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Agrahayana 21, 1947 (Saka)

LOK SABHA DEBATES

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Sixth Session (Eighteenth Lok Sabha)



(Vol. XI contains Nos.1 to 10)

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LOK SABHA DEBATES

LOK SABHA

Friday, December 12, 2025/ Agrahayana 21, 1947 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

**OBITUARY REFERENCE
AND
THE TRAGIC INCIDENT OF TERRORIST ATTACK ON PARLIAMENT
HOUSE ON 13TH DECEMBER, 2001 AND HOMAGE TO MARTYRS**

माननीय अध्यक्ष : माननीय सदस्यगण, मुझे अत्यंत दुख के साथ आपको लोक सभा के पूर्व अध्यक्ष श्री शिवराज वी. पाटील जी के निधन के बारे में सूचित करना है।

श्री शिवराज वी. पाटील जी महाराष्ट्र के लातूर संसदीय निर्वाचन क्षेत्र से 7वीं से 13वीं लोक सभा तक सात कार्यकाल के लिए लोक सभा के सदस्य रहे।

श्री पाटील जी ने 1990 से 1991 तक लोक सभा के उपाध्यक्ष तथा 1991 से 1996 तक लोक सभा के अध्यक्ष के रूप में अपनी सेवाएं दीं।

लोक सभा अध्यक्ष के रूप में श्री शिवराज वी. पाटील जी का उच्च कोटि की संसदीय मर्यादाओं के निर्माण में महत्वपूर्ण योगदान रहा। उनके नेतृत्व में लोक सभा में संसद में विभागों से संबंधित समितियों (DRSCs) के गठन सहित कई पहल की, जिनसे विधायिका के प्रति कार्यपालिका की जवाबदेही को और मजबूत करने में सहायता मिली। उनके कार्यकाल के दौरान 'उत्कृष्ट सांसद सम्मान' की शुरुआत की गई।

वे वर्ष 2004 से 2010 तक राज्य सभा के सदस्य भी रहे।

श्री पाटील जी ने केंद्र सरकार में गृह मंत्रालय सहित विभिन्न मंत्रालयों का कार्यभार संभाला। उन्होंने अनेक संसदीय समितियों के सभापति तथा सदस्य के रूप में भी अपना कार्य किया।

उन्होंने पंजाब और राजस्थान राज्यों के राज्यपाल एवं चंडीगढ़ के प्रशासक के रूप में भी अपनी सेवाएं दीं।

श्री पाटील जी दो कार्यकाल के लिए महाराष्ट्र विधान सभा के सदस्य रहे। वे महाराष्ट्र विधान सभा के अध्यक्ष और उपाध्यक्ष भी रहे। उन्होंने महाराष्ट्र राज्य के मंत्री परिषद् के सदस्य के रूप में

भी अपनी सेवाएं दीं।

श्री पाटील जी भारतीय संसदीय समूह, अंतर संसदीय संघ के राष्ट्रीय समूह तथा CPA की भारत शाखा के अध्यक्ष भी रहे।

श्री शिवराज वी. पाटील जी का 12 दिसंबर, 2025 को महाराष्ट्र के लातूर में 90 वर्ष की आयु में निधन हो गया है।

यह सभा श्री शिवराज वी. पाटील जी के निधन पर गहरा शोक व्यक्त करती है तथा शोक-संतप्त परिवारों के प्रति अपनी संवेदना व्यक्त करती है।

माननीय सदस्यगण, कल दिनांक 13 दिसंबर को हमारे संसद भवन पर वर्ष 2001 में हुए कायरतापूर्ण हमले के 24 वर्ष पूर्ण हो रहे हैं। इस दिन आतंकवादियों ने हमारे लोकतंत्र के पवित्रतम स्थल भारत की संसद पर हमला किया था।

संसद भवन की सुरक्षा में तैनात हमारे वीर सुरक्षा बलों द्वारा इस हमले को सफलतापूर्वक नाकाम कर दिया गया था। आतंकवादियों के उस हमले का बहादुरी से सामना करते हुए संसद सुरक्षा सेवा, दिल्ली पुलिस और केन्द्रीय रिजर्व पुलिस बल के 8 सुरक्षाकर्मियों ने अपना सर्वोच्च बलिदान दिया था। इस आतंकवादी हमले में CPWD के एक कर्मचारी भी शहीद हुए थे।

यह सभा 13 दिसम्बर, 2001 के आतंकवादी हमले में संसद भवन की रक्षा करते हुए वीर गति को प्राप्त सभी अमर शहीदों को अपनी विनम्र श्रद्धांजलि अर्पित करती है एवं उनके परिवारों के प्रति अपनी गहरी संवेदना व्यक्त करती है।

इस अवसर पर हम आतंकवाद का मुकाबला करने और अपनी मातृभूमि की एकता, अखंडता और संप्रभुता की रक्षा करने में अपने अटल संकल्प को दोहराते हैं।

अब यह सभा पूर्व लोक सभा अध्यक्ष श्री शिवराज वी. पाटील जी एवं संसद भवन पर हुए हमले में दिवंगत आत्माओं के सम्मान में कुछ देर मौन रहेगी।

11.05 hrs

The Members then stood in silence for a short while.

माननीय अध्यक्ष : ॐ शांतिः शांतिः शांतिः ।

WRITTEN ANSWERS TO QUESTIONS**(i) Starred Question Nos. 181 to 200[#]****EVACUATION FROM MIDDLE EAST*****181. SHRI RAJEEV RAI:**

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

- (a) the number of Indians evacuated from Middle East during the last three years;
- (b) whether a large number of persons belonging to Uttar Pradesh have been waiting for their evacuation since 2014, if so, the details thereof;
- (c) the steps being taken by the Government to evacuate them from the region; and
- (d) the time by which all these people are likely to be evacuated safely from there?

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

(a) to (d): Keeping in view the safety and security of Indian nationals, Government of India evacuated 5945 Indian nationals from Israel, Iran, Syria and Iraq in the Middle-East during the last three years, including under Operation Ajay in Israel in 2023 and Operation Sindhu in Iran and Israel in 2025. A total of 1474 evacuated Indian nationals belonged to Uttar Pradesh. Government also undertook a special humanitarian airlift of mortal remains of 45 deceased Indian

[#] Due to the adjournment of the House after making Obituary Reference, Starred questions could not be taken up for oral answers. Therefore, these Starred questions are treated as Unstarred questions.

nationals, who lost their lives in a tragic fire incident in Kuwait in 2024, which included 3 citizens of Uttar Pradesh. Operation/ evacuation details are given in the enclosed **Statement**.

The Government closely monitors any developing adverse situations worldwide including the Middle Eastern region. Based on prevailing circumstances, Government issues advisories to caution Indian nationals to avoid unnecessary travel, follow safety guidelines issued by the local authorities and remain in touch with the Indian Missions on published helpline numbers and other communication mechanisms. Wherever necessary, the Government launches evacuation operations with a whole-of-government approach to safely evacuate stranded Indian nationals. Government provides logistical support including safe shelter, meals, local and cross-border movement and transportation by arranging special vehicles and evacuation flights on gratis basis. Government's evacuation operations **prioritize the safety, security, and well-being of all Indian nationals** irrespective of their states. Presently, there is no information on any imminent threat to the safety and security of Indian nationals or any situation requiring evacuation of Indian nationals from the Middle Eastern region.

STATEMENT

Details of Evacuations/Operations during last three years

Year	Country and Name of the Operation	Total number of people evacuated	Indian nationals belonged to Uttar Pradesh
2023	Israel	1,343	145

	Operation <i>Ajay</i>	(including 14 OCI card holders and 20 foreign nationals)	
2024	Kuwait (Humanitarian airlift of mortal remains)	45	3
2025	Iran Operation <i>Sindhu</i>	3597	1198
2025	Israel Operation <i>Sindhu</i>	818	92
2022 to 2025	Iraq	135	32
2024 and 2025	Syria	86	7

SCHEMES FOR SAFETY OF WOMEN IN NORTH EASTERN REGION

***182. SHRI JOYANTA BASUMATARY:**

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

- (a) the details of the budget/revised budget allocation and actual expenditures for each scheme of the Sambal and Samarthya verticals under Mission Shakti since 2022-23 in North Eastern Region, year-wise;
- (b) the number of operational One Stop Centres (OSC) in the said Region, State-wise; and
- (c) the details of funds released/utilised under OSC scheme since 2022-23, year-wise?

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

(a) to (c): Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals '**Sambal**' for safety and security of women and '**Samarthya**' for empowerment of women. The 'Sambal' has components of One Stop Centre (OSC), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat (NA). The 'Samarthya' has components of Shakti Sadan, Sakhi Niwas, Pradhan Mantri Matru Vandana Yojana, Palna and SANKALP: Hub for Empowerment of Women (SANKALP: HEW).

Mission Shakti is a Centrally Sponsored Scheme and implementation of this scheme lies with the State Governments and UT Administrations. Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). The details of budget, revised budget allocation and actual expenditure of all the States and UTs including North Eastern Region for each scheme of the Sambal and Samarthya vertical under Mission Shakti since 2022–23 till date are given in the enclosed **Statement-I**. The State-wise details of the number of OSCs functional in North Eastern Region are given in the enclosed **Statement-II**. State-wise funds released and utilised under OSC scheme in North Eastern Region since 2022–23 are given in the enclosed **Statement-III**.

STATEMENT-I

The details of budget, revised budget allocation and actual expenditure including North Eastern Region for each scheme of the Sambal and Samarthya verticals:

(Amount in Crores)

SL	Scheme	2022-23			2023-24			2024-25			2025-26
		BE	RE	Exp.	BE	RE	Exp.	BE	RE	Exp.	BE
1	OSC	338	225.00*	65.69	338.00*	270.00*	189.73	348	173.81	158.3	348
2	WHL			37.44			75.25	57	25.76	10.89	57
3	BBBP	222	108	95.96	222	90.05	88.63	222	33.08	33.08	222
4	NA	2	2	-	2	2	0.424	2	0.79	0.09	2
5	PMMVY	2048.01	1775	2032.8	2067	1500	870.34	2067	1448.89	1448	2185
6	Shakti sadan	159.1	25	15.45	159.1	118.99	118.98	60	85	84.98	80
7	Sakhi Niwas	43	20	17.63	43	20	4.52	43	8.13	8.13	20
8	Palna	75	35	4.68	85	85	64.15	150.11	45.17	45.17	125
9	SANKALP: HEW	280	81.43	65.6	210	150	102.52	210	44.24	44.24	102
Grand Total		3167.11	2046.43	2335.25	2788.1	1966.04	1514.544	3159.11	1864.87	1832.88	3141

*Note: Combined BE and RE Available

STATEMENT-II

State-wise details of the number of OSCs functional in North Eastern Region:

Sl. No.	State /UTs	Number of Operational OSCs
1	Arunachal Pradesh	25
2	Assam	36
3	Manipur	16
4	Meghalaya	12
5	Mizoram	13
6	Nagaland	17
7	Sikkim	6
8	Tripura	9

STATEMENT-III

State-wise funds released and utilised under OSC scheme in North Eastern Region since 2022–23:

(Amount in lakhs)

S. No.	State	2022-23	2023-24	2024-25
1	Arunachal Pradesh	40.39	847.7	757.40
2	Assam	129.61	1755.4	282.76
3	Manipur	543.29	268.77	304.77
4	Meghalaya	232.77	321.56	228.58
5	Mizoram	178.05	283.45	563.26
6	Nagaland	197.41	545.83	647.55
7	Sikkim	77.48	126.09	114.29
8	Tripura#	18.21	-	-

Note:-Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

#In the FY 2023-24, Rs.199.14 lakh was available in SNA account i.e. 74% of the annual requirement of the State of Tripura due to which funds couldn't be released. In the FY 2024-25, Rs.71.37 lakh was available in SNA account i.e. 27% of the annual requirement of the State of Tripura due to which funds couldn't be released.

INITIATIVE TO PROMOTE NUTRIENT MANAGEMENT

***183. SHRI ROBERT BRUCE C.:**

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

- (a) the measures being taken to address nutrient imbalance, soil degradation and groundwater nitrate contamination in intensively cultivated agricultural regions of the country;
- (b) the initiatives being taken to promote balanced nutrient management, biofertilisers and micronutrient-enriched formulations under various fertiliser sector schemes; and

- (c) whether the Government proposes to expand soil testing infrastructure and farmer advisory services nationwide to ensure crop-specific fertiliser application and sustainable soil health management, if so, the details thereof?

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

(a): Understanding the critical importance of soil health in ensuring sustainable agricultural productivity and environmental stability, the Government has undertaken various initiatives to address nutrient imbalance, soil degradation and groundwater nitrate contamination in intensively cultivated agricultural regions of the country as follows:-

- i. ICAR recommends soil test based balanced and integrated nutrient management (INM) through conjunctive use of both inorganic and organic sources (manure, biofertilizers, green manuring, in-situ crop residue recycling etc.) of plant nutrients with 4R approach i.e., right quantity, right time, right mode and right type of fertilizer for judicious and balanced use of fertilizers and to reduce the pollution. The ICAR also imparts trainings to different stakeholders, organizes front-line demonstrations, awareness programs etc. to educate farmers on all these aspects.
- ii. ICAR recommends soil test based INM, split application and placement of nitrogenous fertilizers, use of slow releasing N-fertilizers, nitrification inhibitors and use of coated urea (neem, tar, Sulphur), water-saving irrigation methods and conservation agriculture practices to reduce

nutrient runoff and to minimize ground water nitrate contamination. Besides, adoption of precision agriculture tools—nutrient decision-support systems, Leaf Colour Charts (LCC), and drone-based nutrient application is promoted to minimize fertilizer losses and prevent nitrate leaching.

- iii. ICAR recommends an integrated natural resource management approach to control land degradation with focus on soil and water conservation, regulated input use, and ecological restoration. Bio-engineering measures such as contour bunding, vegetative barriers, mulching, check-dams and gully plugs help arrest soil erosion, while the watershed approach promotes in-situ moisture conservation, regulated runoff and landscape-level resource planning. Gypsum application, use of halophytic microbes, subsurface drainage technologies for salinity management. ICAR emphasizes controlled and demand-based irrigation, micro-irrigation and avoidance of excessive watering to prevent salinity, waterlogging and nutrient leaching. Practices like cover cropping, agroforestry and shelterbelts protect soil from wind erosion and improve biomass recycling.
- iv. Awareness and promotional programmes :-
 - Programs being organized through National Institutes like NCONF and Central Fertilizer Quality Control and Training Institute (CFCQTI) along with Indian Council of Agricultural Research (ICAR), State Agricultural Universities (SAUs) and Krishi Vigyan Kendras (KVKs) to educate farmers on sustainable soil and natural resource management.

- The Government also promotes chemical free farming practices like organic and natural farming under programs such as Paramparagat Krishi Vikas Yojana (PKVY), MOVCDNER and Bharatiya Prakritik Krishi Paddhati (BPKP), NMNF respectively to improve soil organic matter.
- Besides agricultural practices which focus on techniques like zero tillage, mulching, and crop rotation are promoted to enhance soil health and prevent erosion.

(b): Government has taken several initiatives to promote balanced nutrient management, bio-fertilisers, and micro-nutrient-enriched formulations through various schemes and policies.

A. Promotion of Balanced Nutrient Management:-

- Soil Health Card (SHC) Scheme:** This program issues Soil Health Cards to farmers every two years, providing information on 12 key soil parameters (N, P, K, S, Zn, B, Fe, Mn, Cu, pH, EC, OC). The cards include crop-specific recommendations on the appropriate dosage of nutrients and micronutrients, promoting soil test-based balanced application and discouraging the overuse of specific chemicals like nitrogen.
- Integrated Nutrient Management (INM):** The government actively promotes INM, to farmers using both inorganic and organic nutrient sources according to the "3Rs" approach.

iii. **Quality Control of Biofertilizers and Organic Fertilizers as per FCO**

1985:- The Government encourages the use of quality biofertilizers and organic fertilizers to enhance soil fertility and reduce soil degradation caused by imbalanced and excessive chemical use.

- iv. Neem-Coated Urea (NCU) slows down nitrogen release, making it more available to plants and reduces leaching into groundwater.

B. Promotion of Biofertilisers and Organic Inputs

- i. Organic farming is being promoted through **Paramparagat Krishi Vikas Yojana (PKVY)** in all the States/UTs except North Eastern States and **Mission Organic Value Chain Development for North Eastern Region (MOVCDNER)** for the North Eastern States since 2015-16. Both schemes stress on end-to-end support to farmers engaged in organic farming i.e. from production to processing, certification and marketing.

Primary focus of the schemes is to form organic clusters, with preference to small and marginal farmers, to create a supply chain. Both the schemes are implemented through States /UT Governments. Under PKVY, assistance of Rs. 31,500 per ha in 3 years is provided for promotion of organic farming. Out of this, assistance of Rs. 15,000 per ha is provided to farmers through Direct Benefit Transfer for on-farm /off - farm organic inputs. Under MOVCDNER, assistance of Rs. 46,500/ha in 3 years is provided for creation of Farmers Producer Organization, support to farmers for organic inputs etc. Out of this, assistance @ Rs.

32,500/ ha is provided to farmers for off-farm/on-farm organic inputs under the scheme including Rs. 15,000 as Direct Benefit Transfer to the farmers.

Since its inception, the Paramparagat Krishi Vikas Yojana (PKVY) has converted 16.90 lakh hectares of land to organic farming, benefiting 28.35 lakh farmers. From 2015-16 up to 31 October 2025, a total of ₹2535.74 crore (central share) has been released under the scheme. Similarly, since its inception, the Mission Organic Value Chain Development for North Eastern Region (MOVCDNER) has brought 2.36 lakh hectares of land under organic farming, benefiting 2.70 lakh farmers. From 2015-16 up to 31 October 2025, a total of ₹1480.48 crore (central share) has been released under the scheme.

- ii. **GOBAR-dhan Initiative:** This initiative promotes the use of organic fertilisers (Fermented Organic Manures, Liquid FOM, and Phosphate Rich Organic Manures) produced from bio-gas/Compressed Biogas (CBG) plants to help manage agricultural waste and provide affordable organic nutrients.
- iii. **PM-PRANAM (PM Programme for Restoration, Awareness, Nourishment and Amelioration of Mother Earth) Scheme:** PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM) is an initiative which aims to support the mass movement initiated by States and Union Territories (UTs) to preserve the health of Mother Earth through the promotion of sustainable and balanced fertilizer use, adoption of alternative fertilizers,

promotion of organic farming, and implementation of resource conservation technologies. All States/UTs are covered under the PM-PRANAM scheme. Under the PM-PRANAM scheme, there is a provision to provide incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, equivalent to 50% of the fertilizer subsidy saved.

iv. **Promotional efforts by ICAR :-**

- ICAR promotes use of organic fertilizers namely FYM, compost, vermicompost, green manure, oil / concentrated cakes, biofertilizers, biogas wastes etc. are usually used in agriculture through demonstrations, public campaign, training and media.
- In order to promote biofertilizer use, the Council has developed improved and efficient strains of biofertilizers specific to different crops and soil types in liquid and powdered form. Biofertilizers for Phosphorus solubilization, Nitrogen fixation, Potassium and Zinc solubilization and faster composting of organic wastes suitable for different crops across the country are being developed and commercialized.
- **C. Promotion of Micronutrient-enriched formulations :-**
 - Under Nutrient Based Subsidy (NBS) Scheme for Phosphatic and Potassic (PandK) fertilizers, an additional subsidy of Rs. 500/MT and

Rs. 300/MT is being provided for fortification of any notified PandK fertilizers with Zinc and Boron micro-nutrient respectively.

- ICAR and in collaboration with State Agriculture Universities (SAUs) are developing micronutrient formulations, micronutrient enriched compost and bio-fertilizer technologies, along with field-level demonstrations through KVKs to improve farmer adoption.

(c): The Government promotes judicious use of fertilizer through Soil Health and Fertility scheme. The scheme is being implemented since 2014-15 to provide Soil Health Cards (SHCs) for all farm holdings, to promote balanced and integrated nutrient management for improving productivity and soil fertility.

- i. Soil samples are processed as per standard procedures and analyzed for parameters such as pH, Electrical Conductivity, Organic Carbon, available Nitrogen, Phosphorus, Potassium, Sulphur, and micronutrients (Zinc, Copper, Iron, Manganese and Boron).
- ii. The diagnostic soil health assessment of farmer fields is taken up periodically so as to issue SHCs at least once in 3 years.
- iii. Since 2014-15, 25.61 crore Soil Health Cards have been generated/distributed as on date across the country.
- iv. Total 8302 Soil Testing Labs (1082 Static Soil Testing Labs, 163 Mobile Soil Testing Labs, 6376 Mini Soil Testing Labs and 681 Village Level Soil Testing Labs) have been established across the country.
- v. In addition to state soil labs above, 1020 school mini soil labs are also established in the country under school soil health programme.

- vi. Under the scheme, Rs. 1970 Crore fund has been released so far since inception.
- vii. 93781 farmer's trainings, 6.80 lakh demonstrations, 7425 farmer's melas/ campaigns on soil health card recommendations have been organized across the country.

ICAR has informed that they have developed Mirtha Parikshak and the Pusa STCR Meter for rapid, field-level testing of key soil parameters, and these technologies have been commercialized to make soil analysis more accessible to farmers. ICAR has also created a soil spectral library to enable fast, contactless and sensor-based assessment of soil properties. In addition, ICAR is developing soil-test-based fertilizer recommendations for major crops across different agro-climatic zones, ensuring precise and crop-specific nutrient application. These interventions, along with the expansion of soil testing laboratories, mobile testing facilities and digital advisory systems under the Soil Health Card programme, aim to provide farmers with timely, accurate guidance for sustainable soil health management nationwide.

CASES OF LEPTOSPIROSIS IN KERALA

***184. SHRI V. K. SREEKANDAN:**

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

- (a) whether the Government has taken note of the surge in leptospirosis cases and related deaths in various districts of Kerala and if so, the details thereof, district-wise;

- (b) whether nearly 6,000 cases and 400 deaths have been reported in the State till 15 November 2025, alone and if so, the details thereof;
- (c) whether it is a fact that leptospirosis has become one of the most vexing and lethal infectious disease which claims a significant number of lives every year in Kerala and if so, the details thereof along with the remedial steps taken/being taken by the Government in this regard; and
- (d) whether the Government proposes to provide aid to Kerala to tackle this deadly disease and if so, the details thereof?

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

(a) to (d): As Public Health is a state subject, the primary responsibility of surveillance, reporting and response of disease lies with the state government. As reported by state government of Kerala there are 3259 confirmed leptospirosis cases and 209 deaths from 1st January 2025 till 5th December 2025. District wise distribution of cases and deaths due to Leptospirosis as reported by Kerala government is given in the enclosed **Statement**.

Leptospirosis is endemic in Kerala and has been associated with monsoon seasons. The Ministry through National Centre for Disease Control (NCDC), is implementing Programme for Prevention and Control of Leptospirosis (PPCL) across 12 endemic States and 2 Union Territories (Gujarat, Kerala, Tamil Nadu, Maharashtra, Karnataka, Uttar Pradesh, Assam, Goa, Punjab, Odisha, Andhra Pradesh, West Bengal, and the Union Territories

of Andaman and Nicobar Islands and Dadra and Nagar Haveli and Daman and Diu).

The programme aims to reduce morbidity and mortality due to Leptospirosis through strengthened surveillance and diagnostics, early detection and treatment, improved patient care, capacity building, and enhanced inter-sectoral coordination. Initiatives under the programme include training of State and District healthcare professionals, sensitization of private practitioners through Continuous Medical Education programmes, annual hands-on laboratory training, strengthening of the State Public Health Laboratory (including at Thiruvananthapuram, Kerala) and establishment of 75 sentinel surveillance sites (including 5 at Kerala) nationwide under the National One Health Programme for Prevention and Control of Zoonosis. Information, Education, Communication (IEC) material, e-learning modules, operational guidelines, standardized real-time reporting formats aligned with IDSP–IHIP, seasonal advisories, and media-based event surveillance are also in place. The details can be accessed at the following links;

- (<https://ncdc.mohfw.gov.in/wp-content/uploads/2025/07/Advisory-Leptospirosis-DGHS-DO-letter-May2025.pdf>)
- <https://ncdc.mohfw.gov.in/programe-for-prevention-and-control-of-leptospirosis/>

Under National Health Mission, the Ministry provides technical and financial support to States/UTs for strengthening their healthcare systems based on the

proposals submitted by them in their Program Implementation Plans, subject to norms and availability of resources.

STATEMENT

**District wise Leptospirosis cases and deaths due to the disease in Kerala
(Jan 2025 till 5th Dec 2025):**

District	No. of confirmed cases	No. of confirmed deaths
Thiruvananthapuram	583	15
Kollam	164	9
Pathanamthitta	209	3
Idukki	93	10
Kottayam	117	9
Alappuzha	155	10
Ernakulam	492	30
Thrissur	340	36
Palakkad	198	17
Malappuram	275	20
Kozhikode	242	19
Wayanad	82	12
Kannur	215	14
Kasargode	94	5
Total	3259	209

Source: Government of Kerala

ACCESS TO JUSTICE AND JUDICIAL INFRASTRUCTURE

***185. SHRI NAGESH BAPURAO AASHTIKAR PATIL:**

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

- (a) whether the Government is aware that Hingoli district continues to face significant challenges in accessing timely justice due to limited legal aid services, shortage of judicial officers and inadequate court infrastructure;

- (b) if so, the measures being taken to strengthen Legal Aid Centres, Lok Adalats, Digital Court facilities and legal awareness programmes across rural and backward areas of Hingoli;
- (c) whether the Government proposes to establish additional Fast-Track Courts, Family Courts, or Mobile Courts in Hingoli to address increasing cases related to land disputes, domestic violence and agrarian issues, if so, the details thereof;
- (d) whether any recent review of justice delivery mechanisms in Hingoli has been conducted, if so, the major findings thereof; and
- (e) the timeframe by which judicial infrastructure in Hingoli is likely to be upgraded to ensure better access to justice for its citizens?

**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): Legal Aid activities in the district of Hingoli are presently being undertaken by the Taluka Legal Services Committee (TLSC), Hingoli under the supervision of District Legal Services Authority (DLSA), Parbhani.

During the year 2024 and 2025, 71 persons were provided legal assistance through 07 functional Legal Aid Clinics in Hingoli with the assistance of 12 Panel Advocates/Para Legal Volunteers. During the year 2024 and 2025, 11,148 cases were settled through Lok Adalats. Further, TLSC, Hingoli under the supervision of DLSA, Parbhani conducted 137 Legal Awareness Programmes which were attended by 9,962 persons.

Setting up of Fast Track Courts (FTCs), Family Courts (FCs) or Mobile Courts falls within the domain of States/UTs in consultation with their respective High Courts. Allocation of funds for such courts is required to be done by the State Governments/UTs as per their need and resources. No Central assistance is being provided for setting up of FTCs, FCs and Mobile Courts.

The primary responsibility to provide judicial infrastructure for subordinate judiciary rests with the State Governments/UTs. The Central Government however augments the resources of the State Governments/UTs, by providing financial assistance through the Centrally Sponsored Scheme (CSS) for the Development of Infrastructure facilities for District and Subordinate Courts. The Scheme covers construction of Court Halls and Residential Units for Judicial Officers along with Lawyers' Hall, Toilet Complexes and Digital Computer Rooms. As per the Constitutional framework, in exercise of powers conferred under provision to Article 309 read with Article 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. Hence, filling up of vacant position of Judicial Officers in District and Subordinate Courts is the responsibility of the concerned State Governments in consultation with their respective High Courts.

DRUGS SEIZED AT PORTS

***186. SHRIMATI MALA ROY:**

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

- (a) the details of total drugs seized at ports across the country during the last five years, port-wise and year-wise; and
- (b) the types of drugs seized thereat?

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

(a) and (b): The details of drugs seizure along with type of drugs by all Drug Law Enforcement Agencies (DLEAs) at ports from 2020 to 2025 are given below:

Sr. No.	Year	Port Name	Agency	Seizure Date	Drug	Quantity (In Kg)
1	2020	JNPA, Mumbai, Maharashtra	DRI	8.8.2020	Heroin	191
2	2021	VOC Port, Tuticorin, Tamil Naidu	DRI	20.04.2021	Cocaine	303
3		JNPA, Mumbai, Maharashtra	DRI	01.07.2021	Heroin	294
4		Adani Port, SEZ, Mundra, Gujarat	DRI	19.09.2021	Heroin	2988
5		JNPA, Mumbai, Maharashtra	DRI	05.10.2021	Heroin	25
6	2022	CFS Gandhidham, Gujarat	DRI / Gujarat ATS	28.04.2022	Heroin	201
7		Pipavav Port, Gujarat	DRI	29.04.2022	Heroin	90
8		CFS, Raigarh, Maharashtra	DRI	30.04.2022	Heroin	29
9		Adani Port, SEZ, Mundra, Gujarat	DRI	26.05.2022	Cocaine	52
10		Adani Port, SEZ, Mundra, Gujarat	Gujarat ATS / Customs	11.07.2022	Heroin	75
11		JNPA, Mumbai, Maharashtra	Maharashtra Police	15.07.2022	Heroin	73
12		JNPA, Mumbai, Maharashtra	Delhi Police	04.09.2022	Heroin	345

13		Syama Prasad Mookerjee Port, Kolkata, West Bengal	DRI / Gujarat ATS	10.09.2022	Heroin	39
14		JNPA, Mumbai, Maharashtra	DRI	01.10.2022	Methamph etamine	198
					Cocaine	9
15		JNPA, Mumbai, Maharashtra	DRI	07.10.2022	Cocaine	50
16	2023	AV Joshi CFS, Gandhidham, Kachchh, Gujarat	DRI	8.8.2023	Cocaine	1
17		CFS, Mundra, Gujarat	Customs	28.07.2024	Tramadol Tablets	68,78,000 (In Nos)
18	2024	CFS, Mundra, Gujarat	Customs	13.09.2024	Tramadol Tablets	25,41,000 (in Nos)
19		CFS, Kolkata	Customs	28.10.2024	Tramadol Injection	1000 (no.)
2025	Seizure NIL in r/o NCB and other DLEAS as per Form-F Database					

SOURCE: Form-F database (As reported to this Ministry)

*Provisional data

ग्राम न्यायालयों की स्थापना और कार्यकरण

*187. श्री मुरारी लाल मीना:

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

- (क) क्या यह सच है कि कुल 2500 ग्राम न्यायालयों की स्थापना करने का लक्ष्य रखा गया था जबकि वर्तमान में केवल कुछ ग्राम न्यायालय ही कार्य कर रहे हैं और यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है;
- (ख) राजस्थान में ग्राम न्यायालयों की स्थापना और कार्यकरण की वर्तमान स्थिति क्या है;
- (ग) दौसा संसदीय निर्वाचन क्षेत्र में स्वीकृत, स्थापित और कार्य कर रहे ग्राम न्यायालयों की कुल संख्या का ब्यौरा क्या है;

(घ) क्या राज्य स्तर पर प्राथमिकता की कमी, वित्तीय संसाधनों की कमी, मानव संसाधनों की विशेष रूप में प्रशिक्षित न्यायाधीशों और सुलहकर्ताओं की अनुपलब्धता और इसकी उच्च प्रचालनात्मक लागत के कारण ग्राम न्यायालय योजना को वांछित स्तर पर कार्यान्वित नहीं किया जा रहा है;

(ङ) यदि हां, तो इस संबंध में अब तक सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है; और

(च) ग्राम न्यायालयों की स्थापना के मानदंड क्या है और इस संबंध में केन्द्र सरकार द्वारा राज्यों को प्रदान की जाने वाली वित्तीय सहायता की स्थिति क्या है?

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

(क): नागरिकों को उनके निकटतम न्याय दिलाने के लिए, केंद्रीय सरकार ने ग्राम न्यायालय अधिनियम, 2008 अधिनियमित किया था। इसमें मध्यवर्ती पंचायत स्तर पर ग्राम न्यायालयों की स्थापना का उपबंध है। ग्राम न्यायालय अधिनियम, 2008 की धारा 3 (1) के अनुसार, राज्य सरकारें संबंधित उच्च न्यायालयों के परामर्श से ग्राम न्यायालय स्थापित करने के लिए उत्तरदायी हैं। राज्य सरकारों/उच्च न्यायालयों द्वारा उपलब्ध कराई गई सूचना के अनुसार, अब तक 15 राज्यों/संघ राज्यक्षेत्रों ने 488 ग्राम न्यायालयों को अधिसूचित किया है, जिनमें से (तारीख 31.10.2025 तक) 11 राज्यों में 333 ग्राम न्यायालय परिचालित हैं।

अधिसूचित और परिचालित ग्राम न्यायालयों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा निम्न प्रकार है :--

क्र.सं.	राज्य/संघ राज्यक्षेत्र	अधिसूचित ग्राम न्यायालय	परिचालित ग्राम न्यायालय
1.	मध्य प्रदेश	89	89
2.	राजस्थान	45	45
3.	कर्नाटक	2	2
4.	ओडिशा	31	22

5.	महाराष्ट्र	39	26
6.	झारखंड	6	4
7.	गोवा	2	2
8.	पंजाब	9	2
9.	हरियाणा	3	2
10.	उत्तर प्रदेश	113	109
11.	केरल	30	30
12.	आंध्र प्रदेश	42	0
13.	तेलंगाना	55	0
14.	जम्मू-कश्मीर	20	0
15.	लद्दाख	2	0
कुल		488	333

(ख): राजस्थान राज्य में, 33 जिलों में सभी 45 अधिसूचित ग्राम न्यायालय परिचालित हैं। राजस्थान राज्य में परिचालित ग्राम न्यायालयों का ब्यौरा (जिलावार) संलग्न **विवरण** में दिया गया है।

(ग): राजस्थान उच्च न्यायालय, जोधपुर द्वारा उपलब्ध कराई गई सूचना के अनुसार, दौसा संसदीय क्षेत्र में दो ग्राम न्यायालय, एक दौसा में और दूसरा बस्सी में, स्थापित हैं और परिचालित हैं।

(घ) से (च): ग्राम न्यायालय अधिनियम, 2008, राज्य सरकारों के लिए ग्राम न्यायालयों की स्थापना को आज्ञापक नहीं बनाता है। ग्राम न्यायालय अधिनियम, 2008 की धारा 3(1) में यह आज्ञापक है कि राज्य सरकारें, अपने संबद्ध उच्च न्यायालयों से परामर्श के पश्चात्, अधिसूचना द्वारा, जिले में मध्यवर्ती स्तर पर प्रत्येक पंचायत या मध्यवर्ती स्तर पर निकटवर्ती पंचायतों के समूह के लिए या जहां किसी राज्य में मध्यवर्ती स्तर पर कोई पंचायत नहीं है, वहां निकटवर्ती ग्राम पंचायतों के समूह के लिए एक या अधिक ग्राम न्यायालय स्थापित कर सकेगी।

अध्ययनों से पता चला है कि राज्यों द्वारा अपेक्षित संख्या में ग्राम न्यायालय स्थापित करने में उत्साह की कमी के पीछे कई कारण हैं, जैसे, न्यायाधिकारियों के पदों का न भरा जाना, लोक अभियोजकों,

नोटरी की अनुपलब्धता और प्रथम श्रेणी न्यायिक मजिस्ट्रेटों की सामान्य कमी, अपर्याप्त कर्मचारिवृंद, ग्राम न्यायालयों का सीमित क्षेत्राधिकार, राज्यों से अपर्याप्त वित्तीय सहायता, विधिक और राज्य अधिकारियों की अनिच्छा और सामुदायिक जागरूकता की कमी। सरकार, नियमित पत्राचार और केंद्रीय स्तर की निगरानी समिति की बैठकों के दौरान राज्य प्राधिकारियों से पहले से अधिसूचित ग्राम न्यायालयों को जल्द से जल्द परिचालित करने का अनुरोध करती है।

स्कीम के दिशानिर्देशों के अनुसार, केंद्रीय सरकार ग्राम न्यायालयों की स्थापना के लिए गैर-आवर्ती व्ययों के लिए राज्यों/संघ राज्यक्षेत्रों को एक बार की सहायता प्रदान करती है, जो इनके परिचालित होने के पश्चात् प्रति ग्राम न्यायालय 18 लाख रुपये की सीमा के अधीन है। केंद्रीय सरकार इन ग्राम न्यायालयों के परिचालन के लिए आवर्ती व्ययों के लिए भी सहायता प्रदान करती है, जो पहले तीन वर्षों के लिए प्रति ग्राम न्यायालय प्रति वर्ष 3.20 लाख रुपये की सीमा के अधीन है।

विवरण

राजस्थान राज्य में परिचालित ग्राम न्यायालयों की जिलावार सूची

क्र.सं.	जिला	ग्राम न्यायालय की अवस्थिति
1	अजमेर	पीसांगन
2	अलवर	तिजारा, नीमराना
3	बाड़मेर	बाड़मेर
4	बारां	अटरू
5	बांसवाड़ा	तलवाड़ा, गढ़ी
6	भरतपुर	रूपवास, कामा
7	भीलवाड़ा	मंडल, सुवाना
8	बीकानेर	बीकानेर, कोलायता
9	बूंदी	तलेरा
10	चित्तौड़गढ़	चित्तौड़गढ़, भदेसर
11	चुरू	राजगढ़
12	दौसा	दौसा
13	धौलपुर	बसेड़ी

14	डूंगरपुर	आसपुर, बिछीवाड़ा
15	गंगानगर	श्रीगंगानगर, अनूपगढ़
16	हनुमानगढ़	हनुमानगढ़
17	जयपुर	सांभर, बस्सी
18	जालौर	सांचोर
19	जैसलमेर	सांकरा
20	झालावाड़	झालरापाटन
21	झुंझुनूं	नवलगढ़
22	जोधपुर	मंडोर, ओसियां
23	करौली	हिंडौन
24	कोटा	खेराबाद, इटावा
25	नागौर	जायल
26	पाली	रायपुर
27	प्रतापगढ़	प्रतापगढ़
28	राजसमंद	रेलमगरा
29	एस.माधोपुर	गंगापुरसिटी
30	सीकर	कुडली
31	सिरोही	पिंडवाड़ा
32	टोंक	देवली
33	उदयपुर	उदयपुर, गिरवा

NANO UREA PRODUCTION

***188: DR. C. N. MANJUNATH:**

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

- (a) the current status of nano urea production and distribution targets set for Karnataka during the last and current financial years, year-wise and district-wise;

- (b) whether awareness campaigns or demonstration programmes have been undertaken to educate farmers in Ramanagara, Bengaluru Rural and its nearby districts on the use of nano urea, if so, the details thereof, district-wise; and
- (c) whether the Government proposes to monitor long-term soil health and productivity outcomes in the districts adopting nano fertilizers at a large scale, if so, the details thereof, district-wise?

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

(a): Government of India is not directly involved in setting up of Nano Fertilizers Plants. However, M/s IFFCO, within the Karnataka Industrial Areas Development Board (KIADB), Devanahalli, Bengaluru Rural district, has established a Nano Fertilizer Manufacturing Plant. The facility has commenced production of Nano Urea, and to date, it has manufactured approximately 18 lakh bottles of 500 ml Nano Urea. The district-wise target and distribution of Nano Urea in the State of Karnataka, for the last and current financial year, is given in the enclosed **Statement-I.**

(b): In order to promote the use of Nano Fertilizers among farmers across the country, including in the State of Karnataka and its districts, the following measures have been undertaken:

- i. Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.

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

Additionally, the Agriculture Department of the Government of Karnataka has launched extensive awareness campaigns across the State to highlight the benefits of Nano Urea and the drawbacks associated with conventional urea. Information promoting the judicious use of fertilizers is widely disseminated among farmers and public representatives through handouts, posters, mobile vans, newspaper advertisements, electronic media, and Krishi Melas.

To further encourage the adoption of nano fertilizers, the Department has conducted practical trainings and field demonstrations, including drone-based applications, at farmers' fields and Krishi Vigyan Kendras (KVKs), with active participation from agricultural scientists. As a result of these sustained efforts, 17,48,062 bottles (500 ml) of Nano Urea have been utilized during the current year to date.

Furthermore, Karnataka Agriculture Department, in collaboration with M/s IFFCO, is undertaking large-scale awareness programmes and drone demonstrations across multiple districts, such as Ramanagara, Bengaluru Rural, Mandya, Bengaluru Urban, Kolar, Chikkaballapur, Tumkur, and others, to educate farmers on the effective and efficient use of Nano Urea, as per the details given in the enclosed **Statement-II**.

(c): An MoU has been signed between National Productivity Council (NPC) of India and Department of Fertilizers on 5th March, 2024, for a period of 2 years (2024-26) to undertake the study of Nano Urea on "Evaluating Efficacy, Utility and Impact of Nano Urea in comparison to Conventional Urea in 10 State, including the State of Karnataka and its districts.

ICAR initiated a 2024–26 project, to evaluate the impact of Nano Fertilizers on crop growth, soil health, and nutrient uptake across various agro-ecological zones.

In addition, ICAR has launched a network project in November 2025 titled "Evaluation of Nano Urea on Crop Productivity and Nitrogen Use Efficiency in Diverse Agro-Ecological Zones of India". This five-year project, covering 14

centres, 10 major agro-ecological zones, and 12 key crops, aims to enhance understanding of the long-term effects of Nano Urea on crop yield, produce quality, soil nutrient balance, and the mechanism of nutrient uptake from nano fertilizers in plant metabolism across different agro-ecological zones.

STATEMENT-I

Nano Urea distribution targets and Sales for the State of Karnataka

S. No.	District	2024-25		2025-26 (Till Nov. 25)	
		Target	Distribution	Target	Distribution
1	Bagalkot	105273	95608	105309	89306
2	Bangalore Rural	42807	14002	21809	17489
3	Belagavi	174544	149444	273960	169180
4	Bellary	133646	61086	104371	51952
5	Bengaluru Urban	36080	6556	11609	5431
6	Bidar	44549	73235	24400	82288
7	Vijayapura	119063	143246	89793	166723
8	Chamarajnagar	61248	34838	34600	25735
9	Chikballapur	56326	38554	31014	29050
10	Chikmagalur	89807	30716	67529	26041
11	Chitradurga	66927	32496	50598	67620
12	Dakshin Kannada	30699	4455	7691	44712
13	Davangere	140780	62136	113482	60518
14	Dharwad	60917	64124	56738	58531
15	Gadag	54719	79457	49902	74274
16	Kalaburgai	76058	141052	60891	125758
17	Hassan	122422	86450	101036	56318
18	Haveri	105698	123637	128736	69765
19	Kodagu	46911	11364	40216	15523
20	Kolar	46904	27475	27259	25596
21	Koppal	115171	71016	92031	57865
22	Mandya	109167	28398	93956	18340
23	Mysore	91482	36223	74588	42963
24	Raichur	230277	148599	160754	111359
25	Ramanagara	52165	23513	34504	12553

26	Shivamogga	93879	75556	60613	43357
27	Tumkur	70422	41680	55502	35198
28	Udupi	29594	2917	4661	1301
29	Uttar Kannada	45493	13777	31158	10452
30	Vijayanagara	145931	59205	89513	43784
31	Yadgir	136041	90524	101776	109080
Total		2735000	1871339	2199999	1748062

STATEMENT-II

Awareness campaigns/demonstration programmes conducted to educate farmers in Ramanagara and neighbouring districts:

District	Demonstrations Conducted	Farmers Meeting	Farmer and Retailer Training	Awareness Campaigns
Bangalore Rural	282	564	102	154
Bangalore Urban	145	242	85	145
Chickballapur	725	482	297	533
Kolar	427	269	154	389
Mandya	215	324	58	238
Ramanagara	213	492	89	693
Tumkur	156	312	56	902
Grand Total	2163	2685	840	3054

SHORTAGE OF FERTILIZER IN KERALA

***189. SHRI K. SUDHAKARAN:**

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

- (a) whether the Government is aware of the frequent and acute localized shortages of non-urea fertilizers, specifically Muriate of Potash (MOP)

- and NPK Complex Fertilizers, reported by farmers and plantation sectors in Kerala during peak application seasons, if so, the details thereof;
- (b) the reasons for the observed price spikes in non-urea fertilizers, despite the existing subsidy mechanisms and the steps taken to stabilize the market prices of MOP and NPK Complex Fertilizers to ensure affordability for the sensitive plantation economy of Kerala;
- (c) whether the Government has received reports concerning the alleged diversion of highly-subsidized Urea for non-agricultural or industrial purposes within Kerala, thereby exacerbating the shortages for legitimate farmers; and
- (d) if so, the measures proposed to be implemented by the Government to address supply chain bottlenecks, prevent diversion of subsidized fertilizers and to ensure timely and adequate supply to the agricultural retail points across the State, district-wise?

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

(a): The availability of non-urea fertilizers viz. DAP, MOP and NPKS has remained adequate in the State of Kerala during the ongoing Rabi 2025-26 season and in Kharif 2025 season. The information regarding requirement, availability, sales and closing stock of these fertilizers in Kerala during these 2 seasons is shown in the table given below:

I. RABI 2025-26 (TILL 08.12.25)

<ALL FIG. IN MT>

S.N O	PRODUCT GROUP	PRO- RATA REQUIREMENT TILL 08.12.2025	AVAILABILITY TILL 08.12.2025	DBT SALES TILL 08.12.2025	CLOSING STOCK AS ON 08.12.2025
1	DAP	3,367	7,410	5,590	1,820
2	MOP	26,011	34,610	19,790	14,820
3	NPKS	31,387	56,310	32,260	24,050

II. KHARIF 2025

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	AVAILABILITY	DBT SALES	CLOSING STOCK
1	DAP	12,000	17,500	11,130	6,370
2	MOP	40,020	57,360	46,910	10,450
3	NPKS	69,000	89,280	64,230	25,050

Further, following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Kerala:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), 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 DAandFW, 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.

However, the assessment and distribution of fertilizers within the State at district level is done by the concerned State government.

(b): The Government has implemented Nutrient Based Subsidy Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under NBS Scheme, MRP of PandK fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The Reasonability Guidelines dated 15.11.2019 and 18.01.2024 have been issued to ensure reasonableness of MRPs of PandK fertilizers fixed by the companies. The NBS subsidy is provided to manufacturer/ importer on notified PandK fertilizers on its PoS sale during the season, depending on their nutrient content to ensure availability of fertilizers to farmers. The volatility in international prices of key fertilizers and raw materials is considered while fixing NBS rates for PandK fertilizers so that fertilizers remain affordable to the farmers. NBS scheme is

implemented on pan-India basis including the State of Kerala and no regional differentiation is made.

(c) and (d): In order to address the issues such as diversion, hoarding, black-marketing and over-pricing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Accordingly, the details regarding enforcement measures taken by the State of Kerala, as informed by them, from 01.04.2025 to 28.11.2025, to curb these malpractices, including diversion of subsidized fertilizers, is given in the enclosed **Statement**.

STATEMENT

Cumulative Statement from April 25 to November 25 (as on 28.11.2025)																	
Action taken by the State Government of Kerala to check black marketing, hoarding, quality check, diversion etc. from 01.04.2025 to																	
		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Total		
States	No. of Inspections / raids	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered		Show cause notice issued	No. of licenses cancelled / Suspended	FIR Registered
Kerala	1299	0	0	0	0	0	0	48	0	0	4	0	3	NIL	52	0	3

सिकल सेल एनीमिया का उपचार

*190. श्री गजेन्द्र सिंह पटेल:

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

- (क) क्या संयुक्त राज्य अमरीका के येल विश्वविद्यालय द्वारा सिकल सेल एनीमिया के लिए एक सफल उपचार/चिकित्सा की खोज की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ख) क्या सरकार का विचार उक्त विश्वविद्यालय के परामर्श से देश भर में सिकल सेल एनीमिया के रोगियों को उपचार/चिकित्सा प्रदान करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): समाचार रिपोर्टों के अनुसार, सिकल सेल रोग (एससीडी) के लिए हाल ही में दो जीन थेरेपी को अमेरिकी फूड एंड ड्रग एडमिनिस्ट्रेशन (एफडीए) द्वारा अनुमोदित किया गया है। जीन थेरेपी संबंधी शोध येल विश्वविद्यालय (संयुक्त राज्य अमेरिका) के डॉक्टरों द्वारा किए गए हैं।

भारत सरकार ने नवंबर, 2025 में विज्ञान एवं प्रौद्योगिकी मंत्रालय के माध्यम से सिकल सेल रोग (एससीडी) के लिए देश में विकसित सीआरआईएसपी आधारित जीन थेरेपी, जिसका नाम बीआईआरएसए-101 है, की शुरुआत की। इस थेरेपी को सीएसआईआर-इंस्टीट्यूट ऑफ जीनोमिक्स एंड इंटीग्रेटिव बायोलॉजी (सीएसआईआर-आईजीआईबी) द्वारा तैयार किया गया है और उत्पादन तथा भविष्य में स्केल अप करने के लिए सीरम इंस्टीट्यूट ऑफ इंडिया (एसआईआई) के साथ प्रौद्योगिकी अंतरण समझौता किया गया है। इस पहल का उद्देश्य प्रभावित आबादी - विशेष रूप से आदिवासी और उच्च रोगभार वाले क्षेत्रों - को किफायती और सुलभ उपचार प्रदान करना है और यह "2047 तक सिकल सेल मुक्त भारत" के राष्ट्रीय लक्ष्य के अनुरूप है।

इसके अलावा, राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीईएम), जिसका उद्देश्य सिकल सेल एनीमिया के रोगियों को किफायती, सुलभ और गुणवत्तापूर्ण परिचर्या प्रदान करना है, के तहत देश

भर में जिला अस्पतालों से लेकर आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक के सभी स्वास्थ्य केंद्रों पर सिकल सेल रोग से पीड़ित रोगियों और वाहकों की पहचान करने के लिए जांच की जाती है। इस रोग के प्रबंधन में प्रयुक्त दवा हाइड्रोक्सीयूरिया को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की आवश्यक दवाओं की सूची में उप-स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी)/शहरी पीएचसी, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों में सिकल सेल एनीमिया के उपचार के लिए शामिल किया गया है। एससीडी से पीड़ित रोगियों को एएएम के माध्यम से उनके जीवन स्तर में सुधार लाने के लिए निम्नलिखित सेवाएँ/सुविधाएँ प्रदान की जाती हैं;

- हाइड्रोक्सीयूरिया दवा निःशुल्क प्रदान की जाती है।
- रोगग्रस्त व्यक्तियों का नियमित अंतराल पर अनुवर्ती परीक्षण।
- जीवनशैली प्रबंधन, विवाह-पूर्व और प्रसव-पूर्व निर्णयों के संबंध में परामर्श।
- फोलिक एसिड की गोलियों के वितरण के माध्यम से पोषण संबंधी पूरक सहायता।
- योग और आरोग्य सत्र आयोजित करना।
- संकटकारी लक्षणों का प्रबंधन और उच्चतर सुविधा केंद्रों के लिए रेफरल।

यह मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर सिकल सेल एनीमिया संबंधी जांच और दवाओं की खरीद के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है।

REPATRIATION OF MORTAL REMAINS OF INDIAN NATIONALS

***191. SHRI HIBI EDEN:**

DR. AMAR SINGH:

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

- (a) whether Government has taken note of the rising number of cases involving deaths of Indian citizens working or residing abroad including Saudi Arabia, if so, the details thereof;
- (b) the procedure followed by Indian Missions for repatriation of mortal remains to India;
- (c) whether the Government maintains data on the time taken for repatriation from different countries, if so, the details thereof;
- (d) whether the Government proposes to establish a time-bound protocol to ensure faster repatriation through coordination between Indian Missions abroad, distressed families and airlines, if so, the details thereof, if not the reasons therefor;
- (e) the major challenges faced by families in India, including high transportation costs, delays in documentation and lack of clear communication along with the steps being taken by the Government in this regard; and
- (f) whether embassies have adequate staff, coordination systems and emergency funds to support distressed families especially economically weaker families?

