015**

Sl. No.	State/ UT	Location of AIIMS	Status	Sanctioned bed strength	Faculty Position		
					Sanctioned	Filled	Vacant
1	Andhra Pradesh	AIIMS Mangalagiri	Functional	960	309	171	138
2	Assam	AIIMS Guwahati	Functional	750	183	117	66
3	Bihar	AIIMS Darbhanga	Pre-Investment work is in progress	750	20	00	20
4	Gujarat	AIIMS Rajkot	Functional	750	183	78	105
5	Haryana	AIIMS Majra (Rewari)	Under Construction	750	0	0	0
6	Himachal Pradesh	AIIMS Bilaspur	Functional	750	217	130	87
7	Jammu & Kashmir	AIIMS Vijaypur, Samba, Jammu	Functional	750	183	119	64
8		AIIMS Awantipora, Kashr	Under Construction	750	94	00	94
9	Jharkhand	AIIMS Deoghar	Functional	750	208	132	76
10	Maharashtra	AIIMS Nagpur	Functional	960	373	238	135
11	Punjab	AIIMS Bathinda	Functional	750	219	143	76
12	Tamil Nadu	AIIMS Madurai	Under Construction	750	183	70	113
13	Telangana	AIIMS Bibinagar	Functional	750	183	132	51
14	Uttar Pradesh	AIIMS Gorakhpur	Functional	750	213	117	96
15	West Bengal	AIIMS Kalyani	Functional	960	309	175	134

DISCONTINUATION OF VISA FREE ACCESS TO IRAN**2467. SUSHRI MAHUA MOITRA:**Will the Minister of **EXTERNAL AFFAIRS** be pleased to state:-

- (a) whether it is true that Iran has suspended visa free access for Indian citizens due to increase in fraud and trafficking cases, if so, the details thereof;
- (b) the number of such instances where Indians were defrauded along with details of Indian citizens affected during the last five years, year-wise; and
- (c) whether similar instances of fraud and trafficking of Indian citizens have been reported from other countries as well, year and country-wise, if so, the details of the countries, number of such instances reported and Indians affected therein, since 2014, year and country-wise?

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

- (a): The attention of Government was drawn to several incidents of Indian nationals being lured to Iran on false promises of employment or with assurances of onward transit to third countries. These individuals were tricked into journeying to Iran by taking advantage of the visa waiver facility available for ordinary Indian passport holders. On arrival in Iran, many of them were kidnapped for ransom. The Government of the Islamic Republic of Iran accordingly suspended the visa waiver facility available to ordinary Indian passport holders visiting Iran with effect from 17 November 2025. This measure is intended to prevent further misuse of the facility by criminal elements.
- (b): The available year-wise data on Indian nationals kidnapped in Iran after being

defrauded is as follows:-

2021 - Nil

2022 - Nil

2023 - Nil

2024 - 13

2025 - 36

(c): Available information on instances of fraud and trafficking of Indian citizens reported from other countries, year and country-wise since 2014 is given in the enclosed **Statement**.

Government accords utmost priority to the safety, security and well-being of Indian nationals proceeding for employment abroad. As per The Emigration Act 1983, no person/agency can function as Recruiting Agent (RA) without a valid license issued by the Registering Authority. Mandatory registration of RA is aimed to reduce fraud and exploitation of prospective Indian emigrants proceeding for employment abroad. It is also mandatory for ECR passport holders proceeding for employment to any of the 19 notified Emigration Check Required (ECR) countries to obtain Emigration Clearance (EC) from the office of the Protector of Emigrants (POE).

As and when complaints against the illegal agents/dubious firms luring Indian workers in false recruitment offers are received, such matters are referred to the State police for investigation and prosecution under the relevant legal

provisions of the Bharatiya Nyaya Sanhita (BNS) and other legislation in place including the ones enacted by some of the State Governments.

Ministry also issues advisories through eMigrate portal, social media handles and other modes of publicity about the perils of fake job rackets and ways to prevent the same. Till January 2026, a total of 3,505 unregistered agents in country have been notified on the eMigrate portal. The awareness campaign on safe and legal migration through eMigrate portal is carried out by the Ministry across the country from time to time by conducting workshops, training sessions, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public. During these sessions awareness on emigration regulations, schemes beneficial for emigrants like Pravasi Bharatiya Bima Yojana (PBBY), Pre-Departure Orientation Training (PDOT), eMigrate portal and various advisories issued by Indian Embassies are brought to the notice of all stakeholders including job seekers, and they are advised to verify all antecedents of Recruiting Agents before accepting any kind of employment offer and not be enticed and entrapped in the fraudulent job offers.

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

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9														
21 0	Zambia	HCI, Lusaka	0	0	0	0	0	0	0	0	0	0	0	0
21 1	Zimbabwe	EOI, Harare	0	0	0	0	0	0	0	0	0	0	0	0

PROJECT FOR LIQUID CARGO HANDLING AT KOLKATA PORT

2468. SHRI JAGANNATH SARKAR:

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

- (a) the present status of the project for development of a concrete jetty and allied facilities for liquid cargo handling at Budge Budge under the PPP-DBFOT model at the Shyama Prasad Mookerjee Port, Kolkata;
- (b) the key milestones achieved so far, including bid finalisation, concession agreement, statutory clearances and commencement of construction;
- (c) the estimated project cost and the quantum of private investment envisaged under the PPP framework;
- (d) the expected timeline for completion and commissioning of the project; and
- (e) the anticipated benefits of the project in terms of increased liquid cargo handling capacity, decongestion of existing facilities and support to industrial and energy requirements of eastern India?

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

(a) and (b): The tender for the project has been floated on 30.01.2026 and bid may be finalized by 27.03.2026.

(c) and (d): The estimated project cost is Rs. 92.60 crore, which shall be entirely funded by the PPP concessionaire. Further, progress and timelines of restructured project remain subject to receipt of responsive bids and successful completion of the bidding process in accordance with extant guidelines and prescribed procedures.

(e): The project is envisaged to create an additional handling capacity of about 1.125 Million Tonnes, with the potential to improve operational efficiency and output. The associated infrastructure augmentation may facilitate handling of larger vessels within shorter turnaround time and accommodate higher volumes of traffic, thereby contributing to decongestion of existing facilities. The project may also support industries dependent on liquid bulk cargo in the hinterland of Budge Budge and, more broadly, across the eastern India region, including areas beyond the State of West Bengal.

ACTUAL GROWTH IN THE CHEMICALS AND PETROCHEMICALS SECTOR

2469. SHRI KARTI P. CHIDAMBARAM:

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

- (a) the actual market size of the Indian chemicals and petrochemicals sector as on end-2025;
- (b) whether the projected target of USD 300 billion by 2025 has been achieved, if so, the details thereof; and if not, the reasons therefor including constraints related to investments, infrastructure, policy implementation, or the global market conditions;
- (c) the extent of growth in demand and production capacity recorded during the said period vis-a-vis earlier projections; and
- (d) the strategy and the policy measures being pursued to achieve the long-term target of USD 1 trillion by 2040?

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 output for Chemicals and Petrochemicals as per the Annual Survey of Industries (ASI) done by the Ministry of Statistics & Programme Implementation for last five-years, is given in the table below. It may please be noted that the Survey of Industries (ASI) for Financial Year 2024-25 has not been published yet.

The output for Chemicals & Petrochemicals in Rs. Crore					
Year	2019-20	2020-21	2021-22	2022-23	2023-24
Total Output	11,99,309	11,91,354	16,03,219	19,32,057	18,71,943

The Chemical sector is largely delicensed except for a group of three hazardous

chemicals. The sector offers substantial opportunities for growth, diversification as it also feeds several downstream industries such as Agriculture, Fertilizers, Pharmaceuticals, Nutraceuticals, Electronics, Semiconductors, Textiles, Automobiles, Consumer goods, Construction sector, etc.

As per the Foreign Direct Investment Policy, 100% FDI under the automatic route is allowed in the chemicals and petrochemicals sector for both manufacturing and trading activities, thereby facilitating investments in the sector. From April 2000 to September 2025, cumulative FDI equity inflows for the Chemicals sector is INR 1,47,453.93 crore, accounting for 3.11% of total FDI equity inflows into the country. The details of last five years are as under:

Financial Year (April-March)	<u>FDI Equity Inflow from CHEMICALS (OTHER THAN FERTILIZERS) Sector</u>	
	(In INR Crore)	(In USD Million)
(1)	(2)	(3)
2020-21	6,300.21	847.07
2021-22	7,202.22	965.78
2022-23	14,662.04	1,850.01
2023-24	6,985.32	843.97
2024-25	8,943.45	1,060.56
2025-26 (Up to September 2025)	4,598.19	534.12

Further, Department of Chemicals and Petrochemicals has been taking various measures to support the sector. The measures are as follows:

Petroleum, Chemicals and Petrochemicals Investment Regions (PCPIR): To attract investments in chemicals & petrochemicals sector, Department had

notified the Petroleum, Chemicals and Petrochemical Investment Region (PCPIR) Policy. PCPIRs are conceptualized as cluster-based model of Development with common infrastructure and support services. Three PCPIRs have been set up at Dahej (Gujarat), Vishakhapatnam–Kakinada (Andhra Pradesh) and Paradeep (Odisha). Currently, 2,246 chemical units are functional in these PCPIRs having a cumulative investment of Rs. 3,49,192 crore and these regions have generated employment of 3.7 lakh persons.

Plastic Parks: The Department has implemented 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, 9 Plastic Parks have been approved so far and the same are at different levels of implementation.

Free Trade Agreements: Further, various Comprehensive Economic Partnership Agreements (CEPAs) and other Free trade agreements with different countries and regional groupings have been negotiated by the Government in the recent years to promote greater integration of the sector with the global value chains.

These countries / regional blocks include Oman, the United Kingdom, the United Arab Emirates, European Free Trade Association and Australia.

In addition to these infrastructure-led initiatives, the Department has also undertaken the following initiatives aimed at research and development, technology upgradation, and human resource development, to promote the sector.

Centre of Excellence: The Department of Chemicals and Petrochemicals has formulated a scheme on setting up of Centres of Excellence. The objective is to provide grant-in-aid to educational and research institutions to improve existing technology and promote development of new applications of polymers and plastics. The emphasis of the Scheme is on modernization and upgradation of existing manufacturing processes as well as improving the quality of products. Under the scheme, the Government of India provides financial support up to 50 per cent of the total project cost subject to an upper limit of Rs. 5 crores. So far, 18 CoEs have been approved under the Scheme. Earlier, the CoE scheme was only available for petrochemical sector. Now, the revised scheme includes chemicals sector also.

Skilling and Human Resource Development through CIPET: The Central Institute of Petrochemicals Engineering & Technology (CIPET) is a technical education institution under the Department of Chemicals & Petrochemicals, engaged in skill development, technology support, as well as academic and

research activities for the promotion of the petrochemical and allied industry in the country. CIPET has 48 centers across the country. During 2024-25, CIPET provided training to 75,763 persons and during 2025-26 (till 15.01.2026), 46,381 persons have been imparted skill training.

नए सीजीएचएस स्वास्थ्य केंद्र खोलना

2470. सुश्री इकरा चौधरी:

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

- (क) क्या सरकार देश भर में विभिन्न स्थानों पर सीजीएचएस स्वास्थ्य केंद्र खोलने की संभावना तलाश रही है;
- (ख) यदि हां, तो देश में वर्तमान में कितने नए सीजीएचएस स्वास्थ्य केन्द्रों की स्थापना पर विचार किया जा रहा है;
- (ग) क्या उत्तर प्रदेश के शामली और मेरठ जिलों को भी दो नए सीजीएचएस स्वास्थ्य केन्द्रों की स्थापना के लिए संभावित स्थानों के रूप में चिह्नित किया गया है;
- (घ) यदि हां, तो इस संबंध में हुई प्रगति का ब्यौरा क्या है; और
- (ङ) यदि नहीं, तो इसके क्या कारण हैं और क्या भविष्य में इन जिलों को शामिल करने का कोई प्रस्ताव सरकार के पास विचाराधीन है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (ङ): वर्तमान में, देश भर के 81 शहरों में 342 एलोपैथी आरोग्य केंद्र और 111 आयुष इकाईयां कार्यशील हैं। इसके अतिरिक्त, सरकार ने देश भर में विभिन्न स्थानों, नामतः भिलाई, दुर्ग, नर्मदापुरम,

बहादुरगढ़, रेवाड़ी, रोहतक, जमशेदपुर, साबरमती, भरतपुर, अलवर, हलद्वानी, नैनीताल, धर्मशाला, कांगड़ा, पटियाला, उडुपी, शिवमोगा, वारंगल, तिरुपति, नवी मुंबई, हापुड और मंगलुरु में अतिरिक्त 22 नए सीजीएचएस आरोग्य केंद्रों के लिए अनुमोदन प्रदान किया है।

नए सीजीएचएस आरोग्य केंद्र खोलने के लिए मौजूदा मानदंडों में, अन्य बातों के साथ-साथ, संसाधनों एवं उपयुक्त आवास की उपलब्धता और कार्मिक एवं प्रशिक्षण विभाग (डीओपीटी) द्वारा चिकित्सा अधिकारियों, फार्मासिस्टों, स्टाफ नर्स, क्लर्क आदि के पदों के सृजन के अध्यक्षीन न्यूनतम 2500 प्रमुख सीजीएचएस कार्डधारक या 6000 सीजीएचएस लाभार्थी शामिल हैं। इन आरोग्य केंद्रों के लिए पदों की स्वीकृति और निधियों का आवंटन व्यय विभाग वित्त मंत्रालय के कार्यक्षेत्र में आता है।

वर्तमान में, मेरठ जिले में 8 स्वास्थ्य केंद्र पहले से ही कार्यशील हैं। उत्तर प्रदेश के शामली और मेरठ जिलों में नए औषधालय स्थापित करने का कोई प्रस्ताव विचाराधीन नहीं है।

IMPLEMENTATION OF SCHEMES FOR WOMEN AND CHILDREN

2471. SHRI SHYAMKUMAR DAULAT BARVE:

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

- (a) whether Poshan Abhiyaan, Saksham Anganwadi Yojana and Mission Vatsalya, have not achieved expected improvement in indicators related to malnutrition, anaemia, stunting among women and children and child protection in the country;
- (b) if so, the details thereof along with the reasons therefor;
- (c) whether any serious shortcomings exist in the implementation of these

schemes, monitoring mechanisms and coordination at the State level, if so, the details thereof;

(d) whether the Government has conducted any independent social audit/audit by any other agency to assess the effectiveness of these schemes, utilisation of budgetary allocations and on-ground outcomes; and

(e) if so, the details thereof along with the concrete and time-bound steps being taken by the Government to address and rectify these shortcomings?

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

(a) and (b): Various rounds of the National Family Health Survey (NFHS) conducted by Ministry of HEALTH AND FAMILY WELFARE since 1992-93 have shown improvement in malnutrition indicators in children across India. Details of these indicators from NFHS-1 to NFHS-5 are given below:

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93) *	52	53.4	17.5
NFHS-2 (1998-99) **	45.5	47	15.5
NFHS-3 (2005-6) ***	48.0	42.5	19.8
NFHS-4 (2015-16) ***	38.4	35.8	21.0
NFHS-5 (2019-21) ***	35.5	32.1	19.3
Poshan Tracker Data (January' 2026) ***	31.38	13.12	4.36

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS and Poshan Tracker data shows

improvement in malnutrition indicators in children across the country. Further, in 2021, the World Bank conducted a survey in 11 priority States to assess the delivery of nutrition services under Poshan Abhiyaan scheme. The findings demonstrated that the services delivered under 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.

(c) to (e): NITI Aayog has got conducted a third-party evaluation of the schemes of the Ministry of Women and Child Development for Financial Years 2019 to 2024. The study found that the schemes of the Ministry are relevant.

The implementation of schemes including utilization of funds is reviewed on regular basis at various high levels through physical meetings, video conferences and field visits.

INITIATIVES FOR AYUSH HEALTHCARE

2472. SHRI PRAVEEN KHANDELWAL:

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

(a) whether the Government has undertaken any initiatives to strengthen AYUSH healthcare infrastructure across the districts of the country;

- (b) if so, the details thereof along with the number of hospitals, dispensaries and wellness centres established during the last three years and the future expansion plan, State/UT-wise;
- (c) whether steps are being taken to promote the integration of AYUSH systems with mainstream healthcare delivery under the national health programmes; and
- (d) if so, the details thereof?

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

(a) and (b): Public health being a State subject, the primary responsibility for taking initiatives to strengthen Ayush healthcare infrastructure comes under the purview of the respective State/UT Government. However, Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and supporting their efforts for overall development and promotion of Ayush system including strengthening of the infrastructure by providing financial assistance for establishment of 50/30/10 bedded Integrated Ayush Hospitals (IAHs), Ayush dispensaries as well as operationalization of Ayush Health & Wellness Centres (AHWCs) now renamed as Ayushman Aarogya Mandir (Ayush) [AAM (Ayush)] by upgrading existing Ayush dispensaries & Sub Health Centres.

Under NAM, as per the proposals received from the State/UT Governments through State Annual Action Plan (SAAPs), the State/UT-wise status of approved IAHs, Ayush Dispensaries for establishment and AAM (Ayush) for operationalization by upgrading existing Ayush dispensaries & Sub Health Centres during the last three years are given in the enclosed **Statement**.

(c) and (d): Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs) in recent years to integrate Ayush systems (Ayurveda, Yoga Naturopathy, Unani, Siddha, and Homoeopathy) into the mainstream healthcare system in the country; 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 on 30.06.2025, NHM supports co-location of Ayush services in health facilities such as PHCs (6,206), CHCs (3,133), DHs (472) and other health facilities (3,283) by allocating Ayush services in 13,094 health facilities. Also, a total of 24,266 Ayush doctors, 2,275 Ayush paramedics and 3,416 Ayush Pharmacists have been deployed in the States/UTs with NHM funding support.

STATEMENT**State/UT-wise status of approved IAHs, Ayush Dispensaries & AAM (Ayush)**

Sl. No.	State/UT	No. of IAH Approved	No. of Approved Dispensaries	No. of Approved AAM (Ayush)
1	Andamand & Nicobar Islands	0	0	6
2	Andhra Pradesh	0	0	126
3	Arunachal Pradesh	5	2	89
4	Assam	6	100	500
5	Bihar	0	0	294
6	Chandigarh	0	0	12
7	Chhattisgarh	1	0	400
8	Dadra Nagar Haveli and Daman & Diu	1	0	1
9	Delhi	0	0	0
10	Goa	1	0	100
11	Gujarat	2	0	365
12	Haryana	0	0	538
13	Himachal Pradesh	1	0	761
14	Jammu & Kashmir	2	44	523
15	Jharkhand	6	0	745
16	Karnataka	1	0	376
17	Kerala	8	0	700
18	Ladakh	0	0	0
19	Lakshadweep	0	0	7
20	Maharashtra	10	1	390
21	Manipur	7	15	15
22	Madhya Pradesh	6	0	800
23	Meghalaya	1	40	24
24	Mizoram	1	0	41
25	Nagaland	3	0	49
26	Odisha	0	0	422
27	Puducherry	1	0	4
28	Punjab	0	0	158

29	Rajasthan	27	0	2019
30	Sikkim	1	0	18
31	Tamil Nadu	3	2	650
32	Telangana	3	0	421
33	Tripura	0	0	72
34	Uttar Pradesh	2	250	1034
35	Uttarakhand	4	0	300
36	West Bengal	0	0	540
	Total	103	454	12500

CURB ON BLACK MARKETING OF FERTILISERS

2473. SHRI SASIKANTH SENTHIL:

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

- (a) whether the Government has taken any steps to curb black marketing, hoarding and smuggling of chemical fertilisers during the Rabi season of 2025–26, if so, the details thereof;
- (b) whether any raids have been conducted by the Government against fertiliser dealers for sale irregularities, particularly in border districts (such as near Nepal); and
- (c) if so, the details of FIRs registered and licences cancelled/suspended?

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

- (a) to (c): In order to address the issues such as black-marketing, hoarding and smuggling, fertilizers are declared as an essential commodity under the Essential

Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices are sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Accordingly, 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. The States having border districts with neighbouring countries have reported that, to prevent such malpractices, joint inspections with State Agriculture Officers, surprise raids, and stock verification of dealers were conducted, and action was taken under the Essential Commodities Act and the Fertilizer Control Order (FCO), 1985. Further, enforcement was strengthened through regular inspections of manufacturers, wholesalers, and retailers; special drives against overpricing and diversion; monitoring of stocks and movement; quality testing of samples; and implementation of Urea Diversion Prevention Campaigns.

Further, across the States, Since April 2025, 4,30,541 raids have been conducted with 15,544 show cause notices issued, 6,620 licenses suspended/cancelled and 794 FIRs registered against defaulters. The details indicating the number of cases of Black marketing, Hoarding, Sub-standard and

Diversion of fertilizers reported by the State Government are given in the enclosed **Statement.**

STATEMENT

Cumulative Statement from April 25 to February 26 (as on 06.02.2026)																		
Action taken by the State Government to check black marketing, hoarding, quality check, diversion etc during the Kharif season from April 2025 to February 2026 as on date (06.02.2026)																		
		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Total			
States	No. of Inspections/raids	Sho w causable	No. of licenses cancelled/su noticspended	FIR registe red	Sho w causable	No. of licenses cancelled/su noticspended	FIR registe red	Sho w causable	No. of licenses cancelled/su noticspended	FIR registe red	Sho w causable	No. of licenses cancelled/su noticspended	FIR registe red		Sho w causable	No. of licenses cancelled/su noticspended	FIR registe red	
Andhra Pradesh	21631	80	10	9	196	11	19	354	0	0	19	4	12	NIL	649	25	40	
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	
Assam	4864	12	6	1	59	0	0	46	1	0	27	0	0	NIL	144	7	1	
Bihar	23443	1264	797	117	7	0	0	6	0	0	0	0	0	NIL	1277	797	117	
Chhattisgarh	6975	295	13	4	29	1	0	145	5	0	24	0	0	NIL	493	19	4	
Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	
Delhi	355	0	0	1	0	0	0	3	0	0	0	3	0	NIL	3	3	1	
Goa	619	544	180	6	10	0	0	32	1	0	16	0	0	NIL	602	181	6	
Gujarat	16480	56	3	1	25	0	0	131	2	0	19	4	11	NIL	231	9	12	
Haryana	5139	65	15	10	24	20	5	51	12	6	13	5	6	NIL	153	52	27	
Himachal Pradesh	15	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	
Jammu &	4855	143	44	2	34	3	0	67	2	0	8	0	0	NIL	252	49	2	

Kashmir																		
Jharkhand	759	57	20	11	32	4	0	2	0	0	1	1	0	NIL	92	25	11	
Karnataka	8824	368	25	1	243	5	0	246	14	2	96	6	8	NIL	953	50	11	
Kerala	1608	0	0	0	0	0	0	50	0	0	4	0	4	NIL	54	0	4	
Madhya Pradesh	6110	0	0	92	0	0	0	744	44	4	729	160	15	NIL	1473	204	111	
Maharashtra	49007	16	0	16	0	0	0	1704	1354	44	1	73	2	NIL	1721	1427	62	
Manipur	3	0	0	0	0	0	0	0	0	0	1	0	0	NIL	1	0	0	
Meghalaya	707	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	
Mizoram	37	2	0	0	0	0	0	0	0	0	4	0	0	NIL	6	0	0	
Nagaland	78	14	0	14	0	0	0	101	0	0	2	64	1	NIL	117	64	15	
Odisha	7640	4	3	2	0	0	0	55	1	1	2084	110	4	NIL	2143	114	7	
Puducherry	52	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0	
Punjab	6513	37	1	1	20	0	1	307	93	3	5	0	6	NIL	369	94	11	
Rajasthan	11938	652	118	48	74	40	34	512	1	2	27	22	27	NIL	1265	181	111	
Tamil Nadu	21342	14	0	4	6	8	0	33	25	0	112	17	1	NIL	165	50	5	
Telangana	135052	5	9	3	4	2	0	128	0	0	4	0	5	NIL	141	11	8	
Tripura	803	0	0	0	9	0	0	0	0	0	0	0	0	NIL	9	0	0	
Uttar Pradesh	42548	2480	2951	183	164	139	11	167	161	20	88	7	14	3	2899	3258	228	
Uttarakhand	510	0	0	0	0	0	0	0	0	0	43	0	0	NIL	43	0	0	
West Bengal	52634	0	0	0	0	0	0	289	0	0	0	0	0	NIL	289	0	0	
Total	430541	6108	4195	526	936	233	70	5173	1716	82	3327	476	116	3	15544	6620	794	

TESTING AND MONITORING OF DRUGS

2474. SHRI PRADYUT BORDOLOI:

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

- (a) the details of the samples of cough syrups, medicines, oral rehydration salts (ORS), protein powders and other nutritional supplements tested by the Central Drugs Standard Control Organisation (CDSCO) during the last five years, State/UT-wise;
- (b) the number of samples found to be substandard or adulterated, along with the action taken against the concerned manufacturers or distributors and any public notification issued warning against adulteration;
- (c) whether the Government has launched any special drives to track and prevent counterfeit health and nutritional products and if so, the details thereof and if not, the reasons therefor; and
- (d) the steps taken/proposed to be taken by the Government to strengthen drug testing infrastructure and laboratory capacity in States/UTs?

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

(a) and (b): The manufacture, sale and distribution of drugs are regulated in the country under the provisions of Drugs & Cosmetics Act, 1940 and Rules thereunder through a system of licensing and inspection.

As per information received from various States/Union Territories Drugs Controllers (SDCs), number of drug samples reported Not of Standard Quality/spurious/adulterated by the States/UTs Drugs Controller during the last

five years is as follows:

Financial Year	No. of drugs samples tested	No. of drugs samples declared Not of Standard Quality	No. of drugs samples declared Spurious/ Adulterated
2020-21	84,874	2,652	263
2021-22	88,844	2,545	379
2022-23	96,713	3,053	424
2023-24	1,06,150	2,988	282
2024-25	1,16,323	3,104	245

Further, Food Safety Standard Authority of India (FSSAI) and its regional offices through the State/UT Food Safety Departments, carry out regular surveillance, monitoring, inspections, and random sampling of food to ensure compliance with the quality & safety standards established under the Food Safety and Standards Act (FSS), 2006, and the Rules and Regulations made thereunder.

(c): As a part of quality monitoring and in order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO), in collaboration with state regulators, initiated risk-based inspections of drug manufacturing and testing firms in December 2022. Firms have been identified based on risk criteria like number of drugs declared as not of standard quality, complaints, criticality of the products

etc. As of now, CDSCO along with SDCs have conducted risk-based inspections of more than 960 premises since December, 2022 and based on findings, more than 860 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken by the States/UTs as per the provisions of the Drugs Rules 1945.

List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Adulterated by the Central Drugs Testing Laboratories is uploaded and available on the website of CDSCO under the heading of Drug Alert (www.cdsc.gov.in) and actions initiated as per provisions of the Drugs and Cosmetics Act, 1940 and rules thereunder.

(d): Further, for strengthening the drug regulatory system in the country, Ministry of Health and Family Welfare has implemented a Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS). The scheme envisages upgrading existing State laboratories, setting up of new drug testing laboratories and upgradation of existing State drug control offices in the country. Under the SSDRS Scheme, funds totalling Rs. 756 Crore has been released to States/UTs as part of the Central Share and 19 New Drug Testing Labs have been constructed and 28 existing labs have been up-graded in various States/UTs.

वैकल्पिक विवाद समाधान तंत्र

2475. श्री आदित्य यादव:

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

- (क) क्या सरकार ने उत्तर प्रदेश के बदायूं जिले में लोक अदालतों, मध्यस्थता केन्द्रों और मुकदमेबाजी पूर्व निपटान मंचों सहित वैकल्पिक विवाद समाधान तंत्रों के उपयोग और प्रभावकारिता का आकलन किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) सरकार द्वारा वैकल्पिक विवाद समाधान (एडीआर) तंत्र के माध्यम से विवाद समाधान को बढ़ावा देने, न्यायालयों पर मामलों के बोझ को कम करने और जिला स्तर पर विवादों के शीघ्र समाधान को प्रोत्साहित करने के लिए की गई-कार्रवाई का ब्यौरा क्या है; और
- (ग) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ग): सरकार द्वारा विशेष रूप से उत्तर प्रदेश के बदायूं जिले के संबंध में ऐसा कोई मूल्यांकन नहीं किया गया है। तथापि, सरकार देश में माध्यस्थता और सुलह सहित वैकल्पिक विवाद समाधान (एडीआर) तंत्रों को बढ़ावा संवर्धन करना देना जारी रखे हुए है, क्योंकि ये तंत्र कम प्रतिकूलकारी हैं और विवादों को सुलझाने के पारंपरिक रीति का बेहतर विकल्प प्रदान करने में सक्षम हैं। सरकार इन तंत्रों को मजबूत करने और उन्हें अधिक प्रभावी और त्वरित बनाएं रखने के लिए नीतिगत और विधायी हस्तक्षेप भी कर रही है।

केंद्रीय सरकार द्वारा वर्षों से इस संबंध में उठाए गए प्रमुख कदमों और उपायों में माध्यस्थता और सुलह अधिनियम, 1996 सम्मिलित है, जिसमें माध्यस्थता परिदृश्य में वर्तमान विकास के साथ गति बनाए रखने और माध्यस्थता को एक व्यवहार्य विवाद समाधान तंत्र के रूप में सक्षम बनाने के लिए

वर्ष 2015, 2019 और 2020 में क्रमिक रूप से संशोधन किए गए हैं। इन संशोधनों का उद्देश्य माध्यस्थम कार्यवाही का समय पर समापन सुनिश्चित करना, मध्यस्थों की निष्पक्षता, माध्यस्थ प्रक्रिया में न्यायिक हस्तक्षेप को कम करना, माध्यस्थम निर्णयों का प्रभावी प्रवर्तन और संस्थागत माध्यस्थम का संवर्धन करना है।

वाणिज्यिक न्यायालय अधिनियम, 2015 में वर्ष 2018 में संशोधन किया गया, जिसमें पूर्व-संस्थागत माध्यस्थम और निपटान (पीआईएमएस) तंत्र का उपबंध किया गया। इस तंत्र के अंतर्गत, जहां किसी विनिर्दिष्ट मूल्य के वाणिज्यिक विवाद में तत्काल अंतरिम राहत की विचार नहीं है, पक्षों को न्यायालय में जाने से पहले पीआईएमएस के अनिवार्य उपाय का उपयोग करना होता है। इसका उद्देश्य पक्षों को माध्यस्थम के माध्यम से वाणिज्यिक विवादों को हल करने का अवसर प्रदान करना है।

भारत अंतर्राष्ट्रीय माध्यस्थम केंद्र अधिनियम, 2019, संस्थागत माध्यस्थम को सुगम बनाने के उद्देश्य से एक स्वतंत्र, स्वायत्त और विश्व स्तरीय निकाय के सृजन कई प्रयोजन भारत अंतर्राष्ट्रीय माध्यस्थम केंद्र की स्थापना का उपबंध करने और केंद्र को राष्ट्रीय महत्व का संस्थान घोषित करने के लिए अधिनियमित किया गया था। केंद्र की स्थापना हो चुकी है और इसका उद्देश्य माध्यस्थम के माध्यम से वाणिज्यिक विवादों के समाधान के लिए एक निष्पक्ष विवाद समाधान मंच प्रदान करके घरेलू और अंतर्राष्ट्रीय दोनों पक्षों के बीच विश्वास जगाना है।

मध्यकता अधिनियम, 2023, विवाद करने वाले पक्षों द्वारा अपनाई जाने वाली मध्यकता के लिए विशेष रूप से संस्थागत मध्यकता के तत्वावधान में विधायी ढांचा अधिकथित करता है। मध्यकता अधिनियम, 2023 मध्यकता पर एक स्वतंत्र विधि प्रदान करने और न्यायालय के बाहर विवादों के सौहार्दपूर्ण निपटारे की संस्कृति को बढ़ावा देने की दिशा में एक महत्वपूर्ण विधायी हस्तक्षेप साबित होने की की आशा की जाती है।

लोक अदालतों का आयोजन देश भर में राष्ट्रीय विधिक सेवा प्राधिकरण (लोक अदालतें)

विनियम, 2009 के साथ पठित विधिक सेवा प्राधिकरण अधिनियम, 1987 के उपबंधों के अनुसार उक्त अधिनियम की धारा 2 (ककक) के अधीन यथापरिभाषित न्यायालयों और अधिकरणों में उक्त अधिनियम और विनियमों के अधीन यथा विहित विषयों के लिए किया जाता है। लोक अदालतों में न्यायालयों में विवादों या लंबित मामलों पर या मुकदमे से पहले के चरण में सभी मामलों को सौहार्दपूर्ण ढंग से निपटाने का प्रयास किया जाता है। न्याय प्रशासन की एक त्वरित, कम खर्चीली और तेज प्रणाली के रूप में इसकी प्रभावशीलता को मान्यता देते हुए, लोक अदालत को विधिक सेवा प्राधिकरण अधिनियम, 1987 के अधीन कानूनी प्रास्थिति प्रदान की गई है। लोक अदालत द्वारा दिया गया निर्णय सिविल न्यायालय के डिक्री के समान माना जाता है और यह सभी पक्षों पर अंतिम और बाध्यकारी होता है। इस निर्णय के विरुद्ध किसी भी न्यायालय में अपील नहीं की जा सकती।

PUBLIC HEALTH AND NUTRITION EXPERTS

2476. SHRI G. KUMAR NAIK:

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

- (a) whether the Government has taken note of recent recommendations from public health and nutrition experts, including the National Think Tank on Nutrition (Nutrition Advocacy in Public Interest), urging the classification of High Fat, Sugar and Salt (HFFS) and Ultra-Processed Foods (UPFs) as 'sin goods' or demerit goods in view of their documented adverse health impacts and if so, the details thereof; and
- (b) whether the Government is considering a comprehensive National Strategy to curb UPF consumption, including stronger front-of-pack labelling, restrictions on

marketing to children, reformulation guidelines and public-awareness campaigns and if so, the details thereof along with the timeline fixed 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): 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 which lay down comprehensive provisions relating to the labelling of pre-packaged foods. It mandates comprehensive labelling requirements to ensure consumers are well-informed about the food products they purchase. These requirements include the name of the food displayed on the front of the pack, a detailed list of ingredients per 100g, 100ml, or per single serving, along with the Recommended Dietary Allowance (RDA) and a detailed nutritional information for energy, total fat, saturated fat, trans fat, cholesterol, added sugar, and sodium etc. 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.

FSSAI has under taken awareness campaign “#HarLabelKuchKehtaHai” under the ‘Eat Right India’ movement to empower citizens with label literacy for informed choices. It aims to educate consumers on key elements like nutritional information (calories, fats, sugars, protein, serving size), ingredient lists, allergen warnings, and date markings.

Further, Indian Council of Medical Research (ICMR) has informed that according to the ICMR- National Institute of Nutrition (NIN)’s Dietary Guidelines for Indians (<https://www.nin.res.in/dietaryguidelines/index.html>), consumption of Foods High in Fats, Sugars and Salt (HFSS) foods should be minimized.

HEALTH IMPACTS OF AIR POLLUTION

2477. SHRI BALWANT BASWANT WANKHADE:

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

- (a) whether a recent study by the Indian Council of Medical Research has found that 77 per cent of the country's population was found to be exposed to ambient air pollution levels above the national safe limit and worst hit States are Rajasthan, Uttar Pradesh, Bihar, Delhi, Punjab, Haryana, Uttarakhand

and that 26 per cent premature deaths/disease burden have taken place due to air pollution and if so, the details thereof;

- (b) the position in each of these aspects at the time of independence and at present, in all States and Union Territories; and
- (c) the corrective steps taken by the Government in each of these aspects?

THE MINISTER 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): ICMR partnered in a study that developed estimates based on modelling which were published in a paper titled 'The impact of air pollution on deaths, disease burden, and life expectancy across the states of India: the Global Burden of Disease Study 2017' in The Lancet Planetary Health 2018. According to these modeled estimates, India contributed to 26.2% of the global disability-adjusted life years (DALYs) attributable to air pollution in 2017. About 76.8% of the population of India was exposed to annual population-weighted mean Particulate Matter (PM) 2.5 greater than $40 \mu\text{g}/\text{m}^3$. Delhi had the highest annual population-weighted mean PM_{2.5} in 2017, followed by Uttar Pradesh, Bihar, and Haryana in north India.

Ministry of Environment, Forest and Climate Change (MoEF&CC) has informed that it launched the National Clean Air Programme (NCAP) in 2019 to improve air quality in 130 non-attainment and Million-Plus Cities in 24 States/UTs

through a comprehensive, integrated and collaborative approach involving Central and State Governments, Urban Local Bodies (ULBs) and other stakeholders. It emphasizes source-specific mitigation measures through the implementation of city, state, and national-level Clean Air Action Plans. These plans target air pollution sources like soil & road dust, vehicular emissions, waste burning, Construction & Demolition activities, and industrial pollution. The programme emphasises the mobilisation of resources through convergence of various schemes of Central & State Governments such as Swachh Bharat Mission (Urban), AMRUT, Smart City Mission, PM e-Bus Sewa, PM E-DRIVE, Sustainable Alternative Towards Affordable Transportation (SATAT), and Nagar Van Yojana, as well as resources of State Govts. / UT administrations, Municipal Corporations and other developmental authorities.

Moreover, the Government has taken several initiatives to address pollution from PM_{2.5} levels inter-alia include leapfrogging from BS-IV to BS-VI fuel and vehicle norms effective from 1st April 2020, promotion of e-mobility and alternate fuels, voluntary vehicle scrapping policy through Voluntary Vehicle-Fleet Modernization Program (VVMP), implementation of Extended Producer Responsibility (EPR) framework for End-of- Life Vehicles (ELVs).

The programme implementation is tracked through the PRANA - Portal for Regulation of Air Pollution in Non-Attainment Cities. Swachh Vayu Survekshan initiative is conducted annually to rank 130 cities based on

implementation of various air quality improvement measures. Better performing cities are felicitated annually. Further, guidelines for Ward-level Swachh Vayu Survekshan promotes awareness and public participation towards air quality improvement.

In addition, to address air pollution in Delhi-NCR, Government has established the Commission for Air Quality Management (CAQM) for better coordination, research, identification and resolution of problems of air pollution in Delhi- NCR and adjoining areas. Commission has prepared Graded Response Action Plan (GRAP) which provides set of emergency response actions, depending on severity of air pollution levels, to be implemented by identified agencies for minimizing air pollution, a situation that generally persists in the Delhi-NCR during the peak winter months. Based on the dynamic model and weather forecast on a day-to-day basis, actions under Stages I, II, III and IV of the GRAP are invoked in advance in anticipation of the Air Quality Index (AQI) of Delhi reaching to the projected levels of that stage based on the overall meteorological conditions and anthropogenic activities. A centralised air quality portal and mobile app-SAMEER are functional for tracking and dissemination of near real time air quality data and hourly Air Quality Index to the public. SAMEER app also serves as a grievance redressal mechanism which allows the citizens to report pollution related complaints for quick resolution by the concerned agencies.

Further, National Centre for Disease Control (NCDC) has informed

National Programme on Climate Change and Human Health (NPCCHH) has developed a structured mechanism to address health concerns due to air pollution. Under the Programme, a National Action Plan on Air Pollution and Health was developed in year 2021 and now all States have developed State Action Plans on Air Pollution and Health. States/UTs are issued public health advisory on air pollution related health matters every year so that health professionals, front line workers and people are aware on the Do's and Don'ts to minimise, protect and prevent on the health impacts related to air pollution. States/UTs are also shared Technical Guidelines as well as Information, Education and Communication (IEC) materials for public awareness. Separate IEC for Children has been developed. Nationwide campaigns are held on certain International Days related to air pollution. Various trainings, workshops are conducted to train the State/UTs teams.

MALNUTRITION, INFANT MORTALITY AND MATERNAL MORTALITY AMONG TRIBAL

2478. SHRI BENNY BEHANAN:

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

- (a) the prevalence of malnutrition, infant mortality and maternal mortality among tribal communities in the country, State/UT-wise, particularly in Kerala;
- (b) whether the Government is aware of reports of starvation deaths and lack of access to primary healthcare services in tribal hamlets of Kerala;

- (c) the funds allocated and utilised under tribal health schemes during the last three years; and
- (d) the steps taken by the Government to improve last-mile healthcare delivery in remote tribal areas?

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

(a) : As per National Family Health Survey 5 (2019-21), the prevalence of malnutrition among scheduled tribes across the country and in the State of Kerala are given in the enclosed **Statement-I**.

The information as available in the Sample Registration System 2023 Report of Registrar General of India (SRS-RGI report) regarding the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) at the National and State/ UT level including State of Kerala are given in the enclosed **Statement II and III**.

(b) and (d): The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM) to address health and nutrition concerns among children and women across the country, including remote areas and schedule tribes across the state of Kerala as placed below:

1. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years of age suffering from Moderate and Severe Acute Malnutrition (MAM and SAM) with medical complications. In addition to curative care, special focus is given on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices.
2. **Anaemia Mukh Bharat (AMB)** is implemented to reduce prevalence of anaemia among six beneficiary groups - Children 6-59 months, Children 5-9 years, Adolescents 10-19 years, Pregnant women, lactating mother and Women of Reproductive Age (20-49 years). The interventions are Prophylactic Iron and Folic Acid Supplementation, deworming among children 1-19 years and pregnant women, Intensified Behaviour Change Communication (BCC) Campaign, Provision of IFA fortified food in government funded public health program and addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, haemoglobinopathies and fluorosis, implemented via robust institutional mechanism.
3. **Mothers' Absolute Affection (MAA) Program** is implemented to improve breastfeeding coverage emphasizing on early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health

workers and comprehensive IEC campaigns.

4. **Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
5. Under **National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres to reduce worm infestation among all children (1-19 years).
6. In **Vitamin A Supplementation Programme**, all children age 6–59 months are administered Vitamin A dose every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.
7. **Facility Based Newborn Care:** Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, Newborn Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
8. **Community Based care of Newborn and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child-rearing practices and to identify sick newborn and young children in the community.
9. **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman

delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Also, Sick infant up to one year of age is entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.

10. **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
11. **STOP Diarrhoea** campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
12. **Rashtriya Bal Swasthya Karyakram (RBSK)**: Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.
13. **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
14. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a

Specialist/Medical Officer on the 9th day of every month.

15. **Extended PMSMA** strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.
16. **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and new-born visiting public health facilities to end all preventable maternal and newborn deaths.
17. **Optimizing Postnatal Care** aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.
18. **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women
19. **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child-care including nutrition in convergence with Ministry of Women and Child Development.

20. **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal & Child health services, community mobilization as well as to track high-risk pregnancies.

21. **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.

22. **Mother and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

23. **Regular IEC/BCC** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.

(c): The State/UT-wise details of Central funds released ST category-wise under National Health Mission (NHM) from F.Y. 2022-23 to 2024-25 are given in the enclosed **Statement IV**.

STATEMENT-I

State/UT-wise prevalence of malnutrition in children under age 5 years among scheduled tribes

S No.	State/UT	Children under 5 years who are stunted	Children under 5 years who are wasted	Children under 5 years who are underweight
	INDIA	40.9	23.2	39.5
1	Andaman & Nicobar	21.9	15.8	18.1

2	Andhra Pradesh	44.5	20	45.2
3	Arunachal Pradesh	27.9	13.2	13.7
4	Assam	31.0	19.1	26.4
5	Bihar	46.9	23.8	45.9
6	Chandigarh	61.9	61.9	61.9
7	Chhattisgarh	38.6	21.0	36.0
8	DNH&DD	50.5	23.9	51.4
9	Delhi	36.2	9.9	31.7
10	Goa	27.1	21.2	14.7
11	Gujarat	46.1	30.3	49.1
12	Haryana	22.2	12.7	20.6
13	Himachal Pradesh	31.3	15.0	20.3
14	Jammu & Kashmir	28.3	19.3	24.7
15	Jharkhand	45.1	25.7	47.4
16	Karnataka	41.2	22.2	36.7
17	Kerala	32.4	14.8	21.8
18	Ladakh	34.8	17.4	22.6
19	Lakshadweep	36.1	16.6	23.7
20	Madhya Pradesh	40.4	21.2	39.5
21	Maharashtra	43.1	33.9	46.3
22	Manipur	27.1	10.2	12.7
23	Meghalaya	46.4	11.9	25.9
24	Mizoram	28.7	9.5	12.6
25	Nagaland	32.7	17.9	26.2
26	Odisha	42.9	22.7	42.1
27	Puducherry	0	0	0
28	Punjab	27.7	0	16.9
29	Rajasthan	35.4	18.7	31.9
30	Sikkim	23	10.4	16
31	Tamil Nadu	28.4	20.3	30.7
32	Telangana	34.3	23.5	33.5
33	Tripura	34.4	20.4	30.7
34	Uttar Pradesh	47.1	23.4	47.3
35	Uttarakhand	25.3	10.5	16.8
36	West Bengal	37.7	25.6	43.3

Source: NFHS-5, 2019-21

STATEMENT-II
State/UT-wise Infant Mortality Rate

S No.	State/UT	Infant Mortality Rate
	INDIA	25
1	A&N Islands	9
2	Andhra Pradesh	19
3	Arunachal Pradesh	20
4	Assam	30
5	Bihar	23
6	Chandigarh	7
7	Chhattisgarh	37
8	D&N Haveli and Daman & Diu	9
9	Delhi	14
10	Goa	6
11	Gujarat	20
12	Haryana	26
13	Himachal Pradesh	14
14	Jammu & Kashmir	14
15	Jharkhand	29
16	Karnataka	14
17	Kerala	5
18	Ladakh	4
19	Lakshadweep	9
20	Madhya Pradesh	37
21	Maharashtra	14
22	Manipur	3
23	Meghalaya	34
24	Mizoram	13
25	Nagaland	10
26	Odisha	30
27	Puducherry	7
28	Punjab	17
29	Rajasthan	29

30	Sikkim	6
31	Tamil Nadu	12
32	Telangana	18
33	Tripura	15
34	Uttar Pradesh	37
35	Uttarakhand	20
36	West Bengal	17

Source: Sample Registration System, RGI 2023 Report

Unit: Per 1000 live births

STATEMENT-III

State-wise Maternal Mortality Ratio

S No.	State/UT	Maternal Mortality Ratio
INDIA		88
1	Andhra Pradesh	30
2	Assam	110
3	Bihar	104
4	Jharkhand	54
5	Gujarat	51
6	Haryana	89
7	Karnataka	68
8	Kerala	30
9	Madhya Pradesh	142
10	Chhattisgarh	146
11	Maharashtra	36
12	Odisha	153
13	Punjab	90

14	Rajasthan	86
15	Tamil Nadu	35
16	Telangana	59
17	Uttar Pradesh	141
18	Uttarakhand	91
19	West Bengal	104

Source: Registrar General of India Sample Registration System 2021-23

STATEMENT-IV

State/UT-wise Central funds* released ST category-wise under National Health Mission (NHM) from FY 2022-23 to FY 2024-25

(Rs in crores)

S. No.	State/UT	2022-23	2023-24	2024-25
1	Andaman and Nicobar Islands	0.00	0.00	3.10
2	Andhra Pradesh	130.16	76.50	88.37
3	Arunachal Pradesh	124.85	172.99	113.07
4	Assam	262.34	169.84	159.66
5	Bihar	30.39	24.50	35.74
6	Chhattisgarh	311.13	256.28	307.03
7	Goa	3.88	2.90	7.08
8	Gujarat	128.10	226.41	201.92
9	Himachal Pradesh	58.55	32.88	43.00
10	Jammu and Kashmir	14.45	47.78	49.08
11	Jharkhand	212.29	165.04	253.05
12	Karnataka	103.40	70.55	132.79
13	Kerala	46.64	3.16	103.49
14	Madhya Pradesh	429.36	293.60	572.98
15	Maharashtra	321.66	277.31	234.18
16	Manipur	18.74	30.32	33.49

17	Meghalaya	134.56	141.61	33.57
18	Mizoram	67.37	63.34	30.33
19	Nagaland	49.68	112.32	91.93
20	Odisha	454.37	316.26	472.97
21	Punjab	0.00	0.00	5.71
22	Rajasthan	142.88	232.87	324.85
23	Sikkim	22.30	16.43	13.48
24	Tamil Nadu	15.81	90.58	27.09
25	Tripura	54.48	54.77	43.02
26	Uttar Pradesh	187.84	189.84	40.84
27	Uttarakhand	20.43	38.54	74.42
28	West Bengal	75.21	50.88	30.75
29	Telangana	50.87	41.38	93.25

Source: NHM Finance

*The above releases relate to Central Govt. Grants & do not include State share contribution.