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

(a) to (f): 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 hometowns in India. The total number of cases involving deaths of Indian citizens working or residing abroad has not witnessed any significant increase in recent times. The year-wise list of mortal remains of Indian nationals transported to India since 2016 is given in the enclosed **Statement**.

The Ministry has a well-established mechanism/SOPs to coordinate with all Missions and Posts abroad to provide help to Indian nationals abroad in cases of deaths 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 and 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 and 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.

Transportation of mortal remains of Indians, in general involves the following steps:

- i. The family has to nominate a person on their behalf to carry out all the formalities in foreign country, if they are unable to come to the foreign country to take over the mortal remains.
- ii. The Authorized person/Employer/University Authority has to inform the Insurance Company (if any).
- iii. The Authorized person/Employer/University Authority has to nominate a Transporter (in consultation with Insurance Company, if any).
- iv. A copy of the FIR has to be obtained from the Police authorities, if applicable.
- v. The Transporter has to complete the formalities of Embalming, Encoffining and Quarantine of the mortal remains as soon as possible.
- vi. The Authorized person/Employer/University Authority/Transporter has to book an Air Ticket to India for transportation of the mortal remains.
- vii. The authorized person needs to obtain the documents (FIR, if any, Medical Certificate/ Death Certificate, Original Passport, Embalming Certificate, Encoffining Certificate, Quarantine Certificate, Authority Letter by the family, List of belongings, Air Way Bill (copy or detailed information) and provide to Mission/Post for Cancellation of passport of the deceased and issue of "Death Certificate and NOC".

- viii. The family also needs to authorize a person to collect the mortal remains at the Indian Airport on their behalf, if required.

For transportation of mortal remains, Indian Missions and 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.

Time taken for repatriation of mortal remains varies with several factors including the cause of death, the country from where the mortal remains have to be transported, the distance of the country from India, domestic laws of the host country, employment status of the deceased, presence of next of kin in the country, among others. The procedures will accordingly differ from country to country depending on the regulations in the specific country. Therefore, no fixed time can

be framed for eventual transportation of the mortal remains in death cases. Generally, the transportation of mortal remains is quicker in cases of natural deaths in comparison to the cases of unnatural deaths.

In normal circumstances, the initial processing in the host countries varies between 3 to 14 days in cases of natural deaths. Generally, delays occur in cases of unnatural deaths where legal and police investigations have to be completed by the local authorities. Delays also occur in cases where the nationality or identity of the deceased needs to be established. In some cases, DNA profiling has also been undertaken to identify the deceased. In some cases, the family of deceased was untraceable or unwilling to provide consent for transportation of mortal remains or local burial / cremation leading to delays.

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 and Posts abroad support death registration and transportation of mortal remains to India.

Missions and 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 and 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 and Post abroad has a dedicated consular wing equipped with adequate staff to address to the grievances of distressed Indian nationals abroad. Missions and 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 and Posts have also been allotted Emergency helpline number so that the families can contact them 24x7 in distressed condition.

STATEMENT

The year-wise list of mortal remains of Indian nationals transported to India since 2016:

Year	Number of mortal remains of Indian nationals transported to India
2016	4167
2017	4222
2018	4205
2019	5291
2020	5321
2021	5834
2022	5946

2023	6532
2024	7096
2025 (till October)	5897

कुपोषण मुक्त भारत

***192. श्री देवेश शाक्य:**

श्री नीरज मौर्य:

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

- (क) क्या सरकार ने देश को कुपोषण मुक्त बनाने के लिए कोई लक्ष्य निर्धारित किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या उक्त लक्ष्यों को आज की तिथि तक प्राप्त नहीं किया गया है, यदि हां, तो विशेषकर उत्तर प्रदेश के आंवला, बरेली, शाहजहांपुर, बदायूं, मैनपुरी, कन्नौज, एटा और कासगंज जिलों के संबंध में इसके क्या कारण हैं;
- (ग) विगत पांच वर्षों के दौरान देश में कुपोषणग्रस्त बच्चों की वर्तमान संख्या राज्य-वार और वर्ष-वार कितनी है;
- (घ) क्या सरकार ने सतत विकास लक्ष्यों के लक्ष्य-2 (भुखमरी समाप्त करना) के अनुरूप देश को कुपोषण मुक्त बनाने के लिए कोई लक्ष्य निर्धारित किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ड.) विगत पांच वर्षों के दौरान कुपोषण के कारण मरने वाले बच्चों का राज्य-वार और वर्ष-वार ब्यौरा क्या है; और
- (च) उक्त अवधि के दौरान कुपोषण को दूर करने के लिए इन योजनाओं पर किए गए कुल व्यय का ब्यौरा क्या है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) से (घ): पोषण केवल भोजन करने तक सीमित नहीं है; इसके लिए पोषक तत्वों का उचित पाचन, अवशोषण और चयापचय आवश्यक है। यह प्रक्रिया स्वच्छता, शिक्षा और स्वच्छ पेयजल जैसे कारकों से प्रभावित होती है, इसलिए इन सभी कारकों को शामिल करते हुए एक बहु-क्षेत्रीय दृष्टिकोण आवश्यक है। मिशन पोषण 2.0 के तहत, कुपोषण के विभिन्न रूपों, जिनमें दुबलापन, कम वजन और बौनापन शामिल हैं, से निपटने के लिए एक व्यापक और बहु-क्षेत्रीय कार्यनीति अपनाई गई है।

राष्ट्रीय खाद्य सुरक्षा अधिनियम 2013, जिसे मुख्य रूप से खाद्य और सार्वजनिक वितरण विभाग द्वारा कार्यान्वित किया जा रहा है, के तहत देश के 80 करोड़ से अधिक लाभार्थियों को हर महीने मुफ्त अनाज उपलब्ध कराया जाता है।

इसके अलावा, कुपोषण की चुनौतियों से निपटने के लिए, महिला एवं बाल विकास मंत्रालय मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत देश भर में 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं, प्रसव के बाद 6 महीने तक स्तनपान कराने वाली माताओं और किशोरियों (पूर्वोत्तर राज्यों और आकांक्षी जिलों में 14-18 वर्ष की आयु की) को पूरक पोषण प्रदान कर रहा है। यह पूरक पोषण अनुशंसित आहार मात्रा (आरडीए) और औसत दैनिक सेवन (एडीआई) के बीच के अंतर को खत्म करने के लिए प्रदान किया जा रहा है।

इसके अलावा, प्रधानमंत्री पोषण शक्ति निर्माण (पीएम पोषण) योजना राज्यों और संघ राज्य क्षेत्रों के सहयोग से कार्यान्वित की जा रही है, जिसके तहत बाल वाटिका (पहली कक्षा से ठीक पहले) और सरकारी एवं सरकारी सहायता प्राप्त विद्यालयों की पहली कक्षा से आठवीं तक के सभी बच्चों को पका हुआ गर्म और पौष्टिक भोजन उपलब्ध कराया जाता है। यह योजना सभी राज्यों/संघ राज्य क्षेत्रों के 10.35 लाख से अधिक विद्यालयों में लगभग 11 करोड़ बच्चों को कवर करती है।

भारत सरकार प्रति वर्ष एनएफएसए के तहत लगभग 554 लाख टन खाद्यान्न, पीएम-पोषण के तहत 22.31 लाख टन, गेहूं आधारित पोषण कार्यक्रम के तहत 23.05 लाख टन और किशोरियों के लिए योजना के तहत 0.58 लाख टन खाद्यान्न आवंटित करती है।

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस) पूरे भारत में परिवारों के एक प्रतिनिधि नमूना आधार पर आयोजित किया जाता है और प्रजनन क्षमता, शिशु एवं बाल मृत्यु दर, परिवार नियोजन की पद्धति, मातृ और शिशु स्वास्थ्य, प्रजनन स्वास्थ्य, पोषण, एनीमिया, स्वास्थ्य एवं परिवार नियोजन सेवाओं के उपयोग और गुणवत्ता पर रिपोर्ट प्रदान करता है।

स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा 1992-93 से आयोजित राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएस) के कई चरणों से पता चलता है कि पूरे भारत में बच्चों में कुपोषण के संकेतकों में सुधार हुआ है।

एनएफएस-1 से एनएफएस-5 तक इन संकेतकों का विवरण इस प्रकार है:

एनएफएस सर्वेक्षण	बौनापन%	कम वजन%	दुबलापन %
एनएफएस 1 (1992-93)*	52	53.4	17.5
एनएफएस -2 (1998-99)**	45.5	47	15.5
एनएफएस -3 (2005-6)***	48.0	42.5	19.8
एनएफएस -4 (2015-16)***	38.4	35.8	21.0
एनएफएस -5 (2019-21)***	35.5	32.1	19.3

* 4 वर्ष से कम

** 3 वर्ष से कम

*** 5 वर्ष से कम

इसके अलावा, मंत्रालय 2021 से पोषण ट्रैकर के माध्यम से निर्धारित संकेतकों पर आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में लाभार्थियों की निगरानी और ट्रैकिंग कर रहा है, जिसमें बच्चों में बौनापन, दुबलापन और कम वजन की व्याप्तता की निगरानी शामिल है।

उत्तर प्रदेश के आंवला, बरेली, शाहजहांपुर, बदायूं, मैनपुरी, कन्नौज, एटा और कासगंज जिले सहित देश भर में कुपोषित बच्चों का राज्य-वार, जिला-वार और वर्ष-वार ब्यौरा

<https://www.poshantracker.in/statistics> पर उपलब्ध है।

(ड.): भारत के महापंजीयक के नमूना पंजीकरण प्रणाली (एसआरएस) द्वारा जारी मृत्यु के कारणों से सम्बंधित रिपोर्ट (एसआरएस-आरजीआई) के अनुसार, भारत में शिशु मृत्यु का प्रत्यक्ष कारण कुपोषण नहीं है।

एसआरएस-आरजीआई रिपोर्ट के अनुसार, भारत में बाल मृत्यु के प्रमुख कारण निमोनिया (16.3%), जन्म के समय श्वास अवरोध एवं आघात (9.8%), दस्त संबंधी रोग (4.3%), बुखार का मूल कारण पता न होना (4%), समय से पहले जन्म एवं कम वजन (30.7%), जन्मजात विकार (5.8%), अन्य गैर-संचारी रोग (8.4%), चोटें (4.2%), सेप्सिस (3.9%), अस्पष्ट या अज्ञात कारण से मृत्यु (9.8%) इत्यादि हैं।

विस्तृत जानकारी भारत के महापंजीयक के कार्यालय द्वारा जारी रिपोर्ट में दी गई है, जो <https://censusindia.gov.in/nada/index.php/catalog/46176> लिंक पर उपलब्ध है।

(च): मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत वर्ष 2021-22 से 24.11.2025 तक किए गए कुल व्यय (केंद्रीय अंश) का ब्यौरा इस प्रकार है:

(रुपए करोड़ में)

क्रम संख्या	वर्ष	जारी निधि
1.	2021-22	18208.85
2.	2022-23	19476.48

3.	2023-24	21809.64
4.	2024-25	21014.02
5.	2025-26 (24.11.2025 तक)	11683.02

प्रयागराज में एम्स की स्थापना

*193. श्री उज्ज्वल रमण सिंह:

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

- (क) क्या सरकार का विचार प्रयागराज, उत्तर प्रदेश में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना करने का है;
- (ख) यदि हां, तो इसकी स्थापना कब तक किए जाने की संभावना है; और
- (ग) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ग): प्रधान मंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत, उत्तर प्रदेश के रायबरेली और गोरखपुर सहित देश के विभिन्न राज्यों/संघ राज्य क्षेत्रों में आदिनांक 22 अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना के लिए मंजूरी दी गई है। दोनों संस्थान कार्यशील हैं।

पीएमएसएसवाई योजना के एक अन्य घटक के तहत, उत्तर प्रदेश राज्य में, केंद्र-राज्य लागत साझाकरण के आधार पर 11 सरकारी मेडिकल कॉलेजों (जीएमसी) के उन्नयन का कार्य सुपर-स्पेशियलिटी सुविधाकेंद्रों की स्थापना के माध्यम से शुरू किया गया है, जिसमें मोती लाल नेहरू मेडिकल कॉलेज, प्रयागराज भी शामिल है। मोती लाल नेहरू मेडिकल कॉलेज, प्रयागराज का उन्नयन, 7 ऑपरेशन थिएटर और 8 विभाग अर्थात् कार्डियोथोरेसिक और वैस्कुलर सर्जरी (सीटीवीएस), न्यूरोलॉजी, न्यूरोसर्जरी, नेफ्रोलॉजी, यूरोलॉजी, प्लास्टिक सर्जरी, एंडोक्रिनोलॉजी और सर्जिकल ऑन्कोलॉजी के साथ 233 बिस्तरों वाले सुपर स्पेशियलिटी ब्लॉक को 150 करोड़ रुपये की लागत

(केंद्रीय हिस्सा 120 करोड़ रुपये और राज्य का हिस्सा 30 करोड़ रुपये) से अनुमोदित किया गया है। पीएमएसएसवाई के तहत, उत्तर प्रदेश के प्रयागराज में एक नए एम्स की स्थापना हेतु कोई प्रस्ताव नहीं है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत स्वास्थ्य सेवाएं

*194. श्री धर्मेन्द्र यादव:

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

- (क) विगत तीन वित्त वर्षों के दौरान राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) सहित विभिन्न योजनाओं के माध्यम से अनुसूचित जाति (एससी), अनुसूचित जनजाति (एसटी) और अन्य पिछड़ा वर्ग (ओबीसी) समुदायों को प्रदान की गई स्वास्थ्य सेवाओं का राज्य-वार और वर्ष-वार ब्यौरा क्या है;
- (ख) देश में आयुष्मान भारत-प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) और अन्य प्रमुख स्वास्थ्य सहायता योजनाओं के अंतर्गत उक्त समुदायों को राज्य-वार विशेषकर उत्तर प्रदेश में कितना लाभ प्राप्त हुआ है और इन पर कितनी धनराशि खर्च की गई है;
- (ग) क्या सरकार ने स्वास्थ्य सेवाओं की पहुंच और गुणवत्ता में क्षेत्रीय/सामाजिक असमानताओं को दूर करने और इन समुदायों के लिए बेहतर स्वास्थ्य परिणाम सुनिश्चित करने के लिए कोई विशिष्ट बजट आबंटन/उप-योजना का कार्यान्वयन किया है; और
- (घ) यदि हां, तो देश में दूर-दराज के जनजातीय क्षेत्रों और सामाजिक रूप से पिछड़े वर्गों के लिए सेवाओं तक पहुंच में सुधार लाने हेतु सरकार द्वारा अपनाई गई विशिष्ट निगरानी प्रणालियों का ब्यौरा क्या है?

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

(क) और (ख): स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत योजनाएँ, स्वास्थ्य अवसंरचना में सुधार, पर्याप्त मानव संसाधन की उपलब्धता, अनुसूचित जाति (एससी), अनुसूचित जनजाति (एसटी) और अन्य पिछड़ा वर्ग (ओबीसी) समुदायों सहित सभी के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या सेवा की उपलब्धता, किफायती और पहुंच में सुधार के लिए सहायता प्रदान करती हैं।

- (i) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम): एनएचएम के अंतर्गत चलाई जाने वाली विभिन्न पहलों में आयुष्मान आरोग्य मंदिरों का संचालन, राष्ट्रीय एम्बुलेंस सेवाएं, मोबाइल मेडिकल यूनिट, आशाकर्मियों की नियुक्ति, 24x7 सेवाएं और प्राथमिक रेफरल सुविधाएं, प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम, मुफ्त निदान सेवा पहल और मुफ्त दवा सेवा पहल, प्रजनन एवं बाल स्वास्थ्य के अंतर्गत विभिन्न कार्यक्रम, एनीमिया मुक्त भारत कार्यनीति, टीबी मुक्त भारत अभियान और सार्वभौमिक प्रतिरक्षीकरण कार्यक्रम आदि शामिल हैं।

आदिवासियों की स्वास्थ्य परिचर्या के लिए राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीईएम), प्रधान मंत्री जनजाति आदिवासी न्याय महा अभियान (पीएम-जनमन) और धरती आबा जनजाति ग्राम उत्कर्ष अभियान (डीए-जेजीयूए) जैसे विशेष कार्यक्रम हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत वित्त वर्ष 2022-23 से वित्त वर्ष 2024-25 तक केंद्र द्वारा जारी निधि (अनुसूचित जाति/अनुसूचित जनजाति श्रेणी-वार) का राज्य-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

- ii) आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) भारत की 40% आबादी के निचले तबके के 12 करोड़ परिवारों को लाभ पहुंचाती है और मध्यम और विशिष्ट स्तर के अस्पताल में भर्ती होने के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य बीमा प्रदान करती है। लाभार्थियों की पहचान सामाजिक-आर्थिक और जाति जनगणना (एसईसीसी) सहित

विभिन्न डेटाबेस के आधार पर की जाती है, जिसमें ग्रामीण क्षेत्रों में अनुसूचित जाति/अनुसूचित जनजाति परिवारों को वंचितता मानदंडों में से एक माना गया है। तदनुसार, 15 नवंबर 2025 की स्थिति के अनुसार, एबी-पीएमजेएवाई के तहत अनुसूचित जाति के लिए 1.98 करोड़ आयुष्मान कार्ड और अनुसूचित जनजाति के लिए 0.97 करोड़ आयुष्मान कार्ड जारी किए गए हैं। मार्च 2024 में इस योजना में आशाकर्मियों, आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायकों के 37.14 लाख परिवारों को शामिल किया गया था। अक्टूबर 2024 में इस योजना का विस्तार किया गया और इसमें सामाजिक-आर्थिक स्थिति को देखे बिना 4.5 करोड़ परिवारों से संबंधित 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को शामिल किया गया। राष्ट्रीय स्वास्थ्य प्राधिकरण ने जनवरी 2024 में जनजातीय कार्य मंत्रालय के साथ मिलकर विशेष रूप से कमजोर जनजातीय समूहों (पीवीटीजी) के परिवारों को एबी-पीएमजेएवाई के दायरे में शामिल करने के लिए सहयोग किया। दिनांक 6 दिसंबर 2025 की स्थिति के अनुसार, इस श्रेणी के तहत 13.33 लाख आयुष्मान कार्ड जारी किए गए थे (राज्यवार आयुष्मान कार्ड जारी करने और योजना के तहत प्राप्त उपचार का विवरण <https://dashboard.nha.gov.in/public/> पर देखा जा सकता है)।

- iii) स्वास्थ्य के लिए मानव संसाधन का उद्देश्य शहरी/ग्रामीण अंतर को कम करना, चिकित्सा संस्थानों/चिकित्सा पेशेवरों की उपलब्धता में क्षेत्रीय असंतुलन को दूर करना और अल्पसेवित क्षेत्रों में वहनीय स्वास्थ्य परिचर्या उपलब्ध कराना है। केंद्र प्रायोजित योजना के तहत "मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना" के लिए 157 नए मेडिकल कॉलेजों को उन संसदीय निर्वाचन क्षेत्रों/जिलों में मंजूरी दी गई है, जहां सरकारी या निजी क्षेत्र में एक भी मेडिकल कॉलेज मौजूद नहीं है। इनमें से 40 कॉलेजों को आकांक्षी जिलों में और 38

कॉलेजों को आदिवासी क्षेत्रों में मंजूरी दी गई है। राज्यवार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

देश में एमबीबीएस सीटों की संख्या बढ़ाने के उद्देश्य से मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों के उन्नयन की योजना के तहत, 17 राज्यों/संघ राज्य क्षेत्रों के 83 सरकारी मेडिकल कॉलेजों में 5972.20 करोड़ रुपये की कुल लागत से 4977 एमबीबीएस सीटें बढ़ाने की मंजूरी दी गई है। इसके अतिरिक्त, 'राज्य सरकार के मेडिकल कॉलेजों को सुदृढ़ और उन्नत बनाने, नए स्नातकोत्तर विषयों को शुरू करने और स्नातकोत्तर सीटों की संख्या बढ़ाने' के लिए केंद्र प्रायोजित योजना (सीएसएस) के तहत 8058 सीटों की मंजूरी दी गई है।

(ग) और (घ): स्वास्थ्य और परिवार कल्याण विभाग में अनुसूचित जाति विकास कार्य योजना (डीएपीएससी) और अनुसूचित जनजाति विकास कार्य योजना (डीएपीएसटी) के अंतर्गत वित्त वर्ष 2020-21 से 2024-25 तक के बजट और व्यय को दर्शाने वाला ब्यौरा संलग्न **विवरण-III** और **IV** में दिया गया है।

सभी योजनाओं और कार्यक्रमों की विभिन्न स्तरों पर नियमित रूप से निगरानी की जाती है और लोगों को मिलने वाले व्यापक स्वास्थ्य लाभों के संदर्भ में उनकी प्रभावशीलता और परिणामों का समय-समय पर मूल्यांकन किया जाता है।

विवरण-I

एनएचएम के तहत वित्त वर्ष 2022-23 से वित्त वर्ष 2024-25 तक राज्य-वार केन्द्र से जारी धनराशि (अनुसूचित जाति/अनुसूचित जनजाति श्रेणी-वार) दर्शाने वाला ब्यौरा:

(करोड़ रुपये में)

क्रम सं.	राज्य/संघ राज्य क्षेत्र	2022-23		2023-24		2024-25	
		अनुसूचित जाति	अनुसूचित जनजाति	अनुसूचित जाति	अनुसूचित जनजाति	अनुसूचित जाति	अनुसूचित जनजाति
1	अंडमान व निकोबार द्वीप समूह	0.00	0.00	0.00	0.00	0.00	3.10

2	आंध्र प्रदेश	516.54	130.16	277.37	76.50	304.79	88.37
3	अरुणाचल प्रदेश	0.10	124.85	0.00	172.99	0.97	113.07
4	असम	141.28	262.34	213.56	169.84	458.98	159.66
5	बिहार	465.64	30.39	418.39	24.50	389.82	35.74
6	छत्तीसगढ़	343.26	311.13	118.33	256.28	141.76	307.03
7	दिल्ली	4.50	0.00	15.15	0.00	54.61	0.00
8	गोवा	7.49	3.88	6.46	2.90	2.54	7.08
9	गुजरात	334.34	128.10	208.52	226.41	103.09	201.92
10	हरियाणा	110.44	0.00	127.29	0.00	113.31	0.00
11	हिमाचल प्रदेश	232.56	58.55	123.62	32.88	142.25	43.00
12	जम्मू और कश्मीर	41.69	14.45	114.88	47.78	100.96	49.08
13	झारखंड	120.05	212.29	117.52	165.04	159.96	253.05
14	कर्नाटक	380.55	103.40	195.29	70.55	237.29	132.79
15	केरल	423.36	46.64	23.15	3.16	296.88	103.49
16	मध्य प्रदेश	762.79	429.36	487.09	293.60	429.06	572.98
17	महाराष्ट्र	442.05	321.66	483.03	277.31	330.70	234.18
18	मणिपुर	2.07	18.74	44.23	30.32	38.69	33.49
19	मेघालय	43.60	134.56	51.48	141.61	92.85	33.57
20	मिजोरम	0.30	67.37	34.43	63.34	24.29	30.33
21	नागालैंड	0.00	49.68	0.00	112.32	0.12	91.93
22	ओडिशा	246.55	454.37	268.77	316.26	378.99	472.97
23	पुदुचेरी	3.46	0.00	9.55	0.00	4.32	0.00
24	पंजाब	147.39	0.00	25.88	0.00	347.51	5.71
25	राजस्थान	356.37	142.88	739.28	232.87	453.33	324.85
26	सिक्किम	3.39	22.30	12.65	16.43	10.29	13.48
27	तमिलनाडु	272.40	15.81	481.62	90.58	370.37	27.09
28	त्रिपुरा	48.27	54.48	31.90	54.77	46.25	43.02
29	उत्तर प्रदेश	1,165.86	187.84	1,315.20	189.84	1,641.68	40.84
30	उत्तराखंड	127.16	20.43	161.15	38.54	143.32	74.42
31	पश्चिम बंगाल	313.33	75.21	247.01	50.88	218.56	30.75
32	तेलंगाना	99.89	50.87	119.77	41.38	197.65	93.25

नोट: ऊपर दी गई धनराशि केंद्र सरकार के अनुदान से संबंधित हैं और इसमें राज्य का हिस्सा शामिल नहीं है।

विवरण-II

नए मेडिकल कॉलेजों की स्थापना का राज्यवार ब्यौरा

राज्य/ संघ राज्य क्षेत्र	आकांक्षी जिले	जनजातीय जिले
आंध्र प्रदेश	पडेरू	-
अरुणाचल प्रदेश	-	पापुम पारे
असम	धुबरी	कोकराझार
बिहार	जमुई, पूर्णिया, सीतामढ़ी	जमुई
छत्तीसगढ़	कांकेर, कोरबा, महासमुंद, राजनांदगांव	सरगुजा, कांकेर, कोरबा, महासमुंद, राजनांदगांव
गुजरात	नर्मदा	नर्मदा, नवसारी, पंचमहल
हिमाचल प्रदेश	चंबा	चंबा
जम्मू और कश्मीर	बारामूला, कुपवाड़ा	राजौरी
झारखंड	दुमका, पूर्वी सिंहभूम, हजारीबाग, पलामू	दुमका, पलामू, हजारीबाग, पश्चिमी सिंहभूम
कर्नाटक	यादगीर	-
लद्दाख	-	लेह
मध्य प्रदेश	खंडवा, राजगढ़, विदिशा, सिंगरौली	मंडला, शहडोल, छिंदवाड़ा, सिंगरौली, रतलाम, खंडवा (पूर्वी निमाड़)
महाराष्ट्र	नंदुरबार	नंदुरबार
मणिपुर	-	चुराचांदपुर
मेघालय	-	वेस्ट गारो हिल्स
मिजोरम	-	आइजोल
नागालैंड	-	मोन, कोहिमा
ओडिशा	बलांगीर, कालाहांडी, कोरापुट	मयूरभंज, कोरापुट, कालाहांडी
राजस्थान	बारां, धौलपुर, जैसलमेर, करौली, सिरोही	बांसवाड़ा, डूंगरपुर, सिरोही, दौसा
सिक्किम	-	पूर्वी जिला
तमिलनाडु	रामनाथपुरम, विरुधुनगर	-
उत्तर प्रदेश	बहराइच, चंदौली, फतेहपुर, सिद्धार्थनगर, सोनभद्र	-
उत्तराखंड	हरिद्वार, उधम सिंह नगर	-

विवरण-III

स्वास्थ्य और परिवार कल्याण विभाग में अनुसूचित जाति विकास कार्य योजना (डीएपीएससी) और अनुसूचित जनजाति विकास कार्य योजना (डीएपीएसटी) के अंतर्गत वित्त वर्ष 2020-21 से 2024-25 तक के बजट और व्यय को दर्शाने वाला ब्यौरा:

(करोड़ रुपये में)

वर्ष	ब.अ. (कुल)	ब.अ. (योजना)	ब.अ. (योजना) के अनुसार डीएपीएससी आवंटन	सं.अ. (योजना) के अनुसार डीएपीएससी आवंटन	डी.ए.पी.एस. सी. के अंतर्गत आवंटन (%)	डीएपीएससी के तहत व्यय
2020-21	65012	49600	8300	7643	16.7	7845.19
2021-22	71269	53544	8938	10759	16.7	8005.95
2022-23	83000	62797	10424	9298	16.6	8862.22
2023-24	86175	56168	9324	7965	16.6	8041.64
2024-25	87657	55169	9158	8927	16.6	8537.72

विवरण-IV

(करोड़ रुपये में)

वर्ष	ब.अ. (कुल)	ब.अ. (योजना)	ब.अ. (योजना) के अनुसार डीएपीएसटी आवंटन	सं.अ. (योजना) के अनुसार डीएपीएसटी आवंटन	डी.ए.पी.एस. टी. के अंतर्गत आवंटन (%)	डीएपीएसटी के अंतर्गत व्यय
2020-21	65012	49600	4300	4004	8.7	4097.66
2021-22	71269	53544	4634	5574	8.7	4262.70
2022-23	83000	62797	5401	4924	8.6	4741.21
2023-24	86175	56168	4830	4126	8.6	4134.07
2024-25	87657	55169	4745	4625	8.6	4431.02

ADEQUATE SUPPLY OF UREA IN RABI SEASON***195. SHRI VAMSI KRISHNA GADDAM:**

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

- (a) whether the Government has taken note of the fertilizer requirements for the upcoming Rabi season in Peddapalli, Jagtial and Mancherial districts of Telangana, where farmers have reported concerns regarding timely availability of urea, if so, the details thereof;
- (b) whether the Union Government has received any request from the State Government seeking enhanced allocation of urea and other fertilizers for these districts to avoid shortage during peak agricultural operations, if so, the details thereof;
- (c) the details of the fertilizer allocation and supply made to Telangana during the last Rabi season and the proposed allocation for the current season, district-wise; and
- (d) the steps being taken by the Government to ensure uninterrupted and adequate availability of urea and other fertilizers in the said districts, including measures for monitoring distribution and preventing black-marketing?

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

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

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), 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 DAandFW, 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.

However, the assessment and distribution of fertilizes within the State at district level is done by the concerned State government.

Further, the information regarding requirement, availability, sales and closing stock of fertilizers in Telangana during the ongoing Rabi 2025-26 season and in Rabi 2024-25 season is shown in the table given below:

I. RABI 2025-26 (TILL 08.12.25)**<QTY IN LMT>**

S.N.	PRODUCT GROUP	PRO- RATA REQUIREMENT TILL 08.12.2025	AVAILABILITY TILL 08.12.2025	DBT SALES TILL 08.12.2025	CLOSING STOCK AS ON 08.12.2025
1	UREA	4.41	4.46	1.88	2.58
2	DAP	0.80	1.25	0.66	0.59
3	MOP	0.28	0.51	0.15	0.36
4	NPKS	2.76	4.41	1.53	2.88

II. RABI 2024-25

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	AVAILABILITY	DBT SALES	CLOSING STOCK
1	UREA	9.80	12.50	10.43	2.07
2	DAP	1.50	1.74	1.46	0.28
3	MOP	0.70	0.96	0.66	0.30
4	NPKS	7.00	9.02	6.42	2.60

In order to address the issues such as black-marketing, diversion, hoarding and over-pricing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955

and Fertilizer Control Order, 1985. Accordingly, the details regarding enforcement measures taken by the State of Telangana, as informed by them, from 01.04.2025 to 28.11.2025, to curb these malpractices, including black-marketing of fertilizers, is given in the enclosed **Statement**.

STATEMENT

Action taken by the State Government of Telangana to check black marketing, hoarding, quality check, diversion etc. from 01.04.2025 to 28.11.2025:

Cumulative Statement from April 25 to November 25 (as on 28.11.2025)																	
		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Total		
States	No. of Inspections / raids	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR Registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered		Show cause notice issued	No. of licenses cancelled / suspended	FIR registered
Telangana	115321	5	9	3	4	2	0	79	0	0	4	0	5	NIL	92	11	8

**ESTABLISHMENT OF AYUSHMAN AROGYA MANDIRS
IN ANDHRA PRADESH**

***196. DR. C. M. RAMESH:**

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

- (a) whether it is a fact that the Union Government has approved the establishment of 45 units of Ayushman Arogya Mandirs (AAMs) in the State of Andhra Pradesh;
- (b) if so, the details of the AAMs approved, district-wise;
- (c) the amount of funds approved, sanctioned, released and spent on the said 45 units particularly in Anakapalli district; and
- (d) the likely timeframe by which these AAMs are likely to become operational?

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

(a): Yes. Forty-five (45) Urban Ayushman Arogya Mandirs (UAAMs) for Andhra Pradesh for five years from FY 2021-22 to FY 2025-26 were approved under the Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM ABHIM) Scheme. In addition, 191 UAAMs were also approved for the state from FY 2021-22 to FY 2025-26 under the 15th Finance Commission Health Sector Grants.

(b): The district-wise details of 45 UAAMs approved under PM-ABHIM are given in the enclosed **Statement**.

(c): State Program Implementation Plan (SPIP) Approvals for UAAM under PM-ABHIM for the FY 2023-24 and FY 2024-25 for the state of Andhra Pradesh are

Rs. 13805 lakhs and Rs. 1824.75 lakhs, respectively. One U-AAM has been sanctioned in Anakapalli District.

(d): Public Health is a State subject, and the operationalisation of the 45 UAAMs under PM-ABHIM rests with the State Government of Andhra Pradesh.

STATEMENT

Details of Urban Ayushman Arogya Mandirs (U-AAMs) approved under PM-ABHIM for Andhra Pradesh:

S. No	District Name	Name of the Facility
1	Anakapalli	Sriramnagar
2	Anantapur	Munnanagar-33 ward
3	Anantapur	Bindela Colony
4	Bapatla	Nethaji Colony
5	Chittoor	Ekambara Kupparam
6	East Godavari	Simhachalam Nagar
7	East Godavari	Vambay Colony
8	Eluru	Gollayagudem-01
9	Guntur	Lalapeta
10	Guntur	Pichukula Gunta
11	Guntur	Chinaravuru-02
12	Guntur	Cabinpeta
13	Kakinada	Recharla peta
14	Kakinada	Vaddillapeta-2
15	Krishna	Tadigadapa-4 (Srinivasanagar)
16	Kurnool	36-A ward NTR colony-1
17	Kurnool	37-A ward Mamidalapadu-1

18	Kurnool	16 ward Ambedkar nagar
19	NTR	Frizerpeta
20	NTR	Pnnami Ghat, Bank Colony
21	NTR	Ramalingeswar nagar katta
22	NTR	Bhupesh gupta nagar
23	NTR	Pappulamillu
24	NTR	CR Nagar
25	Palnadu	Railway gate-Masjid
26	Palnadu	Budagajangala colony
27	Parvathipuram Manyam	Kothavalasa-1
28	Prakasam	Ekalavyanagar (Slate workers)
29	Prakasam	Granite workers
30	SPSR Nellore	Bhagatsing colony
31	SPSR Nellore	Vengalrao nagar
32	Srikakulam	Dammalaveedhi
33	Tirupati	Scavengers colony
34	Tirupati	Auto Nagar
35	Visakhapatanam	Pedajalaripeta
36	Visakhapatanam	Chilakapeta
37	Visakhapatanam	Kailasapuram
38	Visakhapatanam	Yarada
39	Visakhapatanam	Asivanipalem
40	Visakhapatanam	Chittivalasa
41	Vizianagaram	Upparapeta-33 (Sainadhacolony)
42	West Godavari	Scavengers Colony -WS
43	YSR	Prakashnagar

44	YSR	Nakash-2
45	YSR	Sanjeevnagar

“GLOBAL HEALTH RESEARCH”

***197. DR. VINOD KUMAR BIND:**

SHRIMATI KAMALJEET SEHRAWAT:

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

- (a) the details of India's participation in International forums with respect to traditional medicine and Integrative health;
- (b) the objectives behind presenting AYUSH-based research and clinical evidence in global forums;
- (c) whether any proposals have been made for joint research, clinical observation or capacity-building with other countries in these forums and any Institutions from the State of Karnataka, particularly in Bengaluru;
- (d) the manner in which the Ministry is exploring partnerships for cross-cultural AYUSH delivery, safety surveillance, research exchange and publication of scientific evidence; and
- (e) whether such collaborations have been included/proposed to be included any AYUSH Research centres and Universities based in Bengaluru and if so, the details thereof?

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

(a) to (d): The Ministry is implementing a Central Sector Scheme for the Promotion of International Co-operation in Ayush (IC Scheme) under which the Ministry of Ayush provides support to Indian Ayush drug Manufacturers/ Ayush Service providers to give boost to the export of Ayush products and services; facilitates the International promotion, development and recognition of Ayush system of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research through the establishment of Ayush Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level. Ministry of Ayush through IC Scheme also sponsors Ayush research and development/ teaching and other collaborations with reputed institutions/ universities in foreign countries; International agencies and UN bodies like (World Health Organization) WHO.

The Ministry of Ayush has following collaboration with WHO:-

- Signed an agreement with WHO to establish WHO-Global Traditional Medicine Centre (GTMC) in Jamnagar, Gujarat. This Centre aims to provide support to implement WHO's traditional medicine strategy (2014-23) and to support nations in developing policies and action plans to strengthen the role of traditional medicine as part of their journey to universal health coverage. India is positioning itself as a global leader in traditional medicine through initiatives like the WHO-GTMC. This center, established in partnership with the World Health Organization,

is a key step in promoting and researching traditional medicine. It serves as a key knowledge hub for evidence-based Traditional, Complementary and Integrative Medicine (TCIM) on a global scale. This is the global out posted Centre (Office) for traditional medicine across the world with the following key objectives:

- ❖ To position Traditional Medicine (TM) systems across the globe.
- ❖ To provide leadership on global health matters pertaining to traditional medicine.
- ❖ To ensure quality, safety and efficacy, accessibility and rational use of traditional medicine.
- ❖ To develop norms, standards, and guidelines in relevant technical areas, tools and methodologies, for collecting data undertaking analytics, and assessing impact. Envisage WHO Traditional Medicine (TM) Informatics Centre creating a collaborative of existing Traditional Medicine (TM) Data Banks, virtual libraries, and academic and research institutes.
- ❖ To develop specific capacity building and training programmes in the areas of relevance to the objectives and conduct training programmes in campus, residential, or web-based, and through partnerships with the WHO Academy and other strategic partners.

- Benchmark document for training and practice of Ayurveda and Unani published in 2022 as an outcome of Project Collaboration Agreement signed with WHO on 13th May, 2016.
- Terminology document published by WHO in Ayurveda, Unani and Siddha as a outcome of Project Collaboration Agreement on integration of traditional and complementary medicine into health care system between WHO and Ministry of Ayush.
- An agreement was signed between the Ministry of Ayush and the World Health Organization (WHO) on May 24, 2025 towards developing Traditional Medicine intervention categories and index for the International Classification of Health Interventions (ICHI), with a holistic approach and focus on Traditional Medicine systems of Ayurveda, Siddha and Unani. The agreement marks the beginning of work on a dedicated Traditional Medicine module under the International Classification of Health Interventions (ICHI). This development aligns with India's vision of bringing its rich heritage of traditional wisdom into the global healthcare mainstream, backed by scientific classification and international standards.
- In addition, the Ministry of Ayush has signed 25 Country to Country MoUs for Cooperation in field of Traditional Medicine and Homoeopathy with foreign nations, 15 MoUs with International Institutes for setting up of AYUSH Academic Chairs in foreign nations, 52 Institute to Institute level MoUs with foreign institutes for

undertaking Collaborative Research / Academic collaboration and supported the establishment of 43 Ayush Information Cells in 39 foreign nations for propagation and promotion of Ayush at global stage. Further, Ministry of Ayush offers scholarships to foreign nationals for studying Ayush courses in recognized Ayush institutions in India under International Ayush Fellowship/Scholarship Program.

(e): The Central Council for Research in Ayurvedic Sciences (CCRAS) is an autonomous body of the Ministry of Ayush, Government of India. It is an apex body in India for the formulation, coordination, development, and promotion of research on scientific lines in the Ayurveda of medicine. The activities of (CCRAS) are carried out through its 30 Institutes/Centres located all over India and through Collaborative studies with various Universities, Hospitals and Institutes. One institute of CCRAS is functioning in the state of Karnataka viz. Central Ayurveda Research Institute, Bengaluru.

जिला न्यायालयों में लंबित मामले

***198. श्री हरीश चंद्र मीना:**

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

- (क) राष्ट्रीय न्यायिक डाटा ग्रिड (एमजेडीजी) के अनुसार राजस्थान के जिला न्यायालयों में कितने सिविल और आपराधिक मामले लंबित हैं;
- (ख) टोंक और सवाई माधोपुर जिलों के जिला न्यायालयों में तीन वर्षों में अधिक समय से लंबित मामलों की संख्या कितनी है;

(ग) क्या वर्ष 2023-25 के दौरान उक्त जिलों में चल विधिक सहायता शिविरों अथवा लोक अदालतों का आयोजन किया गया है;

(घ) यदि हां, तो उक्त शिविरों और लोक अदालतों से कितने लोगों को लाभ मिला है; और

(ङ) उक्त जिलों में उपलब्ध ऑनलाइन फाइलिंग और ट्रैकिंग सहित ई-न्यायालय सुविधाओं की स्थिति क्या है और उक्त सुविधाओं का उपयोग करने वाले वादियों की संख्या कितनी है?

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

(क) और (ख): राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी) पर उपलब्ध सूचना के अनुसार, राजस्थान में जिला न्यायालयों के समक्ष 08.12.2025 तक लंबित सिविल और आपराधिक मामलों की संख्या क्रमशः 5,02,170 और 20,67,494 है। इसके अलावा, टोंक और सवाई माधोपुर जिलों में जिला न्यायालयों के समक्ष तीन वर्ष से अधिक समय से लंबित मामले निम्नानुसार हैं :-

क्रम संख्या	राजस्थान में जिला न्यायालयों का नाम	तीन साल से अधिक समय से लंबित मामले		
		सिविल	आपराधिक	कुल
1	टोंक	2486	10,751	13,237
2	सवाई माधोपुर	2186	6831	9017

(ग) और (घ): जनवरी, 2023 से नवंबर, 2025 की अवधि के लिए उक्त जिलों में आयोजित चल विधिक सहायता शिविरों, राष्ट्रीय लोक अदालतों, राज्य लोक अदालतों और स्थायी लोक अदालतों के ब्यौरे और इन शिविरों और लोक अदालतों के लाभार्थियों की संख्या निम्नानुसार है:-

अवधि : जनवरी, 2023 - नवंबर, 2025 (चल विधिक सहायता शिविर)

विशिष्टियां	जिला विधिक सेवा प्राधिकरण (डीएलएसए) टोंक	जिला विधिक सेवा प्राधिकरण (डीएलएसए) सवाई माधोपुर	कुल
चल विधिक सहायता शिविरों की संख्या	447	172	619
लाभार्थियों की संख्या	18,362	9730	28,092

चल लोक अदालतों की संख्या	शून्य	शून्य	-

अवधि: जनवरी, 2023 – नवंबर, 2025 राष्ट्रीय लोक अदालत (एनएलए)

विशिष्टियां	डीएलएसए टोंक			डीएलएसए सवाई माधोपुर		
	मुकदमेबाजी से पहले के मामले	*लंबित मामले	कुल मामले	मुकदमेबाजी से पहले के मामले	*लंबित मामले	कुल मामले
संदर्भित मामलों की संख्या	9,74,398	40,672	10,15,070	8,38,170	26,340	8,64,510
निपटाए गए मामलों की संख्या	9,04,829	10,498	9,15,327	7,87,892	12,241	8,00,133

*लोक अदालत में कार्यवाही के बाद अनसुलझे रहने वाले मामलों को फिर से अगली लोक अदालत में भेजा जाता है। कुछ मामलों को एक से अधिक बार संदर्भित किया जाता है। इसलिए, संदर्भित मामलों की संख्या अंतिम रूप से लंबित मामलों की कुल संख्या से अधिक होना तय है।

अवधि: जनवरी, 2023 - नवंबर, 2025 (एनएलए को छोड़कर धारा 19 के अधीन मासिक लोक अदालत)

विशिष्टियां	डीएलएसए टोंक	डीएलएसए सवाई माधोपुर	कुल
उठाए गए मामलों की संख्या	6418	761	7179
निपटाए गए मामलों की संख्या	197	32	229

अवधि: जनवरी, 2023 – नवंबर, 2025 (स्थायी लोक अदालत)

विशिष्टियां	डीएलएसए टोंक	डीएलएसए सवाई माधोपुर	कुल
प्राप्त मामलों की संख्या	71	223	294
निपटाए गए मामलों की संख्या	98 (पिछले वर्ष के लंबित मामले शामिल हैं।)	209	307

(ड): राजस्थान के टोंक और सवाई माधोपुर जिले में ई-फाइलिंग, ई-पे, ई-सम्मन, एनएसटीईपी (नेशनल

सर्विस एंड ट्रेकिंग ऑफ इलेक्ट्रॉनिक प्रोसेसिंग), टीडब्ल्यूएआरआईटी (वारंट और समन और रिपोर्ट का सूचना प्रौद्योगिकी द्वारा प्रसारण) सहित सभी ई-कोर्ट सुविधाएं उपलब्ध/कार्यात्मक हैं।

टोंक और सवाई माधोपुर जिलों में विभिन्न ई-सेवाओं के ब्यौरे निम्नानुसार हैं :-

ई-सेवाओं का नाम	टोंक	सवाई माधोपुर
ई-फाइलिंग	3	0
ई-पे- कोर्ट फीस	रु. 27,51,714	रु. 59,77,844
ईपे – फाइन	रु. 12,23,173	रु. 1,03,37,565
एनएसटीईपी – सिविल मामले	13,275	85
टीडब्ल्यूएआरआईटी - आपराधिक मामले	4789	15,251

इसके अलावा, टोंक जिले में कुल 2,68,922 वादियों और सवाई माधोपुर जिले में 1,72,099 वादियों ने एसएमएस और ईमेल के माध्यम से मामले की स्थिति का पता लगाने की सुविधा का लाभ उठाने के लिए सीआईएस में अपना ईमेल और मोबाइल नंबर अद्यतन किया है।

TESTING AND MONITORING OF DRUGS BY CDSCO

*199. DR. MOHAMMAD JAWED:

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

- (a) the details of 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 sub-standard or adulterated, along with the action taken against the concerned manufacturers or distributors;

(c) whether the Government has launched any special drives to track and prevent counterfeit health and nutritional products, 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 the country, States/UT-wise?

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

(a) and (b): The manufacture, sale and distribution of drugs are regulated in the country under the provisions of Drugs and 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 and 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.cdsco.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 17 New Drug Testing Labs have been constructed and 24 existing labs have been up-graded in various States/UTs.

TB MUKT BHARAT

***200. SHRI BHARTRUHARI MAHTAB:**

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

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

- (a) whether the Government has taken note of the trends observed in India's TB incidence, mortality and treatment coverage over the last decade in the country, including the State of Odisha and if so, the details thereof;
- (b) the key strategies adopted under the Tuberculosis (TB) MukT Bharat Abhiyan for prevention, early detection and effective management of tuberculosis;
- (c) the number of TB patients screened, diagnosed and treated during the recent reporting year;

- (d) the details of the financial, nutritional and other support extended to TB patients under various schemes of the Government, along with the corresponding figures for the State of Rajasthan, particularly for the districts falling under the Pali Parliamentary Constituency;
- (e) the details of the TB Mukht Bharat Abhiyan implementation and the TB incidence, mortality and treatment coverage in Palghar district of Maharashtra during the last three years; and
- (f) the outcomes of the said Abhiyaan in the Sidhi Parliamentary Constituency of Madhya Pradesh?

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

(a) to (f): As per the World Health Organization's Global TB Report 2025, the incidence rate of TB in India has shown a 21% decline from 237 per lakh population in 2015 to 187 per lakh population in 2024. TB mortality rate reduced by 25% from 28 per lakh population in 2015 to 21 per lakh population in 2024 and the TB treatment coverage in India has increased from 53% in 2015 to 92% in 2024.

TB Mukht Bharat Abhiyan (National TB Elimination Programme) is implemented under the aegis of National Health Mission (NHM) in all the States (including Odisha, Rajasthan, Maharashtra and Madhya Pradesh) of the country.

Under TB Mukht Bharat Abhiyan, the key strategies include identification of vulnerable population including asymptomatic, screening by Chest X-ray for

early detection, upfront Nucleic Acid Amplification Test (NAAT) for all presumptive TB cases, timely treatment initiation and completion, differentiated TB care for managing high-risk TB cases, nutrition support and preventive treatment to eligible vulnerable population.

Under the Abhiyan (07.12.24 to 09.12.25), through screening of vulnerable population, 26.43 lakh TB cases were diagnosed, including 9.19 lakh asymptomatic TB cases and covered under treatment.

Under Ni-kshay Poshan Yojana, Rs 1000/- per month per patient is provided for nutritional assistance for the entire duration of treatment. In Rajasthan, including for Pali Constituency, Rs 309 Cr has been disbursed to 9.6 lakh TB patients so far. Further under the Ni-kshay Mitra initiative 3.7 lakh food baskets have been provided to consenting TB patients.

In Palghar district of Maharashtra 8,858 TB cases were diagnosed and covered under treatment during last three years.

Under the TB Mukht Bharat Abhiyan, in Sidhi, Singrauli and Shahdol districts which cover Sidhi Parliamentary Constituency of Madhya Pradesh, 8,400 new TB cases were diagnosed including 2,126 asymptomatic cases.

(ii) Unstarred Question Nos. 2071 to 2300

PM POSHAN AND SAKSHAM ANGANWADI

2071. ADV. CHANDRA SHEKHAR:

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

- (a) the reason for one-third of Indian children remaining stunted despite the PM POSHAN Scheme and Saksham Anganwadi initiatives running for years in the country;
- (b) whether an independent impact assessment of these schemes has been conducted post- Global Hunger Index (GHI) 2025 release;
- (c) if so, the details of the findings and corrective actions suggested; and
- (d) if not, the reasons for such glaring oversight?

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

(a) to (d): Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) Scheme is one of the foremost rights based Centrally Sponsored Scheme implemented in partnership with the States and Union Territories (UTs) for providing one hot cooked and nutritious meal to all children studying in Bal Vatika (just before class-I) and classes I to VIII of Government and Government-aided schools. The Scheme covers about 11 crore children in more than 10.35 lakh schools in all the States/ UTs. The overall responsibility for providing hot cooked and nutritious meal to the eligible children lies with the State Governments and Union Territory (UT) Administrations. There is a provision of 5% of total recurring budget as the

flexi component to be used by the States/UTs as per their requirement. It may be used for setting up of School Nutrition Gardens and provision of Supplementary Nutrition interventions viz., Chikki, Eggs, Milk, Fruits and additional food items etc. in identified districts. The States and Union Territory Administrations are encouraged to decide menu suitable to the local conditions within the prescribed nutrition and food norms and to procure locally grown food items like millets, vegetables, condiments etc.

During the celebration of Shiksha Saptah more than 2 crore meals were provided under Tithi Bhojan. Overall, about 6.43 crore students studying in 5.77 lakh schools were benefitted under Tithi Bhojan across the country. The School Nutrition Gardens (SNGs) have been set up in more than 6.28 lakh schools under the Scheme.

In order to improve the efficiency and effectiveness of the scheme, Government approved several initiatives including 'Vocal for Local' under which States and UTs are encouraged to decide menu suitable to the local conditions within the prescribed nutrition and food norms and to procure locally grown food items like millets, vegetables, condiments etc. from Farmers' Producers Organizations, Federation of Women's Self-Help Groups etc. so as to promote local employment generation and economic development while simultaneously improving the nutrition standards. The Government of India has issued detailed guidelines to improve the implementation of the scheme to all the States/UTs. These guidelines are available on official website <https://pmposhan.education.gov.in> .

To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years, in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs. This Mission is a universal self-selecting umbrella scheme open to all eligible beneficiaries, i.e., Children under 6 years of age, pregnant women, lactating mothers till 6 months after childbirth and adolescent girls (14-18 years of age) in Northeastern States and Aspirational Districts of the country. The Mission is being implemented across the country.

Global Hunger Index is published by 3 Non-Government Organizations (viz., Welt Hunger Hilfe of Germany, Concern Worldwide of Ireland and Institute for International Law of Peace and Armed Conflict of Germany). It is a flawed measure of 'Hunger' and does not reflect India's true position. Three out of four of its constituent indicators namely, Stunting, Wasting and Under Five Mortality Rate are actually related to health and nourishment levels of children. They cannot be projected to reflect prevalence of hunger in the overall population. Only one indicator, Prevalence of Undernourishment (PoU), is directly related to hunger, and even this indicator suffers from significant methodological and data limitations. Owing to the probabilistic nature of its estimation and uncertainties in underlying parameters, the precision of PoU estimates is generally low. The other two indicators, viz., stunting and wasting, are not measures of hunger, but outcomes of multiple complex factors including sanitation, environmental

conditions, disease burden, maternal health, genetics, and food utilisation. Similarly, the fourth indicator, i.e., Under Five Mortality Rate, is influenced by a wide set of determinants such as access to healthcare, immunisation coverage, sanitation and hygiene, safe drinking water, and overall socio-economic conditions. In view of these shortcomings, the methodology adopted by GHI is 'flawed' and it cannot be taken to reflect hunger in the overall population. Under Mission Poshan 2.0, these key indicators like stunting and wasting along with underweight among children are being monitored through Poshan Tracker.

Further, the National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. It provides report on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilization and quality of health and family planning services. 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 (October 2025) ***	33.54	14.41	5.03

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country.

In 2021, the World Bank conducted a survey in 11 priority States (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) to assess the program's delivery of nutrition services. The findings demonstrated that the services delivered under the Poshan Abhiyaan – the receipt of relevant messages, home visits by the Anganwadi worker, and attendance at community-based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and also in 2025 for Saksham Anganwadi and Poshan 2.0 and has found its relevance to be satisfactory for tackling malnutrition in the country

In order to effectively address the issue of malnutrition a multi-sectoral approach involving dimensions of food, health, water, sanitation and education is crucial. It is being addressed under the Mission by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (14-18 years) in accordance with nutrition norms contained in Schedule-II of the

National Food Security Act, 2013. These norms have been revised in January 2023. The revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity and recommend provision of quality protein, healthy fats and 7 essential micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12).

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

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Protocol for Management of Malnutrition in Children to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Poshan Tracker an ICT tool has been implemented for monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children in the whole country including tribal and remote areas. It has facilitated near real time data collection for Anganwadi Services such as, opening and closing of AWCs, daily attendance of children, ECCE activities, delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR), 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.

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of healthy eating habits requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month. Additionally, Village Health Sanitation and Nutrition Days (VHSNDs) are observed by Ministry of Health and Family Welfare in convergence with Ministry of Women and Child Development for creating mass awareness on maternal and child health services including nutrition.

Two lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.

The PM JANMAN Mission launched by Ministry of Tribal Affairs aims for targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs)

residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development. As on date, a total of 2500 AWCs have been approved for construction under PM JANMAN across the country. A total of 178 number of AWCs have been approved for construction under PM JANMAN in the State of Maharashtra.

Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages.

FAST TRACK SPECIAL COURT SCHEME 2019

2072. DR. THOL THIRUMAAVALAVAN:

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

- (a) whether the Government has data on the number of cases filed after the introduction of Fast Track Special Court Scheme 2019 (FTSC Scheme 2019);
- (b) if so, the details thereof;
- (c) the details of the cases disposed of out of the above total cases filed; and
- (d) the details of the cases disposed of within the time-limit fixed for disposal of the cases?

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

(a) to (d): A Centrally Sponsored Scheme for the establishment of Fast Track Special Courts (FTSCs), including exclusive POCSO (ePOCSO) Courts was launched in October, 2019. These courts are dedicated to the time-bound trial and disposal of pending cases related to rape and crimes under the Protection of Children from Sexual Offences (POCSO) Act, 2012. This Scheme has been extended twice, with the latest extension up to 31st March 2026, for establishment of 790 courts. The financial outlay under the scheme is ₹1952.23 crore with ₹1207.24 crore as Central Share to be incurred from Nirbhaya Fund on the CSS pattern. As of 30.09.2025, 773 FTSCs, including 400 exclusive POCSO (e-POCSO) Courts are functional in 29 States/UTs.

As per the information received from the High Courts on the FTSCs dashboard, total 5,94,300 cases have been instituted in the FTSCs since inception of the Scheme. As of 30.09.2025, total 3,50,685 cases have been disposed of and 2,43,615 cases are pending with these FTSCs. The State/UT-wise details of functional Fast Track Special Courts, including exclusive POCSO courts along with cases instituted and disposed since the inception of the Scheme along with pendency as of 30.09.2025, are given in the enclosed **Statement-I**.

From January 2023 to September 2025, total 8,689 cases have been disposed of within the two-month time period mandated for trial under

Section 346(1) proviso of the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 (earlier Section 309(1) proviso of the CrPC, 1973). The State/UT-wise details of cases disposed within the two-month time period from January 2023, are given in the enclosed **Statement-II**.

STATEMENT-I

State/UT wise details of functional FTSCs along with exclusive POCSO (ePOCSO) courts as on 30/09/2025:

Sl. No.	State/UTs	FTSCs including ePOCSO courts	Cases Instituted	Cases Disposed since inception of the Scheme	Cases Pending as on 30th Sept. 2025
1	Andhra Pradesh	16	14512	8170	6342
2	Assam	17	16094	9617	6477
3	Bihar	54	41871	18937	22934
4	Chandigarh	1	623	413	210
5	Chhattisgarh	15	8299	6807	1492
6	Delhi	16	6446	2931	3515
7	Goa	1	279	138	141
8	Gujarat	35	22710	17575	5135
9	Haryana	18	13092	8548	4544
10	Himachal Pradesh	6	2121	1516	605
11	JandK	4	832	338	494
12	Karnataka	30	20200	14969	5231
13	Kerala	55	33465	27164	6301
14	Madhya Pradesh	67	44500	33621	10879
15	Maharashtra	36	54725	21095	33630
16	Manipur	2	256	212	44
17	Meghalaya	5	1899	771	1128
18	Mizoram	3	376	286	90
19	Nagaland	1	132	73	59
20	Odisha	44	30775	21646	9129
21	Puducherry	1	414	184	230

22	Punjab	12	7097	5627	1470
23	Rajasthan	45	25243	20324	4919
24	Tamil Nadu	20	18752	10617	8135
25	Telangana	36	20965	12115	8850
26	Tripura	3	748	527	221
27	Uttarakhand	4	3117	2004	1113
28	Uttar Pradesh	218	189601	94775	94826
29	West Bengal	8	6042	571	5471
30	Jharkhand *	0	9114	9114	0
	TOTAL	773	5,94,300	3,50,685	2,43,615

* The State of Jharkhand exited the Scheme vide its letter dated 07.07.2025. Under the Scheme, 22 FTSCs were functional in the State until May 2025, with a cumulative disposal of 9,114 cases since the Scheme's inception.

STATEMENT -II

The State/UT-wise details of cases disposed within the two-month time period from January 2023 to September 2025:

Sl. No.	States/UTs	Cases Disposed within 2 months period			TOTAL
		2023	2024	2025 (up to Sept. 2025)	
1	Andhra Pradesh	374	209	158	741
2	Assam	507	522	525	1554
3	Bihar	296	329	303	928
4	Chandigarh	1	1	0	2
5	Chhattisgarh	33	38	25	96
6	Delhi	0	10	15	25
8	Goa	2	0	0	2
7	Gujarat	70	43	70	183
9	Haryana	50	70	38	158
10	Himachal Pradesh	0	1	0	1
11	JandK	0	0	0	0
12	Jharkhand*	224	277	135	636
13	Karnataka	135	111	82	328
14	Kerala	510	493	84	1087
15	Madhya Pradesh	328	487	142	957

16	Maharashtra	126	118	10	254
17	Manipur	1	0	0	1
18	Meghalaya	3	3	0	6
19	Mizoram	1	0	1	2
20	Nagaland	4	2	0	6
21	Odisha	153	314	257	724
22	Puducherry	3	0	0	3
23	Punjab	64	39	51	154
24	Rajasthan	131	193	112	436
25	Tamil Nadu	133	14	25	172
26	Telangana	4	8	2	14
27	Tripura	2	14	7	23
28	Uttar Pradesh	73	47	38	158
29	Uttarakhand	2	0	1	3
30	West Bengal	12	14	9	35
	TOTAL	3242	3357	2090	8689

* The State of Jharkhand exited the Scheme vide its letter dated 07.07.2025. Under the Scheme, 22 FTSCs were functional in the State until May 2025.

महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम (मनरेगा) के अंतर्गत

आंगनवाड़ी केंद्रों का निर्माण

2073. श्री बृजेन्द्र सिंह ओला:

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

- (क) विगत तीन वर्षों के दौरान राजस्थान में महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम (मनरेगा) के अंतर्गत निर्मित आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की जिला-वार संख्या कितनी है;
- (ख) उक्त अवधि के दौरान उक्त एडब्ल्यूसी की स्थापना के लिए स्वीकृत और व्यय की गई धनराशि का ब्यौरा क्या है; और
- (ग) क्या सरकार के पास वर्ष 2025-26 के दौरान राजस्थान में आंगनवाड़ी केंद्रों के निर्माण हेतु जिला-वार कोई योजना/प्रस्ताव है और यदि हाँ, तो कितने आंगनवाड़ी केंद्रों का निर्माण किया गया है और निकट भविष्य में कितने केंद्रों का निर्माण होने की संभावना है?

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

(क) और (ख): पिछले तीन वर्षों के दौरान राजस्थान में महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी के अंतर्गत निर्मित आंगनवाड़ी केन्द्रों तथा स्वीकृत और उपयोग की गई निधियों का जिलेवार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग): उपर्युक्त के अलावा, प्रधान मंत्री जनजाति आदिवासी न्याय महा अभियान के अंतर्गत राजस्थान राज्य को 51 आंगनवाड़ी केंद्रों के निर्माण का अनुमोदन दिया गया है जिनमें से दिनांक 30.11.2025 तक 2 आंगनवाड़ी केंद्रों का निर्माण पूरा हो चुका है। इसके अलावा, धरती आबा जनजातीय ग्राम उत्कर्ष अभियान के अंतर्गत भी राजस्थान राज्य को 135 आंगनवाड़ी केंद्रों के निर्माण के लिए अनुमोदन दिया गया है।

विवरण

राजस्थान राज्य से प्राप्त सूचना के अनुसार पिछले तीन वर्षों के दौरान स्वीकृत और उपयोग की गई निधियों सहित निर्मित आंगनवाड़ी केंद्रों का जिला-वार ब्यौरा:

क्र.सं.	जिलों का नाम	निर्माण कार्य पूर्ण हो गया	आवंटित की गई निधि (लाख रुपये)	उपयोग की गई निधि (लाख रुपये)
1	अजमेर	0	44	0
2	अलवर	0	70	0
3	बांसवाड़ा	6	66	26
4	बारां	0	32	0
5	बाड़मेर	0	84	0
6	भरतपुर	6	48	0
7	भीलवाड़ा	9	56	0
8	बीकानेर	18	36	36
9	बूंदी	3	20	0
10	चित्तौड़गढ़	0	44	0
11	चुरू	6	28	22.5
12	दौसा	0	44	0
13	धौलपुर	0	24	12
14	झुंजरपुर	2	72	0

15	हनुमानगढ़	4	28	28
16	जयपुर	2	98	50
17	जैसलमेर	5	28	14
18	जालौर	0	40	0
19	झालावाड़	0	32	17.99
20	झुंझुनू	5	44	20
21	जोधपुर	1	84	0
22	करौली	0	32	0
23	कोटा	0	20	0
24	नागौर	3	60	54
25	पाली	3	40	20
26	प्रतापगढ़	3	42	22
27	राजसमंद	0	32	0
28	सवाई माधोपुर	3	28	14
29	सीकर	8	48	0
30	सिरोही	0	20	0
31	एस. गंगानगर	2	36	18
32	टोंक	6	28	0
33	उदयपुर	5	90	26

उर्वरक की कमी

2074. श्री राकेश राठौर:

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

- (क) क्या सरकार को यह जानकारी है कि उत्तर प्रदेश के सीतापुर संसदीय निर्वाचन क्षेत्र के किसान रबी फसल की बुवाई के दौरान यूरिया, डीएपी और अन्य उर्वरकों की भारी कमी का सामना कर रहे हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं;
- (ग) क्या उत्तर प्रदेश राज्य सरकार ने इस संबंध में केंद्र सरकार को कोई रिपोर्ट प्रस्तुत की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (घ) सरकार द्वारा ऐसे जिलों में उर्वरक वितरण प्रणाली को सुव्यवस्थित करने और निर्बाध आपूर्ति सुनिश्चित करने के लिए कौन से तात्कालिक और दीर्घकालिक कदम उठाए गए हैं; और
- (ड.) क्या सरकार का उर्वरक की कमी के कारण किसानों को उच्च बाजार दरों पर उर्वरक खरीदने से राहत प्रदान करने के लिए कोई विशेष सहायता योजना लागू करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ड.): उत्तर प्रदेश राज्य सहित देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित कदम उठाए जाते हैं:

- (i) प्रत्येक फसल मौसम की शुरुआत से पहले, कृषि और किसान कल्याण विभाग (डीए एंड एफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- (ii) कृषि और किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरक आवंटित करता है और उपलब्धता की लगातार निगरानी करता है।
- (iii) देश भर में सभी प्रमुख सब्सिडी प्राप्त 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 मांग-पत्र भेजकर आपूर्तियों को सुचारू बनाने के लिए निर्माताओं और आयातकों के साथ समन्वय करें।
- (v) रेल मंत्रालय के साथ पर्याप्त रेल देने, उर्वरकों को प्राथमिकता देने और राज्यों के लिए रेल की समय पर निकासी के लिए नियमित समन्वय बैठकें आयोजित की जाती हैं।

तथापि, जिला स्तर पर राज्य के भीतर उर्वरकों का आकलन और वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

तदनुसार, उत्तर प्रदेश राज्य सरकार से प्राप्त जानकारी के अनुसार, चल रहे रबी मौसम 2025-26 के दौरान सीतापुर जिले में उर्वरकों की उपलब्धता पर्याप्त रही है। दिनांक 01.04.2025 से दिनांक 09.12.2025 तक जिले में यूरिया, डीएपी और एनपीकेएस की उपलब्धता, बिक्री और अंतिम स्टॉक के बारे में जानकारी इस प्रकार है:

(मात्रा एमटी में)

क्र.सं.	उर्वरक	उपलब्धता	बिक्री	दिनांक 09.12.2025 की स्थिति के अनुसार अंतिम स्टॉक
1	यूरिया	1,53,511	1,42,776	10,735
2	डीएपी	44,705	36,505	8,200
3	एनपीकेएस	37,633	27,886	9,747

WATER-BORNE DISEASES IN PUNJAB

2075. SHRIMATI HARSIMRAT KAUR BADAL:

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

- the number of cases of water-borne and vector-borne diseases reported post floods in Punjab in 2025 floods;
- the details of Emergency Medical and vaccination campaigns launched in the affected districts of Punjab;
- the additional funds allocated and staff deployed for the prevention of diseases and strengthening of health infrastructure in the State;
- whether safe drinking water and sanitation facilities have been restored in all flood-hit areas of the State and if so, the details thereof; and

(e) the measures taken/proposed to be taken by the Government to the monitor and respond in case of any pandemic risks in the aftermath of floods in the State?

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

(a): Details of waterborne diseases (Acute Diarrheal Diseases, Cholera, Leptospirosis, Hepatitis A and Hepatitis E) and vector-borne diseases (Dengue, Malaria, Chikungunya and Japanese Encephalitis) reported by the state of Punjab on Integrated Disease Surveillance Programme-Integrated Health Information Platform (IDSP-IHIP) portal since July, 2025 are given in the enclosed **Statement**.

(b) to (e): 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. Ministry of Health and Family Welfare has developed and shared with all States/Union Territories (UTs), a template for Crisis Management Plan to mitigate public health risks due to disasters.

For long-term preparedness, the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission is being 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.

Ministry of Health and Family Welfare has also issued a comprehensive 'Public Health Guidelines for Flood Events' which provides details on common public health effects due to floods, rapid need assessment, disease surveillance during and after flood with particular focus on water and food borne diseases; vector- borne diseases, and water, sanitation issues etc. Further, this Ministry is undertaking capacity building of district level health officials to augment preparedness and response capacities to public health emergencies, including disasters like floods.

The Government has adopted a comprehensive framework to strengthen climate-resilient public health preparedness in flood-prone areas. The details can be assessed at-

<https://ncdc.mohfw.gov.in/wp-content/uploads/2024/08/PUBLIC-HEALTH-GUIDELINES-FOR-FLOOD-EVENT.pdf>

The National Disaster Management Authority, Government of India, has issued two key technical guidance documents that provide a national framework for strengthening health-facility preparedness for disaster situations.

<https://nidm.gov.in/PDF/pubs/NDMA/18.pdf>

https://nidm.gov.in/pdf/guidelines/new/biological_disasters.pdf

STATEMENT

Cases of Water Borne Disease reported in IDSP-IHIP Punjab during the period 1st July – 7th December, 2025				
Presumptive Form (P form)	Laboratory Form (L- form)			
Acute Diarrheal Diseases	Cholera	Leptospirosis	Hepatitis - A	Hepatitis -E
4,058	30	155	212	18

Cases of Vector Borne Disease reported in Punjab during 1st July – 7th December, 2025			
Laboratory Form (L- form)			
Dengue	Malaria	Chikungunya	Japanese Encephalitis
5,559	86	718	3

RUSSIAN PRESIDENT'S VISIT TO INDIA

2076. DR. GANAPATHY RAJKUMAR P.:

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

- (a) whether it is true that Russian President Putin is scheduled to visit India later this year, if so, the details thereof; and
- (b) the details of the agenda to be discussed and the bilateral agreements to be made with the Russian 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) and (b): President of the Russian Federation Mr. Vladimir Putin paid a State visit to India from 04 - 05 December 2025, for the 23rd India-Russia Annual Summit.

During the visit, Prime Minister Narendra Modi and President Putin discussed all aspects of bilateral relations, which are deep-rooted and multifaceted. They reaffirmed mutual commitment to further strengthen the Special and Privileged Strategic Partnership between India and Russia. They also discussed regional and global issues of mutual interest.

An India-Russia Business Event involving participation of Russian and Indian companies was organized on the margins of the Annual Summit. The Business Event was addressed by both Prime Minister Modi and President Putin.

The Joint Statement issued by both sides, and list of outcomes of the visit, including MoUs and Agreements signed and announcements made, is given in the enclosed **Statement**.

STATEMENT

**Joint Statement following the 23rd India – Russia Annual Summit
(December 05, 2025)**

**INDIA - RUSSIA: A Time-Tested Progressive Partnership, Anchored in
Trust and Mutual Respect**

1. At the invitation of the Prime Minister of India Shri Narendra Modi, the President of the Russian Federation, H.E. Mr. Vladimir Putin, paid a

State visit to India on December 04-05, 2025 for the 23rd India-Russia Annual Summit.

2. The Leaders reaffirmed their support for further strengthening of the Special and Privileged Strategic Partnership between India and Russia. This year marks the 25th anniversary of the Declaration on Strategic Partnership between India and Russia, established during the first State Visit of H.E. President Vladimir Putin to India in October 2000.
3. The Leaders emphasized the special nature of this long standing and time-tested relationship, which is characterized by mutual trust, respect for each other's core national interests and strategic convergence. They underscored that, as major powers with shared responsibilities, this important relationship continues to be an anchor of global peace and stability that should be ensured upon the basis of equal and indivisible security.
4. The Leaders positively assessed the multi-faceted mutually beneficial India-Russia relations that span all areas of cooperation, including political and strategic, military and security, trade and investment, energy, science and technology, nuclear, space, cultural, education and humanitarian cooperation. It was noted with satisfaction that both Sides are actively exploring new avenues for cooperation while further strengthening cooperation in the traditional areas.

5. The Leaders underlined that India-Russia ties have remained resilient in the backdrop of the prevailing complex, challenging and uncertain geopolitical situation. Both Sides have strived to forge a contemporary, balanced, mutually beneficial, sustainable and long-term partnership. Development of India-Russia relations across the entire spectrum is a shared foreign policy priority. The Leaders agreed to make all efforts to unlock the full potential of the strategic partnership.
6. The Leaders welcomed the opening of two Consulates General of India in Yekaterinburg and Kazan, and looked forward to their early operationalisation to further strengthen inter-regional cooperation, trade and economic relations and people to people ties.
7. The Leaders noted with satisfaction the continued intensification of contacts at all levels since the last Summit, including meetings between them on the sidelines of the 16th BRICS Summit in Kazan and the 25th SCO Summit in Tianjin; holding of the 26th Session of the India-Russia Intergovernmental Commission (IRIGC) on Trade, Economic, Scientific, Technological and Cultural Cooperation (IRIGC-TEC) co-chaired by the External Affairs Minister of India and the First Deputy Prime Minister of Russia and the 22nd Session of the IRIGC on Military and Military-Technical Cooperation (IRIGC-MandMTC) co-chaired by the Defence Ministers of the two countries; visits of Lok Sabha Speaker, External Affairs Minister, Raksha Mantri, Minister of

Railways, Information Technology, and Information and Broadcasting, Ministers of State of Home Affairs, Defence, Youth Affairs and Sports, Textiles and Vice Chairman NITI Aayog from the Indian side; visits of Russia's Chairman of the State Duma, First Deputy Prime Minister, Deputy Prime Minister, Minister of Energy, Minister of Culture; and holding of strategic dialogue at the level of National Security Advisors, Foreign Office Consultations, consultations on UN issues, meeting of the Joint Working Group on Counter Terrorism, etc.

Trade and Economic partnership

8. The Leaders reaffirmed their shared ambition to expand bilateral trade in a balanced and sustainable manner, including by increasing India's exports to Russia, strengthening industrial cooperation, forging new technological and investment partnerships, especially in advanced high-technology areas and finding new avenues and forms of cooperation.
9. The Leaders welcomed the adoption of the Programme for the Development of Strategic Areas of India - Russia Economic Cooperation till 2030 (Programme 2030).
10. The Leaders appreciated the ongoing intensification of the joint work on a Free Trade Agreement on goods between India and the Eurasian Economic Union covering sectors of mutual interest. They also directed both Sides to intensify efforts in negotiations on a mutually beneficial agreement on the promotion and protection of investments.

11. The Leaders welcomed the results of the 25th and 26th Sessions of the India-Russia Intergovernmental Commission on Trade, Economic, Scientific, Technical and Cultural Cooperation (IRIGC-TEC) and the India-Russia Business Forum held in New Delhi (November 2024) and Moscow (August 2025) respectively.
12. The Sides underline the importance of an open, inclusive, transparent and non-discriminatory multilateral trade system with the World Trade Organization at its core. Both Sides emphasized that addressing tariff and non-tariff trade barriers, removing bottlenecks in logistics, promoting connectivity, ensuring smooth payment mechanisms, finding mutually acceptable solutions for issues of insurance and reinsurance and regular interaction between the businesses of the two countries are among the key elements for timely achievement of the revised bilateral trade target of USD 100 billion by 2030.
13. Russia and India have agreed to continue jointly developing systems of bilateral settlements through use of the national currencies in order to ensure the uninterrupted maintenance of bilateral trade. Additionally, the Sides have agreed to continue their consultations on enabling the interoperability of the national payment systems, financial messaging systems, as well as central bank digital currency platforms.

14. The Sides welcomed steps to ensure long-term supply of fertilizers to India and discussed the potential establishment of joint ventures in this area
15. The Sides welcomed the signing of agreements related to mobility of skilled workers.
16. The Russian Side welcomed the participation of Indian delegations in the Saint Petersburg International Economic Forum (June 2025) and the Eastern Economic Forum (September 2025). The two Sides noted the contribution of the India-Russia Business Dialogue organised on the sidelines of these economic forums for promotion of bilateral trade, economic and investment cooperation.
17. The Leaders noted the importance of productive and mutually beneficial bilateral trade in mineral resources, including energy sources, precious stones and metals, as well as critical raw materials for the reliability of the international supply chains. Efficient cooperation in this area, carried out by Russia and India as sovereign states, is a significant component of their national security and social wellbeing.

Energy partnership

18. The two Sides discussed and commended their wide ranging cooperation in the energy sector as a significant pillar of the Special and Privileged Strategic Partnership. The Sides noted the current and potential cooperation between Indian and Russian companies in fields

such as oil and oil products, oil refining and petrochemical technologies, oilfield services and upstream technologies and related infrastructure, LNG and LPG related infrastructure, various existing projects in their countries, underground coal gasification (UCG) technology, nuclear projects, etc. They also noted the importance of expeditious resolution of issues related to investment projects in this area, and agreed to resolve the various concerns being faced by their investors in the energy sector.

Transport and Connectivity

19. The two Sides agreed to deepen cooperation in building stable and efficient transport corridors, with the focus on expanding logistics links for improving connectivity and enhancing infrastructure capacity to support the International North-South Transport Corridor (INSTC), the Chennai–Vladivostok (Eastern Maritime) Corridor, and the Northern Sea Route. They welcomed the signing of the MoU on the Training of Specialists for Ships Operating in Polar Waters.
20. The Sides noted the fruitful cooperation between the railways of Russia and India, aimed at establishing partnerships in the field of mutually beneficial technology exchange.

Cooperation in the Russian Far East and Arctic

21. The two Sides confirmed their readiness to intensify trade and investment cooperation in the Far East and the Arctic zone of the Russian Federation. The Program of India-Russia Cooperation in

Trade, Economic and Investment Spheres in the Russian Far East for the period from 2024-2029 provides the necessary framework for further cooperation between India and the Russian Far East region, especially in the sectors of agriculture, energy, mining, manpower, diamonds, pharmaceuticals, maritime transport, etc.

22. Both Sides underscored the importance of holding regular bilateral consultations on Arctic related issues and welcomed the progress made in multi-faceted bilateral cooperation on the Northern Sea Route. The Russian Side appreciated the participation of the Indian delegation in the 6th International Arctic Forum held in Murmansk in March 2025. The Indian Side expressed its readiness to play an active role as an Observer in the Arctic Council.

Civil Nuclear Cooperation, Cooperation in Space

23. The Sides confirmed their intention to broaden cooperation in nuclear energy, including fuel cycle, life cycle support for operating Kudankulam Nuclear Power Plant (KKNPP) and non-power applications, as well as to elaborate new agenda of interaction in the field of peaceful use of atomic energy and related high technologies. The Sides noted the importance of the cooperation in the peaceful uses of nuclear energy as a significant component of the strategic partnership taking into account the plans of the Government of India to increase India's nuclear energy capacity to 100 GW by 2047.

24. The Sides welcomed the progress achieved in implementation of KKNPP including the construction of the remaining NPP units and agreed on adhering to the timeline for supplies of equipment and fuel.
25. The Sides noted the importance of further discussion on the second site in India for NPP; the Indian Side will strive to finalize formal allotment of the second site in accordance with earlier signed agreements.
26. The Sides agreed to accelerate technical and commercial discussions on the VVER of the Russian design, research and joint development of NPPs, localization and joint manufacturing of nuclear equipment and fuel assemblies for Russian designed large capacity NPPs subject to terms and conditions as mutually agreeable.
27. Noting the importance of cooperation in Space, the two Sides welcomed the enhanced partnership between the Indian Space Research Organisation and the Russian State Space Corporation "Roscosmos" in the use of outer space for peaceful purposes, including in the human spaceflight programs, satellite navigation and planetary exploration. They noted the progress in mutually beneficial cooperation in rocket engine development, production and use.

Military and Military Technical Cooperation

28. Military and Military-Technical Cooperation has traditionally been a pillar of the Special and Privileged Strategic Partnership between India and Russia, which has grown from strength to strength through

several decades of joint efforts and fruitful cooperation, steered by the IRIGC-MandMTC.

29. The Leaders welcomed the outcomes of the 22nd Session of the IRIGC- MandMTC held in New Delhi on December 4, 2025. Responding to India's quest for self-reliance, the partnership is reorienting presently to joint research and development, co-development and co-production of advanced defence technology and systems.
30. The Leaders expressed satisfaction with regular military contacts, including the meeting of Defence Ministers in Qingdao in June 2025 on the sidelines of the SCO Member-States' Defence Ministers' Meeting. Both Sides appreciated the Joint Military Exercises INDRA of the Armed Forces and reaffirmed their commitment to maintain the momentum of joint military cooperation activities and expand military delegation exchanges.
31. Both Sides agreed to encourage joint manufacturing in India of spare parts, components, aggregates and other products for maintenance of Russian origin arms and defence equipment under Make-in-India program through transfer of technology and setting up of joint ventures for meeting the needs of the Indian Armed Forces as well as subsequent export to mutually friendly third countries.

Cooperation in Science and Technology

32. Both Sides called for ramping up government-to-government, academia and private sector collaboration to promote application of critical and emerging technologies.
33. Recognizing the strategic importance of critical minerals for emerging technologies and advanced manufacturing, the two Sides expressed interest in deepening cooperation in exploration, processing and recycling technologies of critical minerals and rare earths.
34. Emphasizing the importance of joint research in science, technology and innovation, the two Sides called for strengthening cooperation under the "Roadmap for Science, Technology and Innovation Cooperation". They agreed to facilitate collaboration between government and private sector to harness opportunities for start-ups and SMEs of the two countries to address societal challenges through innovative technologies, including joint RandD and co-development of technologies. They confirmed their interest in further developing cooperation in the sphere of digital technologies, including those related to information protection, security of critical infrastructure and law enforcement. Both Sides agreed to design and implement soft support programs for start-ups to enable knowledge exchange, capacity building, and greater engagement of innovators and entrepreneurs.

35. Taking into account the existing rich experience of interaction between India and Russia in the field of science and higher education, the Sides expressed mutual interest in developing partner ties between educational and scientific organizations, including the implementation of various forms of academic mobility, educational programmes, scientific and research projects and the holding of specialized international exhibitions, conferences, seminars. Emphasizing the importance of joint research in science, technology and innovations, the Sides confirmed their readiness to expand cooperation within the framework of the Roadmap for Indian-Russian Cooperation in Science, Technology and Innovations.

Cultural cooperation, Tourism and people to people exchanges

36. The two Sides agreed that cultural interaction and people to people exchanges are an important component of the India-Russia Special and Privileged Strategic Partnership. They appreciated the participation in major international cultural forums, book fairs, festivals and art competitions organized in both countries and welcomed the holding on a parity basis, of Cultural Exchange Festivals in their countries, aimed at the fullest demonstration of Indian and Russian culture.
37. Both Sides supported the idea of expanding cooperation in the film industry, including development of joint film production and mutual participation in international film festivals held in India and Russia.

38. The two Sides appreciated the steady increase in tourist exchanges between Russia and India and welcomed simplification of visa formalities, including introduction of e-Visa by both countries. They agreed to continue the work on further simplification of the visa regime in future.
39. The two Sides noted with appreciation the enhanced exchanges and contacts between the experts, think-tanks and institutes of India and Russia. Over the years, this track of dialogue has promoted increased mutual understanding between Indian and Russian strategic and policy making circles and businesses so as to further strengthen the Strategic Partnership.
40. Recognizing the traditionally strong cooperation between India and Russia in the sphere of education, both Sides appreciated efforts to ensure well-being of students and agreed to continue their efforts in promoting educational linkages between universities and educational institutions.

Cooperation in the UN and multilateral fora

41. Both Sides noted the high level of political dialogue and cooperation between them on issues at the UN and agreed to deepen it further. They stressed the importance of reinvigorating multilateralism, with a central coordinating role played by the United Nations. They also underlined the primacy of respect for international law and

emphasized their commitment to the purposes and the principles of the UN Charter.

42. Both Sides called for comprehensive reform of the UN Security Council to reflect contemporary global realities and to make it more representative, effective and efficient in dealing with issues of international peace and security. Russia reiterated its steadfast support for India's permanent membership in a reformed and expanded UN Security Council.
43. The two Sides highlighted their cooperation within the G20 format and agreed to intensify it. They emphasized that the important practical legacy of India's G20 Presidency in 2023 was the consolidation of the priorities of the countries of the Global South in the agenda of the main platform for international economic and financial cooperation, as well as the entry of the African Union into the ranks of full members of the forum. They welcomed the holding of the Voice of Global South virtual summits under the Indian presidency, which sent an important signal in favour of strengthening the position of developing countries in global affairs.
44. They emphasized that the G20 is the premier international economic forum that provides a platform for dialogue of both emerging and developed economies on an equal and mutually beneficial footing. They recognized the importance of the continued and productive

functioning of the G20, based on consensus and focusing on its key mandate.

45. Both Sides stressed the importance of strengthening their BRICS partnership and further committed themselves to promote cooperation in the expanded BRICS under the three pillars of political and security, economic and financial, cultural and people-to-people cooperation. They reaffirmed their commitment to the BRICS spirit of mutual respect and understanding, sovereign equality, solidarity, democracy, openness, inclusiveness, collaboration and consensus. Russia pledged its full support for India's upcoming BRICS Chairship in 2026.
46. The Sides reiterated the importance of their joint work within the framework of the Shanghai Cooperation Organization (SCO) for further deepening Special and Privileged Strategic Partnership between Russia and India.
47. India commended the Russian side for the successful hosting of the SCO Council of Heads of Government Meeting in Moscow on 17-18 November 2025 under the Chairmanship of Hon'ble Prime Minister of the Russian Federation. The Russian side appreciated India's initiative to establish SCO Civilizational Dialogue Forum, the inaugural session of which will be held in India in 2026.
48. The Sides noted SCO's increasing role in the formation of representative, democratic, fair multipolar world order, based on

universally recognized principles of international law, and cultural and civilizational diversity.

49. Both sides emphasized the importance of further strengthening SCO's potential and cooperation in the fields of politics, security, economy, culture and humanitarian ties. In this context the two Sides stressed the necessity of promoting modernization of SCO, especially in the fields of countering terrorism, extremism, separatism, drug trafficking, cross-border organized crime, and information security threats. They will pay special attention to establishment of the Universal Center on Countering Security Challenges and Threats in Tashkent and Counter-Narcotics Center in Dushanbe.
50. The two Sides agreed to continue interaction within G20, BRICS and SCO on key issues such as efforts towards reformed multilateralism, reform of international economic governance institutions and Multilateral Development Banks, contributing to the achievement of the SDGs in its economic, social and environmental dimensions, stimulating economic growth, enhancing sustainability and developing resilience of international supply chains, including critical minerals, compliance with free and fair trade norms and climate change.
51. The two Sides intend to further strengthen cooperation within the UN Committee on the Peaceful Uses of Outer Space (UN COPUOS), including the issues of the long-term sustainability of outer space activities.

52. Both Sides reaffirmed their commitment to further strengthening global efforts for non-proliferation of weapons of mass destruction. Russia expressed its strong support for India's membership of the Nuclear Suppliers Group. The two Sides urged all members of the international community to work towards enhancing the level of mutual trust in order to promote global peace and security. The Sides emphasized the non-proliferation nature of export controls and their intention to continue cooperation in this area with the aim of ensuring balance between security and commercial consideration, as well as peaceful uses of technology.
53. The Sides underlined the importance of strengthening cooperation within various regional fora, aimed at deepening regional peace and security, including the East Asia Summit, ASEAN Regional Forum, ASEAN Defence Ministers' Meeting Plus.
54. The Parties the need for strict compliance with and consistent strengthening of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction (BTWC), including through its institutionalization, as well as the adoption of a legally binding protocol with an effective verification mechanism. They oppose the establishment of any mechanisms that duplicate functions of the BTWC.

55. The Sides the urgent need to start negotiations on a legally binding instrument on prevention of an arms race in outer space with the prohibition of the placement of weapons in outer space and the threat or use of force in outer space, from outer space or against outer space. The Sides note that the basis for such a document could be the draft of the Treaty on the Prevention of the Placement of Weapons in Outer Space and of the Threat or Use of Force Against Outer Space Objects as well as the report of the relevant Group of Governmental Experts, adopted in 2024.
56. The leaders, reaffirming their commitment to the principles reflected in international treaties that ensure the conservation of biological diversity and the protection of rare and endangered species, especially migratory bird species, that uniting our countries.
57. Both Sides welcomed the adoption of the Framework Agreement by the Russian side to join the International Big Cat Alliance (IBCA). The Indian Side looked forward to Russia's early joining of the International Solar Alliance and the Coalition of Disaster Resilient Infrastructure (CDRI).
58. The Sides agreed to continue the development of joint approaches to addressing global economic challenges, mobilising increased access to climate finance and technologies for developing countries and economies in transition, and ensuring a reasonable reform of

international institutions of economic governance, in particular multilateral development banks.

Counter Terrorism

59. Both Sides reaffirmed their commitment to strengthening bilateral and multilateral cooperation in the field of combating such common challenges and threats such as terrorism, extremism transnational organized crime, money laundering, terrorist financing and illicit drug trafficking.
60. The two Leaders reaffirmed their strong commitment to preventing and countering terrorism in all its forms and manifestations including cross-border movement of terrorists and terrorist financing networks and safe havens. They condemned in the strongest terms the terrorist attack in India in Pahalgam, Jammu and Kashmir, on April 22, 2025, and in Russia at the Crocus City Hall in Moscow on March 22, 2024. They unequivocally condemned all acts of terrorism as criminal and unjustifiable, regardless of their motivation by any religious or ideological pretexts, whenever, wherever, and by whomsoever they may be committed. They also called for concerted actions against all UN-listed terrorist groups and entities, including Al Qaeda, ISIS/Daesh and their affiliates, aimed at rooting out terrorists' safe havens, countering the spread of terrorist ideology, eliminating terrorist financing channels and their nexus with transnational crime,

and halting cross-border movement of terrorists, including foreign terrorist fighters.

61. The Sides called for an uncompromising fight against international terrorism and extremism in all their forms and manifestations, noting the importance of increasing cooperation in this area, without hidden agendas and double standards on the solid basis of international law and the UN Charter. Besides, they stressed the need for firm implementation of relevant resolutions of the UN Security Council, the UN General Assembly, as well as the balanced implementation of the UN Global Counter-Terrorism Strategy.
62. Both Sides emphasized the primary responsibility of States and their competent authorities in combating terrorism. They called for a zero-tolerance policy on terrorism and expeditious finalization and adoption of the Comprehensive Convention on International Terrorism in the UN framework, as well as implementation of the UNGA and the UNSC resolutions on countering terrorism and violent extremism conducive to terrorism.
63. The two Sides recalled the Special Meeting of the UNSC Counter Terrorism Committee (CTC) held in India in October 2022 under India's Chairmanship of the CTC and welcomed the unanimously adopted Delhi Declaration on countering the use of new and emerging technologies for terrorist purposes. They noted that the declaration aims to cover the main concerns surrounding the terrorist exploitation

of Information and Communications Technology, such as payment technologies, social media platforms and fundraising methods and misuse of unmanned aerial vehicles (UAVs or drones). Both Sides also expressed their readiness to develop further cooperation in this field with a special focus on preventing radicalization and the spread of extremist ideology in the online space. In this regard, they noted with satisfaction the positive dynamics of strengthening relevant mechanisms within the SCO and BRICS formats.

Regional and International Issues

64. Both Sides noted with appreciation the close coordination between India and Russia on Afghanistan, including through the dialogue mechanism between the Security Councils of both countries. They emphasized the important role of the Moscow Format meetings.
65. The Leaders welcomed the counter-terrorism measures against international terrorist groups, including ISIS and ISKP and their affiliates, and expressed confidence that the fight against terrorism in Afghanistan would be comprehensive and effective. They stressed the need to ensure urgent and uninterrupted humanitarian assistance to the Afghan people.
66. Both Sides reiterated their commitment to peace and stability in the Middle East/ West Asia, calling for restraint, protection of civilians and compliance with international law, and the need to refrain from taking actions that could further escalate the situation and compromise

regional stability. They stressed the importance of resolving the Iran nuclear issue through dialogue. They expressed concern over the humanitarian situation in Gaza and strongly stressed the importance for all parties concerned to remain committed to agreements and understandings reached between them for cessation of conflict, humanitarian assistance and a sustainable peace.

67. The Sides noted the importance of expanding efforts to combat climate change and achieving the goals of the United Nations Framework Convention on Climate Change UNFCCC and the Paris Agreement. The Sides welcomed the 1st meeting of the Joint Russia-India Working Group on the issues of climate change and low-carbon development held on September 10, 2025 in New Delhi within the framework of the Memorandum of Understanding on the issues of climate change and low-carbon development. The Sides agreed to intensify the bilateral dialogue on implementing mechanisms of the Article 6 of the Paris Agreement, developing low-carbon technologies and using sustainable finance instruments.

68. The Sides agreed to continue interaction within G20, BRICS, SCO on the key issues of climate change. The Sides welcomed the results achieved by a coordinated work within the BRICS Contact Group on Climate Change and Sustainable Development; including the launch of the BRICS Climate Research Platform and the BRICS Laboratory for Trade, Climate and Sustainable Development. Both sides

encouraged fruitful cooperation in the area of addressing climate change in BRICS during the India Chairship in grouping in 2026.

69. The Sides noted with satisfaction the resilience of the India-Russia Special and Privileged Strategic Partnership and the convergent and complementary approaches of their foreign policy priorities, and reaffirmed their commitment for further strengthening it. They stressed that India and Russia as major powers will continue to strive for global peace and stability in a multipolar world as well as in a multipolar Asia.

70. H.E. President Vladimir Putin thanked Prime Minister Shri Narendra Modi for the gracious hospitality extended to him and his delegation in New Delhi and invited him to visit Russia in 2026 for the 24th India-Russia Annual Summit.

New Delhi

December 05, 2025

List of Outcomes: State Visit of the President of the Russian Federation to India (December 04 – 05, 2025):

MoUs and Agreements

S. No	Outcome Document	Description
Migration and Mobility		
1.	Agreement between the Government of the Republic of India and the Government of the Russian Federation on Temporary Labour Activity of Citizens of one State in the Territory of the other State.	These agreements establish a framework for the movement of skilled workers from India to Russia and aims to promote safe and mutually beneficial migration between the two

2.	Agreement between the Government of the Republic of India and the Government of the Russian Federation on Cooperation in Combating Irregular Migration.	countries.
Health and Food Safety		
3.	Agreement between the Ministry of Health and Family Welfare of the Republic of India and the Ministry of Health of the Russian Federation on the cooperation in the field of healthcare, medical education and science.	The document envisages cooperation between India and Russia in the field of healthcare, medical education and science through exchange of information and specialists, and joint scientific research.
4.	Agreement between the Food Safety and Standards Authority of India of the Ministry of Health and Family Welfare of the Republic of India and the Federal Service for Surveillance on Consumer Rights Protection and Human Well-being (Russian Federation) in the field of food safety.	The agreement aims to develop cooperation in the field of food safety by ensuring quality and compliance with sanitary and hygienic requirements of food products.
Maritime Cooperation and Polar waters		
5.	Memorandum of Understanding between the Ministry of Ports, Shipping and Waterways of the Government of the Republic of India and the Ministry of Transport of the Russian Federation on the Training of Specialists for Ships Operating in Polar Waters.	The MoU seeks to facilitate training of Indian sea farers in polar waters through programmes designed and facilitated by Russian agencies specialising in this field.
6.	Memorandum of Understanding between the Ministry of Ports, Shipping and Waterways of the Republic of India and the Maritime Board of the Russian Federation.	The MoU entails cooperation in various sectors of maritime domain such as shipping, ports, joint mineral exploration, research and development.
Fertilizers		
7.	Memorandum of Understanding between M/s. JSC UralChem and M/s. Rashtriya Chemicals and Fertilizers Limited and National Fertilizers Limited and Indian Potash Limited.	The MoU seeks to create a framework for development of a joint venture in Urea manufacturing in Russia by Indian companies.
Customs and commerce		
8.	Protocol between the Central Board of Indirect taxes and Customs of the Government of the Republic of India and the Federal Customs Service (Russian Federation) for cooperation in exchange of Pre-arrival information in respect of goods and vehicles moved between the Republic of India and the Russian federation	This document provides a framework for cooperation between India and Russia in the field of exchange of information of customs operations to optimise procedures of customs control.
9.	Bilateral Agreement between Department of Posts, Ministry of Communications of the Republic of India and JSC «Russian Post».	This bilateral agreement seeks to strengthen cross-border postal cooperation and support growing e-commerce between India and

		Russia, especially for Small and Medium Enterprises.
Academic collaboration		
10.	Memorandum of Understanding on scientific and academic collaboration between Defence Institute of Advanced Technology, Pune and Federal State Autonomous Educational Institution of Higher Education "National Tomsk State University", Tomsk.	This MoU creates a framework to develop and extend scientific and academic collaboration by means of student exchange, development of joint programmes, exchange of information, and joint research.
11.	Agreement regarding cooperation between University of Mumbai, Lomonosov Moscow State University and Joint-Stock Company Management Company of Russian Direct Investment Fund.	The agreement provides cooperation in education training of students and professionals to advance India-Russia academic industry collaboration.
Media Collaboration		
12.	Memorandum of Understanding for Cooperation and Collaboration on Broadcasting between Prasar Bharati, India and Joint Stock Company Gazprom-media Holding, Russian Federation.	These MoUs are between Prasar Bharati and Russian media organisations and entail broadening cooperation in the field of broadcasting, content sharing and information exchange.
13.	Memorandum of Understanding for Cooperation and Collaboration on Broadcasting between Prasar Bharati, India and National Media Group, Russia.	
14.	Memorandum of Understanding for Cooperation and Collaboration on Broadcasting between Prasar Bharati, India and the BIG ASIA Media Group.	
15.	Addendum to Memorandum of Understanding for cooperation and collaboration on broadcasting between Prasar Bharati, India, and ANO "TV-Novosti".	
16.	Memorandum of Understanding between "TV BRICS" Joint-stock company and "Prasar Bharati (PB)".	

ANNOUNCEMENTS

1. Programme for the Development of Strategic Areas of India - Russia Economic Cooperation till 2030.
2. The Russian side has decided to adopt the Framework Agreement to join the International Big Cat Alliance (IBCA).

3. Agreement for the exhibition "India. Fabric of Time" between the National Crafts Museum and Hastkala Academy (New Delhi, India) and the Tsaritsyno State Historical, Architectural, Art and Landscape Museum-Reserve (Moscow, Russia).
4. Grant of 30 days e-Tourist Visa on gratis basis to Russian nationals on reciprocal basis.
5. Grant of Group Tourist Visa on gratis basis to Russian nationals.

New Delhi

December 05, 2025

कुपोषित बालिकाएँ और गर्भवती महिलाएँ

2077. श्री अरुण कुमार सागर:

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

- (क) क्या सरकार देश में कुपोषित बालिकाओं और गर्भवती महिलाओं को निःशुल्क खाद्यान्न उपलब्ध करा रही है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) इस प्रयोजन हेतु राज्यों को राज्य-वार कितनी मात्रा में खाद्यान्न आवंटित किया गया है; और
- (घ) विगत तीन वर्षों के दौरान आज की तिथि तक उक्त योजना से लाभान्वित होने वाली कुपोषित बालिकाओं/गर्भवती महिलाओं की राज्य-वार संख्या कितनी है?