MALNOURISHED CHILDREN

2479. SHRI SAGAR ESHWAR KHANDRE:

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

- (a) whether the Bidar district in Karnataka has reported 7,207 malnourished children in 2024-25, including 838 cases of Severe Acute Malnutrition (SAM) and 6,369 cases of Moderate Acute Malnutrition (MAM), if so, the details thereof;
- (b) whether any review has been conducted to identify underlying causes such as

maternal undernutrition, premature births, poor infant feeding practices and inconsistent anganwadi monitoring in high risk taluks like Bhalki, Basavakalyan, Aurad, Humnabad and Bidar, if so, the details thereof;

(c) whether the Ministry has assessed the impact of recent budgetary changes on ICDS, Supplementary Nutrition Program and POSHAN Abhiyaan in backward districts including Bidar; and

(d) the details of the immediate steps being taken to reduce SAM/MAM burden, ensure continuous anganwadi monitoring, strengthen maternal nutrition and provide targeted interventions in the most affected taluks of the said districts?

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

(a): As per the latest available data of Poshan Tracker, there are 121 cases of Severe Acute Malnutrition (SAM) and 5,031 cases of Moderate Acute Malnutrition (MAM) among children under 5 years of age in the Bidar district of Karnataka (as on 31st January 2026). The State and UT wise data on malnutrition indicators including all districts of Karnataka is available at the given link of Poshan Tracker: <https://www.poshantracker.in/statistics>.

(b) to (d): Malnutrition is a complex and multi-dimensional issue, affected mainly by a number of generic factors including inadequate food consumption, improper maternal infant and child feeding and care practices, inequity and gender imbalances, poor sanitary and environmental conditions; and restricted access to

quality health, education and social care services.

In 2021, the World Bank conducted a survey on Poshan Abhiyaan in 11 priority states. The aim of this survey was to assess the program's delivery of nutrition services, whether the nutritional knowledge of beneficiaries had improved and if they had adopted more appropriate nutrition and feeding practices. The findings demonstrated that the services delivered through the Poshan Abhiyaan – the receipt of relevant messages, home visits by the Anganwadi Worker, and attendance at community-based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Further, a third-party evaluation and impact assessment of Poshan Abhiyaan 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. Further, an outcome-based evaluation study of Mission Saksham Anganwadi and Poshan 2.0 was conducted by 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).

Some of the various steps taken from time to time to address the challenge of malnutrition including the prevalence of micronutrient deficiencies in the whole country are mentioned below:

- Poshan Tracker an ICT tool has been implemented for monitoring and tracking of all Anganwadi Centres (AWCs) (including Bidar district of the State of Karnataka), Anganwadi Workers (AWWs) and beneficiaries on defined indicators of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Delivery of Hot Cooked Meal (HCM) and Take Home Ration, Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding. The findings from the data of Application provides insights for mid-course correction in related policies.
- To effectively address the issue of malnutrition, cross cutting convergence has been ensured amongst more than 18 Ministries/Departments to adopt a multi-sectoral approach involving dimensions of food, health, water, sanitation and education.
- Under Mission 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. 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).

- Fortified rice is being supplied to all AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.
- Ministry of Women & Child Development and Ministry of HEALTH AND FAMILY WELFARE have jointly released the protocol for Management of Malnutrition in Children to manage malnourished children at the community level and for reducing associated morbidity and mortality.
- Poshan Vatikas or Nutri-gardens have been set up across the country to

provide easy and affordable access to fruits, vegetables, medicinal plants and herbs. To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs.

- 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. Further, Community Based Events (CBEs) conducted at the Anganwadi Centers have served as a significant strategy in promoting healthy nutritional practices.

आयुष उद्यमिता को बढ़ावा देना

2480. श्री अजय भट्ट:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या देश में आयुष उद्यमिता के विकास के लिए आयुष क्षेत्र को बढ़ावा देने संबंधी कोई योजना प्रस्तावित की गई है;
- (ख) यदि हां, तो उत्तराखंड सहित तत्संबंधी राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;
- (ग) क्या अनुसंधान, नवाचार, प्रबंधन, चिकित्सा और उच्च शिक्षा जैसे विभिन्न क्षेत्रों में राष्ट्र निर्माण के अवसरों में युवाओं और वैज्ञानिकों को शामिल करने के लिए कोई प्रस्ताव तैयार किया गया है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): कौशल विकास और उद्यमिता मंत्रालय (एमएसडीई) ने अपने स्वायत्त संगठन, राष्ट्रीय उद्यमिता और लघु व्यवसाय विकास संस्थान (एनआईआईएसबीयूडी) के माध्यम से देश के विभिन्न राज्यों में आयुष क्षेत्र में उद्यमिता विकास को बढ़ावा देने के लिए विभिन्न पहलों की हैं। एनआईआईएसबीयूडी ने आयुर्वेद के क्षेत्र में उद्यमिता और नवाचार को बढ़ावा देने के लिए आयुष मंत्रालय के तहत एक स्वायत्त निकाय अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) के साथ 17.10.2024 को एक समझौता ज्ञापन (एमओयू) पर हस्ताक्षर किए। इसके अलावा एनआईआईएसबीयूडी ने, आईआईएम लखनऊ एंटरप्राइज इनक्यूबेशन सेंटर (आईआईएमएल-ईआईसी) के सहयोग से आयुष क्षेत्र में नवाचार और उद्यमिता को बढ़ावा देने के उद्देश्य से 3-दिवसीय प्री-इनक्यूबेशन प्रशिक्षण कार्यक्रम आयोजित किया है। संस्थान ने इस पहल के तहत तीन प्री-इनक्यूबेशन प्रशिक्षण कार्यक्रम आयोजित किए हैं और उत्तराखंड के तीन प्रतिभागियों सहित कुल 93 प्रतिभागियों को प्रशिक्षण दिया है। राज्यवार ब्योरा संलग्न **विवरण** पर हैं।

अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली ने आयुर्वेद नवाचार और उद्यमिता के लिए एक इनक्यूबेशन सेंटर यानी अखिल भारतीय आयुर्वेद संस्थान-इनक्यूबेशन सेंटर फॉर आयुर्वेद इनोवेशन एंड एंटरप्रेन्योरशिप (एआईआईए-आईसीएआईएनई) की स्थापना की है ताकि नए युग के उद्यमों के एक समूह को एकत्रित किया जा सके और अकादमिक ज्ञान का लाभ उठाते हुए उद्यमिता को बढ़ावा दिया जा सके।

आयुर्वेद स्टार्टअप ग्रैंड चैलेंज को आयुष क्षेत्र में नवाचार और उद्यमिता को बढ़ावा देने के लिए डिज़ाइन किया गया है। इसमें शामिल प्रमुख हितधारक आयुष मंत्रालय, एआईआईए और स्टार्ट अप इंडिया हैं। आयुष क्षेत्र में नवाचारी समाधान और उत्पाद प्रस्तुत करने वाले स्टार्टअप को अनुदान और

वित्तीय सहायता प्रदान की जाती है। सभी स्टार्टअप को विभिन्न कार्यक्रमों और कार्यशालाओं के माध्यम से संभावित निवेशकों, उद्योगपतियों और अन्य उद्यमियों से जुड़ने के अवसर मिलते हैं। विजेताओं और होनहार स्टार्टअप्स को मान्यता मिलती है जो उनकी विश्वसनीयता और बाजार दृश्यता को बढ़ा सकती है। पहले तीन विजेताओं को नकद पुरस्कार के रूप में वित्तीय प्रोत्साहन प्रदान किया जाता है।

(ग) और (घ): जी हां, आयुष मंत्रालय (एमओए) के तहत राष्ट्रीय संस्थानों और अनुसंधान परिषदों के माध्यम से अनुसंधान, नवाचार, प्रबंधन, चिकित्सा और उच्च शिक्षा के क्षेत्रों में राष्ट्र निर्माण के अवसरों में युवाओं और वैज्ञानिकों को शामिल करने के लिए कई पहलें की गई हैं। केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) जो एमओए के तहत एक अनुसंधान परिषद है, ने युवाओं के बीच आयुर्वेद को बढ़ावा देने और अनुसंधान और नवाचार को प्रोत्साहित करने के लिए कई पहलें की हैं। परिषद अंग्रेजी, हिंदी और क्षेत्रीय भाषाओं में इलेक्ट्रॉनिक और प्रिंट मीडिया के माध्यम से आयुर्वेदिक ज्ञान का प्रसार करती है। परिषद राष्ट्रीय / राज्य स्तरीय आरोग्य मेलों, स्वास्थ्य शिविरों, प्रदर्शनियों और अनुसूचित जाति उप-योजना (एससीएसपी) अनुसंधान कार्यक्रम और जनजातीय स्वास्थ्य देखभाल अनुसंधान कार्यक्रम (टीएचसीआरपी) जैसे आउटरीच कार्यक्रमों में सक्रिय रूप से भाग लेती है। इसके अतिरिक्त, सीसीआरएएस वेबसाइट आईईसी सामग्री के भंडार के रूप में कार्य करती है और व्यापक पहुंच के लिए अन्य प्रासंगिक प्लेटफार्मों से हाइपरलिंक है।

अनुसंधान को बढ़ावा देने और आयुर्वेद के छात्रों को, अनुसंधान कार्य को एक कैरियर के रूप में अपनाने के लिए प्रेरित करने, अनुसंधान योग्यता का सृजन करने और आयुर्वेद में उच्च गुणवत्ता वाले अनुसंधान के लिए एक आधार स्थापित करने के लिए, सीसीआरएएस निम्नलिखित कार्यक्रमों को लागू कर रहा है:

- i. आयुर्वेद अनुसंधान केन (स्पार्क) के लिए छात्रवृत्ति कार्यक्रम: अनुसंधान के प्रति रुचि और

योग्यता को बढ़ावा देने के लिए आयुर्वेद स्नातकों को वित्तीय सहायता।

- ii. आयुष पीएच.डी फ़ेलोशिप: शोध छात्रों के लिए फ़ेलोशिप समर्थन।
- iii. पोस्ट-डॉक्टरल फ़ेलोशिप (पीडीएफ): उन्नत आयुर्वेद अनुसंधान के लिए समर्थन।
- iv. स्मार्ट कार्यक्रम: आयुर्वेद शिक्षा और तृतीयक देखभाल अस्पतालों के बीच एकीकृत अनुसंधान को सुविधाजनक बनाना।
- v. सीसीआरएस-एजीएनआई (2023-24): उपचार, फॉर्मूलेशन और उपकरणों सहित पांच श्रेणियों में आयुर्वेद प्रथाओं के साक्ष्य-आधारित सत्यापन को बढ़ावा देना।

इसके अलावा आयुष शैक्षणिक संस्थानों में आयुष चिकित्सा पद्धतियों के क्षेत्र में उच्च शिक्षा, उन्नत अनुसंधान और शैक्षणिक उत्कृष्टता को मजबूत करने के लिए स्नातक (यूजी), स्नातकोत्तर (पीजी) और डॉक्टरेट (पीएचडी) कार्यक्रम आयोजित किए जाते हैं। आयुष शिक्षा के मजबूत विनियमन और मानकीकरण को सुनिश्चित करने के लिए सितंबर 2020 में भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) अधिनियम, 2020 और राष्ट्रीय होम्योपैथी आयोग (एनसीएच) अधिनियम, 2020 अधिनियमित किए गए थे। एनसीआईएसएम आयुर्वेद, सिद्ध, यूनानी और सोवा-रिग्पा चिकित्सा पद्धतियों में शिक्षा और अभ्यास को नियंत्रित करता है, जबकि एनसीएच होम्योपैथी शिक्षा और अभ्यास को नियंत्रित करता है। राष्ट्रीय शिक्षा नीति (एनईपी) 2020 के उद्देश्यों के साथ आयुष शिक्षा को संरेखित करते हुए, ये आयोग अभूतपूर्व स्तर पर पारदर्शिता, दक्षता और छात्र-केंद्रित शिक्षा को बढ़ावा दे रहे हैं, जिससे आयुष क्षेत्र में गुणवत्ता आश्वासन और शैक्षणिक उत्कृष्टता को मजबूत किया जा रहा है।

विवरण

3-दिवसीय प्री-इन्क्यूबेशन प्रशिक्षण कार्यक्रम के प्रतिभागियों का राज्यवार ब्यौरा

क्र. सं	राज्य	प्रतिभागियों की संख्या
1	उत्तर प्रदेश	10

2	दिल्ली	6
3	उत्तराखंड	3
4	पंजाब	5
5	मध्य प्रदेश	5
6	गुजरात	9
7	केरल	8
8	महाराष्ट्र	16
9	कर्नाटक	18
10	ओडिशा	1
11	गोवा	5
12	मेघालय	1
13	आंध्र प्रदेश	1
14	तमिलनाडु	5
	कुल	93

SCHEME-WISE EXPENDITURE UNDER NATIONAL HEALTH MISSION IN ODISHA

2481. SHRI SUKANTA KUMAR PANIGRAHI:

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

- (a) whether the Government has made scheme-wise allocations and incurred expenditure under the National Health Mission (NHM) in Odisha during the last three years, including major components such as Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A), disease control programmes, health infrastructure and human resources and if so, the details

thereof;

- (b) whether NHM funds have been utilised in Kandhamal Lok Sabha Parliamentary Constituency, particularly in tribal and remote areas and if so, the expenditure incurred during the last three years, scheme-wise;
- (c) whether NHM interventions have resulted in improvements in key health indicators in Odisha and if so, the details thereof; and
- (d) whether budgetary provisions have been made in the upcoming Union Budget for NHM in Odisha, including Kandhamal, to further strengthen public healthcare delivery and if so, the details thereof?

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

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

underserved and marginalized groups.

As per DoE OM dated 23.12.2021, all pools and programs have been merged under “Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission” from the FY 2022-23 onwards. Under NHM, funds are released to States/UTs under Flexible Pool on a lump sum basis to provide greater flexibility to States/UTs to utilize the funds as per their felt need and priorities.

The proposals from State/UT Governments are received in the form of Programme Implementation Plans (PIPs) under NHM and Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

The details of Central Release for the State of Odisha from F.Y. 2022-23 to F.Y. 2024-25 under NHM is as under:

(Rs. in Cr.)	
F.Y	Central Release
2022-23	1,284.69
2023-24	1,901.77
2024-25	1,916.79

Note:

- 1) The above releases relate to Central Govt. Grants & do not include State share contribution.

Furthermore, for the F.Y. 2026-27, a budget provision of Rs.39,390.00 crore has been allocated under NHM and Rs.4,200.00 crore under PM-ABHIM, for all the States/UTs, including Odisha.

As per the information received from the State Govt. of Odisha, the scheme-wise expenditure in Kandhamal District under NHM for the F.Y. 2022-23, 2023-24, and 2024-25 are given in the enclosed **Statement**.

The status of key health indicators is as below:

- The percentage of institutional deliveries of the State has also increased from 35.6 in 2005-06 to 92.2% in 2019-21 which is again better than national average of 88.6%. (Source: NFHS).
- The State of Odisha reported IMR with 45 points decline from 75 in 2005 to 30 in 2023 for IMR.(Source: SRS).
- The Maternal Mortality Ratio of Odisha has reduced from 258 in 2007-09 to 153 in 2021-23. (Source: SRS).

STATEMENT

Scheme-Wise Expenditure in Kandhamal District under NHM for the F.Y. 2022-23, 2023-24 and 2024-25

(Rs. in Lakhs)

Sl. No.	Pools under NHM	Schemes	Expenditure		
			2022-23	2023-24	2024-25
1	RCH (including RI, IPPI, NIDDCP)	Reproductive Child Health-II (RMNCH+A)	806.64	776.91	700.66
2		Routine Immunization (RI)	75.33	74.72	59.40
3		Pulse Polio Campaign	0.81	4.45	1.06
4		National Iodine Deficiency Disorders Control Programme (NIDDCP)	0.74	0.27	1.69
5	National Disease	Implementation of Integrated Disease Surveillance Programme (IDSP)	6.16	7.80	1.49
6	Control Programmes	National Vector Borne Disease Control Programme (NVBDCP)	100.89	129.21	79.36

7	(NDCP)	National Leprosy Eradication Programme (NLEP)	15.71	7.01	5.91
8		National Tuberculosis Elimination Programme (NTEP)	91.13	91.27	122.92
9		National Viral Hepatitis Control Programme (NVHCP)	2.55	2.84	1.32
10		Implementation of National Rabies Control Programme (NRCP)	2.47	1.15	0.60
11		Implementation of Programme for Prevention and Control of Leptospirosis (PPCL)	0.38	0.42	-
12	Non-Communicable Disease Control Programme (NCD)	National Program for Control of Blindness and Vision Impairment (NPCB+VI)	30.55	28.85	8.04
13		National Mental Health Program (NMHP)	13.56	13.55	3.95
14		National Programme for Health Care for the Elderly (NPHCE)	22.24	4.52	24.11
15		National Tobacco Control Programme (NTCP)	9.64	14.26	9.44
16		National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	45.06	52.60	15.41
17		Pradhan Mantri National Dialysis Programme (PMNDP)	35.49	45.71	35.62
18		Implementation of National Program for Climate Change and Human Health (NPCCHH)	1.41	0.89	0.22
19		National Oral Health Programme (NOHP)	4.06	3.93	1.14
20		Implementation of National Programme on Palliative Care (NPPC)	15.52	0.90	1.17
21		Implementation of National Programme for Prevention and Control of Fluorosis (NPPCF)		-	-
22		National Programme for Prevention and Control of Deafness (NPPCD)	2.60	2.54	0.15
23		National Programme for Prevention and		-	-

		Management of Burn & Injuries			
24	Health System Strengthening (HSS) - Urban	National Urban Health Mission	63.35	60.06	36.73
25	Health System Strengthening (HSS) - Rural	Health System Strengthening	4,024.95	5,328.69	4,480.99
Total			5,371.25	6,652.58	5,591.37

हिमाचल प्रदेश में चिकित्सा महाविद्यालय

2482. श्री सुरेश कुमार कश्यप:

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

- (क) वर्तमान में देशभर में चल रहे चिकित्सा महाविद्यालयों की हिमाचल प्रदेश सहित राज्य/संघ राज्यक्षेत्र-वार कुल संख्या कितनी है;
- (ख) हिमाचल प्रदेश में चल रहे ऐसे चिकित्सा महाविद्यालयों की संख्या कितनी है जो अपने स्थायी भवनों/परिसरों में चल रहे हैं और कितने महाविद्यालय अस्थायी या अन्य भवनों में चल रहे हैं;
- (ग) क्या कुछ चिकित्सा महाविद्यालयों के पास अपने स्थायी भवन उपलब्ध नहीं हैं और यदि हां, तो इसके क्या कारण हैं;
- (घ) स्थायी भवनों के निर्माण के लिए सरकार द्वारा क्या समय-सीमा निर्धारित की गई है और क्या कार्य योजना तैयार की गई है, और
- (ङ) शिमला संसदीय निर्वाचन क्षेत्र के सिरमौर जिले के चिकित्सा महाविद्यालय की वर्तमान स्थिति क्या है?

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

(क): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, वर्तमान में देश भर में (एम्स और आईएनआई सहित) कुल 818 मेडिकल कॉलेज हैं। इन मेडिकल कॉलेजों का राज्य/संघ राज्य क्षेत्रवार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख) से (ड): स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों' की स्थापना के लिए केंद्र प्रायोजित योजना (सीएसएस) संचालित करता है, जिसमें ऐसे अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है। केंद्र और राज्य सरकारों के बीच निधि बंटवारे की व्यवस्था पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, सभी परिकल्पित 157 मेडिकल कॉलेजों को तीन चरणों में अनुमोदित किया गया है, जिनमें हिमाचल प्रदेश के चंबा, हमीरपुर और नाहन स्थित 3 मेडिकल कॉलेज शामिल हैं। ये तीनों मेडिकल कॉलेज कार्यशील हैं। योजना से संबंधित दिशानिर्देशों के अनुसार, इस योजना के तहत अनुमोदित मेडिकल कॉलेजों का नियोजन कार्यान्वयन और संचालन राज्य सरकार द्वारा किया जाता है। इसके अलावा, राज्य सरकार द्वारा दी गई जानकारी के अनुसार, ठेकेदार और कार्यान्वयन एजेंसी में विवाद के कारण सिरमौर मेडिकल कॉलेज परियोजना बाधित हुई है।

विवरण

देश भर में राज्य/संघ राज्य क्षेत्र-वार के अनुसार मेडिकल कॉलेज

क्र.सं.	राज्य/संघ राज्य क्षेत्र	निजी कॉलेज	सरकारी कॉलेज	कुल कॉलेज
1	आंध्र प्रदेश	20	19	39
2	अंडमान और निकोबार	0	1	1
3	अरुणाचल प्रदेश	0	1	1
4	असम	0	16	16

5	बिहार	12	13	25
6	चंडीगढ़	0	1	1
7	छत्तीसगढ़	5	11	16
8	दादरा एवं नगर हवेली	0	1	1
9	दिल्ली	2	9	11
10	गोवा	0	1	1
11	गुजरात	19	24	43
12	हरियाणा	9	8	17
13	हिमाचल प्रदेश	1	7	8
14	जम्मू एवं कश्मीर	1	11	12
15	झारखंड	3	7	10
16	कर्नाटक	48	24	72
17	केरल	22	14	36
18	मध्य प्रदेश	14	21	35
19	महाराष्ट्र	42	43	85
20	मणिपुर	1	3	4
21	मेघालय	1	2	3
22	मिजोरम	0	1	1
23	नगालैंड	0	1	1
24	ओडिशा	6	15	21
25	पुदुचेरी	7	2	9
26	पंजाब	7	6	13
27	राजस्थान	15	34	49
28	सिक्किम	1	0	1
29	तमिलनाडु	40	38	78
30	तेलंगाना	29	37	66
31	त्रिपुरा	2	1	3
32	उत्तर प्रदेश	37	51	88
33	उत्तराखंड	4	6	10
34	पश्चिम बंगाल	15	26	41

SHORTAGE OF BEDS AT AIIMS KALYANI**2483. SHRI ABU TAHER KHAN:**

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

- (a) whether the Government is aware of the acute shortage of beds and medical staff at AIIMS Kalyani, where patients are reportedly being treated in corridors due to overcrowding;
- (b) if so, the details thereof;
- (c) the steps taken by the Government to increase the number of beds, recruit additional doctors, nurses support staff and improve overall infrastructure at AIIMS Kalyani to meet the growing healthcare needs of the region;
- (d) whether the Government is considering any plan or proposal for the expansion of AIIMS Kalyani, as demanded by local residents, to ensure adequate healthcare access and quality treatment facilities for patients from adjoining districts; and
- (e) if so, the details thereof?

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

- (a) to (e): All India Institute of Medical Sciences (AIIMS), Kalyani set up under Pradhan Mantri Swasthya Suraksha Yojana, has 762 operational beds including 52 beds in Emergency and Trauma Center and 30 ICU Beds. At present, 42

Department are operational in the institute including Speciality and Super-Speciality. The status of faculty and non-faculty in AIIMS Kalyani is as under:

AIIMS	Faculty Position		Non-Faculty Position	
	Sanctioned	In position	Sanctioned	In position
Kalyani	309	175	2221	1171

The creation and filling of posts at AIIMS is a continuous process. In order to expedite the filling of vacant sanctioned positions, following steps have been taken by the Government:

- (i) Standing Selection Committee (SSC) has been constituted as per the provision of AIIMS Act, 1956 for recruitment of faculty.
- (ii) Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
- (iii) The Visiting Faculty Scheme allows Professors, Additional Professors and Associate Professors, from Government institutions in India or academic institutions abroad to serve as visiting faculty in AIIMS for teaching purposes.
- (iv) Nursing Officer Recruitment Common Eligibility Test (NORCET) is conducted by AIIMS Delhi for recruitment of Nursing Officers for various

AIIMS including AIIMS Kalyani.

(v) Common Recruitment Examination (CRE) is conducted by AIIMS Delhi for recruitment to Group B and C non-faculty positions in various AIIMS, including AIIMS Kalyani.

(vi) Junior Residents (Academic) are selected through the Institute of National Importance Combined Entrance Test (INI-CET) AIIMS Delhi and Senior Residents (Academic) are selected through the Institute of National Importance Super Specialty (INI-SS) Exam conducted by AIIMS Delhi twice a year.

The expansion of various clinical and non-clinical facilities at AIIMS is taken up in a phased manner.

आयुष उत्पादों के लिए अनुसंधान सहयोग

2484. श्री अरुण गोविल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या अंतर्राष्ट्रीय आवश्यकताओं के अनुसार आयुष पद्धतियों में मानकीकरण की कमी के बावजूद आयुष चिकित्सा प्रणाली में अभूतपूर्व विकास हुआ है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) विगत तीन वर्षों के दौरान सरकार द्वारा किए गए अंतर्राष्ट्रीय सहयोगों और समझौतों के कारण बढ़ते हुए अनुसंधान सहयोग, मानक निर्धारण के प्रभाव और आयुष उत्पादों के निर्यात पर प्रभाव का ब्यौरा क्या है; और

(ग) देश में बड़ी आयुर्वेदिक कंपनियों के बीच दवा विनिर्माण में मापने योग्य मानकीकरण की स्थिति क्या है?

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

(क) और (ख): आयुष स्वास्थ्य देखभाल पद्धतियों में अभूतपूर्व विकास हुआ है, जिसके कारण बड़ी संख्या में लोगों ने स्थायी, समावेशी और समग्र स्वास्थ्य देखभाल समाधानों के लिए उन्हें स्वीकार किया है। वैश्विक दृष्टिकोण के अनुरूप मानकों के संरचित विकास से भी आयुष क्षेत्र में वृद्धि हुई है।

आयुष मंत्रालय ने अंतर्राष्ट्रीय सहयोग करके, संयुक्त अनुसंधान पहलों को बढ़ावा देकर, ज्ञान का आदान-प्रदान और अंतर्राष्ट्रीय मानकों के साथ समन्वय करके पारंपरिक चिकित्सा में वैश्विक जुड़ाव को सुदृढ़ किया है। इन प्रयासों से आयुष पद्धतियों में वैश्विक विश्वास बढ़ा है और आयुष उत्पादों की अंतर्राष्ट्रीय बाजार तक पहुंच और उपस्थिति में सुधार हुआ है।

पारंपरिक चिकित्सा (टीएम) मॉड्यूल-2 को शामिल किए जाने से सार्वजनिक स्वास्थ्य प्रणालियों में पारंपरिक चिकित्सा का साक्ष्य-आधारित एकीकरण संभव होता है, अनुसंधान और नीति विकसित करने में मदद मिलती है और आयुष पद्धतियों का बीमा कवरेज और वैश्विक मान्यता बढ़ती है। पारंपरिक ज्ञान को अंतर्राष्ट्रीय मानकों के अनुरूप बनाने से, अंतर्राष्ट्रीय रोग वर्गीकरण (आईसीडी)-11 टीएम मॉड्यूल-2, विश्व स्तर पर पारंपरिक चिकित्सा को आगे बढ़ाने में भारत के नेतृत्व को मजबूत करता है।

आयुष मंत्रालय ने पारंपरिक चिकित्सा और होम्योपैथी के क्षेत्र में सहयोग के लिए बाहरी देशों के साथ 27 देश-दर-देश समझौता ज्ञापनों (एमओयू) पर हस्ताक्षर किए हैं, बाहरी देशों में आयुष अकादमिक पीठ स्थापित करने के लिए अंतर्राष्ट्रीय संस्थानों के साथ 16 समझौता ज्ञापनों पर हस्ताक्षर किए हैं, सहयोगात्मक अनुसंधान/अकादमिक सहयोग करने के लिए विदेशी संस्थानों के साथ

54 संस्थान-दर-संस्थान स्तर के समझौता ज्ञापनों पर हस्ताक्षर किए हैं और वैश्विक स्तर पर आयुष के प्रचार-प्रसार के लिए 40 बाहरी देशों में 44 आयुष सूचना प्रकोष्ठों की स्थापना के लिए मदद दी है।

आयुष मंत्रालय, अंतर्राष्ट्रीय आयुष फेलोशिप/छात्रवृत्ति कार्यक्रम के तहत भारत में मान्यता प्राप्त आयुष संस्थानों में आयुष पाठ्यक्रमों का अध्ययन करने के लिए 104 विदेशी नागरिकों को छात्रवृत्ति प्रदान करता है।

आयुष मंत्रालय नीचे दिए गए विवरण के अनुसार आयुष उत्पादों के निम्नलिखित प्रमाणनों को प्रोत्साहित करता है:-

- विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के दिशानिर्देशों के अनुसार फार्मास्युटिकल उत्पादों के प्रमाणन (सीओपीपी) की योजना आयुर्वेदिक, सिद्ध तथा यूनानी (एएसयू) दवाओं तक बढ़ा दी गई है। यह योजना केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा प्रशासित है और सीडीएससीओ, आयुष मंत्रालय तथा संबंधित राज्य लाइसेंसिंग प्राधिकरण के प्रतिनिधियों द्वारा आवेदक विनिर्माण इकाई के संयुक्त निरीक्षण के आधार पर प्रमाण-पत्र प्रदान किया जाता है।
- गुणवत्ता प्रमाणन योजना जो घरेलू और अंतर्राष्ट्रीय मानकों के अनुपालन की स्थिति के अनुसार, गुणवत्ता के तीसरे पक्ष के मूल्यांकन के आधार पर आयुर्वेदिक, सिद्ध तथा यूनानी उत्पादों को आयुष मार्क प्रदान करने हेतु भारतीय गुणवत्ता परिषद (क्यूसीआई) द्वारा कार्यान्वित की गई है।
- वैश्विक मानकों के आयुष उत्पादों और सेवाओं के लिए आयुष गुणवत्ता मार्क का शुभारंभ दिसंबर, 2025 में डब्ल्यूएचओ वैश्विक शिखर सम्मेलन के दौरान किया गया है।

दिसंबर 2025 में हस्ताक्षरित भारत-न्यूजीलैंड मुक्त व्यापार समझौते (एफटीए) में आयुष और अन्य पारंपरिक चिकित्सा सेवाओं में व्यापार को बढ़ावा देने, वैश्विक मान्यता को मजबूत करने,

चिकित्सा मूल्य यात्रा, कल्याण सहयोग हेतु सहायता देने और वैश्विक स्वास्थ्य केंद्र के रूप में भारत की स्थिति को सद्दृढ़ करने से संबंधित एक अनुबंध जोड़ा गया है।

इसके अलावा, भारत-ओमान व्यापक आर्थिक भागीदारी समझौते (सीईपीए) में आपूर्ति के सभी तरीकों के साथ पारंपरिक चिकित्सा पर ओमान की पहली व्यापक प्रतिबद्धता शामिल है, जो खाड़ी क्षेत्र में आयुष और कल्याण क्षेत्रों के लिए महत्वपूर्ण अवसर पैदा करती है।

इन पहलों के कारण सहयोगात्मक अनुसंधान और शैक्षणिक आदान-प्रदान में वृद्धि हुई है, आयुष पद्धतियों के लिए अंतर्राष्ट्रीय मानक-निर्धारण में प्रगति हुई है, वैश्विक स्वास्थ्य ढांचे में अधिक मान्यता मिली है, और बेहतर विनियामक स्वीकार्यता और बाजार पहुंच से निर्यात के अवसरों में सुधार हुआ है।

(ग): जहां तक दवा विनिर्माण में मापने योग्य मानकीकरण का संबंध है, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और औषधि नियम, 1945 में आयुर्वेदिक, सिद्ध, सोवा रिग्पा, यूनानी और होम्योपैथी औषधियों के लिए विशेष नियामक प्रावधान हैं। आयुर्वेद, सिद्ध, सोवा रिग्पा और यूनानी औषधियों से संबंधित प्रावधान, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के अध्याय-IVक और अनुसूची-I तथा औषधि नियम, 1945 के नियम 151 से 169, की अनुसूची-ड(I), न तथा न-क में निहित हैं। विनिर्माताओं के लिए यह अनिवार्य है कि वे औषधि नियम, 1945 की अनुसूची-न और अनुसूची-ड-I के अनुसार सुरक्षा और प्रभावशीलता के प्रमाण के साथ उत्तम विनिर्माण पद्धतियों (जीएमपी) की निर्धारित अपेक्षाओं तथा संबंधित भेषजसंहिताओं में दी गई औषधियों के गुणवत्ता मानकों का पालन करें।

इसके अलावा, आयुष मंत्रालय, भारत सरकार ने भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएमएंडएच) को अपने अधीनस्थ कार्यालय के रूप में स्थापित किया है। पीसीआईएमएंडएच, आयुर्वेद, सिद्ध, यूनानी तथा होम्योपैथी (एसयूएंडएच) औषधियों के लिए

फॉर्मुलरी विनिर्देश और भेषजसंहिता मानक निर्धारित करता है जो एसयूएंडएच औषधियों की गुणवत्ता (पहचान, शुद्धता और शक्ति) का पता लगाने के लिए आधिकारिक सारसंग्रह के रूप में कार्य करते हैं। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत नियमों के अनुसार, भारत में विनिर्मित की जा रही एसयूएंडएच औषधियों के उत्पादन के लिए इन गुणवत्ता मानकों का अनुपालन अनिवार्य है।

पीसीआईएमएंडएच, एसयूएंडएच औषधियों के परीक्षण या विश्लेषण के लिए अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है। इसके अलावा, यह औषधि विनियामक प्राधिकरणों, औषधि विश्लेषकों और अन्य संबंधित हितधारकों के लिए, एसयूएंडएच औषधियों के मानकीकरण, गुणवत्ता नियंत्रण और परीक्षण या विश्लेषण हेतु नियमित अंतराल पर क्षमता-निर्माण प्रशिक्षण आयोजित करता है, जिसमें एसयूएंडएच औषधियों की गुणवत्ता सुनिश्चित करने के लिए आवश्यक प्रयोगशाला तकनीकों और पद्धतियों पर ध्यान केंद्रित किया जाता है।

इसके अलावा, औषधि नियम, 1945 के नियम 160-क से ज में, आयुर्वेदिक, सिद्ध, सोवा रिग्पा तथा यूनानी औषधियों की पहचान, शुद्धता, गुणवत्ता और शक्ति के ऐसे परीक्षण, जो इन नियमों के प्रावधानों के तहत अपेक्षित हैं, करने के लिए औषधि परीक्षण प्रयोगशाला के अनुमोदन हेतु नियामक दिशानिर्देश दिए गए हैं। वर्तमान में, 34 राज्य/संघ राज्य क्षेत्रों की औषधि परीक्षण प्रयोगशालाओं और 108 निजी प्रयोगशालाओं को आयुर्वेदिक, सिद्ध, सोवा रिग्पा तथा यूनानी औषधियों और कच्चे माल की गुणवत्ता परीक्षण के लिए औषधि नियम, 1945 के प्रावधानों के तहत अनुमोदन दिया गया है या लाइसेंस दिया गया है।

आयुष चिकित्सा की गुणवत्ता

2485. श्रीमती गनीबेन नागाजी ठाकोर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने देश में आयुष दवाओं की गुणवत्ता, मानकीकरण और सुरक्षा के संबंध में कोई दिशानिर्देश जारी किए हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) नकली आयुष दवाओं को रोकने के लिए सरकार द्वारा क्या कदम उठाए गए हैं; और
- (घ) इस संबंध में उल्लंघन के मामले में दंडात्मक उपबंधों 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): देश में आयुष दवाओं की गुणवत्ता, मानकीकरण और सुरक्षा के संबंध में दिशानिर्देशों का विवरण इस प्रकार है:

1. औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियमों में आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी और होम्योपैथी दवाओं के लिए विशेष नियामक प्रावधान हैं। आयुर्वेद, सिद्ध, सोवा-रिग्पा और यूनानी दवाओं से संबंधित प्रावधान, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के अध्याय-IV क और अनुसूची-1 में तथा औषधि नियम, 1945 की नियम 151 से 169, अनुसूची ड(1), न और न क में निहित हैं। इसके अलावा, औषधि नियम, 1945 के नियम 2घघ, 30कक, 67 (ग-ज), 85 (क से झ), 106-क, अनुसूची ट, अनुसूची ड-झ होम्योपैथिक दवाओं से संबंधित हैं। आयुष दवाओं का लाइसेंस प्राप्त करने के लिए विनिर्माताओं द्वारा निर्धारित आवश्यकताओं का अनुपालन किया जाना और औषधि नियम, 1945 अनुसूची न और अनुसूची ड-झ के अनुसार तथा संबंधित फार्माकोपिया में दिए गए दवाओं के गुणवत्ता मानकों को बनाए रखा जाना अनिवार्य है, जिसमें सुरक्षा और प्रभावशीलता का प्रमाण, आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी (एएसएसयू) दवाओं और

होम्योपैथी दवाओं के विनिर्माण के लिए गुड मैन्युफैक्चरिंग प्रैक्टिसेस (जीएमपी) का अनुपालन शामिल है।

2. औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए यथानिर्धारित नियमों में, गुणवत्ता नियंत्रण से संबंधित कानूनी प्रावधानों का प्रवर्तन और आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी और होम्योपैथी दवाओं के औषधि लाइसेंस जारी करने का अधिकार संबंधित राज्य / संघ राज्य क्षेत्र सरकार द्वारा नियुक्त औषधि नियंत्रकों/लाइसेंस प्राधिकारियों के पास निहित है।
3. औषधि निरीक्षक नियमित रूप से अपने अधिकार क्षेत्र के भीतर विनिर्माण फर्मों या बिक्री की दुकानों से दवाओं के नमूने एकत्र करते हैं और गुणवत्ता परीक्षण के लिए औषधि नियंत्रण विभाग के तहत औषधि परीक्षण प्रयोगशाला में भेजते हैं और यदि कोई नमूना 'मानक गुणवत्ता का नहीं' पाया जाता है, तो उचित कार्रवाई शुरू की जाती है, जिसमें बाजार से दवाओं की बिक्री को रोकना और औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के अनुसार कानूनी कार्रवाई शुरू करना शामिल है।
4. आयुष मंत्रालय के तहत, अधीनस्थ कार्यालय नामतः भारतीय चिकित्सा एवं होमियोपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच) आयुर्वेद, सिद्ध, यूनानी और होमियोपैथी (एसयू एंड एच) दवाओं के लिए फॉर्मुलरी विनिर्देशों और फार्माकोपियल मानकों को निर्धारित करता है, जो एसयू एंड एच दवाओं की गुणवत्ता (पहचान, शुद्धता और शक्ति) का पता लगाने के लिए आधिकारिक संकलन के रूप में कार्य करता है।
5. पीसीआईएम एंड एच, एसयू एंड एच दवाओं के परीक्षण या विश्लेषण के उद्देश्य से भारतीय चिकित्सा और होमियोपैथी के लिए केंद्रीय औषधि प्रयोगशाला के रूप में भी कार्य करता है। इसके अलावा, यह प्रयोगशाला तकनीकों और एसयू एंड एच दवाओं की गुणवत्ता बनाए रखने

के लिए उपयोग की जाने वाली विधियों पर एएसयू एंड एच दवाओं के मानकीकरण/गुणवत्ता नियंत्रण/परीक्षण या विश्लेषण पर दवा नियामक प्राधिकरणों, दवा विश्लेषकों और अन्य हितधारकों के लिए नियमित अंतराल पर क्षमता निर्माण प्रशिक्षण प्रदान करती है।

6. औषधि नियम, 1945 के नियम 160 क से ज में आयुर्वेद, सिद्ध, सोवा-रिग्पा और यूनानी औषधियों के विनिर्माण के लिए लाइसेंसधारी की ओर से इन नियमों के प्रावधानों के तहत आवश्यक आयुर्वेद, सिद्ध, सोवा-रिग्पा और यूनानी औषधियों की पहचान, शुद्धता, गुणवत्ता और शक्ति के ऐसे परीक्षण करने के लिए औषधि परीक्षण प्रयोगशाला के अनुमोदन के लिए नियामक दिशानिर्देश के प्रावधान हैं। वर्तमान में, आयुर्वेद, सिद्ध, सोवा-रिग्पा और यूनानी दवाओं और कच्चे माल की गुणवत्ता परीक्षण के लिए 34 राज्य औषधि परीक्षण प्रयोगशालाएं और 108 निजी औषधि परीक्षण प्रयोगशालाएं अनुमोदित हैं।

7. इसके अलावा, आयुष मंत्रालय निम्नलिखित विवरण के अनुसार आयुष उत्पादों के निम्नलिखित प्रमाणन को प्रोत्साहित करता है: -

- विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के दिशानिर्देशों के अनुसार, फार्मास्युटिकल उत्पाद (सीओपीपी) के प्रमाणीकरण की योजना आयुर्वेद, सिद्ध और यूनानी (एएसयू) दवाओं के लिए बढ़ा दी गई है। यह योजना केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा प्रशासित है और सीडीएससीओ आयुष मंत्रालय और संबंधित राज्य लाइसेंसिंग प्राधिकरण के प्रतिनिधियों द्वारा आवेदक विनिर्माण इकाई के संयुक्त निरीक्षण के आधार पर प्रमाण पत्र प्रदान किया जाता है।
- गुणवत्ता प्रमाणन योजना, भारतीय गुणवत्ता परिषद (क्यूसीआई) द्वारा आयुर्वेद, सिद्ध और यूनानी उत्पादों को घरेलू और अंतर्राष्ट्रीय मानकों के अनुपालन की स्थिति के अनुसार गुणवत्ता के तीसरे पक्ष के मूल्यांकन के आधार पर आयुष प्रतीक प्रदान करने के लिए

कार्यान्वित की गई है।

- वैश्विक मानकों के लिए आयुष उत्पादों और सेवाओं के लिए आयुष गुणवत्ता चिह्न का शुभारंभ दिसंबर, 2025 में डब्ल्यूएचओ वैश्विक शिखर सम्मेलन के दौरान किया गया था।

8. आयुष मंत्रालय ने वर्ष 2021-22 से 2025-26 तक पांच वर्ष के लिए कुल 122.00 करोड़ रुपये के वित्तीय परिव्यय के साथ केंद्रीय क्षेत्र की योजना नामतः आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) कार्यान्वित की है। उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं को मजबूत और उन्नत करना इस योजना का एक घटक है।

9. आयुष मंत्रालय ने आयुष दवाओं की सुरक्षा और गुणवत्ता सुनिश्चित करने के लिए संबंधित राज्यों/ संघ राज्य क्षेत्रों के लाइसेंसिंग प्राधिकारियों/औषधि निरीक्षकों के साथ समन्वय करते हुए विभिन्न विनिर्माण इकाइयों का निरीक्षण करने के लिए केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) में एक आयुष वर्टिकल स्थापित किया है।

(ग) और (घ): नकली आयुष दवाओं पर अंकुश लगाने के लिए सरकार द्वारा उठाए गए कदम और उल्लंघनों के मामले में दंडात्मक प्रावधानों का विवरण इस प्रकार है: -

1. औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 की धारा 33ड, 33डड और 33डडक में क्रमशः गलत ब्रांड, मिलावटी और नकली आयुर्वेद, सिद्ध और यूनानी (एएसयू) दवाओं को परिभाषित किया गया है।
2. इसके अलावा, धारा 33ईईसी किसी भी गलत ब्रांड, मिलावट या नकली एएसयू दवा के विनिर्माण को प्रतिबंधित करती है।
3. गलत ब्रांड वाले या मिलावटी या नकली एएसयू दवाओं के विनिर्माण, या वैध लाइसेंस के बिना एएसयू दवाओं के विनिर्माण के लिए दंड, औषधि और प्रसाधन सामग्री अधिनियम, 1940 की

धारा 33-आई (1) के तहत उल्लिखित हैं।

4. औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 की धारा 17, 17क और 17ख में गलत ब्रांड, मिलावटी और नकली होम्योपैथिक दवाओं की परिभाषा दी गई है। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 की धारा 27 में गलत ब्रांड वाले, मिलावटी और नकली होम्योपैथिक दवाओं या वैध लाइसेंस के बिना विनिर्मित, विक्रय या वितरित की गई दवाओं के विनिर्माण के लिए दंड का प्रावधान है।

ADEQUATE SUPPLY OF SUBSIDIZED FERTILIZERS

2486. SHRI BIDYUT BARAN MAHATO:

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

- (a) whether the Government has taken any steps to ensure timely availability and adequate supply of subsidized fertilizers to farmers across the country, particularly during peak sowing seasons and if so, the details thereof, State-wise; and
- (b) whether the Government proposes to introduce any reforms or technological interventions to improve transparency, curb diversion and strengthen the fertilizer subsidy distribution mechanism in the country, State-wise especially in Jharkhand and if so, the details thereof?

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

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

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

Accordingly, the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate across the States during the Khari 2025 and ongoing Rabi 2025-26 season. The State-wise information regarding requirement, availability and sales of these fertilizers during the said period are given in the enclosed **Statement**.

(b): The Government of India since the initiation of Kharif 2025 is regularly monitoring the enforcement action taken by State Governments against increasing no of cases of hoarding and diversion of Urea fertilizer. Numerous raids have been conducted across the country with 15,544 show cause notices issued, 6,620 licenses suspended/cancelled and 794 FIRs registered against defaulters. Particularly in Jharkhand, 759 raids have been conducted with 92 show cause notices issued, 25 licenses suspended/cancelled and 11 FIRs registered against defaulters. Any violation of fertilizer control order invokes both penal action of punishment from 3 month to 7 years and administrative action of cancellation/ Suspension of authorization letter.

To ensure transparency, the Direct Benefit Transfer (DBT) in Fertilizers mechanism has been implemented. Under 'DBT in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies, on actual sales to the beneficiaries based on Aadhar authentication through POS devices installed at each retail shop. Accordingly, all farmers including those in the state of Jharkhand are being supplied fertilizers at the subsidized rates on

no-denial basis. Funds are not allocated or disbursed in a district-wise or State-wise manner. Fertilizer companies generate/submit weekly subsidy claims based on PoS recorded sales, which are processed in a chronological manner on a First-In-First-Out (FIFO) basis, subject to completeness of claims, with a view to ensuring effective monitoring, timely settlement and efficient fund management. Further, for digital management of fertilizer subsidy payments at a large scale, the Government has introduced an integrated e-bill system. This digital system is aimed at reducing manual and paper-based processes, accelerating the payment workflow, and enhancing transparency and accountability in the subsidy payment process.

Department of Fertilizers has put a ceiling of 50 bags of subsidized fertilizers per buyer per month. Additionally, a monthly list of 'Top 20 buyers' of each district is made available in the iFMS log-in of respective district magistrates for taking necessary action at their end. Besides, Department of Fertilizers has also developed a dashboard which can be accessed by authorized users at <https://urvarak.nic.in>. The dashboard is developed to facilitate easy monitoring by various Stake holders viz. State Agriculture Departments, District Collectors and State Marketing Federations. The State Governments are also monitoring the availability and supply of fertilizers through iFMS and e-Urvarak Dashboard portals.