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

(क) और (ख): सक्षम आंगनवाड़ी और मिशन पोषण 2.0 के अंतर्गत 6 माह से 6 वर्ष तक के बच्चों, गर्भवती महिलाओं, स्तनपान करवाने वाली माताओं तथा किशोरियों (आकांक्षी ज़िलों और पूर्वोत्तर क्षेत्र में 14–18 वर्ष आयु वर्ग की) को पूरक पोषण प्रदान किया जाता है। इसका उद्देश्य जीवन-चक्र

दृष्टिकोण अपनाकर कुपोषण के पीढ़ी-दर-पीढ़ी चलने वाले चक्र को समाप्त करना है। पूरक पोषण, पका हुआ गर्म भोजन तथा टेक होम रेशन के रूप में उपलब्ध कराया जाता है।

खाद्य और सार्वजनिक वितरण विभाग के माध्यम से राज्य सरकारों और संघ राज्य क्षेत्र प्रशासन को गेहूँ आधारित पोषण कार्यक्रम (डबल्यूबीएनपी) तथा किशोरियों के लिए योजना (एसएजी) के अंतर्गत सब्सिडी वाली दरों पर खाद्यान्न — अर्थात् गेहूँ, फोर्टिफाइड चावल तथा श्री अन्न (मिलेट्स) तिमाही आधार पर आवंटित किए जाते हैं, ताकि पका हुआ गर्म भोजन और टेक होम राशन तैयार किया जा सके।

(ग): गेहूँ आधारित पोषण कार्यक्रम और किशोरियों के लिए योजना के तहत, राज्यों और संघ राज्य क्षेत्रों को वित्तीय वर्ष 2025-26 की तीसरी तिमाही तक आवंटित किए गए अनाज की मात्रा का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(घ): पिछले तीन वर्षों तथा वर्तमान वित्तीय वर्ष के दौरान इस योजना से लाभान्वित होने वाली आधार-सत्यापित किशोरियों और गर्भवती महिलाओं की संख्या का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

विवरण-I

गेहूँ आधारित पोषण कार्यक्रम और किशोरियों के लिए योजना के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को वित्तीय वर्ष 2025-26 (तृतीय तिमाही तक) के दौरान आवंटित किए गए खाद्यान्न की मात्रा का ब्यौरा:

(मीट्रिक टन)

	राज्य/संघ राज्य क्षेत्र	डबल्यूबीएनपी				एसएजी			
		गेहूँ	फोर्टिफाइड चावल	रागी	ज्वार	गेहूँ	फोर्टिफाइड चावल	रागी	ज्वार
1	अंडमान और निकोबार दीप	0	126.6	36.18	0	0	0	0	0
2	आंध्र प्रदेश	19757.3	29302.5	0	0	0	796.22	0	0
3	अरुणाचल प्रदेश	0	1804.61	0	0	0	305.39	0	0
4	असम	18702.51	37952.3	6143.94	0	2611.64	5223.29	849.24	0
5	बिहार	0	179634.53	0	0	0	4618.04	0	0
6	चंडीगढ़	297.58	210.56	87.36	0	0	0	0	0

7	छत्तीसगढ़	36268.5	7014.96	1504.05	0	1571.2 1	0	104.01	0
8	दादरा और नगर हवेली और दमन और दीव	0	441.67	173.34	34.53	0	0	0	0
9	दिल्ली	6348.52	6822.16	191.22	108.66	0	0	0	0
1 0	गोवा	70.8	1077.38	0	0	0	0	0	0
1 1	गुजरात	46611.4	9285.88	0	0	675.51	0	0	0
1 2	हरियाणा	19177.97	3086.43	0	2772.8 1	134	32.17	0	23.61
1 3	हिमाचल प्रदेश	4646.83	2840.66	0	133.64	235.54	108.71	0	17.91
1 4	जम्मू और कश्मीर	0	17862.78	0	0	0	571.96	0	0
1 5	झारखंड	18406.13	22060.97	2413.2	0	2754.4	0	293.88	0
1 6	कर्नाटक	48929.49	34260.76	0	4437.9 6	327.82	1229.34	0	82.8
1 7	केरल	14520.31	10095.33	0	0	400.91	0	0	0
1 8	लद्दाख	64.19	208.83	0	0	0	0	0	0
1 9	लक्षद्वीप	44.14	44.75	11.1	0	0	00	0	0
2 0	मध्य प्रदेश	89190.34	31630.21	0	0	980.14	1066.61	0	0
2 1	महाराष्ट्र	51957.6	67163.02	0	0	827.74	1195.63	0	0
2 2	मणिपुर	0	4984.01	487.53	731.28	0	706.13	74.37	111.5 4
2 3	मेघालय	4610.7	2942.38	0	709.71	515.76	328.21	0	67.17
2 4	मिजोरम	1197.72	1201.14	0	0	0	385.15	0	0
2 5	नागालैंड	0	1964.65	0	0	0	451.75	0	0
2 6	ओडिशा	43159.9	28972.5	0	0	5404.0 3	0	0	0
2 7	पुदुच्चेरी	0	374.23	0	0	0	0	0	0
2 8	पंजाब	12927.59	15302.51	0	0	362.5	392.71	0	0
2 9	राजस्थान	45004.29	12057.79	0	0	520.96	291.27	0	0

30	सिक्किम	93.37	0	0	38.74	0	0	0	0
31	तमिलनाडु	35920.55	14594.38	0	0	773.63	0	0	0
32	तेलंगाना	12403.42	20832.68	0	0	0	0	376.26	0
33	त्रिपुरा	0	6950.02	0	0	0	698.51	0	0
34	उत्तर प्रदेश	242649.63	191651.51	0	0	2377.47	1018.91	0	0
35	उत्तराखंड	6606.2	1975.95	942.06	0	869.34	87.43	0	0
36	पश्चिम बंगाल	0	121658.25	0	0	0	0	0	0
	कुल	779566.98	888388.89	11989.98	8967.33	21342.6	19507.43	1697.76	303.03

विवरण-II

पिछले तीन वर्षों और वर्तमान वित्तीय वर्ष के दौरान इस योजना से लाभान्वित आधार-सत्यापित लाभार्थियों (Poshan Tracker के अनुसार), अर्थात् गर्भवती महिलाएँ और किशोरियों की संख्या का ब्यौरा:

	2022-23 *		2023-24 *		2024-25 *		2025-26 *	
राज्य/संघ राज्य क्षेत्र	गर्भवती महिला	किशोरियां	गर्भवती महिला	किशोरियां	गर्भवती महिला	किशोरियां	गर्भवती महिला	किशोरियां
अंडमान और निकोबार द्वीप समूह	802	0	751	0	806	0	911	0
आंध्र प्रदेश	2,21,529	52,348	96,340	11,021	2,45,821	54,370	2,37,048	27,648
अरुणाचल प्रदेश	949	2,312	2,111	9,303	2,570	13,081	2,442	11,021
असम	2,01,569	1,17,386	1,68,708	1,43,438	1,74,323	3,92,314	1,65,812	3,38,510
बिहार	7,04,127	1,16,902	5,12,846	2,18,778	6,75,484	2,08,729	8,84,667	1,69,190
छत्तीसगढ़	1,80,050	64,940	2,03,799	1,09,771	1,93,254	1,11,227	1,81,343	71,191
दादरा और नगर हवेली	3,654	0	4,711	0	3,584	0	3,796	0

- दमन और दीव								
दिल्ली	51,098	0	71,189	0	67,535	0	70,263	0
गोवा	1,408	0	4,741	0	3,672	0	3,369	0
गुजरात	2,47,660	52,358	2,64,999	69,873	2,25,999	67,291	2,39,579	55,708
हरियाणा	95,695	178	1,16,459	7,765	1,22,401	8,401	1,41,898	9,691
हिमाचल प्रदेश	25,900	1,801	41,254	16,596	35,255	16,875	33,674	15,440
जम्मू और कश्मीर	38,527	14,533	45,550	19,266	48,970	24,905	44,285	25,271
झारखंड	1,11,040	57,040	2,37,767	1,61,685	1,81,181	2,05,408	1,97,420	1,56,811
कर्नाटक	3,48,179	883	2,77,116	1,299	3,52,265	66,837	3,84,289	70,348
केरल	1,69,062	12,548	1,40,143	18,498	1,20,717	18,549	1,25,379	17,961
लद्दाख	827	0	863	0	891	0	858	0
लक्षद्वीप	222	0	436	0	409	0	430	0
मध्य प्रदेश	5,05,097	1,27,476	5,02,622	1,41,341	4,84,195	1,51,360	4,73,376	1,09,620
महाराष्ट्र	1,75,215	56,385	4,15,426	1,14,515	3,24,076	1,10,696	3,48,840	96,386
मणिपुर	14,258	44,968	7,419	42,177	11,112	43,613	10,125	32,784
मेघालय	3,701	5,177	13,476	36,542	8,888	31,930	14,521	44,094
मिजोरम	6,769	12,940	6,748	20,879	6,057	18,060	6,420	14,624
नागालैंड	76	1,587	2,214	10,362	1,237	17,334	2,449	18,581
ओडिशा	3,04,502	2,08,374	3,20,022	2,69,240	3,06,106	2,70,509	3,00,552	2,06,251
पुदुच्चेरी	1,011	0	3,710	0	3,157	0	3,517	0
पंजाब	64,743	59	1,05,251	27,801	93,841	34,148	82,806	31,753
राजस्थान	4,42,247	7,564	3,47,979	41,226	3,47,254	41,535	3,40,810	30,125
सिक्किम	1,255	5,255	1,652	7,849	1,436	7,357	1,360	5,510
तमिलनाडु	3,13,165	31,690	3,15,478	38,564	2,84,361	44,874	3,04,452	41,176
तेलंगाना	1,83,951	13,808	1,78,850	22,977	1,14,018	19,993	1,70,671	35,442
त्रिपुरा	21,947	17,394	20,103	29,241	17,703	32,353	17,493	26,523

केंद्र शासित प्रदेश- चंडीगढ़	3,531	0	3,387	0	3,490	0	3,608	0
उत्तर प्रदेश	18,31,152	46,141	18,60,372	2,49,445	16,53,503	2,04,754	13,78,365	1,08,376
उत्तराखंड	62,498	11,133	70,446	69,971	65,995	73,537	59,303	58,896
पश्चिम बंगाल	6,10,329	0	6,25,922	0	5,67,225	0	5,72,098	0
कुल योग	69,47,745	10,83,180	69,90,860	19,09,423	67,48,791	22,90,040	68,08,229	18,28,931

*संबंधित वित्तीय वर्ष के नवंबर महीने में मौजूद लाभार्थियों की संख्या

FOOD SAFETY REGULATIONS

2078. DR. M. K. VISHNU PRASAD:

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

- whether the Government intends to take measures to ensure that processed food/oil which is causing cancer is not allowed to enter the food chain, if so, the details thereof;
- whether there are any provisions in law that hold persons liable who trade, circulate, or use such cancer-causing processed foods/oil; and
- whether the Government has banned any ingredients found to be cancer-causing that are used for food processing, 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): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption.

The implementation and enforcement of the Food Safety and Standards Act, 2006 is a shared responsibility between the Central and State Governments.

The FSS Act, 2006, mandates FSSAI to ensure that the food products/ingredients permitted for use are safe for human consumption. The risk assessment of additives including due safety such as carcinogenicity and toxicity is carried out by the Scientific Panel of Food Additives, Flavourings and Processing Aids using applicable scientific methodologies.

FSSAI has notified standards for range of food products including oil vide Food Safety and Standards (Food Products Standards and Food Additives) Regulation, 2011.

Further, FSSAI has initiated the following measures:-

- Regular surveillance drives, monitoring, regulatory 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 and Regional offices of FSSAI to check compliance with the quality and safety parameters in food products as laid down under Food Safety and Standards (FSS) Act, 2006, and Regulations made thereunder.
- In the event of any violations, strict regulatory actions are enforced against the offenders in accordance with the provisions of the FSS Act, Rules and Regulations made thereunder. The FSS Act, 2006 provides for

comprehensive penal provisions, including fines and imprisonment, for different categories of offences.

- Penalties are imposed through adjudication for violations under the FSS Act, 2006 attract imprisonment and fines.

SCREENING OF SICKLE CELL ANAEMIA IN TRIBAL AREAS

2079. SHRI JASHUBHAI BHILUBHAI RATHVA:

SHRI RAHUL SINGH LODHI:

DR. RAJESH MISHRA:

SHRIMATI SMITA UDAY WAGH:

SHRI BALABHADRA MAJHI:

SHRI PRADEEP KUMAR SINGH:

SHRIMATI HIMADRI SINGH:

SHRI MAHESH KASHYAP:

SHRI BIBHU PRASAD TARAI:

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

- (a) the strategy of the Government to ensure universal screening of sickle cell anaemia in all tribal-majority development blocks and the manner in which the screening results being integrated with the ABDM platform, particularly in Odisha;
- (b) the steps taken to establish specialized Tribal Health and Wellness Centres with trained staff in remote PVTG areas of Odisha for addressing malaria, malnutrition and other major health challenges in the country;

- (c) whether any guidelines have been issued for food security with aims to reduce chronic malnutrition and micronutrient deficiencies among children and pregnant women in Odisha's tribal regions, if so, the details thereof;
- (d) whether the Government is extending formal support to traditional healers while ensuring access to modern healthcare services in remote tribal areas of Odisha including the Sidhi Parliamentary Constituency and if so, the details thereof; and
- (e) the measures proposed to be taken by the Government to improve last-mile service delivery in hard-to-reach tribal settlements?

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

(a): Under National 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 the 154 blocks of 13 tribal district of Odisha for diagnosis of Sickle Cell Disease. As per Sickle Cell Disease (SCD) portal, more than 6.57 cr screenings have been conducted in tribal dominated areas of the country including 56.46 lakh screenings in Odisha, as on 30.11.2025.

(b) and (c): Through Ayushman Arogya Mandirs (AAMs) (erstwhile Ayushman Bharat-Health and wellness centres), comprehensive primary healthcare (CPHC) is provided by strengthening Sub Health Centres (SHCs) and Primary Health Centers (PHCs) across the country including tribal areas for an expanded

range of services encompassing Communicable diseases, Non-communicable diseases, reproductive and child healthcare services, emergency medical services and other health issues. For SHC-AAM, operational guidelines for AAMs provide for Community Health Officer (CHO), Auxiliary Nurse Midwife (ANM) and Multipurpose worker -Male along with ASHAs in the catchment area. For PHC-AAM, the norms provide for Medical Officer, staff nurses, pharmacist, Health Assistants and Lab technician.

As per AAM portal, a total of 7,373 AAMs, including 3,343 AAMs in tribal districts and 1,991 AAMs in aspirational districts, have been operationalised in Odisha, as on 07.12.2025.

Under National Vector Borne Disease Control Programme, various interventions are provided for prevention and control of Malaria in the tribal areas including PVTG areas.

Operational Guidelines on Facility Based Management of Children with Severe Acute Malnutrition have been issued to States/UTs by Govt. of India for food security with an aim to reduce chronic malnutrition and micronutrient deficiencies. The Government of India is also implementing several key nutrition interventions i.e. Anemia Mukt Bharat, Nutrition Rehabilitation Centres, Mothers' Absolute Affection, Lactation Management Centres and Vitamin A Supplementation programme under the RMNCAH+N strategy of the National Health Mission (NHM) to address maternal and child malnutrition, across the country including tribal areas of the State of Odisha. Further, Government has also set up Mission Poshan 2.0 Abhiyaan, which has one of the aim to prevent

and reduce prevalence of anaemia among Pregnant Women and Lactating Mothers.

(d): Village Health Sanitation and Nutrition Committees (VHSNCs) function as village-level platforms for health, sanitation, nutrition awareness, planning and action. These committees play a key role in conducting Village Health and Nutrition Days (VHNDs), supporting early detection, and community-based prevention of malnutrition and communicable diseases and awareness of traditional systems of medicine. As on 31st March 2025, a total of 5,20,292 VHSNCs have been constituted across the country including Sidhi Parliamentary Constituency of Odisha.

(e): Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of SHCs, PHCs and CHCs have been reduced to 3,000, 20,000 and 80,000 respectively. One 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.

Under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), launched on 15th November, 2023 by Ministry of Tribal Affairs (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 ANM for each Multi Purpose Centre (MPC) constructed by MoTA.

As per MMU portal, 751 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 09.12.2025.

JAN AUSHADHI KENDRAS

2080. SHRI B. K. PARTHASARATHI:

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

- (a) the total number of Jan Aushadhi Kendras (JAKs) established under the Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) in the country, State-wise and district-wise particularly for the State of Andhra Pradesh;
- (b) the total funds sanctioned, released and utilised under PMBJP during the last five years, year-wise and State-wise;
- (c) the total value of sales reported by JAKs during the last five years, year-wise, State-wise and district-wise for Andhra Pradesh;
- (d) the details of incentives given to the Jan Aushadhi Kendras (JAKS) under PMBJP and activities eligible for the incentives; and
- (e) whether the Government proposes to expand PMBJP coverage to underserved districts and tribal/rural regions in the country including Andhra Pradesh, 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): Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme, a total of 17,610 Jan Aushadhi Kendras (JAKs) have been opened across the country as on 30.11.2025, of which 277 JAKs have been opened in the State of Andhra Pradesh. The State-wise number of JAKs opened across the country and the district-wise number of JAKs opened in the State of Andhra Pradesh are given in the enclosed **Statement-I**.

(b): The details of the funds allocated and utilised under the scheme during the last five years are as under:

S. No.	Financial year	Funds sanctioned (crore ₹)	Funds utilised (crore ₹)
1.	2020-21	65.00	65.00
2.	2021-22	68.50	68.50
3.	2022-23	100.00	100.00
4.	2023-24	110.00	110.00
5.	2024-25	284.50	182.73

There is no State-wise allocation of funds under the scheme.

(c): Across the country, total sales of ₹ 6,290.23 crore MRP value have been made under the scheme during the last five financial years. State-wise and financial-year-wise sales at MRP value are given in the enclosed **Statement-II**.

(d): Under the scheme, incentive to JAK owners is given at rate of 10% of monthly purchases, subject to a ceiling of ₹10,000 per month. In addition, JAK owners are also provided incentive of up to ₹10,000 per month for maintaining requisite stock of 200 high-demand products. Further, a one-time special incentive of ₹2 lakh for setting up JAK is given for JAKs opened in the North-

Eastern States, Himalayan areas, island territories and backward areas notified as Aspirational Districts by NITI Aayog, and to those JAKs that are opened by entrepreneurs of certain eligible categories, including ex-servicemen, divyangjan and members of the Scheduled Castes and Scheduled Tribes.

(e): With a view to further expand the coverage of the scheme, the Government has set a target to open 25,000 JAKs by March 2027. JAKs are opened by inviting applications from individual entrepreneurs, non-governmental organisations, societies, trusts, firms, private companies, etc. Online applications have been invited from all districts of the country, including those in the state of Andhra Pradesh, through the website www.janaushadhi.gov.in.

STATEMENT-I

State-wise number of Jan Aushadhi Kendras opened across the country as on 30.11.2025:

S. No.	State / Union territory	Number of JAKs opened
1	Andaman and Nicobar Islands	9
2	Andhra Pradesh	277
3	Arunachal Pradesh	35
4	Assam	175
5	Bihar	993
6	Chandigarh	19
7	Chhattisgarh	339
8	Dadra and Nagar Haveli and Daman and Diu	40
9	Delhi	573
10	Goa	22
11	Gujarat	827
12	Haryana	463
13	Himachal Pradesh	74

14	Jammu and Kashmir	348
15	Jharkhand	164
16	Karnataka	1543
17	Kerala	1685
18	Ladakh	2
19	Lakshadweep	1
20	Madhya Pradesh	597
21	Maharashtra	723
22	Manipur	66
23	Meghalaya	27
24	Mizoram	16
25	Nagaland	22
26	Odisha	788
27	Puducherry	33
28	Punjab	533
29	Rajasthan	599
30	Sikkim	14
31	Tamil Nadu	1483
32	Telangana	208
33	Tripura	33
34	Uttar Pradesh	3731
35	Uttarakhand	336
36	West Bengal	812
	Total	17,610

District-wise number of JAKs opened in the State of Andhra Pradesh as on 30.11.2025

S. No.	District	Number of JAKs
1	Alluri Sitharama Raju	3
2	Anakapalli	8
3	Ananthapuramu	13

4	Annamayya	7
5	Bapatla	9
6	Chittoor	12
7	Dr. B.R. Ambedkar Konaseema	9
8	East Godavari	14
9	Eluru	11
10	Guntur	24
11	Kakinada	5
12	Krishna	8
13	Kurnool	20
14	Nandyal	6
15	NTR	17
16	Palnadu	11
17	Parvathipuram Manyam	3
18	Prakasam	16
19	Sri Potti Sriramulu Nellore	6
20	Sri Sathya Sai	11
21	Srikakulam	9
22	Tirupati	15
23	Visakhapatnam	10
24	Vizianagaram	8
25	West Godavari	14
26	Y.S.R. Kodapa	8
Total		277

STATEMENT-II

State-wise and financial-year-wise sales at MRP value (in crore ₹)

S. No.	State / Union territory	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
1	Andaman and Nicobar Islands	0.02	0.05	0.06	0.01	0.0005

2	Andhra Pradesh	1.53	1.41	1.77	1.80	0.55
3	Arunachal Pradesh	0.68	0.24	0.50	0.43	0.48
4	Assam	3.32	4.77	5.08	5.36	0.98
5	Bihar	6.34	9.80	15.65	17.53	6.06
6	Chandigarh	17.63	3.96	9.79	16.37	22.16
7	Chhattisgarh	8.35	18.43	40.98	96.59	196.08
8	Dadra and Nagar Haveli and Daman and Diu	0.00	0.010	0.0079	0.0009	0.0073
9	Delhi	26.51	24.77	33.38	43.93	57.96
10	Goa	0.00	0.00	0.05	0.07	0.15
11	Gujarat	21.22	27.10	36.36	31.95	36.77
12	Haryana	3.71	3.63	4.87	4.05	1.30
13	Himachal Pradesh	1.88	6.28	8.13	7.42	7.47
14	Jammu and Kashmir	14.51	22.52	41.08	52.00	61.95
15	Jharkhand	14.79	36.56	69.50	90.38	142.40
16	Karnataka	148.56	164.94	184.08	173.45	222.85
17	Kerala	107.49	160.83	182.00	189.67	264.37
18	Ladakh	0.00	0.04	0.18	0.00	0.00
19	Lakshadweep	0.00	0.00	2.12	0.00	0.00
20	Madhya Pradesh	7.23	6.79	6.50	5.85	2.64
21	Maharashtra	8.35	12.65	12.59	17.50	26.54
22	Manipur	0.55	4.14	8.27	6.87	9.53
23	Meghalaya	0.13	1.54	1.58	1.62	0.99
24	Mizoram	0.51	0.51	0.61	0.49	0.04
25	Nagaland	0.29	0.32	0.59	0.84	0.15
26	Odisha	26.30	31.17	34.81	36.31	33.85
27	Puducherry	0.03	0.15	0.26	0.17	0.01
28	Punjab	42.83	49.97	57.00	65.49	68.29
29	Rajasthan	17.75	24.39	41.32	69.89	100.80
30	Sikkim	0.00	0.001	0.00	0.00	0.04
31	Tamil Nadu	51.48	81.93	123.71	141.45	180.35
32	Telangana	1.48	2.46	1.74	1.82	0.28

33	Tripura	1.87	2.53	2.85	3.17	1.96
34	Uttar Pradesh	87.66	128.22	198.95	233.22	309.91
35	Uttarakhand	14.65	19.41	33.59	46.25	89.37
36	West Bengal	28.16	42.08	76.87	109.54	176.17

राष्ट्रीय एक स्वास्थ्य मिशन में भागीदारी

2081. डॉ. शिवाजी बंडाप्पा कालगे:

श्री संदिपनराव आसाराम भुमरे:

श्री ज्ञानेश्वर पाटील:

श्रीमती कलाबेन मोहनभाई देलकर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार राष्ट्रीय एक स्वास्थ्य मिशन और संबंधित पहलों में सक्रिय रूप से भाग ले रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) सरकार द्वारा देश में एक स्वास्थ्य मिशन की अवसंरचना के अंतर्गत शुरू किए गए विशिष्ट योगदानों या कार्यक्रमों का राज्य/संघ राज्यक्षेत्र-वार, विशेषकर महाराष्ट्र, मध्य प्रदेश और दादरा और नगर हवेली में ब्यौरा क्या है;
- (ग) क्या सरकार ने एक स्वास्थ्य मिशन के अंतर्गत की गई पहलों के कार्यान्वयन में भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर), राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी) और राज्य स्वास्थ्य विभागों जैसे अन्य हितधारकों के साथ सहयोग किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) सरकार द्वारा मानव-पशु-पारिस्थितिकीय संगम पर स्वास्थ्य चुनौतियों के समाधान हेतु उठाए गए अन्य कदमों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है?

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

(क): जी हां, भारत सरकार राष्ट्रीय एक स्वास्थ्य मिशन (एनओएचएम) में सक्रिय रूप से भाग ले रही है। इस मिशन की स्थापना फरवरी 2024 में मंत्रिमंडल की मंजूरी के साथ 21वीं प्रधान मंत्री विज्ञान, प्रौद्योगिकी और नवाचार सलाहकार परिषद (पीएम-एसटीआईएसी) की सिफारिश पर की गई थी। मिशन को भारत सरकार के प्रधान वैज्ञानिक सलाहकार के कार्यालय द्वारा संचालित किया जा रहा है और इसमें आयुष मंत्रालय सहित 16 से अधिक केंद्रीय मंत्रालय/विभाग शामिल हैं। स्वास्थ्य अनुसंधान विभाग (डीएचआर)/भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर), कार्यान्वयन एजेंसी के रूप में कार्य करते हैं। और अधिक विवरण <https://www.psa.gov.in/oneHealthMission> पर प्राप्त किए जा सकते हैं।

(ख): ओपीएसए और आईसीएमआर के इनपुट के अनुसार, पहली राज्य/संघ राज्य क्षेत्र भागीदारी कार्यशाला दिनांक 9 जून 2025 को नई दिल्ली में आयोजित की गई थी, जिसमें महाराष्ट्र और मध्य प्रदेश की भागीदारी सहित 27 राज्यों/संघ राज्य क्षेत्रों की भागीदारी देखी गई थी। इसके अतिरिक्त, महाराष्ट्र उन राज्यों में भी शामिल है जहां प्रारंभिक निगरानी और एकीकृत एक स्वास्थ्य पायलट गतिविधियां चलाई जा रही हैं। राष्ट्रीय एक स्वास्थ्य मिशन के तहत, महाराष्ट्र के विभिन्न संस्थानों और स्थलों में कई अध्ययनों को वित्त पोषित किया गया है, जो राज्य में अनुसंधान, निगरानी और क्षमता निर्माण संबंधी प्रयासों का समर्थन करते हैं। कुछ प्रमुख पहले निम्नलिखित हैं:

1. एक स्वास्थ्य कार्यान्वयन के लिए संस्थागत संरचनाओं और शासन का निर्माण: देश भर में निगरानी, अनुसंधान और प्रकोप प्रतिक्रिया के समन्वय के लिए समर्पित राष्ट्रीय स्तर के संस्थान (राष्ट्रीय एक स्वास्थ्य संस्थान, नागपुर) की स्थापना।
2. उच्च-संरोधन प्रयोगशाला नेटवर्क (बीएसएल-3/बीएसएल-4 प्रयोगशालाओं) की स्थापना: महाराष्ट्र में स्थित संस्थान, राष्ट्रीय बीएसएल-3 और बीएसएल-4 प्रयोगशाला नेटवर्क का हिस्सा हैं, जो उच्च-संरोधन निदान और उन्नत रोगाणुओं का पता लगाने में योगदान देता है।

3. अभयारण्यों और आर्द्रभूमि में पक्षी-मानव इंटरफेस निगरानी: उच्च जोखिम वाले एवियन रोगाणुओं का शीघ्र पता लगाने में सक्षम बनाने के लिए महाराष्ट्र सहित राज्यों में चयनित पक्षी अभयारण्यों और आर्द्रभूमि में एक प्रमुख अध्ययन (2025) कार्यान्वित किया गया है।

राष्ट्रीय एक स्वास्थ्य मिशन के तहत किए गए कार्यक्रमों और गतिविधियों का राज्य/संघ राज्य क्षेत्र-वार विवरण भारत सरकार के ओपीएसए द्वारा व्यवस्थित एक स्वास्थ्य मिशन डैशबोर्ड पर उपलब्ध है। इन्हें पीएसए की आधिकारिक वेबसाइट <https://www.psa.gov.in/oneHealthDashboard> पर देखा जा सकता है।

(ग): जी हां, सरकार ने राष्ट्रीय एक स्वास्थ्य मिशन के तहत पहलों को कार्यान्वित करने के लिए, भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर), राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी), राज्य स्वास्थ्य विभाग, पशुपालन और डेयरी विभाग और अन्य प्रासंगिक संस्थानों सहित प्रमुख हितधारकों के साथ सहयोग स्थापित किया है। और अधिक विवरण <https://www.psa.gov.in/oneHealthMission> पर उपलब्ध है।

(घ): ओपीएसए से प्राप्त सूचना के अनुसार, राष्ट्रीय एक स्वास्थ्य मिशन के तहत गतिविधियों के अलावा, सरकार ने देश में मानव-पशु-पारिस्थितिकी इंटरफेस में स्वास्थ्य चुनौतियों का समाधान करने के लिए कई कदम उठाए हैं। जैसा कि मिशन के तहत अनुमोदित है, राष्ट्रीय एक स्वास्थ्य मिशन के लिए एंकर संस्थान, राष्ट्रीय एक स्वास्थ्य संस्थान (एनआईओएच) की स्थापना नागपुर, महाराष्ट्र में की जा रही है। एनओएचएम के तहत, आईसीएमआर/डीएचआर द्वारा अन्य भाग लेने वाले मंत्रालयों/विभागों के सहयोग से कई निगरानी पायलट आरंभ किए गए हैं, जो निम्नलिखित हैं:

1. पशु-मानव इंटरफेस पर मॉडल निगरानी परियोजनाएं संचालित की जा रही हैं।
2. रोगाणुरोधी प्रतिरोध (एएमआर) पर निगरानी के लिए अपशिष्ट जल निगरानी का उपयोग किया जाता है।
3. संक्रामक रोगों की निगरानी के लिए सिंड्रोमिक निगरानी की जा रही है।

4. बूचड़खानों में निगरानी
5. पक्षी अभयारण्यों में निगरानी

कार्यक्रम के तहत शुरू की गई अन्य गतिविधियां:

1. 23 जैव सुरक्षा स्तर (बीएसएल) -3 प्रयोगशालाओं का एक नेटवर्क स्थापित किया गया है।
2. रोग प्रकोप की जांच के लिए मानव स्वास्थ्य, पशुपालन और वन्यजीव क्षेत्रों के विशेषज्ञों से बनी राष्ट्रीय संयुक्त प्रकोप प्रतिक्रिया टीम (एनजेओआरटी) का सृजन।
3. महामारी संबंधी तैयारी के प्रयासों में, दिनांक 27 अगस्त से 31 अगस्त, 2024 तक राजस्थान राज्य के अजमेर जिले में एक व्यापक राष्ट्रीय मॉक ड्रिल, विषाणु युद्ध अभियान (वीवाईए) भी आयोजित किया गया था। मध्य प्रदेश के खंडवा जिले में 2-5 नवंबर, 2025 तक "विषाणु संक्रमण प्रतिरोध अभ्यास" नामक एक और मॉक ड्रिल बड़े पैमाने पर आयोजित की गई थी। इस अभ्यास का उद्देश्य विषाणु-जनित रोग के प्रकोपों के प्रबंधन में भारत की महामारी-पूर्व तैयारियों और अंतर-क्षेत्रीय समन्वय का आकलन करना था।
4. जून 2025 में पहली राज्य/संघ राज्य क्षेत्र भागीदारी कार्यशाला आयोजित की गई।
5. नवंबर 2025 में राष्ट्रीय एक स्वास्थ्य असेंबली-2025 का नई दिल्ली में आयोजन किया गया।

आयुष क्षेत्र से संबंधित निम्नलिखित पहलें एक स्वास्थ्य प्राथमिकताओं में योगदान दे रही हैं:

1. आयुष मंत्रालय जहां उपयुक्त हो, तर्कसंगत, गैर-एंटीबायोटिक उपचार विकल्पों को बढ़ावा देता है, अप्रत्यक्ष रूप से एएमआर कटौती- एक प्रमुख एक स्वास्थ्य प्राथमिकता का समर्थन करता है। आयुष अनुसंधान परिषदों ने एएमआर, प्रतिरक्षण और वेक्टर जनित रोगों से संबंधित अनुसंधान अध्ययन किए हैं।

2. इसके अलावा, आयुष वर्टिकल, डीजीएचएस ने राज्यों और संघ राज्य क्षेत्रों में प्रसार के लिए एनसीडीसी के सहयोग से मंकीपॉक्स और हीट वेव पर जन-स्वास्थ्य परामर्श जारी किया है।

मानव-पशु-पारिस्थितिक इंटरफ़ेस पर स्वास्थ्य चुनौतियों का समाधान करने के लिए सरकार द्वारा उठाए गए कदमों का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा <https://www.psa.gov.in/oneHealthDashboard> पर उपलब्ध है।

सोनीपत और हिसार में स्वास्थ्य अवसंरचना का सुदृढ़ीकरण

2082. श्री जय प्रकाश:

श्री सतपाल ब्रह्मचारी:

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

- (क) हरियाणा के सोनीपत और हिसार लोक सभा संसदीय निर्वाचन क्षेत्रों में जिला अस्पताल, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसीएस) के लिए चिकित्सा और शल्य चिकित्सा उपकरणों की खरीद पर कुल कितनी धनराशि व्यय की गई है;
- (ख) क्या कई स्वास्थ्य केंद्रों में अभी भी ऑक्सीजन कंसंट्रेटर, मॉनिटर, अल्ट्रासाउंड मशीन, ऑपरेशन थिएटर उपकरण और प्रयोगशाला मशीनों की कमी है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार उक्त उपकरणों की उपलब्धता बढ़ाने के लिए राज्य सरकार को अतिरिक्त अनुदान या आपातकालीन सहायता प्रदान करने पर विचार कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार का उक्त संसदीय निर्वाचन क्षेत्रों में स्वास्थ्य अवसंरचना को मजबूत करने हेतु उपकरणों की खरीद के उक्त लंबित कार्य को पूरा करने के लिए कोई विशेष निगरानी तंत्र स्थापित करने का विचार है; और

(ड) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ड): स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को जन स्वास्थ्य प्रणाली को सुदृढ़ करने हेतु कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में प्राप्त प्रस्तावों के आधार पर तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार, उपलब्ध मानदंडों और संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्रस्तावों को स्वीकृति प्रदान करती है।

भारत सरकार ने पीएम-केयर फंड के तहत, जिसमें देश के प्रत्येक जिले में कम से कम 1 पीएसए संयंत्र स्थापित करने का अनिवार्य प्रावधान था। राज्यों/संघ राज्य क्षेत्रों को 1225 संयंत्र (1287 पीएसए संयंत्र) स्थापित और संचालित करने में सहायता प्रदान की। तदनुसार, भारत सरकार द्वारा हरियाणा को 40 पीएसए संयंत्र आवंटित किए गए। सोनीपत और हिसार में स्थापित पीएसए संयंत्रों का ब्यौरा संलग्न **विवरण** में दिया गया है। इसके अलावा, कोविड-19 महामारी के दौरान हरियाणा को 1864 ऑक्सीजन कंसंट्रेटर आवंटित किए गए हैं, जिनका आंतरिक वितरण और रख-रखाव राज्य प्रशासन के अधीन है।

स्वास्थ्य मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत 'निःशुल्क निदान सेवा पहल' कार्यक्रम के लिए सहायता प्रदान करता है, जिसका उद्देश्य जेबी खर्च कम कर समुदाय के निकट सुलभ और किफायती पैथोलॉजिकल और रेडियोलॉजिकल निदान सेवाएं प्रदान करना है। सार्वजनिक स्वास्थ्य सुविधा केंद्रों के सभी स्तरों पर निदान सेवाएं (उप केंद्रों में 14 परीक्षण, प्राथमिक स्वास्थ्य केंद्रों में 63 परीक्षण, सामुदायिक स्वास्थ्य केंद्रों में 97 परीक्षण, उप जिला अस्पतालों में 111 परीक्षण और जिला अस्पतालों में 134 परीक्षण) निःशुल्क प्रदान की जाती हैं।

आवश्यक दवाओं की उपलब्धता सुनिश्चित करने और जन स्वास्थ्य केंद्रों में आये रोगियों के जेबी खर्च (ओओपीई) को कम करने के लिए, सरकार ने राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के

तहत निःशुल्क दवा सेवा पहल शुरू की है। इसमें राज्यों/संघ राज्य क्षेत्रों को प्राथमिक स्वास्थ्य केंद्र (एसएचसी) स्तर पर 106 दवाओं, प्राथमिक स्वास्थ्य केंद्र (पीएचसी) स्तर पर 172 दवाओं, सामुदायिक स्वास्थ्य केंद्र (सीएचसी) स्तर पर 300 दवाओं, एसडीएच स्तर पर 318 दवाओं और जिला अस्पतालों में 381 दवाओं के लिए वित्तीय सहायता भी शामिल है। एसआईपी के तहत 2025-26 के दौरान मुफ्त दवाओं के लिए **₹946.60 लाख** की राशि अनुमोदित की गई है।

भारतीय जन स्वास्थ्य मानक (आईपीएचएस) एक आवश्यक मानदंड है जो जिला अस्पतालों, उप-जिला अस्पतालों, सामुदायिक स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों और उप-स्वास्थ्य केंद्रों सहित जन स्वास्थ्य सुविधा केंद्रों के माध्यम से न्यूनतम आवश्यक सेवाओं की उपलब्धता सुनिश्चित करते हैं। 2007 में बने और 2012 तथा 2022 में संशोधित ये मानक हाल की जन स्वास्थ्य पहलों के अनुरूप हैं और हमारी स्वास्थ्य प्रणाली का मूलधार हैं। आईपीएचएस दिशानिर्देश राज्यों को महत्वपूर्ण मानकों की योजना बनाने और उन्हें बनाए रखने में मदद करते हैं, जिससे बेहतर स्वास्थ्य परिणाम प्राप्त होते हैं और स्वास्थ्य प्रणाली में जनता का विश्वास बढ़ता है।

इस मंत्रालय ने आयुष्मान आरोग्य मंदिरों सहित सभी स्तरों की स्वास्थ्य सुविधा केंद्रों के स्व-मूल्यांकन को सुगम बनाने के लिए एक ओपन-सोर्स टूलकिट और एक वेब-आधारित डैशबोर्ड (www.iphs.mohfw.gov.in) विकसित किया है, जिसे 28 जून, 2024 को आईपीएचएस के तहत लॉन्च किया गया था। आईपीएचएस डैशबोर्ड को जन स्वास्थ्य सुविधा केंद्रों द्वारा आईपीएचएस 2022 मानकों के अनुपालन की निगरानी के लिए डिज़ाइन किया गया है और यह वास्तविक समय पर अद्यतन सूचना उपलब्ध कराता है, जिससे कमियों की पहचान और समय पर कार्रवाई के लिए निगरानी और डेटा-आधारित निर्णय लेने में मदद मिलती है।

देश के सरकारी अस्पतालों की अवसंरचना के लिए निर्धारित मानदंड भारत सरकार के आईपीएचएस 2022 दिशानिर्देशों के अनुसार हैं। अवसंरचना संबंधी निर्धारित मानदंडों का विवरण निम्न लिंक पर उपलब्ध है: <https://nhsrcindia.org/IPHS2022>

कोविड-19 महामारी से उत्पन्न चुनौतियों के प्रबंधन में राज्यों/संघ राज्य क्षेत्रों की सहायता के लिए एक व्यापक पहल के रूप में आपातकालीन कोविड अनुक्रिया पैकेज (ईसीआरपी) शुरू किया गया था। इस पैकेज से चिकित्सा उपकरणों की त्वरित खरीद, मानव संसाधनों की बेहतर उपलब्धता और महामारी तथा भविष्य की स्वास्थ्य आपात स्थितियों से प्रभावी ढंग से निपटने के लिए बेहतर निगरानी और निदान क्षमताओं को बढ़ावा मिला। इस पहल के तहत, हरियाणा राज्य को केंद्र सरकार द्वारा जारी केंद्रीय निर्गम में **ईसीआरपी-I के अंतर्गत 194.95 करोड़ रुपये और ईसीआरपी-II के अंतर्गत 182.42 करोड़ रुपये** की राशि शामिल है।

हरियाणा राज्य ने दवाओं की निर्बाध आपूर्ति सुनिश्चित करने और दवा अभाव को कम करने के लिए औषधि और टीका वितरण प्रबंधन प्रणाली (डीवीडीएमएस) कार्यान्वित की है। इससे स्वास्थ्य केंद्रों में स्टॉक की उपलब्धता, वितरण और समाप्ति-तिथि की वास्तविक निगरानी संभव हो पाती है, जिससे डेटा-आधारित निगरानी और समय पर पुनःपूर्ति सुनिश्चित होती है। इस योजना के अंतर्गत दवा-प्रापण, सुदृढ़ खरीद प्रणाली को बेहतर करने/स्थापित करने, गुणवत्ता आश्वासन, आपूर्ति श्रृंखला प्रबंधन और भंडारण, नुस्खा-लेखा परीक्षा, शिकायत निवारण, मानक उपचार दिशानिर्देशों का प्रसार और आवश्यक दवाओं की खरीद और उपलब्धता की वास्तविक निगरानी के लिए आईटी-सक्षम प्लेटफॉर्म डीवीडीएमएस (दवा और टीका वितरण प्रबंधन प्रणाली) की स्थापना के लिए सहायता उपलब्ध है।

विवरण

क्र.सं.	राज्य/संघ राज्य क्षेत्र	जिला	अस्पताल का नाम	संयंत्र की क्षमता (एलपीएम में)
1.	हरियाणा	हिसार	महाराजा अग्रसेन मेडिकल कॉलेज	1000
2.	हरियाणा	हिसार	डीसीएच हिसार	200
3.	हरियाणा	हिसार	एसडीसीएच हांसी	200
4.	हरियाणा	सोनीपत	बीपीएस गवर्नमेंट मेडिकल कॉलेज	1000
5.	हरियाणा	सोनीपत	डीसीएच सोनीपत	200

राष्ट्रीय मिडवाइफरी कार्यक्रम

2083. श्री दर्शन सिंह चौधरी:

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

- (क) क्या राष्ट्रीय मिडवाइफरी कार्यक्रम (एनएमपी) ने मातृ और शिशु मृत्यु दर को कम करने, सामान्य प्रसव को बढ़ावा देने, अनावश्यक सी-सेक्शन की दर को कम करने और सम्मानजनक मातृत्व सेवाएं सुनिश्चित करने में सकारात्मक परिणाम प्राप्त किए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या नए प्रशिक्षण शिविरों के आयोजन में लापरवाही और विफलता के कारण कार्यक्रम निर्धारित समय पर संचालित नहीं हो पाया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार इस कार्यक्रम के नियमित कार्यान्वयन, प्रशिक्षण बैचों के समय पर प्रारंभ और लक्ष्यों की समय पर प्राप्ति सुनिश्चित करने के लिए किसी विशेष व्यवस्था या योजना पर काम कर रही है; और
- (घ) 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): राष्ट्रीय मिडवाइफरी कार्यक्रम ने मातृ और शिशु स्वास्थ्य के प्रमुख संकेतकों में सकारात्मक परिणाम दर्शाए हैं। मातृ मृत्यु दर (एमएमआर) नमूना पंजीकरण प्रणाली (एसआरएस 2018-20) में प्रति लाख जीवित जन्म 97 से घटकर (एसआरएस 2021-23) प्रति लाख जीवित जन्म 88 हो गई है। शिशु मृत्यु दर (आईएमआर) (एसआरएस 2018) में प्रति 1000 जीवित जन्म 32 से घटकर (एसआरएस 2023) में प्रति 1000 जीवित जन्म 25 हो गई है। इसके अलावा, संस्थागत जन्म एनएफएचएस-4 में 78.9% से बढ़कर एनएफएचएस-5 में 88.6% हो गया है, जो गुणवत्तापूर्ण और सम्मानजनक मातृत्व परिचर्या सेवाओं की बेहतर पहुंच को दर्शाता है।

(ख) से (घ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, भारत सरकार ने देश में मिडवाइफरी संबंधी पहलों को सुदृढ़ करने के लिए निम्नलिखित सक्रिय उपाय किए हैं:

- उच्च रोगी भार वाले जन स्वास्थ्य केंद्रों में गुणवत्तापूर्ण, सम्मानजनक और महिला-केंद्रित मातृत्व परिचर्या को बढ़ावा देने के लिए मिडवाइफरी-प्रधान परिचर्या इकाइयों (एमएलसीयू) की स्थापना।
- वर्ष के दौरान मिडवाइफरी एजुकेटर्स (एमई) और नर्स प्रैक्टिशनर मिडवाइफ्स (एनपीएम) के नियमित और निर्धारित प्रशिक्षण संचालित करने के लिए देश भर में राष्ट्रीय मिडवाइफरी प्रशिक्षण संस्थानों (एनएमटीआई) और राज्य मिडवाइफरी प्रशिक्षण संस्थानों (एसएमटीआई) की स्थापना।
- भारत सरकार ने देश में मिडवाइफरी संबंधी पहल को सुदृढ़ करने के लिए मेंटरिंग दिशानिर्देश, एमएलसीयू का संचालन और एमई और एनपीएम के लिए शिक्षण संसाधन पैकेज जैसे विभिन्न दिशानिर्देश जारी किए हैं।

ESTABLISHMENT OF NATIONAL INSTITUTE OF AYURVEDIC MEDICINE IN KERALA

2084. ADV. ADOOR PRAKASH:

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

(a) whether the Government has any active plans to establish a National Institute of Ayurvedic Medicine in Kerala; and

(b) 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): There is no proposal under consideration to establish a National Institute of Ayurvedic medicine in the State of Kerala. However, Central Council for Research in Ayurvedic Sciences (CCRAS), headquartered in New Delhi, comprises a network of 30 Institutes across various regions of India, including the National Ayurveda Research Institute for Panchakarma at Cheruthuruthy and Regional Ayurveda Research Institute at Thiruvananthapuram, both Institutes located in the State of Kerala.

REPEAL OF OBSOLETE LAWS AND LEGAL REFORMS

2085. SHRI BALABHADRA MAJHI:

SHRI MAHENDRA SINGH SOLANKY:

SHRI JASHUBHAI BHILUBHAI RATHVA:

SHRIMATI KAMALJEET SEHRAWAT:

SHRI DULU MAHATO:

SHRI BHARTRUHARI MAHTAB:

SHRI GANESH SINGH:

SHRI DAMODAR AGRAWAL:

DR. MANNA LAL RAWAT:

SHRI PRADEEP KUMAR SINGH:

SHRI ARUN GOVIL:

SUSHRI KANGNA RANAUT:

SHRI ANUP SANJAY DHOTRE:

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

- (a) whether the Government has undertaken any fresh exercise to identify obsolete and redundant Central Acts for repeal since 2024 and the number of such laws proposed to be repealed;
- (b) whether any interim recommendations have been submitted by the 23rd Law Commission regarding revision, simplification or repeal of outdated Central legislation;
- (c) if so, the details thereof;
- (d) whether the Government has set any targets for further reducing the compliance burden on citizens and businesses through amendment, consolidation or repeal of laws;
- (e) if so, the action plan and timelines;
- (f) whether steps have been taken to simplify the drafting style of Central legislations to make them more accessible and easily understandable to the general public; and
- (g) if so, the details of training or capacity-building programmes conducted for this purpose?

**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 Government has identified seventy-one obsolete and redundant Acts for repeal.
- (b) and (c): No interim recommendations on revising, simplifying or repealing outdated Central laws has been received from the 23rd Law Commission.

(d) and (e): As a part of the Government's commitment to bring reforms to the legal system, initiatives have been taken for reducing the compliance burden, ensuring good governance and making the legal system more accessible to the common man through amendment, consolidation or repeal of obsolete and redundant laws. In the latest exercise relating to identification and repeal of redundant and obsolete laws, the Government has identified to repeal seventy-one obsolete and redundant laws by an appropriate legislation.

(f): The Legislative Department undertakes drafting of laws on the basis of the policy decisions taken by the concerned administrative Ministries/Department of the Government of India and as per the procedure prescribed by the Ministry of Parliamentary Affairs in the Manual of Parliamentary Procedure in the Government of India. The Legislative Department has been taking necessary steps to ensure that legislative drafting is simple, plain, precise and unambiguous.

(g): The Legislative Department undertakes continuous training and capacity building initiatives to simplify the drafting style of Central legislation for greater public accessibility through its training courses conducted by the Institute of Legislative Drafting and Research, Legislative Department, which includes ninety days Basic Course of Legislative Drafting, thirty days Basic Course of Legislative Drafting (in Hindi), fifteen days Appreciation Course of Legislative Drafting and Structured Courses in Legislative Drafting curated for various Ministries/Departments on request. Additionally, four module courses on

Drafting in Plain Language has also been contributed on iGOT portal for consumption by all Public Servants engaged in drafting of legislation.

CAMPAIGNS FOR PROMOTION OF YOGA

2086. DR. KADIYAM KAVYA:

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

- (a) the details of national and regional campaigns launched by the Government for promoting yoga, including events, participation numbers and budget allocation in the last financial year, with specific focus on community-level awareness drives;
- (b) the measures taken by the Government to ensure availability and quality standardisation of herbal medicines across the country, including the number of licensed manufacturers, supply chain monitoring mechanisms, along with steps taken to address shortages in the rural areas of the country; and
- (c) the details of the outreach programs for extending AYUSH services to rural and underserved populations, including mobile AYUSH units deployed, villages covered along with collaboration with local self-help groups in this regard?

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

(a): The International Day of Yoga (IDY) is celebrated all over the world, on the 21st of June of every year. The 11th International Day of Yoga (IDY 2025) was celebrated globally on June 21, 2025, with the theme “Yoga for One Earth, One Health” underscoring Yoga’s increasing global appeal and India’s pivotal role in promoting holistic health and wellness. Prime Minister Shri Narendra Modi led the main event of IDY-2025 at the beachfront of Visakhapatnam, alongside nearly 3.02 lakh participants, in a harmonious Yoga demonstration. Across India, 13.64 lakh Yoga Sangam events were registered on Yoga Portal, showcasing widespread grassroots engagement.

Similarly, during 2024-25 also, IDY 2024 was celebrated globally with the theme “Yoga for Self and Society”, emphasizing Yoga’s role in fostering individual well-being and community solidarity. Ministry of Ayush organized the main event of International Day of Yoga 2024 in Srinagar, where 7000 enthusiasts performed Yoga on the banks of Dal Lake for promoting Yoga. Additionally, 45-minute Common Yoga Protocol (CYP) sessions were conducted in 20 districts of Jammu and Kashmir, engaging over 20,000 participants. Further, the following precursor events for observance of IDY-2024 were also carried out by the Ministry with focus on community-level awareness for promoting Yoga:

75 Days to IDY, 2024 on 7th April 2024 at Wadia College Sports Ground, Pune with more than 5000 Yoga enthusiasts.

50 Days to IDY, 2024 Event on 2nd May 2024, at Police Parade Ground, Surat with more than 7000 Yoga enthusiasts.

25 Days to IDY, 2024 Event on 27th May 2024 at Magadh University, Bodh Gaya, Bihar with more than 7000 Yoga enthusiasts.

In addition, under the Central Sector Scheme for “Promotion of Information Education and Communication (IEC) in AYUSH”, the Ministry organized One (01) National Level Arogya fair in Dehradun, Three (03) State Level Arogya fairs in Mon District (Nagaland), Raipur (Chhattisgarh), Nashik (Maharashtra) and One (01) Yoga Fest in New Delhi for promotion of AYUSH systems including Yoga with specific focus on community-level awareness drives at national and regional levels. Total budgetary provision for IEC scheme for the Financial Year 2024-25, including that for IDY, 2024, was Rs.43.20 crores.

(b): Under the Ministry of Ayush, Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIMandH), a subordinate organization, lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASUandH) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASUandH drugs.

Ministry of Ayush is also implementing a Central Sector Scheme “Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY)” with the following objectives:

- i. To enhance India's manufacturing capabilities and exports of traditional medicines and health promotion products under the initiative of Atmanirbhar Bharat.

- ii. To facilitate adequate infrastructural and technological upgradation and institutional activities in public and private sector for standardization, quality manufacturing and analytical testing of Ayush drugs and materials.
- iii. To strengthen regulatory frameworks at Central and State level for effective quality control, safety monitoring and surveillance of misleading advertisements of Ayush drugs.
- iv. To encourage building up synergies, collaborations and convergent approaches for promoting standards and quality of Ayush drugs and materials.

Besides, 34 State Drug Testing Laboratories have been supported by the Ministry for strengthening their infrastructural and functional capacity. Further, 108 laboratories are approved or licensed under the provisions of the Drugs Rules, 1945 for quality testing of Ayurvedic, Siddha and Unani drugs and raw materials.

(c): Under the National Ayush Mission (NAM) scheme, Ministry of Ayush, through the State Governments/UTs, has undertaken several outreach initiatives to extend Ayush healthcare services to rural, remote, tribal and underserved populations. The outreach framework primarily operates through eight Ayush Public Health Programmes (APHPS), Ayush Mobile Medical Units (MMUs), community-based projects such as Ayush Gram, and school/community-level IEC/BCC activities. These initiatives aim to enhance

access, awareness, early screening, timely management and promotion of Ayush-based lifestyle practices across diverse population groups.

Ayush Mobile Medical Units (MMU) provide doorstep healthcare services in unserved/tribal and remote habitations. Under NAM, MMUs are deployed to 150 unserved and underserved tribal villages, covering approximately 3 lakh population. Each MMU consists of one Ayush Medical Officer and one Multi-Purpose Worker, covering eight villages per month. It includes services like screening, follow-up, medicine distribution, referral linkage, yoga/nutrition-related IEC/BCC activities and other community-based health interventions.

The programmes approved under the National Ayush Mission based on the State Annual Action Plan (SAAP) of the State Governments/ UT Administrations are implemented by the respective States/UTs as per the NAM guidelines. Outreach activities under the Ayush Gram component of the Scheme involve active collaboration with local Self-Help Groups (SHGs) for:

- Community mobilisation and awareness generation,
- Promotion of Ayush-based lifestyle practices and home remedies,
- Supporting medicinal plant-based household preparations,
- Facilitating behaviour-change activities at village level.

पीआरआईपी योजना में अनुसंधान और नवाचार को प्रोत्साहन

2087. श्री लुम्बाराम चौधरी:

श्री महेंद्र सिंह सोलंकी:

श्री प्रवीण पटेल:

श्री बिद्युत बरन महतो:

श्री दिलीप शङ्कीया:

श्री दुलू महतो:

श्री विजय कुमार दूबे:

श्री दिनेशभाई मकवाणा:

डॉ. विनोद कुमार बिंद:

श्री नव चरण माझी:

श्रीमती कमलेश जांगड़े:

डॉ. प्रशांत यादवराव पडोले:

श्रीमती स्मिता उदय वाघ:

श्री खगेन मुर्मु:

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

- (क) क्या सरकार ने हाल ही में अनुसंधान और नवाचार को प्रोत्साहन (पीआरआईपी) योजना में संशोधन किए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं;
- (ख) संशोधित दिशानिर्देशों के अंतर्गत प्रारंभिक और परवर्ती चरण की परियोजनाओं के लिए राज्य-वार कितनी वित्तीय सहायता प्रदान की गई है;
- (ग) रणनीतिक प्राथमिकता वाले नवाचार क्षेत्रों की पहचान के मानदंड क्या हैं और उनके अंतर्गत उच्च प्राथमिकता वाली जन स्वास्थ्य चुनौतियों का समाधान करने वाली परियोजनाओं के लिए किस प्रकार के प्रोत्साहन दिए जा रहे हैं;
- (घ) राष्ट्रीय फार्मा-मेडटेक नवाचार पारिस्थितिकी तंत्र के विकास को सुगम बनाने के लिए उक्त योजना के अंतर्गत क्या संस्थागत व्यवस्थाएँ की गई हैं; और

(ड) क्या सरकार का महाराष्ट्र के जलगाँव लोक सभा निर्वाचन क्षेत्र (खानदेश) जैसे औद्योगिक रूप से अल्पविकसित क्षेत्रों में फार्मा-मेडटेक निवेश और अनुसंधान समूहों को प्रोत्साहन देने, कौशलपूर्ण रोजगार सृजित करने और क्षेत्रीय औद्योगिक आधार में विविधता लाने के लिए समर्पित उपाय करने का विचार है?

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

(क): जी हां। फार्मा मेडटेक क्षेत्र में अनुसंधान और नवाचार प्रोत्साहन (पीआरआईपी) योजना में संशोधन किया गया था और संशोधित योजना को दिनांक 01.10.2025 को अधिसूचित किया गया था। हाल के संशोधनों का उद्देश्य सुचारु कार्यान्वयन को सुगम बनाना, अभिशासन में अधिक स्पष्टता लाना और लाभ-साझाकरण तंत्र को और अधिक प्रभावी बनाना था। संशोधित योजना की प्रमुख विशेषताएं निम्नलिखित हैं:

(i) इसके दो घटक हैं, अर्थात् घटक क: राष्ट्रीय औषधीय शिक्षा और अनुसंधान संस्थान (नाईपर) में उत्कृष्टता केन्द्रों (सीओई) की स्थापना के माध्यम से अनुसंधान अवसंरचना को सुदृढ़ करना और घटक ख: फार्मा मेडटेक क्षेत्र में अनुसंधान और नवाचार का संवर्धन करना।

(ii) घटक क, नाईपरों में उत्कृष्टता केन्द्रों की स्थापना करने के लिए है।

(iii) घटक ख का उद्देश्य उत्पादों और प्रौद्योगिकियों (आउटपुट्स) के विकास हेतु अनुसंधान और विकास (आरएंडडी) को सहयोग प्रदान करने या तीन प्राथमिकता वाले क्षेत्रों, अर्थात् नई दवाओं, जटिल जेनेरिक और बायोसिमिलर, तथा नवीन चिकित्सा उपकरणों, में बाजार में लॉन्च और बड़े पैमाने पर व्यावसायीकरण हेतु अनुसंधान और विकास परिणामों के शीघ्र सत्यापन के लिए वित्तीय सहायता प्रदान करना है।

(ख): घटक क के अंतर्गत, कुल सात उत्कृष्टता केन्द्र स्थापित किए गए हैं जो निम्नलिखित स्थानों पर सात नाईपरों में प्रत्येक में स्थापित किए गए हैं:

(1) पंजाब राज्य में नाईपर, मोहाली, जिसके लिए 100 करोड़ रुपये का स्वीकृत परिव्यय है;

- (2) गुजरात राज्य में नाईपर, अहमदाबाद, जिसके लिए 110 करोड़ रुपये का स्वीकृत परिव्यय है;
- (3) असम राज्य में नाईपर, गुवाहाटी, जिसके लिए 100 करोड़ रुपये का स्वीकृत परिव्यय है;
- (4) पश्चिम बंगाल राज्य में नाईपर, कोलकाता, जिसके लिए 100 करोड़ रुपये का स्वीकृत परिव्यय है;
- (5) उत्तर प्रदेश राज्य में नाईपर, रायबरेली, जिसके लिए 100 करोड़ रुपये का स्वीकृत परिव्यय है;
- (6) बिहार राज्य में नाईपर, हाजीपुर, जिसके लिए 99.99 करोड़ रुपये का स्वीकृत परिव्यय है; और
- (7) तेलंगाना राज्य में नाईपर, हैदराबाद, जिसके लिए 90 करोड़ रुपये का स्वीकृत परिव्यय है।

योजना के घटक ख के तहत, प्रारंभिक चरण की परियोजनाओं के लिए, एमएसएमई और स्टार्टअप ₹9 करोड़ तक की लागत वाली परियोजनाओं हेतु ₹5 करोड़ तक की सहायता के लिए आवेदन कर सकते हैं। बाद के चरण की परियोजनाओं के लिए, उद्योग, एमएसएमई और स्टार्टअप ₹285 करोड़ तक की लागत वाली परियोजनाओं के लिए 100 करोड़ तक की सहायता के लिए आवेदन कर सकते हैं। प्रारंभिक चरण की परियोजनाओं के लिए वित्तीय सहायता का पैमाना 1 करोड़ तक की लागत के लिए 100% और 1 करोड़ से अधिक की अतिरिक्त लागत पर 50% है, जिसकी अधिकतम सीमा ₹5 करोड़ तक की है। बाद के चरण की परियोजनाओं के लिए वित्तीय सहायता का पैमाना परियोजना लागत का 35% (रणनीतिक प्राथमिकता वाले नवाचार क्षेत्रों की परियोजनाओं के मामले में 50%) है, जिसकी अधिकतम सीमा ₹100 करोड़ तक की है। इस घटक के तहत, औषध विभाग ने औषध और मेडटेक क्षेत्र और स्टार्टअप्स से अनुसंधान और नवाचार परियोजनाओं के लिए आवेदन आमंत्रित किए हैं। योजना के घटक ख के तहत वित्तीय सहायता के

लिए आवेदन प्रक्रिया में स्टार्टअप्स और उद्योगों को उस राज्य का नाम घोषित करने की आवश्यकता नहीं है जहाँ वे पंजीकृत हैं।

(ग): रणनीतिक प्राथमिकता वाले नवाचार क्षेत्रों की परियोजनाओं को शामिल करने के लिए अपनाए गए मानदंड यह हैं कि वे भारत की जन स्वास्थ्य संबंधी चिंताओं के उन क्षेत्रों पर ध्यान देती हैं जिनके लिए बाजार की संभावना अपेक्षाकृत कम है। इन क्षेत्रों में बाद के चरण की परियोजनाओं के लिए, वित्तीय सहायता, अन्य क्षेत्रों की परियोजनाओं हेतु 35% की तुलना में, स्वीकृत कुल परियोजना लागत का 50% तक हो सकती है, जिसकी अधिकतम सीमा ₹100 करोड़ तक की है।

(घ): राष्ट्रीय फार्मा-मेडटेक नवाचार ईकोसिस्टम को संस्थागत रूप से संवर्धित करने के लिए योजना के तहत तंत्र में निम्नलिखित शामिल हैं:

- (i) घटक क के अन्तर्गत, सात राष्ट्रीय औषधीय शिक्षा और अनुसंधान संस्थानों में उत्कृष्टता केंद्रों की स्थापना के माध्यम से अनुसंधान अवसंरचना को संस्थागत रूप से सुदृढ़ किया गया है, जो स्नातकोत्तर और डॉक्टरेट की शिक्षा प्रदान करने और औषध विज्ञान और चिकित्सा प्रौद्योगिकियों में विभिन्न विशेषज्ञताओं में उच्च-स्तरीय अनुसंधान करने के लिए राष्ट्रीय महत्व के संस्थान हैं। ये केंद्र एंटी-वायरल और एंटी-बैक्टीरियल औषधि खोज और विकास, चिकित्सा उपकरणों, बल्क औषधियों, फ्लो कैमिस्ट्री और सतत विनिर्माण, नवीन औषधि वितरण प्रणाली, फाइटो-फार्मास्युटिकल्स और बायोलोजिकल थेराप्यूटिक्स की विशेषज्ञता में हैं, ताकि उद्योग-अकादमिक संपर्क का दोहन करते हुए पहचाने गए प्राथमिकता वाले क्षेत्रों में विशिष्ट अनुसंधान क्षमताओं के निर्माण में सहयोग मिल सके। इनका उद्देश्य अनुसंधान करने के लिए उन्नत सुविधाएं और उद्योग-अकादमिक संपर्क के संवर्धन द्वारा टैलेंट पूल के संपोषण में सहयोग प्रदान करते हुए फार्मा-मेडटेक क्षेत्र में अनुसंधान अवसंरचना को सुदृढ़ करना है।
- (ii) घटक ख के अंतर्गत, इस योजना के तहत उद्योग और स्टार्टअप को योजना के दिशानिर्देशों में विनिर्दिष्ट प्रतिष्ठित सरकारी शैक्षणिक और अनुसंधान संस्थानों के साथ लचीले ढंग से

सहभागिता करने के लिए प्रोत्साहित किया जाता है जिससे संस्थागत बौद्धिक संपदा का विकास, अंतरण और व्यावसायीकरण किया जा सके और भारत में संस्थागत अनुसंधान क्षमताओं का संवर्धन किया जा सके।

(ड): औषध विभाग ने उद्योग को बढ़ावा देने और कुशल और अकुशल रोजगार सृजित करने के उद्देश्य से औद्योगिक रूप से अल्प विकसित क्षेत्रों में क्लस्टरों सहित ऐसे क्षेत्रों में फार्मा-मेडटेक में निवेश और अनुसंधान को संवर्धित करने के लिए औषध के लिए उत्पादन-लिंकड प्रोत्साहन (पीएलआई) योजना, भारत में महत्वपूर्ण प्रमुख प्रारंभिक सामग्रियों (केएसएम)/औषधि मध्यवर्ती (डीआई) और सक्रिय औषधीय घटकों (एपीआई) के घरेलू उत्पादन के संवर्धन के लिए पीएलआई योजना (जिसे आमतौर पर बल्क औषधि के लिए पीएलआई योजना कहा जाता है), औषध उद्योग सुदृढीकरण योजना, पीआरआईपी योजना और बल्क औषधि पार्क संवर्धन योजना शुरू की है। औषध और बल्क औषधि के लिए पीएलआई योजनाओं और औषध उद्योग सुदृढीकरण योजना के तहत, 21 राज्यों और केंद्र शासित प्रदेशों में 540 से अधिक विनिर्माण स्थलों, जिनमें नीति आयोग द्वारा आकांक्षी जिलों के रूप में चिन्हित जिलों में स्थित 18 परियोजनाएं शामिल हैं, पर फैली परियोजनाओं को मंजूरी प्रदान की गई है।

RETURN OF STUDENTS PURSUING MBBS IN NEPAL

2088. SHRI TAMILSELVAN THANGA:

DR. GANAPATHY RAJKUMAR P.:

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

- (a) whether it is a fact that many Indian students pursuing MBBS in Nepal have returned to India due to recent political coup in that country and if so, the details of students affected and returned to India thereof;
- (b) whether such Indian students who were pursuing MBBS course in Nepal have

been recognised by both the National Medical Commission (NMC) of India and the World Health Organization (WHO) and if so, the details thereof;

- (c) whether the Government has issued any advisory to the students seeking admission in MBBS Course in Nepal and if so, the details thereof; and
- (d) whether any action has been taken to protect and ensure completion of the MBBS course by these students, if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): The National Medical Commission (NMC) is an apex statutory body, constituted by an act of Parliament, to regulate and oversee medical education in the country. As per Foreign Medical Graduate Licentiate (FMGL) Regulations framed by the NMC, Foreign Medical Graduates (FMGs) are required to fulfil specific mandatory conditions while pursuing their medical education abroad. These include requirements related to minimum course duration, compulsory internship, and other essential academic and training criteria.

The NMC has also issued several advisories and alerts for students aspiring to obtain medical qualifications from foreign medical institutions and subsequently practice allopathy in India wherein students are advised to ensure that all conditions prescribed in the Foreign Medical Graduate Licentiate Regulations are fully satisfied before seeking admission.

SHORTAGE OF ESSENTIAL MEDICINES

2089. SHRI RAJA RAM SINGH:

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

- (a) whether any shortages of essential medicines that have been reported in the country during the last five years and if so, the details thereof, year-wise and State/UT-wise along with the reasons therefor;
- (b) the list of medicines affected duration of shortages and the details of health facilities impacted during the said period;
- (c) whether any inquiries/audits/review committees have been constituted to monitor essential drug availability, investigate causes of shortages and recommend corrective action and if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to strengthen procurement and the formation of a committee, ensure an uninterrupted supply of essential medicines across the country?

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

(a) to (d): Under the National Health Mission (NHM), financial support is provided to the States/UTs for strengthening their healthcare delivery system including support for provision of free essential medicines in public health facilities based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Under Free Drugs Service Initiative, Ministry has recommended facility wise Essential Drugs List (EDL) to

be made available at the public healthcare facilities in the country to ensure widespread access to essential medicines.

The Ministry has adopted a multi-layered monitoring approach to identify and address gaps in procurement, supply chain, and stock management. Many States have adopted digital platforms like Drugs and Vaccine Distribution Management System (DVDMS) to track procurement, consumption, and replenishment of the drugs. Field visits by senior officials of Union Government as well as State Government also monitor the availability and utilisation of these services.

Further, as informed by Department of Pharmaceuticals (DoP), the National Pharmaceutical Pricing Authority (NPPA) under DoP monitors availability of drugs in the country and takes remedial measures whenever issue of non-availability of any medicine is brought to its notice. Complaints regarding non-availability of a medicine in the market is received by NPPA through various sources including State Drugs Controllers, Pharma Jan Samadhan Portal, NPPA's Helpline and public grievance portals like Prime Minister's Office Public Grievances/ Centralised Public Grievance Redress and Monitoring System (CPGRAMS) and from individuals. NPPA takes immediate measures in coordination with the State Authorities and the manufacturer of the drugs concerned to ensure availability of the said drug in the said region/ state.

OPERATIONALIZATION OF NATIONAL WATERWAYS 5 AND 64

2090. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) whether the Government has prepared a detailed implementation timeline for the recently announced Rs. 12,200-crore project to operationalise National Waterways-5 and 64 through the Inland Waterways Consortium of Odisha Limited (IWCOL), particularly regarding terminal construction, dredging requirements, and navigation system deployment;
- (b) the projected annual freight capacity, reduction in rail-road congestion, and expected decrease in logistics cost for bulk cargo transported from the Talcher coalfields to Paradip and Dhamra ports, Odisha under the new inland water transport corridor, if so, the details thereof;
- (c) the cargo commitment details, particularly the quantum assured by Mahanadi Coalfields Limited (MCL) for ensuring viability of the waterways in the initial years, State-wise and year- wise; and
- (d) whether the Government proposes to evaluate environmental, livelihood, and land acquisition impacts along NW-5 and NW-64 and publish district level assessments for Odisha, if so, the details thereof?

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

(a) to (c): The Detailed Project Report (DPR) for National Waterways-5 and 64 is under finalization.

(d): Yes, the Government proposes to evaluate the environmental, livelihood and land acquisition impact along NW-5. IWAI has already floated the tender for the Environmental Impact Assessment-Environment Management Plan-Social

Impact Assessment (EIA-EMP-SIA). The recommendations related to compliance of the laid down norms as prescribed by the Ministry of Environment, Forest and Climate Change will be followed.

SURAKSHIT MATRITVA AASHWASAN (SUMAN) INITIATIVE

2091. SHRI MAHENDRA SINGH SOLANKY:

SHRI JASWANTSINH SUMANBHAI BHABHOR:

DR. RAJESH MISHRA:

SHRIMATI APARAJITA SARANGI:

DR. BHOLA SINGH:

DR. NISHIKANT DUBEY:

SHRI DULU MAHATO:

SHRI PRADEEP KUMAR SINGH:

SHRI ALOK SHARMA:

SHRI JUGAL KISHORE:

SHRI JAGDAMBIKA PAL:

SHRI BHARATSINHJI SHANKARJI DABHI:

SHRI YOGENDER CHANDOLIA:

SHRI JANARDAN MISHRA:

SHRI SUNIL DATTATREY TATKARE:

SHRI RAJKUMAR CHAHAR:

DR. PRASHANT YADAORAO PADOLE:

SHRIMATI SMITA UDAY WAGH:

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

- (a) the latest number of pregnant women and sick newborns who have received zero-cost services under the Surakshit Matritva Aashwasan (SUMAN) initiative during the last year along with the number of certified health facilities participating in the scheme in Madhya Pradesh particularly in Dewas and Shajapur districts and Dahod district of Gujarat;
- (b) whether any assessment has been undertaken by the Government regarding the impact of SUMAN on Maternal Mortality Ratio (MMR), Neonatal Mortality Rate (NMR) and facility-based care uptake for the region;
- (c) if so, the details and the key findings thereof including the positive changes recorded in MMR/NMR in the districts under SUMAN particularly in aspirational and high-burden, districts of Madhya Pradesh and Maharashtra;
- (d) the steps taken by the Government to further expand the reach of SUMAN into remote or tribal areas of the country, State-wise including tribal areas of Madhya Pradesh and Bulandshahr district of Uttar Pradesh;
- (e) the details of impact of the said scheme in the Sidhi Lok Sabha Parliamentary Constituency; and
- (f) whether special mobile health units are being deployed to increase SUMAN coverage in extremely remote and tribal areas of Dahod such as Garbhada, Limkheda and Singwada, Gujarat, 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 number of pregnant women and sick new-borns who received zero-cost services under Surakshit Matritva Aashwasan (SUMAN) initiative during last year, along with the number of certified health facilities participating in the scheme in Madhya Pradesh particularly in Dewas and Shajapur districts and Dahod district of Gujarat is given in the enclosed **Statement**.

(b) and (c): An evaluation study of Centrally Sponsored Schemes (CSS) of Health sector was conducted by NITI Aayog in September 2025. Under the study, maternal and child health schemes, including SUMAN, were assessed and quantitative and qualitative data was collected and analysed. The key findings of the study are follows:

- i) Under SUMAN Initiative, antenatal and postnatal care programs closely align with the global health priorities, particularly the Sustainable Development Goals (SDGs).
- ii) Around 92% respondents reported they were treated with respect and dignity during institutional delivery.
- iii) Two-third of the respondents indicated high level of satisfaction with the care received.

As per the latest Sample Registration System (SRS), in the state of Madhya Pradesh, the Maternal Mortality Ratio (MMR) has reduced from 163 per lakh live births in 2017-19 to 142 per lakh live births in 2021-23. The Neonatal Mortality Rate (NMR) has declined from 33 per 100 live births in 2019 to 27 per 1000 live births in 2023.

In the state of Maharashtra, the MMR shows reduction from 38 per lakh live births in 2017-19 to 36 per lakh live births in 2021-23 and NMR decreased from 23 per 1000 live births in 2019 to 11 per 1000 live births in 2023.

(d): The Government of India has taken following steps to expand the reach of various components of SUMAN initiative, across the country, including the remote and tribal areas of Madhya Pradesh and Bulandshahr district of Uttar Pradesh:

- Popularizing the scheme through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) strategies including mass media.
- Field level workers like ANMs, ASHAs and CHOs are engaged for programme promotion at the ground level through interpersonal communication.
- A system of regular supportive supervisory visits to monitor the various components of SUMAN initiative is also in place across the country.

(e): As per the report received from State of Madhya Pradesh, a series of intervention have been initiated in Sidhi Lok Sabha Parliamentary Constituency to improve service coverage under SUMAN, which are as follows;

- SUMAN Help Desk established in the District Hospital Sidhi and Singrauli of Sidhi Parliamentary constituency
- Sickle Cell screening and management initiated

- Birth Waiting Homes established in 6 CHC and above Health facilities of Sidhi Parliamentary constituency
- 45 health facilities certified under NQAS in Sidhi Parliamentary constituency
- Obstetric HDU/ICU established in DH Sidhi and DH Singrauli of Sidhi Parliamentary constituency

(f): As per the inputs received from the State of Gujarat, currently 3 Mobile Health Units and 3 Mobile Medical Units are operational to provide maternal health services as per SUMAN guidelines in extremely remote and tribal areas of Dahod such as Garbhada, Limkheda and Singwada, Gujarat.

STATEMENT

The number of pregnant women and sick infants who received zero-cost services under Janani Shishu Suraksha Karyakram (JSSK) scheme, within the ambit of SUMAN initiative, during the last year (2024-25) along with the number of certified health facilities participating in the scheme in Madhya Pradesh particularly in Dewas and Shajapur districts and Dahod district of Gujarat.

Name of the State	Total no. of Pregnant Women who received free services*	Total no. of Sick new-borns who received free services*	Total no. of SUMAN notified facilities as on 30.11.25**
Madhya Pradesh	Madhya Pradesh-12,26,774 Dewas-13,758 Shajapur-13,453	Madhya Pradesh-1,35,374 Dewas-690 Shajapur-10,213	Madhya Pradesh-12,814 Dewas-252 Shajapur-157
Gujarat	Gujarat-7,47,495 Dahod-26,902	Gujarat-1,37,651 Dahod-7,036	Gujarat-5,819 Dahod-100

Source: *HMIS; **State report

जनजातीय उपचार के लिए एकीकृत प्रबंधन प्रणाली

2092. श्री जसवंतसिंह सुमनभाई भाभोर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) द्वारा अपनाई गई एकीकृत प्रबंधन प्रणाली का दाहोद जिला अस्पताल और दाहोद आयुर्वेद कॉलेज के साथ तकनीकी साझेदारी कर विस्तार करने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार जनजातीय उपचार पद्धतियों (भिलोड़ी/जनजातीय औषधीय ज्ञान) की मानक कार्रवाई के लिए दाहोद जिले को एक प्रायोगिक परियोजना के रूप में विकसित करने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) क्या इस तथ्य को ध्यान में रखते हुए कि आईएसओ मानकों को अपनाने से अनुसंधान दक्षता में काफी वृद्धि हुई है, दाहोद के ग्रामीण स्वास्थ्य केन्द्रों में इस दक्षता मॉडल को लागू करने के लिए कोई रूपरेखा तैयार की गई 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): अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली की फार्माकोलॉजी प्रयोगशाला को गुणवत्ता, सुरक्षा और पर्यावरणीय अनुपालन को मजबूत करने के लिए भारतीय मानक ब्यूरो (बीआईएस) द्वारा दिनांक 6 नवंबर 2025 को एकीकृत प्रबंधन प्रणाली के माध्यम से मान्यता दी गई है।

इस प्रयोगशाला को निम्नलिखित के रूप में मान्यता दी गई है:-

- आईएस आईएसओ/9001:2015 क्यूएमएस (गुणवत्ता प्रबंधन प्रणाली),
- आईएस आईएसओ/14001:2015 ईएमएस (पर्यावरण प्रबंधन प्रणाली), और

- आईएस/आईएसओ 45001:2018 ओएचएसएस (व्यावसायिक स्वास्थ्य और सुरक्षा प्रबंधन प्रणाली)

हालांकि, दाहोद जिला अस्पताल और दाहोद आयुर्वेद कॉलेज के साथ तकनीकी साझेदारी के साथ अखिल भारतीय आयुर्वेद संस्थान (एआईआईए) द्वारा अपनाई गई एकीकृत प्रबंधन प्रणाली का विस्तार करने का कोई प्रस्ताव नहीं है।

(ख) और (ग): इस मंत्रालय में ऐसा कोई प्रस्ताव विचाराधीन नहीं है।

SUDDEN DEATHS AMONG YOUTHS

2093. ADV. DEAN KURIAKOSE:

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

- (a) the number of sudden death cases reported due to collapse or cardiac arrest among youth, year-wise and State-wise (2021–till now);
- (b) the primary factors identified as contributing to such incidents, including lifestyle risks, genetic predispositions, environmental triggers and potential long-term effects of COVID-19 infections or vaccinations;
- (c) whether the Government has initiated any study on sudden deaths among young adults to investigate COVID-19 linkages and if so, the key findings thereof and if not, the reasons therefor; and
- (d) whether the Government has taken or proposed any preventive measures to address such incidents 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): The data regarding cases of heart attack is not maintained centrally. Indian Council of Medical Research (ICMR) has informed that in order to understand the reasons for heart attack, ICMR-National Institute of Epidemiology (ICMR-NIE) conducted a multicentric matched case-control study in 25 hospitals across India. Cases were patients aged 18-45 years admitted in the study hospitals with newly diagnosed Acute Myocardial Infarction (AMI) between October 2021 and January 2023. Controls were patients aged 18-45 years admitted in the same hospital for other causes, matched for time of hospitalization. Information was collected regarding the various risk factors. The study observed that hospitalization with AMI was associated with presence of any known comorbidity, family history of thrombotic events and ever been smoker. COVID-19 vaccination did not increase the risk of unexplained sudden death among young adults in India.

(d): National Health Mission (NHM) provides technical and financial support to the States and Union Territories under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). Cardiovascular disease is an integral part of NP-NCD. Under the programme, 770 District NCD Clinics, 6410 Community Health Center NCD Clinics and 233 Cardiac Care Units have been set up. Further, a population-based initiative for prevention, control and screening for common NCDs including cardiovascular diseases has been rolled out in the country under National Health Mission (NHM) as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening.

To manage acute cardiac events a hub-and-spoke model has been implemented. District hospitals and Community Health Centers (spokes) are equipped to provide initial thrombolysis and stabilization, while tertiary hospitals and medical colleges (hubs) offer advanced interventions. Ambulance services, telemedicine platforms and streamlined referral pathways further enhance access, especially in rural areas.

Government of India also provides support for awareness generation activities for Non-Communicable Diseases (NCDs) including cardiovascular diseases to be undertaken by the States and Union Territories. The preventive aspect is strengthened under Comprehensive Primary Health Care through Ayushman Arogya Mandir, by promotion of wellness activities and targeted communication at the community level. Furthermore, the Eat Right India movement, led by the Food Safety and Standards Authority of India, promotes reduced salt, sugar, and trans-fat consumption. Fit India movement is implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are carried out by Ministry of AYUSH.

PROJECTS SUPPORTED BY INDIA IN FOREIGN COUNTRIES

2094. SHRI BALRAM NAIK PORIKA:

SHRI G. M. HARISH BALAYOGI:

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

- (a) the details of infrastructure projects proposed, under construction and presently functional, along with their objectives and tentative timelines for completion of ongoing works year-wise, country-wise;
- (b) the current status of major infrastructure projects being funded or supported by India in neighbouring countries under various bilateral and regional cooperation frameworks, the details of financial commitments, disbursements, and progress made during the last three years, project-wise;
- (c) the amount of funds allocated, released and utilised for these infrastructure projects during the last five years, country-wise and project-wise;
- (d) whether any delays, cost overruns, or implementation challenges have been reported, if so, the details thereof;
- (e) the steps being taken to ensure timely completion and effective monitoring of these projects; and
- (f) the details of employment generated, revenue or economic activity supported, and the overall public perception of India's development partnership initiatives in these regions?

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

(a) to (f): Development cooperation has been an important component of India's engagement with partner countries. India as part of its engagement with the Global South has undertaken a number of development projects through

Government of India supported Lines of Credit, Concessional Finance Scheme, and Grant-in-Aid. The projects cover a wide range of sectors such as water, power, railways, roads, agriculture, education and healthcare, etc. A large number of projects have already been completed; remaining are under various stages of implementation.

Details of major development projects financed through Lines of Credit, Concessional Finance Scheme and Grant-in-Aid are given in the enclosed **Statement-I, Statement-II** and **Statement-III** respectively.

The details of Government of India's Aid budget to various partner countries over the last 5 years are given in the enclosed **Statement-IV**.

Timelines for projects are based on consultation with host governments and the local ground situation. Every effort is made to implement projects expeditiously, in close consultation with the host Governments. Regular project review meetings are held with all stakeholders.

India's development partnership is based on a consultative and demand-driven model, focused on addressing the needs and aspirations of its partner countries. These projects have created a multiplier effect on the social and economic infrastructure in these countries, and have enabled them to move ahead on their development trajectory. Many of these projects have also served as enablers for 'Make-in-India' initiative; and have facilitated the process of Indian industry going global.

STATEMENT-I

Some of the major infrastructure projects financed under the Government of India-supported Lines of Credit:

Sr. No.	Country	Project Name	Implementation Stage
1.	Bangladesh	Infrastructure Development for Power Evacuation Facilities of Rooppur Nuclear Power Plant	Under Implementation
2.	Bangladesh	Khulna-Mongla Port Rail Line Project	Completed
3.	Congo R.	Setting up a Greenfield 600 TPD Rotary Kiln Cement Plant Project	Under Implementation
4.	Burundi	20 MW Hydro-electric Project in Kabu	Completed
5.	Cameroon	Cassava Plantation Project	Completed
6.	Guyana	East Bank-East Coast Road linkage project- Phase I	Completed
7.	Kenya	Power Transmission Lines and Substation Project	Completed
8.	Maldives	Addu City Development project [Reclamation and Road works]	Completed
9.	Maldives	Hanimaadhoo International Airport	Completed
10.	Maldives	Gan International Airport	Under Implementation
11.	Maldives	Greater Male Connectivity Project (funded through both Lines of Credit and Grant-in-Aid)	Under Implementation
12.	Maldives	Water and Sewerage Sector Projects in Maldives	Completed
13.	Mauritius	Forensic Science Lab	Under Implementation
14.	Mauritius	Metro Express Project (Phase I, II and III) (funded through both Lines of Credit and Grant-in-Aid)	Completed
15.	Mongolia	Construction of Crude Oil Refinery Project	Under Implementation
16.	Myanmar	Transmission Line and Substation project	Completed
17.	Nepal	Upgrading/Improvement of Kaligandaki Corridor, Gaidakot-Rampur-Pipaldanda Road Project in Nepal	Completed

18.	Nepal	Housing Project - IIIrd tranche	Completed
19.	Nepal	Koshi Corridor Transmission Line Project	Under Implementation
20.	Sri Lanka	Upgrading railway track from Maho-Anuradapura-Omanthai	Completed
21.	Tanzania	Extension of Lake Victoria Pipeline to Tabora, Igunga and Nzega	Completed
22.	Tanzania	Construction and Execution of the works related to Rehabilitation and Improvement of water supply scheme in Zanzibar, Tanzania	Completed
23.	Tanzania	Construction of water supply schemes in various towns of Tanzania Mainland	Under Implementation
24.	Togo	161 KV Power Transmission Line and associated Substations	Completed
25.	Zimbabwe	Upgradation of Dekka Pumping station and River Water Intake System	Completed

STATEMENT-II

Major Project financed under the Concessional Finance Scheme (CFS)

Sr. No.	Country	Project Name	Implementation Stage
1	Bangladesh	2 x 660 MW Maitree Super Thermal Power Plant	Completed

STATEMENT-III

Some of the major infrastructure projects financed under Grant-in-aid

Sr. No.	Country	Project Name	Implementation Stage
1.	Bangladesh	Akhaura-Agartala Railway Link	Completed

2.	Bangladesh	India-Bangladesh Friendship Pipeline	Completed
3.	Bhutan	Punatsangchhu-I HEP	Under Implementation
4.	Bhutan	Punatsangchhu-II HEP	All six units commissioned
5.	Bhutan	Mangdechhu HEP	Completed
6.	Nepal	Motihari Amlekhgunj Petroleum Products Pipeline	Completed
7.	Nepal	Motihari Amlekhgunj Petroleum Products Pipeline Phase II	Completed
8.	Nepal	National Police Academy	Under Implementation
9.	Nepal	Integrated Check Post, Birgunj, Nepal	Completed
10.	Nepal	Integrated Check Post, Bhairahawa, Nepal	Under Implementation
11.	Nepal	Integrated Check Post, Nepalgunj, Nepal	Completed
12.	Nepal	Integrated Check Post, Biratnagar, Nepal	Completed
13.	Nepal	Integrated Check Post, DodharaChandani, Nepal	Under Implementation
14.	Nepal	Terai Roads Project	Completed
15.	Nepal	Jayanagar-Bardibas Cross Border Rail Link	Under Implementation
16.	Nepal	Jogbani-Biratnagar Cross Border Rail Link	Under Implementation

17.	Nepal	Nepal Bharat Maitri Polytechnic Institute, Hetauda	Under Implementation
18.	Maldives	National College for Policing and Law Enforcement in Maldives (NCPLE)	Completed
19.	Mauritius	Civil Service College (Construction)	Completed
20.	Mauritius	Mediclinic in Mauritius	Completed
21.	Myanmar	Kaladan Multi Modal Transit Transport Project	Under Implementation
22.	Myanmar	Myanmar Institute of Information Technology (MIIT)	Completed
23.	Myanmar	India Myanmar Centre for Enhancement of IT Skills (IMCEITS)	Under Implementation
24.	Myanmar	Establishment of Advance Centre of Agriculture Research and Education (ACARE) at Nay Pyi Taw	Completed
25.	Myanmar	Construction/Upgradation of Kalewa-Yargi Road Section of the Trilateral Highway, Myanmar	Under Implementation
26.	Myanmar	Construction of 69 Bridges including approach roads on the Tamu-Kyigone-Kalewa (TKK) Section of Trilateral Highway, Myanmar	Under Implementation
27.	Sri Lanka	Indian Housing Project Phase-III and IV	Under Implementation
28.	Sri Lanka	Jaffna Cultural Centre	Completed

Mongolia	0.58	0.48	2	0	2.50	0	4	3.45	8.25	8.30
Sri Lanka	75	44.8	50	48.55	75	126.04	100	119.37	315	317.41
Other Developing Countries	0	0	0	0	0	0	0	0	83	77.91
LAC countries	22	11.77	55	37.69	7	2.79	50	51.13	90	91.60
Seychelles	90	90.28	20	18.46	6.45	6.05	5.50	6.18	30	28.83
Quad Co-operation	0	0	0	0	0	0	0	0	1.40	0
Tech Infrastructure Projects	0	0	0	0	0	0	0	0	2.50	2.46
Total	4673.82	4542.74	4511.64	4492.92	4515.23	4159.42	3576.39	3675.08	4748.85	4702.24

AWCs CO-LOCATED WITH SCHOOL**2095. SHRI T. M. SELVAGANAPATHI:**

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

- (a) whether it is a fact that the Government is considering to link 11 lakh Anganwadi Centers (AWCs) on the premises of primary schools, if so, the details thereof;
- (b) whether it is also true that nearly 2.9 lakh AWCs have been co-located with the nearest school and 9.16 lakh to schools with Class 1, if so, the details thereof;
- (c) whether it is a fact that this is being done jointly by the Ministries of Education and Women and Child Development, if so, the details thereof, and
- (d) whether it is also true that a joint guidelines have been issued in this regard, if so, the details thereof?

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

(a) to (d): The Government has taken several steps to strengthen Early Childhood Care and Education (ECCE) by enhancing convergence between Ministry of Women and Child Development (MoWCD) and Department of School Education and Literacy (DoSEL). A Joint Advisory was issued by both Ministries on 2nd April 2025 focused on effective convergence between both Ministries including co-location of Anganwadi Centers (AWCs) with Government Primary Schools.

Further detailed Guidelines for Co-locating AWCs with Government Primary Schools were issued by both Ministries on 3rd September, 2025.

The guidelines inter alia include:

- Mapping of AWCs with the nearest school to support school readiness and early learning continuity;
- Encouraging co-location of new AWCs within school campuses, subject to requisite infrastructure availability, and
- In places where physical co-location is not feasible, AWCs to be mapped with the nearest primary school.

These guidelines aim to strengthen foundational learning, and ensure improved access and seamless transition from pre-school to primary school for young children across India.

As per Unified District Information System for Education plus (UDISE+) portal, 2,99,546 AWCs have been co-located with Government schools across the country.

आयुष इकाइयों का सह-स्थान मॉडल

2096. श्रीमती रूपकुमारी चौधरी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश भर में राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी), सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और जिला अस्पतालों में आयुष इकाइयों की स्थापना, सह-स्थान मॉडल की वर्तमान प्रगति क्या है;
- (ख) हाल ही में शुरू की गई आयुष ग्रिड डिजिटल पहल, जिसमें 22 डिजिटल उपकरण शामिल हैं, को देश भर में किस सीमा तक कार्यान्वित किया गया है और वर्तमान में इसके माध्यम से जनता को कौन-कौन

सी सेवाएं प्रदान की जा रही हैं;

- (ग) ग्रामीण, दूरस्थ जनजातीय क्षेत्रों में आयुष और एलोपैथिक चिकित्सा प्रणालियों को एकीकृत करने के लिए स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) के अंतर्गत स्थापित आयुष वर्टिकल किस प्रकार कार्य कर रहा है;
- (घ) राष्ट्रीय आयुष मिशन (एनएएम) के अंतर्गत शुरू किए गए आयुष ग्राम (146 गांव), मातृ-नवजात परिचर्या और रक्ताल्पता प्रबंधन जैसे कार्यक्रम विशेषकर छत्तीसगढ़ में अब तक कितने प्रभावी सिद्ध हुए हैं; और
- (ङ) इन कार्यक्रमों की समयबद्ध प्रगति की स्थिति क्या है और इस संबंध में किए गए बजट व्यय का ब्यौरा क्या है?

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

(क): भारत सरकार ने प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं के सह-स्थापन की कार्यनीति अपनाई है, इस प्रकार एक ही स्थान पर विभिन्न चिकित्सा पद्धतियों के लिए रोगियों को विकल्प चुनने में सक्षम बनाया है। आयुष चिकित्सकों/चिकित्सा सहायकों की नियुक्ति और उनके प्रशिक्षण को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा समर्थित किया जा रहा है, जबकि आयुष मंत्रालय द्वारा राष्ट्रीय आयुष मिशन (एनएएम) के तहत आयुष अवसंरचना, उपकरण/फर्नीचर और दवाओं के लिए साझा जिम्मेदारियों के रूप में सहायता प्रदान की जा रही है। इसके अलावा, दिनांक 31.03.2025 को एनएचएम-एमआईएस डेटाबेस के अनुसार, देश भर में आयुष सुविधाओं के साथ 6158 पीएचसी, 3103 सीएचसी और 482 डीएच को सह-स्थापित किया गया है।

(ख): आयुष मंत्रालय द्वारा शुरू की गई आयुष ग्रिड परियोजना को आयुष क्षेत्र के लिए एक व्यापक आईटी आधारशिला के रूप में परिकल्पित किया गया है, जिसका उद्देश्य स्वास्थ्य, अनुसंधान और विकास, शिक्षा और जागरूकता, औषध खुराक, क्षमता निर्माण और औषधीय पादपों जैसे क्षेत्रों में सेवा प्रदायगी को डिजिटल बनाना है।

इस पहल के तहत, देश भर में उपयोग के लिए डिजिटल प्लेटफॉर्म विकसित और शुरू किए गए हैं, जिनमें निदान और सेवा प्रदायगी को सुव्यवस्थित करने के लिए आयुष अस्पताल प्रबंधन सूचना प्रणाली (एएचएमआईएस), साक्ष्य-आधारित प्रथाओं को मजबूत करने के लिए आयुष अनुसंधान पोर्टल, इस क्षेत्र में निवेश की सुविधा के लिए आयुष निवेश सारथी पोर्टल और योग जागरूकता को बढ़ावा देने के लिए योग पोर्टल शामिल हैं। ये सभी प्लेटफॉर्म देशभर में ऑनलाइन सुलभ हैं और आयुष सेवाओं को डिजिटल रूप से एकीकृत करने के लिए उत्तरोत्तर कार्यान्वित किए जा रहे हैं।

वर्तमान में, आयुष ग्रिड भूमिका-आधारित पहुंच के माध्यम से डिजिटल सेवाओं की एक विस्तृत श्रृंखला प्रदान करता है, जिसमें नागरिकों के लिए समेकित और एकीकृत डिजिटल पारिस्थितिकी तंत्र प्रदान करने वाले प्रामाणिक आयुष सूचना, डिजिटल अस्पताल प्रबंधन और स्वास्थ्य सेवाएं, योग शिक्षा और कल्याण संसाधन, निवेश और हितधारक समर्थन, शिक्षा और ज्ञान-साझाकरण प्लेटफॉर्म, औषधि प्रशासन और सुरक्षा प्रणाली, अनुसंधान और नैदानिक ज्ञान संसाधन आदि तक पहुंच शामिल है।

(ग): आयुष वर्टिकल, स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) के तहत कार्यशील है, जो जन स्वास्थ्य, स्वास्थ्य देखभाल, शिक्षा और प्रशिक्षण में आयुष एकीकरण के लिए कार्यनीतियों को विकसित करने में दोनों मंत्रालयों को तकनीकी सहायता प्रदान करता है।

- डीजीएचएस के तहत, आयुष वर्टिकल द्वारा आयुष चिकित्सा पद्धति के अंतर्गत मानक उपचार दिशानिर्देशों की एक श्रृंखला विकसित की गई है। इसने आयुष चिकित्सकों के लिए राष्ट्रीय स्तर का

मॉड्यूलर प्रशिक्षण आयोजित किया है, जो स्वास्थ्य देखभाल के लिए एक मानकीकृत और गुणवत्ता दृष्टिकोण सुनिश्चित करता है।

- आयुष स्वास्थ्य सुविधाओं के लिए भारतीय जन स्वास्थ्य मानक: डीजीएचएस के तहत, आयुष वर्टिकल से सक्रिय तकनीकी सहायता के साथ, आयुष मंत्रालय ने आयुष्मान आरोग्य मंदिर (आयुष) और आयुष अस्पतालों के लिए भारतीय जन स्वास्थ्य मानक (आईपीएचएस) को सफलतापूर्वक प्रकाशित और आरंभ किया है। यह अवसंरचना, मानव संसाधन, दवाओं और सेवा गुणवत्ता के लिए समान मानकों का एक समूह है। ये मानक राज्यों और संघ राज्य क्षेत्रों को दूरदराज और जनजातीय क्षेत्रों में गुणवत्तापूर्ण आयुष स्वास्थ्य सेवा प्रदान करने में सक्षम बनाते हैं।
- जन स्वास्थ्य परामर्श: आयुष मंत्रालय ने राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी) के समन्वय से हीट वेव और मंकी पॉक्स पर दो जन स्वास्थ्य परामर्श जारी किए हैं। आयुष सेवाओं को राष्ट्रीय स्वास्थ्य कार्यक्रमों में शामिल किया जाता है जिससे वे दूरदराज की आबादी के लिए सुलभ हो जाते हैं।
- तृतीयक देखभाल अस्पतालों में एकीकृत विभाग और विस्तारित ओपीडी सेवाएं: आयुष मंत्रालय और एमओएचएफडब्ल्यू ने एकीकृत स्वास्थ्य देखभाल को बढ़ावा देने के लिए केंद्र सरकार के अस्पतालों में संयुक्त रूप से एकीकृत आयुष विभाग स्थापित किए हैं। इस पहल के हिस्से के रूप में, एकीकृत चिकित्सा विभाग की स्थापना की गई है और यह वर्धमान महावीर मेडिकल कॉलेज (वीएमएमसी) और सफदरजंग अस्पताल तथा लेडी हार्डिंग मेडिकल कॉलेज, नई दिल्ली में कार्यशील है।

ये विभाग पूरी तरह से कार्यशील पंचकर्म इकाई सहित निवारक, प्रोत्साहक और चिकित्सीय चिकित्सा सेवाएं प्रदान करते हैं। इसके अतिरिक्त, आयुष अनुसंधान परिषदों द्वारा विस्तारित ओपीडी सेवाएं वीएमएमसी और सफदरजंग अस्पताल, लेडी हार्डिंग मेडिकल कॉलेज तथा डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली में उपलब्ध हैं।

- सभी स्वास्थ्य प्रणालियों के एकीकरण को और मजबूत करने के लिए, देश में स्थापित नए एम्स में आयुष सेवाएं उपलब्ध कराई जाती हैं।
- आयुष संस्थानों में आधिकारिक तौर पर तंबाकू निवारण केंद्र (टीसीसी) स्थापित करने के लिए एमओएचएफडब्ल्यू के सहयोग से परिचालन दिशानिर्देश शुरू किए गए थे।

(घ) और (ङ): जन स्वास्थ्य राज्य का विषय होने के कारण, आयुष ग्राम, मातृ नवजात देखभाल, एनीमिया सहित योजना का कार्यान्वयन और इन उपचारों की प्रभावशीलता पर डेटा बनाए रखना संबंधित राज्य सरकार के कार्यक्षेत्र में आता है। इसके अलावा, छत्तीसगढ़ राज्य सरकार द्वारा दी गई सूचना के अनुसार, वर्ष 2024-25 के दौरान, आयुष ग्राम के तहत 1893 शिविर आयोजित किए गए, 120457 लाभार्थियों ने सेवा प्राप्त की और इस पर 117.37 लाख रुपये खर्च किए गए। वर्ष 2024-25 के दौरान, सुप्रजा कार्यक्रम के तहत, 4558 प्रसवपूर्व देखभाल लाभार्थी और 1884 प्रसवोत्तर देखभाल लाभार्थियों ने सेवा प्राप्त की और इस पर 11.87 लाख रुपये खर्च किए गए। इसके अलावा, वर्ष 2023-24 के दौरान, 4 जिलों (सरगुजा, जशपुर, कांकेर और कोंडागांव), में पायलट आधार पर रक्ताल्पता कार्यक्रम शुरू किए गए, 35677 लोगों की जांच की गई और 15.10 लाख रुपए खर्च किए गए।

WALLET INTEGRATION OF INDIAN PASSPORTS

2097. SHRI M. K. RAGHAVAN:

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

- (a) whether the Government has examined the possibility of enabling Indian passports to be stored in a secure digital format, including integration with digital wallet platforms such as Apple Wallet and Google Wallet, if so, the details thereof;

- (b) whether the Ministry has held consultations with technology providers, smartphone manufacturers, or international agencies to assess the feasibility, security standards, and interoperability required for such digital passport integration, if so, the details thereof; and
- (c) whether the Ministry plans to coordinate with the Ministry of Electronics and IT (MeitY) and the Bureau of Immigration to enable digital passport integration through India's existing platforms such as DigiLocker or other secure government apps, 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): There is no such proposal currently under consideration of the Government of India.
- (c): Immigration authorities under the Bureau of Immigration, Ministry of Home Affairs, Government of India has been provided limited access of passport data for verification of Indian passports at the time of crossing Indian immigration while travelling to and from India.

The Passport Seva Program has been integrated with DigiLocker to directly receive verified documents such as Aadhaar, Voter ID card, Driving Licence, PAN card and Secondary School Certificate/ Higher School Certificate. Ministry of External Affairs has also enabled secure passport validation on limited input

parameters through the DigiLocker platform, in coordination with the Ministry of Electronics and Information Technology (MeitY).

RABIES CASES

2098. SHRI A. RAJA:

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

- (a) whether the Government is aware of the increasing number of rabies cases in the country and the risk it poses to public health and if so, the details thereof;
- (b) the steps being taken by the Government to strengthen post-bite treatment facilities and ensure availability of anti-rabies vaccines and immunoglobulin in the country, particularly in Tamil Nadu;
- (c) whether any special awareness campaigns on public health drives have been launched with the guidelines and training materials to prevent rabies in urban and rural areas of the country; and
- (d) if so, the details thereof?

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

(a) to (d): Rabies is a zoonotic viral disease that causes encephalitis in human s and other mammals. Under National Rabies Control Programme (NRCP) for prevention and control of Rabies, strategies includes training on appropriate animal bite management,

surveillance and intersectoral coordination, strengthening surveillance of Animal Bites, provision of procurement of Anti-Rabies Vaccine for animal bite victims through the National Free Drug Initiative and Information, Education and Communication (IEC) activities to create awareness.

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 (PIPs), subject to norms and availability of resources.

Further, to effectively control Rabies, “National Action Plan For Dog Mediated Rabies Elimination (NAPRE)” has been launched by Ministry of Health and Family Welfare alongwith Ministry of Fisheries, Animal Husbandry and Dairying, Government of India. The details of implementation of activities under NAPRE can be accessed at- <https://rabiesfreeindia.mohfw.gov.in/resources/uploads/PageContentPdf/169391359514.pdf>

The Department of Animal Husbandry and Dairying, Ministry of Fisheries, Animal Husbandry and Dairying, Government of India has framed Animal Birth Control Rules, 2023. According to the said Rules, the Local Authorities are mandated for establishment of infrastructure for the Animal Birth Control Centers.

The Department of Animal Husbandry and Dairying, Ministry of Fisheries, Animal Husbandry and Dairying, Government of India is financially assisting States for purchase of anti- rabies vaccine under the component 'Assistance to States for Control of Animal Diseases' (ASCAD) of Livestock Health and Disease Control Programme (LHDCP) as per the demand and action plan received from States.