24	Mizoram	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	1.16	2.28	0.96	0.52	1.19	0.43	0.17	0.36	0.10	0.57	1.41	0.39
27	Puducherry	0.06	0.06	0.05	0.01	0.01	0.00	0.01	0.01	0.00	0.04	0.05	0.03
28	Punjab	13.29	16.42	13.14	4.33	5.47	3.78	0.43	0.63	0.24	1.41	0.95	0.58
29	Rajasthan	14.14	17.81	15.95	3.24	4.32	3.56	0.09	0.14	0.08	1.43	1.70	1.12
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	5.14	6.27	4.95	1.29	1.90	1.29	1.43	1.26	0.83	4.14	5.73	3.83
32	Telangana	7.66	8.86	7.92	1.21	2.31	1.83	0.48	0.84	0.31	5.11	7.68	4.77
33	Tripura	0.06	0.11	0.04	0.01	0.02	0.01	0.03	0.03	0.01	0.01	0.03	0.01
34	Uttarakhand	0.77	1.05	0.86	0.10	0.37	0.20	0.04	0.06	0.02	0.16	0.11	0.07
35	Uttar Pradesh	34.43	43.00	35.41	13.57	15.93	11.01	1.23	1.98	1.13	7.07	10.01	5.93
36	West Bengal	6.20	9.14	6.14	1.58	2.69	1.73	1.74	1.91	1.10	5.80	9.31	5.40
	All India	166.02	205.88	167.82	48.97	66.96	46.44	12.43	16.39	8.80	69.33	97.75	56.09

[illegible]

26	Odisha	4.30	5.86	5.30	2.00	2.32	1.96	0.60	0.69	0.53	2.40	3.30	2.75
27	Puducherry	0.07	0.08	0.07	0.01	0.01	0.01	0.01	0.01	0.01	0.04	0.05	0.04
28	Punjab	14.92	19.19	15.94	2.85	3.86	2.36	0.50	0.70	0.32	0.50	1.27	0.66
29	Rajasthan	10.52	14.36	11.20	5.10	5.04	4.04	0.10	0.17	0.08	1.50	2.43	1.39
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	4.37	6.07	5.06	1.40	2.01	1.29	0.80	1.33	0.96	4.11	5.50	3.91
32	Telangana	9.80	10.28	9.79	2.40	2.88	2.38	0.55	0.81	0.44	10.00	11.19	8.97
33	Tripura	0.08	0.16	0.09	0.02	0.03	0.02	0.01	0.03	0.01	0.03	0.02	0.01
34	Uttarakhand	1.00	1.35	1.16	0.15	0.38	0.23	0.02	0.07	0.02	0.15	0.13	0.09
35	Uttar Pradesh	39.92	48.93	40.24	10.00	12.45	7.70	1.25	1.64	0.65	5.00	8.36	3.64
36	West Bengal	6.10	9.18	6.00	1.60	2.46	1.28	1.00	1.59	0.81	4.10	7.58	4.13
	All India	185.39	230.51	193.21	56.99	66.38	46.33	11.13	18.08	10.94	76.11	117.09	81.49

PROMOTION OF DOMESTIC PRODUCTION OF FERTILIZERS

2487. DR. NISHIKANT DUBEY:

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

- (a) the steps being taken by the Government to reduce dependence on imported Active Pharmaceutical Ingredients (APIs) and promote domestic production;
- (b) the manner in which Government is ensuring a steady and affordable supply of fertilizers to farmers, especially in remote areas of the country;
- (c) whether there are any upcoming policy changes/Government initiatives aimed at boosting foreign investment in chemical and fertilizer sectors of the country; and
- (d) if so, the details thereof?

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

(a): The Government of India has taken number of steps to reduce dependence on imported active pharmaceutical ingredients (APIs) and promote domestic production. These include the following:

- (i) *Production Linked Incentive (PLI) Scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs) / Drug Intermediates (DIs) and Active Pharmaceutical Ingredients (APIs) in India (also known as PLI scheme for Bulk Drugs)*: The scheme is aimed at avoiding disruption in

supply of critical APIs used to make critical drugs for which there are no alternatives by reducing supply disruption risk due to excessive dependence on single source. The scheme has a budgetary outlay of ₹6,940 crore. Till December 2025, investment of ₹4,814 crore has already been made against an investment commitment of ₹4,329.95 crore over the period of six years in greenfield projects. Further, production capacities have been created for 26 KSMs/DIs/APIs, which were earlier primarily imported. The scheme has resulted in cumulative sales of ₹2,720 crore reported till December 2025, including exports of ₹527.96 crore, thereby avoiding imports worth ₹2,192.04 crore. The tenure of the scheme is till the financial year 2029-30.

- (ii) *PLI Scheme for Pharmaceuticals*: The scheme is aimed at enhancing India's manufacturing capabilities by increasing investment and production in the pharmaceuticals sector and contributing to product diversification to high-value goods in the pharmaceutical sector and incentivises production of high-value medicines such as biopharmaceuticals, complex generic drugs, patented drugs or drugs nearing patent expiry, auto-immune drugs, anti-cancer drugs, etc. as well as production of APIs/DIs/KSMs other than those notified under the PLI Scheme for Bulk Drugs. It has a budgetary outlay of ₹15,000 crore. As of December 2025, the committed investment of ₹17,275 crore targeted over the six-year period of the scheme stands substantially exceeded with cumulative investment of ₹41,920 crore made in both

brownfield and greenfield projects. Further, 726 APIs/KSMs/DIs are being manufactured under the scheme, including 191 which have been manufactured for the first time under the scheme. Cumulative domestic sales of APIs/KSMs/DIs produced under the scheme till December 2025 is worth ₹28,067 crore and thereby contributing to import avoidance. The tenure of the scheme is till the financial year 2028-29.

- (iii) *Scheme for Promotion of Bulk Drug Parks:* The scheme has a budgetary outlay of ₹3,000 crore, under which three bulk drug parks have been approved and are at various stages of development in the States of Andhra Pradesh, Gujarat and Himachal Pradesh, through their respective State implementing agencies. The total project cost of these parks is over ₹6,306.68 crore, with Central assistance to the tune of ₹1,000 crore each for creation of common infrastructure facilities. These parks envisage land and utilities such as power, water, effluent treatment plant, steam, solid waste management and warehouse facilities at a subsidised rate to bulk drug or API manufacturers for units set up in the park. The State implementing agencies of the States concerned have also offered fiscal incentives in the form of capital subsidy on fixed capital investment, interest subsidy, State Goods and Services Tax reimbursement, exemption of stamp duty and registration charges, etc. Further, the scheme provides for applicants for allotment of land in the parks to set up units for manufacturing products

prioritised in the PLI Scheme for Bulk Drugs to have priority in land allotment.

(b): As per the information provided by the Department of Fertilizers, the following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers across the country, including the remote areas:

- (i) Before the commencement of each cropping season, the 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, the Department of Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- (iii) The movement of all major subsidised fertilizers is monitored throughout the country by an online web-based monitoring system called the Integrated Fertilizer Monitoring System.
- (iv) Regular weekly video conference is conducted jointly by DA&FW and the Department of Fertilizers with State Agriculture Department officials, and corrective actions are taken to despatch fertilizers as indicated by the State Governments.
- (v) The distribution of fertilizers within the State is done by the respective State Government.
- (vi) Urea is provided to the farmers at a statutorily notified Maximum Retail Price

(MRP). The MRP of 45kg bag of urea is ₹242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

(c) and (d): As per information provided by the Department of Chemicals and Petrochemicals, various initiatives are being taken to support the sector. The details are as under:

(i) *Petroleum, Chemicals and Petrochemicals Investment Regions (PCPIR):*

To attract investments in chemicals and petrochemicals sector, Department had notified the Petroleum, Chemicals and Petrochemical Investment Region (PCPIR) Policy. PCPIRs are conceptualized as cluster-based model of development with common infrastructure and support services. Three PCPIRs have been set up at Dahej (Gujarat), Vishakhapatnam-Kakinada (Andhra Pradesh) and Paradeep (Odisha). Currently, 2,246 chemical units are functional in these PCIPRs having a cumulative investment of ₹3,49,192 crore and these regions have generated employment of 3.7 lakh persons.

(ii) *Plastic Parks:* The Department implements the Scheme for Setting up of Plastic Parks under the scheme of New Scheme of Petrochemicals. The

Scheme promotes setting up of need-based Plastic Parks with requisite state-of-the-art infrastructure and enabling common facilities. The objective is to consolidate and synergize the capacities of downstream plastic processing industry to help increase investment, production and export in the sector as well as generate employment. Under the scheme, the Government of India provides grant funding up to 50% of the project cost to the State Government subject to a ceiling of ₹40 crore per project. In accordance with the Scheme Guidelines, 9 Plastic Parks have been approved so far and the same are at different levels of implementation.

न्यायिक मानव संसाधन का सुदृढीकरण

2488. श्री नागेश बापुराव अष्टिकर पाटिल :

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

- (क) क्या सरकार को इस बात की जानकारी है कि हिंगोली लोक सभा निर्वाचन क्षेत्र के अधीनस्थ न्यायालयों में न्यायिक अधिकारियों, सरकारी वकीलों, अभियोजन अधिकारियों और न्यायालय के कर्मचारियों (क्लर्क, स्टेनोग्राफर, प्रोसेस सर्वर आदि) के अनेक पद लंबे समय से रिक्त पड़े हैं जिससे न्यायिक कार्यवाही की गति प्रभावित हो रही है ;
- (ख) क्या यह भी सच है कि पर्याप्त प्रशिक्षण, डिजिटलीकरण सहायता और तकनीकी जनशक्ति की कमी के कारण ई-न्यायालयों, वर्चुअल सुनवाई और मामले प्रबंधन प्रणालियों का प्रभावी कार्यान्वयन संभव नहीं है; और
- (ग) यदि हां, तो सरकार द्वारा रिक्त पदों को शीघ्र भरने और हिंगोली लोक सभा निर्वाचन क्षेत्र में

न्यायिक और गैर-न्यायिक कर्मचारियों के लिए विशेष प्रशिक्षण कार्यक्रम और तकनीकी सहायता प्रदान करने के लिए अब तक क्या ठोस कदम उठाए गए हैं?

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

(क) से (ग): भारत के संविधान के अनुच्छेद 227 और अनुच्छेद 235 के अधीन विद्यमान उपबंधों के अनुसार, इसकी अधिकारिता के अधीन आने वाले सभी जिला न्यायालयों और उनके अधीनस्थ न्यायालयों पर अधीक्षण और नियंत्रण की शक्ति संबंधित उच्च न्यायालयों में निहित है। जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों के रिक्त पदों को भरने का उत्तरदायित्व उच्च न्यायालयों और संबंधित राज्य सरकारों की है। लंबे समय से रिक्त पड़े हिंगोली लोक सभा निर्वाचन-क्षेत्र के अधीनस्थ न्यायालयों में न्यायिक अधिकारियों, सरकारी वकीलों, अभियोजन अधिकारियों और न्यायालय कर्मचारिवृन्द (लिपिक, आशुलिपिक, आदेशिका तामीलकर्ता आदि) के पदों से संबंधित डाटा केन्द्रीय स्तर पर नहीं रखे जाते हैं। तथापि, बॉम्बे उच्च न्यायालय द्वारा सूचित किया गया है, 04/02/2026 तक न्यायालय कर्मचारिवृन्द के 25 पद (बेलिफ और चपरासी के सिवाय) रिक्त हैं। जहां तक तालुकों के साथ-साथ हिंगोली जिले में वर्तमान में न्यायिक अधिकारियों के पदों का संबंध है, 21 न्यायिक अधिकारी कार्यरत हैं।

ई-न्यायालय मिशन मोड परियोजना के अधीन हिंगोली जिले में न्यायालयों को अपेक्षित हार्डवेयर और डब्ल्यूएन कनेक्टिविटी के साथ विभिन्न अवसंरचना सुविधाएं अर्थात् वीडियो कॉन्फ्रेंसिंग प्राणाली, ऑल-इन-वन कंप्यूटर, प्रिंटर, स्कैनर, ई-सेवा केंद्र आदि प्रदान की गई हैं। जिला न्यायालय, हिंगोली में संविदात्मक तकनीकी जनशक्ति अर्थात् एक प्रणाली अधिकारी की नियुक्ति की गई है।

हिंगोली न्यायिक जिले की स्थापना 22 फरवरी 2025 को हुई थी। तब से हिंगोली जिले में

न्यायिक अधिकारियों, न्यायालय कर्मचारिवृन्द, अधिवक्ताओं और अधिवक्ता लिपिकों के लिए ई-समिति विशेष अभियान प्रशिक्षण और आउटरीच कार्यक्रमों के अधीन विभिन्न प्रशिक्षण आयोजित किए जाते हैं, जिनके ब्यौरे संलग्न **विवरण** में है।

विवरण

हिंगोली जिले में न्यायिक अधिकारियों, न्यायालय कर्मचारिवृन्द, अधिवक्ताओं और अधिवक्ता लिपिकों के लिए ई-समिति विशेष अभियान प्रशिक्षण और आउटरीच कार्यक्रमों के अधीन आयोजित विभिन्न प्रशिक्षण

क्र. सं.	तारीख	इसीटी प्रशिक्षण का नाम	प्रतिभागियों की संख्या	पदनाम
1	28.12.2025	अधिवक्ता /अधिवक्ता लिपिक ई-न्यायालय कार्यक्रम के लिए इसीटी_4_2025 कार्यक्रम	118	अधिवक्ता और अधिवक्ता लिपिक
2	16.11.2025	न्यायालय के कर्मचारिवृन्द और एन स्टेप प्रशिक्षण के लिए इसीटी_8_2025 पुनश्चर्या कार्यक्रम	52	कर्मचारिवृन्द सदस्य
3	14.12.2025	न्यायालय के कर्मचारिवृन्द के लिए इसीटी_9_2025 पुनश्चर्या कार्यक्रम	142	कर्मचारिवृन्द सदस्य
4	21.09.2025	इसीटी_13_2025 कंप्यूटर कौशल संवर्धन कार्यक्रम-स्तर I और II आदि	18	न्यायिक अधिकारी
5	12.10.2025	सभी जिला मुख्यालयों पर इसीटी_16_2025 ई-न्यायालय कार्यक्रम	17	न्यायिक अधिकारी
6	26.01.2026	इसीटी_12_2025 कंप्यूटर कौशल वृद्धि कार्यक्रम-स्तर I और II	152	अधिवक्ता और अधिवक्ता के लिपिक

आयुष्मान भारत कार्ड

2489. श्री भजन लाल जाटव:

श्री रामवीर सिंह बिधूड़ी:

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

- (क) विगत पांच वर्षों से लेकर आज तक देश में विशेषकर राजस्थान में सरकार द्वारा जारी किए गए आयुष्मान भारत कार्डों की राज्य-वार कुल संख्या कितनी है,
- (ख) देशभर में कितने उक्त कार्डधारकों ने निजी अस्पतालों में निःशुल्क उपचार का लाभ उठाया है;
- (ग) उक्त योजना के अंतर्गत दिल्ली में कितने निजी अस्पताल निःशुल्क उपचार प्रदान कर रहे हैं,
- (घ) उक्त अवधि के दौरान आयुष्मान भारत कार्ड के संबंध में प्राप्त शिकायतों की राज्य-वार प्रकृति क्या है,
- (ङ) आयुष्मान भारत योजना के अंतर्गत प्रतिवर्ष अधिकतम कितनी राशि के निःशुल्क उपचार का लाभ उठाया जा सकता है; और
- (च) क्या विशेष परिस्थितियों में इस सीमा को बढ़ाया जा सकता 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): पिछले पांच वर्षों (अर्थात अप्रैल 2020 से जनवरी 2026) के दौरान, आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के अंतर्गत लगभग 35.69 करोड़ आयुष्मान कार्ड जारी किए गए हैं, जिनमें राजस्थान राज्य में जारी किए गए 2.28 करोड़ आयुष्मान कार्ड शामिल हैं। इस योजना के अंतर्गत जारी किए गए आयुष्मान कार्डों का राज्य/संघ राज्य क्षेत्र वार ब्यौरा <https://dashboard.nha.gov.in/public/card> से प्राप्त किया जा सकता है।
- (ख): दिनांक 31.01.2026 की स्थिति के अनुसार, इस योजना के तहत अस्पताल में 5.77 करोड़ मरीजों की भर्ती के संबंध में निजी अस्पतालों हेतु 1.15 लाख रु. की धनराशि के लिए स्वीकृति प्रदान

की गई है।

(ग): दिल्ली में पैनलबद्ध निजी अस्पतालों का ब्यौरा <https://hem.nha.gov.in/search> पर से प्राप्त किया जा सकता है।

(घ): शिकायतों की प्रकृति में कार्ड पर गलत विवरण, कार्ड डाउनलोड करने में असमर्थता, परिवार में गलत सदस्यों का जोड़ा जाना, परिवार के सदस्यों के नाम गायब होना आदि शामिल हैं।

(ङ) और (च): एबी-पीएमजेएवाई माध्यमिक और विशिष्ट परिचर्या हेतु अस्पताल में भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य बीमा प्रदान करती है।

SEXUAL HARASSMENT AT WORKPLACE

2490. SHRI SUDAMA PRASAD:

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

- (a) the number of cases regarding Sexual harassment and workplace misconduct reported in Government offices and their affiliated department/agencies (including anganwadi workers), during the last five years, State/UT-wise;
- (b) the number of cases disposed, pending, inquiry conducted and action taken during the last five years;
- (c) whether the Ministry conducted any annual audit/report of the working of Internal Complaint Committee (ICC) in various States/UTs, if so, the details of such reports along with the action taken thereon and corrective measures adopted during the last five years; and

(d) whether the Ministry has provided any compensation, legal aid/protection measures to the victims, if so, the details thereof?

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

(a) to (d): The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013' (SH Act) aims to provide a safe and secure working environment for women and covers all women, irrespective of age or employment status, in public and private sectors, organised and unorganised, including domestic workers.

The Act mandates the Appropriate Government to monitor the implementation of the Act and maintain data on number of cases filed and disposed of under SH Act. As per the Act, Central Government is the Appropriate Government in respect of the workplaces established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by the Central Government. Similarly, the State Government is the Appropriate Government in respect of the workplaces established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by them. Further, the State Government is the Appropriate Government for all other workplaces falling/working within their jurisdiction (other than those which are under the domain of Central Government).

The Ministry of Women and Child Development (MWCD), being the Nodal

Ministry for the SH Act, launched the Sexual Harassment electronic Box (SHe-Box) Portal (<https://shebox.wcd.gov.in/>) on 29th August 2024 for effective implementation of the SH Act, as a transformative digital governance initiative.

However, SHe-Box is not a mechanism for statutory or regulatory oversight, but 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 SH Act, the appropriate Governments are responsible to take action on the complaints filed through SHe-Box portal and monitor the implementation of the Act.

The portal provides options for disposal of complaints in accordance with Section 12 of the SH Act and Rules 8, 9, and 10 of 'the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013' (SH Rules). Details of complaints reported on the SHe- Box Portal in Government offices and their affiliated department/agencies since its launch on 29th August, 2024, are given in the enclosed **Statement**.

The Hon'ble Supreme Court, through its order dated 03 December 2024, directed Chief Secretaries of all States to instruct District Officers (Deputy Commissioners, District Magistrates, District Collectors etc.) to survey public and private organisations within their districts regarding the constitution of Internal

Complaints Committees (ICs), and to ensure that details of ICs and Local Committees are uploaded on the SHe-Box portal of the MWCD for effective implementation of Sections 4 and 6 of the POSH Act. Subsequently, by orders dated 12 August 2025 and 06 January 2026, the Hon'ble Court further mandated that District Officers conduct these surveys with the assistance of Labour Commissioners at both district and state levels, and directed States to ensure that all collected data is properly on-boarded onto the SHe-Box portal, thereby strengthening compliance and monitoring of workplaces for constituting Internal Committees.

As per the provisions of the SH Act, 2013, Government ensures that survivors are assisted through the statutory complaint disposal mechanism. Under Section 13(3), it is the duty of the employer to act within 60 days on receipt of the recommendations of the Internal Committee (IC), which may include disciplinary action, deduction from salary for compensation or other remedial measures. The Act itself provides for protection of the aggrieved woman during inquiry, including transfer, leave and other interim reliefs as recommended by the IC.

To facilitate access, the MWCD has made available on the SHe-Box portal, detailed FAQs explaining the rights and remedies under the Act, along with a list of helplines, including the Women Helpline (181) for assistance and the NALSA Helpline (15100) for free legal aid. In addition, State Legal Services Authorities and District Legal Services Authorities are mandated to provide legal support to

the aggrieved woman.

STATEMENT

State and UT- wise number of complaints reported on the SHe- Box Portal in Government offices and their affiliated department/ agencies since its launch on 29th August, 2024

State / UT	Disposed	Pending	Total Complaint
Andhra Pradesh	0	2	2
Assam	1	0	1
Bihar	0	8	8
Chandigarh	0	1	1
Chhattisgarh	4	0	4
Delhi	2	2	4
Gujarat	1	6	7
Haryana	0	1	1
Himachal Pradesh	0	5	5
Jammu and Kashmir	2	1	3
Jharkhand	0	2	2
Karnataka	7	3	10
Madhya Pradesh	0	1	1
Maharashtra	5	1	6
Orissa	0	5	5
Punjab	0	1	1
Rajasthan	1	6	7
Tamil Nadu	0	2	2
Telangana	0	2	2
Uttar Pradesh	0	4	4
West Bengal	0	3	3
Total	23	56	79

महिला एवं बाल विकास योजना के लाभार्थी

2491. श्री अजय कुमार मंडल:

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

- (क) क्या बिहार के भागलपुर जिले में महिला एवं बाल विकास से संबंधित योजनाओं का कार्यान्वयन धीमी गति से चल रहा है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) उक्त जिले में वर्तमान में क्रियाशील आंगनवाड़ी केंद्रों की संख्या कितनी है और प्रस्तावित ऐसे केंद्रों की संख्या कितनी है;
- (घ) उक्त जिले में आज की तारीख तक 'पोषण अभियान' और प्रधानमंत्री मातृ वंदना योजना' के तहत लाभान्वित होने वाली महिलाओं और बच्चों की संख्या कितनी है; और
- (ङ) उक्त जिले में महिला सशक्तिकरण को बढ़ावा देने, उनकी सुरक्षा सुनिश्चित करने और पोषण संबंधी परिणामों में सुधार करने के लिए सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है?

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

(क) से (ङ): बिहार के भागलपुर जिले सहित देश भर में, मंत्रालय (एमडब्ल्यूसीडी) द्वारा महिलाओं और बच्चों के कल्याण के लिए कार्यान्वित विभिन्न योजनाओं की समीक्षा की गई और इन्हें तीन व्यापक मिशनों अर्थात्: (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) विषम परिस्थितियों में रह रहे बच्चों के संरक्षण, देखरेख और कल्याण के लिए 'मिशन वात्सल्य', में समेकित किया गया है। व्यापक मिशनों का ब्यौरा इस प्रकार है:

(i) सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0): इस मिशन के तहत, आंगनवाड़ी सेवा योजना, पोषण अभियान और किशोरियों के लिए योजना को 3 प्राथमिक उप-वर्टिकलों में पुनर्गठित

किया गया है: (i) बच्चों, गर्भवती महिलाओं एवं स्तनपान कराने वाली माताओं और किशोरियों के लिए पोषण सहायता (ii) प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा और (iii) उन्नत सक्षम आंगनवाड़ियों सहित आंगनवाड़ी बुनियादी अवसंरचना।

(ii) मिशन शक्ति: इसमें महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए क्रमशः दो वर्टीकल 'संबल' और 'सामर्थ्य' शामिल हैं।

i. **संबल** - संबल वर्टीकल के तहत निम्नलिखित योजनाओं को शामिल किया गया है: **वन स्टॉप सेंटर (ओएससी)** का उद्देश्य निजी एवं सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर समेकित और समन्वित तरीके से एकीकृत सहायता और सहयोग प्रदान करना है; **महिला हेल्पलाइन (181-डब्ल्यूएचएल)** एक 24 x 7 x 365 टोल-फ्री आपातकालीन/गैर-आपातकालीन प्रतिक्रिया प्रणाली है जो ईआरएसएस (112) और अन्य मौजूदा हेल्पलाइन/संस्थानों के साथ एकीकृत है; **बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी)** - जन्म के समय घटते लिंग अनुपात (एसआरबी) और जीवन चक्र निरंतरता में बालिकाओं और महिलाओं के सशक्तिकरण से संबंधित मुद्दों के समाधान के उद्देश्य से शुरू की गई; **नारी अदालत** - न्याय सुनिश्चित करके महिलाओं को सशक्त बनाने और वैकल्पिक विवाद समाधान, शिकायत निवारण, परामर्श, साक्ष्य-आधारित निर्णय लेने, दबाव समूह (पेशर ग्रुप) रणनीति, बातचीत, मध्यस्थता और सुलह जैसी सेवाएं प्रदान करने के उद्देश्य से एक प्रायोगिक (पायलट) पहल है।

ii. **II. सामर्थ्य** - 'सामर्थ्य' वर्टीकल के तहत निम्नलिखित योजनाओं को शामिल किया गया है: **प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई)** - एक केंद्र प्रायोजित मातृत्व लाभ योजना है जिसके तहत लाभार्थियों को प्रत्यक्ष लाभ अंतरण (डीबीटी) मोड में पहले बच्चे और दूसरा बच्चा बालिका होने पर नकद प्रोत्साहन मिलता है; **शक्ति सदन** - दुर्व्यापार की शिकार महिलाओं सहित संकट ग्रस्त महिलाओं के लिए एक एकीकृत राहत और पुनर्वास गृह है; **सखी निवास** - शहरी,

अर्ध-शहरी और ग्रामीण क्षेत्रों जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं; में कामकाजी महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर स्थित आवास की उपलब्धता को बढ़ावा देने के लिए; **राष्ट्रीय महिला सशक्तिकरण केंद्र (एनएचईडब्ल्यू)** - राष्ट्रीय स्तर, राज्य/संघ राज्य क्षेत्र स्तर और जिला स्तर पर महिलाओं के लिए योजनाओं और कार्यक्रमों के अंतर-क्षेत्रीय समन्वय की सुविधा के लिए और **पालना** -जिसका उद्देश्य बच्चों के लिए सुरक्षित और संरक्षित वातावरण में गुणवत्तापूर्ण क्रेच सुविधा प्रदान करके अर्थव्यवस्था के कार्यबल में महिलाओं की भागीदारी को बढ़ाना है।

- iii. **मिशन वात्सल्य:** मिशन वात्सल्य में मिशन मोड में बेहतर पहुंच और देखरेख की आवश्यकता वाले बच्चों की सुरक्षा के लिए एकीकृत बाल संरक्षण योजना (आईसीपीएस) शामिल की गई है, जिसका उद्देश्य है: (i) कठिन परिस्थितियों में रहने वाले बच्चों की सहायता करना और उनका भरण-पोषण करना (ii) विभिन्न पृष्ठभूमियों के बच्चों के समग्र विकास के लिए संदर्भ आधारित समाधान तैयार करना। (iii) नवीन समाधानों को प्रोत्साहित करने के अवसर उपलब्ध कराना (iv) साझा प्रयासों को मजबूत करना।

भागलपुर जिले में कार्यशील आंगनवाड़ी केंद्रों की संख्या **3078** है।

भागलपुर जिले में पोषण अभियान और प्रधानमंत्री मातृ वंदना योजना के लाभार्थियों की संख्या का ब्यौरा इस प्रकार है:

मिशन/योजना	वर्ग	लाभार्थियों की संख्या
मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (31.01.2026 तक)	गर्भवती महिलाएं	19,648
	स्तनपान कराने वाली माताएं	20,316
	बच्चे (0-6 वर्ष)	2,47,400

प्रधानमंत्री मातृ वंदना योजना (08.02.2026 तक)	भुगतान प्राप्त लाभार्थी	1,12,424

REDUCTION IN BUDGETARY ALLOCATIONS

2492. SHRI VISHALDADA PRAKASHBAPU PATIL:

SHRI G. KUMAR NAIK:

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

- (a) whether the share of the Ministry in the Centre's total expenditure has declined from nearly 1 per cent in 2015-16 to about 0.5 per cent in 2025-26, if so, the details thereof;
- (b) whether budgetary allocations for key schemes such as the Integrated Child Development Services and the Mid-Day Meal Programme have also declined during this period;
- (c) if so, the details thereof along with the reasons for such decline, particularly in view of rising inflation, increased beneficiary coverage and the continuing challenges of child malnutrition and maternal health during the last ten years;
- (d) whether the Government has undertaken any assessment of the impact of reduced real-term allocations on nutrition outcomes, service delivery and coverage under the schemes;
- (e) the details of the steps taken/proposed to be taken to enhance budgetary allocations for these programmes in the ensuing years, including the timeline

and extent thereof; and

- (f) whether the Ministry consider the current expenditure level consistent with its stated policy priorities?

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

(a): The Ministry's total expenditure has increased in absolute terms from ₹17,260.28 crore in FY 2015-16 to ₹24,529.48 crore in FY 2024-25. The final expenditure figures for FY 2025-26 will be available only upon closure of the current financial year on 31st March 2026.

(b): No. The budgetary allocation for Saksham Anganwadi and Poshan 2.0 [earlier Integrated Child Development Services(ICDS)] has increased from ₹ 9804.23 Crore in FY 2015-16 to ₹ 21960.00 Crore in FY 2025-26. Similarly, the Budgetary allocation for PM Poshan (earlier known as Mid-Day Meal Programme) has also increased from ₹ 9236.40 Crore to ₹12,500 Crore.

(c): Question does not arise in view of the above.

(d) to (f): 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).

Under Mission Saksham Anganwadi and Poshan 2.0, to ensure that adequate budget is made available to the States/UTs, the Programme Approval Board (PAB) meets under the chairpersonship of Secretary, Women and Child Development, at the beginning of each financial year in order to consider and approve the Annual Programme and Budget submitted by the State Governments and UT Administrations. There exists a well-structured mechanism for effective implementation of the schemes and the monitoring for effective delivery of services to the beneficiaries.

Moreover, under Saksham Anganwadi and Poshan 2.0 scheme, Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, opening and closing of AWCs, daily attendance of children, growth monitoring of children, Early Childhood Care & Education (ECCE) activities, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery of child, post-natal care, breastfeeding and complementary feeding. Regular field level trainings/workshops are conducted

directly for AWWs regarding use of the Poshan Tracker Application. Poshan Tracker also features self-learning videos for AWWs, enabling continuous capacity building and on-the-job learning through digital modules.

Also, for last mile tracking of Service Delivery, Facial Recognition System (FRS) has been developed in Poshan Tracker Application for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) Scheme (earlier Mid Day Meal Programme) under Ministry of Education is one of the foremost rights based Centrally Sponsored Schemes implemented in partnership with the States and Union Territories (UTs) for providing one hot cooked and nutritious meal to all children studying in Bal Vatika (just before class-I) and classes I to VIII of Government and Government-aided schools.

Under PM POSHAN to ensure that adequate budget is made available to the States and UTs, the Programme Approval Board (PAB) meets under the chairpersonship of Secretary, Department of School Education and Literacy(DoSE&L), at the beginning of each financial year in order to consider and sanction the Annual Work Plan and Budget submitted by the State Governments and UT Administrations. The State Governments and UT Administrations present comprehensive Annual Work Plan and Budget (AWP&B), inter-alia, with detailed district-wise vital information on coverage of children, working days and schools;

enrolment in schools; utilisation of foodgrains, utilisation of cooking cost, transportation assistance, Management, Monitoring and Evaluation (MME), payment of honorarium to Cook-cum-Helper, construction of kitchen-cum-stores, procurement of kitchen devices etc.

The budget allocations made under the schemes have enabled smooth delivery of services to the beneficiaries and resulted in improvement in the stated aims and objectives of the scheme of improvement in malnourishment indicators.

EXPENDITURE ON THE PRIME MINISTER'S FOREIGN TRIP

2493. SHRIMATI JUNE MALIAH

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

- (a) The total amount (in Rs.) spent on the Prime Minister's foreign trips since 2014, country; and year-wise; and
- (b) The number and designations of the officials/staff accompanying the Prime Minister on his foreign trips since 2014, country and year-wise?

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

(a): During Prime Minister's visits abroad, the Prime Minister is treated as a guest of the receiving country and commensurate hospitality is provided by the host government. The country-wise expenditure on foreign visits, including the

expenditure on official, accompanying, security, and media delegations since 2014, country and year-wise, are given in the enclosed **Statement**.

For reference purpose, expenditure on Prime Minister's foreign visits earlier were INR 10,74,27,363 (USA, 2011), INR 9,95,76,890 (Russia, 2013), INR 8,33,49,463 (France, 2011), and INR 6,02,23,484 (Germany, 2013). These figures show actual expenditure without adjusting for inflation or currency fluctuations.

(b): Prime Minister's delegation on foreign visits consists of representatives from the Prime Minister's Office, Ministry of External Affairs, other Ministries, security agencies, media agencies and interpreters.

The size of the delegation between May 2014-present has ranged between 27-72 depending on functional requirements, with the exception of a 5-country visit in 2025 where the delegation size was 95.

For reference, the total size of the Prime Minister's delegation for visits conducted in 2013 was as follows: 106 (Russia and China - October 2013); 105 (Brunei Darussalam and Indonesia - October 2013); 99 (US-September 2013); 100 (Russia - September 2013); 107(Japan and Thailand - May 2013); 110 (Germany - April 2013); 105 (South Africa - March 2013).

STATEMENT**Expenditure regarding foreign visits of the Prime Minister (2014-25)
2025**

S. No	Country	Total Expenditure (in INR)
1.	France and United States of America (February 10-13)	Rs. 25,59,82,902/- (France) Rs. 16,54,84,302/- (USA)
2.	Mauritius (March 11-12)	Rs. 3,06,31,866/-
3.	Thailand and Sri Lanka (April 03 – 06)	Rs. 4,92,81,208/-(Thailand) Rs. 4,46,21,690/-(Sri Lanka)
4.	Saudi Arabia (April 22-23)	Rs. 15,54,03,792.47/-
5.	Cyprus, Canada and Croatia (June 15-19)	Rs. 7,18,24,847/-(Cyprus) Rs. 5,31,02,671/-(Canada) Rs. 4,64,60,485/-(Croatia)
6.	Ghana, Trinidad & Tobago, Argentina, Brazil, Namibia (July 02-09)	Rs. 4,69,04,976/-(Ghana) Rs. 4,80,00,229.70/-(Trinidad & Tobago) Rs. 6,64,64,031/-(Argentina) Rs. 17,72,22,144/-(Brazil) Rs. 4,20,47,925/- (Namibia)
7.	United Kingdom and Maldives from (July 23-26, 2025)	Rs. 9,91,55,061.39/-(UK) Rs. 8,63,05,336/-(Maldives)
8.	China and Japan (August 29 – September 01, 2025)	Rs. 10,59,90,561/-(China) Rs. 8,55,41,926/-(Japan)
9.	Bhutan (November 11-12, 2025)	Rs. 4,44,94,827/-
10.	South Africa (November 21-23, 2025)	Rs. 7,70,19,477/-
11.	Jordan, Oman and Ethiopia (December 15-18, 2025)	Bills are pending for settlement, as the visit is recently concluded

2024

1.	UAE and Qatar (February 13-15)	Rs. 5,31,95,485/-(UAE) Rs. 3,14,30,607/-(Qatar)
2.	Bhutan (March 22-23)	Rs. 4,50,27,271/-
3.	Italy (June 13-14)	Rs. 14,36,55,289/-
4.	Russia & Austria (July 08-10)	Rs. 4,35,35,765/-(Austria) Rs. 5,34,71,726/-(Russia)
5.	Poland & Ukraine (August 21-23)	Rs. 10,10,18,686/-(Poland) Rs. 2,52,01,169/-(Ukraine)
6.	Brunei Darussalam & Singapore (September 03-05)	Rs. 5,02,47,410/-(Brunei Darussalam) Rs. 7,75,21,329/-(Singapore)
7.	USA (September 21-23)	Rs. 15,33,76,348/-
8.	Lao PDR (October 10-11)	Rs. 3,00,73,096/-
9.	Russia (October 22-23)	Rs. 10,74,99,171/-
10.	Nigeria, Brazil & Guyana (November 16-21)	Rs. 4,46,09,640/-(Nigeria) Rs. 5,51,86,592/-(Brazil) Rs. 5,45,91,495/-(Guyana)
11.	Kuwait (December 21-22)	Rs. 2,54,59,263/-

2023

1.	Japan, Australia and Papua New Guinea (May 19-25)	Rs. 17,19,33,356/-(Japan) Rs. 6,06,92,057/-(Australia) Rs. 8,58,04,677/-(Papua New Guinea)
2.	USA and Egypt (June 19-25)	Rs. 22,89,68,509/-(USA) Rs. 2,69,04,059/-(Egypt)
3.	France and UAE (July 13-15)	Rs. 13,74,81,530/-(France) Rs. 1,45,06,965/-(UAE)

4.	South Africa and Greece (August 22-25)	Rs. 6,11,37,355/-(South Africa) Rs. 6,97,75,753/-(Greece)
5.	Indonesia (September 06-07)	Rs. 3,62,21,843/-
6.	UAE (November 30 – December 01)	Rs. 4,28,88,197/-

2022

1.	Germany, Denmark and France (02-04 May)	Rs. 9,44,41,562/-(Germany) Rs. 5,47,46,921/-(Denmark) Rs. 1,95,03,918/-(France)
2.	Nepal (16 May)	Rs. 80,01,483/-
3.	Japan (22-25 May)	Rs. 8,68,99,372/-
4.	Germany & UAE (26-28 June)	Rs. 1,64,92,605/-(UAE) Rs. 14,47,24,416/-(Germany)
5.	Uzbekistan (15-16 September)	Rs. 1,57,26,709/-
6.	Japan (26-28 September)	Rs. 7,08,03,411/-
7.	Indonesia (14-16 November)	Rs. 4,69,52,964/-

2021

1.	Bangladesh (26-27 March)	Rs. 1,00,71,288/-
2.	USA (September 22-26)	Rs. 19,63,27,806/-
3.	Italy and UK (October 29 – November 02)	Rs. 6,90,49,376/-(Italy) Rs. 8,57,41,408/-(UK)

2020

NIL

2019

1.	Republic of Korea	February 21-22, 2019	Rs. 2,50,79,501/-
2.	Maldives and Sri Lanka	June 08-09, 2019	Rs. 1,88,87,971.44/- (Maldives) Rs. 92,72,386/- (Sri Lanka)
3.	Bishkek (Kyrgyz Republic)	June 13-14, 2019	Rs. 1,28,69,884/-
4.	Osaka (Japan)	June 27-29, 2019	Rs. 6,10,44,493/-
5.	Bhutan	August 17-18, 2019	Rs. 1,40,12,333/-
6.	France, Bahrain and UAE	August 22-27, 2019	Rs. 13,44,05,886/- (France) Rs. 43, 75,245/- (Bahrain) Rs. 1,61,47,102/- (UAE)
7.	Vladivostok, Russia	September 04-05, 2019	Rs. 1,09,36,270/-
8.	USA	September 21-28, 2019	Rs. 37,70,74,792/-
9.	Saudi Arabia	October 28-29, 2019	Rs. 81,58,910/-
10.	Thailand	November 02-04, 2019	Rs. 2,26,90,254/-
11.	Brazil	November 12-15, 2019	Rs. 27,34,010/-

2018

1.	Davos, Switzerland	January 22-23, 2018	Rs. 7,14,88,462/-
2.	Palestine, UAE and Oman	February 09-12, 2018	Rs. 1,66,16,321/- (Palestine) Rs. 1,79,35,942/- (UAE) Rs. 62,69,368/- (Oman)
3.	Sweden, UK and Germany	April 16-20, 2018	Rs. 4,16,08,320/- (Sweden) Rs. 4,92,87,335/- (UK) Rs. 80,35,875/- (Germany)
4.	China	April 26-28, 2018	Rs. 2,22,33,402/-
5.	Nepal	May 11-12, 2018	Rs. 1,46,21,600/-
6.	Sochi, Russia	May 21-22, 2018	Rs. 1,12,99,623/-

7.	Indonesia, Malaysia and Singapore	May 29 – 2 June, 2018	Rs. 2,83,61,067/- (Indonesia) Rs. 34,22,870/- (Malaysia) Rs. 2,71,29,607/- (Singapore)
8.	Qingdao, China	June 9-10, 2018	Rs. 3,96,81,253/-
9.	Rwanda, Uganda and South Africa	July 23-28, 2018	Rs. 84,25,854/- (Rwanda) Rs. 1,49,78,456/- (Uganda) Rs. 2,40,34,812/- (South Africa)
10.	Nepal	August 30-31, 2018	Rs. 1,40,03,113/-
11.	Japan	October 27-30, 2018	Rs. 4,16,88,692/-
12.	Singapore	November 13-15, 2018	Rs. 2,71,80,213/-
13.	Maldives	November 17, 2018	Rs. 67,53,965.49/-
14.	Argentina	November 28 – 3 December, 2018	Rs. 1,95,87,657/-

2017

1.	Sri Lanka	May 11-12, 2017	Rs. 1,88,06,098/-
2.	Germany, Spain, Russia, France	May 29 – June 03, 2017	Rs. 4,34,18,565/-(Germany) Rs. 1,95,51,550/-(Spain) Rs. 15,37,42,735/-(Russia) Rs. 2,00,97,549/-(France)
3.	Kazakhstan	June 8-9, 2017	Rs. 1,86,41,005/-
4.	Portugal, USA & Netherlands	June 24-27, 2017	Rs. 10,05,72,274/-(USA) Rs. 1,72,08,307/-(Portugal) Rs. 1,22,26,054/-(Netherlands)
5.	Israel and Germany	July 4-8, 2017	Rs. 38,44,40,07/-(Israel) Rs. 10,35,16,463/-(Germany)
6.	China & Myanmar	September 3-7, 2017	Rs. 2,07,22,358/-(China) Rs. 1,70,57,323/- (Myanmar)
7.	Philippines	November 12-14, 2017	Rs. 10,11,68,000/-

2016

1.	Belgium, USA and Saudi Arabia	March 30 – April 03, 2016	Rs. 2,03,75,297/-(Belgium) Rs. 1,05,61,337/-(Saudi Arabia) Rs. 5,62,53,213/-(USA)
2.	Iran	May 22-23, 2016	Rs. 1,43,89,588/-
3.	Afghanistan, Qatar, Switzerland, USA, Mexico	June 4-9, 2016	Rs. 1,23,00,000/-(Mexico) Rs. 81,28,387/-(Afghanistan) Rs. 1,11,47,677/-(Qatar) Rs. 1,32,07,275/-(Switzerland) Rs. 3,90,50,902/-(USA)
4.	Uzbekistan	June 23-24, 2016	Rs. 43,70,640/-
5.	Mozambique, South Africa, Tanzania, Kenya	July 07-11, 2016	Rs. 1,58,82,497/-(Kenya) Rs. 1,29,32,251/-(Mozambique) Rs. 2,86,58,106/-(South Africa) Rs. 1,47,79,487/-(Tanzania)
6.	Vietnam, China	September 02-05, 2016	Rs. 84,71,960/-(Vietnam) Rs. 92,73,787/-(China)
7.	Lao PDR	September 07-08, 2016	Rs. 1,16,09,341/-
8.	Japan	November 10-12, 2016	Rs. 4,08,41,908/-

2015

1.	Seychelles, Mauritius, Sri Lanka	March 10-14, 2015	Rs. 1,00,07,441/-(Sri Lanka) Rs. 1,37,92,690/-(Mauritius) Rs. 1,53,00,000/-(Seychelles)
2.	Singapore	March 28-29, 2015	Rs. 1,78,23,632/-
3.	France, Germany, Canada	April 09-17, 2015	Rs. 6,38,51,475/-(Canada) Rs. 9,77,94,823/-(France) Rs. 9,65,76,644/-(Germany)
4.	China, Mongolia, Republic of Korea	May 14-19, 2015	Rs. 2,15,80,168/-(Mongolia) Rs. 3,01,66,945/-(China) Rs. 2,78,15,690/-(Korea)
5.	Bangladesh	June 6-7, 2015	Rs. 1,40,33,817/-

6.	Uzbekistan, Kazakhstan, Russia, Turkmenistan, Kyrgyz Republic, Tajikistan	July 06-14, 2015	Rs. 76,87,804/- (Uzbekistan) Rs. 2,35,08,104/- (Tajikistan) Rs. 6,21,32,037/- (Russia) Rs. 1,48,75,272/- (Kazakhstan) Rs. 1,93,47,539/- (Kyrgyz Republic) Rs. 1,25,40,511/- (Turkmenistan)
7.	UAE	August 16-17, 2015	Rs. 2,92,31,380/-
8.	Ireland, USA	September 23-29, 2015	Rs. 16,93,48,893/- (USA) Rs. 1,57,48,319/- (Ireland)
9.	UK, Turkey	November 12-16, 2015	Rs. 3,00,01,610/- (UK) Rs. 44,93,647/- (Turkey)
10.	Malaysia, Singapore	November 20-24, 2015	Rs. 1,87,17,612/- (Malaysia) Rs. 2,51,21,434/- (Singapore)
11.	France	November 29- 30, 2015	Rs. 5,34,08,781/-
12.	Russia, Afghanistan, Pakistan	December 23- 25, 2015	Rs. 1,81,89,412/- (Russia) Rs. 22,46,129/- (Afghanistan)

2014

1.	Myanmar for BIMSTEC Summit	March 3-4, 2014	Rs. 88,77,634/-
2.	Bhutan	June 15-16, 2014	Rs. 14,50,323/-
3.	Brazil for 6th BRICS Summit	July 13-17, 2014	Rs. 1,28,60,888/-
4.	Nepal	August 3-5, 2014	Rs. 1,44,89,841/-
5.	Japan	August 30- September 03, 2014	Rs. 3,17,41,117/-
6.	USA	September 25 – October 01, 2014	Rs. 4,33,77,954/-
7.	Myanmar, Australia & Fiji	November 11-20, 2014	Rs. 2,43,39,796/- (Fiji) Rs. 13,00,10,114/- (Australia) Rs. 1,25,05,783/- (Myanmar)
8.	Nepal for 18th SAARC Summit	November 25-27, 2014	Rs. 1,59,29,758/-

LOW CONVICTION RATES IN CHILD PROTECTION AND POCSO CASES**2494. DR. MALLU RAVI:**

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

- (a) whether the Government has assessed the conviction rate in POCSO cases and child protection cases in Telangana, including Nagarkurnool, if so, the details thereof;
- (b) the number of pending cases in Central oversight schemes like NALSA or POCSO courts;
- (c) whether delayed prosecution disproportionately affects SC/ST children;
- (d) the initiatives planned to improve central monitoring and expedite convictions; and
- (e) whether real-time case tracking at constituency level is being considered to ensure accountability, if so, the details thereof and if not, the reasons therefor?

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

(a): As per the information made available by the National Crime Records Bureau (NCRB), the conviction rate in the State of Telangana under the Protection of Children from Sexual Offences (POCSO) Act was 10.23% during the year 2023, while the conviction rate for total crimes against children in the State was 20.61% during the same year. The Department or the NCRB does not maintain district-

wise conviction rate data.

(b): A Centrally Sponsored Scheme to set up Fast Track Special Courts (FTSCs), including exclusive POCSO (ePOCSO) Courts was launched in October, 2019, for the expeditious trial and disposal of pending cases related to rape and offences under the Protection of Children from Sexual Offences (POCSO) Act, 2012. As per the information made available by the High Courts, as of 31.12.2025, 774 FTSCs, including 398 exclusive POCSO (e-POCSO) Courts are functional in 29 States/UTs, with a pendency of 2,24,572 cases relating to offences under the POCSO Act.

The National Legal Services Authority (NALSA) provides free legal services to eligible persons under Section 12 of the Legal Services Authorities Act, 1987, and organizes legal awareness programmes and also conducts Lok Adalats in accordance with its statutory mandate. Since NALSA is not an adjudicatory authority, it does not maintain the data of pendency of cases.