INDIANS IN CONFLICT REGIONS

2099. SHRI ZIA UR REHMAN:

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

- (a) whether the Government has reviewed the current condition of Indian nationals in conflict-affected regions across the world, if so, the details thereof;
- (b) the steps being taken to ensure their safety and evacuation wherever required; and
- (c) whether any new bilateral mechanisms are being planned to strengthen protection for overseas Indians, if so, the details thereof, if not, the reasons therefor?

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

(a) and (b): The Government closely monitors emerging adverse situations abroad and issues advisories, as required, to caution Indian nationals to avoid unnecessary travel, follow safety guidelines issued by local authorities and remain in touch with Indian

Missions. Various communication mechanisms are in place for Indian nationals to reach Indian Missions/Posts, including email, multilingual 24x7 emergency numbers, social media, toll-free helplines and WhatsApp numbers.

In the event of adverse and emergent situations abroad, the Government undertakes evacuation operations in coordination with all relevant stakeholders. With a view to swiftly responding to crisis situations faced by overseas Indian nationals, the Ministry has established a dedicated wing named the 'Rapid Response Cell' in 2021. During such operations, 24x7 control rooms are set up at headquarters and in Missions abroad. The Government provides comprehensive logistical support, including safe shelters, meals, local and cross-border movement and transportation through special vehicles and evacuation flights on gratis basis.

(c): The Ministry of External Affairs remains in constant touch with its counterparts through diplomatic channels to ensure the safety and security of Indian nationals. The Government has also been working towards establishing institutional mechanisms such as Migration and Mobility Partnerships (MMPAs), Labour Mobility and Labour Welfare Agreement with destination countries. These Agreements/MoUs, inter-alia, seek to protect labour rights. MMPAs have been signed with Austria, Australia, France, Germany, Italy, Denmark and UK and Labour Mobility Agreements have been signed with Japan, Portugal, Taiwan, Mauritius, Malaysia and Israel. The Government is engaged in negotiations for concluding similar agreements/MOUs with other identified countries like Greece, Switzerland etc. Additionally, Labour and Manpower

Cooperation Agreements are also in place with the Gulf Cooperation Countries (GCC) like Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE and Jordan, that provide overarching framework for cooperation on labour and manpower issues. Recognizing the vulnerability of certain migrant groups, especially Domestic Sector Workers (DSWs) and female workers, the Government has implemented specific protective measures. Separate Memorandums of Understanding (MoUs) and Agreements with Saudi Arabia, UAE, and Kuwait outline safeguards for domestic workers. Further, with a view to prevent dual social security contributions and ensure portability of benefits for workers, the Ministry has already signed Bilateral Social Security Agreements with countries such as Belgium, France, Germany, Switzerland, Luxembourg, Netherlands, Hungary, Denmark, The Czech Republic, Republic of Korea, Norway etc., and is negotiating with many other countries.

वैश्विक मंचों पर आयुष अनुसंधान

2100. श्री राधेश्याम राठिया:

श्रीमती महिमा कुमारी मेवाड़:

श्री विनोद लखमशी चावड़ा:

श्री भरतसिंहजी शंकरजी डाभी:

श्री विजय कुमार दूबे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) पारंपरिक चिकित्सा और समग्र स्वास्थ्य से संबंधित अंतर्राष्ट्रीय मंचों पर भारत की भागीदारी का ब्यौरा

क्या है;

- (ख) आयुष आधारित अनुसंधान को वैश्विक मंचों पर प्रस्तुत करने के क्या उद्देश्य हैं;
- (ग) क्या उक्त मंचों पर संयुक्त अनुसंधान, नैदानिक अवलोकन या क्षमता निर्माण के लिए कोई प्रस्ताव प्रस्तुत किए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) सरकार आयुष सेवाएं प्रदान करने, सुरक्षा निगरानी करने और वैज्ञानिक साक्ष्य प्रकाशित करने के लिए किस प्रकार सांस्कृतिक और अंतर-पारंपरिक साझेदारी की संभावना तलाश रही है?

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

(क) से (घ): आयुष मंत्रालय 'आयुष में अंतर्राष्ट्रीय सहयोग हेतु संवर्धन के लिए केंद्रीय क्षेत्र की योजना (आईसी योजना) कार्यान्वित कर रहा है। इस योजना के अंतर्गत आयुष मंत्रालय भारतीय आयुष औषधि विनिर्माताओं/आयुष सेवा प्रदाताओं को आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने के लिए सहायता प्रदान करता है; आयुष चिकित्सा पद्धति के अंतर्राष्ट्रीय प्रचार-प्रसार, विकास तथा मान्यता को सुदृढ़ करता है, अंतर्राष्ट्रीय स्तर पर हितधारकों के बीच संवाद और आयुष के बाज़ार के विकास को प्रोत्साहित करता है, विदेशों में आयुष अकादमिक पीठ की स्थापना के माध्यम से शिक्षाविदों और अनुसंधान को बढ़ावा देता है, प्रशिक्षण कार्यशालाओं/संगोष्ठियों के आयोजन आदि के माध्यम से आयुष चिकित्सा पद्धतियों के प्रति जागरूकता और रुचि को वैश्विक स्तर पर बढ़ावा देता है। आईसी योजना के माध्यम से आयुष मंत्रालय विदेशों की प्रतिष्ठित संस्थाओं/विश्वविद्यालयों, अंतर्राष्ट्रीय ऐजेंसियों तथा संयुक्त राष्ट्र की संस्थाओं—जैसे विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के साथ आयुष संबंधी अनुसंधान और विकास/शिक्षण तथा अन्य सहयोगात्मक कार्यक्रमों को भी प्रायोजित करता है।

आयुष मंत्रालय ने डब्ल्यूएचओ के साथ निम्नलिखित सहयोग किया है:-

- गुजरात के जामनगर में डब्ल्यूएचओ –ग्लोबल ट्रेडिशनल मेडिसिन सेंटर (जीटीएमसी) की स्थापना के लिए डब्ल्यूएचओ के साथ एक समझौता किया है। इस केंद्र का उद्देश्य डब्ल्यूएचओ की पारंपरिक चिकित्सा कार्यनीति (2014–23) के क्रियान्वयन में सहयोग प्रदान करना तथा देशों को ऐसी नीतियाँ और कार्य योजनाएँ विकसित करने में सहायता देना है, जो सार्वभौमिक स्वास्थ्य कवरेज की दिशा में उनकी यात्रा में पारंपरिक चिकित्सा की भूमिका को सशक्त बनाएँ। भारत, डब्ल्यूएचओ-जीटीएमसी जैसी पहलों के माध्यम से पारंपरिक चिकित्सा के क्षेत्र में स्वयं को वैश्विक नेता के रूप में स्थापित कर रहा है। विश्व स्वास्थ्य संगठन के सहयोग से स्थापित यह केंद्र पारंपरिक चिकित्सा के संवर्धन और अनुसंधान की दिशा में एक महत्वपूर्ण कदम है। यह वैश्विक स्तर प्रमाण-आधारित पारंपरिक, पूरक और एकीकृत चिकित्सा (टीसीआईएम) से संबंधित ज्ञान के, प्रमुख केंद्र के रूप में कार्य करता है। यह विश्व स्तर पर पारंपरिक चिकित्सा के लिए स्थापित किया गया वैश्विक बाह्य केंद्र (कार्यालय) है, जिसके प्रमुख उद्देश्य निम्नलिखित हैं:
 - ❖ दुनिया भर में पारंपरिक चिकित्सा (टीएम) पद्धतियों को स्थापित करना।
 - ❖ पारंपरिक चिकित्सा से संबंधित वैश्विक स्वास्थ्य मामलों पर नेतृत्व प्रदान करना।
 - ❖ पारंपरिक चिकित्सा की गुणवत्ता, सुरक्षा और प्रभावकारिता, पहुंच और तर्कसंगत उपयोग सुनिश्चितता।
 - ❖ डेटा एकत्र करने, विश्लेषण करने और प्रभाव का आकलन करने के लिए उपकरण और कार्यप्रणालियों में संबंधित तकनीकी क्षेत्रों में मानदंड, मानक और दिशानिर्देश विकसित करना। डब्ल्यूएचओ पारंपरिक चिकित्सा (टीएम) सूचना केंद्र का परिकल्पित उद्देश्य मौजूदा पारंपरिक चिकित्सा (टीएम) डाटा बैंक, वर्चुअल पुस्तकालयों तथा शैक्षणिक और शोध संस्थानों का एक सहयोगात्मक समूह तैयार करना है।

- ❖ उद्देश्यों से संबंधित क्षेत्रों में विशिष्ट क्षमता-विकास और प्रशिक्षण कार्यक्रम विकसित करना तथा परिसर-आधारित, आवासीय या वेब-आधारित और डब्ल्यूएचओ अकादमी तथा अन्य रणनीतिक साझेदारों के साथ साझेदारी के माध्यम से प्रशिक्षण कार्यक्रमों का आयोजन करना।
- आयुर्वेद तथा यूनानी के प्रशिक्षण और अभ्यास हेतु बेंचमार्क दस्तावेज़ वर्ष 2022 में प्रकाशित किया गया, जो दिनांक 13 मई, 2016 को डब्ल्यूएचओ के साथ हस्ताक्षरित प्रोजेक्ट कोलैबोरेशन एग्रीमेंट का परिणाम है।
- आयुर्वेद, यूनानी और सिद्धा में टर्मिनोलॉजी दस्तावेज़ डब्ल्यूएचओ द्वारा प्रकाशित किया गया, जो पारंपरिक और पूरक चिकित्सा को स्वास्थ्य देखभाल प्रणाली में एकीकृत करने संबंधी डब्ल्यूएचओ और आयुष मंत्रालय के बीच हुए प्रोजेक्ट कोलेबोरेशन एग्रीमेंट का परिणाम है।
- आयुष मंत्रालय और विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के बीच दिनांक 24 मई, 2025 को एक समझौते पर हस्ताक्षर किए गए, जिसका उद्देश्य अंतर्राष्ट्रीय स्वास्थ्य हस्तक्षेप वर्गीकरण (आईसीएचआई) के लिए पारंपरिक चिकित्सा हस्तक्षेप श्रेणियाँ तथा सूचकांक विकसित करना है, जिसमें समग्र दृष्टिकोण अपनाया गया है और आयुर्वेद, सिद्ध तथा यूनानी की पारंपरिक चिकित्सा पद्धतियों पर विशेष ध्यान केंद्रित किया गया है। यह समझौता अंतर्राष्ट्रीय स्वास्थ्य हस्तक्षेप वर्गीकरण (आईसीएचआई) के अंतर्गत एक समर्पित पारंपरिक चिकित्सा मॉड्यूल पर कार्यारंभ का संकेत देता है। यह प्रगति भारत की उस दृष्टि के अनुरूप है, जिसमें पारंपरिक ज्ञान की अपनी समृद्ध विरासत को वैज्ञानिक वर्गीकरण और अंतर्राष्ट्रीय मानकों के आधार पर वैश्विक स्वास्थ्य देखभाल की मुख्यधारा में लाना सम्मिलित है।
- इसके अलावा, आयुष मंत्रालय ने विदेशों के साथ पारंपरिक चिकित्सा और होम्योपैथी के क्षेत्र में सहयोग के लिए 25 देश-दर-देश समझौता ज्ञापनों पर हस्ताक्षर किए हैं, विदेशों में आयुष अकादमिक पीठ की स्थापना के लिए अंतर्राष्ट्रीय संस्थानों के साथ 15 समझौता ज्ञापन, सहयोगी

अनुसंधान/शैक्षणिक सहयोग के लिए विदेशी संस्थानों के साथ संस्थान स्तर के 52 समझौता ज्ञापनों और वैश्विक स्तर पर आयुष के प्रचार और प्रचार के लिए 39 देशों में 43 आयुष सूचना प्रकोष्ठों की स्थापना का समर्थन किया है। इसके अलावा, आयुष मंत्रालय अंतर्राष्ट्रीय आयुष फैलोशिप/छात्रवृत्ति कार्यक्रम के तहत भारत में मान्यता प्राप्त आयुष संस्थानों में आयुष पाठ्यक्रमों का अध्ययन करने के लिए विदेशी नागरिकों को छात्रवृत्ति प्रदान करता है।

REVIVAL OF CLOSED UREA PLANTS

2101: SHRI P. V. MIDHUN REDDY:

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

- (a) the current status of the Government's plan to end urea imports by 2025, including the proposals, if any, for revival of closed urea plants;
- (b) the details of domestic urea production capacity after the revival of the said plants, along with the data on production level, State-wise; and
- (c) the impact of alternative fertilizers like nano liquid urea on reducing conventional urea consumption and the steps being taken to promote their adoption across the country, State-wise?

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

- (a): Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the Urea

sector and to make India self-sufficient in the Urea sector. Total 6 new Urea units have been set up under NIP-2012 which includes 4 Urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 Urea units set up by the private companies. The units set up through JVC are Ramagundam Urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 Urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh Urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III Urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added Urea production capacity of 76.2 LMTPA, thereby total indigenous Urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam.

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 306.67 LMT of Urea during 2024-25.

(b): Currently, the total Urea production capacity after the revival of said plants is 269.42 LMT per annum. The data on production level, State-wise during 2025-26 (upto November 2025) is given in the enclosed **Statement**.

(c): A study has been assigned by Department of Fertilizers to the National Productivity Council (NPC) for a period of 2 years, from 2024–2026, regarding “Evaluating the Efficacy, Utility, and Impact of Nano Urea in Comparison to Conventional Urea.” As per the key findings of this study, Nano Urea has to be used for foliar application and for the basal dose, Conventional Urea has to be mandatorily used. Thus, even when Nano Urea is applied, there is a requirement for Conventional Urea. The study has shown that Nano Urea, when applied with Conventional Urea, leads to an increase in crop productivity.

In order to promote the use of Nano Fertilizers amongst the farmers, the following steps have been taken:

- Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- Nano Fertilizers are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- Nano Fertilizers has been included under monthly supply plan issued by Department of Fertilizers regularly.
- For ease in application and utilization of Nano fertilizers like Nano Urea through foliar application, initiatives such as innovative spraying options like 'Kisan Drones' and distribution of battery operated Sprayers at retail points are undertaken. For this purpose, pilot training and custom hiring spraying services through Village Level Entrepreneurs are actively promoted.

STATEMENT

The data on production level, during 2025-26 (upto November 2025) State-wise and Plant-wise:

Sl. No.	Name of the State	NAME OF PLANTS
Public Sector		
1	Punjab	NFL:Nangal-II
2	Punjab	NFL:Bhatinda
3	Haryana	NFL:Panipat
4	Madhya Pradesh	NFL:Vijaipur

5	Madhya Pradesh	NFL:Vijaipur Expn.
		Total (NFL):
6	Assam	BVFCL:Namrup-III
		Total (BVFCL):
7	Maharashtra	RCF:Trombay-V
8	Maharashtra	RCF:Thal
		Total (RCF):
9	Tamil Nadu	MFL:Chennai
		TOTAL PUBLIC SECTOR
COOP. SECTOR:		
10	Gujarat	IFFCO:Kalol
11	Uttar Pradesh	IFFCO:Phulpur
12	Uttar Pradesh	IFFCO:Phulpur Expn.
13	Uttar Pradesh	IFFCO:Aonla
14	Uttar Pradesh	IFFCO:Aonla Expn.
		Total (IFFCO):
15	Gujarat	KRIBHCO:Hazira
		TOTAL COOP. SECTOR:
		Total (Pub.+Coop.)
PRIVATE SECTOR:		
16	Gujarat	GSFC:Vadodara
17	Rajasthan	SFC:Kota
18	Uttar Pradesh	KFCL
19	Goa	PPL/ZACL:Goa
20	Tamil Nadu	SPIC:Tuticorin
21	Karnataka	PPL - (MCFL)

22	Gujarat	GNFC:Bharuch
23	Uttar Pradesh	Indorama/Grasim:Jagdish
24	Rajasthan	CFCL:Gadepan-I
25	Rajasthan	CFCL:Gadepan-II
26	Rajasthan	CFCL:Gadepan-III
27	Uttar Pradesh	YARA/TCL:Babrara
28	Uttar Pradesh	KFL/KSFL:Shahjahanpur
29	West Bengal	Matix Fertilizers and Chemicals Ltd.
30	Telangana	RFCL-Ramagundam
31	Uttar Pradesh	HURL: Gorakhpur
32	Bihar	HURL: Barauni
33	Jharkhand	HURL: Sindri
	TOTAL PRIVATE SECTOR:	
	TOTAL (PUB.+COOP.+PVT.):	

NEW AYUSH HOSPITALS AND DISPENSARIES UNDER NAM

2102. DR. NAMDEO KIRSAN:

SHRI IMRAN MASOOD:

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

- (a) whether the Government has any proposal to construct new AYUSH hospitals and dispensaries under the National AYUSH Mission (NAM) in the country;
- (b) if so, the details thereof, State/UT-wise, especially in Gadchiroli-Chimur Lok Sabha constituency of Maharashtra;

(c) whether a joint model has been developed in collaboration with the States in this regard; 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:) Public health being a State subject, construction of new AYUSH hospitals and dispensaries comes under the purview of respective State/UT Governments. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Maharashtra and having the provision of financial assistance for setting up of 10/30/50 bedded Integrated Ayush Hospitals (IAHs) and construction of building to establish a new Ayush dispensary. Under NAM, as per the proposals received from States/UTs through State Annual Action Plans (SAAPs), 203 IAHs and 384 new Ayush dispensaries have been approved for establishment in different parts of the country from 2014-15 to 2024-25. The State/UT-wise status of approved IAHs and Ayush dispensaries including Gadchiroli-Chimur Lok Sabha constituency of Maharashtra are given in the enclosed **Statement-I and Statement-II** respectively.

Further, NAM is being implemented through States/UTs and funding pattern for the North Eastern States and Himalayan States of Uttarakhand, Himachal Pradesh and Union Territory of Jammu and Kashmir is Centre: 90% and State/UT: 10%, whereas for

the rest of the States this ratio is Centre: 60% and State: 40%, UTs with Legislature except JandK (Delhi and Puducherry) funding ratio Centre: 60% and UT: 40% and 100% fund provided by Centre in all UTs without Legislature (Chandigarh, Dadra and Nagar Haveli and Daman Diu, Lakshadweep, Andaman and Nicobar Island and Ladakh).

STATEMENT-I

State/UT- wise status of approved integrated Ayush Hospitals

Sl. No.	State/UT	Location (District)	No. of Beds
1	Andaman and Nicobar Island	Junglighat, Port Blair (South Andaman)	50
2	Andhra Pradesh	Kakinada	50
		Visakhapatnam	50
3	Arunachal Pradesh	Bhalukpong (West Kameng)	50
		Likabali (Lower Siang)	50
		Yingkiong (Upper Siang)	10
		Seppa (East Kameng)	10
		Ziro (Lower Subansiri)	10
4	Assam	Dudhnoi (Goalpara)	50
		Majuli	50
		Kokrajhar	50
		Baksa	50
		Morigaon	50
		Kaliabor (Nagaon)	50
		Diphu (Karbi Anglong)	30
		Bajali	10
5	Bihar	Patna	50
6	Chandigarh	Sector -34, (Chandigarh)	50
7	Chhattisgarh	Janjgir-Champa	10
		Mahasamund	10

		Koria	10
		Korba	10
		Kanker (Uttar Bastar Kanker)	10
		Narayanpur	10
		Bijapur	10
		Dantewada (Dakshin Bastar)	10
		Dalli Rajhar (Balod)	30
		Surajpur	10
8	Dadra Nagar Haveli and Daman and Diu	Silvasa (Dadra and Nagar Haveli)	50
9	Goa	Velguem (North Goa)	50
		Margao (South Goa)	50
10	Gujarat	Surat	50
		Atkot	30
11	Haryana	Hisar	50
12	Himachal Pradesh	Kullu	50
		Mandi	50
		Dharamshala	50
13	Jammu and Kashmir	Kishtwar	50
		Kupwara	50
		Bilawar (Kathua)	50
		Kulgam	50
		Samba	50
		Gadi Garh	10
		Bandipayeen	10
14	Jharkhand	Itki, Ranchi	50
		Gumla	10
		Bokaro	10
		Deoghar	10
		Palamu	10
		Dumka	10
		Jamshedpur	50
15	Karnataka	Gadag	50
		Mangalore	50

		Thrithahalli	10
16	Kerala	Chalakkudy, Thrissur Distt.	50
		Mattannur, Kannur	50
		Adoor, Pathanamthitta	10
		Attapadi	50
		Kottarakara-Kollam	30
		Wayanad	30
		Idukki	30
		Aranmula, Ranni, Pathanamthitta	30
		Varkala	50
		Kappukad, Thiruvanthapuram	50
17	Lakshadweep	Deen Dayal Upadhyay, Kavaratti	30
18	Maharashtra	Nandurbar	30
		Sindhudurg	30
		Pune	30
		Dharashiv, (Osmanabad)	50
		Ahmed Nagar	30
		Jalgaon	30
		Jalna	50
		Thane	50
		Nagpur	50
		Gondia	50
		Chhatrapati Sambhaji Nagar	50
		Buldhana	50
		Gadchiroli	30
		Wardha	30
19	Manipur	Moreh, Tengenupal	50
		Churancandpur	50
		Kwakeithel Konjeng Leikai	10
		Keirao AC, Imphal East District	50
		Chandel	10
		Jiribam	10
		Kangpokpi	10
		Bishnupur	10

		Noney	10
		Thoubal	10
		Senapati	10
20	Madhya Pradesh	Bhopal	50
		Indore	50
		Narsinghpur	50
		Amarkantak	50
		Mandleshwar (Khargaon Disstt.)	50
		Balaghat	50
		Sehore	50
		Gunna	50
		Panna	50
		Bhind	50
		Barwani	30
		Sujalpur	50
		Sheopur	50
21	Meghalaya	Sohra (Cherapunje), CHC, East Khasi Hills	50
		Umtrew Village, Rhi Bhoi District,	50
		Jowai, West Jaintia Hills Distt.)	30
22	Mizoram	Aizawl	50
		Saitul	10
23	Nagaland	Noklak, Tuensang District	30
		Razha, Chedema	50
		Sapangya (Chungtia)	50
		Yachem, Longleng	30
		Kiphire	30
		Tizit,	30
		Akuhaito,	30

		Zunheboto	
24	Odisha	Dhenkanal	50
		Behrampur	50
		Balasore	50
25	Puducherry	Villianur	50
		Yanam	50
		Karaikal	30
26	Punjab	Dyalpur Sodhin Zirakpur (Mohali)	50
		Moga (Initially at Tarn taran)	50
27	Rajasthan	Bhilwara	50
		Ajmer	50
		Churu	50
		Bikaner	50
		Jaipur	50
		Sikar	50
		Sawaimadhopur	50
		Bharatpur	50
		Kithana	30
		Bhilwara (Asind)	10
		Bhilwara (Bijoliya)	10
		Karuli (Mandrayal)	10
		Alwar (Behror)	10
		Alwar (Neemrana)	10
		Jodhpur (Shekhala)	10
		Dausa (Nangal Raja Watan)	10
		Jaipur - (Paota)	10
		Sikar (Dhod)	10
		Sikar (Shreemadhopur)	10
		Barmer (Gira)	10
		Jalore (Bagoda)	10
		Baran (Kishanganj)	10
		Jhalawar (Bakani)	10
		Kota (Sultanpur)	10
		Pali (Rohat)	10

		Ajmer (Masuda)	10
		Ajmer (Peesangan)	10
		Dholpur (Sepau)	10
		Bharatpur (Sewer)	10
		Nagaur (Kheenvasar)	10
		Sri Ganganagar (Rai Singh Nagar)	10
		Dungarpur (Dovra)	10
		Pratapgarh (Arnod)	10
28	Sikkim	Kyongsa, Gyalshing, West Sikkim	50
		NIT, Deorali	30
29	Tamil Nadu	Theni	50
		Thiruvannamalai	50
		Pudukkottai	50
		Namakkal	50
		AAGHIM Campus, Chennai	50
		Kottar, Nagercoil	30
30	Telangana	Siddipet	50
		Vikarabad	50
		Jayashankar, Bhupalapally,	50
31	Tripura	Paradise Chowmuhani, Agartala	50
		South Sabroom	50
32	Uttar Pradesh	Jaunpur	30
		Bulandsheher (initially at Kushi Nagar)	50
		Bilhaur, Kanpur Nagar	50
		West Katli, Lucknow	50
		Badrasi, Varanasi	50
		Nawab Ganj, Baraily	50
		Basti	50
		Sirathu Koushambi	50
		Sonbhadra	50
		Orai Jalaun	50
		Sant kabir Nagar,	50

		Deoria	50
		Lalitpur	50
		Amethi	50
		Kanpur Dehat	50
		Firozpur, Balia District	50
		Raibareilly	50
		Baghpat	50
		Fatehpur	50
		Shravasti	50
		Unnao	50
		Hardoi	50
		Gorakhpur	50
		Sambhal	50
		Mirzapur	50
33	Uttarakhand	Haldwani	50
		Jakhnidhar, Tehri	50
		Tanakpur, Champawat	50
		Kotdwar, Pauri	50
		Pathri, Haridwar	10
		Bheemtal, Nainital	10
		Piran Kaliya, Haridwar	50
34	West Bengal	Topsikhata, District Alipurduar	50
		Paschim District Midnapur	50

STATEMENT-II

State/UT- wise status of approved Ayush dispensaries

Sl. No.	States	Units
1	Arunachal Pradesh	2
2	Assam	100
3	Jammu and Kashmir	11
4	Maharashtra	1
5	Manipur	8

6	Meghalaya	10
7	Tamil Nadu	2
8	Uttar Pradesh	250
Total		384

MISSION SHAKTI SCHEME

2103. SHRI DHARAMBIR SINGH:

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

- (a) the details of the funds allocated/utilized under the Mission Shakti scheme for women's safety and empowerment;
- (b) the number of One Stop Centres (OSCs) and Women Helplines operational in the country;
- (c) the number of women beneficiaries who have availed support services from these OSCs during the last three years;
- (d) the details of the steps taken to strengthen the mechanism for fast-track trials in cases of crimes against women;
- (e) the details of the measures being taken to promote financial literacy/economic independence among women through said mission; and
- (f) the number of OSCs, Anganwadi centres/working women's hostels sanctioned under various schemes of the Ministry during the last five years for Bhiwani-Mahendragarh Parliamentary Constituency in Haryana?

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

(a) to (f): Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals '**Sambal**' for safety and security of women and '**Samarthya**' for empowerment of women. The details of year-wise and component-wise funds released from 2022-23 to 2025-26 is given in the enclosed **Statement**.

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 help to address declining Sex Ratio at Birth (SRB) and related issues of empowerment of girls and women over a life cycle continuum and **Nari Adalat** is an 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.

Samarthya -The following schemes have been included under 'Samarthya' vertical: **Pradhan Mantri Matru Vandana Yojana (PMMVY)** is a 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** is an integrated Relief and Rehabilitation Home for women in distress situations including trafficked women; **Sakhi Niwas** provides availability of safe and conveniently located accommodation for working women; **Palna** that aims to provide quality crèche facility in safe and secure environment for children and **SANKALP:HEW** facilitate inter-sectoral convergence of schemes and programs meant for women at National level, State/ UT level and district level.

Since inception i.e. 1st April, 2015 up to 30th September, 2025, over 12.67 lakh women have been assisted under OSC across the country. As on date, 864 OSCs are operational across the country including one OSC each in Bhiwani, Mahendragarh and Charkhi Dadri districts of Bhiwani- Mahendragarh Parliamentary Constituency of Haryana.

As per the Poshan Tracker as on 30.11.2025, the number of active Anganwadi Centres is 634 in Bhiwandi, 1201 in Charkhi Dadri and 1282 in Mahendergarh.

Fast Track Special Courts (FTSCs), including exclusive POCSO (ePOCSO) Courts was introduced in October, 2019 following the enactment of the **Criminal Law (Amendment) Act, 2018**. 773 Fast Track Special Courts (FTSCs), including 400 exclusive POCSO Courts are functional across 29 States/UTs, which have disposed of over 3.50 lakh cases.

STATEMENT

Details of year-wise and component-wise funds released from 2022-23 to 2025-26:

(Amount in Crores)

SL	Scheme	2022-23	2023-24	2024-25	2025-26
		Released	Released	Released	Released#
1	OSC	65.69	189.73	158.3	98.45
2	WHL	37.44	75.25	10.89	17.42
3	BBBP	95.96	88.63	33.08	29.52
4	Nari Adalat	-	0.424	0.09	0.17
5	PMMVY	2032.8	870.34	1448	955.48
6	Shakti Sadan	15.45	118.98	84.98	22.56
7	Sakhi Niwas	17.63	4.52	8.13	2
8	Palna	4.68	64.15	45.17	10.26
9	SANKALP: HEW	65.6	102.52	44.24	46.6
Grand Total		2335.25	1514.544	1832.88	1182.46

Released as on 30.11.2025

IMPLEMENTATION AND IMPACT OF PM-PRANAM SCHEME

2104. DR. BYREDDY SHABARI:

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

- (a) the list of States and Union Territories participating in the PM-PRANAM scheme, year-wise since its inception and the reduction in chemical fertiliser consumption achieved, State/UT-wise and Year-wise;

- (b) the total savings in fertiliser subsidy generated under the said scheme indicating, the share of savings released to each State/UT and the manner in which these funds have been utilised for infrastructure, alternative fertilisers and farmer incentives;
- (c) the quantity and types of alternative fertilisers (bio-fertilisers, nano-fertilisers, organic fertilisers) produced, distributed or promoted under the said scheme, State/UT-wise;
- (d) the steps taken to monitor and evaluate the impact of the scheme on soil health fertiliser consumption patterns, crop productivity and environmental sustainability; and
- (e) whether the Government proposes to expand the scheme or introduce additional measures to encourage adoption of alternative fertilisers and sustainable agricultural practices across the country, if so, the details thereof, States and 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 (c): The Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023, approved the “PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM). The initiative aims to support the mass movement initiated by States and Union Territories (UTs) to preserve the health

of Mother Earth through the promotion of sustainable and balanced fertilizer use, adoption of alternative fertilizers, promotion of organic farming, and implementation of resource conservation technologies.

All States/UTs are covered under the PM-PRANAM scheme. Under the PM-PRANAM scheme, there is a provision to provide incentives to States/UTs for reduction of consumption of chemical fertilizers (Urea, DAP, NPK, MOP) in a given financial year, compared to the average consumption over the previous three years, equivalent to 50% of the fertilizer subsidy saved. Of the total grant, 95% will be allocated to the State, while the remaining 5% will be utilized by the Government of India towards disaster-adjusted incentives. Out of the 95% grant provided to the States, 65% is for capital expenditure (capex) projects, preferably as contributions to Centrally Sponsored Schemes, and 30% is untied for other activities, including Information, Education, and Communication (IEC) initiatives.

(d): Government is promoting balanced and judicious fertilizer use through the Soil Health and Fertility Scheme, implemented since 2014-15 to issue Soil Health Cards (SHCs) to all farmers. Soil samples are analysed for major and micronutrients, and SHCs are issued once every three years. Department of Agriculture and Farmers' Welfare (DA and FW) has further informed that 25.61 crore SHCs have been distributed so far, supported by a network of 8302 soil testing labs and 1020 school mini labs across the country. A total of ₹1970 crore has been released under the scheme, along

with extensive outreach activities including 93,781 farmer trainings, 6.80 lakh demonstrations, and 7425 farmer melas/campaigns.

(e): The Government is implementing several initiatives to promote balanced nutrient management, bio-fertilisers, and micro-nutrient-enriched formulations across the country. These efforts aim to improve soil health, enhance nutrient-use efficiency, and reduce the adverse impacts of imbalanced fertiliser application.

To promote balanced nutrient management, multiple measures have been introduced. The Soil Health Card (SHC) Scheme provides farmers with soil test-based information on 12 essential parameters, enabling crop-specific recommendations for nutrients and micronutrients. This encourages judicious and balanced fertiliser use while discouraging excessive application of chemicals such as nitrogen. The Government is also strengthening Integrated Nutrient Management (INM) by promoting the combined use of organic carbon enhancer and inorganic nutrient sources in line with the “3Rs” principle to optimise nutrient efficiency. Additionally, quality control measures under the Fertiliser Control Order (FCO) 1985 ensure the availability of reliable and certified biofertilisers and organic fertilisers, supporting improved soil fertility. The introduction of Neem-Coated Urea (NCU) has further enhanced nitrogen-use efficiency by slowing its release, thereby reducing losses through volatilisation and leaching.

Similarly, the Government is actively promoting biofertilisers and organic inputs to strengthen sustainable agriculture practices. Under the Paramparagat Krishi Vikas

Yojana (PKVY), farmers receive financial assistance of up to ₹50,000 per hectare over a three-year period for adopting organic farming practices, including the procurement of biofertilisers, vermicompost, and biopesticides. Similarly, the Mission Organic Value Chain Development for the North Eastern Region (MOVCD-NER) supports organic cultivation, processing, and market linkages to empower growers in the North Eastern states. The GOBAR-Dhan initiative plays a complementary role by promoting the production and use of organic fertilisers, such as Fermented Organic Manure (FOM), Liquid FOM, and Phosphate Rich Organic Manure (PROM), from biogas and compressed biogas plants, thereby reducing waste and providing farmers with affordable nutrient sources.

In addition to the above, Kisan Sangoshthis are conducted by the fertilizer companies for extensive field interaction with farmers, local farmer cooperatives, panchayats etc. 25 Fertilizer Marketing Companies (FMCs) conducted 11,587 Camps/Kisan Sangoshthis across the Country during February 2025 to November 2025. Camps/Kian Sangoshthis were organised for promotion of FOM/LFOM/PROM under PM-PRANAM by the Fertilizer companies.

STATUS OF NATIONAL WATERWAYS 37 AND 58

2105. SHRI ARUN BHARTI:

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

- (a) the current status of National Waterway 37 (Gandak River) and National Waterway 58 (Kosi River) in Bihar;
- (b) the total funds allocated for conducting feasibility studies and Detailed Project Report (DPR) preparation for waterways;
- (c) the potential for cargo and passenger movement identified on the said waterways;
- (d) the steps being taken to develop floating jetties and navigation aids to operationalize these routes; and
- (e) the status of any cross-border inland water trade protocol being developed with Nepal using the said rivers?

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

(a) and (b): The River Gandak and the River Kosi were declared as National Waterway (NW) – 37 and National Waterways - 58 under National Waterways Act, 2016. Two jetties have been deployed on NW-37 (River Gandak) at Mangalpur (Nautan) and opposite bank in Bettiah. M/s. Rail India Technical and Economic Service Ltd. (RITES) have been engaged to update the Detailed Project Report (DPR) prepared by Government of Bihar in 2013 at a cost of Rs. 92.75 lakh. Inland Waterways Authority of India (IWAI) an autonomous organisation under Ministry of Ports, Shipping and Waterways had conducted hydrographic survey in NW-58 (River Kosi) in 2024, and the river was not found feasible for movement of cargo.

(c): To ascertain the potential for cargo and passenger movement on the River Gandak upgradation of DPR has been awarded to M/s RITES.

(d): For operationalization of NW-37 (River Gandak), two Community Jetties have been deployed at Mangalpur (Nautan) and opposite bank in Bettiah. As the River Kosi (NW-58) has not been found feasible for Cargo Movement, no interventions are planned for River Kosi at present.

(e): Routes including waterways for movement of cargo have already been included in Treaty of Transit between Govt. of India and Nepal.

GST FOR FOREIGN MEDICAL GRADUATE EXAMINATION

2106. DR. BACHHAV SHOBHA DINESH:

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

- (a) whether Goods and Services Tax (GST) is applicable for Foreign Medical Graduate Examination (FMGE);
- (b) if so, the details thereof along with the guidelines and circulars issued by the concerned department in this regard;
- (c) whether such collected GST has been refunded or not and if so, the details thereof and if not, the reasons therefor; and
- (d) the time by which this GST so collected as course fee from candidates is to be refunded?

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): Foreign Medical Graduate Examination (FMGE) is a screening test conducted by the National Board of Examinations in Medical Sciences (NBEMS). As per the Central Board of Indirect Taxes and Customs (CBIC) Circular No. 151/07/2021-GST dated 17 June 2021 (given in the enclosed **Statement**) GST at the rate of 18 percent is applicable on FMGE.

STATEMENT

Inputs on Lok-Sabha unstarred Q. No.2106.

<https://mail.mgovcloud.in/zm/?fromService=wp&wpVersion=cd5ec7...>

Inputs on Lok-Sabha unstarred Q. No.2106.

Agarwal Anurag < anurag@natboard.edu.in >

Mon, 08 Dec 2025 3:06:48 PM +0530

To "MEP Section"<mepolicy-mohfw@gov.in>,"Kumar Rahul"<kumar.rahul@nic.in>,"RANJAN DOLEY"<ranjan.doley90@nic.in>
Cc "Office Executive Director"<edoffice@natboard.edu.in>

Sir,

Please refer to MoHFW email dated 08-12-2025 regarding the subject matter cited above. The comments of NBEMS are as under:

Sr. No.	Questions	NBEMS Reply
i	(a) Whether Goods and Services Tax (GST) is applicable for FMGEs (Foreign Medical Graduate Examination)	GST is applicable on FMGE (Foreign Medical Graduate Examination). FMGE is conducted by the National Board of Examinations in Medical Sciences (NBEMS). As clarified by the Central Board of Indirect Taxes and Customs (CBIC) in Circular No. 151/07/2021-GST dated 17 June 2021, GST at the rate of 18 percent applies to services other than conduct of examinations, including accreditation fee or registration fee such as the fee for FMGE screening test. Para 4(iii) of the circular states that GST at 18 percent is applicable on fee charged for FMGE screening test. A copy of the circular is attached at Annexure 1.
ii.	(b) If so, the details thereof along with the guidelines and circulars issued by the concerned department in this regard	The matter has been clarified in CBIC Circular No. 151/07/2021-GST dated 17 June 2021 titled "Clarification regarding GST on supply of various services by Central and State Boards (such as National Board of Examination)". A copy of the circular is attached at Annexure 1.
iii.	(c) Whether such collected GST has been refunded or not and if so, the details thereof and if not, the reasons therefor; and	Since GST is applicable on FMGE, the question of refund of GST collected does not arise.
iv.	(d) The time by which this GST so collected as course fee from	In view of reply at (c), this question is not applicable.

Inputs on Lok-Sabha unstarred Q. No.2106.

<https://mail.mgovcloud.in/zm/?fromService=wp&wpVersion=cd5ec7...>

Sr. No.	Questions	NBEMS Reply
	candidates is to be refunded?	

This is for your kind information and is issued with the approval of Honorary Executive Director, NBEMS.

Yours sincerely,

डॉ अनुराग अग्रवाल / Dr Anurag Agarwal
M.D. (Radiodiagnosis)
अपर निदेशक (SAG) / Additional Director (SAG)
आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड / National Board of Examinations in Medical Sciences
नई दिल्ली / New Delhi

1 Attachment(s)

Annexure 1 - Circular.pdf
460.6 KB

Circular No. 151/07/2021-GST

CBIC-190354/36/2021-TRU Section-CBEC

Government of India
Ministry of Finance
Department of Revenue

North Block, New Delhi,
Dated the 17th June, 2021

To,

The Principal Chief Commissioners/ Chief Commissioners/ Principal
Commissioners/ Commissioner of Central Tax (All) /
The Principal Director Generals/ Director Generals (All)

Madam/Sir,

**Sub– Clarification regarding GST on supply of various services by Central
and State Board (such as National Board of Examination)–reg.**

Certain representations have been received seeking clarification in respect of taxability of various services supplied by Centre and State Boards such as National Board of Examination (NBE). These services include entrance examination (on charging a fee) for admission to educational institution, input services for conducting such entrance examination for students, accreditation of educational institutions or professional so as to authorise them to provide their respective services. The issue was examined by GST Council in its 43rd meeting held on 28th May, 2021.

2. *Illustratively*, NBE provides services of conducting entrance examinations for admission to courses including Diplomat National Board (DNB) and Fellow of National Board (FNB), prescribes courses and curricula for PG medical studies, holds examinations and grant degrees, diplomas and other academic distinctions. It carries out all functions as are normally carried out by central or state educational boards and is thus a central educational board.

3. According to *explanation 3(iv)* of the notification No. 12/ 2017 CTR, “Central and State Educational Boards” are treated as Educational Institution for the limited purpose of providing services by way of conduct of examination to the students.

Circular No. 151/07/2021-GST

Therefore, NBE is an 'Educational Institution' in so far as it provides services by way of conduct of examination, including any entrance examination, to the students.

3.1 Following services supplied by an educational institution are exempt from GST vide sl. No. 66 of the notification No. 12/ 2017- Central Tax (Rate) dated 28.06.2017,

Services provided -

(a) by an educational institution to its students, faculty and staff;

(aa) by an educational institution by way of conduct of entrance examination against consideration in the form of entrance fee;

3.2 Similarly, services provided to an educational institution, relating to admission to, or conduct of examination is also exempt from GST [sl. No. 66 (b)(iv)-12/2017-CT(r)].

3.3 Educational institutions are defined at 2(y) of the said notification as follows-

"(y) educational institution" means an institution providing services by way of, -

(i) pre-school education and education up to higher secondary school or equivalent;

(ii) education as a part of a curriculum for obtaining a qualification recognized by any law for the time being in force;

(iii) education as a part of an approved vocational education course;"

Further, clause (iv) of Explanation of said notification reads as below:

"(iv) For removal of doubts, it is clarified that the Central and State Educational Boards shall be treated as Educational Institution for the limited purpose of providing services by way of conduct of examination to the students"

4. Taking into account the above, the GST Council has recommended, to clarify as below:

- (i) GST is exempt on services provided by Central or State Boards (including the boards such as NBE) by way of conduct of examination for the students, including conduct of entrance examination for admission to educational institution **[under S. No. 66 (aa) of notif No. 12/2017-CT(R)]**. Therefore, GST shall not apply to any fee or any amount charged by such Boards for conduct of such examinations including entrance examinations.
- (ii) GST is also exempt on input services relating to admission to, or conduct of examination, such as online testing service, result publication, printing

Circular No. 151/07/2021-GST

of notification for examination, admit card and questions papers etc, when provided to such Boards **[under S. No. 66 (b) (iv) of notif No. 12/2017-CT(R)]**.

- (iii) GST at the rate of 18% applies to other services provided by such Boards, namely of providing accreditation to an institution or to a professional (accreditation fee or registration fee such as fee for FMGE screening test) so as to authorise them to provide their respective services

5. Difficulty if any, in the implementation of this circular may be brought to the notice of the Board.

Yours faithfully,

(Rajeev Ranjan)
Under Secretary, TRU
Email: rajeev.ranjan-as@gov.in
Tel: 011 2309 5558

भारत की आंतरिक स्थिति पर विदेशी नेताओं की टिप्पणियां

2107. श्री तारिक अनवर:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने भारत की आंतरिक स्थिति, विशेषकर सामाजिक समरसता के संबंध में, हाल ही में अंतर्राष्ट्रीय मीडिया की रिपोर्टों और विदेशी नेताओं की टिप्पणियों पर ध्यान दिया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने इन टिप्पणियों या रिपोर्टों के संबंध में संबंधित देशों या संस्थानों के साथ कोई औपचारिक या अनौपचारिक संपर्क स्थापित किया है और यदि हां, तो इन मामलों पर भारत की स्थिति से उन्हें किस प्रकार अवगत करा दिया गया है; और
- (ग) वैश्विक मंचों पर “भारत की सच्ची तस्वीर” प्रस्तुत करते समय भारत की छवि को नुकसान पहुंचाने वाले आधारहीन और अतिरंजित रिपोर्टिंग का मुकाबला करने के लिए सरकार द्वारा क्या ठोस राजनयिक और सूचनात्मक उपाय किए गए हैं?

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

(क) से (ग): सरकार ने देश की आंतरिक स्थिति सहित भारत के विभिन्न पहलुओं पर अंतर्राष्ट्रीय मीडिया रिपोर्टों का संज्ञान लिया है। वह ऐसी रिपोर्टों पर कड़ी नज़र रखती है और आवश्यकतानुसार, भारत के बारे में किए गए किसी भी निराधार दावे और कथन का खंडन करती है। हाल ही में, कुछ विदेशी नेताओं ने भारत के कुछ आंतरिक मुद्दों पर टिप्पणी की है। इन बयानों को संबंधित सरकारों के समक्ष दृढ़ता से उठाया गया है। इसके अतिरिक्त, सरकार ने आवश्यकतानुसार गलत बयानों का खंडन करने के लिए स्पष्टीकरण भी जारी किए हैं।

PRODUCTION OF GENERIC MEDICINES

2108. SHRI ANUP SANJAY DHOTRE:

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

- (a) the percentage increase in the production of generic medicines in the country during the last three years;
- (b) whether the Government is aware that manufacturers of generic medicines have been supplying empty or half-filled wrappers to bulk buyers, if so, the details thereof and the action taken or proposed to be taken by the Government in this regard;
- (c) whether the Government has received complaints about the quality of generic medicines, if so, the details thereof;
- (d) whether the Government has conducted any study on the quality of generic medicines in the country, if so, the details and the findings thereof and if not, the reasons therefor; and
- (e) the steps being taken/proposed to be taken by the Government to maintain public confidence in generic medicines?

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

(a): While generic medicines constitute the predominant proportion of medicines produced in India, separate data on its production is unavailable. Based on the sales

turnover data of Pharmarack, a company that provides commercial intelligence on medicines sold in the country and the data of exports maintained by the Directorate General of Commercial Intelligence and Statistics, the total sales value of medicines produced in the country increased by 26%, from ₹3,22,116 crore in the financial year (FY) 2022-23 to ₹4,06,047 crore in FY2024-25.

(b): The Department of Pharmaceuticals is not in receipt of any report regarding such supply.

(c): The Ministry of Health and Family Welfare has informed that drugs manufactured in the country, irrespective of whether they are generic or branded, are required to comply with the same standards for quality that have been provided under the Drugs and Cosmetics Act, 1940 and the rules made thereunder. Based on quality testing of drugs in government drug testing laboratories, cases of not of standard quality (NSQ) drugs are reported from time to time and as and when reports regarding such cases are received, the same are investigated by the licensing authorities concerned for taking action under the provisions of the said Act and rules, including prosecution in a court of law.

(d) and (e): The Ministry of Health and Family Welfare has informed that Government has not conducted any specific study on quality of generic medicines. However, a nation-wide survey (2014-16) was conducted to assess the extent of NSQ/spurious drugs, in which a total of 47,012 drug samples were drawn from various sources and

the percentage of NSQ and spurious drugs from retail outlets was 3% and 0.023% respectively.

Further, the Central Drugs Standard Control Organisation (CDSCO) and the Ministry of Health and Family Welfare have taken the following measures to ensure production of quality medicines across the country:

- (i) The Drugs Rules, 1945 as amended on 17.11.2022 require with effect from 1.8.2023 that manufacturers of top-300 brands of drug formulation products, as specified in Schedule H2 to the said rules, print or affix bar code or Quick Response code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that stores data or information legible with software application to facilitate authentication. Such stored data shall include particulars regarding unique product identification code, proper and generic name of the drug, brand name, name and address of the manufacturer, batch number, date of manufacturing, date of expiry and manufacturing licence number.
- (ii) The said rules were amended on 18.1.2022 to provide that every active pharmaceutical ingredient (bulk drug) manufactured or imported in India shall bear Quick Response code on its label at each level of packaging that store data or information readable with software application to facilitate tracking and tracing. The stored data or information shall include the minimum particulars

including unique product identification code, batch no., manufacturing date, expiry date etc.

- (iii) The said rules were amended on 28.12.2023 to revise the good manufacturing practices and requirements of premises, plant and equipment for pharmaceutical products under Schedule M to the said rules. The revised Schedule M specifies pharmaceutical quality system, quality risk management, good manufacturing practices for pharmaceutical products, qualification and validation etc. The revised Schedule M is already in effect in respect of manufacturers having turnover of over ₹250 crore. For manufacturers with turnover of up to ₹250 crore, the timeframe for compliance has been extended up to 31.12.2025 *vide* notification dated 11.2.2025.
- (iv) The Drugs and Cosmetics Act, 1940 was amended in 2008 to provide stringent penalties for manufacture of spurious and adulterated drugs, and certain offences were made cognizable and non-bailable.
- (v) States and Union territories have set up special courts for trial of offences under the said Act, with a view to facilitate speedy disposal.
- (vi) The number of sanctioned posts in CDSCO has been increased significantly over the last 10 years.
- (vii) To ensure efficacy of drugs, the Drugs Rules, 1945 have been amended to provide that applicant shall submit the result of bioequivalence study along with

the application for grant of manufacturing license of oral dosage form of some drugs.

- (viii) The said rules have been amended to make it mandatory that before grant of manufacturing license, the manufacturing establishment is inspected jointly by the drugs inspectors of the Central Government and the State Government concerned.
- (ix) The said rules have been amended to make it mandatory that applicant shall submit evidence of stability, safety of excipients, etc. to the State Licensing Authority concerned before manufacturing license is granted by such authority.
- (x) CDSCO coordinates activities of State drugs control organisations and provides expert advice through meeting of the Drugs Consultative Committee, held with the State Drugs Controllers, with a view to ensure uniformity in the administration of the Drugs and Cosmetics Act, 1940.

Further, regulatory provisions under the said Act and the rules made thereunder are considered from time to time for appropriate amendment, with a view to ensure quality, safety and the efficacy of drugs manufactured in or imported into the country.

Government has also launched Pradhan Mantri Bhartiya Janaushadhi Pariyojana to make quality generic medicines available at affordable prices to all. Under this scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) are opened across the country to provide medicines at 50%-80% cheaper rates than branded medicines. A total of 17,610 JAKs have been opened across the country till 30.11.2025.

Under PMBJP, 2,110 types of medicines are part of product basket covering all major therapeutic groups such as cardiovascular, anti-cancers, anti-diabetics, anti-infectives, anti-allergic, gastro-intestinal medicines, nutraceuticals, etc. With a view to ensure supply of quality medicines sold from JAKs, the following measures are in place:

- (i) Medicines are procured only from suppliers certified for World Health Organization – Good Manufacturing Practices (WHO-GMP).
- (ii) Each batch of drugs supplied under the scheme is tested at laboratories accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL) and only after passing quality tests, medicines are dispatched to Jan Aushadhi Kendras.
- (iii) Quality audit of the facilities of vendors is routinely done by the Pharmaceuticals and Medical Devices Bureau of India.

COLLABORATION ON TRADITIONAL MEDICINE AND HEALTHCARE SYSTEMS

2109. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI SUDHEER GUPTA:

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

- (a) whether India and Germany have agreed to advance their collaboration on traditional medicine and alternative healthcare systems during the 3rd Joint Working Group Meeting held in Berlin, if so, the details thereof;
- (b) the details of major areas of cooperation discussed or finalized between the two countries, particularly in the fields of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy in the said meet;
- (c) whether any agreements signed or joint research initiatives proposed between the two countries to promote evidence-based traditional medicine practices in the said meet and if so, the details thereof; and
- (d) The steps taken/being taken by the Government to strengthen regulatory framework and exchange experts of this sector between two countries?

THE MINISTER 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 3rd Joint Working Group Meeting on Alternative Medicine between the Ministry of Ayush (India) and the Federal Ministry of Health (Germany) was convened in Berlin from 18 to 20 November 2025.

The agenda focused on three core pillars:

- Integration of traditional medicine into the health system.
- Reimbursement pathways for traditional and integrative therapies.
- Regulatory approval frameworks for traditional medicine.

The joint working group (JWG) discussed various issues during the meeting to carry forward joint research collaboration, explore Reimbursement Pathways for Ayush traditional medicine interventions and explore Regulatory Cooperation in export of Ayush traditional medicine products.

The JWG also discussed the integration of Ayush into healthcare systems, highlighting India's regulatory frameworks, research initiatives, and clinical care networks. It was emphasized collaboration opportunities in fundamental research, multi-country trials, and global knowledge sharing to develop evidence-based practice guidelines and promote sustainability and economic viability in Ayush system.

Both sides agreed to sign an Institute to Institute level Memorandum of Understanding (MoU) between All India Institute of Ayurveda, an autonomous body under the Ministry of Ayush and Charite Universitätsmedizin, Berlin on Academic and Research Collaboration in Ayurveda.

PRE-LEGISLATIVE CONSULTATION POLICY, 2014

2110. SHRI PRAVEEN PATEL:

SHRI NALIN SOREN:

SHRIMATI SMITA UDAY WAGH:

SHRI P. P. CHAUDHARY:

SHRI MAHENDRA SINGH SOLANKY:

DR. NISHIKANT DUBEY:

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

- (a) whether the Government has recently reviewed the effectiveness of the Pre-Legislative Consultation Policy of 2014;
- (b) if so, the details of compliance by Ministries/Departments over the last three years;
- (c) whether the Government proposes to strengthen the Legislative Impact Assessment (LIA) framework to make socio-economic, environmental and institutional impact analysis mandatory for all major legislative proposals;
- (d) if so, the details of the steps proposed to be taken;
- (e) whether the Government proposes to introduce a statutory mandate for pre-legislative consultation and legislative impact assessment to ensure uniformity across Ministries; and
- (f) 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 (f): No such evaluation of effectiveness of the Pre-legislative Consultation Policy, 2014 has been conducted and no record relating to compliance of Pre-legislative Consultation by Ministries is maintained.

As per chapter 9 of the Manual of Parliamentary Procedure, it is provided that the concerned Ministry/Department has to formulate the legislative proposals in

consultation with all the interests and authorities concerned, including holding discussions on the necessity for the proposed legislation and on all matter of substance to be embodied therein.

Further, Pre-legislative Consultation Policy was formulated by the Committee of Secretaries under the Chairmanship of Cabinet Secretary in the meeting held on 10th January, 2014. In order to give effect to the decision of that Committee, Legislative Department has circulated the said Policy to all Ministries/Departments for strict adherence and compliance thereof.

There is no proposal of the Government to make the Pre-legislative consultations and the Legislative Impact Assessment mandatory for all major legislative proposals. Under the Government of India (Allocation of Business) Rules, 1961, each Ministry/ Department has been allocated subject matters on which that Ministry/ Department initiates, processes and implements legislative proposals and also studies social, economic, environmental and institutional impact of such laws, post their enactment.

The Ministry/Department concerned with the subject matter initiates pre-legislative consultations, holds deliberations with the public and all stakeholders and on that basis, finalises its legislative policy. After inter-ministerial consultations and finalisation of the legislative policy, the Bill is drafted and introduced in Parliament.

The Ministry/Department concerned with the subject matter carries out the post-legislative scrutiny of the legislation on the basis of inputs, suggestions and feedback

received from the public, experts and other stakeholders; takes appropriate decision for modifications, if any.

Further, as part of Government initiative to bring reforms in the legal system, the Law Commission of India has also been mandated to review and suggest reforms in the laws of the country. As per notification dated 02.09.2024, the Twenty-third Law Commission of India was constituted with the mandate, *inter-alia* to, -

- (i) identify laws which are no longer needed or relevant and can be immediately repealed.
- (ii) identify laws which are not in harmony with the economic needs and requirements of the times and require amendments.
- (iii) identify laws which otherwise require changes or amendments and to make suggestions for their amendment.
- (iv) consider in a wider perspective the suggestions for revision/amendment in laws given by Expert Groups in various Ministries/Departments with a view to coordinating and harmonizing them.
- (v) examine the laws which affect the poor and carry out post enactment-audit for socio-economic legislations.
- (vi) examine the existing laws in the light of Directive Principles of State Policy and to suggest ways of improvement and reform and also to suggest such legislations as might be necessary to implement the Directive Principles and to attain the objectives set out in the Preamble of the Constitution.

(vii) examine the existing laws with a view for promoting gender equality and suggesting amendments thereto.

(viii) revise the Central Acts of general importance so as to simplify them and to remove anomalies, ambiguities and inequities.

वन स्टॉप सेंटरों का प्रभावी संचालन

2111. श्रीमती अनिता नागरसिंह चौहान:

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

- (क) क्या सरकार देश के प्रत्येक जिले में वन-स्टॉप सेंटर (ओएससी) और महिला हेल्पलाइन संख्या 181 के प्रभावी संचालन के लिए कोई नई कार्य योजना लागू कर रही है; और
- (ख) यदि हाँ, तो मध्य प्रदेश में संचालित और निकट भविष्य में खोले जाने के लिए प्रस्तावित ओएससी का ब्यौरा क्या है और पिछले तीन वर्षों के दौरान उनके द्वारा प्रदान की गई सेवाओं का ब्यौरा क्या है?

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

(क) और (ख): वन स्टॉप सेंटर (ओएससी) और महिला हेल्पलाइन (डब्ल्यूएचएल) व्यापक मिशन शक्ति के अंतर्गत संबल वर्टिकल के घटक हैं। वन स्टॉप सेंटर (ओएससी) निजी तथा सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित महिलाओं और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत सहायता और सहयोग प्रदान करता है। यह सेंटर जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता और मनो-सामाजिक परामर्श जैसी सेवाएं प्रदान करता है।

अब तक, देश भर में 864 ओएससी कार्यशील हैं। शुरुआत से अर्थात् 1 अप्रैल, 2015 से 30 सितंबर, 2025 तक, देश में 12.67 लाख से अधिक महिलाओं की सहायता की गई है। महिला हेल्पलाइन

(डब्ल्यूएचएल) चौबीस घंटे चलने वाले यूनिवर्सल टोल-फ्री नंबर 181 के माध्यम से देश भर की महिलाओं और बालिकाओं को निर्बाध आपातकालीन और गैर-आपातकालीन सहायता और सूचना सेवा प्रदान करती है। महिला हेल्पलाइन 35 राज्यों/संघ राज्य क्षेत्रों में कार्यशील है। पश्चिम बंगाल सरकार महिला हेल्पलाइन का संचालन नहीं कर रही है। 1 अप्रैल, 2015 से 30 सितंबर, 2025 तक, महिला हेल्पलाइन के माध्यम से देश भर में 93.48 लाख से अधिक महिलाओं की सहायता की जा चुकी है।

वन स्टॉप सेंटर (ओएससी) और महिला हेल्पलाइन (डब्ल्यूएचएल) योजनाओं का कार्यान्वयन राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों के अधीन है। इसके अलावा, कार्यक्रम अनुमोदन बोर्ड वर्ष में एक बार राज्यों और संघ राज्य क्षेत्रों के साथ मिलकर योजना के अंतर्गत गतिविधियों की प्रगति की निगरानी करता है और उद्देश्यों की प्राप्ति की स्थिति की समीक्षा करता है। इसके अतिरिक्त, मंत्रालय के अधिकारी समय-समय पर बैठकों, वीडियो कॉन्फ्रेंसिंग और राज्यों और संघ राज्य क्षेत्रों के क्षेत्रीय दौरों के माध्यम से योजना की निरंतर समीक्षा करते हैं।

अब तक, मध्य प्रदेश में अनुमोदित 65 वन स्टॉप सेंटरों (ओएससी) में से 57 कार्यशील हैं और विगत तीन वर्षों में इन ओएससी के माध्यम से 65,187 महिलाओं की सहायता की गई है। चूंकि यह योजना मांग आधारित है, इसलिए राज्यों और संघ राज्य क्षेत्रों को प्रत्येक जिले में कम से कम एक ओएससी स्थापित करने और उन जिलों में जहां महिलाओं के प्रति अपराध की दर अधिक है या जिनका भौगोलिक क्षेत्र बड़ा है तथा आकांक्षी जिलों में अतिरिक्त ओएससी स्थापित करने के लिए प्रोत्साहित किया जाता है।

REGULATION OF LOW-RISK-SELF-CARE MEDICAL DEVICES

2112. SHRI ANURAG SINGH THAKUR:

SHRI JAGDAMBIKA PAL:

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

- (a) the steps taken/proposed to be taken by the Government to ensure greater affordability and accessibility of low-risk self-care medical devices for citizens;
- (b) whether the Government proposes to streamline or ease the MD-42 registration requirements for low-risk self-care medical devices, particularly in view of the rapidly growing manufacturing clusters such as Baddi, Nalagarh, Sansarpur Terrace and other regions of Himachal Pradesh and if so, the details thereof;
- (c) whether the Government has taken any measures to eliminate the fragmented compliance system and introduce a "One Nation, One Licence" framework for low-risk medical devices to support ease of doing business and faster citizen access and if so, the details thereof, State wise; and
- (d) the steps taken/proposed to be taken by the Government to introduce a more risk proportionate and differentiated regulatory framework for Class A and Class B medical devices, distinct from the more stringent requirements for Class C and D devices, keeping in view India's expanding domestic manufacturing capacity?

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

(a): As per the information provided by Department of Pharmaceuticals (DoP), the National Pharmaceutical Pricing Authority (NPPA) under DoP fixes the ceiling price of medicines included in the National List of Essential Medicines (NLEM) issued by the Ministry of Health and Family Welfare and incorporated in Schedule-I to Drugs (Prices

Control) Order, 2013 (DPCO, 2013). NPPA also fixes the retail prices of new drugs as defined under DPCO, 2013. In addition, for the non-scheduled drugs, DPCO, 2013 provides that no manufacture shall increase the maximum retail price (MRP) of such drugs by more than 10 per cent of their MRP in the preceding 12 months.

Four medical devices i.e Bare metal stents, drug eluting stents, condoms and intra uterine devices are included in the NLEM, 2022 and hence notified under Schedule-I and their ceiling prices have been fixed by NPPA.

Also, NPPA has fixed the ceiling price for Orthopedic Knee Implants in the year 2017 and capped the trade margin of oxygen concentrators, pulse oximeter, blood pressure monitoring machine, nebuliser, digital thermometer and glucometer during June/July 2021, in public interest.

NPPA vide SO. 1232(E) dated 31.03.2020 notified that all medical devices shall be governed under the provisions of DPCO, 2013 w.e.f 01.04.2020. Accordingly, manufacturers of non-scheduled medical devices required not to increase the MRP of such devices by more than 10% of the MRP during period of the preceding 12 months.

(b) to (d): Under the Medical Device Rules, 2017, import of all classes of Medical Devices (Class A, B, C and D) as well as manufacture of Class C and D Medical Devices are regulated by Central Drugs Standard Control Organization (CDSCO), while manufacture of Class A and B Medical devices is regulated by the concerned State Licensing Authorities (SLA) appointed by the State Governments.

Under the said rules, in order to simplify the process, separate provisions for registration certificate to sell, stock, exhibit or offer for sale or distribute a medical device including in vitro diagnostic medical device has been introduced through Form MD-41 (application) and Form MD-42 (Registration certificate). Also the requirement for prior inspection of the premises for grant of registration certificate is exempted, requirement of educational qualification and experience is simplified and the decision regarding registration certificate is taken within the time period of 10 days by the State Licensing Authority. Besides, low-risk Class A (non-sterile, non-measuring) devices are permitted through a self-certification and online registration process without any mandatory pre- or post-licence inspection. Further, for uniformity and transparency, a common portal for States/UT viz www.cdscomdonline.com has been made operational.

MEDICINAL PLANT SPECIES IN GANDHAMARDAN MOUNTAIN RANGE

2113. SHRI PRADEEP PUROHIT:

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

- (a) the details of medicinal plant species found in the Gandhamardan mountain range in the Bargarh district of Odisha as per the Botanical Survey of India;
- (b) whether it is a fact that the Ayurvedic College located at Nrusinghnath in the Gandhamardan region has been playing a vital role in the study and research of these medicinal plants and if so, the details thereof;

- (c) whether there is any proposal to take over this Ayurvedic College under the Central Government; 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): As per the recent field tour conducted by the Botanical Survey of India (BSI) and Odisha State Biodiversity Board, about 406 plant species observed in the Gandhamardan mountain range in the Bargarh district of Odisha. However, as per the information received from the BSI, during the year 2009, a total 912 plant species were found in the Gandhamardhan Hills of Bargarh, Odisha, out of which 345 species were classified as medicinal plants.

(b): No such details are available with the Ministry of Ayush regarding playing a vital role in research work of these medicinal plants by Ayurvedic College located at Nrusinghnath in the Gandhamardan region.

(c): Currently, the Government has no such proposal under consideration.

(d): Does not arise.

SALE OF ANTI-DEPRESSANTS

2114. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) whether the Government maintains data on the number of anti-depressant drugs sold in the country during the last five years and if so, the details thereof, year-wise and State/UT-wise;
- (b) the details of anti-depressant drugs currently approved, available and marketed in the country;
- (c) whether the Government is aware that anti-depressants are being prescribed for off-label uses in the country and if so, the details thereof;
- (d) whether the Government has put in place safeguards and regulatory measures to prevent misuse or inappropriate prescription of anti-depressants for off-label indications and if so, the details thereof; and
- (e) the current status of the draft rules on the regulation of sale and distribution of drugs through e-pharmacy platforms, first notified in 2018?

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): Sale of drugs in the country is regulated under the provisions of Drugs and Cosmetics Act, 1940 and the Rules made thereunder, by the State Governments through a system of licensing and inspection. State Licensing Authorities (SLAs) are legally empowered to take action against violation of provisions of the said Act and Rules. Data related to the sale of anti-depressant drugs in the State/UTs is not maintained centrally.

During the last three years, Central Drugs Standard Control Organisation (CDSCO) has approved seven anti-depressant drug products for use in country. Drugs, including anti-depressants, are approved along with their indication(s), dosage form, route of administration, and strength in accordance with the regulatory framework.

Various notices/Advisories/Letters have been issued to all State Drugs Controllers, other stakeholders for strict compliance of the requirements of Drugs and Cosmetics Act and Rules made thereunder and for raising awareness in the public regarding adverse effects of misuse of drugs.

(e): In order to comprehensively regulate online sale of medicines, the Government of India has published draft rules vide its notification dated 28.8.2018, inviting comments from public and stakeholders on amendments to the Drugs Rules, 1945 for incorporating provisions relating to regulation of sale and distribution of drugs through e-pharmacy.

The draft rules contain provisions for registration of e-pharmacy, periodic inspection of e-pharmacy, procedure for distribution or sale of drugs through e-pharmacy, prohibition of advertisement of drugs through e-pharmacy, complaint redressal mechanism, monitoring of e-pharmacy, etc.

DELAY IN DISPOSAL OF EXECUTION PETITIONS

2115. SUSHRI PRANITI SUSHILKUMAR SHINDE:

ADV. GOWAAL KAGADA PADAVI:

SHRI VISHALDADA PRAKASHBAPU PATIL:

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

- (a) whether the Government is aware that over 8.82 lakh execution petitions remain pending across district courts, with the Bombay High Court having the highest pendency and an average delay of nearly nine years from decree to execution, if so the details thereof;
- (b) whether the Government has reviewed the causes of such prolonged pendency, if so, the details thereof;
- (c) the steps being taken, in coordination with High Courts, to ensure compliance with the Supreme Court's directive for disposal of execution petitions within six months; and
- (d) whether the Government proposes to introduce a time-bound national plan for digitisation, staffing, and creation of fast-track execution benches to ensure timely enforcement of court decrees?

**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 matter of disposal of execution petitions lies within the exclusive domain of the Judiciary. Since the directions of the Supreme Court to ensure the disposal of

execution petitions within six months is directly addressed to the High Courts, the matter does not fall within the purview of the Central Government for direct intervention.

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 which includes, inter-alia, amalgamation of latest technologies for increasing access to Justice and greater transparency under the e-Courts Mission Mode Project and supplementing of the resources of the State Governments/UTs for providing suitable infrastructure facilities for the District and Subordinate Judiciary under the Centrally Sponsored Scheme for Development of Infrastructure Facilities for Judiciary.

PROMOTION OF QUALITY HEALTHCARE FACILITIES

2116. DR. AMOL RAMSING KOLHE:

SHRI SANJAY DINA PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

PROF. VARSHA EKNATH GAIKWAD:

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

- (a) whether the Government is aware of a recent survey indicating that 90 percent of Indians are willing to pay more for certified and quality healthcare services;

- (b) if so, the steps taken by the Government to promote certified healthcare facilities, quality standards and accreditation across the country, State/UT-wise particularly in Maharashtra;
- (c) the number of hospitals, clinics and diagnostic centres in the State of Maharashtra that have obtained National Accreditation Board for Hospitals and Healthcare Providers (NABH), Joint Commission International (JCI) or other recognized quality certifications during the last three years;
- (d) whether the Government has undertaken any assessment of the willingness of citizens in the said State to pay for certified healthcare and if so, the findings thereof;
- (e) the measures being taken by the Government to increase accessibility, affordability and awareness of certified healthcare services in urban and rural areas of the said State; and
- (f) whether the Government proposes to provide financial incentives, capacity-building or policy support to healthcare providers in the said State to achieve higher quality standards, 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): Public Health and Hospital is a State subject. Under National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their

healthcare systems upto District Hospitals, based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall Resource Envelope. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

The Government of India has successfully implemented comprehensive framework for National Quality Assurance Standards (NQAS), LaQshya (Labour room and Quality Improvement Initiative), MusQan (Quality improvement initiative of Child Health services) and Kayakalp aimed at ensuring and enhancing the quality of healthcare services provided at public health facilities in the country including Maharashtra.

Initially, the NQAS were applied for District Hospitals (DHs), aiming to ensure that services provided through public health facilities are safe, patient-centric, and of assured quality. Subsequently, these standards were extended to Sub-District Hospitals (SDHs), Community Health Centers (CHCs), Ayushman Arogya Mandir - Urban Primary Health Centre (AAM-UPHC), Ayushman Arogya Mandir- Primary Health Centre (AAM-PHC), and Ayushman Arogya Mandirs Sub-Centers (AAM-SHCs).

National Accreditation Board of Hospitals and Healthcare Providers (NABH) is under Quality Council of India (QCI), an autonomous organization under Department for Promotion of Industry and Internal Trade. The number of NABH accredited

hospitals, clinics and diagnostic centres in the country including Maharashtra may be seen at the link: <https://nabh.co/find-a-healthcare-organisation/>

(d) to (f): NQAS provides a comprehensive framework aimed at enhancing the quality of care in public health facilities by focusing on areas such as service provision, patient rights, inputs, support services, clinical care, infection control, quality management. This lead to better patient outcomes and increased public trust in healthcare services.

The various initiatives carried out by Government of India to increase accessibility, affordability and awareness of healthcare services in urban and rural areas of the country including Maharashtra are operationalisation of Ayushman Arogya Mandir, Pradhan Mantri Jan Arogya Yojana (PM-JAY), Mobile Medical Units, Free Drugs and Diagnostics Service Initiative.

Public health facilities that achieve NQAS certification are eligible for predefined category-wise financial incentives to encourage facilities to sustain quality improvements and reinvest in patient-centric services. Regular training and capacity building programs are conducted for healthcare staff on NQAS standards, quality improvement methodologies, and patient safety protocols. This Ministry also provides guidelines, toolkits, and assessment checklists to standardize quality assurance practices. States including Maharashtra are supported in establishing Quality Assurance Committees at multiple levels to monitor progress. Technical assistance is extended through empaneled assessors and consultants to facilitate external assessments and handholding of facilities.

CONFLICTS AT CHENNAI PORT**2117. SHRI B. MANICKAM TAGORE:****SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:****SHRI SURESH KUMAR SHETKAR:**

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

- (a) whether many complaints have been received in the last three years and the current year regarding conflicts between Chennai Port Authority officials and other departmental staff in handling logistics and cargo, if so, the details thereof;
- (b) the response of the Government to repeated reports of disputes between port officials and logistics providers causing operational delays and the officials being held accountable for such conflicts;
- (c) whether independent inquiries or investigations have been conducted into these recurring internal disputes, if so, the details thereof and if not, the reasons therefor;
- (d) the steps taken by the Government to address customer grievances and prevent further disruptions in cargo handling across Chennai Port; and
- (e) the manner in which the Government proposes to ensure proper coordination among port departments to restore trust among logistics companies and exporters and the accountability measures put in place for such lapses?

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

(a) to (c): No conflict has been recorded between Chennai Port Authority officials and other departmental staffs in handling logistics and cargo during the current and last three years at Chennai Port.

(d) to (e): Periodical meetings are convened by Chennai Port to address any grievances of the port users. Through this proper coordination is maintained between port departments and the logistics companies/exporters ensuring trust among them. Digitalization efforts at Chennai Port has increased transparency and accountability.

स्वास्थ्य शिक्षा की आयुष पद्धति पर विचार

2118. श्री इमरान मसूद:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने स्कूलों में स्वास्थ्य शिक्षा में आयुष पद्धति को शामिल करने पर विचार किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) इस संबंध में इसे आरंभ में कितने स्कूलों में कार्यान्वित किया गया है; और

(ग) क्या सरकार ने इसके लिए शिक्षण सामग्री विकसित की है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क): राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद (एनसीईआरटी), स्कूली शिक्षा और साक्षरता विभाग, शिक्षा मंत्रालय ने "खेल योग" और "खेल यात्रा" के प्रारंभिक और मिडिल चरणों के लिए शारीरिक शिक्षा और स्वास्थ्य पाठ्यपुस्तकें विकसित की हैं। सभी चरणों के लिए पाठ्यपुस्तक में योग एक उल्लिखित इकाई है। एनसीईआरटी 2016 से राष्ट्रीय योग ओलंपियाड का आयोजन करके योग को बढ़ावा देता है जो सभी बच्चों

के लिए समग्र स्वास्थ्य पर केंद्रित है। योग ओलंपियाड को मिडिल और माध्यमिक स्तर के छात्रों से उत्साहजनक प्रतिक्रिया मिली है। सभी राज्यों/संघ राज्य क्षेत्रों और राष्ट्रीय निकायों अर्थात् एनसीईआरटी के चार क्षेत्रीय शिक्षा संस्थान (आरआईईएस) सहित नवोदय विद्यालय समिति (एनवीएस), केंद्रीय विद्यालय संगठन (केवीएस), केंद्रीय माध्यमिक शिक्षा बोर्ड (सीबीएसई), भारतीय स्कूल प्रमाणपत्र परीक्षा परिषद (सीआईएससीई), विद्या भारती और एकलव्य मॉडल आवासीय विद्यालय (ईएमआरएस) के स्कूली बच्चे शामिल हैं। हालांकि, एनसीईआरटी, स्वास्थ्य और परिवार कल्याण मंत्रालय के सहयोग से प्रमुख संसाधन व्यक्तियों के लिए क्षमता निर्माण कार्यक्रम आयोजित कर रहा है, ताकि वे शिक्षकों के शिक्षक और शिक्षकों तक मॉड्यूल का प्रसार करते हुए सभी छात्रों के स्वास्थ्य और कल्याण के लिए स्कूल प्रतिनिधियों को रोग-निवारक और स्वास्थ्य-संवर्धन संबंधी उपायों पर प्रशिक्षित कर सकें।

कक्षा VI-VIII (जिज्ञासा श्रृंखला) के लिए एनसीईआरटी विज्ञान पाठ्यपुस्तकों में अध्याय और खंड शामिल हैं, जिनमें आयुर्वेदिक सिद्धांतों जैसे दैनिक और मौसमी दिनचर्या (दिनचर्या और ऋतुचर्या), आहार, स्वास्थ्य और शरीर, मन और पर्यावरण के बीच संतुलन को सम्मिलित किया गया है। इस पहल का उद्देश्य छात्रों को पारंपरिक भारतीय ज्ञान प्रणालियों की वैज्ञानिक समझ प्रदान करना और स्वास्थ्य चेतना को बढ़ावा देना है। भारत की ज्ञान परंपराएं और प्रथाएं (कक्षा 11 और 12 वैकल्पिक पाठ्यपुस्तक), वरिष्ठ माध्यमिक छात्रों के लिए एक अध्याय अथवा अध्याय के अंतर्गत एक खंड शामिल हैं, जो इसे भारत की पारंपरिक ज्ञान विरासत के संदर्भ में तैयार करते हुए आयुर्वेद के इतिहास और मौलिक अवधारणाओं को प्रस्तुत करता है।

(ख): पूरे भारत में लगभग 28,000 सीबीएसई विद्यालयों में शैक्षणिक वर्ष 2025-2026 के लिए पहले से ही इन नई पाठ्यपुस्तकों का उपयोग करना अनिवार्य कर दिया गया है। कई राज्यों के राज्य बोर्ड विद्यालयों ने पहले ही अपनी विद्यालयी शिक्षा में भारतीय ज्ञान प्रणाली (आईकेएस) सामग्री को एकीकृत करना शुरू कर दिया है।

(ग): एनसीईआरटी पाठ्यपुस्तकों ने 6 वीं से 8 वीं कक्षाओं तक आयुर्वेद घटकों को व्यवस्थित रूप से शामिल किया है। एनसीईआरटी ने आयुष्मान भारत के अंतर्गत विद्यालय जाने वाले बच्चों के स्वास्थ्य और कल्याण पर प्रशिक्षण और संसाधन सामग्री भी विकसित की है। यह सामग्री स्वास्थ्य और परिवार कल्याण मंत्रालय के सहयोग से विकसित की गई है। सभी ग्यारह मॉड्यूल में शामिल हैं:- स्वास्थ्य, भावनात्मक कल्याण और मानसिक स्वास्थ्य, पारस्परिक संबंध, मूल्य और जिम्मेदार नागरिकता, लिंग समानता, पोषण, स्वास्थ्य और स्वच्छता, मादक पदार्थों के दुरुपयोग की रोकथाम और प्रबंधन, स्वस्थ जीवन शैली को बढ़ावा देना, प्रजनन स्वास्थ्य और एचआईवी रोकथाम, हिंसा और चोटों के खिलाफ सुरक्षा और सुरक्षा, इंटरनेट, गैजेट्स और मीडिया के सुरक्षित उपयोग को बढ़ावा देना। इन मॉड्यूलों में 10 से 19 वर्ष की आयु के किशोर बच्चों के समग्र शारीरिक और मानसिक स्वास्थ्य पर जोर दिया गया है।

AYUSH PROJECTS IN KERALA

2119. SHRI KODIKUNNIL SURESH:

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

- (a) whether any AYUSH projects have been sanctioned for the Mavelikara Lok Sabha Constituency integrative health initiatives during 2024-25;
- (b) if so, the details of projects completed and in progress during the period, indicating location, implementing agency, date of completion, total expenditure including physical and financial progress, the status of tendering, administrative Approvals and fund release and reasons for any delay;
- (c) Whether any proposals submitted by institutions or local bodies in the constituency are pending with the Government; and

(d) if so, the details thereof along with the action taken by the Government in this regard?

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

(a) and (b): No AYUSH projects for the Mavelikara Lok Sabha Constituency integrative health initiatives have been sanctioned during 2024-25.

(c) and (d): No proposals submitted by Institutions or local bodies in the constituency are pending with the Government.

FERTILIZER SUBSIDY FOR UTTAR PRADESH

2120. SUSHRI IQRA CHOUDHARY:

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

- (a) the total subsidy sanctioned, disbursed and provided to farmers under the Urea Subsidy Scheme, Nutrient-Based Subsidy Scheme and Market Development Assistance during the last three years, particularly for Uttar Pradesh, year-wise and State/district-wise;
- (b) whether any assessments on fertilizer demand-supply gaps and under-utilisation have been carried out in Uttar Pradesh, if so, the details thereof and the action taken thereon;

- (c) the status of nano urea and nano DAP production units sanctioned, operational proposed/pending approval and the quantity supplied to farmers since 2022, year wise and State/district-wise, particularly for Uttar Pradesh; and
- (d) whether soil nutrient imbalance or decline in organic carbon linked to excessive use of urea has been recorded in Uttar Pradesh, if so, the details thereof along with remedial measures taken in this regard, district-wise?

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

(a): Under 'DBT in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies (not directly to the farmers), on actual sales to the beneficiaries based on Aadhar authentication through PoS devices installed at each retail shop. All farmers (including those in Uttar Pradesh) are being supplied fertilizers at the subsidized rates on no-denial basis.

The details of total expenditure incurred under the Urea Subsidy Scheme, Nutrient-Based Subsidy Scheme and Market Development Assistance (implemented w.e.f. 2023-24) during the last three years, year-wise, are as follows:

(Amount in Crore)

Subsidy Schemes	Financial Year		
	2022-23	2023-24	2024-25
Nutrient Based Subsidy	86122.23	65199.57	52810
Urea Subsidy	168676.70	130220.94	124319.50
Market Development Assistance	—	0.00	28.00
Grand Total	254798.93	195420.51	177157.50

(b): In order to ensure the adequate availability of good quality of fertilizers to the farmers, Government of India assess the requirement of major fertilizers, namely urea, DAP, MOP, complexes and SSP fertilizers, before each cropping season (viz. Rabi and Kharif). This assessment is made through “Zonal Conferences for Agricultural Inputs” organised by the Department of Agriculture and Farmers Welfare (DAandFW). At the conference, the State Governments/UTs present their projected requirements for major fertilizers. The requirement of fertilizers is assessed taking into account the projected gross cropped area, irrigated area, last three seasons’ consumption pattern and crop wise recommended dose of fertilizers as per soil Health fertility status etc. The requirement of fertilizers assessed by DAandFW is intimated to the Department of Fertilizers to ensure seamless availability of fertilizers before the cropping season starts. District wise supply and availability of fertilizers has been regularly monitored by senior officers of State Government. In every district, a committee has already been formed under the chairmanship of District Magistrate to ensure proper distribution of fertilizers including remote areas.

The availability of fertilizers, viz. Urea, DAP, MOP and NPKS, has remained adequate in the State of Uttar Pradesh during the last three years. As per the records available, the details regarding requirement, availability and sales of the fertilizers in Uttar Pradesh for the past three years are as follows:

(Figures in LMTs)

		Requirement	Availability	DBT Sales
UREA	2022-23	77.50	87.39	74.72
	2023-24	76.15	91.83	74.53
	2024-25	77.00	91.72	79.18
DAP	2022-23	24.70	27.69	22.38
	2023-24	24.50	25.76	21.61
	2024-25	24.05	21.55	19.51
MOP	2022-23	3.36	1.42	1.22
	2023-24	2.35	1.62	1.21
	2024-25	1.72	2.50	1.76
NPKS	2022-23	7.00	6.64	4.79
	2023-24	9.50	10.13	7.93
	2024-25	14.50	12.85	10.50

(c): Government of India is not directly involved in setting up of Nano fertilizers plants. As of 2025, eight Nano Urea production units and three Nano DAP production units have been established and are operational in the country. These units together have an installed annual production capacity of approximately 33.22 crore bottles of Nano Urea and 7.64 crore bottles of Nano DAP. In addition, 02 more plants of Nano-urea are to be commissioned at Trombay and Deoghar with a total annual production capacity of approximately 11 crore bottles and 02 more plants of Nano-DAP are to be commissioned at Bengaluru and Deoghar with a total annual production capacity of approximately 12 crore bottles.

Since the introduction of nano-fertilisers, cumulative national production and sales have progressively increased. Up to November-2025, fertiliser companies have sold

approximately 11.62 crore bottles (500 ml) of Nano Urea and 3.41 crore bottles (500 ml) of Nano DAP. The year-wise details of sale of Nano Urea and Nano DAP (introduced in 2023-24) from financial year 2021-22 to 2025-26 (as on 30.11.2025) are as follows:

(500ml Bottles in lakhs)

	Financial Year					Total
	2021-22	2022-23	2023-24	2024-25	2025-26	
Nano Urea	215.20	326.80	207.43	273.55	138.99	1161.97
Nano DAP	0.00	0.00	58.00	160.24	122.28	340.52

The details of State-wise total sales of Nano-Urea and Nano-DAP, from Feb-2021 to Nov-2025, are given in the enclosed **Statement**.

(d): Nothing has been reported by the State Government of Uttar Pradesh in this regard, however the Indian Council of Agricultural Research (ICAR) has informed that their long-term experiments and related studies have shown that imbalanced and excessive use of chemical fertilizers, particularly without adequate organic matter, can deteriorate soil health (decline in soil organic carbon, micronutrient deficiencies, soil acidity/sodicity), contribute to water pollution through nutrient run-off and leaching (nitrate contamination, eutrophication), and increase nitrous oxide (N₂O) emissions, a potent greenhouse gas.

To address this, the Government, with ICAR's technical support, is promoting integrated nutrient management (balanced NPK use with farmyard manure, compost,

green manures and biofertilizers), soil test-based fertilizer application through Soil Health Card schemes, site-specific nutrient management and neem-coated urea to improve nitrogen use efficiency, promotion of organic/natural farming and conservation agriculture practices, use of customized/slow-release fertilizers and 4R nutrient stewardship (right source, right dose, right time, right method), and capacity building/awareness programs to reduce nutrient losses, maintain soil fertility, correct nutrient imbalances, and lower pollution and greenhouse gas emissions.

STATEMENT

State-wise Sale of Nano Urea and Nano DAP (From Feb-2021 to Nov-2025)

(Figures in Lakhs bottles of 500 ml each)

S. No.	State/UT	Nano Urea	Nano DAP
1	Andaman and Nicobar	0.00	0.00
2	Andhra Pradesh	21.69	22.81
3	Arunachal Pradesh	0.00	0.00
4	Assam	39.05	3.43
5	Bihar	72.93	10.58
6	Chandigarh	0.00	0.00
7	Chhattisgarh	26.89	7.85
8	Dadra and Nagar Haveli	0.00	0.00
9	Daman and Diu	0.00	0.00
10	Delhi	0.71	0.02
11	Goa	0.00	0.00
12	Gujarat	90.41	16.62
13	Haryana	54.39	4.99
14	Himachal Pradesh	7.05	0.41
15	Jammu and Kashmir	9.62	1.00
16	Jharkhand	14.59	1.64
17	Karnataka	67.60	30.44
18	Kerala	4.10	0.63
19	Lakshadweep	0.00	0.00

20	Madhya Pradesh	92.00	32.41
21	Maharashtra	104.85	54.57
22	Manipur	0.71	0.00
23	Meghalaya	0.01	0.01
24	Mizoram	0.85	0.08
25	Nagaland	0.01	0.00
26	Odisha	35.01	10.76
27	Puducherry	0.11	0.10
28	Punjab	98.10	12.28
29	Rajasthan	93.38	25.63
30	Sikkim	0.00	0.00
31	Tamil Nadu	39.03	9.21
32	Telangana	28.78	15.73
33	Tripura	0.21	0.00
35	Uttar Pradesh	142.43	38.54
34	Uttarakhand	34.39	17.50
36	West Bengal	83.07	23.26

OVERCHARGING AND FORCED TAGGING OF FERTILIZERS

2121: SHRI CHARANJIT SINGH CHANNI:

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

- (a) whether the Government has taken note of complaints, regarding shortage of DAP, alleged overcharging up to Rs. 1,900 per 50-kg bag against the fixed price of Rs. 1,350 from farmers in Punjab, particularly in Sangrur and neighbouring districts, if so, the details thereof and if not, the reasons therefor;
- (b) whether the Government is aware of the instances of dealers forcing farmers to buy other fertilizers along with DAP, if so, the details thereof and if not, the reasons therefor;

- (c) whether any action has been initiated against any dealer or agency found involved in overpricing or “tagging”, if so, the details thereof along with the action taken thereon and if not, the reasons therefor;
- (d) whether any audit or review of the DAP supply chain in Punjab has been ordered to ensure transparent and adequate distribution, if so, the findings thereof and if not, the reasons therefor; and
- (e) whether the Government proposes additional measures to prevent such malpractice, if so, the details thereof and if not, the reasons therefor?

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

(a): The availability of DAP in the State of Punjab has remained adequate during the ongoing Rabi 2025-26 season. From 01.04.2025 to 08.12.2025, 4,55,000 Metric Tons of DAP has been made available in the State against the pro-rata requirement of 4,05,000 Metric Tons. The sales during the said period has been 2,98,000 Metric Tons and the State holds closing stock 1,57,000 Metric Tons of DAP.

Further, the mandate of the D/o Fertilizers is to ensure adequate availability of fertilizers at State level. However, the assessment and distribution of fertilizers within the State at district level is done by the concerned State government. Accordingly, State government of Punjab has informed that they ensure that DAP and other fertilizers are made available to the farmers according to their demand at their

fixed prices. The complaints regarding the same are resolved by them as soon as possible.

(b) to (e): Fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in black-marketing/ overpricing, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding black marketing/over-pricing of fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Accordingly, as informed by the State government of Punjab, during the FY 2025-26, 04 FIR's have been registered and 03 Letter of Authorizations have been cancelled as an enforcement action against the dealers/agencies found involved in overpricing/hoarding/tagging.

Further, tagging/linking of other products with DAP and other fertilizers is not encouraged by Department of Fertilizers. In this regard, D.O. letters are regularly written to State Governments requesting them to take strict action as per extant rules to prevent tagging. Besides, suitable directions are issued to fertilizer companies directing them not to indulge in such practices.

Moreover, following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Punjab:

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

DEVELOPMENT OF NATIONAL WATERWAY-104 IN ANDHRA PRADESH

2122. SHRI KESINENI SIVANATH:

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

- (a) the current status of National Waterways development plan for NW-104;

- (b) the total amount of funds sanctioned, released and utilised for the development, dredging, navigational channel improvement, terminal construction and allied infrastructure on NW-104 during the last five years, year-wise;
- (c) the details of ongoing and completed projects for operationalising NW-104, including terminals, jetties, river training works and multimodal connectivity facilities in Andhra Pradesh;
- (d) the total volume of freight/cargo moved on National Waterway-104 during the last five years, year-wise and segment-wise within Andhra Pradesh; and
- (e) whether the Government has identified any challenges in increasing freight movement on NW-104 and if so, the details thereof along with the steps being taken to address them?

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

(a): Inland Waterways Authority of India (IWAI), an autonomous organization under Ministry of Ports, Shipping and Waterways intends to develop National Waterway (NW) -104 (River Tungabhadra) for river cruise tourism by providing one floating jetty at Sureskula barrage.

(b) to (d): No projects sanctioned and fund released for works at NW-104. As on date no cargo movement is recorded in NW-104.

(e): The key challenges in making NW-104 operational are - non availability of sufficient discharge, 10 check dams, 2 barrages without navigational lock and presence of bridges with inadequate prescribed vertical clearance.

STANDARDISATION OF COST OF LIFE-SAVING SURGERIES

2123. SHRI DUSHYANT SINGH:

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

- (a) whether the Government proposes to examine and monitor the gap between the insured amount and the actual cost of surgeries and the consequent financial burden on patients;
- (b) if so, the details thereof along with the measures being considered by the Government to reduce out-of-pocket health expenditure;
- (c) whether any steps have been envisaged by the Government to standardize the cost of surgeries, especially life-saving and essential surgeries, if so, the details thereof; and
- (d) the details of the penal/regulatory provisions applicable to medical establishments that compel patients to make upfront payments despite having valid insurance coverage?

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

(a) and (b): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting economically vulnerable bottom 40% of India's population. Under AB-PMJAY, uniform procedure rates are applicable across all empanelled hospitals. These rates are determined by expert committees. Additionally, States and Union Territories have been given the flexibility to further customize the package rates. Economic Survey 2024-25 highlights AB-PMJAY's impact in reducing Out-of-Pocket Expenditure (OOPE) through increased social security and primary health spending, with recorded savings over Rs. 1.25 lakh crore. Additionally, between FY 2014-15 and FY 2021-22, Government Health Expenditure increased from 29% to 48%, while Out-of-Pocket Expenditure has declined from 62.6% to 39.4%, as percentage of Total Health Expenditure.

As per the Insurance Regulatory and Development Authority of India (IRDAI) in respect of health insurance policies, policyholders select the Sum Insured based on their requirements. At the time of claim, insurers assess and settle the claim in accordance with the terms and conditions of the policy, subject to the Sum Insured available. As such, the extent of coverage vis-a-vis the actual cost of treatment, depends on the Sum Insured, the specific policy features opted by the customer and the surgery cost that varies from hospital to hospital. IRDAI has taken the following measures to make the health insurance products widely available and affordable for the customers.

- (a) Insurers shall empanel all categories of hospitals/health service providers considering the affordability of different segments of population.
- (b) Insurers shall have in place board approved policy on quality standards and benchmarks for empanelment of Hospitals and Health Care Providers in order to provide 100% cashless services to the policyholders. The said policy should enable empanelment of all categories of hospitals considering the affordability of different segments of population, and provide seamless journey to the policyholder at each point of sale, service and claim
- (c) and (d): Under AB-PMJAY, the health benefit packages have been revised five times since the launch of the scheme. Initially, the scheme included 1,359 packages, but Health Benefit Package (HBP), 2022 now comprises 1,961 packages across 27 medical specialties. A total of 365 new treatment procedures have been added and the rates for 832 packages have been increased. High end procedures such as bone marrow transplants and cochlear implant surgeries have been introduced, in addition to the already covered kidney transplants.

Under AB PM-JAY, the entire cost of treatment is covered under the HBP. Any grievance received from beneficiaries regarding out-of-pocket or cash payments is addressed in accordance with the guidelines issued by the National Health Authority.

Additionally, The Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 (CE Rules) to provide for

registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. As per the CE Act, all the clinical establishments (Government and private) are required to fulfill the conditions of minimum standards of facilities and services, inter-alia, displaying of rates charged by them at a conspicuous place. The State Governments and Union Territories administration which have adopted the CE Act, are primarily responsible for regulating their hospitals including private hospitals as per provisions of the Act and Rules thereunder to ensure the provision of quality healthcare to patients.

This Act has empowered to take action including imposing penalties against violation of its provisions through a registering authority at the district level under the chairmanship of the District Collector / District Magistrate. The Act also provides for cancellation of registration, if the provisions of the Act are not complied with.

ISSUANCE OF PASSPORTS

2124. SHRI RAVINDRA DATTARAM WAIKAR:

SHRI NARESH GANPAT MHASKE:

SHRIMATI SHAMBHAVI:

SHRIMATI BHARTI PARDHI:

SHRI VISHALDADA PRAKASHBAPU PATIL:

SHRI SHRIRANG APPA CHANDU BARNE:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAJESH VERMA:

SHRI ATUL GARG:

DR. LATA WANKHEDE:

SHRI M. K. RAGHAVAN:

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

- (a) the average waiting time for appointments and issuance of passports across various Passport Seva Kendras (PSKs), Post Office Passport Seva Kendras (POPSKs) under Normal and Tatkaal categories during the last three years, State/ UT-wise;
- (b) the number and nature of complaints received regarding passport delays, procedural hurdles and difficulties in obtaining police verification for passports, along with the corrective steps taken thereon;
- (c) the number of passport applications pending for police verification for more than 30 days, State-wise;
- (d) the measures taken to simplify the passport issuance process, strengthen grievance redressal mechanisms indicating the status of the e-passport rollout;
- (e) whether the Government proposes to expand the network of PSKs/ POPSKs in underserved districts and improve digital/online facilities for faster processing, if so, the details thereof; and

- (f) the details of the grievances faced by Indians abroad related to loss/damage/renewal of passports at Indian Missions along with the steps taken to address such issues?

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 details of the average waiting time for appointments and issuance of passports across various Passport Seva Kendras (PSKs), Post Office Passport Seva Kendras (POPSKs) under Normal and Tatkaal categories during the last three years, RPO-wise/State/UT-wise is given in the enclosed **Statement-I and Statement-II** respectively.

(b): The number and nature of complaints/grievances received regarding passport delays, procedural hurdles and difficulties in obtaining police verification for passports during last three years are given in the enclosed **Statement-III**.

In order to address complaints and grievances, the Ministry of External Affairs is continuously taking steps to redress the complaints and grievances on a timely manner. The public complaints/grievances are redressed through different modes like Public Grievances Cell, CPGRAMS, Emails and X-handle. Also, Regional Passport Offices (RPOs) have been sensitised to promptly attend to all passport related grievances on a timely manner. Whenever necessary, passport adalats are conducted on weekends

and holidays to clear pending passport applications. A compliance report on the action taken on various grievances is also sent to the Ministry by the respective RPOs.

The Ministry launched mPassport Police App in 2016 for Android/iOS mobile phones for use by State/UT police personnel tasked with conducting police verification, enabling them for an expeditious submission of Police Verification Report (PVR) digitally directly from the Police Station itself. Currently, 25 States/UTs covering more than 9322 Police Stations across the country have already launched **mPassport Police App**.

(c): The number of passport applications pending for police verification for more than 30 days as on 1st December, 2025, State-wise, is given in the enclosed **Statement-IV**.

(d): To simplify passport processing process, quality services are being provided to the applicants at PSKs/POPSKs established with good amenities across the country in Public Private Partnership (PPP) mode. The applicants are required to apply for their passports online, make the payment online through debit/credit/Rupay cards, net banking/ SBI Challan and UPI etc, schedule an appointment and then visit the designated PSK/POPSK. A user friendly portal has been made available. When an applicant visits a PSK/POPSK, an Electronic Queue Management System (EQMS) working on the principle of First-in First-out is available at all PSKs/POPSKs to monitor the flow of applicants. The applicants can track the status of their applications themselves through portal and also through SMS services. Provisions are also made for additional counters at the PSKs/POPSKs to meet the increase in demand. The

public grievances are redressed through different modes like Public Grievances Cell, CPGRAMS, Emails and X-handle.

Ministry of External Affairs has completed the roll out of e-Passport in all 37 Passport Offices in India and their respective Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) across the country and in all Missions/Posts abroad.

(e): The Government of India has taken several steps to expand the network of PSKs and POPSKs in underserved districts and improve digital/online facilities for faster processing. MEA in association with Department of Posts (DoP) had decided in January 2017 to open Seva Kendras at the Head Post Offices (HPO)/Post Offices (PO) in the country called Post Office Passport Seva Kendras (POPSK) in each Lok Sabha Constituency (LSC) where there is no PSK or POPSK.

Moreover, in June 2018, Ministry launched the **‘Apply anywhere in India’** scheme under which a passport can be applied at any PSK/POPSK in India. Also MEA has been regularly deploying **Passport Mobile Vans** under respective RPOs for on-site passport processing in remote areas and hilly areas.

Further, the payment of application fees through digital mode has been expanded to include Internet banking, debit/credit card (Visa, Master Card and Rupay) and Unified Payments Interface (UPI) mode through Virtual Payment address/UPI id or QR code. Online appointment facilities and feedback kiosks/screens to capture real-time citizen responses for quicker service improvements have been provided.

(f): The details of the grievances filed by Indian citizens abroad at Indian Missions/Posts are given below:

Sr. No.	Name of the Portal for redressal of grievances	Grievances Received	Grievance Resolved
1.	MADAD Portal (01.01.2015 to 02.12.2025)	3482	3218
2.	CPGRAMS Portal (01.01.2018 to 02.12.2025)	605	585

The Ministry of External Affairs accords high priority to the timely resolution of the grievances including passport-related issues, faced by Indian nationals travelling and working in foreign countries, through Indian Missions/Posts abroad. The MADAD portal has been significantly strengthened to enable instant registration, real-time tracking, and monitoring of complaints, with an in-built auto-escalation mechanism in case of delays. All communications received through e-mails, letters, social media, in-person visits, helplines and MADAD portal are actively followed up. Expedited emergency/tatkal passport re-issue services (often without insisting on police reports in genuine cases of loss or damage), regular Open Houses and Consular camps have collectively ensured that most grievances are addressed promptly by the Indian Missions/Posts abroad. These measures have considerably improved the speed, effectiveness and responsiveness of passport-related grievance redressal mechanism for Indian citizens abroad.