(c): Since the statutory timelines for investigation and trial have been prescribed uniformly for all, irrespective of caste category, the Government does not maintain separate data regarding the impact of delays in prosecution in the cases of children belonging to Scheduled Castes and Scheduled Tribes. In this regard, Section 193(2) of the Bharatiya Nagarik Suraksha Sanhita, 2023 mandates that investigation in cases relating to sexual offences under the Bharatiya Nyaya Sanhita, 2023 and the Protection of Children from Sexual Offences (POCSO) Act,

2012 shall be completed within a period of two months. Further, Section 35(2) of the POCSO Act provides that the Special Court shall, as far as possible, complete the trial within one year from the date of taking cognizance of the offence. However, delay in prosecution may takes place in some cases due to factors such as the quality of investigation, complexity of facts, nature and availability of evidence, forensic support, and cooperation of stakeholders, including investigation agencies, bar, legal representatives, witnesses, and litigants.

(d): To strengthen monitoring and improve outcomes under the FTSCs Scheme, regular review meetings are held through video conferencing with the States/UTs and the High Courts. The Hon'ble Minister of Law and Justice has also written to the Hon'ble Chief Ministers and Hon'ble Chief Justices of the High Courts emphasizing strict adherence to statutory timelines prescribed under the POCSO Act, 2012 and the Bharatiya Nagarik Suraksha Sanhita, 2023. In addition, the performance of FTSCs is a regular agenda item in the Inter-State Zonal Council meetings to improve inter-governmental coordination and expedite justice delivery. However, conviction or acquittal in a case depends on multiple inter-related factors across the criminal justice system, and courts are mandated to deliver justice in accordance with law and the facts submitted to them.

(e): As per the information received from the National Crime Records Bureau, the Investigation Tracking System for Sexual Offences (ITSSO) is an online module available to law enforcement agencies at all levels, national, state, district and

police station. It allows the States/UTs to undertake real-time monitoring of cases as per Section 193 (2) of Bharatiya Nagarik Suraksha Sanhita, 2023 in relation to an offence under sections 64, 65, 66, 67, 68, 70, 71 of the Bharatiya Nyaya Sanhita, 2023 or under sections 4, 6, 8 or section 10 of the Protection of Children from Sexual Offences Act, 2012 which shall be completed within a period of two months from the date on which the information was recorded by the officer in charge of the police station. Similarly, the Cases Information System (CIS), which is an online system for monitoring of the cases in the courts right from the institution till the judgment thereon, has been implemented in the courts across the country under the eCourts Mission Mode Project.

नए मेडिकल कॉलेजों की स्थापना

2495. श्री रामप्रीत मंडल:

श्री संदिपनराव आसाराम भुमरे:

श्री दिनेश चंद्र यादव:

श्रीमती कलाबेन मोहनभाई देलकर:

श्री गिरिधारी यादव:

श्री हरीभाई पटेल:

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

(क) क्या सरकार का देश के प्रत्येक जिले में कम से कम एक मेडिकल कॉलेज स्थापित करने का विचार है;

- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और देश के सभी जिलों विशेषकर महाराष्ट्र के छत्रपति संभाजी नगर जिले और दादरा और नगर हवेली संघ राज्यक्षेत्र में मेडिकल कॉलेजों की स्थापना से संबंधित कार्य का राज्य/संघ राज्यक्षेत्र-वार और जिला-वार ब्यौरा क्या है;
- (ग) राज्य/संघ राज्यक्षेत्र-वार उन जिलों का ब्यौरा क्या है जहां आज की तिथि तक कोई मेडिकल कॉलेज स्थापित नहीं किया गया है;
- (घ) उक्त योजना के तहत प्रत्येक जिले में कम से कम एक मेडिकल कॉलेज स्थापित करने के लक्ष्य को प्राप्त करने की समय-सीमा क्या है और तत्संबंधी ब्यौरा क्या है;
- (ङ) पिछले तीन वर्षों में से प्रत्येक वर्ष के दौरान सरकार द्वारा स्थापित नए मेडिकल कॉलेजों की संख्या का राज्य/ संघ राज्यक्षेत्र-वार और जिला-वार ब्यौरा क्या है; और
- (च) क्या ऐसे सभी नव स्थापित मेडिकल कॉलेजों में शैक्षणिक सत्र शुरू हो गए हैं और यदि हां, तो तत्संबंधी राज्य/ संघ राज्यक्षेत्र-वार ब्यौरा क्या है?

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

(क) से (च): **स्वास्थ्य और परिवार कल्याण** मंत्रालय 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें ऐसे अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है। केंद्र और राज्य सरकारों के बीच वित्तीय हिस्सेदारी का अनुपात पूर्वोत्तर और विशेष श्रेणी राज्यों के लिए 90:10 तथा अन्य राज्यों के लिए 60:40 है। इस योजना के तहत, देश भर में परिकल्पित सभी 157 सरकारी मेडिकल कॉलेजों को पहले ही मंजूरी दे दी गई है। देश में मंजूर मेडिकल कॉलेजों का चरणवार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

157 अनुमोदित मेडिकल कॉलेजों में से, 137 कॉलेज कार्यशील हैं, जिनमें 65 मेडिकल

कॉलेज शामिल हैं जो वित्त वर्ष 2022-23 से कार्यशील हुए हैं। इन कार्यशील मेडिकल कॉलेजों का राज्य-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

योजना के दिशानिर्देशों के अनुसार, योजना के तहत अनुमोदित मेडिकल कॉलेजों की योजना, निष्पादन और कमीशनिंग राज्य सरकार द्वारा की जानी है।

विवरण-I

'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के केंद्र प्रायोजित योजना के तहत अनुमोदित 157 मेडिकल कॉलेजों का राज्यवार ब्यौरा।

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिला
चरण-I (58)			
1	अंडमान एवं निकोबार द्वीप समूह	1	पोर्ट ब्लेयर
2	अरुणाचल प्रदेश	1	नाहरलगुन
3	असम	4	धुबरी, नागांव, उत्तरी लखीमपुर, दीफू
4	बिहार	3	पूर्णिमा, सारण (छपरा), समस्तीपुर
5	छत्तीसगढ़	2	राजनंदगांव, सरगुजा
6	हिमाचल प्रदेश	3	चम्बा, हमीरपुर, नाहन (सिरमौर)
7	हरियाणा	1	भिवानी
8	झारखंड	3	दुमका, हजारीबाग, पलामू (डाल्टनगंज)
9	जम्मू और कश्मीर	5	अनंतनाग, बारामूला, राजौरी, डोडा, कठुआ
10	मध्य प्रदेश	7	दतिया, खंडवा, रतलाम, शहडोल, विदिशा, छिंदवाड़ा, शिवपुरी
11	महाराष्ट्र	1	गोंदिया
12	मेघालय	1	वेस्ट गारो हिल्स (तुरा)
13	मिजोरम	1	फाल्कन
14	नागालैंड	1	नागा अस्पताल (कोहिमा)
15	ओडिशा	5	बालासोर, बारीपदा (मयूरभंज), बोलांगीर, कोरापुट, पुरी
16	पंजाब	1	एसएस नगर
17	राजस्थान	7	बाड़मेर, भरतपुर, भीलवाड़ा, चूरू, डूंगरपुर, पाली, सीकर

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिला
18	उत्तर प्रदेश	5	बस्ती, फैजाबाद, फिरोजाबाद, शाहजहाँपुर, बहराईच
19	उत्तराखंड	1	अल्मोडा
20	पश्चिम बंगाल	5	बीरभूम (रामपुर हाट), कूच बिहार, डायमंड हार्बर, पुरुलिया, रायगंज (उत्तर दिनाजपुर)
चरण-II (24)			
1	बिहार	5	सीतामढी, झंझारपुर, सीवान, बक्सर, जमुई
2	झारखंड	2	कोडरमा, चाईबासा (सिंहभूम)
3	मध्य प्रदेश	1	सतना
4	ओडिशा	1	जाजपुर
5	राजस्थान	1	धौलपुर
6	उत्तर प्रदेश	8	एटा, हरदोई, प्रतापगढ़, फतेहपुर, सिद्धार्थनगर (डोमरियागंज), देवरिया, गाजीपुर, मिर्जापुर
7	पश्चिम बंगाल	5	बारासात, उलूबेरिया, आरामबाग, झाड़ग्राम, तमलुक
8	सिक्किम	1	गंगटोक
चरण-III (75)			
1	आंध्र प्रदेश	3	पिडुगुरल्ला, पाडेरु, मछलीपट्टनम
2	असम	1	कोकराझार
3	छत्तीसगढ़	3	कोरबा, महासमुंद, कांकेर
4	गुजरात	5	नर्मदा, नवसारी, पंचमहल, पोरबंदर, मोरबी
5	जम्मू और कश्मीर	2	उधमपुर, हंदवाड़ा (जिला कुपवाड़ा)
6	कर्नाटक	4	चिक्कमगलुरु, हावेरी, यादगिरि, चिक्काबल्लापुरा
7	लद्दाख	1	लेह
8	मध्य प्रदेश	6	राजगढ़, मांडला, नीमच, मंदसौर, श्योपुर, सिंगरौली
9	महाराष्ट्र	1	नंदुरबार
10	मणिपुर	1	चूराचंदपुर
11	नागालैंड	1	मोन
12	ओडिशा	1	कालाहांडी

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिला
13	पंजाब	2	कपूरथला, होशियारपुर
14	राजस्थान	15	अलवर, बारां, बांसवाड़ा, चित्तौड़गढ़, जैसलमेर, करौली, नागौर, श्रीगंगानगर, सिरोही, बूंदी, सवाईमाधोपुर, टोंक, हनुमानगढ़, झुंझुनू, दौसा
15	उत्तराखंड	3	रुद्रपुर (जिला उधम सिंह नगर), पिथौरागढ़, हरिद्वार
16	उत्तर प्रदेश	14	बिजनौर, कुशीनगर, सुल्तानपुर, गोंडा, ललितपुर, लखीमपुरखीरी, चंदौली, बुलं दशहर, सोनभद्र, पीलीभीत, औरैया, कानपुर देहात, कौशांबी, अमेठी
17	तमिलनाडु	11	तिरुप्पुर, नीलगिरी, रामनाथपुरम, नामक्कल, डिंडीगुल, विरुधुनगर, कृष्णागिरि, तिरुवल्लुर, नागपट्टिनम, अरियालुर, कल्लाकुरिची
18	पश्चिम बंगाल	1	जलपाईगुडी

विवरण-II

वित्तीय वर्ष 2022-23 से 'मौजूदा जिला/संदर्भ अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए सीएसएस के अंतर्गत 65 कार्यात्मक मेडिकल कॉलेजों का राज्य-वार ब्यौरा

क्र.सं.	राज्य	जिला
1.	आंध्र प्रदेश	पादेरु, मछलीपट्टनम
2.	असम	धुबरी, नागाँव, कोकराझार
3.	बिहार	पूर्णिमा
4.	छत्तीसगढ़	कोरबा, महासमुंद
5.	गुजरात	नर्मदा, नवसारी, पंचमहल, पोरबंदर, मोरबी
6.	हरियाणा	भिवानी
7.	जम्मू और कश्मीर	उधमपुर, हंदवाड़ा (जि. कुपवाड़ा)
8.	कर्नाटक	चिक्कमगलुरु, हावेरी, यादगिरी
9.	मध्य प्रदेश	नीमच, मंदसौर, श्योपुर, सिंगरौली
10.	मणिपुर	चुराचंदपुर
11.	नागालैंड	नागा अस्पताल, कोहिमा
12.	ओडिशा	जाजपुर, कटक
13.	राजस्थान	अलवर, बारां, बांसवाड़ा, चित्तौड़गढ़, करौली, नागौर, श्री गंगानगर, सिरोही, बूंदी, सवाई माधोपुर, हनुमानगढ़, झुंझुनू, दौसा, धौलपुर,

		जैसलमेर, टोंक
14.	उत्तराखंड	हरिद्वार
15.	उत्तर प्रदेश	बिजनौर, कुशीनगर, सुलतानपुर, गोंडा, ललितपुर, लखीमपुर खीरी, चंदौली, बुलंदशहर, सोनभद्र, पीलीभीत, औरैया, कानपुर देहात, कौशांबी, अमेठी
16.	पश्चिम बंगाल	जलपाईगुड़ी, बारासात, उलूबेरिया, अरामबाग, झाड़ग्राम, तमलुक

उत्तर प्रदेश में कार्यशील आयुष स्वास्थ्य केंद्र

2496. श्रीमती कृष्णा देवी शिवशंकर पटेल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) उत्तर प्रदेश में विशेषकर बांदा और चित्रकूट जिलों में स्वीकृत और कार्यशील आयुष स्वास्थ्य केंद्रों की कुल संख्या कितनी है;
- (ख) इन जिलों के नरैनी और माई ब्लॉकों में प्रस्तावित नई आयुष इकाइयों की स्वीकृति की स्थिति और प्रगति का ब्यौरा क्या है;
- (ग) क्या चित्रकूट धाम में औषधीय उद्यान (हर्बल गार्डन) के विकास के लिए बजट जारी कर दिया गया है;
- (घ) यदि हां, तो उस पर किए गए व्यय का ब्यौरा क्या है; और
- (ङ) इसके कार्यान्वयन में देरी के क्या कारण हैं और इस संबंध में उपचारात्मक योजना 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) की केंद्रीय प्रायोजित योजना के तहत, उत्तर प्रदेश राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने उत्तर प्रदेश के विभिन्न जिलों में 1034 आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] पूर्ववर्ती आयुष स्वास्थ्य और कल्याण केंद्र को

अनुमोदित किया है, जिसमें बांदा जिले में 12 एएएम (आयुष) और चित्रकूट जिले में 05 एएएम (आयुष) शामिल हैं। उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, सभी एएएम (आयुष) कार्यशील हैं।

इसके अलावा, जन स्वास्थ्य राज्य का विषय होने के कारण, बांदा और चित्रकूट जिलों के नरैनी और माई प्रखंडों में नई आयुष इकाइयों की स्थापना की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। हालाँकि, एनएएम के तहत, आयुष औषधालय की स्थापना के लिए वित्तीय सहायता का प्रावधान है और तदनुसार, राज्य सरकार एनएएम दिशानिर्देशों के प्रावधान के अनुसार, राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके सहायता प्राप्त कर सकती है।

(ग) से (ड): आयुष मंत्रालय के अंतर्गत, राष्ट्रीय औषधीय पादप बोर्ड "औषधीय पादपों के संरक्षण, विकास और सतत प्रबंधन पर केंद्रीय क्षेत्र योजना" का कार्यान्वयन कर रहा है, जिसमें विभिन्न प्रकार के औषधीय उद्यान नामतः विद्यालय औषधीय उद्यान, संस्थागत/सार्वजनिक औषधीय उद्यान/आयुष वन और राज्य एवं राष्ट्रीय महत्व के औषधीय उद्यान विकसित करने के लिए परियोजना आधारित सहायता प्रदान करने का प्रावधान है। चित्रकूट में औषधीय उद्यान के लिए जारी और उपयोग की गई धनराशि का ब्यौरा संलग्न **विवरण** में दिया गया है।

इसके अलावा, उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, चित्रकूट धाम में 05 एएएम (आयुष) में 20,000 रुपये प्रति हर्बल गार्डन की दर से औषधीय उद्यान पहले ही विकसित किए जा चुके हैं।

विवरण

चित्रकूट में औषधीय उद्यान के लिए जारी और उपयोग की गई धनराशि का ब्यौरा
(लाख रुपये में)

परियोजना का नाम	प्रमुख परीक्षक (पीआई) का नाम, संस्थान का पता	जारी की गई धनराशि	उपयोग की गई धनराशि
विंध्य क्षेत्र के आरोग्यधाम में औषधीय पादपों के बाह्य स्थाने संरक्षण के माध्यम से औषधीय उद्यान की स्थापना	डॉ. मनोज कुमार त्रिपाठी, वरिष्ठ अनुसंधान अधिकारी और प्रमुख (अनुसंधान) आरोग्यधाम, दीनदयाल अनुसंधान संस्थान, चित्रकूट, सतना, मध्य प्रदेश	6.00	6.00

राष्ट्रीय जलमार्ग सं. 5

2497. श्री रुद्र नारायण पाणी :

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

- (क) क्या राष्ट्रीय जलमार्ग सं. 5 पर कार्य शुरू होने में कोई देरी हुई है;
- (ख) यदि हां, तो उसके क्या कारण हैं;
- (ग) उक्त कार्य के कब तक शुरू होने की संभावना है; और
- (घ) उक्त जलमार्ग के दोनों किनारों पर रहने वाले निवासियों को इस परियोजना में शामिल करने के लिए सरकार द्वारा क्या उपाय प्रस्तावित हैं?

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

- (क) से (ग): पत्तन, पोत परिवहन और जलमार्ग मंत्रालय के अंतर्गत भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूएआई), एक स्वायत्त निकाय ने राष्ट्रीय जलमार्ग (राज.-5) के विकास के लिए एक विस्तृत परियोजना रिपोर्ट (डीपीआर) तैयार की है। डीपीआर के परिणाम के आधार पर तालचर से

पारादीप/ धामरा तक रा.ज.- 5 के विकास के लिए परियोजना विचाराधीन है और परियोजना के औपचारिक अनुमोदन के उपरांत कार्य शुरू किया जाएगा।

(घ): रा.ज.- 5 का विकास परियोजना से स्थानीय लोगों के लिए रोजगार के अवसर उत्पन्न होंगे, पलायन में कमी आएगी, वाणिज्य, परिवहन व संबद्ध गतिविधियों से वैकल्पिक आजीविका प्राप्त होगी, प्रति व्यक्ति आय बढ़ेगी और इस क्षेत्र में समावेशी आर्थिक वृद्धि एवं स्थायी विकास को बढ़ावा मिलेगा।

उत्तर प्रदेश में चिकित्सा अवसंरचना

2498. श्री रमाशंकर विद्यार्थी राजभर:

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

(क) उत्तर प्रदेश के सरकारी अस्पतालों में दवाओं, उपकरणों, डॉक्टरों, नर्सिंग स्टाफ और तकनीशियनों की वास्तविक उपलब्धता और घोषित उपलब्धता के बीच के अंतर का ब्यौरा क्या है

(ख) क्या देवरिया जिले में एक सदर अस्पताल की स्थापना के लिए सरकार द्वारा कोई प्रस्ताव स्वीकृत किया गया है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं तथा ऐसा प्रस्ताव लाने के लिए यदि कोई समय सीमा है, तो उसका ब्यौरा क्या है,

(घ) बलिया में निर्माणाधीन मेडिकल कॉलेज के पूरा होने और इसके कार्याशील होने की अनुमानित समय-सीमा क्या है

(ङ) देवरिया, बलिया और उत्तर प्रदेश के अन्य जिला अस्पतालों में चिकित्सा और अर्ध-चिकित्सा के रिक्त पदों की संख्या कितनी है तथा इन्हें भरने के लिए सरकार द्वारा क्या कदम उठाए गए हैं; और

(च) अस्पताल प्रबंधन, पारदर्शिता, शिकायत निवारण और स्वास्थ्य सेवाओं की गुणवत्ता में सुधार के

लिए केंद्र और राज्य सरकारों द्वारा क्या उपाय किए जा रहे हैं?

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

(क) से (ग): सार्वजनिक स्वास्थ्य और अस्पताल राज्य विषय हैं और डॉक्टरों, नर्सों और पैरामेडिकल कर्मचारियों के रिक्त पदों के साथ-साथ सार्वजनिक स्वास्थ्य सुविधा केन्द्रों में उपकरणों और निदान अवसंरचना को मजबूत करने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। तथापि, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार, राज्यों/संघ राज्य क्षेत्रों द्वारा अपने समग्र संसाधन आवंटन के भीतर प्रस्तुत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के आधार पर उनकी स्वास्थ्य परिचर्या प्रणालियों को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार प्रस्ताव को कार्यवाही के अभिलेख (आरओपी) के रूप में मंजूरी प्रदान करती है।

उत्तर प्रदेश सहित सभी राज्यों/संघ राज्य क्षेत्रों में जिला अस्पतालों और उससे निचले स्तर के सुविधा केंद्रों में डॉक्टरों, नर्सिंग कर्मचारियों और तकनीशियनों की उपलब्धता से संबंधित विवरण, हेल्थ डायनामिक्सऑफ इंडिया (इन्फ्रास्ट्रक्चर एंड ह्यूमन रिसोर्सेज) 2022-23 रिपोर्ट में निम्नलिखित वेब लिंक पर उपलब्ध है।

<https://www.mohfw.gov.in/?q=en/reports-23>

उत्तर प्रदेश राज्य सरकार द्वारा प्रदान की गई जानकारी के अनुसार, दवाओं की वास्तविक उपलब्धता और घोषित उपलब्धता का ब्यौरा निम्नानुसार है:

क्र.स.	स्वास्थ्य सुविधा केंद्र	सरकार द्वारा अनुमोदित/घोषित कुल दवाएं (ईडीएल)	दवा की दुकानों में उपलब्ध दवाइयाँ
1	जिला अस्पताल	394	324

2	सामुदायिक स्वास्थ्य केंद्र (सीएचसी)	242	214
3	प्राथमिक स्वास्थ्य केंद्र / स्वास्थ्य एवं कल्याण पीएचसी (ए.ए.एम. पीएचसी)	195	181
4	स्वास्थ्य एवं कल्याण उप-केंद्र (ए.ए.एम.)	84	79

उत्तर प्रदेश सहित राज्यों/संघ राज्य क्षेत्रों के लिए आरंभ किए गए या कार्यशील स्वास्थ्य परिचर्या अवसंरचना परियोजनाओं का विवरण, परियोजना-वार और वर्ष-वार बजट अनुमोदन, मंत्रालय की वेबसाइट पर कार्यवाही के अभिलेखों में निम्नलिखित लिंक के माध्यम से देखा जा सकता है:

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

(घ) और (ङ): उत्तर प्रदेश सरकार द्वारा प्रदान की गई जानकारी के अनुसार, राज्य के जिला अस्पतालों में एलोपैथिक चिकित्सा अधिकारियों के कुल स्वीकृत पदों की संख्या 3,123 है, जिनमें से 2,002 पद वर्तमान में भरे हुए हैं। देवरिया जिले में, 167 स्वीकृत पदों में से 135 चिकित्सा अधिकारी वर्तमान में कार्यरत हैं। इसी प्रकार, बलिया जिले में, 277 स्वीकृत पदों के सापेक्ष 190 चिकित्सा अधिकारी पदस्थ हैं।

(च): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, एनएचएम सेवाओं, योजनाओं, कर्मियों और अन्य संबंधित मामलों से संबंधित शिकायतों और समस्याओं को दूर करने के लिए एक संरचित तंत्र तैयार किया गया है। यह उत्तर प्रदेश सहित भारत के स्वास्थ्य क्षेत्र में जवाबदेही, पारदर्शिता सुनिश्चित करने और सेवा प्रदायगी में सुधार करने में महत्वपूर्ण भूमिका निभाता है। राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएस) एनएचएम के अंतर्गत एक गुणवत्ता आश्वासन पहल है, जिसे उत्तर प्रदेश सहित सभी राज्यों/संघ राज्य क्षेत्रों में लागू किया जा रहा है।

ANGANWADI SERVICES IN TELANGANA**2499. SHRI KONDA VISHWESHWAR REDDY:**

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

- (a) the total number of Anganwadi Centres (AWCs) and Mini Anganwadi Centres (Mini-AWCs) functioning under the Integrated Child Development Services (ICDS)/Anganwadi Services scheme, in Telangana district-wise;
- (b) the share of Central and State Governments in the allocation of funds for Anganwadi Services including allocations for supplementary nutrition and infrastructure in said State, district-wise during the last two years;
- (c) the number of beneficiaries covered under the scheme, including children aged 7 months to 6 years and pregnant and lactating women, district-wise; and
- (d) whether the Government proposes to place performance and beneficiary data of Anganwadi Services in the public domain to enhance transparency and accountability, district-wise, if so, the details thereof ?

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

(a) to (d): The district wise number of Anganwadi Centres (AWCs) functioning in the State of Telangana and number of beneficiaries including children and pregnant and lactating women is available in the public domain at the link:

<https://www.poshantracker.in/statistics>.

Under the Mission, the Government of India releases grants-in-aid to the States/UTs on the following cost-sharing ratio between Centre and States/UTs:

Components under Anganwadi Services				
	General	Salary	SNP & SAG	Other components including infrastructure
States and UTs with Legislature	60:40	NA	50:50	60:40
NE and Himalayan States (including J&K)	90:10	90:10	90:10	90:10
UT Without Legislature	100:0	NA	100:0	100:0

The component wise amount of funds released to the State of Telangana during the last two years under Mission Saksham Anganwadi and Poshan 2.0 is as below:

(Rs. in Lakh)

FY	Anganwadi Services (General)	SNP & SAG	Other components including infrastructure
2023-24	25829.34	23772.62	1184.98
2024-25	16358.82	20289.58	6427.81

‘एक जिला, एक सरकारी मेडिकल कॉलेज’ योजना

2500. श्री दिनेश चंद्र यादव:

श्री गिरिधारी यादव:

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

- (क) देश में 'एक जिला, एक सरकारी मेडिकल कॉलेज' योजना के कार्यान्वयन के लिए सरकार द्वारा अपनाए गए वित्तपोषण मॉडल का ब्यौरा क्या है,
- (ख) क्या मेडिकल कॉलेजों की स्थापना के लिए बित्त पोषण का 60 प्रतिशत हिस्सा केंद्र सरकार द्वारा और शेष 40 प्रतिशत संबंधित राज्य सरकारों द्वारा बहन किया जाना है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है,
- (घ) क्या पिछड़े राज्यों को अतिरिक्त राजस्व स्रोतों के अभाव में इतनी बड़ी राशि की व्यवस्था करने में कठिनाई हो रही है; और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है जिसमें उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है। केंद्र और राज्य सरकारों के बीच निधि बंटवारे का अनुपात पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 और अन्य राज्यों के लिए 60:40 है। इस योजना के तहत, देश भर में 157 सरकारी मेडिकल कॉलेजों को अनुमोदन प्रदान किया गया है। देश में स्वीकृत मेडिकल कॉलेजों का चरणबद्ध ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के केंद्र प्रायोजित योजना के तहत अनुमोदित 157 मेडिकल कॉलेजों का राज्यवार ब्यौरा।

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिला
चरण-I (58)			

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिला
1	अंडमान एवं निकोबार द्वीप समूह	1	पोर्ट ब्लेयर
2	अरुणाचल प्रदेश	1	नाहरलगुन
3	असम	4	धुबरी, नागांव, उत्तरी लखीमपुर, दीफू
4	बिहार	3	पूर्णिया, सारण (छपरा), समस्तीपुर
5	छत्तीसगढ़	2	राजनंदगांव, सरगुजा
6	हिमाचल प्रदेश	3	चम्बा, हमीरपुर, नाहन (सिरमौर)
7	हरियाणा	1	भिवानी
8	झारखंड	3	दुमका, हजारीबाग, पलामू (डाल्टनगंज)
9	जम्मू और कश्मीर	5	अनंतनाग, बारामूला, राजौरी, डोडा, कठुआ
10	मध्य प्रदेश	7	दतिया, खंडवा, रतलाम, शहडोल, विदिशा, छिंदवाड़ा, शिवपुरी
11	महाराष्ट्र	1	गोंदिया
12	मेघालय	1	वेस्ट गारो हिल्स (तुरा)
13	मिजोरम	1	फाल्कन
14	नागालैंड	1	नागा अस्पताल (कोहिमा)
15	ओडिशा	5	बालासोर, बारीपदा (मयूरभंज), बोलांगीर, कोरापुट, पुरी
16	पंजाब	1	एसएस नगर
17	राजस्थान	7	बाड़मेर, भरतपुर, भीलवाड़ा, चूरू, डूंगरपुर, पाली, सीकर
18	उत्तर प्रदेश	5	बस्ती, फैजाबाद, फिरोजाबाद, शाहजहाँपुर, बहराईच
19	उत्तराखंड	1	अल्मोडा
20	पश्चिम बंगाल	5	बीरभूम (रामपुर हाट), कूच बिहार, डायमंड हार्बर, पुरुलिया, रायगंज (उत्तर दिनाजपुर)
चरण-II (24)			
1	बिहार	5	सीतामढ़ी, झंझारपुर, सीवान, बक्सर, जमुई
2	झारखंड	2	कोडरमा, चाईबासा (सिंहभूम)
3	मध्य प्रदेश	1	सतना
4	ओडिशा	1	जाजपुर
5	राजस्थान	1	धौलपुर
6	उत्तर प्रदेश	8	एटा, हरदोई, प्रतापगढ़, फतेहपुर, सिद्धार्थनगर (डोमरियागंज), देवरिया, गाज़ीपुर, मिर्जापुर
7	पश्चिम बंगाल	5	बारासात, उलूबेरिया, आरामबाग, झाड़ग्राम, तमलुक

क्र.सं.	राज्य/संघ राज्य क्षेत्र	कॉलेजों की संख्या	जिला
8	सिक्किम	1	गंगटोक
चरण-III (75)			
1	आंध्र प्रदेश	3	पिडुगुरल्ला, पाडेरु, मछलीपट्टनम
2	असम	1	कोकराझार
3	छत्तीसगढ़	3	कोरबा, महासमुंद, कांकेर
4	गुजरात	5	नर्मदा, नवसारी, पंचमहल, पोरबंदर, मोरबी
5	जम्मू और कश्मीर	2	उधमपुर, हंदवाड़ा (जिला कुपवाड़ा)
6	कर्नाटक	4	चिक्कमगलुरु, हावेरी, यादगिरि, चिक्काबल्लापुरा
7	लद्दाख	1	लेह
8	मध्य प्रदेश	6	राजगढ़, मांडला, नीमच, मंदसौर, श्योपुर, सिंगरौली
9	महाराष्ट्र	1	नंदुरबार
10	मणिपुर	1	चूराचंदपुर
11	नागालैंड	1	मोन
12	ओडिशा	1	कालाहांडी
13	पंजाब	2	कपूरथला, होशियारपुर
14	राजस्थान	15	अलवर, बारां, बांसवाड़ा, चित्तौड़गढ़, जैसलमेर, करौली, नागौर, श्रीगंगानगर, सिरोही, बूंदी, सवाईमाधोपुर, टोंक, हनुमानगढ़, झुंझुनू, दौसा
15	उत्तराखंड	3	रुद्रपुर (जिला उधम सिंह नगर), पिथौरागढ़, हरिद्वार
16	उत्तर प्रदेश	14	बिजनौर, कुशीनगर, सुल्तानपुर, गोंडा, ललितपुर, लखीमपुरखीरी, चंदौली, बुलंदशहर, सोनभद्र, पीलीभीत, औरैया, कानपुर देहात, कौशांबी, अमेठी
17	तमिलनाडु	11	तिरुप्पुर, नीलगिरी, रामनाथपुरम, नामक्कल, डिंडीगुल, विरुधुनगर, कृष्णागिरि, तिरुवल्लुर, नागपट्टिनम, अरियालुर, कल्लाकुरिची
18	पश्चिम बंगाल	1	जलपाईगुडी

BHMS COURSES IN MEDICAL COLLEGE

2501. DR. D. RAVI KUMAR:

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

- (a) whether the Government Homoeopathy Medical College and Hospital, Madurai, presently offers only undergraduate (BHMS) courses not postgraduate (MD Homoeopathy) and if so, the details thereof;
- (b) whether demand for specialised homoeopathic education has risen in Tamil Nadu and if so, the details thereof;
- (c) whether the Government has received proposals from the State Government of Tamil Nadu for starting PG courses in the said college and if so, the details thereof;
- (d) the norms prescribed by the National Commission for Homoeopathy for sanctioning PG seats; and
- (e) the timeline and steps proposed by the Government to establish postgraduate homoeopathy courses at the Government Homoeopathy College, Madurai to strengthen public healthcare and academic capacity 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): The Government Homoeopathy Medical College and Hospital, Madurai offers only the Undergraduate course, namely Bachelor of Homoeopathic Medicine and Surgery (BHMS), with intake capacity of 63 seats, including 13 seats under the Economically Weaker Section (EWS) category. In the State of Tamil Nadu, only 10 Homoeopathic Medical Colleges are offering Undergraduate

courses, while 04 Homoeopathic Medical Colleges are offering both Undergraduate and Postgraduate courses. The list of Homoeopathic Medical Colleges conducting Undergraduate and Postgraduate courses in the State of Tamil Nadu are given in the enclosed **Statement**. No proposal has been received from the State of Tamil Nadu for opening of new Post graduate course for academic year 2026-27.

(d): The provision for making application and scheme for opening of Higher course of study has been prescribed under sub-section (2) of section (4) and eligibility for making an application has been prescribed under sub-section (2) of section (5) of “Establishment of New Homoeopathic Medical Institution (Opening of New or Higher Course of Study or Training and Increase of Intake Capacity by a Medical Institution), Regulations – 2024” is available at [“https://nch.org.in/upload/MSR-New-College.pdf”](https://nch.org.in/upload/MSR-New-College.pdf).

(e): Public health is a State subject and accordingly establishment of postgraduate homoeopathy courses comes under purview of respective State/UT Governments including Tamil Nadu. Establishment of such courses is based upon the proposal from the State Government and its subsequent consideration in accordance with the provisions of the National Commission for Homoeopathy Act, 2020 and the regulations framed thereunder. However, at present, no proposal has been received from the State Government of Tamil Nadu for establishment of Postgraduate Homoeopathy courses at the Government

Homoeopathy Medical College, Madurai.

STATEMENT

List of Homoeopathic Medical Colleges conducting Undergraduate Course in the State of Tamil Nadu		
No	College Name	Govt/ Pvt
1	Martin Homoeopathic Medical College & Hospital, D.P.F. Mill Premises, G.N. Mills (P.O.), Mettupalayam Road, Coimbatore-641029. homoeocollege@gmail.com	Private
2	Sri Sairam Homoeopathic Medical College and Research Centre, (Sapthagiri Education Trust), Sai Leo Nagar Tambaram West Chennai- 600044. principal@sairamhomoeo.edu.in	Private
3	Venkateswara Homoeopathic Medical College and Hospital No. 4/11, Samayapuram Main Road, Karambakkam, Porur, Chennai-600116. vhmc2000@yahoo.com	Private
4	Dr. Hahnemann Homoeopathy Medical College, & Research Centre. Koneripatti, Rasipuram, Namakkal Dist- 637408. drhmcrc@gmail.com	Private
5	Excel Homoeopathy Medical College NH 544 Ranganoor Road, , Sankari West Post, Pallakkapalayam, Komarapalayam, Namakkal- 637303. principalbhms@excelcolleges.com	Private
6	Govt. Homoeopathic Medical College and Hospital, At. Thirumangalam, Dist. Madurai – 626706. ghmchtm@gmail.com	Govt.
7	R.V.S. Homoeopathy Medical College and Hospital, 242 B, Trichy Road, Sulur, Coimbatore Distt.- 402. rvs.homoeo@gmail.com	Private

8	Sivaraj Homoeopathic Medical College & Research Institute, Siddhar Kovil Road, Thumbathulipatty, Perumampathy (P.O.), Salem-636 307. sivarajcolleges@yahoo.com	Private
9	S.V.S. Medical College of Homoeopathy and Research Institute, Kallakurichi Villupuram District-606202. svsmc.trust@gmail.com	Private
10	Shri Barani Homoeopathic Medical College and Hospital, Tiruchengode, Namakkal. shribaranihmch@gmail.com	Private

List of Homoeopathic Medical Colleges conducting Undergraduate and Postgraduate Courses in the State of Tamil Nadu

No	College Name	Govt/ Pvt
1	Sarada Krishna Homoeopathy Medical College, Kulasekharam Distt. Kanyakumari-629161. college@skhmc.org	Private
2	Vinayaka Mission's Homoeopathic Medical College, Chinnaseeragapadi, P.O. NH 47, Sankari Main Road, Salem- 636 308. principal.vmhmc@vmu.edu.in	Private/Deemed University
3	White Memorial Homoeopathic Medical College, Attoor, Veeyanoor-629 177.Dist. Kanyakumari. wmhmc062@gmail.com	Private
4	Maria Educational and Charitable Trust, Chevaracode Kanyakumari's Maria Homoeopathic Medical College and Hospital, Perai Thiruvattar P.O., Kanyakumari Distt.,-629177. mariahomoeocollege@gmail.com	Private

जीएलपी-1 मेडीकेशन का उपयोग

2502. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

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

- (क) क्या सरकार ने देश में वजन घटाने वाली दवाओं, विशेषकर 'जीएलपी-1 रिसेप्टर एगोनिस्ट' के बढ़ते उपयोग और बाजार में बढ़ती बिक्री का संज्ञान लिया है तथा यदि हाँ, तो तत्संबंधी ज्यौरा क्या है;
- (ख) क्या इन दवाओं को मोठापे के प्रबंधन के लिए देश में उपयोग हेतु स्वीकृत किया गया है और इस संबंध में इन दवाओं प्रिस्क्रिप्शन, बिक्री और निगरानी को विनियमित करने वाला नियामक ढांचा क्या है और यदि हां, तो तत्संबंधी क्यौरा क्या है,
- (ग) क्या सरकार ने इन दवाओं के गैर-चिकित्सीय या सौंदर्य संबंधी उपयोग से जुड़े स्वास्थ्य जोखिमों, दुष्प्रभावों और दीर्घकालिक सुरक्षा चिंताओं का कोई मूल्यांकन किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है, और
- (घ) क्या सरकार द्वारा इन दवाओं के दुरुपयोग, अत्यधिक प्रिस्क्रिप्शन या विशेषकर ऑनलाइन प्लेटफ़ॉर्मों के माध्यम से स्व-चिकित्सा को रोकने के लिए कोई दिशानिर्देश जारी किए गए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने देश में मोटापा/वजन प्रबंधन के लिए निम्नलिखित तीन औषधियों को मंजूरी दी है:

- (i) ओरलिस्टैट
- (ii) टिरजेपाटाइड
- (iii) सेमाग्लूटाइड

सीडीएससीओ द्वारा जारी अनुमोदन की शर्तों के अनुसार, इन औषधियों को केवल एंडोक्राइनोलॉजी रोग विशेषज्ञ या आंतरिक चिकित्सा विशेषज्ञ/विशेषज्ञों के पर्चे पर ही खुदरा बिक्री के लिए उपलब्ध कराया जाना चाहिए। सभी औषधियों का उपयोग/सेवन उपयोग संबंधी अनुशंसाओं के अनुसार ही किया जाना चाहिए।

राज्य सरकार द्वारा नियुक्त राज्य लाइसेंसिंग प्राधिकरणों (एसएलए) द्वारा लाइसेंसिंग प्रणाली और निरीक्षण के माध्यम से औषधियों की बिक्री और वितरण पर नियामक नियंत्रण किया जाता है। एसएलए को औषधि और प्रसाधन सामग्री अधिनियम, 1940 और नियम 1945 के नियामक प्रावधानों के उल्लंघन के मामले में कार्रवाई करने का अधिकार है।

भारतीय फार्माकोपिया आयोग (आईपीसी), भारतीय फार्माकोविजिलेंस कार्यक्रम (पीवीपीआई) के राष्ट्रीय समन्वय केंद्र (एनसीसी) के रूप में, प्रतिकूल दवा अनुक्रियाओं से संबंधित व्यक्तिगत केस सुरक्षा रिपोर्ट (आईसीएसआर) का संकलन और विश्लेषण करता है।

SAFETY AND SECURITY OF INDIANS ABROAD

2503. SHRI N. K. PREMACHANDRAN:

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

- (a) whether the Government initiated action to ensure safety and security of Indians abroad, if so, the details thereof;
- (b) whether the Government has initiated action to prevent human trafficking, forced labour and scams via fake job offers, if so, the details thereof;
- (c) whether the Government is ensuring the safety of Indians and make effective system to address during conflicts or political instability, if so, the details

thereof; and

- (d) whether the Government proposes to establish an effective system for addressing the content violation, unpaid wages, poor working condition and provide legal aid to the Indian workers abroad, if so, the details thereof and the action taken thereon?

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

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

Government of India has taken several steps to prevent such incidents. It has issued regular advisories cautioning Indian nationals against fraudulent job offers and unauthorized recruiting agents and emphasized the need to verify employment credentials through Indian Missions/Posts abroad in the respective countries.

A list of 3505 (till January 2026) unregistered agents in the country has also

been notified on the eMigrate portal to caution prospective emigrants. The awareness campaign on safe and legal migration through eMigrate portal is carried out by the Ministry and 16 Protector of Emigrants (PoE) offices across the country from time to time by conducting workshops, trainings, information sessions, digital campaigns for media groups, police officials and law enforcement agencies, local administration, aspiring recruiting agents, entrepreneurs and general public. During these sessions awareness on emigration regulations, schemes beneficial for emigrants like Pravasi Bharatiya Bima Yojana (PBBY), Pre-Departure Orientation Training (PDOT), eMigrate portal and various advisories issued by Indian Embassies are brought to the notice of all stakeholders to job seekers, and advise them to verify all antecedents of Recruiting Agents before accepting any kind of employment offer and not be enticed and entrapped in the fraudulent job offers.

There are established channels for the Indian nationals to reach out to the Embassy/Consulate in case they need any assistance. They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, WhatsApp number, grievance redressal portal like MADAD/CPGRAMS/eMigrate, and social media etc. There are dedicated Labour Wings in Indian Missions/Posts abroad for handling such matters, where there is a sizeable number of Indian migrant workers. Pravasi Bharatiya Sahayata Kendras have been set up in key locations such as New Delhi, Dubai, Riyadh,

Jeddah and Kuala Lumpur to provide guidance and counselling to the Indian workers. In addition, Kshetriya Pravasi Sahayata Kendras (KPSKs) have also been set up in Kochi, Hyderabad, Chennai, Lucknow, Patna and Chandigarh.

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

Indian Missions/Posts regularly organize Open Houses and Consular Camps in remote areas to get feedback from Indian workers residing in such areas and to address their grievances, if any.

Further, as additional safeguard for protection and safety of the Female workers (including domestic sector workers), Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female workers holding ECR category passports for overseas employment in Gulf and other notified ECR Countries through the e-Migrate Portal. Moreover, there is a minimum age criteria of 30 years for female workers holding ECR category passport for overseas employment to protect them against exploitation.

The Government of India has established several bilateral mechanisms and agreements with key destination countries, including those in the Gulf Cooperation Council (GCC), to safeguard Indian workers and ensure timely

grievance redressal. These include Labour and Manpower Cooperation Agreements/MoUs, Agreements/Protocol on Domestic Workers, and Joint Working Groups/Joint Committee Meetings that oversee implementation of worker-protection provisions, streamline recruitment processes, facilitate resolution of complaints, and strengthen legal assistance frameworks.

The Missions/Posts abroad utilize the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian nationals in distress abroad on a means-tested basis. Major assistance under ICWF include boarding & lodging, cost of repatriation, legal assistance, emergency medical care, transportation of mortal remains to India, etc.

SETTING UP OF NEW DRUG TESTING LABORATORIES

2504. SHRI MOHIBULLAH:

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

- (a) whether the Government has announced the setting up of new drug testing laboratories and strengthening of regulatory manpower in view of increasing global scrutiny of India's pharmaceutical exports and if so, the details thereof;
- (b) the details of existing Central and State drug testing laboratories along with their capacity, manpower strength and vacancies, State-wise;
- (c) whether it is a fact that a significant number of drug samples tested in recent years were found to be of sub-standard quality, spurious or adulterated and if

so, the details thereof; and

- (d) the steps taken/proposed to be taken by the Government to upgrade infrastructure, ensure permanent staffing and strengthen oversight under schemes such as the Strengthening of States' Drug Regulatory System (SSDRS) to safeguard India's reputation as the "pharmacy of the world"?

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): For strengthening the drug regulatory system in the country, Ministry of Health and Family Welfare has implemented a Centrally Sponsored Scheme Strengthening of States' Drug Regulatory System (SSDRS). The scheme envisages upgrading existing State laboratories, setting up of new drug testing laboratories and upgradation of existing State drug control offices in the country. Under the SSDRS Scheme, funds totalling Rs. 756 Crore has been released to States/UTs as part of the Central Share and 19 New Drug Testing Labs have been constructed and 28 existing labs have been up-graded in various States/UTs.

Details of State/UT wise list of Drug testing laboratories are given in the enclosed **Statement**.

The number of sanctioned posts and filling of the vacant posts in State Drug testing laboratories comes under the purview of respective State

Governments. Such information is not maintained centrally. There are a total of 276 sanctioned posts out of which 178 are filled and 98 vacant in CDSCO laboratories. Recruitment/filling up of the posts in laboratories is an ongoing process.

As per information received from States/UTs Drugs Controllers, the number of drug samples tested during last three years by various States/U.Ts and status regarding number of drug samples declared Not of Standard Quality/spurious/adulterated as under:

Financial Year	Number of drugs samples tested	Number of drugs samples declared Not of Standard Quality	Number of drugs samples declared Spurious/ Adulterated	Number of prosecution for manufacturing, sale and distribution of spurious/adulterated drugs
2022-23	96,713	3,053	424	663
2023-24	1,06,150	2,988	282	604
2024-25	1,16,323	3,104	245	961

STATEMENT

State/UT-wise list of the number of State Drug Testing Laboratories

Sl.No.	Name of the State/UT	Number of State Drug Testing Labs*
1.	Andhra Pradesh	4
2.	Assam	1
3.	Arunachal Pradesh	1

4.	Andaman & Nicobar	0
5.	Bihar	1
6.	Chhattisgarh	1
7.	Delhi	1
8.	Dadra NH , Daman & Diu	1
9.	Goa	1
10.	Gujarat	3
11.	Haryana	2
12.	Himachal Pradesh	2
13.	Jharkhand	1
14.	Jammu & Kashmir	3
15.	Kerala	7
16.	Karnataka	3
17.	Ladakh	1
18.	Maharashtra	5
19.	Madhya Pradesh	4
20.	Manipur	1
21.	Meghalaya	1
22.	Mizoram	1
23.	Nagaland	1
24.	Odisha	2
25.	Puducherry	1
26.	Punjab	1
27.	Rajasthan	4
28.	Sikkim	1
29.	Tamil Nadu	2
30.	Tripura	1

31.	Telangana	1
32.	Uttar Pradesh	7
33.	Uttarakhand	1
34.	West Bengal	1

*These labs are under the administrative control of concerned State Governments and includes only those labs which are funded under the Centrally Sponsored Scheme "Strengthening of States' Drug Regulatory System", based on proposals submitted by the States/UTs.

State/UT wise list of laboratories under the administrative control of Central

Drugs Standard Control Organization:

Sr. No.	States/UTs	Number of Drug Testing Lab
1	Chandigarh	1
2.	Himachal Pradesh	1
3.	West Bengal	1
4.	Telangana	2
5.	Tamil Nadu	1
6.	Assam	1
7.	Maharashtra	3
8.	Madhya Pradesh	1
9.	Odisha	1
10.	Delhi	1
11.	Gujarat	1
12.	Karnataka	1

PROMOTION OF TOURISM OF HISTORICAL BATTLEFIELDS

2505. SHRI ANIL YESHWANT DESAI:

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

- (a) whether the Government has launched any scheme or initiative to introduce domestic and foreign tourists to major historical battlefields mentioned in our history books;
- (b) if so, the details thereof;
- (c) whether places such as Kurukshetra, Haldi Ghati, Plassey, Panipat and other significant historical battlefields are proposed to be included under any such initiative; and
- (d) if so, the details thereof along with the steps taken by the Government to popularise such schemes among local and foreign tourists?

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

- (a) and (b): Yes, Ministry of Defence has launched the Bharat Ranbhoomi Darshan initiative on 15 January 2025, in conjunction with the Ministry of Tourism, to showcase and promote Shaurya Gathas and Shaurya Gantavya sites, which commemorate the valour and sacrifice exclusively of the Indian Armed Forces.
- (c): The Bharat Ranbhoomi Darshan initiative focuses exclusively on battlefields where history was created by Indian Armed Forces, post-independence.
- (d): The initiative is widely publicised through Social Media. Moreover, a Bharat Ranbhoomi Darshan Quiz was also conducted for school children of New Delhi to promote the initiative amongst young minds.

**CENTRAL INSTITUTE OF PETROCHEMICALS ENGINEERING &
TECHNOLOGY**

2506. SHRI SACHITHANANTHAM R.:

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

- (a) the number of centres of the Central Institute of Petrochemicals Engineering and Technology (CIPET) established across the country, State-wise;
- (b) whether the salaries of scientists, professors, lecturers and other staff has been fixed in accordance with the UGC pay scales, if so, the details thereof;
- (c) if so, the basis for determining the said pay salaries including the details of the pay structure considered for the purpose; and
- (d) whether any proposal is being considered to upgrade/convert the CIPET into a full-fledged university, 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 Central Institute of Petrochemicals Engineering and Technology (CIPET) has 49 centres spread across 22 States, comprising 09 Institutes of Petrochemicals Technology (IPTs), 32 Centres for Skilling & Technical Support (CSTs), 03 Schools for Advanced Research in Polymers (SARPs), and 05 Sub-Centres. In addition, 03 Plastic Waste Management Centres (PWMCs) are functional at Varanasi (Uttar Pradesh), Bhagalpur (Bihar), and Bengaluru (Karnataka), and 01 PWMC is under construction at Sanand (Gujarat). The

complete list of centres is given in the enclosed **Statement-I**.

(b) and (c):The salaries of the regular staff of the Central Institute of Petrochemicals Engineering and Technology (CIPET) are fixed in accordance with the Seventh Central Pay Commission (7th CPC) pay scales, as applicable to Central Government employees. At present, CIPET has employees in Pay Levels 1 to 15 under the provisions of the 7th CPC. The post-wise details of the applicable pay matrix levels are given in the enclosed **Statement-II**.

(d): At present, no proposal for upgradation or conversion of the Central Institute of Petrochemicals Engineering and Technology (CIPET) into a full-fledged university is under consideration. CIPET continues to award diploma-level qualifications on its own and UG/PG-level degrees through affiliation with various universities across different States.

STATEMENT-I

Complete list of centres

Sl.No.	State	Number of Centres	Remarks
1	Tamil Nadu	4	IPT (1) + CSTS (2) + SARP (1)
2	Gujarat	4	IPT(1) + CSTS (2) + Sub-Centre(1)
3	Rajasthan	2	IPT (1) + CSTS (1)
4	Punjab	1	CSTS (1)
5	Uttar Pradesh	4	IPT (1) +CSTS (3)
6	Madhya Pradesh	3	CSTS (2) + Sub-Centre (1)
7	Kerala	3	IPT (1) + CSTS (1)+Sub-Centre (1)
8	Assam	2	CSTS (2)
9	Tripura	1	CSTS (1)
10	Bihar	3	IPT (1) + CSTS (2)
11	Chhattisgarh	3	IPT (1) +CSTS (2)

12	Karnataka	3	CSTS (1) +SARP (1) +Sub-Centre (1)
13	Odisha	5	IPT (1)+CSTS(2)+SARP (1)+Sub-Centre(1)
14	Himachal Pradesh	1	CSTS (1)
15	Andhra Pradesh	1	CSTS (1)
16	Telangana	1	CSTS (1)
17	Haryana	2	IPT (1)+CSTS(1)
18	West Bengal	1	CSTS (1)
19	Manipur	1	CSTS (1)
20	Maharashtra	2	CSTS (2)
21	Uttarakhand	1	CSTS (1)
22	Jharkhand	1	CSTS (1)
	Total	49	

Note:

Institute of Petrochemicals Technology (IPT)

Centre for Skilling and Technical Support (CSTS)

School for Advanced Research in Petrochemicals (SARP)

STATEMENT-II

Post-wise details of the applicable pay matrix levels

Post / Designation	Pay Matrix Level / Scale As per 7th CPC
Director General	15 (182200 - 224100)
Principal Director / Professor / Sr. Principal Scientist / Principal Director (P&A) & (F&A)	13 A (131100 - 216600)
Director / Chief Manager / Assoc. Prof./Principal Scientist) / Chief Manager (P&A) & (F&A)	13 (123100 -215900)
Jt. Director / Manager /Asst. Prof. Gr.I / Sr. Scientist / Manager (P&A) & (F&A)	12 (78800 - 209200)
Dy. Director / Sr. Tech. Officer /Asst. Prof.Gr.II/ Scientist / Sr. Officer (P&A) / (F&A)	11 (67700 - 208700)

Technical Officer / Asst. Prof. Gr.III / Jr. Scientist/ Officer (P&A) & (F&A)	10 (56100 - 177500)
Asst. Tech. Officer / Asst. Officer (P&A) & (F&A)	7 (44900 - 142400)
Sr. Tech. Asst (SG) / Sr. Asst. (SG)	7 (44900 - 142400)
Sr. Tech. Asst / Sr. Asst.	6 (35400 - 112400)
Tech. / Librarian / Asst. Gr.I	5 (29200 - 92300)
Tech. / Librarian / Asst. Gr.II	4 (25500 - 81100)
Tech. / Librarian / Asst. Gr.III	3 (21700 - 69100)
MTS Gr. -1 & II	2 (19000 - 63200)
	1 (18000 - 56900)

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राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अंतर्गत निधि का आवंटन

2507. श्री मनसुखभाई धनजीभाई वसावा:

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

- (क) क्या सरकार ने राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अंतर्गत महत्वपूर्ण कमियों को दूर करने के लिए सहायक निगरानी करने और अधिक धनराशि आवंटन करने के लिए देशभर में कुछ उच्च प्राथमिकता वाले जिलों का चयन किया है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और उक्त जिलों के राज्यवार नाम क्या हैं; और
- (ग) उक्त जिलों में पिछले तीन वर्षों और चालू वर्ष के दौरान किए गए कार्यों का ब्यौरा क्या है और उनके जिलावार परिणाम क्या निकले हैं?

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

(क) से (ग): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं, अतः देश के सभी नागरिकों को बुनियादी स्वास्थ्य परिचर्या सेवाएँ प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की होती है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम), स्वास्थ्य अवसंरचना में सुधार और स्वास्थ्य सुविधा केन्द्रों में पर्याप्त मानव संसाधनों की उपलब्धता हेतु सहायता प्रदान करता है ताकि देश के सभी जिलों में गुणवत्तापूर्ण स्वास्थ्य सेवाओं की उपलब्धता और पहुँच को बेहतर बनाया जा सके। स्वास्थ्य और परिवार कल्याण मंत्रालय, एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, राज्यों/ संघ राज्य क्षेत्रों को जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के अभिलेख के रूप में प्रस्तावों को अनुमोदन प्रदान करती है। राज्यों/ संघ राज्य क्षेत्रों को जारी किए गए कार्यवाही के अभिलेख का ब्यौरा निम्नलिखित वेब लिंक पर उपलब्ध है:

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

एनएचएम के तहत, समीक्षा बैठकों, प्रमुख परिणामों की मध्य-अवधि समीक्षाओं, वरिष्ठ अधिकारियों के क्षेत्रीय दौरों, सेवा वितरण के लिए मानदंड स्थापित करके कार्य निष्पादन को प्रोत्साहित करने और उपलब्धियों हेतु पुरस्कृत करने आदि के जरिए देश में आकांक्षी जिलों और जनजातीय बहुल जिलों सहित विभिन्न स्वास्थ्य कार्यक्रमों के प्रदर्शन का नियमित रूप से आकलन किया जाता है। विभिन्न योजनाओं की प्रगति और कार्यान्वयन की स्थिति का आकलन तथा निगरानी करने के लिए वार्षिक रूप से सामान्य समीक्षा मिशन (सीआरएम) आयोजित किए जाते हैं।

राष्ट्रीय स्वास्थ्य नीति, 2017 के तहत, सरकार ने स्वास्थ्य संबंधी परिणामों में सुधार के लिए समय-बद्ध लक्ष्य निर्धारित किए हैं और इन लक्ष्यों को प्राप्त करने की दिशा में महत्वपूर्ण प्रगति की है। कुल प्रजनन दर घटकर 2.0 हो गई है [राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनफएचएस-5)], मातृ एवं शिशु स्वास्थ्य संकेतकों में लगातार सुधार देखा गया है, जिसमें मातृ मृत्यु अनुपात घटकर प्रति एक लाख जीवित जन्मे बच्चों पर 88, शिशु मृत्यु दर घटकर प्रति हजार पर 25 और पाँच वर्ष से कम आयु के बच्चों की मृत्यु दर घटकर प्रति हजार पर 29 हो गई है [नमूना पंजीकरण प्रणाली (एसआरएस 2023)]

पंजाब में प्रस्तावित पासपोर्ट कार्यालय

2508. श्री शेर सिंह घुबाया

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) पंजाब के मुक्तसर साहिब जिले के मलोट में प्रस्तावित पासपोर्ट कार्यालय के कार्य की वर्तमान स्थिति क्या है;

(ख) उक्त पासपोर्ट कार्यालय आम जनता के लिए पूरी तरह से कब तक चालू होने की संभावना है; और

(ग) क्या सरकार का प्रस्ताव उक्त क्षेत्र के लोगों की सुविधा के लिए प्रक्रिया में तेजी लाने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): विदेश मंत्रालय ने डाक विभाग (डीओपी) के सहयोग से जनवरी 2017 में देश के ऐसे प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी), जहां कोई पीएसके या पीओपीएसके मौजूद नहीं है, में स्थित प्रधान डाक घर (एचपीओ)/डाक घर (पीओ) में डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके)

नामक सेवा केंद्र स्थापित करने का निर्णय लिया था। इस पहल के तहत, फिरोजपुर लोकसभा निर्वाचन क्षेत्र में फिरोजपुर में एक पीओपीएसके चालू है। मुक्तसर साहिब जिले में स्थित मलोट पंजाब के फिरोजपुर एलएससी के अंतर्गत आता है।

यह भी अवगत कराया जाता है कि इस पीओपीएसके के तहत 80 सामान्य पासपोर्ट श्रेणी और 10 पुलिस अनापति प्रमाण पत्र (पीसीसी) श्रेणी की अपॉइन्टमेंट दैनिक आधार पर जारी की जाती हैं और सामान्य श्रेणी के लिए 10 कार्य दिवसों में और पीसीसी श्रेणी के लिए अपॉइन्टमेंट अगले कार्य दिवस में उपलब्ध होती हैं।

POSHAN ABHIYAAN SCHEME

2509. SHRI MADHAVANENI RAGHUNANDAN RAO:

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

- (a) whether there are outsourced employees working under the Poshan Abhiyaan scheme, if so, the details thereof;
- (b) whether there is a process to terminate their services, if so, the details thereof;
- (c) the details of the nature of their work; and
- (d) the details of the Central and State Governments shares in its funding?

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

- (a) to (d): To ensure timely and smooth implementation, as well as, effective

monitoring of the Mission Poshan 2.0, a Project Management Unit has been established to create institutional mechanisms at central, state, district and block level. Rs. 11 crore per annum was approved by the Department of Expenditure for Policy Planning, Project Management Unit (PMU) and innovation etc under the Mission in 2021. The PMU consists of a team of technically skilled and experienced professionals in the required thematic areas. The PMU team comprises of experts of Policy, Monitoring & Evaluation, BCC and Community Processes, Capacity Building, Statistical/ Data Analyst, Media and Outreach, External Interface, Legal Matters and Regional Coordinators. There is a provision of replacement of the resources as per the terms and conditions mentioned in Government e Marketplace (GeM) contract/agreement. Project Management Unit (PMU) at central level is 100% central Govt. funded.

विशेषज्ञ डॉक्टरों की भर्ती

2510. डॉ. शिव पाल सिंह पटेल:

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

(क) क्या सरकार इस तथ्य से अवगत है कि उत्तर प्रदेश के प्रतापगढ़ जिले के मेडिकल कॉलेज में मेडिको-लीगल मामलों के लिए केवल आपातकालीन उपचार के लिए डॉक्टर (ईएमओ), मैडिसिन में एक बुजुर्ग डॉक्टर और रेडियोलॉजी विभाग में कोई संकाय नहीं है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या उत्तर प्रदेश के प्रतापगढ़ जिले के मेडिकल कॉलेज में सरकार द्वारा विशेषज्ञ डॉक्टरों की भर्ती

और उपकरणों के उन्नयन का प्रभावी कार्यान्वयन किया जा रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या प्रतापगढ़ जिले के मेडिकल कॉलेज में तत्काल स्टाफ भर्ती के लिए सरकार के पास कोई विशेष स्वास्थ्य पैकेज लागू करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार इस तथ्य से अवगत है कि प्रतापगढ़ मेडिकल कॉलेज के फॉरेंसिक विभाग में एमबीबीएस छात्रों के लिए कोई संकाय नहीं है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या सरकार के पास प्रतापगढ़ मेडिकल कॉलेज के लिए बुनियादी ढांचा विकास हेतु कोई विशेष पैकेज लागू करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): उत्तर प्रदेश सरकार से प्राप्त सूचना के अनुसार, प्रतापगढ़ स्थित स्वायत्तशासी राज्य चिकित्सा महाविद्यालय ने डॉक्टरों की उपलब्धता बढ़ाने और मेडिको-लीगल कार्य के सुचारु संचालन को सुनिश्चित करने के लिए संबंधित नैदानिक विभागों में नॉन-पीजी जूनियर रेजिडेंट चिकित्सकों की नियुक्ति हेतु एक रोस्टर तैयार किया है। मेडिसिन विभाग में दो (02) विशेषज्ञ और रेडियोलॉजी विभाग में एक डीएनबी विशेषज्ञ रोगी उपचार के साथ-साथ एमबीबीएस छात्रों के शिक्षण और प्रशिक्षण के लिए उपलब्ध हैं। उपकरणों के उन्नयन के लिए, उत्तर प्रदेश सरकार ने वित्त वर्ष 2025-26 के लिए स्लिट लैंप और सी-आर्म सहित विभिन्न उपकरणों की खरीद हेतु 30.00 लाख रुपये स्वीकृत किए हैं। इसके अतिरिक्त, उत्तर प्रदेश सरकार ने भर्ती प्रक्रिया के प्रभावी कार्यान्वयन को सुनिश्चित करने और संविदा आधार पर विशेषज्ञ डॉक्टरों/चिकित्सा शिक्षकों को आकर्षित करने के लिए पारिश्रमिक में वृद्धि की है।

(घ) और (ङ): मेडिकल कॉलेज के प्रिंसिपल (एमडी फॉरेंसिक मेडिसिन) फॉरेंसिक मेडिसिन विभाग में एमबीबीएस छात्रों के प्रशिक्षण में सहायता कर रहे हैं और कॉलेज ने फॉरेंसिक मेडिसिन विभाग में

संकाय सदस्यों की भर्ती के लिए विज्ञापन जारी किया है। इसके अतिरिक्त, राज्य सरकार ने मेडिकल कॉलेज और संबद्ध अस्पताल के परिसर में एक नर्सिंग कॉलेज, शव परीक्षण केंद्र और 100 बिस्तरों वाले क्रिटिकल केयर विभाग की स्थापना को मंजूरी दी है।

INDIA-UNITED STATES RELATIONS

2511. SHRIMATI PRATIMA MONDAL:

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

- (a) the reasons behind the apparent strain in India–United States relations, particularly the lack of progress on trade negotiations and the continuing restrictions and uncertainty around work visas for Indian professionals;
- (b) the concrete diplomatic steps being taken to safeguard India’s economic and people-to-people interests with the United States;
- (c) the details of tangible gains which India has delivered for the Global South in terms of development finance, technology access and debt relief beyond summit-level declarations of announcements; and
- (d) the manner in which India is safeguarding its strategic and energy interests and the safety of its diaspora amid escalating conflicts in West Asia?

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): Issues in India-U.S. bilateral ties in recent times have included the

imposition of elevated tariffs by the United States on India's exports and changes implemented by the US in its visa regulations, which have affected students and professionals.

Notwithstanding these developments, the two sides have continued to engage and on 2 February 2026, India and the US agreed to a framework for an interim agreement, under which reciprocal tariffs on Indian goods will be reduced to 18 percent. This is expected to enhance market access for Indian exporters, particularly MSMEs, support employment generation, especially for women and youth and safeguard farmers' interests and rural livelihoods.

On the visa front, stakeholders on both sides remain engaged and representations by the Government have led to the issuance of clarificatory FAQs, providing greater light for impacted applicant categories.

India remains committed to advancing human-centric development in the Global South through concrete infrastructure and community projects, financial and humanitarian assistance, and capacity-building via scholarships and training programmes. During India's G20 Presidency, sustained efforts were made to mainstream Global South priorities, including through the Voice of the Global South Summits. The admission of the African Union as a permanent G20 member reflects India's commitment to amplifying developing country voices in global decision-making. India continues to be a large provider of development finance to the Global South and is a model for technology deployment, including in the

fintech space.

The Government continuously monitors geopolitical developments affecting India's national interests and the welfare and safety of Indian nationals abroad. Missions and Posts regularly issue advisories, provide consular assistance and facilitate evacuations where required, supported by 24×7 helplines and platforms such as MADAD, CPGRAMS and eMigrate.

Energy security remains among India's highest priorities. The Government is pursuing a multi-pronged strategy covering diversification of supply sources, enhanced domestic production, expansion of alternative energy and advancement of the energy transition, while remaining engaged with partner countries to ensure uninterrupted access to affordable energy.

POPULATION OF TRIBAL GROUPS

2512. SHRIMATI PRIYANKA GANDHI VADRA:

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

- (a) whether the Government has taken any initiatives to improve health outcomes for Particularly Vulnerable Tribal Groups (PVTGs), especially in aspirational districts and if so, the details thereof;
- (b) whether any study has been conducted on the vulnerability of tribal communities, particularly PVTGs, to certain diseases and if so, the details thereof, especially for Kerala;

- (c) whether the Government has taken cognizance of the dwindling populations of certain PVTGs such as Aranadans and Cholanayakans in Wayanad Parliamentary Constituency and if so, the details thereof including PVTG-wise population since 1981 in Kerala;
- (d) whether any studies are being conducted to examine the reasons for the population decline of specific PVTGs and if so, the details thereof along with the action taken by the Government to address the same; and
- (e) whether any targeted interventions to improve access to healthcare for PVTGs are being implemented in Wayanad 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) to (e): Public Health' & 'Hospitals' are State subjects, hence, the primary responsibility of providing basic healthcare services to all the citizens of the country lies with respective State/UT Government.

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability, affordability and accessibility to quality health care in the country including Particularly Vulnerable Tribal Groups (PVTGs). The Ministry of Health and Family Welfare provides technical and financial support to the

States/UTs including Kerala to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) have been reduced to 3,000, 20,000 and 80,000 respectively. One Accredited Social Health Activist (ASHA) is allowed per habitation instead of per 1,000 population, and up to 4 Mobile Medical Units (MMUs) per district are permitted in tribal and hard-to-reach areas, compared to 2 in plain districts.

A total of 1.82 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country, including 30,817 AAMs in 178 tribal districts, which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.

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

IPHL and 110 CCBs have been approved in the tribal districts under PM-ABHIM.

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

Under PM JANMAN, the Ministry of Tribal Affairs through the State Governments/ UT Administration/departments has undertaken habitation level data collection exercise through PM Gati Shakti mobile application to estimate PVTG population figures and infrastructure gaps in order to cover PVTG population residing in villages & habitations under PM JANMAN. Based on the data captured by State Government of Kerala, the population of Cholanaickan PVTGs is 439. Aranadans is not an identified PVTGs in Kerala.

There are various mechanisms and survey agencies which generate data

on tribal healthcare on a periodic basis. National Family Health Survey (NFHS) provides details on major health indicators and outcomes achieved under various tribal health initiatives including improvements in maternal and child health indicators among Scheduled tribes. Census of India provides population and household details including Tribal areas. National Sample Survey provides household surveys on various socio-economic subjects. The State-wise list of key indicators NFHS-5 may be extracted from below mentioned link:

http://rchiips.org/nfhs/districtfactsheet_NFHS-5.shtml

DOWRY PROHIBITION ACT

2513. SHRI T. R. BAALU:

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

- (a) whether in India an average every day 20 women lose life due to dowry torture;
- (b) if so, the details thereof along with the preventive/punitive actions taken by the Union and States during the last three years;
- (c) the details of culprits punished for dowry deaths and tortures during the last 3 years; and
- (d) whether the Government proposes to make Dowry Prohibition Act, 1961 more stringent, if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): The National Crime Records Bureau (NCRB) compiles and publishes data on crimes, including crime against women, in its publication “Crime in India”, which is available on the website of NCRB <https://ncrb.gov.in>. The said report is available upto the year 2023. As per information provided by the National Crime Records Bureau (NCRB), the State/ UT wise details of cases registered, cases charge sheeted, cases convicted, persons arrested, persons charge sheeted and persons convicted under Dowry Prohibition Act, 1961 during the years 2021-2023 are given in the enclosed **Statement-I**. Further, the State/ UT wise cases registered, number of victims, cases charge sheeted, cases convicted, persons arrested, persons charge sheeted and persons convicted under Dowry Deaths (Section 304B of Indian Penal Code, 1860) during the years 2021-2023 are given in the enclosed **Statement-II**.

“Police” and “Public Order” are State subjects under the Seventh Schedule to the Constitution of India. The responsibility to maintain law and order, protection of life and property of the citizens including investigation and prosecution of cases of dowry and dowry death rests with the respective State Governments and they are competent to deal with it.

The Dowry Prohibition Act, 1961 and the Bharatiya Nyaya Sanhita, 2023, have adequate provisions to tackle the menace of Dowry. The Act prohibits and

penalizes giving or taking of dowry so as to safeguard women against dowry harassment. The Protection of Women from Domestic Violence Act, 2005 defines dowry harassment within the purview of domestic violence and provides remedies such as protection order, residence order, custody order, monetary relief, compensation order etc. under it.

The Central Government gives highest priority to ensuring safety and security of women and has undertaken various legislative and schematic interventions in this regard. These include legislations such as “Bharatiya Nyaya Sanhita”, “Bharatiya Nagrik Suraksha Sanhita”, “The Protection of Women from Domestic Violence Act, 2006”, “The Dowry Prohibition Act, 1961”. Besides these legal provisions there are multiple schemes and projects implemented by the Government which include One Stop Centres (OSCs); Universalisation of Women Helplines (WHL), Emergency Response Support System (ERSS) which is a pan-India single number (112)/ mobile app based system for emergencies; capacity building in community through awareness programmes, setting up/ strengthening of Women Help Desks (WHDs) at Police Stations etc.

One Stop Centre (OSC) scheme, which is fully funded by the central government is being implemented across the country since 1st April, 2015. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It also provides an integrated range of services including medical aid, legal aid and advice,

temporary shelter, police assistance, psycho-social counselling to needy women. 896 OSCs are operational across the country and over 12.88 lakh women have been assisted upto 31st October, 2025.

To ensure that the Police Stations are more women friendly and approachable, as they would be the first and single point of contact for any woman walking into a police station 14,658 Women Help Desks (WHDs) have been set up, of which 13,011 are headed by women police officers. To provide help and support to needy women and women in distress, Emergency Response Support System (ERSS-112) has been established in all 36 States and UTs for various emergencies, with computer aided dispatch of field/ police resources. In addition to ERSS, a fully functional dedicated Women helpline (WHL-181) is operational in 35 States/ UTs except West Bengal. The WHL has also been integrated with ERSS. Till 31st December, 2025, Women Helplines have assisted over 96.37 lakh women.

Bureau of Police Research and Development (BPR&D) has also undertaken several initiatives, which, inter-alia include training and skill development programs for Investigation Officers, Prosecution Officers and Medical Officers. BPR&D has also prepared Standard Operating Procedures (SoPs) for “Women Help Desk at Police Stations” to ensure their smooth functioning by focusing on four critical components, viz. infrastructure, training, human resource development and response mechanism. A book titled “Women’s

Safety and Security- a Handbook for First Responders and Investigators in the Police” has also been prepared for the purpose of prevention and investigation of crime against women with specific reference to the crime of sexual assault, which includes investigation, victim compensation and rehabilitation. Emphasis has been laid upon inculcating appropriate behavioural and attitudinal skills in the police force for prevention and detection of crimes against women and children and for proper interaction with the victims of crime. Webinars on women safety with sensitivity, gender sensitization of police personnel etc. have also been organized by BPR&D.

The Ministry also undertakes awareness exercise for safety and security of women and children from time to time. Further, the Government, through institutions like the National Commission for Women (NCW), National Commission for Protection of Child Rights (NCPCR) and their counterparts in States have been spreading awareness through seminars, workshops, audio-visual, print and electronic media etc. to sensitize the people about the safety and security of women and children including to sensitize about the evils of dowry system and also about various provisions of law. In addition, Ministry of Women and Child Development and Ministry of Home Affairs have issued advisories to States/ UTs from time to time on various issues pertaining to safety and security of women and children.

To make legal aid more accessible for women, the National Commission for

Women (NCW) in collaboration with Delhi State Legal Services Authority (DSLISA) has launched a legal aid clinic which is a single-window facility for resolving grievances of women by providing free legal assistance. Similar Legal Aid Clinics have been set up in 17 States.

The Ministry has launched the 'Mission Shakti Portal' with all functional features on January 22, 2025. This portal aims to enhance accessibility of various government services for women, establish quality mechanisms for rescue, protection, and rehabilitation, and build the capacity of functionaries and duty holders under various schemes and legislations.

Furthermore, a National dashboard has been developed by the Centre for Development of Advanced Computing (C-DAC) for monitoring calls across all States/UTs implementing the Women Helpline. This dashboard enables real-time monitoring of calls received and women assisted. Through this system, the Central Government will be able to maintain centralized data on violence faced by women across India, categorized by types of cases, including instances of domestic violence.

STATEMENT-I

The State/ UT-wise details of Cases Registered (CR), Cases Charge sheeted (CCS), Cases Convicted (CON), Persons Arrested (PAR), Persons Charge sheeted (PCS) and Persons Convicted (PCV) under 'Dowry Prohibition Act, 1961' during the years 2021-2023

2021							
SL	State/UT	CR	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	11	246	0	456	2576	0
2	Arunachal Pradesh	0	0	0	0	0	0
3	Assam	582	338	1	700	435	1
4	Bihar	3362	2364	44	2837	3831	60
5	Chhattisgarh	8	6	0	20	20	0
6	Goa	0	0	0	0	0	0
7	Gujarat	3	3	0	8	8	0
8	Haryana	18	9	0	26	18	0
9	Himachal Pradesh	0	1	0	1	1	0
10	Jharkhand	1805	1293	82	1687	1735	91
11	Karnataka	1845	1806	29	4867	5264	52
12	Kerala	39	21	0	46	31	0
13	Madhya Pradesh	44	45	33	45	121	44
14	Maharashtra	40	23	0	18	53	0
15	Manipur	0	0	0	0	0	0
16	Meghalaya	0	0	0	0	0	0

17	Mizoram	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0
19	Odisha	465	406	0	159	535	0
20	Punjab	14	4	1	38	5	1
21	Rajasthan	4	0	1	0	0	2
22	Sikkim	0	0	0	0	0	0
23	Tamil Nadu	281	156	5	695	439	17
24	Telangana	5	5	0	12	13	0
25	Tripura	0	0	0	0	0	0
26	Uttar Pradesh	4594	3720	317	9529	15167	1267
27	Uttarakhand	414	238	0	80	472	0
28	West Bengal	0	0	0	0	0	0
	TOTAL STATE(S)	13534	10684	513	21224	30724	1535
29	A&N Islands	0	0	0	0	0	0
30	Chandigarh	1	0	0	1	0	0
31	D&N Haveli and Daman & Diu	0	0	0	0	0	0
32	Delhi	16	13	0	34	27	0
33	Jammu & Kashmir	4	4	0	12	12	0
34	Ladakh	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0
36	Puducherry	13	2	0	46	9	0
	TOTAL UT(S)	34	19	0	93	48	0
	TOTAL (ALL INDIA)	13568	10703	513	21317	30772	1535

2022							
SL	State/UT	CR	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	298	308	4	1239	1281	13
2	Arunachal Pradesh	0	0	0	0	0	0
3	Assam	272	285	0	423	373	0
4	Bihar	3580	3711	43	4974	5281	58
5	Chhattisgarh	9	7	2	16	16	8
6	Goa	0	0	0	0	0	0
7	Gujarat	1	1	0	1	1	0
8	Haryana	17	8	0	11	11	0
9	Himachal Pradesh	1	0	0	0	0	0
10	Jharkhand	1796	1498	126	2005	2017	153
11	Karnataka	2224	1734	7	5392	5484	11
12	Kerala	28	39	0	65	61	0
13	Madhya Pradesh	63	60	246	36	177	269
14	Maharashtra	28	38	0	43	64	0
15	Manipur	0	0	0	0	0	0
16	Meghalaya	3	1	0	0	1	0
17	Mizoram	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0
19	Odisha	34	31	4	1	51	4

20	Punjab	4	3	0	7	5	0
21	Rajasthan	8	0	0	0	0	0
22	Sikkim	0	0	0	0	0	0
23	Tamil Nadu	220	197	2	836	658	5
24	Telangana	6	5	0	0	8	0
25	Tripura	0	0	0	0	0	0
26	Uttar Pradesh	4807	4565	1413	8060	16577	2651
27	Uttarakhand	38	29	0	4	125	0
28	West Bengal	0	0	0	0	0	0
	TOTAL STATE(S)	13437	12520	1847	23113	32191	3172
29	A&N Islands	0	0	0	0	0	0
30	Chandigarh	0	0	0	0	0	0
31	D&N Haveli and Daman & Diu	0	0	0	0	0	0
32	Delhi	18	8	0	43	23	0
33	Jammu & Kashmir	17	13	0	46	45	0
34	Ladakh	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0
36	Puducherry	7	6	0	32	13	0
	TOTAL UT(S)	42	27	0	121	81	0
	TOTAL (ALL INDIA)	13479	12547	1847	23234	32272	3172

2023							
SL	State/UT	CR	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	353	194	0	58	675	0
2	Arunachal Pradesh	0	0	0	0	0	0
3	Assam	162	154	0	207	178	0
4	Bihar	3665	3385	126	4362	5236	206
5	Chhattisgarh	8	7	1	21	21	2
6	Goa	0	0	0	0	0	0
7	Gujarat	3	3	0	13	13	0
8	Haryana	14	5	0	8	8	0
9	Himachal Pradesh	2	1	0	0	5	0
10	Jharkhand	1487	1595	271	1965	2405	300
11	Karnataka	2322	2113	8	5697	5837	16
12	Kerala	21	15	0	24	27	0
13	Madhya Pradesh	65	60	3	15	191	3
14	Maharashtra	17	17	0	10	41	0
15	Manipur	0	0	0	0	0	0
16	Meghalaya	2	2	0	1	6	0
17	Mizoram	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0
19	Odisha	5	5	5	0	426	5
20	Punjab	4	6	3	5	8	5

21	Rajasthan	1	1	0	3	3	0
22	Sikkim	0	0	0	0	0	0
23	Tamil Nadu	144	158	3	586	334	8
24	Telangana	4	6	0	0	10	0
25	Tripura	0	0	0	0	0	0
26	Uttar Pradesh	7151	6112	628	14054	26047	1110
27	Uttarakhand	14	11	6	3	31	9
28	West Bengal	0	0	0	0	0	0
	TOTAL STATE(S)	15444	13850	1054	27032	41502	1664
29	A&N Islands	0	0	0	0	0	0
30	Chandigarh	0	1	0	0	1	0
31	D&N Haveli and Daman & Diu	0	0	0	0	0	0
32	Delhi	16	21	1	37	37	4
33	Jammu & Kashmir	15	13	0	35	34	0
34	Ladakh	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0
36	Puducherry	14	8	0	50	31	0
	TOTAL UT(S)	45	43	1	122	103	4
	TOTAL (ALL INDIA)	15489	13893	1055	27154	41605	1668

STATEMENT-II

State/UT-wise details of Cases Registered (CR), Number of Victims (VIC), Cases Charge sheeted (CCS), Cases Convicted (CON), Persons Arrested (PAR), Persons Charge sheeted (PCS) and Persons Convicted (PCV) under 'Dowry Deaths (Sec.304B IPC)' during the years 2021-2023

	2021							
SL	State/UT	CR	VIC	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	108	109	159	9	354	416	20
2	Arunachal Pradesh	0	0	0	0	0	0	0
3	Assam	198	198	164	1	323	168	1
4	Bihar	1000	1000	931	128	1678	1420	149
5	Chhattisgarh	65	65	66	11	190	190	21
6	Goa	0	0	0	0	0	0	0
7	Gujarat	11	11	10	1	31	31	2
8	Haryana	275	275	220	16	367	362	26
9	Himachal Pradesh	2	2	1	0	2	2	0
10	Jharkhand	281	281	229	47	326	321	52
11	Karnataka	158	163	175	14	411	411	36
12	Kerala	9	9	9	0	22	11	0
13	Madhya Pradesh	522	523	509	136	1516	1495	337
14	Maharashtra	172	172	188	8	695	590	25
15	Manipur	2	2	0	0	1	0	0
16	Meghalaya	0	0	0	0	0	0	0

17	Mizoram	0	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0	0
19	Odisha	293	293	352	5	599	646	5
20	Punjab	69	69	53	11	182	127	24
21	Rajasthan	452	454	341	98	466	454	132
22	Sikkim	0	0	0	0	0	0	0
23	Tamil Nadu	27	27	21	12	67	52	23
24	Telangana	175	175	178	7	450	403	15
25	Tripura	22	22	32	3	71	62	3
26	Uttar Pradesh	2222	2235	1886	439	6073	5202	1063
27	Uttarakhand	72	72	55	6	106	91	10
28	West Bengal	454	471	490	5	721	900	10
	TOTAL STATE(S)	6589	6628	6069	957	14651	13354	1954
29	A&N Islands	1	1	1	0	1	5	0
30	Chandigarh	4	4	1	1	9	4	2
31	D&N Haveli and Daman & Diu	0	0	1	0	1	1	0
32	Delhi	141	144	122	6	279	230	13
33	Jammu & Kashmir	16	16	14	0	34	34	0
34	Ladakh	0	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0	0
36	Puducherry	2	2	1	0	4	2	0
	TOTAL UT(S)	164	167	140	7	328	276	15
	TOTAL (ALL INDIA)	6753	6795	6209	964	14979	13630	1969

	2022							
SL	State/UT	CR	VIC	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	100	101	107	8	352	292	15
2	Arunachal Pradesh	0	0	0	0	0	0	0
3	Assam	175	195	222	7	409	276	9
4	Bihar	1057	1057	1100	89	1787	2391	128
5	Chhattisgarh	57	63	56	27	163	156	70
6	Goa	0	0	0	0	0	0	0
7	Gujarat	10	10	8	0	28	28	0
8	Haryana	234	234	173	20	265	238	32
9	Himachal Pradesh	1	1	0	0	3	0	0
10	Jharkhand	208	214	191	61	299	312	77
11	Karnataka	165	166	134	1	343	311	6
12	Kerala	11	12	16	1	36	32	1
13	Madhya Pradesh	518	520	513	185	1310	1314	403
14	Maharashtra	180	184	171	7	652	459	11
15	Manipur	0	0	1	0	0	1	0
16	Meghalaya	1	1	0	0	1	0	0
17	Mizoram	0	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0	0
19	Odisha	263	263	276	19	280	576	23
20	Punjab	71	71	61	4	146	143	10

21	Rajasthan	451	451	300	66	401	396	93
22	Sikkim	0	0	0	0	0	0	0
23	Tamil Nadu	29	29	25	6	74	58	9
24	Telangana	137	137	186	24	414	387	53
25	Tripura	25	25	28	1	50	61	1
26	Uttar Pradesh	2138	2142	1946	686	6076	5307	1608
27	Uttarakhand	70	70	65	3	116	112	12
28	West Bengal	406	427	421	14	682	790	26
	TOTAL STATE(S)	6307	6373	6000	1229	13887	13640	2587
29	A&N Islands	0	0	0	0	0	0	0
30	Chandigarh	1	1	2	1	0	12	3
31	D&N Haveli and Daman & Diu+	1	1	1	0	6	4	0
32	Delhi	131	131	144	1	300	245	1
33	Jammu & Kashmir	9	9	10	0	32	32	0
34	Ladakh	0	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0	0
36	Puducherry	1	1	4	0	7	7	0
	TOTAL UT(S)	143	143	161	2	345	300	4
	TOTAL (ALL INDIA)	6450	6516	6161	1231	14232	13940	2591

	2023							
SL	State/UT	CR	VIC	CCS	CON	PAR	PCS	PCV
1	Andhra Pradesh	95	96	89	17	296	255	37
2	Arunachal Pradesh	1	1	0	0	2	0	0
3	Assam	101	107	130	7	223	186	7
4	Bihar	1143	1143	1198	73	2362	2297	107
5	Chhattisgarh	46	49	50	13	144	140	39
6	Goa	1	1	0	0	0	0	0
7	Gujarat	12	12	12	0	35	35	0
8	Haryana	207	211	156	21	225	219	30
9	Himachal Pradesh	0	0	1	0	0	3	0
10	Jharkhand	218	228	230	92	316	385	98
11	Karnataka	156	160	159	6	407	394	9
12	Kerala	8	8	10	0	13	16	0
13	Madhya Pradesh	468	469	437	193	1235	1244	450
14	Maharashtra	170	173	159	7	508	414	21
15	Manipur	1	1	0	0	6	0	0
16	Meghalaya	0	0	1	1	1	1	1
17	Mizoram	0	0	0	0	0	0	0
18	Nagaland	0	0	0	0	0	0	0
19	Odisha	231	231	218	18	229	533	26
20	Punjab	44	44	48	6	127	95	14

21	Rajasthan	428	430	272	60	337	336	90
22	Sikkim	0	0	0	0	0	0	0
23	Tamil Nadu	11	11	23	8	34	36	12
24	Telangana	145	147	155	26	438	369	53
25	Tripura	21	21	28	5	55	55	8
26	Uttar Pradesh	2122	2141	1953	887	5500	5175	2086
27	Uttarakhand	48	48	46	25	49	92	39
28	West Bengal	350	350	371	8	597	1006	24
	TOTAL STATE(S)	6027	6082	5746	1473	13139	13286	3151
29	A&N Islands	0	0	0	0	0	0	0
30	Chandigarh	4	4	3	0	6	4	0
31	D&N Haveli and Daman & Diu+	0	0	2	1	8	8	1
32	Delhi	115	115	131	26	269	210	49
33	Jammu & Kashmir	9	9	6	1	10	10	1
34	Ladakh	0	0	0	0	0	0	0
35	Lakshadweep	0	0	0	0	0	0	0
36	Puducherry	1	1	0	0	4	0	0
	TOTAL UT(S)	129	129	142	28	297	232	51
	TOTAL (ALL INDIA)	6156	6211	5888	1501	13436	13518	3202

उर्वरकों की मांग और आपूर्ति

2514. श्री अभय कुमार सिन्हा:

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

- (क) क्या यह सच है कि सरकार द्वारा 'एक राष्ट्र-एक उर्वरक' पहल के तहत यूरिया का अधिकतम खुदरा मूल्य रुपए 242 प्रति 45 किलोग्राम बैग निर्धारित किया गया है और यदि हाँ, तो पिछले तीन वित्तीय वर्षों यानी 2022-23, 2023-24 और 2024-25 के दौरान बिहार राज्य को वर्ष-वार आवंटित यूरिया एवं डीएपी तथा उनकी वास्तविक आपूर्ति का ब्यौरा क्या है;
- (ख) क्या सरकार ने उपरोक्त तीन वर्षों के दौरान बिहार में उर्वरकों की मांग और आपूर्ति के आंकड़ों का कोई आकलन किया है और यदि हाँ, तो औरंगाबाद संसदीय क्षेत्र के लिए इसका जिला-वार और वर्ष-वार विवरण क्या है;
- (ग) उक्त अवधि के दौरान औरंगाबाद और बिहार के अन्य हिस्सों से उर्वरकों की कमी, आपूर्ति में देरी या उर्वरकों के साथ अन्य उत्पादों की टैगिंग के संबंध में वर्ष-वार कुल कितनी शिकायतें प्राप्त हुई हैं; और
- (घ) क्या सरकार ने पिछले तीन वर्षों के दौरान उक्त संसदीय क्षेत्र में उर्वरकों की निर्बाध उपलब्धता सुनिश्चित करने और कालाबाजारी को रोकने के लिए कोई कदम उठाए हैं और यदि हाँ, तो तत्संबंधी वर्ष-वार ब्यौरा क्या है?

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

- (क) से (घ): यूरिया सब्सिडी स्कीम के तहत, किसानों को यूरिया वैधानिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर प्रदान किया जाता है। 45 किलो यूरिया के बैग का एमआरपी (नीम कोटिंग प्रभागों और लागू करों को छोड़कर) 242 रुपये है। खेती स्थल पर वितरित की गई यूरिया

की लागत और यूरिया इकाइयों द्वारा निवल बाजार प्राप्ति के बीच का अंतर भारत सरकार द्वारा यूरिया निर्माता / आयातक को सब्सिडी के रूप में दिया जाता है। तदनुसार, देशभर के सभी किसानों को सब्सिडी वाली दर पर यूरिया की आपूर्ति की जा रही है।

इसके अलावा, बिहार राज्य सहित राज्यों में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित कदम उठाए जाते हैं:

- i. प्रत्येक फसल मौसम का प्रारंभ होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- ii. डीएण्डएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- iii. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- iv. डीएण्डएफडब्ल्यू और उर्वरक विभाग द्वारा राज्य कृषि अधिकारियों के साथ नियमित साप्ताहिक वीडियो कॉन्फ्रेंस आयोजित की जाती है और राज्य सरकारों द्वारा दी गई सूचना के अनुसार उर्वरकों को भेजने के लिए सुधारात्मक कार्रवाई की जाती है।
- v. राज्य के भीतर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

तदनुसार, बिहार राज्य में यूरिया और डीएपी जैसे उर्वरकों की उपलब्धता पिछले तीन वित्त वर्षों अर्थात् 2022-23, 2023-24 और 2024-25 के दौरान पर्याप्त रही है। उक्त अवधि के दौरान इन उर्वरकों की आवश्यकता, उपलब्धता और बिक्री के बारे में जानकारी संलग्न **विवरण-** I में दी गई है।

इसके अलावा, उर्वरक संबंधी जमाखोरी, विपथन और कालाबाजारी के मुद्दों का समाधान करने के लिए, उर्वरकों को आवश्यक वस्तु अधिनियम, 1955 के तहत एक आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के तहत अधिसूचित किया गया है। राज्य सरकारों को आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, उक्त कदाचारों में शामिल व्यक्तियों के खिलाफ कार्रवाई करने का अधिकार है। इन कदाचारों के संबंध में उर्वरक विभाग के स्तर पर प्राप्त कोई भी शिकायत आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए संबंधित राज्य सरकार को भेजी जाती है। तदनुसार, इन कदाचारों पर अंकुश लगाने के लिए दिनांक 01.04.2025 से दिनांक 06.02.2026 तक बिहार राज्य द्वारा किए गए प्रवर्तन उपायों के संबंध में ब्यौरा संलग्न **विवरण-II** में दिया गया है।

विवरण- I

बिहार							
पिछले 3 वर्षों के दौरान उर्वरकों की आवश्यकता, उपलब्धता और बिक्री की स्थिति							
आंकड़े एलएमटी में							
क्रमांक	वर्ष	यूरिया			डीएपी		
		आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री
1	2024-25	22.87	27.64	25.60	5.50	6.40	5.83
2	2023-24	22.63	27.46	23.24	6.82	7.78	6.51
3	2022-23	22.80	24.68	21.96	6.82	7.15	5.66

ADULTERATION IN DIARY PRODUCTS

2515. DR. K. SUDHAKAR:

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

- (a) whether the Government has taken note of the increasing reports regarding the manufacture and sale of counterfeit and adulterated dairy products, including Ghee/Paneer and Butter in various parts of the country and if so, the details thereof;
- (b) the total number of surveillance samples of milk and milk products collected by the Food Safety and Standards Authority of India (FSSAI) during the last year and the number of samples found to be non-conforming to prescribed standards;
- (c) the actions taken by the Government against manufacturers found producing sub-standard or unsafe dairy products; and
- (d) whether there is a coordinated mechanism between Central and State Food Safety Authorities to monitor the inter-state movement of adulterated food items and if so, the details thereof?

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

- (a) to (d): 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. While FSSAI, is responsible for laying down science-based standards and ensuring overall coordination, the State Food Safety Authorities are primarily responsible for enforcement at the field level.

To ensure compliance with the set standards, limits, & other statutory requirements under the Act and regulations made thereunder, FSSAI, through its 4 (four) Regional Offices and State/UT food safety authorities conducts regular 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) are observed, the defaulting Food Business Operators (FBOs) are subjected to regulatory actions, including punitive measures, as stipulated under the Food Safety and Standards (FSS) Act, 2006 and regulations made thereunder.

FSSAI is organising Central Advisory Committee (CAC) meetings at regular intervals to facilitate focused deliberations on emerging issues, policy reforms, and strengthening of food safety implementation mechanisms. Through meetings of the Central Advisory Committee, regular engagements are held with State

Food Safety Commissioners to review the status of enforcement machinery and to ensure the proper implementation of food safety measures.

Details of the action taken against the defaulting FBOs for milk and milk products for non-compliance in the FY 2024-25 is as under:-

Financial Year	No of Sample Analysed	No. of samples found Non-Conforming	No of Cases Launched
2024-25	33405	12780	12,057

SEPARATE HIGH COURT FOR HARYANA

2516. SHRI VARUN CHAUDHRY:

Will the Minister of **LAW AND JUSTICE** be pleased to state whether the establishment of a separate High Court for the State of Haryana is under consideration, if so, the time frame by which it will be established 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):

The Government of Haryana had requested for establishment of a separate High Court for the State of Haryana at Chandigarh. The views of the High Court of Punjab & Haryana and the State Government of Punjab were sought in the matter. The Government of Punjab did not agree with the proposal. The Punjab

and Haryana High Court in its full court meeting resolved not to offer any view. At present, there is no proposal for establishment of a separate High Court for the State of Haryana pending with the Government.

शहरी क्षेत्रों में आंगनवाड़ी केंद्र

2517. श्री सुनील कुमार:

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

- (क) क्या देश के किसी भी राज्य के शहरी क्षेत्रों में आंगनवाड़ी केंद्र स्थापित किए गए हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या बिहार के किसी भी शहर के वार्डों में आंगनवाड़ी केंद्र स्थापित किए गए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या पश्चिम चंपारण जिले के बगहा शहर के वार्ड संख्या एक से चौदह तक में आंगनवाड़ी केंद्रों का संचालन किया जा रहा है, जबकि वार्ड संख्या 15 से 35 में एक भी आंगनवाड़ी केंद्र स्वीकृत नहीं किया गया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) यदि हाँ, तो क्या सरकार का वाल्मीकि नगर संसदीय क्षेत्र के अंतर्गत बगहा शहर के वार्ड संख्या 15 से 35 के साथ- साथ नरकटियागंज, रामनगर, लौरिया और मच्छरगांवा नगर निकायों में आंगनवाड़ी केंद्र स्थापित करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

- (क): पोषण ट्रैकर के जनवरी 2026 तक के आंकड़ों के अनुसार शहरी आंगनवाड़ी केंद्रों का राज्य और संघ राज्य क्षेत्रवार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख) से (घ): बिहार राज्य के शहरी वार्डों और आंगनवाड़ी केंद्रों का जिलावार ब्यौरा संलग्न **विवरण- II**

में दिया गया है। बिहार के पश्चिम चंपारण जिले के बगहा शहर में स्थित आंगनवाड़ी केंद्रों का वार्डवार ब्यौरा संलग्न **विवरण- III** में दिया गया है।

विवरण-I

पोषण ट्रैकर के जनवरी 2026 तक के आंकड़ों के अनुसार शहरी आंगनवाड़ी केंद्रों का राज्य और संघ राज्य क्षेत्रवार ब्यौरा

क्र.सं	राज्य/संघ राज्य क्षेत्र	शहरी आंगनवाड़ी केंद्र
1	अंडमान और निकोबार द्वीपसमूह	190
2	आंध्र प्रदेश	8,237
3	अरुणाचल प्रदेश	178
4	असम	3,499
5	बिहार	8,479
6	छत्तीसगढ़	5,072
7	दादरा और नगर हवेली - दमन और दीव	33
8	दिल्ली	10,442
9	गोवा	267
10	गुजरात	10,147
11	हरियाणा	5,183
12	हिमाचल प्रदेश	831
13	जम्मू और कश्मीर	3,908
14	झारखंड	2,980
15	कर्नाटक	13,959
16	केरल	6,426

17	लद्दाख	96
18	लक्षद्वीप	-
19	मध्य प्रदेश	16,255
20	महाराष्ट्र	19,799
21	मणिपुर	2,169
22	मेघालय	354
23	मिजोरम	259
24	नागालैंड	582
25	ओडिशा	5,265
26	पुदुचेरी	431
27	पंजाब	5,160
28	राजस्थान	7,591
29	सिक्किम	125
30	तमिलनाडु	13,727
31	तेलंगाना	6,926
32	त्रिपुरा	959
33	संघ राज्य क्षेत्र-चंडीगढ़	450
34	उत्तर प्रदेश	26,384
35	उत्तराखंड	3,344
36	पश्चिम बंगाल	12,014
	कुल	2,01,721

विवरण-II

पोषण ट्रैकर के जनवरी 2026 तक के आंकड़ों के अनुसार, बिहार राज्य के शहरी आंगनवाड़ी केंद्रों का जिलावार ब्यौरा

क्र.सं.	जिला	शहरी वार्डों की संख्या	आंगनवाड़ी केंद्रों की कुल संख्या
1.	अररिया	72	144
2.	अरवल	24	42
3.	औरंगाबाद	82	185
4.	बांका	25	61
5.	बेगूसराय	98	341
6.	भागलपुर	63	163
7.	भोजपुर	104	199
8.	बक्सर	58	126
9.	दरभंगा	76	272
10.	पूर्वी चंपारण	119	289
11.	गया	102	412
12.	गोपालगंज	74	151
13.	जमुई	54	106
14.	जहानाबाद	65	171
15.	कैमूर	2	3
16.	कटिहार	70	277
17.	खगड़िया	18	49
18.	किशनगंज	62	129
19.	लखीसराय	57	121

20.	मधेपुरा	40	105
21.	मधुबनी	50	105
22.	मुंगेर	83	245
23.	मुजफ्फरपुर	85	393
24.	नालंदा	148	400
25.	नवादा	77	189
26.	पटना	297	1,315
27.	पूर्णिया	78	254
28.	रोहतास	140	331
29.	सहरसा	56	182
30.	समस्तीपुर	60	259
31.	सारण	139	444
32.	शेखपुरा	57	116
33.	शिवहर	18	38
34.	सीतामढ़ी	64	125
35.	सिवान	55	186
36.	सुपौल	47	79
37.	वैशाली	111	306
38.	पश्चिमी चंपारण	79	166

विवरण-III

पोषण ट्रेकर के जनवरी 2026 तक के आंकड़ों के अनुसार बिहार के पश्चिम चंपारण जिले के बगहा शहर कस्बे में स्थित आंगनवाड़ी केंद्रों का वार्डवार ब्यौरा

क्र.सं.	वार्ड का नाम	आंगनवाड़ी केंद्रों की संख्या
1.	बगहा (एम) - वार्ड संख्या 1	2
2.	बगहा (एम) - वार्ड संख्या 10	2
3.	बगहा (एम) - वार्ड संख्या 11	2
4.	बगहा (एम) - वार्ड संख्या 12	2
5.	बगहा (एम) - वार्ड संख्या 13	2
6.	बगहा (एम) - वार्ड संख्या 14	2
7.	बगहा (एम) - वार्ड संख्या 2	2
8.	बगहा (एम) - वार्ड संख्या 3	2
9.	बगहा (एम) - वार्ड संख्या 4	2
10.	बगहा (एम) - वार्ड संख्या 5	1
11.	बगहा (एम) - वार्ड संख्या 6	2
12.	बगहा (एम) - वार्ड संख्या 7	2
13.	बगहा (एम) - वार्ड संख्या 8	2
14.	बगहा (एम) - वार्ड संख्या 9	2
15.	बेतिया (एम) - वार्ड संख्या 11	3
16.	बेतिया (एम) - वार्ड संख्या 12	4
17.	बेतिया (एम) - वार्ड संख्या 13	3
18.	बेतिया (एम) - वार्ड संख्या 14	3
19.	बेतिया (एम) - वार्ड संख्या 15	3

क्र.सं.	वार्ड का नाम	आंगनवाड़ी केंद्रों की संख्या
20.	बेतिया (एम) - वार्ड संख्या 16	3
21.	बेतिया (एम) - वार्ड संख्या 17	1
22.	बेतिया (एम) - वार्ड संख्या 18	2
23.	बेतिया (एम) - वार्ड संख्या 19	2
24.	बेतिया (एम) - वार्ड संख्या 2	2
25.	बेतिया (एम) - वार्ड संख्या 20	2
26.	बेतिया (एम) - वार्ड संख्या 21	2
27.	बेतिया (एम) - वार्ड संख्या 22	2
28.	बेतिया (एम) - वार्ड संख्या 23	3
29.	बेतिया (एम) - वार्ड संख्या 24	2
30.	बेतिया (एम) - वार्ड संख्या 25	4
31.	बेतिया (एम) - वार्ड संख्या 26	2
32.	बेतिया (एम) - वार्ड संख्या 3	2
33.	बेतिया (एम) - वार्ड संख्या 4	3
34.	बेतिया (एम) - वार्ड संख्या 5	3
35.	बेतिया (एम) - वार्ड संख्या 6	1
36.	बेतिया (एम) - वार्ड संख्या 7	3
37.	बेतिया (एम) - वार्ड संख्या 8	2
38.	बेतिया (एम) - वार्ड संख्या 9	2
39.	चनपटिया (एनपी) - वार्ड संख्या 5	1
40.	नरकटियागंज (एनपी) - वार्ड संख्या 1	4
41.	नरकटियागंज (एनपी) - वार्ड संख्या 10	1

क्र.सं.	वार्ड का नाम	आंगनवाड़ी केंद्रों की संख्या
42.	नरकटियागंज (एनपी) - वार्ड संख्या 12	3
43.	नरकटियागंज (एनपी) - वार्ड संख्या 13	1
44.	नरकटियागंज (एनपी) - वार्ड संख्या 14	4
45.	नरकटियागंज (एनपी) - वार्ड संख्या 15	2
46.	नरकटियागंज (एनपी) - वार्ड संख्या 16	2
47.	नरकटियागंज (एनपी) - वार्ड संख्या 19	1
48.	नरकटियागंज (एनपी) - वार्ड संख्या 2	1
49.	नरकटियागंज (एनपी) - वार्ड संख्या 20	2
50.	नरकटियागंज (एनपी) - वार्ड संख्या 21	2
51.	नरकटियागंज (एनपी) - वार्ड संख्या 22	1
52.	नरकटियागंज (एनपी) - वार्ड संख्या 23	2
53.	नरकटियागंज (एनपी) - वार्ड संख्या 24	1
54.	नरकटियागंज (एनपी) - वार्ड संख्या 3	1
55.	नरकटियागंज (एनपी) - वार्ड संख्या 4	1
56.	नरकटियागंज (एनपी) - वार्ड संख्या 5	2
57.	नरकटियागंज (एनपी) - वार्ड संख्या 7	2
58.	नरकटियागंज (एनपी) - वार्ड संख्या 8	1
59.	नरकटियागंज (एनपी) - वार्ड संख्या 9	2
60.	रामनगर (एनपी) - वार्ड संख्या 1	2
61.	रामनगर (एनपी) - वार्ड संख्या 11	2
62.	रामनगर (एनपी) - वार्ड संख्या 12	2
63.	रामनगर (एनपी) - वार्ड संख्या 13	1

क्र.सं.	वार्ड का नाम	आंगनवाड़ी केंद्रों की संख्या
64.	रामनगर (एनपी) - वार्ड संख्या 15	2
65.	रामनगर (एनपी) - वार्ड संख्या 16	1
66.	रामनगर (एनपी) - वार्ड संख्या 17	3
67.	रामनगर (एनपी) - वार्ड संख्या 18	2
68.	रामनगर (एनपी) - वार्ड संख्या 19	1
69.	रामनगर (एनपी) - वार्ड संख्या 2	1
70.	रामनगर (एनपी) - वार्ड संख्या 20	2
71.	रामनगर (एनपी) - वार्ड संख्या 21	2
72.	रामनगर (एनपी) - वार्ड संख्या 22	1
73.	रामनगर (एनपी) - वार्ड संख्या 23	2
74.	रामनगर (एनपी) - वार्ड संख्या 4	2
75.	रामनगर (एनपी) - वार्ड संख्या 7	2
76.	रामनगर (एनपी) - वार्ड संख्या 8	2
77.	रामनगर (एनपी) - वार्ड संख्या 9	1
78.	रामनगर (एनपी) - वार्ड संख्या 5	1
79.	रामनगर (एनपी) - वार्ड संख्या 6	1

CENTRALLY SPONSORED FINANCIAL ASSISTANCE SCHEMES FOR MEDICAL TREATMENT

2518. DR. M. K. VISHNU PRASAD:

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

(a) the details of the Centrally Sponsored Health Schemes / Programmes and

financial assistance schemes for medical treatment presently in operation in the country;

- (b) the number of persons benefited therefrom during the last three years and the current year, State-wise;
- (c) the amount of funds allocated for the schemes/programmes in the country during the same period, State-wise and year-wise; and
- (d) the assessment of the Government about the efficiency of the schemes in improving health, particularly that of the poor people in the country?

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

(a) to (d): Under the National Health Mission (NHM), the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen public health infrastructure and service delivery in rural areas. States/UTs submit their proposals through the annual Programme Implementation Plan (PIP), and based on the available resource envelope (RE), the Government of India grants approvals in the Record of Proceedings (ROP) as per the link provided below:

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

As updated by the States/UTs in AAM portal, a total of 1,82,944 Ayushman Arogya Mandirs have been established and operationalized as on 31.12.2025.

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

The details of Central releases and Expenditure under NHM in the country from FY 2022-23 to FY 2024-25 are given in the enclosed **Statement-I**.

Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY) is a centrally sponsored scheme which provides health coverage of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to 12 Crore families constituting bottom 40% of India's population.

In March 2024, around 37 lakh families of ASHA workers, Anganwadi Workers (AWWs), and Anganwadi Helpers (AWHs) were included under the scheme.

In October 2024, the scheme was further expanded to cover nearly 6 crore senior citizens aged 70 years and above, belonging to approximately 4.5 crore

families, irrespective of their socio-economic status.

Under AB PM-JAY, the latest national master of Health Benefit Package (HBP 2022) provides cashless healthcare services for 1,961 procedures across 27 medical specialties.

As on 31 January 2026, a total of 11.46 crore hospital admissions, amounting to Rs. 1.69 lakh crore, have been authorized under the scheme across the States/UTs. The State-wise details of hospital admissions during the last three years and the current year are given in the enclosed **Statement-II**.

The funding of AB PM-JAY is entirely demand-driven. The National Health Authority (NHA) releases funds to States/UTs for scheme implementation based on utilization certificates for previous releases and the demand received from the States. The details of Central Share funds released to the States/UTs from FY 2022-23 to FY 2025-26 are given in the enclosed **Statement-III**.

STATEMENT-I

State/UT-wise Central Release & Expenditure under National Health Mission for the FY 2022-23 to FY 2024-25

(Rs. in Cr.)

S. No.	Name of the State/UT	2022-23		2023-24		2024-25	
		Central Releas e	Expenditur e	Central Releas e	Expenditur e	Central Releas e	Expenditur e
1	Andaman and Nicobar Islands	45.26	42.28	37.84	40.71	49.99	44.41
2	Andhra						

	Pradesh	1,489.4 5	1,914.34	1,096.0 1	2,833.44	1,319.6 1	2,439.82
3	Arunachal Pradesh	233.82	424.78	404.55	399.44	388.86	472.93
4	Assam	1,981.8 3	2,307.00	2,257.0 6	2,626.87	2,076.2 5	2,607.54
5	Bihar	1,586.5 7	3,717.81	2,032.9 5	4,010.97	2,367.1 8	4,466.31
6	Chandigarh	38.09	26.98	30.58	31.85	43.43	37.29
7	Chattisgarh	1,195.0 8	2,152.45	875.80	1,743.79	969.11	1,784.09
8	Dadra & Nagar Haveli and Daman & Diu	58.28	41.61	39.92	41.96	40.96	40.47
9	Delhi	35.15	298.11	150.54	338.41	240.39	365.44
10	Goa	55.42	84.64	48.97	84.53	55.06	95.17
11	Gujarat	1,120.0 6	2,292.35	1,506.9 6	4,040.00	1,324.8 6	3,198.15
12	Haryana	681.21	1,185.43	524.01	1,221.41	562.49	1,127.06
13	Himachal Pradesh	494.65	567.83	470.36	629.76	523.70	654.52
14	Jammu & Kashmir	651.52	917.02	805.22	956.95	1,040.7 6	1,110.30
15	Jharkhand						

		810.30	1,495.17	958.06	1,992.91	964.31	1,986.59
16	Karnataka	1,246.67	2,376.94	1,187.60	2,741.98	1,295.81	2,478.23
17	Kerala	1,036.76	1,592.96	189.15	1,246.25	1,351.78	1,422.88
18	Ladakh	94.95	109.67	120.44	119.67	135.98	150.50
19	Lakshadweep	9.97	9.29	3.79	7.10	9.68	10.00
20	Madhya Pradesh	2,582.10	4,489.15	2,545.68	5,202.61	2,430.91	5,225.77
21	Maharashtra	2,187.13	4,501.75	2,729.30	5,001.70	2,417.95	4,364.86
22	Manipur	61.40	214.69	169.12	159.32	279.16	295.79
23	Meghalaya	261.56	319.08	261.39	305.83	297.95	393.01
24	Mizoram	111.82	135.33	134.42	179.84	159.96	174.67
25	Nagaland	91.38	161.93	184.84	196.69	204.47	243.60
26	Odisha	1,284.69	3,402.50	1,901.77	3,356.68	1,916.79	3,585.01
27	Puducherry	20.73	48.51	30.80	45.74	26.27	49.27
28	Punjab	448.89	1,054.39	91.49	1,428.94	878.21	1,027.72
29	Rajasthan	1,460.80	3,726.21	2,785.46	4,350.63	2,398.62	4,772.33

30	Sikkim	73.30	88.69	68.17	75.77	81.67	89.59
31	Tamil Nadu	1,652.24	3,191.84	1,996.06	3,104.16	1,742.67	3,461.74
32	Telangana	683.77	2,062.93	564.93	1,288.75	1,110.43	1,872.42
33	Tripura	231.90	287.20	264.31	309.62	268.67	279.35
34	Uttar Pradesh	5,133.59	8,828.29	4,928.14	10,572.60	5,853.43	10,377.16
35	Uttarakhand	505.01	647.13	711.33	709.79	604.05	760.15
36	West Bengal	1,252.32	3,509.86	890.42	3,641.98	688.44	3,583.07

Note:

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

STATEMENT-II

State/UTs wise details of the number of hospital admissions authorized under PMJAY during the last three years and the current year

(No. in lakhs)

State/UTs	FY 2022-23	FY-2023-24	FY-2024-25	FY 2025-26 (As on 31.01.2026)
Andaman And Nicobar Islands	0.007	0.006	0.009	0.008
Andhra Pradesh	15.01	18.42	20.52	18.11

Arunachal Pradesh	0.01	0.01	0.05	0.06
Assam	2.40	4.93	5.11	4.49
Bihar	2.13	3.50	9.46	10.75
Chandigarh	0.10	0.17	0.24	0.24
Chhattisgarh	13.25	15.85	17.43	12.62
Delhi*	0.00	0.00	0.00	0.24
Goa	0.00	0.04	0.10	0.10
Gujarat	9.15	12.81	14.52	13.29
Haryana	2.84	6.23	9.65	9.65
Himachal Pradesh	0.63	0.66	0.84	0.97
Jammu And Kashmir	3.85	4.27	4.29	3.40
Jharkhand	4.12	4.24	4.45	3.80
Karnataka	21.16	32.13	38.05	25.24
Kerala	12.22	10.78	9.10	8.34
Ladakh	0.05	0.07	0.11	0.10
Lakshadweep	0.004	0.005	0.005	0.004
Madhya Pradesh	11.72	12.71	16.91	16.61
Maharashtra	3.26	3.94	13.04	13.93
Manipur	0.39	0.51	0.84	0.87
Meghalaya	1.85	1.88	2.30	2.28
Mizoram	0.23	0.32	0.40	0.29
Nagaland	0.12	0.29	0.34	0.26
Odisha*	0.00	0.00	0.00	11.86

Puducherry	0.25	0.39	0.44	0.48
Punjab	2.99	5.33	6.14	6.48
Rajasthan	16.34	19.78	19.23	16.22
Sikkim	0.05	0.07	0.11	0.13
Tamil Nadu	17.66	10.58	11.33	10.20
Telangana	5.53	6.18	6.78	6.22
Dadra and Nagar Haveli And Daman And Diu	0.21	0.18	0.20	0.18
Tripura	0.76	0.98	1.25	1.45
Uttar Pradesh	8.43	17.01	24.91	24.62
Uttarakhand	2.61	3.72	3.94	3.61

*Delhi and Odisha are onboarded under the AB PM-JAY in April 2025.

STATEMENT-III

The details of funds released to the State/UTs central share during the period from FY-2022-23 to FY- 2025-26 (As on 08.02. 2026) under PMJAY

(Rs. in Crores)

State/UTs	FY 2022-23	FY 2023-24	FY-2024-25	FY 2025-26 (As on 08.02.2026)
Andaman Nicobar Islands	1.00	0.59	1.25	1.28
Andhra Pradesh	480.88	451.45	328.65	382.68
Arunachal Pradesh	3.81	3.47	8.9	5.60
Assam	209.33	292.06	296.27	294.02

Bihar	145.51	172.5	610.15	725.49
Chandigarh	6.41	8.96	9.05	10.15
Chhattisgarh	352.94	195.47	336.13	213.43
Delhi*	-	-	-	44.21
Dadra and Nagar Haveli And Daman And Diu	2.93	7.79	5.76	5.26
Goa	0.52	1.2	0	1.67
Gujarat	660.15	267.48	240.58	504.86
Haryana	143.5	95.17	121.69	125.55
Himachal Pradesh	64.32	47.91	49.71	49.67
Jammu and Kashmir	85.61	42.22	52.18	76.44
Jharkhand	0	83.55	341.41	179.18
Karnataka	647.73	320.59	513.32	537.73
Kerala	151.34	155.49	153.28	153.52
Ladakh	1.92	1.93	1.96	1.81
Lakshadweep	0.15	0.067	0	0.19
Madhya Pradesh	665.73	790.35	668.69	586.59
Maharashtra	388.03	548.4	398.82	512.54
Odisha*				463.41
Manipur	38.55	29.17	29.85	32.12
Meghalaya	47.31	49.74	40.09	23.22
Mizoram	26.3	23.35	22.33	21.83
Nagaland	21.7	28.6	26.97	25.52

Puducherry	7.98	5.3	9.6	4.01
Punjab	111.38	57.96	122.2	135.76
Rajasthan	416.96	606.04	429.94	314.21
Sikkim	2.3	6.01	4.83	4.95
Tamil Nadu	578.66	681.74	440.57	440.00
Telangana	173.54	135.75	228.02	125.81
Tripura	45.25	48.81	53.87	46.75
Uttar Pradesh	501.77	841.11	1026.1	993.65
Uttarakhand	65.11	60.21	65.32	50.41

*Delhi and Odisha are onboarded under the AB PM-JAY in April 2025.

STATUS OF PUBLIC HEALTH INFRASTRUCTURE

2519. DR. ALOK KUMAR SUMAN:

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

- (a) the present status of public health infrastructure in the country, including hospitals, primary health centres and specialised medical facilities;
- (b) the measures taken by the Government to ensure access to affordable, quality healthcare and timely delivery of services under schemes such as Ayushman Bharat and other Central health programmes;
- (c) the steps being implemented by the Government to strengthen disease prevention, vaccination coverage, maternal and child health and control of communicable and noncommunicable diseases;

- (d) whether any initiatives have been undertaken by the Government to promote health awareness, medical research, digital health platforms and telemedicine services, if so, the details thereof;
- (e) the mechanisms put in place to monitor service delivery, ensure accountability and address grievances of patients and healthcare providers in the country; and
- (f) the additional policy, financial and institutional measures proposed by the Government to further improve healthcare access, quality, workforce development and public health outcomes nationwide?

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

(a) to (f): The details regarding hospitals, primary health centres and specialised medical facilities across the country can be accessed at the following link of HDI 2022-23:

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

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system including expansion of infrastructure and provisions for specialists posts, based on the

proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. The details are available in public domain at:

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

As updated by the States/UTs in AAM portal, a total of 1,82,944 Ayushman Arogya Mandirs have been established and operationalized as on 31.12.2025. Ayushman Arogya Mandirs (AAMs), erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs), have been established by upgrading existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver 12 package of basic healthcare services. These primarily health services include Reproductive and Child Health (RMNCHA+N) services, Communicable Diseases, Non-Communicable Diseases (NCDs) (screening and management for NCDs such as Hypertension, Diabetes and 3 common cancers of Oral, Breast and Cervix) and incrementally adding other services for mental health, ENT, Ophthalmology, oral health, geriatric and palliative health care and trauma care etc.

Various other initiatives carried out under NHM for improving timely access to quality care for all citizens to the people residing in remote and underserved area of the country are National Ambulance Services (NAS), Mobile Medical Units (MMUs) , ASHAs, 24 x 7 Services and First Referral facilities, Prime Minister's

National Dialysis Programme (PMNDP) , Free Diagnostics Service Initiative and Free Drugs Service Initiative, various activities under Reproductive & Child Health, Pradhan Mantri TB Mukta Bharat Abhiyaan (PMTBMBA) and Universal Immunization programme & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas. These are the major initiatives to increase access to quality health care in rural areas.

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is a centrally sponsored scheme provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 Cr beneficiaries corresponding to 12.34 Crore families constituting the bottom 40% of India's population.

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

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

Further, to prevent and control various Non-Communicable Diseases (NCDs), National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) for prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, National Tobacco Control Programme (NTCP), and National Mental Health Programme (NMHP), Tele MANAS etc. are in operation.

The Indian Public Health Standards (IPHS) have been developed by MoHFW for primary and secondary healthcare facilities which provides a set of uniform standards envisaged to improve the quality of health care delivery in the country.

The Government of India has implemented the National Quality Assurance Standards (NQAS) which is a comprehensive framework established by the Ministry of Health and Family Welfare (MoHFW), aimed at ensuring and enhancing the quality of healthcare services provided at public health facilities.

Monitoring under the National Health Mission (NHM) is carried out through a robust, multi-layered framework that includes review of State-wise Key Deliverables against approved targets during NPCC meetings with all States/UTs including Tamil Nadu, regular assessment of performance through the Output–Outcome Monitoring Framework (OOMF). In addition, annual Common Review Missions (CRMs) provide independent, on-ground assessments of programme implementation, health system strengthening, and progress on key indicators,

enabling identification of gaps, course correction, and strengthening of accountability at State and District levels.

The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of Healthcare ecosystem through digital highways. Under the ABDM, specific measures have been instituted to ensure data quality, patient consent, and interoperability in the digital health ecosystem

EXECUTIVE INTERFERENCE IN TRANSFER OF JUDGES

2520. SHRI ANAND BHADAURIA:

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

- (a) whether the Government is aware of the recent instances of interference by the executive in transfer of judges of lower judiciary and High Courts;
- (b) if so, the details thereof;
- (c) whether the Government would take steps to prevent the executive from interfering in the transfer of judges and to restore 'Separation of Power' which has been declared as Basic Feature of the Constitution by Hon'ble Supreme Court;
- (d) if so, the details thereof; and
- (e) if not, the reasons therefor?

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

(a) to (e): Article 235 of the Constitution of India provides that *“The control over district courts and courts subordinate thereto including the posting and promotion of, and the grant of leave to, persons belonging to the judicial service of a State and holding any post inferior to the post of district judge shall be vested in the High Court, but nothing in this article shall be construed as taking away from any such person any right of appeal which he may have under the law regulating the conditions of his service or as authorising the High Court to deal with him otherwise than in accordance with the conditions of his service prescribed under such law.”*

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.

कार्डियक स्टेंट की कीमतों में बढ़ोतरी

2521. श्री गिरिधारी यादव:

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

- (क) क्या सरकार द्वारा कार्डियक स्टेंट की अधिकतम कीमत तय करने के बावजूद देश के प्राइवेट अस्पतालों में मरीजों को कीमतों में कमी का फायदा नहीं मिल रहा है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या देश में स्टेंट की कीमतों में की गई कमी की भरपाई के लिए स्टेंट इम्प्लांटेशन का प्रभार बढ़ा दिया गया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार देश के सभी प्राइवेट अस्पतालों में स्टेंट और उसके इम्प्लांटेशन के लिए अधिकतम प्रभार तय करने का विचार रखती है; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

- (क) से (घ): कोरोनरी स्टेंट [बेयर मेटल स्टेंट (बीएमएस) और ड्रग एल्यूटिंग स्टेंट (डीईएस)] को औषधि (मूल्य नियंत्रण) आदेश, 2013 (डीपीसीओ, 2013) की अनुसूची-I में शामिल किया गया है

और तदनुसार एनपीपीए डीपीसीओ, 2013 के प्रावधानों के अनुसार इनकी अधिकतम कीमत निर्धारित करता है। बीएमएस की वर्तमान अधिकतम कीमत ₹10,692.69 और डीईएस की ₹38,933.14 है। डीपीसीओ, 2013 के तहत निर्धारित कीमतें पूरे देश में लागू हैं। स्टेंट के सभी विनिर्माताओं, विपणनकर्ताओं और आयातकों को अपने उत्पादों की बिक्री इस अधिकतम कीमत (प्लस यथा लागू वस्तु एवं सेवा कर) के भीतर करनी अनिवार्य है। इसके अलावा, एनपीपीए ने दिनांक 12.02.2018 को एक अधिसूचना जारी की, जिसमें अस्पतालों, नर्सिंग होम और क्लीनिकों जैसे संस्थानों, जो कोरोनरी स्टेंट का उपयोग करके एंजियोप्लास्टी प्रक्रियाएं करते हैं और मरीजों से सीधे बिल लेते हैं, को अधिसूचना में निर्धारित अधिकतम कीमतों का अनुपालन करने के लिए कहा गया है। इसके अलावा, उक्त अधिसूचना में ऐसे संस्थानों के लिए अपने अनुमान (एस्टीमेट) /प्रोफॉर्मा इन्वॉयस /अंतिम बिलिंग आदि में कोरोनरी स्टेंटों की लागत, इसकी श्रेणी जैसे बेयर-मेटल स्टेंट (बीएमएस) या ड्रग-एल्यूटिंग स्टेंट (डीईएस), ब्रांड नाम, विनिर्माता/आयातकर्ता का नाम/बैच संख्या/विनिर्देश और अन्य विवरणों का स्पष्ट और पृथक रूप से उल्लेख करने की भी आवश्यकता है।

इसके अलावा, संवैधानिक प्रावधानों के अनुसार, 'स्वास्थ्य' राज्य का विषय है। निजी अस्पतालों द्वारा अत्यधिक शुल्क वसूलने के मामलों का संज्ञान लेना और ऐसी गतिविधियों को रोकने और नियंत्रित करने के लिए कार्रवाई करना संबंधित राज्य सरकार/केंद्र शासित प्रदेश प्रशासन की जिम्मेदारी है। भारत सरकार ने 'नैदानिक प्रतिष्ठान (पंजीकरण और विनियमन) अधिनियम, 2010' (सीई अधिनियम) अधिनियमित किया और इसके अंतर्गत 'नैदानिक प्रतिष्ठान (केंद्रीय सरकार) नियम, 2012' अधिसूचित किए, ताकि मान्यता प्राप्त चिकित्सा प्रणालियों जैसे एलोपैथी, योग, प्राकृतिक चिकित्सा, आयुर्वेद, होम्योपैथी, सिद्ध और यूनानी चिकित्सा प्रणालियों, या केंद्र सरकार द्वारा मान्यता प्राप्त किसी अन्य चिकित्सा प्रणाली (सशस्त्र बलों को छोड़कर) से संबंधित सरकारी और निजी नैदानिक प्रतिष्ठानों के पंजीकरण और विनियमन का प्रावधान किया जा सके। सीई अधिनियम को

अपनाने वाली राज्य सरकारें और केंद्र शासित प्रदेश प्रशासन, सीई अधिनियम और इसके अंतर्गत नियमों के प्रावधानों के अनुसार अपने अस्पतालों, जिनमें निजी अस्पताल भी शामिल हैं, को विनियमित करने के लिए प्राथमिक रूप से जिम्मेदार हैं, ताकि रोगियों को किफायती और गुणवत्तापूर्ण स्वास्थ्य सेवा प्रदान की जा सके। सीई अधिनियम के अनुसार, सभी नैदानिक संस्थानों (सरकारी और निजी) को सुविधाओं और सेवाओं के न्यूनतम मानकों को पूरा करना अनिवार्य है, और अन्य बातों के साथ-साथ, उनके द्वारा ली जाने वाली दरों को एक प्रमुख स्थान पर प्रदर्शित करना भी आवश्यक है। सीई अधिनियम ने जिला कलेक्टर/जिला मजिस्ट्रेट की अध्यक्षता में जिला स्तर पर एक पंजीकरण प्राधिकरण को इसके प्रावधानों के उल्लंघन के संबंध में दंड लगाने सहित कार्रवाई करने का अधिकार प्रदान किया है।

आयुर्वेद को बढ़ावा देने के लिए छात्रवृत्तियाँ

2522. श्री हरीभाई पटेल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार देश में आयुर्वेद को बढ़ावा देने के लिए छात्रों को प्रोत्साहित करने हेतु कोई मासिक छात्रवृत्ति देती है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार द्वारा चुने गए राज्यों में आयुर्वेद संस्थानों से संबंधित आंकड़े एकत्र किये गए हैं, यदि हाँ, तो राज्यवार तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार के पास उन छात्रों के आंकड़े हैं जिन्हें ऐसी छात्रवृत्ति दी जा रही है;
- (घ) यदि हाँ, तो तत्संबंधी राज्य/संघ राज्यक्षेत्र वार ब्यौरा क्या है; और
- (ङ) क्या सरकार शैक्षणिक एवं अनुसंधान सहयोग प्रोत्साहन योजना (एसपीएआरसी) कार्यक्रम भी चला रही है और यदि हाँ, तो उक्त कार्यक्रम के मुख्य उद्देश्य के साथ 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): वर्तमान में आयुष मंत्रालय देश में आयुर्वेद को बढ़ावा देने के लिए छात्रों को प्रोत्साहित करने हेतु ऐसी कोई मासिक छात्रवृत्ति प्रदान नहीं कर रहा है। हालांकि, मंत्रालय देश में आयुष पद्धति के विकास और प्रचार के लिए राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से केंद्रीय प्रायोजित योजना राष्ट्रीय आयुष मिशन (एनएएम) को कार्यान्वित कर रहा है और उनके राज्य वार्षिक कार्य योजनाओं (एसएएपी) में प्राप्त प्रस्तावों के अनुसार उन्हें वित्तीय सहायता प्रदान कर रहा है। राज्य/संघ राज्य क्षेत्र सरकारें एनएएम दिशानिर्देशों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं।

इसके अलावा, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) आयुर्वेद में अनुसंधान के लिए कई क्षमता-निर्माण पहलों, जैसे स्नातक छात्रों के लिए आयुर्वेद अनुसंधान केन (स्पार्क) छात्रवृत्ति कार्यक्रम और स्नातकोत्तर शोधार्थियों के लिए आयुर्वेद अनुसंधान में प्रशिक्षण योजना (पीजी स्टार) का कार्यान्वयन करती है। इसके अलावा, उन्नत अनुसंधान के लिए निरंतर सहायता प्रदान करने हेतु पीएचडी और पोस्ट-डॉक्टरल फेलोशिप (पीडीएफ) सहित फेलोशिप कार्यक्रमों का आयोजन किया जाता है। पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच) भी संबंधित राज्यों की विभिन्न योजनाओं के तहत राष्ट्रीय छात्रवृत्ति पोर्टल के माध्यम से वित्तीय सहायता के लिए आवेदन करने हेतु प्रोत्साहित करता है।

(ड): केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) ने आयुर्वेद स्नातकों के बीच अनुसंधान के प्रति रुचि और योग्यता को बढ़ावा देने के लिए आयुर्वेद अनुसंधान केन (स्पार्क) छात्रवृत्ति कार्यक्रम शुरू किया है। इस कार्यक्रम का मुख्य उद्देश्य कम अवधि की स्वतंत्र परियोजनाओं में पढ़ने वाले स्नातक आयुर्वेद छात्रों को अनुसंधान पद्धति और तकनीकों से परिचित होने का अवसर प्रदान

करना है। इससे उनमें अनुसंधान की योग्यता विकसित हो सकती है और भविष्य में उन्हें अनुसंधान को आजीविका के रूप में अपनाने के लिए प्रोत्साहित करने में सहयोग मिलेगा। स्पार्क के तहत लाभान्वित आयुर्वेद कॉलेजों की राज्यवार सूची संलग्न **विवरण** में दी गई है।

विवरण

(2022-2023, 2023-2024 और 2024-2025) के दौरान स्पार्क के तहत लाभान्वित आयुर्वेद कॉलेजों की राज्य-वार सूची

क्र. सं.	राज्यों के नाम	स्पार्क 1.0 के तहत लाभान्वित आयुर्वेद कॉलेजों की संख्या – (2022-2023)	स्पार्क-2.0 के तहत लाभान्वित आयुर्वेद कॉलेजों की संख्या (2023-2024)	स्पार्क-3.0 के तहत लाभान्वित आयुर्वेद कॉलेजों की संख्या (2024-2025)
1.	आंध्र प्रदेश	01	01	01
2.	छत्तीसगढ़	01	01	03
3.	गुजरात	06	08	16
4.	हरियाणा	03	01	05
5.	कर्नाटक	14	26	38
6.	केरल	07	07	09
7.	मध्य प्रदेश	04	06	09
8.	महाराष्ट्र	06	17	23
9.	मेघालय	01	01	01
10.	नई दिल्ली	01	02	02
11.	ओडिशा	02	03	02
12.	पुदुचेरी	01	01	01
13.	पंजाब	02	01	03

14.	राजस्थान	01	03	04
15.	तमिलनाडु	01	02	03
16.	तेलंगाना	01	-	01
17.	उत्तर प्रदेश	02	05	15
18.	उत्तराखंड	01	03	05
19.	पश्चिम बंगाल	01	01	01
20.	गोवा	-	01	01
	कुल	56	90	143

नोट: - स्पार्क -1, 2 और 3 में स्पार्क अवार्डोज की कुल संख्या क्रमशः 95, 198 और 298 है।

REPATRIATION OF INDIANS STAYING IN BANGLADESH

2523. SHRI JAGADISH SHETTAR:

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

- (a) whether any measures are being taken by the Government to address the issues of the repatriation of Indian citizens, from Bangladesh and the harassment meted out to Indians abroad; and
- (b) 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 Indian Missions and Posts in Bangladesh continue to closely monitor reports of untoward incidents pertaining to Indian nationals. There has

been no specific incident of harassment of Indian citizens in Bangladesh nor has there been any request for repatriation of Indian citizens from Bangladesh.

IMPLEMENTATION OF PMBJP

2524. SHRI RAJIV PRATAP RUDY:

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

- (a) the number of Jan Aushadhi Kendras (JAKs) operational and targeted number to be achieved by March 2027 under the PMBJP across the country, State and district, UT-wise including Bihar particularly in the district of Saran;
- (b) the steps taken to address reports of insufficient stock of essential medicines at JAKs and ensuring uninterrupted availability;
- (c) the measures put in place to prevent the sale of Janaushadhi medicines above the prescribed ceiling prices fixed by the National Pharmaceutical Pricing Authority (NPPA) and grievance redressal system for the same;
- (d) the details of the medicines and medical devices that are currently part of the PMBJP product basket and the extent of price reduction offered compared to branded medicines; and
- (e) the initiatives undertaken towards awareness, strengthen quality control and enhance accessibility of affordable generic medicines through the said JAKs?

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

(a): Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme, a total of 17,990 Jan Aushadhi Kendras (JAKs) have been opened across the country as on 31.12.2025. 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. The State-wise /Union Territory-wise and district-wise number of JAKs opened across the country are given in the enclosed **Statement**.

(b): Number of steps have been taken to ensure effective and regular supply of medicines at Jan Aushadhi Kendras (JAKs), including the following:

- (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 of 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 5 warehouses and a growing network of distributors across the country.
- (iii) In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by the scheme implementing

agency {Pharmaceuticals and Medical Devices Bureau of India (PMBI)} and demand for the same is forecasted on an ongoing basis. Further, steps have been taken to digitise the forecasting method to augment the procurement process.

(c): An internal committee of PMBI periodically reviews and fixes the MRP of medicines available in the Janaushadhi basket. The broad parameters while fixing the prices of medicines is as follows:

- For medicines included in the NLEM list, the prices are fixed at a rate which is at least 50% lesser than the ceiling price.
- For medicines not listed under NLEM, the prices are fixed at a rate which is at least 50% lesser than average MRP of the top 3 leading brands of the equivalent product available in the market.

Jan Aushadhi Kendras are inspected by the marketing officers of Pharmaceuticals and Medical Devices Bureau of India on surprise check basis to prevent occurrence of any malpractice.

Any person may lodge complaint regarding overcharging, quality and 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 to complaints@janaushadhi.gov.in, or calling the PMBJP helpline number 1800 180 8080.

(d): The Janaushadhi product basket consists of 2,110 medicines and 315

medical devices and consumables and it covers major therapeutic groups including cardiovascular disease, oncology, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines. The maximum retail prices (MRP) of Jan Aushadhi medicines are about 50% to 80% cheaper than those of leading branded medicines.

(e): To promote acceptability 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 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*: Outreach and citizen engagement are also pursued through WhatsApp chatbot to inform citizens regarding the quality and affordability of Janaushadhi products.
- 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, etc. are conducted across the nation to educate citizens 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 etc. in association with local JAKs in rural areas.

Further, following concrete mechanisms are in place to ensure quality of medicines available at JAKs:

(i) *Supply only from WHO Good Manufacturing Practices (GMP) certified plants*: Only plants that are certified as WHO-GMP compliant by the Central Drugs Standard Control Organisation (CDSCO) are eligible for supply of Janaushadhi medicines.

(ii) *Distribution only after 100% pre-testing of all medicine batches*: Samples are drawn from 100% of batches supplied at PMBI's warehouses for anonymised testing, and medicines are dispatched for supply to JAKs only after the quality test is passed.

(iii) *Testing only at labs compliant with Good Laboratory Practices (GLP)*: Samples are tested only at labs accredited and periodically inspected by the National Accreditation Board for Testing and Calibration

Laboratories (NABL) and, in addition, assessed by PMBI for GLP compliance.

STATEMENT

State-wise /Union Territory-wise and district-wise number of JAKs opened across the country

S. No.	State/UT	District	No. of JAKs opened
1	Andaman and Nicobar	Nicobar	1
2		North and Middle Andaman	2
3		South Andaman	3
4	Andhra Pradesh	Alluri Sitharama Raju	2
5		Anakapalli	7
6		Ananthapuramu	12
7		Annamayya	7
8		Bapatla	8
9		Chittoor	12
10		Dr. B.R. Ambedkar Konaseema	8
11		East Godavari	14
12		Eluru	11
13		Guntur	22
14		Kakinada	5
15		Krishna	9
16		Kurnool	20
17		Nandyal	7
18		NTR	16
19		Palnadu	11
20		Parvathipuram Manyam	3
21		Prakasam	16
22		Sri Potti Sriramulu Nellore	6
23		Sri Sathya Sai	10
24		Srikakulam	9
25		Tirupati	15
26		Visakhapatnam	10

27		Vizianagaram	9
28		West Godavari	14
29		YSR Kadapa	9
30	Arunachal Pradesh	Anjaw	1
31		Changlang	3
32		Dibang Valley	1
33		East Kameng	2
34		East Siang	3
35		Kamle	1
36		Kra Daadi	2
37		Kurung Kumey	2
38		Leparada	1
39		Lohit	1
40		Longding	1
41		Lower Dibang Valley	2
42		Lower Siang	1
43		Lower Subansiri	1
44		Namsai	1
45		Pakke Kessang	1
46		Papum Pare	2
47		Shi Yomi	1
48		Siang	1
49		Tawang	1
50		Tirap	1
51		Upper Siang	1
52		Upper Subansiri	1
53		West Kameng	2
54		West Siang	1
55	Assam	Baksa	1
56		Barpeta	4
57		Biswanath	2
58		Bongaigaon	4
59		Cachar	38
60		Charaideo	2

61		Chirang	2
62		Darrang	3
63		Dhemaji	3
64		Dhubri	3
65		Dibrugarh	9
66		Dima Hasao	1
67		Goalpara	2
68		Golaghat	3
69		Hailakandi	10
70		Hojai	2
71		Jorhat	4
72		Kamrup	7
73		Kamrup Metropolitan	17
74		Karbi Anglong	2
75		Karimganj	17
76		Kokrajhar	4
77		Lakhimpur	1
78		Majuli	1
79		Morigaon	4
80		Nagaon	11
81		Nalbari	2
82		Sivasagar	2
83		Sonitpur	4
84		South Salmara-Mankachar	2
85		Tinsukia	7
86		Udalguri	2
87	Bihar	Araria	7
88		Arwal	3
89		Aurangabad	14
90		Banka	5
91		Begusarai	55
92		Bhagalpur	23
93		Bhojpur	19
94		Buxar	7

95		Darbhanga	48
96		Gaya	32
97		Gopalganj	30
98		Jamui	7
99		Jehanabad	7
100		Kaimur (Bhabua)	8
101		Katihar	10
102		Khagaria	10
103		Kishanganj	1
104		Lakhisarai	6
105		Madhepura	8
106		Madhubani	53
107		Munger	12
108		Muzaffarpur	114
109		Nalanda	13
110		Nawada	2
111		Pashchim Champaran	35
112		Patna	142
113		Purbi Champaran	85
114		Purnia	9
115		Rohtas	16
116		Saharsa	14
117		Samastipur	41
118		Saran	44
119		Sheikhpura	4
120		Sheohar	11
121		Sitamarhi	52
122		Siwan	54
123		Supaul	16
124		Vaishali	41
125	Chandigarh	Chandigarh	19
126	Chhattisgarh	Balod	8
127		Balodabazar-Bhatapara	22
128		Balrampur-Ramanujganj	6

129		Bastar	9
130		Bemetara	10
131		Bijapur	3
132		Bilaspur	20
133		Dakshin Bastar Dantewada	2
134		Dhamtari	10
135		Durg	58
136		Gariyaband	7
137		Gaurela-Pendra-Marwahi	5
138		Janjgir-Champa	10
139		Jashpur	9
140		Kabirdham	7
141		Khairagarh-Chhuikhadan-Gandai	7
142		Kondagaon	7
143		Korba	12
144		Koriya	3
145		Mahasamund	11
146		Manendragarh-Chirmiri-Bharatpur	6
147		Mohla-Manpur-Ambagarh Chouki	4
148		Mungeli	8
149		Narayanpur	3
150		Raigarh	12
151		Raipur	42
152		Rajnandgaon	19
153		Sakti	5
154		Sarangarh-Bilaigarh	4
155		Sukma	1
156		Surajpur	7
157		Surguja	4
158		Uttar Bastar Kanker	4
159	Delhi	Central	21
160		East	55
161		New Delhi	6
162		North	59

163		North East	60
164		North West	118
165		Shahdara	62
166		South	55
167		South East	107
168		South West	26
169		West	18
170	Goa	North Goa	8
171		South Goa	10
172	Gujarat	Ahmedabad	117
173		Amreli	16
174		Anand	21
175		Arvalli	12
176		Banas Kantha	14
177		Bharuch	14
178		Bhavnagar	23
179		Botad	10
180		Chhotaudepur	5
181		Dahod	6
182		Dangs	1
183		Devbhumi Dwarka	8
184		Gandhinagar	14
185		Gir Somnath	24
186		Jamnagar	20
187		Junagadh	24
188		Kachchh	45
189		Kheda	25
190		Mahesana	24
191		Mahisagar	7
192		Morbi	12
193		Narmada	5
194		Navsari	11
195		Panch Mahals	13
196		Patan	15

197		Porbandar	7
198		Rajkot	101
199		Sabar Kantha	22
200		Surat	117
201		Surendranagar	13
202		Tapi	6
203		Vadodara	77
204		Valsad	15
205		Vav-Tharad	4
206	Haryana	Ambala	27
207		Bhiwani	13
208		Charki Dadri	7
209		Faridabad	41
210		Fatehabad	6
211		Gurugram	73
212		Hisar	33
213		Jhajjar	27
214		Jind	12
215		Kaithal	13
216		Karnal	32
217		Kurukshetra	17
218		Mahendragarh	20
219		Nuh	5
220		Palwal	11
221		Panchkula	13
222		Panipat	15
223		Rewari	14
224		Rohtak	31
225		Sirsa	15
226		Sonipat	34
227		Yamunanagar	15
228	Himachal Pradesh	Bilaspur	4
229		Chamba	3
230		Hamirpur	8

231		Kangra	21
232		Kinnaur	1
233		Kullu	2
234		Lahaul And Spiti	1
235		Mandi	12
236		Shimla	6
237		Sirmaur	3
238		Solan	5
239		Una	8
240	Jammu and Kashmir	Anantnag	33
241		Bandipora	8
242		Baramulla	21
243		Budgam	23
244		Doda	7
245		Ganderbal	7
246		Jammu	73
247		Kathua	13
248		Kishtwar	6
249		Kulgam	15
250		Kupwara	13
251		Poonch	11
252		Pulwama	22
253		Rajouri	10
254		Ramban	8
255		Reasi	8
256		Samba	18
257		Shopian	9
258		Srinagar	37
259		Udhampur	9
260	Jharkhand	Bokaro	28
261		Chatra	2
262		Deoghar	17
263		Dhanbad	13
264		Dumka	4

265		East Singhbhum	13
266		Garhwa	2
267		Giridih	6
268		Godda	2
269		Gumla	4
270		Hazaribagh	5
271		Jamtara	3
272		Khunti	3
273		Koderma	4
274		Latehar	3
275		Lohardaga	1
276		Pakur	3
277		Palamu	8
278		Ramgarh	4
279		Ranchi	24
280		Sahebganj	4
281		Seraikela-Kharsawan	7
282		Simdega	3
283		West Singhbhum	3
284	Karnataka	Bagalkote	30
285		Ballari	30
286		Belagavi	31
287		Bengaluru Rural	40
288		Bengaluru Urban	442
289		Bidar	31
290		Chamarajanagara	13
291		Chikkaballapura	19
292		Chikkamagaluru	27
293		Chitradurga	21
294		Dakshina Kannada	142
295		Davangere	40
296		Dharwad	43
297		Gadag	18
298		Hassan	31

299		Haveri	52
300		Kalaburagi	42
301		Kodagu	19
302		Kolar	21
303		Koppal	24
304		Mandya	48
305		Mysuru	84
306		Raichur	31
307		Ramanagara	16
308		Shivamogga	44
309		Tumakuru	50
310		Udupi	78
311		Uttara Kannada	30
312		Vijayanagar	16
313		Vijayapura	53
314		Yadgir	19
315	Kerala	Alappuzha	135
316		Ernakulam	211
317		Idukki	58
318		Kannur	97
319		Kasaragod	41
320		Kollam	110
321		Kottayam	109
322		Kozhikode	150
323		Malappuram	177
324		Palakkad	168
325		Pathanamthitta	58
326		Thiruvananthapuram	168
327		Thrissur	204
328		Wayanad	28
329	Ladakh	Kargil	1
330		Leh Ladakh	2
331	Lakshadweep	Lakshadweep District	1
332	Madhya Pradesh	Agar-Malwa	5

333		Alirajpur	2
334		Anuppur	9
335		Ashoknagar	3
336		Balaghat	9
337		Barwani	9
338		Betul	10
339		Bhind	3
340		Bhopal	39
341		Burhanpur	5
342		Chhatarpur	25
343		Chhindwara	8
344		Damoh	8
345		Datia	3
346		Dewas	24
347		Dhar	16
348		Dindori	2
349		Guna	3
350		Gwalior	32
351		Harda	4
352		Indore	100
353		Jabalpur	32
354		Jhabua	4
355		Katni	9
356		Khandwa (East Nimar)	6
357		Khargone (West Nimar)	13
358		Maihar	2
359		Mandla	9
360		Mandsaur	12
361		Mauganj	3
362		Morena	6
363		Narmadapuram	8
364		Narsimhapur	11
365		Neemuch	11
366		Niwari	2

367		Pandhurna	1
368		Panna	4
369		Raisen	6
370		Rajgarh	6
371		Ratlam	23
372		Rewa	14
373		Sagar	15
374		Satna	7
375		Sehore	11
376		Seoni	6
377		Shahdol	6
378		Shajapur	9
379		Sheopur	3
380		Shivpuri	6
381		Sidhi	4
382		Singrauli	7
383		Tikamgarh	6
384		Ujjain	23
385		Umaria	3
386		Vidisha	7
387	Maharashtra	Ahilyanagar	15
388		Akola	11
389		Amravati	11
390		Beed	23
391		Bhandara	4
392		Buldhana	27
393		Chandrapur	6
394		Chhatrapati Sambhajinagar	14
395		Dharashiv	15
396		Dhule	3
397		Gadchiroli	1
398		Gondia	8
399		Hingoli	9
400		Jalgaon	13

401		Jalna	28
402		Kolhapur	22
403		Latur	46
404		Mumbai	71
405		Mumbai Suburban	20
406		Nagpur	18
407		Nanded	25
408		Nandurbar	4
409		Nashik	33
410		Palghar	33
411		Parbhani	17
412		Pune	53
413		Raigad	12
414		Ratnagiri	4
415		Sangli	28
416		Satara	18
417		Sindhudurg	3
418		Solapur	29
419		Thane	64
420		Wardha	5
421		Washim	7
422		Yavatmal	13
423	Manipur	Bishnupur	5
424		Chandel	2
425		Churachandpur	1
426		Imphal East	11
427		Imphal West	22
428		Jiribam	1
429		Kakching	3
430		Kamjong	1
431		Kangpokpi	1
432		Noney	3
433		Pherzawl	1
434		Senapati	3

435		Tamenglong	3
436		Tengnoupal	2
437		Thoubal	7
438		Ukhrul	2
439	Meghalaya	East Garo Hills	1
440		East Jaintia Hills	2
441		East Khasi Hills	6
442		Eastern West Khasi Hills	1
443		North Garo Hills	1
444		Ri Bhoi	3
445		South Garo Hills	1
446		South West Garo Hills	2
447		South West Khasi Hills	1
448		West Garo Hills	3
449		West Jaintia Hills	3
450		West Khasi Hills	1
451	Mizoram	Aizawl	5
452		Champhai	1
453		Hnahthial	3
454		Khawzawl	1
455		Kolasib	1
456		Lunglei	1
457		Mamit	1
458		Saitual	1
459		Serchhip	2
460	Nagaland	Mon	4
461		Chumoukedima	1
462		Dimapur	2
463		Kiphire	2
464		Kohima	2
465		Longleng	1
466		Mokokchung	2
467		Niuland	1
468		Peren	1

469		Phek	2
470		Shamator	1
471		Tuensang	1
472		Wokha	1
473		Zunheboto	1
474	Odisha	Anugul	16
475		Balangir	14
476		Baleshwar	75
477		Bargarh	22
478		Bhadrak	32
479		Boudh	4
480		Cuttack	142
481		Deogarh	2
482		Dhenkanal	27
483		Gajapati	2
484		Ganjam	69
485		Jagatsinghapur	44
486		Jajapur	51
487		Jharsuguda	9
488		Kalahandi	4
489		Kandhamal	3
490		Kendrapara	41
491		Kendujhar	15
492		Khordha	109
493		Koraput	3
494		Malkangiri	2
495		Mayurbhanj	13
496		Nabarangpur	4
497		Nayagarh	13
498		Nuapada	1
499		Puri	34
500		Rayagada	5
501		Sambalpur	19
502		Sonepur	11

503		Sundargarh	17
504	Puducherry	Karaikal	5
505		Puducherry	28
506	Punjab	Amritsar	23
507		Barnala	13
508		Bathinda	45
509		Faridkot	9
510		Fatehgarh Sahib	11
511		Fazilka	11
512		Ferozepur	10
513		Gurdaspur	13
514		Hoshiarpur	17
515		Jalandhar	45
516		Kapurthala	14
517		Ludhiana	107
518		Malerkotla	4
519		Mansa	13
520		Moga	15
521		Pathankot	30
522		Patiala	71
523		Rupnagar	10
524		S.A.S Nagar	28
525		Sangrur	16
526		Shahid Bhagat Singh Nagar	6
527		Sri Muktsar Sahib	16
528		Tarn Taran	5
529	Rajasthan	Ajmer	10
530		Alwar	28
531		Balotra	6
532		Banswara	1
533		Baran	4
534		Barmer	8
535		Beawar	2
536		Bharatpur	8

537		Bhilwara	12
538		Bikaner	9
539		Bundi	4
540		Chittorgarh	8
541		Churu	15
542		Dausa	12
543		Deeg	3
544		Dholpur	4
545		Didwana-Kuchaman	17
546		Dungarpur	3
547		Ganganagar	17
548		Hanumangarh	24
549		Jaipur	203
550		Jaisalmer	3
551		Jalore	13
552		Jhalawar	2
553		Jhunjhunu	28
554		Jodhpur	35
555		Karauli	10
556		Khairthal-Tijara	5
557		Kota	15
558		Kotputli-Behror	10
559		Nagaur	23
560		Pali	9
561		Phalodi	5
562		Pratapgarh	2
563		Rajsamand	6
564		Salumbar	2
565		Sawai Madhopur	13
566		Sikar	24
567		Sirohi	6
568		Tonk	13
569		Udaipur	10
570	Sikkim	Gangtok	4

571		Gyalshing	2
572		Mangan	1
573		Namchi	5
574		Pakyong	3
575	Tamil Nadu	Ariyalur	8
576		Chengalpattu	65
577		Chennai	211
578		Coimbatore	99
579		Cuddalore	37
580		Dharmapuri	26
581		Dindigul	41
582		Erode	52
583		Kallakurichi	13
584		Kancheepuram	26
585		Kanniyakumari	96
586		Karur	20
587		Krishnagiri	25
588		Madurai	79
589		Mayiladuthurai	19
590		Nagapattinam	26
591		Namakkal	26
592		Perambalur	9
593		Pudukkottai	30
594		Ramanathapuram	14
595		Ranipet	17
596		Salem	56
597		Sivaganga	18
598		Tenkasi	21
599		Thanjavur	64
600		The Nilgiris	11
601		Theni	27
602		Thiruvallur	61
603		Thiruvarur	34
604		Thoothukkudi	19

605		Tiruchirappalli	73
606		Tirunelveli	41
607		Tirupathur	11
608		Tiruppur	43
609		Tiruvannamalai	16
610		Vellore	42
611		Viluppuram	15
612		Virudhunagar	24
613	Telangana	Adilabad	11
614		Bhadradi Kothagudem	3
615		Hanumakonda	5
616		Hyderabad	22
617		Jagtial	14
618		Jangaon	8
619		Jayashankar Bhupalapally	2
620		Jogulamba Gadwal	3
621		Kamareddy	1
622		Karimnagar	3
623		Khammam	3
624		Kumuram Bheem Asifabad	4
625		Mahabubabad	3
626		Mahabubnagar	7
627		Mancherial	7
628		Medak	1
629		Medchal Malkajgiri	34
630		Mulugu	3
631		Nagarkurnool	2
632		Nalgonda	2
633		Narayanpet	1
634		Nirmal	4
635		Nizamabad	13
636		Peddapalli	4
637		Rajanna Sircilla	1
638		Ranga Reddy	19

639		Sangareddy	6
640		Siddipet	3
641		Suryapet	3
642		Vikarabad	6
643		Wanaparthy	4
644		Warangal	7
645		Yadadri Bhuvanagiri	3
646	The Dadra and	Dadra And Nagar Haveli	21
647	Nagar Haveli and	Daman	16
648	Daman and Diu	Diu	3
649	Tripura	Dhalai	3
650		Gomati	2
651		Khowai	2
652		North Tripura	4
653		Sepahijala	4
654		South Tripura	4
655		Unakoti	4
656		West Tripura	10
657	Uttar Pradesh	Agra	108
658		Aligarh	55
659		Ambedkar Nagar	30
660		Amethi	27
661		Amroha	27
662		Auraiya	13
663		Ayodhya	44
664		Azamgarh	64
665		Baghpat	25
666		Bahraich	31
667		Ballia	53
668		Balrampur	24
669		Banda	27
670		Barabanki	71
671		Bareilly	60
672		Basti	34

673		Bhadohi	21
674		Bijnor	15
675		Budaun	41
676		Bulandshahr	59
677		Chandauli	35
678		Chitrakoot	14
679		Deoria	136
680		Etah	26
681		Etawah	24
682		Farrukhabad	19
683		Fatehpur	35
684		Firozabad	26
685		Gautam Buddha Nagar	108
686		Ghaziabad	128
687		Ghazipur	58
688		Gonda	41
689		Gorakhpur	165
690		Hamirpur	16
691		Hapur	31
692		Hardoi	56
693		Hathras	17
694		Jalaun	33
695		Jaunpur	32
696		Jhansi	49
697		Kannauj	28
698		Kanpur Dehat	22
699		Kanpur Nagar	111
700		Kasganj	15
701		Kaushambi	13
702		Kheri	80
703		Kushinagar	86
704		Lalitpur	12
705		Lucknow	286
706		Mahoba	13

707		Mahrajganj	74
708		Mainpuri	33
709		Mathura	40
710		Mau	40
711		Meerut	145
712		Mirzapur	26
713		Moradabad	38
714		Muzaffarnagar	69
715		Pilibhit	26
716		Pratapgarh	48
717		Prayagraj	101
718		Rae Bareli	36
719		Rampur	42
720		Saharanpur	103
721		Sambhal	22
722		Sant Kabir Nagar	21
723		Shahjahanpur	42
724		Shamli	22
725		Shravasti	6
726		Siddharthnagar	40
727		Sitapur	76
728		Sonbhadra	29
729		Sultanpur	48
730		Unnao	27
731		Varanasi	107
732	Uttarakhand	Almora	11
733		Bageshwar	5
734		Chamoli	5
735		Champawat	8
736		Dehradun	86
737		Haridwar	69
738		Nainital	61
739		Pauri Garhwal	13
740		Pithoragarh	7

741		Rudra Prayag	4
742		Tehri Garhwal	9
743		Udham Singh Nagar	31
744		Uttarkashi	10
745	West Bengal	Alipurduar	5
746		Bankura	34
747		Birbhum	8
748		Cooch Behar	14
749		Dakshin Dinajpur	2
750		Darjeeling	16
751		Hooghly	98
752		Howrah	94
753		Jalpaiguri	16
754		Jhargram	3
755		Kalimpong	1
756		Kolkata	118
757		Malda	12
758		Murshidabad	15
759		Nadia	22
760		North 24 Parganas	176
761		Paschim Bardhaman	49
762		Paschim Medinipur	33
763		Purba Bardhaman	40
764		Purba Medinipur	35
765		Purulia	10
766		South 24 Parganas	51
767		Uttar Dinajpur	6
Total			17,990

POSTING POLICY IN AUTONOMOUS BODIES

2525. DR. DHARAMVIRA GANDHI:

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

- (a) the total number of representations received during the last five years from Employee Associations, Unions, MPs and Ministers seeking a uniform spousal transfer/posting policy in various autonomous bodies under the Ministry such as AIIMS, PGIMER, JIPMER, NIMHANS, RIMS, NEIGRIHMS etc.;
- (b) whether some of these institutions have rejected such requests citing absence of specific provision in their Acts/Rules/Bye-laws, despite implementing common recruitment rules not mentioned in the Acts, if so, the details thereof;
- (c) whether the Acts/Rules of these bodies provide that Government of India rules/guidelines shall apply in matters not covered by them and if so, the reasons for not applying DoPT's spousal posting guidelines (O.M. dated 30.09.2009 & subsequent clarifications);
- (d) if so, the details thereof including the action taken by the Government;
- (e) whether DoPT was consulted in this regard, if so, the details of the outcome and if not, the reasons therefor; and
- (f) whether uniform guidelines in this regard are likely to be proposed, if so, the details thereof?

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

(a) to (f): References/representations have been received in the Ministry regarding transfer of employees from one Autonomous Institute to another on spouse ground, including All India Institute of Medical Sciences (AIIMS), Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Postgraduate Institute of Medical Education and Research (PGIMER), National Institute of Mental Health and Neurosciences (NIMHANS), North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIMS) and Regional Institute of Medical Sciences (RIMS), Imphal. All Autonomous Institutes are separate entities and there is no provision to transfer employees from one Autonomous Institute to another.

कांगड़ा में टीबी-मुक्त ग्राम पंचायतें

2526. डॉ. राजीव भारद्वाज:

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

(क) क्या कांगड़ा जिले के बैजनाथ उप-मंडल में किसी ग्राम पंचायत को 'टी.बी. मुक्त भारत अभियान' के तहत टी.बी. मुक्त घोषित किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसी ग्राम पंचायतों के नाम क्या हैं, और

(ख) सरकार द्वारा उक्त कार्यक्रम के अंतर्गत किसी क्षेत्र को टी.बी. मुक्त घोषित करने के लिए अपनाए गए मानदंड क्या हैं?

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

(क) और (ख): टीबी मुक्त भारत अभियान (राष्ट्रीय टीबी उन्मूलन कार्यक्रम) के अंतर्गत, टीबी मुक्त पंचायत पहल 2023 से लागू की गई है। हिमाचल प्रदेश के कांगड़ा जिले के बैजनाथ उपमंडल में, वर्ष 2023 और वर्ष 2024 में टीबी मुक्त प्रमाणित ग्राम पंचायतें निम्नलिखित हैं:

वर्ष	ग्राम पंचायतों के नाम
2023	माधोनगर, कुकेना
2024	अवेरी, टिक्करी डुहकी, बंदियन, दरमन, देओल, धनाग, गुनेहड़, केओरी, नरघोर, पंजाला और सकडी

इस कार्यक्रम के अंतर्गत टीबी मुक्त ग्राम पंचायत के प्रमाणीकरण के लिए अपनाए गए मानदंड निम्नलिखित हैं:

- (i) प्रति 1000 जनसंख्या पर संभावित टीबी जांचों की संख्या
- (ii) प्रति 1000 जनसंख्या पर टीबी की अधिसूचना दर
- (iii) उपचार सफलता दर
- (iv) औषधि सुग्राह्यता परीक्षण दर
- (v) निक्षय पोषण योजना के तहत किए गए भुगतान
- (vi) निक्षय मित्र पहल के तहत टीबी रोगियों को पोषण संबंधी सहायता प्रदान करना

फसलों के लिए रासायनिक उर्वरक

2527. श्री बृजेन्द्र सिंह ओला:

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

(क) क्या देश में फसलों के लिए आवश्यक रासायनिक उर्वरकों की मांग लगातार बढ़ रही है और यदि हां, तो विगत पांच वर्षों और वर्तमान वर्ष के दौरान अब तक यूरिया, डीएपी और अन्य उर्वरकों का

उर्वरक-वार और वर्ष-वार कुल घरेलू उत्पादन कितना है;

(ख) उक्त अवधि के दौरान कुल मांग की तुलना में विदेश से आयातित उक्त उर्वरकों की उर्वरक-वार, देश-वार और वर्ष-वार मात्रा कितनी है; और

(ग) क्या आयात पर अत्यधिक निर्भरता उर्वरकों की उपलब्धता, समय पर आपूर्ति और राजसहायता के बोझ को प्रतिकूल रूप से प्रभावित कर रही है और यदि हां, तो सरकार द्वारा वर्तमान फसल सीजन के दौरान घरेलू उत्पादन बढ़ाने, आत्मनिर्भरता सुनिश्चित करने और किसानों को समय पर पर्याप्त उर्वरक उपलब्ध कराने के लिए क्या ठोस कदम उठाए जा रहे हैं?

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

(क): पिछले पांच वर्षों अर्थात् 2020-21, 2021-22, 2022-23, 2023-24, 2024-25 और वर्तमान वर्ष 2025-26 (08.02.2026 तक) के दौरान देश भर में उर्वरकों अर्थात् यूरिया, डीएपी, एमओपी और एनपीकेएस की समग्र मांग, आवश्यकता और बिक्री का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

इसके अलावा, यूरिया, डीएपी और अन्य उर्वरकों के घरेलू उत्पादन का ब्यौरा निम्नानुसार है:

		उत्पादन (आंकड़ें एलएमटी में)		
वर्ष	यूरिया	एनपीकेएस	डीएपी	एसएसपी
2020-21	246.05	100.54	37.74	49.35
2021-22	250.72	89.67	42.22	53.34
2022-23	284.94	100.40	43.47	56.44
2023-24	314.09	101.85	42.93	44.44
2024-25	306.67	121.05	37.69	52.44
2025-26 (जनवरी, 2026 तक)	251.26	111.22	33.71	48.49

स्रोत: **dbtfert.nic.in** (एनपीकेएस में ए/एस और कॉम्प्लेक्स शामिल हैं)

(ख): वर्ष 2020-21 से 2025-26 तक (जनवरी, 2026 तक) उर्वरक आयातों का देश-वार और वर्ष-

वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग): देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

- (i) प्रत्येक फसल मौसम शुरू होने से पहले, कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- (ii) कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू) द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- (iii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- (iv) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।

यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के

माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान रही 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) वर्ष 2023-24 के दौरान बढ़कर 283.74 एलएमटीपीए हो गई है। इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामतः तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने ब्रह्मपुत्र वैली फर्टिलाइजर कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप, असम के मौजूदा परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है, जिसे असम वैली फर्टिलाइजर एण्ड केमिकल कंपनी लिमिटेड (एवीएफसीसीएल) के नाम से जाना जाएगा।

इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन को आरएसी से अधिक करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति (एनयूपी)-2015 भी अधिसूचित की है। एनयूपी-2015 से यूरिया का उत्पादन वर्ष 2014-15 के दौरान हुए वार्षिक उत्पादन की तुलना में 20-25 एलएमटीपीए बढ़ा है।

उपर्युक्त सभी उपायों से रिकार्ड यूरिया उत्पादन हुआ है, जो वर्ष 2014-15 के दौरान 225 एलएमटी प्रतिवर्ष था वर्ष 2023-24 के दौरान बढ़कर 314.07 एलएमटी हो गया है। वर्ष 2024-25 के

दौरान देश में 306.67 एलएमटी यूरिया का उत्पादन हुआ है।

इसके अतिरिक्त, सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (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-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं।

घरेलू उर्वरक उत्पादन को बढ़ावा देने और उर्वरकों के उत्पादन में देश को आत्मनिर्भर बनाने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- (i) उर्वरक विभाग ने एमआरपी की उपयुक्तता सुनिश्चित करने और घरेलू उत्पादन को बढ़ावा देने के लिए दिनांक 18.01.2024 से दिशानिर्देश जारी किए हैं।
- (ii) प्राप्त अनुरोधों के आधार पर, एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता बढ़ाने को अहमियत दी गई है/संज्ञान में लिया गया है।
- (iii) एनबीएस नीति के तहत शामिल किए गए पीएण्डके उर्वरकों की संख्या वर्ष 2021 की 22 ग्रेड से बढ़ाकर वर्तमान में 28 ग्रेड कर दी गई है।
- (iv) मृदा को फॉस्फेटयुक्त अथवा 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी जो स्वदेशी रूप से उत्पादित उर्वरक है, के उपयोग को बढ़ावा देने के लिए एसएसपी पर मालभाड़ा सब्सिडी, खरीफ, 2022 से अनुमोदित की गई है।
- (v) आयातित पोटेश उर्वरकों पर आयात निर्भरता को कम करने के लिए, शीरे से प्राप्त पोटेश (पीडीएम), जो घरेलू रूप से उत्पादित पोटेश उर्वरक है, को रबी, 2021 से एनबीएस स्कीम के तहत शामिल किया गया है।

अखिल भारत

आंकड़े एलएमटी में

आंकड़े एलएमटी में													
क्र.सं.	वर्ष	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री	आवश्यकता	उपलब्धता	बिक्री
1	2025-26 (08.02.26 तक)	351.42	399.07	361.03	105.96	113.28	92.77	23.56	27.33	19.74	145.44	179.26	137.58
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
5	2021-22	356.53	389.68	341.73	123.90	100.49	92.64	37.10	27.06	23.93	122.74	135.74	121.37
6	2020-21	350.64	406.49	350.51	107.76	133.98	119.18	35.51	44.56	34.32	108.00	156.55	125.82

विवरण-II

2020-21 से 2025-26 (जनवरी-2026 तक) के दौरान देश-वार, वर्ष-वार और उर्वरक-वार (यूरिया, डीएपी, एमओपी और एनपीके) आयात																								
<आंकड़ें लाख मी.टन में)																								
देश का नाम	2020-21				2021-22				2022-23				2023-24				2024-25				2025-26 (जनवरी-2026 तक)			
	यूरिया	डीएपी	एमओपी	एनपीके	यूरिया	डीएपी	एमओपी	एनपीके	यूरिया	डीएपी	एमओपी	एनपीके	यूरिया	डीएपी	एमओपी	एनपीके	यूरिया	डीएपी	एमओपी	एनपीके	यूरिया	डीएपी	एमओपी	एनपीके
अल्जीरिया	0.44				1.72				3.07				0.35								1.69	0.26		
ऑस्ट्रेलिया						0.52				1.51								1.82				3.8		
बहरीन	2.14				2.28				1.77				0.94				1.17				1.64			
ब्रुनेई																					1.21			
कनाडा			11.88				3.41				7.2				7.39			0.09	8.83				4.82	
चीन	29.75	11.44		0.57	25.91	18.15			12.8	12.17		0.83	18.65	22.28		0.3	0.99	8.47		0.77	20.93	5.11	0.28	9.61
सीआईएस																								
सीआईएस+बेला रूस			8.12				6.35																	
साइप्रस																								
मिस्र	11.55	0.84			7.43	0.68			2.63				0.92	0.18			0.47	0.44			1.93	0.44		
एस्टोमा																								
एस्टोनिया					0.16				0.09															
फिनलैंड	2.08				1.52				7.69				1.41	0.33							4.22			
जर्मनी			1.81												0.64									
जॉर्जिया					2				1.98								0.44				1.24			
इंडोनेशिया	6.59			1.94	2.33			0.63	1.34			0.27	2.16			2.14	0.97			0.28	6.14			1.21
ईरान																								
इजराइल			3.91				5.22			0.44	6.38				3.08				2.8				2.09	

जॉर्डन		2.19	5.01	0.96		2.07	3.87	0.35		1.65	4.09	0.12		1.74	4.31			2.39	3.01			1.67	1.98	
कुवैत																								
लातविया					1.06																			
लीबिया					0.47															0.42				
लिथुआनिया			4.28				5.21																	
नाइजीरिया					1.69				1.39								2.83				2.68			
मलेशिया	0.88				1.75				1.59				1.42				1.91				3.5			
मेक्सिको						0.61																		
मोरक्को		14.51		0.28		11.6		1.66		17.47				11.13				10.74				17		
ओमान	21.46				15.88				19.6		0.14		19.53				26.13				14.46			
पाकिस्तान																								
कतर	0.93				3.87				5.02				1.7				3.7				7.17			
रूस	0.94	2.84	7.26	8.11	2.8	1.96	0.54	5.72	6.26	9.24	0.85	22.21	15.73	3.41	12.36	17.04	9.23	2.69	18	18.27	12.13	7.55	11.44	20.42
सऊदी-अरब	1.95	16.18		1.77	4.92	18.59		3.08	4.61	21.22		2.7	2.36	16.29		2.69	5.38	19.05		3.4	5.27	23.86		1.99
सेनेगल																					0.06			
साउथ कोरिया				0.27				0.26				1.07												1.37
तुर्की		0.37										0.32									0.41			0.28
तुर्कमेनिस्तान															0.41				2.77				4.2	
द्यूनीशिया						0.44				0.85														
यूएई	8.22				7.95				4.16				5.08				3.25				3.04			
यूक्रेन	10.39				5.89																			
यूएसए		0.45							0.49	1.28				0.31	0.5									
उज़्बेकिस्तान																								
वियतनाम	0.96				1.73				1.31				0.17								1.63			
कुल योग:	98.28	48.82	42.27	13.9	91.36	54.62	24.6	11.7	75.8	65.83	18.66	27.52	70.42	55.67	28.69	#	56.47	45.69	35.41	22.72	89.3	60.16	24.81	34.88

प्राथमिक स्वास्थ्य केंद्रों और सामुदायिक स्वास्थ्य केंद्रों में चिकित्सीय स्टाफ की कमी

2528. श्री राम शिरोमणि वर्मा:

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

(क) क्या सरकार इस बात से अवगत है कि उत्तर प्रदेश के आकांक्षी जिलों, विशेषकर श्रावस्ती और बलरामपुर में प्राथमिक स्वास्थ्य केंद्रों, सामुदायिक स्वास्थ्य केंद्रों और जिला अस्पतालों में डॉक्टरों, नर्सों और अर्ध चिकित्सीय स्टाफ की भारी कमी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार द्वारा इन जिलों में मातृ एवं शिशु स्वास्थ्य सेवाओं, टीकाकरण, पोषण और जलजनित एवं संक्रामक रोगों (जैसे डेंगू, मलेरिया, एन्सेफलाइटिस) की रोकथाम के लिए पर्याप्त स्वास्थ्य सुविधाएं प्रदान की जा रही हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या देश में अनुसूचित जातियों/अनुसूचित जनजातियों और बाढ़ प्रभावित तथा वन सीमावर्ती क्षेत्रों में रहने वाली गरीब आबादी को समय पर उपचार प्रदान करने के लिए मोबाइल चिकित्सा इकाइयों, टेलीमेडिसिन और एम्बुलेंस सेवाओं को सुदृढ़ किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार का देश के आकांक्षी और दूरस्थ जिलों में स्वास्थ्य अवसंरचना को सुदृढ़ करने, नए अस्पताल/अभिघात केंद्र स्थापित करने और मानव संसाधनों की कमी को दूर करने के लिए कोई विशेष योजना लागू करने का विचार है; और

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

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

(क) और (ख): स्वास्थ्य राज्य का विषय है, इसलिए, स्वास्थ्य सुविधाओं में सुधार की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, उत्तर प्रदेश के आकांक्षी जिलों, विशेषकर श्रावस्ती और बलरामपुर में प्राथमिक स्वास्थ्य

केंद्रों, सामुदायिक स्वास्थ्य केंद्रों और जिला अस्पतालों में डॉक्टरों, नर्सों और पैरा-मेडिकल कार्मिकों की कोई कमी नहीं है। हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई) 2022-23 के अनुसार, देश भर के सभी राज्यों/संघ राज्य क्षेत्रों के ग्रामीण/शहरी क्षेत्रों में उपलब्ध संसाधनों के साथ कार्यशील स्वास्थ्य सुविधा केन्द्रों का विवरण निम्नलिखित लिंक से प्राप्त किया जा सकता है:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%20202223_RE%20%281%29.pdf

इसके अतिरिक्त, केंद्र सरकार ने लोगों को गुणवत्तापूर्ण और किफ़ायती स्वास्थ्य परिचर्या सेवाएं प्रदान करने के लिए कई पहलों के माध्यम से राज्य के प्रयासों में मदद की हैं। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, सरकार ने चार मिशन मोड प्रोजेक्ट नामतः, पीएम-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम), आयुष्मान आरोग्यता केन्द्र मंदिर पूर्ववर्ती आयुष्मान भारत स्वास्थ्य केंद्र और आरोग्य मंदिर (एबी-एचडब्ल्यूसी), प्रधानमंत्री जन आरोग्य योजना (पीएमजेवाई) और आयुष्मान भारत डिजिटल मिशन (एबीडीएम) शुरू किए हैं जिनका उद्देश्य जन स्वास्थ्य सुविधा केन्द्रों में आने वाले सभी लोगों को सुगम, किफ़ायती और गुणवत्तापूर्ण स्वास्थ्य परिचर्या प्रदान करना है। इसके अलावा, भारत सरकार ने जननी सुरक्षा योजना (जेएसवाई), जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके), प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए) आदि के माध्यम से देश भर में मातृ स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए कई कदम उठाए हैं। मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच+एन) भी कार्यान्वित करता है, जिसमें आकांक्षी जिलों सहित देश भर में किशोरियों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और 5 वर्ष से कम आयु के बच्चों में पोषण संबंधी समस्याओं को दूर करने के लिए पहले शामिल हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय के अधीन राष्ट्रीय वेक्टर जनित रोग नियंत्रण केंद्र (एनसीवीबीडीसी) मलेरिया, जापानी इंसेफेलाइटिस, डेंगू, चिकनगुनिया, काला-जार और

लिम्फेटिक फाइलेरियासिस नामक वेक्टर जनित रोगों की रोकथाम और नियंत्रण के लिए एक व्यापक कार्यक्रम, अर्थात् राष्ट्रीय वेक्टर जनित रोग नियंत्रण कार्यक्रम (एनवीबीडीसीपी) का संचालन करता है।

उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, पूरे राज्य में मलेरिया, डेंगू, चिकनगुनिया, एड्स/जेई, और पानी से होने वाली दूसरी बीमारियों की लगातार मॉनिटरिंग के लिए यूडीएसपी पोर्टल का उपयोग किया जाता है। इसके अतिरिक्त, डेंगू, चिकनगुनिया, और एड्स/जेई जैसी वेक्टर-जनित और महामारी संभावित बीमारियों पर प्रभावकारी नियंत्रण सुनिश्चित करने के लिए, 12 विभागों के समन्वित प्रयासों से लक्ष्य आधारित पहलें की जा रही हैं।

(ग): केंद्र सरकार देश के बाढ़ प्रभावित और जंगल से सटे इलाकों में रहने वाली अनुसूचित जातियों/अनुसूचित जनजातियों और गरीब आबादी समेत सभी लोगों को मोबाइल मेडिकल यूनिट्स (एमएमयू), एम्बुलेंस और टेलीमेडिसिन के माध्यम से स्वास्थ्य परिचर्या सेवाओं के लिए सहायता प्रदान कर रही है। एमएमयू मोबाइल क्लिनिक की तरह काम करते हैं, जो उन क्षेत्रों में रोकथाम, प्रोत्साहनपूर्ण और उपचारात्मक स्वास्थ्य परिचर्या प्रदान करते हैं जहाँ अस्पताल या स्वास्थ्य केंद्र तक सुगम पहुंच की कमी है। एनएचएम एमआईएस सितंबर 2025 के अनुसार, उत्तर प्रदेश में 170 एमएमयू हैं। एनएचएम राज्यों/संघ राज्य क्षेत्रों को आपातकालीन चिकित्सा सेवा के लिए एक कार्यशील राष्ट्रीय एम्बुलेंस सेवा (एनएस) नेटवर्क के माध्यम से तकनीकी और वित्तीय सहायता प्रदान करता है, जो एक टोल-फ्री नंबर 108/102 से जुड़ा है। एनएचएम मानदंडों के अनुसार, प्रति 100,000 आबादी पर एक एम्बुलेंस (बीएलएस) और प्रति 500,000 आबादी पर एक एएलएस प्रदान की जाती है। एनएचएम एमआईएस सितंबर 2025 के अनुसार, उत्तर प्रदेश राज्य में 375 एएलएस, 4470 बीएलएस हैं।

ई-संजीवनी को एक समावेशी और सुलभ प्लैटफॉर्म के रूप में डिजाइन किया गया है, जो सभी को निःशुल्क टेलीकंसल्टेशन सेवाएं प्रदान करता है। जबकि यह प्लैटफॉर्म रोगियों की सामाजिक-आर्थिक स्थिति को रिकॉर्ड नहीं करता है, तथापि इसे बड़े पैमाने पर अपनाया जाना,

विशेषकर ग्रामीण और अल्पसेवित क्षेत्रों में, यह दर्शाता है कि कई ज़रूरतमंद लोगों को बिना किसी वित्तीय बाधाओं के आवश्यक स्वास्थ्य परिचर्या सेवाएं प्राप्त हुई हैं।

(घ) और (ङ): चूंकि, जन स्वास्थ्य और अस्पताल राज्य का विषय है, अतः डॉक्टरों, नर्सों और पैरा-मेडिकल कार्मिकों के रिक्त पदों सहित स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की ज़िम्मेदारी संबंधित राज्य/संघ राज्य सरकारों की है। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय, राज्यों/ संघ राज्य क्षेत्रों को उनकी आवश्यकता के अनुसार उनके समग्र संसाधन दायरे के भीतर राज्यों/ संघ राज्य क्षेत्रों द्वारा प्रस्तुत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के आधार पर उनकी स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान करता है। पिछले तीन वर्षों के दौरान, सभी राज्यों/ संघ राज्य क्षेत्रों में विशेषकर आकांक्षी/जनजातीय क्षेत्रों में शुरू किए गए या चल रहे स्वास्थ्य सुविधा केन्द्रों का विवरण मंत्रालय की वेबसाइट पर आरओपी से संबंधित निम्नलिखित लिंक की सहायता से वर्ष-वार देखा जा सकता है, जिसमें इस संबंध में संबद्ध डाटा है:

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

SHORTAGE OF NURSING MANPOWER IN MAHARASHTRA

2529. SHRI BHASKAR MURLIDHAR BHAGARE:

SHRI SANJAY DINA PATIL:

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

- (a) whether the Government has assessed the acute shortage of nursing manpower in Maharashtra and if so, the details thereof;
- (b) the total number of functional Schools and Colleges of Nursing in the State along with their sanctioned intake capacity and district-wise distribution and

location-wise;

- (c) the number of new Colleges of Nursing approved in Maharashtra under scheme for establishing such colleges in co-location with existing Medical Colleges, names and locations-wise;
- (d) the number of projects sanctioned for upgradation of existing Schools of Nursing into Colleges of Nursing and the present status of their implementation in the State of Maharashtra;
- (e) the details of the funds allocated, released and utilised under the above schemes in Maharashtra during the last five years;
- (f) whether any proposals are pending under the said schemes from Maharashtra; and
- (g) if so, the details thereof along with the timelines fixed for their approval, in view of the growing requirement of trained nurses in the State?

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

(a) and (b): As per the Indian Nursing Council, there are around 42.94 lakh nursing personnel registered in the country. Assuming 80% nursing personnel are active in the country, it is estimated that around 34.35 lakh nursing personnel are available for active services. There are around 2.63 lakh nursing personal registered in the State of Maharashtra. Districts wise details of the total number of functional Schools and Colleges of Nursing in the State along with their sanctioned intake capacity is given in the enclosed **Statement-I**.

(c) to (g): The Government has approved a Centrally Sponsored Scheme “Augmenting Nursing Education– Establishment of new Colleges of Nursing (CoN) in co-location with Medical Colleges” to establish new nursing colleges for the period from 2023-24 to 2026-27. These new nursing colleges are being established in co-location with the existing medical colleges established since 2014. Under this scheme, the establishment of six (06) Colleges of Nursing has been approved in the districts of Gondia, Nandurbar, Yavatmal, Chandrapur, Jalgaon, and Sindhudurg.

Further, the Ministry of Health And Family Welfare also administers a Central Sector Scheme titled “Development of Nursing Services”, which provides for the upgradation of existing Schools of Nursing into Colleges of Nursing. As per the scheme guidelines, an amount of ₹7 crore is released to each School of Nursing for such upgradation. During the last five years, an amount of ₹21.30 crore has been released under the said scheme to Schools of Nursing in Maharashtra for their upgradation into Colleges of Nursing. The details of funds released under both the schemes are given in the enclosed **Statement-II.**

STATEMENT-I

Districts wise details of the total number of functional Schools and Colleges of Nursing in the State along with their sanctioned intake capacity as on 31.10.2025.

States	GNM		B.Sc(N)	
	Institutions	Seats	Institutions	Seats
Ahmednagar	23	845	8	430
Akola	8	200	2	80

Amravati	3	80	0	0
Aurangabad	8	280	9	470
Beed	16	430	3	120
Bhandara	4	100	1	30
Buldana	3	60	5	190
Chandrapur	5	120	1	40
Dhule	3	80	1	50
Gadchiroli	2	50	0	0
Gondiya	3	60	1	30
Hingoli	1	20	0	0
Jalgaon	3	160	1	100
Jalna	6	140	2	90
Kolhapur	9	270	3	140
Latur	16	365	4	150
Mumbai	12	585	10	400
Nagpur	7	384	7	470
Nanded	5	140	1	40
Nandurbar	3	80	0	0
Nashik	19	670	7	330
Osmanabad	5	130	1	40
Palghar	1	40	0	0
Parbhani	6	150	2	100
Pune	23	750	14	765
Raigarh	2	80	3	190
Ratnagiri	6	210	3	150
Sangli	9	270	4	250
Satara	7	230	2	190
Sindhudurga	4	150	2	80
Solapur	9	200	3	110
Thane	11	255	5	250
Wardha	5	240	3	240
Washim	3	100	1	40
Yavatmal	4	120	1	40

STATEMENT-II

**Details of funds released under Centrally Sponsored Scheme
“Augmenting Nursing Education– Establishment of new Colleges of
Nursing (CoN) in co-location with Medical Colleges”**

Amount in crores

S.No.	Name of District	Funds allocated (Central Share)	Funds released (first installment)	Year of release
1.	Gondia	6.00	3.00	2024-25
2.	Nandurbar	6.00	2.00	2024-25
3.	Yavatmal	6.00	3.00	2025-26
4.	Chandrapur	6.00	3.00	2025-26
5.	Jalgaon	6.00	3.00	2025-26
6.	Sindhudurg	6.00	3.00	2025-26

**The details of funds released under the Central Sector Scheme of
Development of Nursing Services are as below:**

S. No.	Name of Institute	Funds released (Rs. in acutals)	Year of release
1	School of Nursing Sh. CSM Gen. Hosp. Solapur	3,00,00,000/-	2024-25
2	Vilashrao Deshmukh Govt. Med. College and Hospital, Latur	2,71,34,000/-	2024-25
3	Training College of Nursing & RCSM Govt. Med. College & Chatrapati Pramila Raje Ganesh Hospital, Kolhapur	2,71,34,000/-	2024-25
4	Training College of Nursing Gokuldas Tejpal Hospital, Mumbai	1,23,18,000/-	2024-25
5	School of Nursing at Training	2,24,00,000/-	2025-26

	College of Nursing PVP, Govt. Hospital, Sangli		
6	School of Nursing at Training School of Nursing Govt. Medical College & Hospital, Akola	3,25,00,000/-	2025-26
7	School of Nursing at Training College of Nursing Swami Ramanand Teerth Govt. Medical College and Hospital Ambajogai District.	3,25,00,000/-	2025-26
8	School of Nursing, Shri Bhausaheb Hire Government Medical College & Sarvopchar Rugnalaya Dhule Maharashtra	2,90,00,000/-	2025-26
Total		21,29,86,000/-	

राजस्थान में एम्बुलेंस सेवाएं

2530. श्री कुलदीप इंदौरा:

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

- (क) क्या सरकार इस बात से अवगत है कि राजस्थान में पीपीपी मोड पर संचालित 108 एम्बुलेंस सेवाओं में कार्यरत ईएमटी और ड्राइवर 24 घंटे की जीवन रक्षक ड्यूटी के बावजूद मात्र 10,000-14,000 रुपये के मामूली वेतन पर काम कर रहे हैं और उनकी सेवा, सुरक्षा और पदोन्नति के लिए कोई स्पष्ट व्यवस्था मौजूद नहीं है;
- (ख) क्या सरकार इन कर्मचारियों का न्यूनतम मासिक वेतन 20,000 रुपये निर्धारित करने और उनकी सेवा अवधि के अनुसार पदोन्नति और वेतन वृद्धि प्रणाली लागू करने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या केंद्र सरकार इन सेवाओं को किसी तीसरे पक्ष के बजाय सीधे राज्य सरकार के नियंत्रण में लाने या उन्हें स्वास्थ्य विभाग/आरएलएसडीसी की स्थायी संरचना में शामिल करने पर

विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है, और
(घ) सरकार द्वारा पीपीपी मोड में पारदर्शिता सुनिश्चित करने के लिए जीवीके-ईएमई के कामकाज के संबंध में सरकारी निगरानी को सुदृढ़ करने हेतु क्या कदम प्रस्तावित हैं?

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

(क) से (घ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों/संघ राज्य क्षेत्रों को आपातकालीन चिकित्सा सेवाओं सहित स्वास्थ्य सुविधाओं के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। यह सहायता एक कार्यात्मक राष्ट्रीय एम्बुलेंस सेवा (एनएसएस) नेटवर्क के माध्यम से प्रदान की जाती है, जो टोल-फ्री नंबर 108/102 से जुड़ा हुआ है। डायल 108 मुख्य रूप से गंभीर रूप से बीमार रोगियों, आघात पीड़ितों और दुर्घटना पीड़ितों आदि की देखभाल के लिए बनाया गया है। डायल 102 सेवाओं में बुनियादी रोगी परिवहन शामिल है, जिसका उद्देश्य गर्भवती महिलाओं, बच्चों और अन्य लोगों की आवश्यकताओं को पूरा करना है। राज्यों को परिचालन व्यय केंद्र सरकार द्वारा कार्यवाही अभिलेख (आरओपी) के माध्यम से प्रदान किया जाता है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, जन स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को आवश्यकता आधारित तकनीकी और वित्तीय सहायता प्रदान की जाती है। यह एक विकेंद्रीकृत योजना प्रक्रिया पर आधारित है, जिसमें राज्य कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्रस्ताव तैयार करके स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) को प्रस्तुत करते हैं। इन प्रस्तावों की समीक्षा और चर्चा राष्ट्रीय कार्यक्रम समन्वय समिति (एनपीसीसी) द्वारा की जाती है और कार्यवाही अभिलेख (आरओपी) के रूप में अनुमोदन प्रदान किए जाते हैं। एनएचएम भारतीय जन स्वास्थ्य मानकों (आईपीएचएस) के अनुसार माध्यमिक और प्राथमिक स्वास्थ्य देखभाल सुविधाओं (जिला अस्पताल और उससे नीचे के स्तर) में मानव संसाधनों की कमी को पूरा करके नियमित मानव संसाधनों की पूर्ति करता है।

एनएचएम के अंतर्गत सभी संविदात्मक मानव संसाधन स्वास्थ्य (एचआरएच) के अनुबंध संबंधित राज्य स्वास्थ्य समितियों (एसएचएस) द्वारा संबंधित राज्यों/संघ राज्य क्षेत्रों की नीतियों और प्रशासनिक ढांचे के अनुसार निष्पादित किए जाते हैं। वार्षिक वेतन वृद्धि के लिए बजट संबंधी आवश्यकता राज्यों/संघ राज्य क्षेत्रों द्वारा अपनी कार्यक्रम कार्यान्वयन योजनाओं में प्रस्तावित की जाती हैं। सैद्धांतिक रूप से, राज्य आरओपी में कार्यरत एनएचएम एचआरएच के वार्षिक वेतनवृद्धि के लिए कुल मानव संसाधन बजट का 5% एकमुश्त राशि के रूप में स्वीकृत किया जाता है।

स्वास्थ्य राज्य का विषय होने के कारण, एम्बुलेंस सेवाओं के कार्यान्वयन, निगरानी और सुदृढ़ीकरण का प्राथमिक उत्तरदायित्व संबंधित राज्य/संघ राज्य क्षेत्र सरकारों का है। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, भारत सरकार आवश्यकता आधारित वित्तीय और तकनीकी सहायता प्रदान करती है, जिसमें दिशानिर्देशों का विकास, सिफारिशें, आवधिक बैठकें, क्षेत्रीय दौरे और समीक्षाएं शामिल हैं, ताकि सेवाओं की गुणवत्ता और पारदर्शिता सुनिश्चित की जा सके।

राजस्थान सरकार द्वारा दी गई जानकारी के अनुसार, राष्ट्रीय स्वास्थ्य मिशन की एम्बुलेंस परियोजना के तहत, एम्बुलेंस सेवाओं का संचालन और प्रबंधन निविदा के माध्यम से चयनित सेवा प्रदाताओं द्वारा संविदा आधार पर किया जाता है। चयनित सेवा प्रदाता को एम्बुलेंस वाहन के संचालन, रखरखाव, मानव संसाधन, ईंधन और दवाओं के लिए एकमुश्त भुगतान किया जाता है। इसके अलावा, राष्ट्रीय स्वास्थ्य मिशन की एम्बुलेंस परियोजना के तहत, 108 एम्बुलेंस सेवा प्रदाता द्वारा संचालित एम्बुलेंस वाहनों के प्रबंधन और संचालन का तृतीय-पक्ष ऑडिट किया जा रहा है। किसी भी उल्लंघन के पाए जाने पर आरएफपी के प्रावधानों के अनुसार जुर्माना लगाया जा रहा है। जिला और ब्लॉक स्तर के अधिकारी मोबाइल ऐप के माध्यम से नियमित निरीक्षण कर रहे हैं और समय-समय पर एम्बुलेंस सेवाओं की निगरानी के लिए विशेष अभियान चला रहे हैं।

माननीय सभापति : सभा की कार्यवाही 12 बजे तक के लिए स्थगित की जाती है ।

... (व्यवधान)

11.05 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs

The Lok Sabha re-assembled at Twelve of the Clock.

(Shrimati Sandhya Ray in the Chair)

माननीय सभापति : माननीय सदस्यगण, माननीय अध्यक्ष को कई माननीय सदस्यों द्वारा कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। माननीय अध्यक्ष ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

12.01 hrs**PAPERS LAID ON THE TABLE**

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे।

आईटम नंबर 3 - श्री धर्मेन्द्र प्रधान।

शिक्षा मंत्री (श्री धर्मेन्द्र प्रधान) : सभापति महोदया, मैं निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ :-

- (1) शिक्षा मंत्रालय की वर्ष 2026-2027 की अनुदानों की विस्तृत मांगें।
- (2) शिक्षा मंत्रालय की वर्ष 2026-2027 की निर्गत परिणामी अनुश्रवण रूपरेखा।

[Placed in Library, See No. LT 6403/18/26]

संस्कृति मंत्री; तथा पर्यटन मंत्री (श्री गजेन्द्र सिंह शेखावत) : सभापति महोदया, मैं संस्कृति मंत्रालय की वर्ष 2026-2027 की अनुदानों की विस्तृत मांगों की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ।

[Placed in Library, See No. LT 6404/18/26]

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी) : सभापति महोदया, मैं महिला और बाल विकास मंत्रालय की वर्ष 2026-2027 की अनुदानों की विस्तृत मांगों (हिन्दी तथा अंग्रेजी संस्करण) की एक प्रति सभा पटल पर रखती हूँ।

[Placed in Library, See No. LT 6405/18/26]

**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):** Madam, I rise to lay on the Table
a copy of the Detailed Demands for Grants (Hindi and English versions) of the
Ministry of Law and Justice for the year 2026-2027.

[Placed in Library, See No. LT 6406/18/26]

**आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री
प्रतापराव गणपतराव जाधव) :** सभापति महोदया, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ :-

- (1) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर के वर्ष 2024-2025 के
वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर के वर्ष 2024-2025 के
कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी
संस्करण)।
- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण
दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6407/18/26]

- (3) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट के वर्ष 2024-2025 के
वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट के वर्ष 2024-2025 के
कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी
संस्करण)।

- (4) उपर्युक्त (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6408/18/26]

- (5) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (6) उपर्युक्त (5) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6409/18/26]

- (7) (एक) जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (जेआईपीएमईआर), पुदुचेरी के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (जेआईपीएमईआर), पुदुचेरी के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (8) उपर्युक्त (7) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6410/18/26]

- (9) (एक) पाश्चर इंस्टीट्यूट ऑफ इंडिया, कुन्नूर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित

लेखे ।

- (दो) पाश्चर इंस्टीट्यूट ऑफ इंडिया, कुन्नूर के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (10) उपर्युक्त (9) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6411/18/26]

- (11) (एक) भारतीय चिकित्सा अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (दो) भारतीय चिकित्सा अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन ।
- (तीन) भारतीय चिकित्सा अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (12) उपर्युक्त (11) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6412/18/26]

- (13) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

- (14) उपर्युक्त (13) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6413/18/26]

- (15) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, कल्याणी के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, कल्याणी के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (16) उपर्युक्त (15) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6414/18/26]

- (17) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (18) उपर्युक्त (17) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6415/18/26]

- (19) (एक) स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान, चंडीगढ़ के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा

लेखापरीक्षित लेखे ।

(दो) स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान, चंडीगढ़ के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

(20) उपर्युक्त (19) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6416/18/26]

(21) (एक) राष्ट्रीय आयुर्वेद संस्थान, जयपुर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।

(दो) राष्ट्रीय आयुर्वेद संस्थान, जयपुर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

(22) उपर्युक्त (21) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6417/18/26]

(23) (एक) आयुर्वेद शिक्षण एवं अनुसंधान संस्थान, जामनगर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।

(दो) आयुर्वेद शिक्षण एवं अनुसंधान संस्थान, जामनगर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

(24) उपर्युक्त (23) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6418/18/26]

- (25) (एक) राष्ट्रीय आयुर्वेद विद्यापीठ (राष्ट्रीय आयुर्वेद अकादमी), नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) राष्ट्रीय आयुर्वेद विद्यापीठ (राष्ट्रीय आयुर्वेद अकादमी), नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (26) उपर्युक्त (25) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6419/18/26]

- (27) (एक) पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच), शिलांग के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान (एनईआईएच), शिलांग के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।
- (28) उपर्युक्त (27) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण) ।

[Placed in Library, See No. LT 6420/18/26]

- (29) (एक) राष्ट्रीय यूनानी चिकित्सा संस्थान, बंगलुरु के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे ।
- (दो) राष्ट्रीय यूनानी चिकित्सा संस्थान, बंगलुरु के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) ।

संस्करण)।

- (30) उपर्युक्त (29) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6421/18/26]

- (31) (एक) अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(दो) अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (32) उपर्युक्त (31) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6422/18/26]

- (33) कंपनी अधिनियम, 2013 की धारा 394 की उप-धारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) :-

(एक) इंडियन मेडिसिन्स फार्मास्युटिकल कॉर्पोरेशन लिमिटेड, अल्मोड़ा के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा।

(दो) इंडियन मेडिसिन्स फार्मास्युटिकल कॉर्पोरेशन लिमिटेड, अल्मोड़ा का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ।

- (34) उपर्युक्त (33) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6423/18/26]

12.02 hrs**STATEMENTS BY MINISTERS**

(i)(a) Status of implementation of recommendations contained in the 148th and 158th Reports of the Standing Committee on Health and Family Welfare on 'Mental Health Care and its Management in Contemporary Times' pertaining to the Ministry of Health and Family Welfare*

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : सभापति महोदया, मैं स्वास्थ्य और परिवार कल्याण मंत्रालय से संबंधित 'समकालीन समय में मानसिक स्वास्थ्य देखभाल और इसका प्रबंधन' के बारे में स्वास्थ्य और परिवार कल्याण संबंधी स्थायी समिति के 148वें और 158वें प्रतिवेदनों में अंतर्विष्ट सिफारिशों के कार्यान्वयन की स्थिति से संबंधित एक वक्तव्य सभा पटल पर रखता हूँ।

(b) Status of implementation of recommendations contained in the 155th and 160th Reports of the Standing Committee on Health and Family Welfare on 'Functioning of Central Government Health Scheme (CGHS)' pertaining to the Ministry of Health and Family Welfare*

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : सभापति महोदया, मैं स्वास्थ्य और परिवार कल्याण मंत्रालय से संबंधित 'केन्द्रीय सरकार स्वास्थ्य योजना (सीजीएचएस) के कार्यक्रम' के बारे में स्वास्थ्य और परिवार कल्याण संबंधी स्थायी समिति के 155 वें और 160वें प्रतिवेदनों में अंतर्विष्ट सिफारिशों के कार्यान्वयन की स्थिति से संबंधित एक वक्तव्य सभा पटल पर रखता हूँ।

* Laid on the Table and also placed in Library, See No. LT 6400/18/26 and 6401/18/26 respectively.

12.02½ hrs

PAPERS LAID ON THE TABLE- Contd.

माननीय सभापति : आईटम नंबर 8 - श्री जितिन प्रसाद ।

THE MINISTER OF STATE IN THE MINISTRY OF COMMERCE AND INDUSTRY; AND MINISTER OF STATE IN THE MINISTRY OF ELECTRONICS AND INFORMATION TECHNOLOGY (SHRI JITIN PRASADA): Madam, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions):-
- (i) Detailed Demands for Grants of the Ministry of Commerce and Industry for the year 2026-2027.
 - (ii) Output Outcome Monitoring Framework of the Department of Commerce, Ministry of Commerce and Industry, for the year 2026-2027.
 - (iii) Output Outcome Monitoring Framework of the Department of Promotion of Industry and Internal Trade, Ministry of Commerce and Industry, for the year 2026-2027.

[Placed in Library, See No. LT 6424/18/26]

- (2) A copy each of the following papers (Hindi and English versions) under sub-section (2) of Section 394 of the Companies Act, 2013:-
- (i) Statement regarding Review by the Government of the working of the Jammu and Kashmir Development Finance Corporation Limited, Jammu, for the year 2024-2025.

- (ii) Annual Report of the Jammu and Kashmir Development Finance Corporation Limited, Jammu, for the year 2024-2025, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.
- (3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library, See No. LT 6425/18/26]

गृह मंत्रालय में राज्य मंत्री (श्री नित्यानन्द राय) : सभापति महोदया, मैं असम राइफल्स अधिनियम, 2006 की धारा 167 के अंतर्गत गृह मंत्रालय, असम राइफल्स, नायब सूबेदार स्टोर कीपर तकनीकी (इलेक्ट्रिकल और मैकेनिकल इंजीनियर्स), समूह 'ख' पद, भर्ती नियम, 2025, जो दिनांक 10 जनवरी, 2026 के भारत के साप्ताहिक राजपत्र में अधिसूचना संख्या सा.का.नि. 213 (अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूं।

[Placed in Library, See No. LT 6426/18/26]

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): Madam, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions): -
- (i) Detailed Demands for Grants of the Ministry of Chemicals and Fertilizers for the year 2026-2027.
- (ii) Output Outcome Monitoring Framework of the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, for the year 2026-2027.

[Placed in Library, See No. LT 6427/18/26]

- (2) A copy each of the following Notifications (Hindi and English versions)

Section 38 of the Drugs and Cosmetics Act, 1940:-

- (i) The New Drugs and Clinical Trials (Second Amendment) Rules, 2026 published in Notification No. G.S.R.50(E) in Gazette of India dated 22nd January, 2026.
- (ii) The New Drugs and Clinical Trials (Amendment) Rules, 2026 published in Notification No. G.S.R.46(E) in Gazette of India dated 20th January, 2026.

[Placed in Library, See No. LT 6428/18/26]

- (3) (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Pharmaceutical Education and Research, Kolkata, for the year 2024-2025, along with Audited Accounts.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the National Institute of Pharmaceutical Education and Research, Kolkata, for the year 2024-2025.
- (4) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (3) above.

[Placed in Library, See No. LT 6429/18/26]

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

Madam, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions): -
- (i) Detailed Demands for Grants of the Ministry of Environment, Forest and Climate Change for the year 2026-2027.
 - (ii) Detailed Demands for Grants of the Ministry of External Affairs for the year 2026-2027.

[Placed in Library, See No. LT 6430/18/26]

- (2) A copy of the delay statement* (Hindi and English versions) showing reasons for delay in laying the Annual Report and Audited Accounts of the Central Pollution Control Board, Delhi for the year 2024-2025.

[Placed in Library, See No. LT 6431/18/26]

- (3) A copy of the Control of Air Pollution (Grant, Refusal or Cancellation of Consent) Amendment Guidelines, 2026 (Hindi and English versions) published in Notification No. G.S.R.62(E) in Gazette of India dated 27th January, 2026, issued under of Section 21A of the Air (Prevention and Control of Pollution) Act, 1981.

[Placed in Library, See No. LT 6432/18/26]

- (4) A copy of the Control of Water Pollution (Grant, Refusal or Cancellation of Consent) Amendment Guidelines, 2026 (Hindi and English versions) published in Notification No. G.S.R.63(E) in Gazette of India dated 27th January, 2026, issued under Section 27A of the Water (Prevention and Control of Pollution) Act, 1974.

[Placed in Library, See No. LT 6433/18/26]

*Annual Report and Audited Accounts were laid on 02nd February, 2026.

(5) A copy each of the following Notifications (Hindi and English versions)
Section 26 of the Environment (Protection) Act, 1986:-

(i) The Greenhouse Gases Emission Intensity Target Rules, 2025 published in Notification No. G.S.R. 739(E) in Gazette of India dated 8th October, 2025.

(ii) The Greenhouse Gases Emission Intensity Target (Amendment) Rules, 2025 published in Notification No. G.S.R. 25(E) in Gazette of India dated 13th January, 2026.

(6) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at item No. (i) of (5) above.

[Placed in Library, See No. LT 6434/18/26]

(7) A copy of the Notification No. G.S.R.569(E) (Hindi and English versions) published in Gazette of India dated 22nd August, 2025, notifying constitution of the Authority to be known as the National Designated Authority for the Implementation of Article 6 of Paris Agreement consisting Chairperson, Members and Members Secretary, mentioned therein, issued under Section 3 of the Environment (Protection) Act, 1986.

(8) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (7) above.

[Placed in Library, See No. LT 6435/18/26]

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR): Madam, I rise to lay on the

Table:-

- (1) A copy of The National Waterways (Construction of Jetties/Terminals) Regulations, 2025 (Hindi and English versions) published in Notification No. F. No. IWT-IWAI-230115(11)/1/2020 in Gazette of India dated 6th March, 2025 under Section 36 of the Inland Waterways Authorities of India Act, 1985.
- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 6436/18/26]

- (3) A copy of the Inland Vessels (Design and Construction) (First Amendment) Rules, 2025 (Hindi and English versions) published in Notification No. G.S.R. 882(E) in Gazette of India dated 3rd December, 2025 under Section 113 of the Inland Vessels Act, 2021.
- (4) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (3) above.

[Placed in Library, See No. LT 6437/18/26]

- (5)
 - (i) A copy of the Annual Administration Report (Hindi and English versions) of the Visakhapatnam Port Authority, Visakhapatnam, 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 Visakhapatnam Port Authority, Visakhapatnam, for the year 2024-2025.

(iii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Visakhapatnam Port Authority, Visakhapatnam, for the year 2024-2025.

(6) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (5) above.

[Placed in Library, See No. LT 6438/18/26]

THE MINISTER OF STATE IN THE MINISTRY OF INFORMATION AND BROADCASTING; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (DR. L. MURUGAN): Madam, I rise to lay on the Table a copy of the Output Outcome Monitoring Framework (Hindi and English versions) of the Ministry of Information and Broadcasting for the year 2026-2027.

[Placed in Library, See No. LT 6439/18/26]

THE MINISTER OF STATE IN THE MINISTRY OF EDUCATION; AND MINISTER OF STATE IN THE MINISTRY OF DEVELOPMENT OF NORTH EASTERN REGION (DR. SUKANTA MAJUMDAR): Madam, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-
- (i) Review by the Government of the working of the North Eastern Regional Agricultural Marketing Corporation Limited, Guwahati,

for the year 2023-2024.

- (ii) Annual Report of the North Eastern Regional Agricultural Marketing Corporation Limited, Guwahati, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.
- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 6440/18/26]

- (3) A copy of the Delhi University (Amendment) Statutes, 2023 (Hindi and English versions) published in Notification No. F.No. 4-1/2023-CU.II in Gazette of India dated 19th October, 2023, under sub-section (5) of Section 32 of the Delhi University Act, 1922.
- (4) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (3) above.

[Placed in Library, See No. LT 6441/18/26]

- (5) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Institute of Science Education and Research, Pune, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Indian Institute of Science Education and Research, Pune, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Institute of Science

Education and Research, Pune, for the year 2024-2025.

- (6) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (5) above.

[Placed in Library, See No. LT 6442/18/26]

- (7) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Institute of Information Technology Allahabad, Prayagraj, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Indian Institute of Information Technology, Allahabad, Prayagraj, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Institute of Information Technology, Allahabad, Prayagraj, for the year 2024-2025.

- (8) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (7) above.

[Placed in Library, See No. LT 6443/18/26]

- (9) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Institute of Information Technology, Pune, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Indian Institute of Information Technology, Pune, for the year 2024-2025, together with Audit Report thereon.

- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Institute of Information Technology, Pune, for the year 2024-2025.
- (10) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (9) above.

[Placed in Library, See No. LT 6444/18/26]

- (11) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Institute of Information Technology, Senapati, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Indian Institute of Information Technology, Senapati, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Institute of Information Technology, Senapati, for the year 2024-2025.
- (12) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (11) above.

[Placed in Library, See No. LT 6445/18/26]

- (13) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Institute of Science Education and Research, Berhampur, for the year 2024-2025, alongwith Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Institute of Science

Education and Research, Berhampur, for the year 2024-2025.

- (14) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (13) above.

[Placed in Library, See No. LT 6446/18/26]

- (15) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Institute of Science, Bengaluru, for the year 2024-2025, alongwith Audited Accounts.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Indian Institute of Science, Bengaluru, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Institute of Science, Bengaluru, for the year 2024-2025.
- (16) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (15) above.

[Placed in Library, See No. LT 6447/18/26]

**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):** Madam, on behalf of Shri Pabitra Margherita, I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions):-
- (i) Detailed Demands for Grants of the Ministry of Textiles for the

year 2026-2027.

- (ii) Output Outcome Monitoring Framework of the Ministry of Textiles for the year 2026-2027.

[Placed in Library, See No. LT 6448/18/26]

- (2) (i) A copy of the Annual Report (Hindi and English versions) of the Carpet Export Promotion Council, New Delhi, for the year 2024-2025, alongwith Audited Accounts.
 - (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Carpet Export Promotion Council, New Delhi, for the year 2024-2025.
- (3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library, See No. LT 6449/18/26]

- (4) (i) A copy of the Annual Report (Hindi and English versions) of the Handloom Export Promotion Council, Chennai, 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 Handloom Export Promotion Council, Chennai, for the year 2024-2025.
- (5) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (4) above.

[Placed in Library, See No. LT 6450/18/26]

12.06 hrs

MESSAGE FROM RAJYA SABHA

SECRETARY GENERAL: Madam, I have to report the following message received from the Secretary General of Rajya Sabha:-

“In accordance with the provisions of rule 127 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on the 12th February, 2026 agreed without any amendment to the Industrial Relations Code (Amendment) Bill, 2026 which was passed by the Lok Sabha at its sitting held on the 12th February, 2026.”

12.06½ hrs

STANDING COMMITTEE ON TRANSPORT, TOURISM AND CULTURE

386th Report

SHRI TAPIR GAO (ARUNACHAL EAST): Madam, I rise to lay the 386th Report (Hindi and English versions) of the Standing Committee on Transport, Tourism and Culture on “Holistic Development of India’s Tourism Sector through Formal Skill Development, University-Level Courses and Professional Training for Guides, Hospitality and Eco-Tourism”.

माननीय सभापति: आइटम नंबर 17.

माननीय मंत्री श्री प्रतापराव जाधव जी आइटम नंबर 17 को आइटम नंबर 7 के साथ ले कर चुके हैं।

12.07 hrs

MATTERS UNDER RULE 377*

माननीय सभापति : माननीय सदस्यगण, जिन्हें आज नियम 377 के अधीन मामले उठाने की अनुमति दी गयी है, वे व्यक्तिगत रूप से 20 मिनट के भीतर मामले का अनुमोदित पाठ सभा पटल पर प्रस्तुत कर सकते हैं।

(i) Regarding delay in regularisation of unauthorised colonies and implementation of land pooling and GDA policy in Delhi

श्री रामवीर सिंह बिधूड़ी (दक्षिण दिल्ली) : मैं केंद्रीय आवासन एवं शहरी कार्य मंत्री महोदय का ध्यान उन समस्याओं की ओर आकर्षित करना चाहता हूं जो वर्षों से पेंडिंग चल रही हैं। दिल्ली की अनधिकृत कॉलोनियों के लोगों को मालिकाना अधिकार तो दे दिए गए लेकिन ले आउट प्लान अभी तक नहीं बनाए गए। इससे कॉलोनियों को नियमित करने में देरी हो रही है। दिल्ली में अनधिकृत कॉलोनियों, पुरानी बस्तियों को 2006 में स्पेशल प्रावधान दिया गया था, बिल्डिंग बायलॉज बनाकर इन्हें सीलिंग और डेमोलिशन के खतरे से बचाना था। सरकार पिछले 20 साल से अध्यादेश जारी करके स्पेशल प्रोविजन की अवधि बढ़ाए जा रही है लेकिन अभी तक बिल्डिंग बायलॉज नहीं बनाए गए। इसी तरह दिल्ली की लैंड पूलिंग पॉलिसी और जीडीए पॉलिसी को लागू नहीं किया जा रहा। ऐसा न करने से दिल्ली की जमीन पर बिल्डिंग माफिया के कब्जे हो रहे हैं और वहां लगातार अवैध निर्माण जारी है। किसानों को उनकी जमीन की सही कीमत नहीं मिल पा रही और सरकारी खजाने को भी राजस्व के रूप में करोड़ों रुपए का नुकसान हो रहा है। जिन 69

* Treated as laid on the Table.

कॉलोनीयों को एफ्लुएंट कॉलोनी की सूची में रखा गया है, इन कॉलोनीयों को मालिकाना अधिकार देकर नियमित किया जाए ताकि वहां सभी नागरिक सुविधाएं उपलब्ध कराई जा सकें।

(ii) Need to constitute an Independent Committee to assess and investigate the environmental damage due to illegal river mining in Darjeeling Parliamentary Constituency, West Bengal

SHRI RAJU BISTA (DARJEELING): Darjeeling Lok Sabha Constituency comprises of Darjeeling hills, Terai and Dooars region, a beautiful and naturally gifted region with many rivers. However, these rivers and our environment is being gradually destroyed due to illegal rivers mining operations in rivers like Teesta, Rangeet, Relli, Pala, Balason, Mahananda. The illegal mining operation involves cross-border smuggling links, including to Bangladesh. They use heavy machinery like excavator and JCBs to extract sand, gravel, and stones without environmental clearance, lease, or regulatory oversight. In 2023, three persons (including minors) were killed when a riverbank collapsed during illegal sand-loading in the Balason riverbed. The increasing ferocity of flash floods in our mountain rivers, are also due to these illegal mining operations, that are removing the natural barriers indiscriminately. These illegal operations would not be possible without the involvement of some politicians, administrative and police officials. I am, therefore, requesting the Ministry of Environment, Forest and Climate Change to kindly intervene and constitute an independent committee with involvement of MoEFCC, Central Pollution Control Board officials, National Disaster Management Authority officials, hydrologists, geologists to investigate illegal mining and assess

damage. The MoEFCC should also order recovery of environmental compensation and penalties from violators, including any complicit officials.

(iii) Need for comprehensive and stringent measures including national campaign against food adulteration to safeguard public health in the country

SHRIMATI KAMALJEET SEHRAWAT (WEST DELHI): I would like to bring the attention of the Government towards the alarming rise in cases of food adulteration across the country. Food adulteration is not just a violation of law; it is a direct threat to the health, safety, and lives of our citizens. From milk diluted with harmful chemicals to spices mixed with artificial colors, from edible oils blended with substandard substances to sweets containing toxic dyes—such practices are endangering millions of families every day. Consumption of adulterated food leads to serious health problems such as liver damage, kidney failure, cancer risks, digestive disorders, and weakened immunity. Therefore, I urge the Government to launch a nationwide special drive against food adulteration; increase the frequency of inspections and surprise checks; set up more food testing laboratories at district levels; introduce stricter penalties including cancellation of licenses and higher fines; launch public awareness campaigns so citizens can identify adulterated food; and promote easy-to-use home testing kits for common food items. Ensuring access to safe and pure food is a basic right of every citizen. I request the Government to take immediate and strict measures to eliminate food adulteration and protect public health.

**(iv) Need to ensure transparency in revision of electoral rolls in
West Bengal**

DR. JAYANTA KUMAR ROY (JALPAIGURI): I would like to draw the attention of the Government towards the matter of urgent public importance regarding alleged atrocities and obstruction faced by many people in several parts of West Bengal while proceeding to submit Form 7 applications before Electoral Registration Officers. Form 7 is a lawful provision that allows citizens to object to wrongful or ineligible entries in the electoral roll. However, multiple incidents have been reported where people were threatened, stopped, and even assaulted while going to file these forms. Such acts directly obstruct democratic rights. Further, in many places, ERO offices reportedly refused to accept Form 7 applications without assigning proper written reasons. This is deeply concerning and undermines transparency in electoral roll correction. Denial of access to submit statutory forms and intimidation of political workers create fear and distort the electoral process at the grassroots level. I request that Government take cognizance of the matter so that free, fair, and transparent electoral processes are ensured. Free and fair elections must begin with a fair electoral roll.

**(v) Need for establishment of a marine Finfish Hatchery in Dakshina
Kannada in Karnataka**

CAPTAIN BRIJESH CHOWTA (DAKSHINA KANNADA): I would like to draw the attention of the Government towards the need for establishing a Marine Finfish Hatchery on a 2-acre site in Dakshina Kannada, Karnataka, to address

the critical shortage of quality marine fish seed and to support sustainable mariculture along the west coast. Dakshina Kannada is one of Karnataka's key coastal fisheries districts, supporting thousands of livelihoods dependent on marine resources. While marine capture fisheries in the region have largely stabilised, the expansion of open-sea cage culture and coastal mariculture is constrained by the non-availability of reliable, locally produced marine finfish seed. At present, most seed used along the west coast is sourced from the east coast, resulting in higher costs, transportation stress, biosecurity risks, and inconsistent supply. A detailed project proposal prepared by ICAR - CMFRI, Mangaluru Regional Centre, envisages the establishment of a multi-species marine finfish hatchery with a capacity of 1 - 2 million seeds annually, covering high-value species such as cobia, silver pompano, Indian pompano, and snapper. The hatchery would support marine cage farming, promote entrepreneurship and strengthen the Blue Economy by enhancing fish production without increasing pressure on wild stocks. In this context, I urge the Ministry to consider the establishment of a Marine Finfish Hatchery in Dakshina Kannada.

(vi) Need to enhance the minimum pension to Rs. 5000/- per month under EPS -1995

श्री रुद्र नारायण पाणी (धेन्कानल) : क्या यह कभी सोचा जा सकता है कि आधुनिक भारत में विशेषकर वर्तमान में किसी व्यक्ति को महीने में मात्र ₹ 300 पेंशन राशि मिले। अर्थात् 1 दिन को मात्र 10/- रुपया। सामाजिक सुरक्षा योजना में राज्यों में जो पेंशन दिया जाता है, वह इससे कई गुना अधिक है। अवश्य वर्तमान सरकार आने के बाद 2014 सितंबर से मासिक सर्वनिम्न 1000

रूपया पेंशन किया गया एवं यह इंप्लाइज प्रोविडेंट फंड (EPF) की ओर से दिया जाता है। सर्वनिम्न 1000 रूपया किया जाने के बाद भी कई सारी विसंगतियां लग रही हैं और भी एक गंभीर बात यह है कि किसी भी पेंशन योजना में कोई अगर लाभार्थी हो जाता है, उन्हें सरकार के दूसरे सामाजिक सुरक्षा वाली योजना से लाभ मिलना मुश्किल हो जाता है। अतः मेरा निवेदन है कि जो 16.11.1995 से ई.पी.एस. योजना लागू किया गया है इसके ऊपर गहराई से चिंतन किया जाए एवं पेंशन राशि बढ़ा के सर्वनिम्न 5000 रूपया किया जाए।

**(vii) Need to establish an AIIMS like institute in Malda district,
West Bengal**

श्री खगेन मुर्मु (माल्दहा उत्तर) : मैं सरकार का ध्यान पूर्वी भारत में उन्नत स्वास्थ्य सुविधाओं की अत्यंत आवश्यकता की ओर आकर्षित करना चाहता हूँ, विशेष रूप से पश्चिम बंगाल के मालदा ज़िले में AIIMS-स्तरीय चिकित्सा संस्थान की स्थापना के विषय में। मालदा उत्तर बंगाल का एक प्रमुख केंद्र है, जहाँ की स्वास्थ्य सेवाओं पर पश्चिम बंगाल के कई ज़िलों के साथ-साथ बिहार, झारखंड एवं उत्तर-पूर्व के लाखों लोग निर्भर हैं। इसके बावजूद इस पूरे क्षेत्र में कोई उच्च स्तरीय सुपर-स्पेशलिटी चिकित्सा संस्थान उपलब्ध नहीं है। परिणामस्वरूप गरीब, ग्रामीण और आदिवासी मरीजों को इलाज के लिए कोलकाता या अन्य महानगरों जाना पड़ता है। केंद्र सरकार द्वारा देशभर में नए AIIMS स्थापित कर स्वास्थ्य सेवाओं को मजबूत किया गया है। पश्चिम बंगाल में AIIMS कल्याणी से लाभ मिला है, परंतु उत्तर बंगाल के लिए यह पर्याप्त नहीं है। अतः मैं केंद्र सरकार से मालदा में AIIMS-स्तरीय संस्थान स्थापित करने हेतु शीघ्र सकारात्मक निर्णय लेने का आग्रह करता हूँ।

**(viii) Need to construct Ganga River Barrage in Muzzafarnagar district,
Uttar Pradesh**

श्री अरुण गोविल (मेरठ) : मैं सरकार का ध्यान पश्चिमी उत्तर प्रदेश में गंगा नदी के वैज्ञानिक एवं समेकित जल प्रबंधन की अत्यावश्यक आवश्यकता की ओर आकर्षित करना चाहता हूँ। गंगा नदी

बिजनौर, मुजफ्फरनगर, मेरठ एवं बुलंदशहर जैसे जिलों के लिए पेयजल, सिंचाई एवं कृषि आधारित आजीविका का प्रमुख आधार है, किंतु वर्तमान जल प्रबंधन संरचना क्षेत्रीय आवश्यकताओं के अनुरूप पर्याप्त नहीं है। वर्तमान में गंगा नदी पर केवल हरिद्वार (भीमगोड़ा) एवं बिजनौर में ही बैराज उपलब्ध हैं। मानसून काल में उत्तराखंड एवं पश्चिमी उत्तर प्रदेश में अत्यधिक वर्षा के कारण गंगा नदी में अनियंत्रित जल प्रवाह उत्पन्न होता है, जिससे मुजफ्फरनगर एवं मेरठ के तटीय क्षेत्रों में बार-बार बाढ़ की स्थिति बनती है तथा जान-माल एवं कृषि भूमि को गंभीर क्षति पहुँचती है। यदि हरिद्वार और बिजनौर के मध्य मुजफ्फरनगर जिले में किसी उपयुक्त स्थान पर तकनीकी-आर्थिक सर्वेक्षण कराकर एक अतिरिक्त बैराज का निर्माण किया जाए, तो इससे जल प्रवाह नियंत्रण, बाढ़ प्रबंधन, सिंचाई विस्तार, पेयजल उपलब्धता एवं क्षेत्रीय विकास को प्रभावी रूप से सुदृढ़ किया जा सकता है। अतः मैं सरकार से अनुरोध करता हूँ कि पश्चिमी उत्तर प्रदेश एवं मेरठ के सतत विकास एवं बाढ़ नियंत्रण के हित में इस प्रस्ताव पर शीघ्र विचार किया जाए।

(ix) Need to increase the bed capacity of the sanctioned ESIC Hospital in Chittorgarh Parliamentary Constituency, Rajasthan

श्री चन्द्र प्रकाश जोशी (चित्तौड़गढ़) : मेरे संसदीय क्षेत्र चित्तौड़गढ़ के श्रमिकों एवं उनके परिवारों के लिये कर्मचारी राज्य बीमा निगम के 30 बेड के हॉस्पिटल की स्वीकृति जारी की गयी है। चूंकि चित्तौड़गढ़ एक औद्योगिक नगरी हैं तथा यहाँ पर आस पास में काफी संख्या में सीमेंट, ज़िंक, खनन, मार्बल आदि के उद्योग हैं तथा इनमें हजारों की संख्या में श्रमिक एवं कर्मचारी कार्य करते हैं। यहाँ पर कार्यरत कर्मचारियों, श्रमिकों के अलावा उन पर आश्रित परिजनों के इलाज के लिये यहाँ के काफी दूर जाना पड़ता है। यदि चित्तौड़गढ़ के इस कर्मचारी राज्य बीमा निगम के 30 बेड के हॉस्पिटल को 100 बेड के रूप में बना दिया जाता है तो यहाँ की लाखों की आबादी को इसका लाभ मिल पायेगा। इस संबंध में मेरा सरकार से अनुरोध है कि चित्तौड़गढ़ के लिये कर्मचारी राज्य बीमा निगम के 100 बेड के हॉस्पिटल के लिये स्वीकृति जारी करवाये जाने की कृपा करावे।

(x) Need to strengthen institutional, financial and marketing support to address the issues faced by coffee growers in Kandhamal district, Odisha

SHRI SUKANTA KUMAR PANIGRAHI (KANDHAMAL): I would like to draw the attention of the Government to the plight and potential of coffee growers in Kandhamal district, Odisha. Kandhamal, a tribal-majority district, has begun cultivating coffee as livelihood crop Under Odisha Coffee Mission. At present, Kandhamal contributes significantly to the State's coffee acreage, yet growers face low farm-gate prices, lack of local curing and processing facilities, poor market linkages, branding and Geographical Indication (GI) recognition. Unlike Kandhamal turmeric, which has secured a GI tag, Kandhamal Coffee remains unrecognised and under-supported. Coffee cultivation in Kandhamal can become a sustainable livelihood for thousands of tribal families if properly nurtured. With targeted support, Kandhamal Coffee has the potential to replicate the success of Koraput Coffee and emerge as a district brand with national and export value. I urge the Government to provide price support and procurement mechanisms to stabilise incomes of Kandhamal coffee growers; establish community-level curing and processing units in Kandhamal under central schemes; extend credit, crop insurance, and technical training through NABARD and tribal cooperatives; facilitate branding, organic certification, and GI registration for "Kandhamal Coffee;" and ensure inter-ministerial coordination with the Government of Odisha to implement a time-bound action plan for Kandhamal coffee development.

(xi) Regarding alleged irregularities in Reservation Roster for recruitment to various posts

श्री उम्मेदा राम बेनीवाल (बाड़मेर) : मैं सरकार का ध्यान राजस्थान में भर्ती एवं नियुक्ति प्रक्रियाओं में आरक्षण रोस्टर के क्रियान्वयन में कथित अनियमितताओं की ओर आकर्षित करना चाहता हूँ। विभिन्न अभ्यर्थियों और संगठनों द्वारा यह शिकायत की जा रही है कि रोस्टर रजिस्ट्रों का संधारण निर्धारित संवैधानिक प्रावधानों और दिशानिर्देशों के अनुरूप नहीं किया जा रहा है। यह भी आरोप है कि सामान्य वर्ग के अभ्यर्थियों को आरक्षित श्रेणियों के पदों के विरुद्ध समायोजित किया जा रहा है, जबकि अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्ग, अति पिछड़ा वर्ग के बैकलॉग पद सही रूप से प्रदर्शित नहीं किए जा रहे हैं अथवा रिक्त पड़े हैं। आरक्षण रोस्टर सामाजिक न्याय और समान प्रतिनिधित्व सुनिश्चित करने का एक महत्वपूर्ण संवैधानिक तंत्र है। यदि रोस्टर का संधारण पारदर्शी और नियम सम्मत ढंग से नहीं किया जाता है, तो इससे लाखों युवाओं के अवसर प्रभावित होते हैं तथा भर्ती प्रक्रियाओं के प्रति अविश्वास उत्पन्न होता है। श्रेणीवार रिक्तियों की जानकारी सार्वजनिक न होना तथा सर्वोच्च न्यायालय द्वारा निर्धारित सिद्धांतों के असंगत अनुपालन से अभ्यर्थियों में भ्रम और न्यायालयीन विवाद बढ़ रहे हैं। मैं केंद्र सरकार से आग्रह करता हूँ चयन प्रक्रिया को पूर्ण रूप से सार्वजनिक किया जाए, ताकि किसी भी वर्ग के अभ्यर्थियों के साथ अन्याय न हो। सरकार से अनुरोध है कि कथित अनियमितताओं की उचित जांच करवा कर अभ्यर्थियों को न्याय दिलाएं। धन्यवाद।

(xii) Need for upgradation of infrastructure and healthcare facilities at Primary Health Centres (PHCs) in Solapur, Maharashtra

SUSHRI PRANITI SUSHILKUMAR SHINDE (SOLAPUR): This is to draw the attention of the Hon'ble Minister for Health and Family Welfare to the urgent need for upgradation of infrastructure and healthcare facilities at Primary Health Centres (PHCs) in Solapur, Maharashtra. Several PHCs are operating

from inadequately sized and dilapidated buildings lacking barrier-free access for persons with disabilities, elderly patients, pregnant women and those with limited mobility. Basic amenities such as ramps, handrails, accessible toilets and adequate waiting areas are absent, making healthcare services difficult to access for vulnerable sections. Further, most PHCs lack essential diagnostic facilities such as laboratory testing units, ECG and ultrasound machines. Owing to absence of equipment and trained technicians, rural patients are forced to travel long distances for routine investigations, increasing out-of-pocket expenditure and delaying timely treatment. There is also an acute shortage of trained personnel including laboratory technicians and radiographers. Equipment already supplied remains non-functional due to lack of maintenance mechanisms. The Ministry is requested to conduct a comprehensive assessment of PHCs in Solapur and undertake time-bound upgradation of buildings, diagnostic facilities, deployment of trained technicians and maintenance systems with dedicated funds for annual upkeep.

(xiii) Need for establishment of Central Agricultural University, Indian Veterinary Research Institute and Central Institute of Fisheries Education in Mayiladuthurai district, Tamil Nadu

KUMARI SUDHA R. (MAYILADUTHURAI): Mayiladuthurai district is part of the iconic Cauvery Delta Zone and spans a vital agricultural landscape covering approximately lakhs of hectares. Agriculture remains the backbone of our economy. However, our farmers face recurring vulnerabilities, as seen in the recent Cyclone Ditwah, which submerged 22,151 hectares of paddy fields

in Mayiladuthurai alone, causing widespread crop damage. Alongside agriculture, livestock farming also thrives. Our region also has a significant long coastal stretch. The fishermen community, spread across various coastal villages in Mayiladuthurai, Nagapattinam, and Karaikal, forms a vital economic pillar, yet they face severe hardships. Frequent arrests by the Sri Lankan and other foreign navy have caused immense distress, disrupting livelihoods and instilling fear among families. Additionally, issues like rough sea conditions due to cyclones, and corporate players in sea underscore the need for research-driven solutions. The absence of specialized central institutions in this agrarian and coastal hub is a missed opportunity. Therefore, I urge the Government to set up a Central Agricultural University, ICAR-Indian Veterinary Research Institute and an ICAR-Central Institute of Fisheries Education which would provide cutting-edge education and research in the respective fields, addressing their issues.

(xiv) Need to run direct train service from Mau Railway Station to Delhi, Mumbai, Bengaluru and Tamil Nadu and also run the Lok Manya Tilak Express Train and Mau-Anand Vihar Train service on daily basis

श्री राजीव राय (घोसी) : मैं सरकार के ध्यान में यह लाना चाहता हूँ कि जिला मऊ के निकटवर्ती जिलों से देश के विभिन्न व्यापारिक क्षेत्रों और महानगरों के लिए नई ट्रेन सेवाएँ स्वीकृत कर दी गई हैं, लेकिन यह दुर्भाग्यपूर्ण है कि मऊ रेलवे स्टेशन के व्यावसायिक अद्यतन होने के बावजूद अभी तक मऊ से कोई नई ट्रेन सेवा दिल्ली, मुम्बई, बैंगलोर और तमिलनाडु जैसे विभिन्न व्यापारिक क्षेत्रों और महानगरों के लिए स्वीकृत नहीं की गई है। मैंने अनेक अवसरों पर यहाँ तक कि सदन में भी मऊ की जनता की इस आवश्यक माँग को कई बार उठाया है किन्तु अभी तक इस पर कोई

कार्यवाही नहीं की गई है। मऊ के अधिकांश लोग हैंडलूम एवं पावरलूम के कारोबार से जुड़े हुए हैं। कारोबार के सिलसिले में उन्हें मऊ से दिल्ली, मुम्बई, बेंगलोर और तमिलनाडु जाना पड़ता है लेकिन मऊ से सीधी ट्रेन सेवा उपलब्ध न होने के कारण उन्हें बहुत परेशानी का सामना करना पड़ता है, जिससे उनका व्यवसाय प्रभावित होता है और उन्हें आर्थिक हानि भी होती है। मैं सरकार को अवगत कराना चाहता हूँ कि जिला मऊ के हैंडलूम एवं पावरलूम कारोबारियों का मऊ से कोई सीधी ट्रेन सेवा न होने के कारण उनका संपर्क दिल्ली, मुम्बई, बेंगलोर और तमिलनाडु जैसे बड़े व्यावसायिक क्षेत्रों से बिगड़ता जा रहा है। जिससे कठोर परिश्रम करने के बावजूद उनकी माली हालत बिगड़ती ही जा रही है। अतः मैं सरकार से पुरजोर अपील करता हूँ कि मऊ स्टेशन से दिल्ली, मुम्बई, बेंगलोर और तमिलनाडु जैसे बड़े व्यावसायिक क्षेत्रों के लिए सीधी नई ट्रेन सेवा शीघ्रातिशीघ्र आरम्भ की जाये। साथ ही लोकमान्य तिलक ट्रेन जो मुम्बई तक जाती है, को साप्ताहिक के स्थान पर प्रतिदिन चलाया जाए। इसके अलावा मऊ से आनन्द विहार (दिल्ली) ट्रेन सेवा जो सप्ताह में दो दिन ही चलती है, को मऊ के हैंडलूम एवं पावरलूम के कारोबारियों की समस्या को ध्यान में रखते हुए प्रतिदिन चलाया जाए।

**(xv) Need to establish a Central University in Hamirpur district,
Uttar Pradesh**

श्री अजेन्द्र सिंह लोधी (हमीरपुर) : मैं सरकार का ध्यान उत्तर प्रदेश के बुंदेलखंड क्षेत्र के हमीरपुर-महोबा में केंद्रीय विश्वविद्यालय की स्थापना की अत्यंत आवश्यक माँग की ओर आकर्षित करना चाहता हूँ। यह क्षेत्र शैक्षिक दृष्टि से पिछड़ा है तथा उच्च शिक्षा के पर्याप्त अवसरों के अभाव में यहाँ के विद्यार्थियों को दूर-दराज के शहरों में जाना पड़ता है। केंद्रीय विश्वविद्यालय की स्थापना से क्षेत्र में उच्च शिक्षा, शोध एवं रोजगार के नए अवसर सृजित होंगे तथा बुंदेलखंड के समग्र सामाजिक-आर्थिक विकास को गति मिलेगी। अतः मैं सरकार से आग्रह करता हूँ कि वह हमीरपुर-महोबा में केंद्रीय विश्वविद्यालय की स्थापना के संबंध में शीघ्र आवश्यक निर्णय लेकर कार्यवाही करे।

(xvi) Need to expedite releasing funds pending under VB-G RAM G, Disaster Management, Samagra Shiksha Abhiyaan and Jal Jeevan Mission to West Bengal

SHRIMATI BAG MITALI (ARAMBAG): A strong federal structure rests on cooperation and consensus between the Union and State governments and forms part of the basic structure of our Constitution. However, it is deeply concerning that funds under Centrally Sponsored Schemes are often not released to States in a timely manner. Such delays in disbursement seriously undermine the implementation of welfare programmes and adversely affect citizens across the country. The Union Government has withheld Rs 52,000 crore under VB-G RAM G which has affected over 59 lakh workers in the State. Further, Rs 43,500 crore for cyclones, Rs 19,000 crore for Samagra Shiksha Abhiyaan and over Rs 2,000 crore are due for Jal Jeevan Mission. The total amount due to the State of West Bengal alone amounts over Rs 2 lakh crore. Not releasing the funds of Centrally Sponsored schemes to the West Bengal government is against the very concept of Cooperative Federalism and spirit of our Constitution. Thus, I urge the Government to give West Bengal the respect it deserves by releasing dues pending worth Rs 2 lakh crore.

(xvii) Need for implementation of Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) in Palnadu District of Andhra Pradesh

SHRI LAVU SRIKRISHNA DEVARAYALU (NARASARAOPET): I would like to draw the attention of the Government to an important issue concerning the

implementation of the Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA–JGUA) scheme in Palnadu District of Andhra Pradesh, which has nearly 18,000 Scheduled tribes. As directed by the Secretary, Ministry of Tribal Affairs, in March 2025, tribal habitations having a Scheduled Tribe population of 500 or more and constituting at least fifty per cent of the total population be considered for coverage under this scheme. Pursuant to this direction, the Tribal Welfare Department of Andhra Pradesh conducted a district-level assessment and identified 22 tribal habitations in Palnadu District that fully satisfy the prescribed eligibility criteria but are presently excluded from DA–JGUA. These habitations are home to tribal communities, and their continued exclusion adversely affects access to basic infrastructure, essential services, and livelihood support envisaged under the scheme. I respectfully urge the Hon'ble Minister to approve the inclusion of these eligible habitations at the earliest, so that the objective of equitable, inclusive, and evidence-based tribal development is effectively realised. This timely intervention will ensure fairness and better outcomes for tribal citizens.

(xviii) Regarding CBI investigation into alleged irregularities in recruitment to various posts conducted by RSB

श्री हनुमान बेनीवाल (नागौर) : मैं सरकार का ध्यान राजस्थान में राज्य कर्मचारी चयन बोर्ड में भी के माध्यम से हुई सरकारी भर्तियों में सामने आये अनियमितताओं की तरफ आकर्षित करना चाहूंगा। आरएसएसबी के जरिए विभिन्न विभागों में कर्मचारियों की भर्ती की जाती है। भर्ती परीक्षाओं में प्रश्नों के उत्तर ओ.एम.आर. शीट पर भरे जाते हैं। ओएमआर शीट स्कैनिंग का काम दिल्ली की एक फर्म को दिया गया है जो स्कैनिंग के बाद अभ्यर्थियों के प्राप्तांक की लिस्ट बनाते हैं।

विगत कई वर्षों से फर्म के कर्मचारियों से मिलीभगत करके प्राप्तांकों में कथित छेड़छाड़ की गई। जिस अभ्यर्थी को स्कैनिंग में माइनस 6 अंक मिले उसके अंक बढ़ाकर 259 कर दिए गए। बड़ी धन राशि वसूल कर प्राप्तांक बढ़वाए गए। सुपरवाइजर भर्ती परीक्षा 2018, प्रयोगशाला सहायक भर्ती परीक्षा 2018 और कृषि पर्यवेक्षक भर्ती परीक्षा 2018 में भारी गड़बड़ियां इसका उदाहरण है, जिसमें बोर्ड के कर्मचारियों व ओएमआर शीट स्कैन करने वाली फर्म के लोगों की संलिप्तता पाई गई। इसलिए आरएसएसबी द्वारा विगत दस वर्षों में आयोजित वो भर्तियाँ जिनकी शिकायत किसी भी स्तर पर हुई है उनकी CBI से जांच कराई जाए, ताकि दोषियों को कठोर दंड मिल सके और भविष्य में भर्ती प्रक्रियाओं की पारदर्शिता सुनिश्चित हो सके।

(xix) Regarding alleged illegal fishing activities in Gujarat coast

श्री उमेशभाई बाबूभाई पटेल (दमन और दीव) : मैं केंद्र सरकार का ध्यान समुद्र में विनाशकारी मछली पकड़ने की प्रतिबंधित विधियों के खुलेआम हो रहे उल्लंघन और उसके कारण परंपरागत मछुआरों, समुद्री जैव विविधता तथा भावी पीढ़ियों के आजीविका संकट पर आकर्षित करना चाहता हूँ। सरकार द्वारा LED फिशिंग, पर्स सीन नेट्स, बुल/बोजा ट्रॉलिंग, लाइन फिशिंग, खूटा फिक्स फिशिंग जैसी विधियों को Fishing Regulation Act एवं विभिन्न अधिसूचनाओं के तहत प्रतिबंधित किया गया है। विशेष रूप से गुजरात के नवाबंदर से लेकर मूड द्वारका तक, कुछ असामाजिक तत्वों द्वारा समुद्र के भीतर अवैध रूप से खूटा फिक्स फिशिंग कर समुद्री क्षेत्र पर स्थायी कब्जा कर लिया गया है। परंतु प्रश्न यह है - 1) जब प्रतिबंध है, तो समुद्र में यह अवैध मछली पकड़ना बिना रोक-टोक कैसे चल रहा है ? 2) इस घोर अवैध समुद्री कब्जे को अब तक क्यों नहीं हटाया गया? 3) इसे हटाने के लिए सरकार ने कौन-कौन से ठोस कदम उठाए हैं? और यह कब्जा कब तक पूरी तरह हटाया जाएगा?

12.07½ hrs

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(ii) Status of implementation of recommendations contained in the 3rd Report of the Standing Committee on Petroleum and Natural Gas (2020-21) on action taken by the Government on the recommendations/ observations contained in the 1st Report of the Committee on 'Demands for Grants (2019-20)' pertaining to the Ministry of Petroleum and Natural Gas*

THE MINISTER OF STATE IN THE MINISTRY OF PETROLEUM AND NATURAL GAS; AND MINISTER OF STATE IN THE MINISTRY OF TOURISM (SHRI SURESH GOPI): Madam, I rise to lay a statement regarding the status of implementation of recommendations contained in the 3rd Report of the Standing Committee on Petroleum and Natural Gas (2020-21) on action taken by the Government on the recommendations/observations contained in the 1st Report of the Committee on 'Demands for Grants (2019-20)' pertaining to the Ministry of Petroleum and Natural Gas.

माननीय सभापति : सभा की कार्यवाही सोमवार, दिनांक 09 मार्च, 2026 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

12.08 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, March 9, 2026/ Phalguna 18, 1947 (Saka).*

* Laid on the Table and also placed in Library, See No. LT 6402/18/26

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Published under Rules 379 and 382 of the Rules of Procedure and Conduct of Business
in Lok Sabha (Seventeenth Edition)