STATEMENT-I

Details of average waiting time/ appointment cycle for passport services in Passport Seva Kendra (PSK) and Post Office Passport Seva Kendra (POPSK) categories, /RPO-wise/ State/UT wise:

			PSK			POPSK	
			Normal	PCC	Tatkaal	Normal	PCC
Sl. No.	State	RPO	Average of WD	Average of WD	Average of WD	Average of WD	Average of WD
1	Andhra	Vijayawada	12	1	2	16	1
2	Pradesh	Visakhapatnam	8	9	1	4	9
3	Assam	Guwahati	2	1	1	3	1
4	Bihar	Patna	2	1	1	3	1
5	Chandigarh	Chandigarh	1	1	1	4	1
6	Chattisgarh	Raipur	1	1	1	2	1
7	Delhi	Delhi	11	1	1	33	1
8	Goa	Panaji	1	1	1	6	1
9	Gujarat	Ahmedabad	7	1	1	6	1
10		Surat	15	1	1	3	1
11	Himanchal Pradesh	Shimla	1	1	1	1	1
12	Jharkhand	Ranchi	1	1	1	2	1
13	Jammu and Kashmir	Srinagar	1	1	-	3	1
14		Jammu	1	1	-	7	1
15	Karnataka	Bangalore	7	1	1	5	1
16	Kerala	Cochin	3	1	1	7	4
17		Kozhikode	4	1	1	7	1
18		Trivandrum	2	1	1	12	2
19	Madhya Pradesh	Bhopal	1	1	1	4	1

20	Maharashtra	Mumbai	16	4	2	21	3
21		Nagpur	1	1	2	2	1
22		Pune	15	3	1	6	1
23	Odisha	Bhubaneswar	2	1	1	2	1
24	Punjab	Amritsar	1	1	1	7	1
25		Jalandhar	1	1	1	1	1
26	Rajasthan	Jaipur	2	1	1	4	2
27		Kota	1	1	1	1	1
28	Tamil Nadu	Chennai	4	2	1	7	1
29		Coimbatore	10	1	9	4	1
30		Madurai	1	1	1	2	1
31		Trichy	1	1	1	2	1
32	Telangana	Hyderabad	7	2	3	2	1
33	Uttar Pradesh	Bareilly	25	1	1	31	2
34		Lucknow	13	4	1	8	-
35		Ghaziabad	15	1	1	19	1
36	Uttarakhand	Dehradun	8	2	1	3	1
37	West Bengal	Kolkata	4	1	1	3	1

WD = Working Days

STATEMENT-II

Average Passport Issuance Time* under 'Normal and Tatkaal' categories (excluding PV time) during last three years :

		2025		2024		2023	
RPO Name	State	Normal	Tatkaal	Normal	Tatkaal	Normal	Tatkaal
RPO Ahmedabad	Gujarat	12	5	14	4	20	2
RPO Amritsar	Punjab	12	5	19	4	11	2
RPO Bareilly	Uttar Pradesh	21	4	19	4	19	2
RPO Bengaluru	Karnataka	15	4	13	3	7	1

RPO Bhopal	Madhya Pradesh	10	2	9	1	8	1
RPO Bhubaneswar	Odisha	32	7	40	6	15	2
RPO Chandigarh	Chandigarh	17	5	16	4	14	1
RPO Chennai	Tamil Nadu	11	3	7	2	4	1
RPO Cochin	Kerala	5	1	4	1	4	1
RPO Coimbatore	Tamil Nadu	21	4	21	2	6	2
RPO Dehradun	Uttarakhand	34	6	24	3	21	3
RPO Delhi	Delhi	10	2	16	3	10	2
RPO Ghaziabad	Uttar Pradesh	13	3	26	5	30	4
RPO Goa	Goa	4	2	3	1	2	1
RPO Guwahati	Assam	18	6	16	3	9	4
RPO Hyderabad	Telangana	13	4	12	2	13	2
RPO Jaipur	Rajasthan	17	6	14	1	9	1
RPO Jalandhar	Punjab	7	2	13	2	5	1
RPO Jammu	Jammu and Kashmir	21	-	34	-	11	-
RPO Kolkata	West Bengal	20	4	28	2	6	1
RPO Kota	Rajasthan	15	4	13	1	5	-
RPO Kozhikode	Kerala	5	1	4	1	4	-
RPO Lucknow	Uttar Pradesh	15	4	12	3	7	2
RPO Madurai	Tamil Nadu	9	6	8	5	6	3
RPO Mumbai	Maharashtra	10	3	15	1	6	1
RPO Nagpur	Maharashtra	22	5	23	4	7	1
RPO Patna	Bihar	8	1	12	1	5	1
RPO Pune	Maharashtra	12	6	10	3	10	2
RPO Raipur	Chhattisgarh	40	14	28	-	18	1
RPO Ranchi	Jharkhand	10	5	12	4	15	3

RPO Shimla	Himachal Pradesh	8	3	6	-	6	-
RPO Srinagar	Jammu and Kashmir	6	-	50	-	6	-
RPO Surat	Gujarat	18	5	19	4	19	1
RPO Tiruchirappalli	Tamil Nadu	8	5	7	2	5	1
RPO Trivandrum	Kerala	9	2	7	1	9	1
RPO Vijayawada	Andhra Pradesh	15	4	11	3	11	3
RPO Visakhapatnam	Andhra Pradesh	13	4	15	3	11	3

* excludes escalated, adverse, stop cases. - = not available

STATEMENT-III

Complaints/Grievances Received by Pride (Excluding Missions)

Complaints/Grievances Type	2023	2024	2025	Total Count
Appointments not honored by the Passport Official	1884	1387	1935	5206
Appreciation	304	238	361	903
Bad Behaviour by Customer Care Executive (CCE)	131	97	108	336
CCE unreachable during working time	168	124	126	418
Complaint Against a Police Officer	1095	970	1257	3322
Delay in granting appointment date at PBO/ PSK	2317	1501	1486	5304
File lost by Passport Office (PO)	239	236	226	701
Incorrect Details in Passport	994	904	1115	3013
Incorrect/Insufficient details provided by CCE	191	131	193	515
Information sought from the website is not available	269	275	365	909
Interactive Voice Response (IVR) Related issues	8	10	9	27
Non acceptance of Passport Application and documents at Portal	232	214	301	747
Non acceptance of passport application and documents at PO	338	326	336	1000
Non acceptance of passport application and documents at PSK	807	754	805	2366
Passport Application not accepted at Granting Counter	2009	1536	1754	5299

Passport Application not accepted at Verification Counter	2151	1675	2259	6085
Passport dispatched but not received	1847	1630	1878	5355
Passport Granted but not printed	4483	3885	5669	14037
Passport lost in dispatch	92	134	107	333
Passport Seva website is working slow	21	37	48	106
Passport Seva website not working	220	498	672	1390
Problem in attaching documents	225	115	152	492
Problem in retrieving file during the second session	94	103	207	404
Problem in uploading of the form	199	184	272	655
Police Verification Report (PVR) not completed	9955	9272	10472	29699
PVR received but passport not issued	18846	13585	14539	46970
Quality of booklet received not satisfactory	220	169	296	685
Suggestion	1370	1243	1557	4170
Website not updated	389	426	445	1260
Any Other	68038	57916	65072	191026
Total	119136	99575	114022	332733

STATEMENT-IV

Total number of passport applications pending for police verification for more than 30 days, State-wise:

Sl. No.	State Name	Files with PV Pending for more than 30 days
1	Andaman and Nicobar	13
2	Andhra Pradesh	28
3	Arunachal Pradesh	7478
4	Assam	4823
5	Bihar	102
6	Chandigarh	3
7	Chhattisgarh	1364
8	Dadra and Nagar Haveli	306
9	Daman and Diu	888
10	Goa	40
11	Gujarat	13
12	Haryana	4168
13	Himachal Pradesh	19

14	Jammu and Kashmir	56104
15	Jharkhand	1097
16	Karnataka	809
17	Kerala	160
18	Ladakh	1401
19	Lakshadweep	5
20	Madhya Pradesh	1111
21	Maharashtra	127543
22	Manipur	15181
23	Meghalaya	788
24	Mizoram	130
25	Nagaland	8611
26	Odisha	474
27	Puducherry	897
28	Punjab	1427
29	Rajasthan	2369
30	Sikkim	227
31	Tamil Nadu	1996
32	Telangana	219
33	Tripura	7995
34	Uttar Pradesh	429
35	Uttarakhand	195
36	West Bengal	29516
	Total	277929

(As on 01.12.2025)

HOSPITALS EMPANELLED UNDER AB-PMJAY

2125. ADV PRIYA SAROJ:

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

- (a) the number of hospitals empanelled under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the country during the last five years (2020–21 to 2024–25), for public and private hospitals-wise;
- (b) whether the Government has data of the number of empanelled hospitals for each of above mentioned period along with the number of hospitals that remained active and those that were inactive, suspended or de-empanelled in the country, State-wise;
- (c) the number of hospitals that exited the PMJAY network during the said period along with the key reasons recorded for withdrawal or de-empanelment of the same;
- (d) whether any States or Union Territories in the country have shown decline or stagnation in private hospital empanelment during the last five years; and
- (e) whether the Ministry has conducted any national review of service capacity, claim settlement efficiency and beneficiary access among empanelled hospitals and if so, the major findings thereof?

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

(a) to (e): As on 31.10.2025, more than 32,403 hospitals are empanelled under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). The details of number of hospitals empanelled under AB-PMJAY in the last five years are as below:

Financial Year	Public hospitals	Private hospitals
2020-21	9,775	5,981
2021-22	10,921	7,512
2022-23	12,143	9,103
2023-24	15,735	12,018
2024-25	16,338	14,496

The number of private hospitals empanelled under AB-PMJAY has been progressively increasing. The empanelment of private hospitals is entirely voluntary under the scheme. As on 15.11.2025, 1184 hospitals have been de-empanelled and 411 hospitals have been suspended by the States/UTs. Further, regular review meetings are held to take stock of the progress with regard to the claims. Besides, capacity building activities are also organised for settlement of claims. Under AB-PMJAY, Pradhan Mantri Arogya Mitras are deployed at empanelled hospitals to guide the scheme beneficiaries and provide information related to treatment. PMJAY kiosks are set up in these hospitals as the first point of contact for facilitating awareness and overall support of beneficiaries. In addition to this, beneficiaries can call to 24x7 call centre (14555) for any assistance/queries.

NUTRIENT – BASED SUBSIDY

2126. SHRI VISHNU DATT SHARMA:

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

- (a) whether the Government implements the Nutrient-Based Subsidy (NBS) / Urea subsidy and DBT measures to ensure affordable fertilizers, if so, the details thereof;
- (b) the quantity/value of subsidised fertilizers allocated and actually supplied to the districts of Katni, Panna and town of Khajuraho in Khajuraho Lok Sabha Constituency during the last two crop seasons;
- (c) the measures being taken to prevent diversion/black-marketing indicating the number of such complaints reported locally;
- (d) the reasons for supply gaps, if any, and corrective actions (monitoring/retailer regularisation) being implemented in this regard; and
- (e) the steps being taken to ensure timely fertilizer delivery and agronomic support to small holders to improve yields and incomes?

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): In case of Phosphatic and Potassic (PandK) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 01.04.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided to manufacturer / importer on subsidized PandK fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S). Under NBS Scheme, PandK fertilizers are decontrolled and fertilizer companies are allowed

to fix MRP as per market dynamics at reasonable level which is monitored by the Government.

Under the Urea Subsidy Scheme, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rate.

Government of India has implemented Direct Benefit Transfer (DBT) in Fertilizers across all States/UTs with effect from March, 2018. Under the DBT system, the sale of subsidized fertilizers to the buyer is done on the basis of Aadhaar authentication of through Point of Sale (PoS) devices installed at Fertilizers retail shop. The subsidy is paid to the Fertilizers Companies on weekly basis on the basis of PoS sale.

(b): The mandate of the D/o Fertilizers is to ensure adequate availability of fertilizers at State level once the requirement of fertilizers for each State is finalized by DA and FW. However, the assessment and distribution of fertilizers within the State at district level is done by the concerned State government. The information regarding requirement, availability, sales and closing stock of fertilizers in Madhya Pradesh in last 2 cropping seasons is given in the enclosed **Statement-I**.

(c): In order to address the issues such as diversion/ 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.

Further, in order to prevent leakages and to ensure equitable and timely availability of fertilizers to farmers, Department of Fertilizers has put a ceiling of 50 bags of subsidized fertilizers per buyer per month i.e. 300 bags of subsidized fertilizers per season. 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 also monitors the availability and supply of fertilizers through iFMS and e-Urvarak Dashboard portals."

The details regarding enforcement measures taken by the State of Madhya Pradesh, as informed by the State, from 01.04.2025 to 28.11.2025, to curb these malpractices is given in the enclosed **Statement-II**.

(d): The availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the State of Madhya Pradesh during the last 2 cropping seasons.

(e): To ensure timely and adequate supply of fertilizers in the country, before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA and FW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Monitoring System (iFMS). Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

Further, The PM-KISAN scheme has been launched in February 2019 to supplement the financial needs of farmers with cultivable landholding. Under the scheme, a financial benefit of ₹ 6,000/- per year is transferred in three equal instalments, into the Aadhaar seeded bank accounts of farmers through Direct Benefit Transfer (DBT) mode. Under the PM-KISAN Scheme, cultivable landholding is primary

eligibility criteria to receive benefit of the Scheme subject to some certain exclusions relating to higher income status. The Government has disbursed over Rs 4.09 lakh Cr. through 21 instalments since inception of the Scheme.

In Madhya Pradesh Agronomic support to small and Marginal Farmers is given under components of Food and Nutrition Security/National Mission on Oilseeds and Oil Palm/Rashtriya Krishi Vikas Yojana/Paramparagat Krishi Vikas Yojana /Soil Health and Fertility Scheme/Sub-Mission on Seed and Planting Material/Sub-Mission on Rainfed Area Development/Pradhan Mantri Krishi Sinchayee Yojana/Natural Farming/Madhya Pradesh State Millet Mission.

STATEMENT-II

Action taken by the Madhya Pradesh to check black marketing, hoarding, quality check, diversion etc. from 01.04.2025 to 28.11.2025:

Cumulative Statement from April 25 to November 25 (as on 28.11.2025)

Cumulative Statement from April 25 to November 25 (as on 28.11.2025)																	
		Black Marketing			Hoarding			Sub Standard Quality			Diversion		Conviction with details*		Total		
States	No. of Inspections / raids	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	Show cause notice issued	No. of licenses cancelled / suspended	FIR registered	
Madhya Pradesh	5581	0	0	72	0	0	0	606	44	4	631	160	15	NIL	1237	204	91

PUBLIC HEALTH ADVISORY**2127. SHRI ABHISHEK BANERJEE:**

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

- (a) whether the Government has issued any public health advisory or guidelines in 2025 to warn citizens, particularly parents and schools, during periods when the Air Quality Index (AQI) in Delhi-NCR exceeds 400 and if so, the details thereof;
- (b) whether the Government has taken measures to coordinate with the Delhi Government, hospitals and paediatric associations for preventing and managing air pollution-linked respiratory illnesses among children and if so, the details thereof;
- (c) whether hospitals and clinics have been directed to display real-time AQI levels or provide medical guidance during severe pollution episodes and if so, the details thereof; and
- (d) the steps being taken by the Government in collaboration with the Commission for Air Quality Management (CAQM) and the National Centre for Disease Control (NCDC) to issue child-focused public health alerts?

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

(a) to (d): The Government through National Centre for Disease Control implements National Programme on Climate Change and Human Health (NPCCHH) that addresses air pollution related illnesses and regularly issues public health advisories on air pollution related illnesses to State/Union Territories (UTs). Public health advisory was issued on 1st November 2025 to State/UTs which can be accessed at

<https://ncdc.mohfw.gov.in/wp-content/uploads/2025/11/Ministrys-DO-dated-01.11.2025.pdf>

Government through the program NPCCHH has operationalised an organisational framework at National, State and District level. Government through the Programme builds health system capacity of Delhi Government officials. Financial provisions have been made for all States and UTs in National Health Mission Programme Implementation Plans (including for Delhi Government) for capacity building, facility preparedness and awareness generation. Government engages with the professional bodies like the Indian Academy of Paediatrics to sensitize their members on ongoing work related to air pollution. Members of these bodies are advised to consider air pollution related illnesses in the differential diagnosis. They are also encouraged to counsel caregivers on preventive and health promotion practices that help reduce air pollution at the source and minimize exposure.

The Public Health Advisory on Air Pollution outlines the roles and responsibilities of health officials, including strengthening facility level preparedness for managing cardio-respiratory conditions arising from air pollution. It advises State and District Programme officials and health facility personnel to monitor observed and forecasted AQI regularly through Central Pollution Control Board (CPCB)/ State Pollution Control Board (SPCB) website/Sameer App and initiate appropriate health related measures for the prevention and management of air pollution related illnesses depending on severity of the pollution levels in their respective areas.

National Centre for Disease Control (NCDC) collaborates with CPCB to develop and periodically update the air pollution advisories, which includes child-focused components such as information on potential impacts in children, strengthening availability of air quality information in health sector and schools, strengthening healthcare services for respiratory conditions, developing health sector response plans and generating awareness. The advisory also includes a dedicated section on household air pollution, which affects children predominantly.

“Commission for Air Quality Management in National Capital Region and Adjoining Areas” has developed Graded response Action Plan (GRAP) that provides specific set of emergency response action, depending on the severity of air pollution levels to be implemented by identified agencies for minimizing air

pollution. The Commission has also issued direction to Government of NCT of Delhi/ Haryana/Rajasthan/ Uttar Pradesh on 19th November 2025 for postponement of physical sport competitions scheduled in November-December. The Commission posts the relevant information about invocation/revocation of GRAP and measures to be followed under Citizen Charter of GRAP schedule.

https://cpcb.nic.in/uploads/citizen_charter_grap.pdf

FUNCTIONS OF THE INDIAN REGISTER OF SHIPPING

2128. SHRI MADDILA GURUMOORTHY:

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

- (a) whether the Indian Register of Shipping (IRS) is a Government, private or Government-controlled entity;
- (b) whether the Government monitors its functioning, if so, the details of reviews or assessments made during the last ten years, year-wise;
- (c) the regulatory or statutory functions assigned to IRS along with relevant rules or notifications;
- (d) whether the Government has excluded other classification societies from similar roles, if so, the reasons therefor; and
- (e) whether any representations have been received from stakeholders regarding Governance of IRS or functioning during the last ten years, if so, the details thereof along with the action taken thereon?

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

(a), (b) and (e): Indian Register of Shipping (IRS) is a non-profit entity registered under the Companies Act, 2013 and is governed by applicable company law provisions and it functions under its own Memorandum of Association and internal administrative framework. IRS is one among nine Recognised Organisations authorised by the Government of India to undertake survey and certification functions under the Merchant Shipping Act, 1958. Four recent complaints have been received against functioning of IRS, which are being examined by Ministry of Ports, Shipping and Waterways for appropriate action.

(c) and (d): Government of India, under Gazette Notification S.O. 3316(E) dated 26.12.2014 has authorised nine international classification societies including IRS to undertake statutory surveys and issue or endorse certificate for cargo ships under the following IMO conventions/ instruments:

1. International Convention for the Safety of Life at Sea, 1974 (SOLAS-74)
2. International Convention for the Prevention of Pollution from Ships, 1973/78 (MARPOL-73/78)
3. International Convention on Load Lines, 1966 (ICLL-66) and its 1988 Protocol.
4. International Convention on Tonnage Measurement of Ships, 1969

5. Relevant Rules, Orders and Notifications issued under the Merchant Shipping Act, 1958.

Government of India vide Gazette Notification S.O 768(E) dated 07.11.1997 has appointed IRS as the sole Load Line Assigning Authority under the Merchant Shipping (Load Line) Rules, 1979, which is an exclusive delegation only to IRS.

दिल्ली के मेडिकल कॉलेजों में सीटें

2129. श्री रामवीर सिंह बिधूड़ी:

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

- (क) दिल्ली के मेडिकल कॉलेजों में उपलब्ध मेडिकल सीटों की कुल संख्या कितनी है;
- (ख) क्या सरकार ने दिल्ली में आवश्यक मेडिकल सीटों की संख्या जानने के लिए कोई अध्ययन कराया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) दिल्ली के मेडिकल कॉलेजों में कितनी विधाएं उपलब्ध हैं और इन कॉलेजों में प्रत्येक विधा के लिए कितनी सीटें उपलब्ध हैं?

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

(क) से (ग): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, शैक्षणिक वर्ष 2025-26 के लिए दिल्ली के मेडिकल कॉलेजों में कुल 1396 एमबीबीएस सीटें हैं। इसके अतिरिक्त, वर्तमान में दिल्ली के मेडिकल कॉलेजों में कुल 3,017 स्नातकोत्तर (पीजी) सीटें हैं। दिल्ली में पाठ्यक्रम-वार (ब्रॉड स्पेशलिटी और सुपर-स्पेशलिटी) सीटों की संख्या का ब्यौरा संलग्न **विवरण-I** और **विवरण-II** में दिया गया है।

विवरण-I

दिल्ली में पाठ्यक्रम-वार (ब्रॉड स्पेशलिटी और सुपर-स्पेशलिटी) सीटों की संख्या का ब्यौरा

क्रम संख्या	पाठ्यक्रम	सीटें
1.	एमएस – ईएनटी	34
2.	एमडी – पैथोलॉजी	77
3.	एमडी – माइक्रोबायोलॉजी	56
4.	एमएस - नेत्र विज्ञान	42
5.	नेत्र विज्ञान में डिप्लोमा	1
6.	एमडी - शारीरिक चिकित्सा और पुनर्वास	11
7.	विकिरण चिकित्सा (परमाणु चिकित्सा) में डिप्लोमा	4
8.	एमडी – फिजियोलॉजी	28
9.	एमडी-डीवीएल	5
10.	एमडी - रेडियोथेरेपी/विकिरण ऑन्कोलॉजी	12
11.	स्वास्थ्य प्रशासन में डिप्लोमा	6
12.	एमडी - पल्मोनरी चिकित्सा	5
13.	एमएस - प्रसूति और स्त्री रोग	2
14.	डीएम - कार्डियक-एनेस्थीसिया	2
15.	एम.सीएच. सीवीटीएस	4
16.	डीएम – नेफ्रोलॉजी	4
17.	एम.सीएच - प्लास्टिक सर्जरी/प्लास्टिक और पुनर्निर्माण सर्जरी	4
18.	एम.सीएच - कार्डियो वैस्कुलर और थोरेसिक सर्जरी	6
19.	एम.सीएच- न्यूरो सर्जरी	6
20.	डीएम – हेपेटोलॉजी	10
21.	डीएम - अंग प्रत्यारोपण एनेस्थीसिया और क्रिटिकल केयर	3
22.	डीएम - न्यूरो-एनेस्थीसिया	2
23.	डीएम नेफ्रोलॉजी	3
24.	एम.सीएच.-सीटीवीएस	5
25.	एम.सीएच.-प्लास्टिक और पुनर्निर्माण सर्जरी	10
26.	एम.सीएच. स्त्रीरोग संबंधी ऑन्कोलॉजी	2
27.	एमडी - रेडियो डायग्नोसिस/रेडियोलॉजी	86
28.	एमएस - सामान्य सर्जरी	114
29.	एमएस - प्रसूति और स्त्रीरोग	111
30.	ईएनटी डिप्लोमा	1

31.	एमडी - मनोचिकित्सा	36
32.	एमडी - जैव रसायन	41
33.	प्रसूति और स्त्रीरोग डिप्लोमा	3
34.	एमडी - फार्माकोलॉजी	22
35.	एमडी - फोरेंसिक मेडिसिन/फोरेंसिक मेडिसिन और विष विज्ञान	25
36.	त्वचाविज्ञान, यौनरोग विज्ञान और कुछ रोग में डिप्लोमा	1
37.	एमएस-नेत्र विज्ञान	5
38.	एमडी/एमएस-नेत्र विज्ञान	4
39.	एमडी-पैथोलॉजी	4
40.	डीएम-कार्डियोलॉजी	13
41.	एम.सी.एच. न्यूरो सर्जरी	6
42.	डीएम - न्यूरोलॉजी	10
43.	एम.सी.एच - यूरोलॉजी/जननांग-मूत्र शल्य चिकित्सा	4
44.	डीएम - कार्डियक एनेस्थीसिया	3
45.	डी.एम - मेडिकल गैस्ट्रोएंट्रोलॉजी	3
46.	एम.सी.एच - हेपेटो पैन्क्रियाटो बिलियरी सर्जरी	6
47.	डीएम - बाल चिकित्सा हेपेटोलॉजी	3
48.	डीएम - एंडोक्रायनोलॉजी	2
49.	डीएम न्यूरोलॉजी	3
50.	एम.सी.एच.-न्यूरोसर्जरी	4
51.	एम.सी.एच.-यूरोलॉजी	5
52.	डीएम - पल्मोनरी मेडिसिन	2
53.	एमडी - बाल रोग	134
54.	एमडी - जनरल मेडिसिन	144
55.	एमडी – एनेस्थीसियोलॉजी	182
56.	एमडी - डर्मेटोलॉजी, वेनेरोलॉजी और कुछ रोग	21
57.	एमएस – ऑर्थोपेडिक्स	68
58.	स्वास्थ्य शिक्षा में डिप्लोमा	20
59.	बाल स्वास्थ्य (बाल रोग) में डिप्लोमा	2
60.	एमडी - सामाजिक और निवारक चिकित्सा / सामुदायिक चिकित्सा	42
61.	एमडी – एनाटॉमी	28
62.	एमडी - सामुदायिक स्वास्थ्य प्रशासन	10
63.	एमडी - खेल चिकित्सा	5
64.	एमएस – ईएनटी	4
65.	एमडी - बाल रोग	2

66.	डीएम - क्रिटिकल केयर मेडिसिन	4
67.	डीएम – नियोनेटोलॉजी	10
68.	एम.सी.एच - बाल चिकित्सा शल्य चिकित्सा	15
69.	डीएम - पल्मोनरी चिकित्सा	6
70.	डीएम - न्यूरो एनेस्थीसिया	2
71.	एम.सी.एच. – न्यूरोसर्जरी	10
72.	डीएम – वायरोलॉजी	1
73.	डीएम - बाल और नवजात एनेस्थीसिया	2
74.	डीएम कार्डियोलॉजी	8
75.	डीएम पल्मोनरी और क्रिटिकल केयर मेडिसिन	4
76.	एम.सी.एच. - बाल शल्य चिकित्सा	4
77.	डीएम क्रिटिकल केयर मेडिसिन	6

नोट: (i) सीटों की संख्या में एम्स या अन्य राष्ट्रीय महत्व के संस्थानों में ब्रॉड स्पेशियलिटी या सुपर स्पेशियलिटी कार्यक्रमों के तहत अनुमोदित कोई भी पद शामिल नहीं हैं।

(ii) यह डेटा शैक्षणिक वर्ष 2025-26 के लिए वार्षिक प्रवेश हेतु अनंतिम सीट उपलब्धता को दर्शाता है। ये संख्याएँ संकलन के समय नियामक आवश्यकताओं और अन्य लागू मानदंडों की पूर्ति पर आधारित हैं।

(iii) दिल्ली भर के मेडिकल कॉलेजों में पाठ्यक्रम-वार और स्ट्रीम-वार सीट उपलब्धता में संशोधन के अधीन है। अंतिम संख्याएँ सुपर स्पेशियलिटी (एसएस) आवेदनों की लंबित प्रक्रिया, पहली और दूसरी अपील के परिणामों और किसी भी आगे के नियामक अनुमोदन या संशोधनों के आधार पर बदल सकती हैं।

विवरण-II

दिल्ली में एनबीईएमएस मान्यता प्राप्त सीटें

क्रम संख्या	अवधि	स्पेशियलिटी	सीटें
1.	डीएनबी (ब्रॉड स्पेशियलिटी)	अनेस्थीसियोलॉजी	151
2.		जैव रसायन	2
3.		सामुदायिक चिकित्सा	1
4.		त्वचा विज्ञान रतिजरोग विज्ञान और कुछ रोग	10
5.		इमरजेंसी मेडिसीन	36

क्रम संख्या	अवधि	स्पेशियलिटी	सीटें
6.		फैमिली मेडिसीन	39
7.		जनरल मेडिसीन	112
8.		जनरल सर्जरी	76
9.		अस्पताल प्रशासन	2
10.		इम्यूनोहेमेटोलॉजी और रक्त आधान	5
11.		कीटाणु-विज्ञान	8
12.		नाभिकीय औषधि	13
13.		प्रसूति और स्त्री रोग	113
14.		नेत्र विज्ञान	55
15.		हड्डी रोग	64
16.		ओटोरहिनोलैरिंगोलॉजी (ईएनटी)	25
17.		बच्चों की चिकित्सा	102
18.		पैलिएटीव मेडिसीन	3
19.		पैथोलॉजी	47
20.		मनोचिकित्सा	8
21.		विकिरण ऑन्कोलॉजी	27
22.		रेडियो निदान	73
23.		श्वसन औषधि	57
24.	डॉ.एनबी (सुपर स्पेशियलिटी)	हृदय संज्ञाहरण	23
25.		कार्डियो वैस्कुलर और थोरेसिक सर्जरी	3
26.		कार्डियलॉजी	48
27.		नैदानिक रुधिर विज्ञान	16
28.		क्लिनिकल इम्यूनोलॉजी और रुमेटोलॉजी	6
29.		क्रिटिकल केयर मेडिसिन	57
30.		एंडोक्रायनोलॉजी	14
31.		स्त्री रोग ऑन्कोलॉजी	5
32.		हस्तक्षेपीय रेडियोलॉजी	3
33.		मेडिकल गैस्ट्रोएंटरोलॉजी	46

क्रम संख्या	अवधि	स्पेशियलिटी	सीटें
34.		चिकित्सा आनुवंशिकी	2
35.		मेडिकल ऑन्कोलॉजी	35
36.		नियोनेटोलॉजी	6
37.		नेफ्रोलॉजी	36
38.		न्यूरो एनेस्थीसिया	3
39.		न्यूरो सर्जरी	7
40.		तंत्रिका-विज्ञान	24
41.		बाल चिकित्सा कार्डियोलॉजी	5
42.		बाल चिकित्सा गहन परिचर्या	6
43.		बाल चिकित्सा सर्जरी	1
44.		प्लास्टिक और पुनर्निर्माण सर्जरी	8
45.		सर्जिकल गैस्ट्रोएंटरोलॉजी	18
46.		सर्जिकल ऑन्कोलॉजी	22
47.		थोरेसिक चिकित्सा	4
48.		यूरोलॉजी	33
49.		वैस्कुलर सर्जरी	9
50.		कार्डियो वैस्कुलर और थोरेसिक सर्जरी (सीधे 6 वर्ष का कोर्स)	13
51.		न्यूरो सर्जरी (सीधे 6 वर्ष का कोर्स)	7
52.		पीडियाट्रिक सर्जरी (सीधे 6 वर्ष का कोर्स)	4
53.		प्लास्टिक और रिकंस्ट्रक्टिव सर्जरी (सीधे 6 वर्ष का कोर्स)	2
54.	एफएनबी (फेलोशिप)	अरथ्रोप्लास्टी	7
55.		कार्डिएक इलेक्ट्रोफिजियोलॉजी	4
56.		हाथ और सूक्ष्म सर्जरी	1
57.		सिर और गर्दन ऑन्कोलॉजी	7
58.		इंटरवेंशनल कार्डियोलॉजी	8
59.		यकृत प्रत्यारोपण	1

क्रम संख्या	अवधि	स्पेशियलिटी	सीटें
60.		मातृ और भ्रूण चिकित्सा	7
61.		न्यूनतम एक्सेस सर्जरी	13
62.		ऑन्को- एनेस्थीसिया	8
63.		पैडिएट्रिक एनेस्थीसिया	3
64.		पैडिएट्रिक गैस्ट्रोएंटरोलॉजी	4
65.		पैडिएट्रिक हेमेटो-ऑन्कोलॉजी	8
66.		पैडिएट्रिक नेफ्रोलॉजी	2
67.		पैडिएट्रिक आर्थोपिडिक्स	2
68.		पैडिएट्रिक यूरोलॉजी	2
69.		पैन मेडिसीन	2
70.		रीनल ट्रांसप्लांट	1
71.		प्रजनन चिकित्सा	9
72.		स्पाइन सर्जरी	9
73.		स्पोर्ट्स-मेडिसीन	2
74.		प्रत्यारोपण संज्ञाहरण	5
75.		विट्रियो रेटिनल सर्जरी	1
76.	पोस्ट एमबीबीएस डिप्लोमा (ब्रॉड स्पेशलिटी)	अनेस्थीसियोलॉजी	14
77.		ईएनटी	2
78.		फैमिली मेडिसीन	3
79.		प्रसूति और स्त्री रोग	27
80.		बाल चिकित्सा	29
81.		रेडियो निदान	10
82.		क्षय रोग और छाती रोग	4

खाड़ी देशों में भारतीयों के विरुद्ध दर्ज मामले

2130. श्री हरेन्द्र सिंह मलिक:

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

(क) क्या पिछले पांच वर्षों के दौरान रोजगार के लिए खाड़ी देशों में गए भारतीयों के विरुद्ध मामले दर्ज किए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ख) क्या सरकार उन्हें देश की बुनियादी जीवन स्थितियों और कानूनों के बारे में कोई जानकारी प्रदान करती है तथा यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) और (ख): निजता कानूनों के कारण, अधिकांश देश भारतीय नागरिकों के विरुद्ध दर्ज मामलों का विवरण साझा नहीं करते हैं, जिसमें हिरासत, गिरफ्तारी, कारावास आदि संबंधी मामले शामिल हैं। सरकार को ऐसे मामलों के बारे में तभी पता चलता है जब इनके विषय में विदेशों में स्थित भारतीय मिशन/केन्द्रों को सूचित किया जाता है। कुछ खाड़ी देशों में भारतीय मिशन/केन्द्रों के पास उपलब्ध आंकड़ों के अनुसार, जेलों में बंद भारतीय नागरिकों की संख्या इस प्रकार है:

देश	कैद भारतीयों की संख्या
सऊदी अरब	2719
बहरीन	1002
कतर	896
ओमान	137

जैसे ही किसी भारतीय दूतावास/कोंसलावास को किसी भारतीय नागरिक को हिरासत में लेने/गिरफ्तार किए जाने के बारे में जानकारी प्राप्त होती है, संबंधित पदाधिकारी मामले के तथ्यों का पता लगाने, उसकी भारतीय राष्ट्रियता का पता लगाने और उसका कल्याण सुनिश्चित करने के लिए हिरासत में लिए गए/गिरफ्तार किए गए भारतीय नागरिक को कोंसली सहायता प्रदान करने के लिए तुरंत स्थानीय

विदेश कार्यालय और अन्य संबंधित स्थानीय प्राधिकारियों से संपर्क करते हैं। दूतावास / कोंसलावास यह सुनिश्चित करने के लिए सतर्क रहते हैं कि ऐसे मामलों में भारतीय नागरिकों के अधिकारों की रक्षा की जाए।

ऐसे मामलों में भारतीय नागरिकों की रिहाई और प्रत्यावर्तन के मुद्दे को नियमित रूप से विदेशस्थित भारतीय मिशनों और केन्द्रों द्वारा संबंधित स्थानीय प्राधिकारियों के समक्ष उठाया जाता है। विदेशों में स्थित मिशन/केन्द्र भी जांच और न्यायिक कार्यवाही को शीघ्रातिशीघ्रसंपन्न करने के लिए कानून प्रवर्तन एजेंसियों से संपर्क करते हैं। सरकार अन्य देशों के साथ कोंसली और अन्य परामर्श के दौरान भी इस मुद्दे पर अनुवर्ती कार्रवाई करती है। इसके अतिरिक्त, सरकार विदेश स्थित अपने मिशनों/केन्द्रों के माध्यम से और उच्च स्तरीय यात्राओं के दौरान, विदेशों में मौजूद भारतीय कैदियों की सजाओं को माफ करने /कम करने के लिए भी प्रयास करती है। भारत ने अनेक देशों के साथ कैदियों के स्थानांतरण के संबंध में भी संधियां संपन्न की हैं जो किसी अपराध के दोषी व्यक्ति को जेल की सजा पाने के लिए उसके गृह देश में स्थानांतरित करने की अनुमति देती हैं।

विदेशों में कैद भारतीय नागरिकों को हर संभव कोंसली सहायता प्रदान करने के अलावा, भारतीय मिशन और केन्द्र जहां भी आवश्यक हो कानूनी सहायता प्रदान करने में भी सहायता करते हैं। मिशन और केन्द्र, जहां भारतीय समुदाय बड़ी संख्या में होते हैं, वहां वकीलों का एक स्थानीय पैनल भी रखते हैं। संबंधित भारतीय दूतावास/कोंसलावास द्वारा सुविधाएं प्रदान करने के लिए किसी भी भारतीय कैदी से कोई शुल्क नहीं लिया जाता है। भारतीय समुदाय कल्याण कोष (आईसीडब्ल्यूएफ) की स्थापना विदेशों में भारतीय मिशनों और केन्द्रों में की गई है ताकि संकट की स्थिति में प्रवासी भारतीय नागरिकों को साधन परीक्षण के आधार पर सहायता प्रदान की जा सके। आईसीडब्ल्यूएफ के तहत प्रदान की गई सहायता में भारतीय कैदियों को कानूनी सहायता के साथ-साथ प्रत्यावर्तन के दौरान यात्रा दस्तावेज / हवाई टिकटों के लिए वित्तीय सहायता शामिल है।

कामगारों को गंतव्य देश में रहने की स्थिति, इसके विनियमों, सॉफ्ट स्किल्स, क्या करें और क्या न करें आदि से अवगत कराने के लिए प्रस्थान पूर्व अनुकूलन और प्रशिक्षण (पीडीओटी) प्रदान किया जाता है। दिनांक 31 अक्टूबर 2025 तक 2,22,387 से अधिक संभावित प्रवासियों को पीडीओटी प्रशिक्षण प्रदान किया गया है।

PRESENCE OF MICROPLASTICS IN FOOD ITEMS

2131. SHRI P. C. MOHAN:

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

- (a) whether the Government has conducted or reviewed any studies on the presence of microplastics in food materials, water, and packaged products in the country and if so, the details thereof;
- (b) the findings regarding the health and environmental risks arising from ingestion or long-term exposure to microplastics;
- (c) the steps taken/proposed to be taken by the Government to monitor, regulate and reduce microplastic contamination in food, packaging and water systems;
- (d) whether the Government proposes to introduce limits or standards for microplastic content in consumable items in the country and if so, the details thereof; and
- (e) the alternative packaging materials and technologies being promoted to replace microplastic-based products and reduce plastic leakage into the food chain?

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

(a) to (e): The Government is aware of the study which detected microplastics in food materials, water, and packaged products. Various studies conducted by different organizations have been reviewed by the independent experts in the Scientific Panels of Food Safety and Standards Authority of India (FSSAI). Issues are considered based on the merits of the studies by the experts.

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

- i. Development and validation of analytical methods for identification and quantification of micro/nano-plastics in foods matrices.
- ii. Inter- and intra-laboratory comparison of developed methods in identified food matrices.
- iii. Surveillance and determination of exposure levels of micro-/nano-plastics in identified foods matrices.

FSSAI has also notified the Food Safety and Standards (Packaging) Regulations, 2018, wherein, requirements for food-grade packaging are specified. It mandates that any material which comes in direct contact with food or likely to come in contact with food used for packaging, preparation, storing, wrapping, transportation and sale or service of food shall be of *food grade* quality. It also prescribes standards for plastic materials intended to come into contact with food products, which makes reference to the corresponding Bureau of Indian Standards (BIS) specifications. These standards are on par with international standards, thereby ensuring consistency with global food safety practices.

Further, it specifies that all packaging materials of plastic origin shall pass the prescribed overall migration limit of 60mg/kg or 10mg/dm² when tested as per IS 9845 with no visible colour migration.

GLOBAL PARTNERSHIPS IN SHIPPING SECTOR

2132. SHRI MANOJ TIWARI:

SHRI VIJAY BAGHEL:

SHRI VINOD LAKHAMSHI CHAVDA:

SHRI SUNIL DATTATREY TATKARE:

CAPTAIN BRIJESH CHOWTA:

SHRI VISHNU DAYAL RAM:

SHRI RAO RAJENDRA SINGH:

SHRI KHAGEN MURMU:

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

- (a) whether the Government has engaged with foreign Governments or industry representatives to explore international partnerships in ports, shipping and maritime logistics and if so, the details thereof, State-wise and port-wise;
- (b) the reforms undertaken to modernize India's port legislation, maritime services and sectoral governance and the extent to which they have been implemented, State-wise and port-wise;
- (c) whether the Government has proposed any technological, operational or capacity-enhancing improvements specially aimed at strengthening maritime activities like cargo handling, coastal shipping, cruise tourism and fisheries-related activities and if so, the details thereof, State-wise and ports-wise; and
- (d) the steps taken to strengthen digitalization, green shipping and maritime innovation across ports and waterways?

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

(a): Yes, the Government has been actively engaging with foreign Governments, multilateral organisations and global maritime industry partners for collaboration in ports, shipping and maritime logistics. These include partnerships for port modernisation, development of shipping infrastructure, green shipping initiatives, digitization and maritime skill development.

Notable recent engagements include India- Russia partnership to explore Northern Sea Route, Eastern Maritime Corridor and training of Indian Seafarers in Polar Waters, Indo-Danish Centre of Excellence in Green Shipping and India-Singapore partnership for Green and Digital Shipping Corridor. Further, Deendayal Port Authority (DPA) in the state of Gujarat has collaborated with Port of Rotterdam for setting up technically advanced, state of the art supply side facilities including storage, handling, transportation and dispatch facilities for green hydrogen/green ammonia and derivatives at DPA, Kandla.

Foreign Direct Investment (FDI) is also allowed in port sector in India. DP World, UAE currently operates container terminals at various location such as Jawaharlal Nehru Port in Maharashtra, Cochin Port in Kerala, Chennai Port in Tamil Nadu. Further, DP World is also developing a container terminal at Tuna Tekra, Deendayal Port in state of Gujarat. Similarly, PSA Singapore operates terminals at Jawaharlal Nehru Port in Maharashtra.

The Government, through Joint Working Group meetings/bilateral meetings and Memorandum of Understanding/ letter of Intent etc. has engaged with maritime countries like Norway, Netherlands, Denmark, Italy, South Korea, Singapore, Japan, Saudi Arabia, Sri Lanka, Myanmar, Oman etc. to explore avenues for possible collaboration. India Maritime Week 2025, which was organised in Mumbai from 27–31 October 2025, elicited participation from over 93 countries, and involved more than 100,000 delegates and stakeholders.

(b) to (d): Key legislations that have been passed recently include:

- The Merchant Shipping Act, 2025, to promote tonnage under the Indian flag
- The Coastal Shipping Act, 2025, to simplify license regime for coastal vessels
- The Indian Ports Act, 2025, for long-term planning and integrated development of ports
- The Bills of Lading Act, 2025 and the Carriage of Goods by Sea Act, 2025 to eliminate outdated colonial-era laws
- The Marine Aids to Navigation Act, 2021, and Inland Vessel Act, 2021, modernizing inland water transport, replacing outdated legislation to enhance safety, efficiency, and environmental protection
- The Major Port Authorities Act, 2021 to enhance autonomy, provide greater flexibility, and attract private investment, replaced the Major Port Trust Act, 1963.

Various projects have been undertaken for technological, operational or capacity enhancement to strengthen the cargo handling at ports, coastal shipping, cruise tourism and fisheries etc. Projects worth more than Rs 40,000 crores to enhance the capacity and efficiency of Major Ports have been completed in the last ten years.

Further, to strengthen digitalization, green shipping and maritime innovation across ports and waterways, several initiatives have been/are being undertaken as follows:

Digitalization efforts across ports and waterways are focused on standardizing procedures, reducing manual interventions, and improving information exchange between stakeholders. The One Nation One Port Process (ONOP) initiative is being undertaken to standardize documentation processes and re-engineer operational steps to lower transaction volumes and reduce cargo processing times. Other initiatives such as, the Maritime Single Window (Sagar Setu), e-Samudra, e-Pariksha, and Jalyan and Navic are strengthening IT systems, to increase operational efficiency in maritime sector.

Measures are being undertaken to support environmental objectives in maritime sector. “Harit Sagar” Green Port guidelines, launched in 2023 provide a framework to Indian ports for reducing carbon footprint. Other measures include adoption of alternate fuels, low/zero-emission equipment, and integration of renewable energy. Three ports are being developed as Green Hydrogen hub ports, and the Green Tug Transition Programme outlines a phased shift from conventional tug vessels to low-emission alternatives.

Further, the Government of India, approved a comprehensive package of ₹69,725 Crore to revitalize the country’s shipbuilding and maritime ecosystem. The initiative adopts a four-pillar approach aimed at developing a globally competitive,

technologically advanced, and sustainable maritime sector. These include Shipbuilding Financial Assistance Scheme (SBFAS), Maritime Development Fund (MDF), Shipbuilding Development Scheme (SbDS) and policy, technology, and institutional reforms. National Shipbuilding Mission (NSbM) will serve as the nodal body for coordination, implementation, and monitoring of all initiatives under this framework.

हृदय रोग के लिए जागरूकता अभियान

2133. श्री संजय हरिभाऊ जाधव:

श्री संजय उत्तमराव देशमुख:

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

- (क) क्या यह सच है कि पिछले पांच वर्षों के दौरान देश में दिल के दौरे पड़ने के मामलों में तेजी से वृद्धि हुई है और यदि हां, तो महाराष्ट्र सहित राज्य-वार तत्संबंधी ब्यौरा क्या है;
- (ख) देश में दिल के दौरे पड़ने की बढ़ती संख्या के मुख्य कारण क्या हैं तथा इन कारणों का पता लगाने के लिए सरकार द्वारा कराए गए किसी अध्ययन अथवा शोध, यदि कोई हो, का ब्यौरा क्या है;
- (ग) क्या सरकार ने दिल के दौरे पड़ने की रोकथाम और नियंत्रण के लिए कोई जन जागरूकता अभियान, नियमित स्वास्थ्य जांच कार्यक्रम और उपचार सेवाएं शुरू की हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) देश में दिल की बीमारियों पर केंद्रित अनुसंधान की वर्तमान स्थिति क्या है और इस क्षेत्र में लगे बड़े सरकारी शोध संस्थान के नाम क्या हैं और उनकी क्या उपलब्धियां हैं; और

(ड) क्या सरकार ने विशेष रूप से ग्रामीण, सीमांत और आर्थिक रूप से कमजोर वर्गों के नागरिकों के लिए दिल के दौरे की जांच के लिए कोई विशेष उपाय किए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): हृदयाघात से संबंधित मामलों के आंकड़ों का रख-रखाव केंद्रीय स्तर पर नहीं किया जाता है। 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 बहु-केंद्रित समेल मामला-नियंत्रण अध्ययन किया। इन मामलों में अक्टूबर, 2021 और जनवरी, 2023 के बीच एएमआई के नए पहचाने गए मामलों के लिए अध्ययन अस्पतालों में भर्ती 18-45 वर्ष के मरीज थे। नियंत्रण के मामले में 18-45 वर्ष की आयु के वे रोगी शामिल थे, जो अन्य कारणों से उसी समय उस अस्पताल में भर्ती हुए थे। विभिन्न जोखिम घटकों से संबंधित सूचना एकत्रित की गई थी। अध्ययन में पाया गया कि एएमआई के साथ अस्पताल में भर्ती होना किसी ज्ञात सह-रुग्णता की उपस्थिति, थ्रोम्बोटिक घटना के पारिवारिक इतिहास और कभी धूम्रपान करने के कारण था।

(ग): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) राष्ट्रीय गैर-संचारी रोगों की रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। हृदयवाहिका रोग एनपी-एनसीडी का एक अभिन्न अंग है। इस कार्यक्रम के अंतर्गत, 770 जिला एनसीडी क्लीनिक, 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लीनिक और 233 कार्डिक केयर यूनिट को स्थापित किया गया है।

भारत सरकार, राज्यों और संघ राज्य क्षेत्रों द्वारा हृदय संबंधी रोगों सहित गैर-संचारी रोगों (एनसीडी) के संबंध में जागरूकता सृजन के लिए एनएचएम के अंतर्गत वित्तीय सहायता प्रदान करती है। आयुष्मान आरोग्य मंदिर के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के अंतर्गत, सामुदायिक स्तर पर स्वास्थ्य संबंधी कार्यकलापों और लक्षित संचार को बढ़ावा देकर, निवारक पहलू को सुदृढ़ किया जाता है। इसके अतिरिक्त, भारतीय खाद्य सुरक्षा और मानक प्राधिकरण के माध्यम से स्वस्थ आहार को भी बढ़ावा दिया जाता है। युवा कार्यक्रम और खेल मंत्रालय द्वारा फिट इंडिया अभियान का क्रियान्वयन किया जाता है, और आयुष मंत्रालय द्वारा योग संबंधी विभिन्न क्रियाकलाप संचालित किए जाते हैं।

(घ): 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 विफलता में उन्नत अनुसंधान और उत्कृष्टता केंद्र, चरण II, श्री चित्रा तिरुनल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, केरला
- ii. समग्र भारत में विभिन्न आबादी समूहों में हृदय रोग (सीवीडी) के बोझ को कम करने के लिए एक समन्वित, बहुआयामी, अनुकूलित, कम लागत वाले परिचर्या पैकेज (आईपी) को प्रभाव, लागत-प्रभावशीलता और स्थिरता का अध्ययन केंद्र सेंट जॉन मेडिकल कॉलेज अस्पताल, बेंगलुरु

(ङ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत व्यापक प्राथमिक स्वास्थ्य देखभाल के हिस्से के रूप में देश में मधुमेह और उच्च रक्तचाप सहित आम गैर-संचारी रोगों (एनसीडी) की रोकथाम, नियंत्रण और जांच के लिए एक जनसंख्या-आधारित पहल शुरू की गई है। इस पहल के तहत, 30 वर्ष से अधिक आयु के व्यक्तियों को जांच के लिए लक्षित किया गया है।

इसके अलावा, स्वास्थ्य और परिवार कल्याण मंत्रालय ने 30 वर्ष और उससे अधिक आयु के व्यक्तियों की व्यापक जांच सुनिश्चित करने के लिए एनसीडी जांच अभियान (20 फरवरी, 2025 से 31 मार्च, 2025) शुरू किया था। यह अभियान राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम के तहत एएएम और अन्य स्वास्थ्य परिचर्या सुविधा केंद्रों में राष्ट्रव्यापी स्तर पर चलाया गया था।

तीव्र हृदय संबंधी घटनाओं के प्रबंधन के लिए हब-एंड-स्पोक मॉडल लागू किया गया है। जिला अस्पताल और सामुदायिक स्वास्थ्य केंद्र (स्पोक) प्रारंभिक थ्रोम्बोलिसिस और स्थिरीकरण प्रदान करने के लिए सुसज्जित हैं, जबकि विशिष्ट अस्पताल और मेडिकल कॉलेज (हब) उन्नत परिचर्या प्रदान करते हैं। एम्बुलेंस सेवाएं, टेलीमेडिसिन प्लेटफॉर्म और सुव्यवस्थित रेफरल प्रक्रियाएं विशेष रूप से ग्रामीण क्षेत्रों में पहुंच को और बेहतर बनाती हैं।

EXPLOITATION OF CONSUMERS BY PHARMACIES

2134. SHRI SANJAY DINA PATIL:

DR. AMOL RAMSING KOLHE:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

PROF. VARSHA EKNATH GAIKWAD:

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

(a) whether the Government is aware that consumers in Maharashtra are being exploited by pharmacies and medical stores through the sale of loose or

unpackaged medicines at prices significantly higher than their per-unit Maximum Retail Price (MRP);

- (b) if so, the details thereof along with the mechanism currently in place in Maharashtra to regulate the pricing of individual tablets, capsules or syrups when sold in loose form without their original strip or bottle packaging;
- (c) whether the Government has conducted any studies or received complaints particularly in Maharashtra regarding this practice, if so the details of such complaints or findings; and
- (d) the concrete steps being taken or proposed by the Government to curb this exploitative practice in Maharashtra and to ensure that consumers are not charged more than the MRP for any form of medicine sale?

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

(a) to (d): The National Pharmaceutical Pricing Authority (NPPA) monitors prices of drugs in accordance with the provisions of the Drugs (Prices Control) Order, 2013 ("DPCO, 2013"). Under DPCO, 2013, every manufacturer of a formulation is required to print the maximum retail price (MRP) on the label of the container of such formulation. Further, no dealer is permitted to sell any loose quantity of formulation at a price exceeding the *pro rata* price of the formulation. NPPA monitors the prices of formulations and takes action in accordance with the

provisions of DPCO, 2013 against any company found to be overcharging consumers, based on references received regarding overcharging from any source, including Price Monitoring and Resource Units set up in States and State Drugs Controllers (including those in the State of Maharashtra), samples purchased from the open market, reports from market database and complaints lodged through grievance redress channels. NPPA has informed that no complaint as referred to in the question, regarding sale of loose or unpackaged medicines at prices significantly higher than their per-unit MRP, has been received by NPPA, including from the State of Maharashtra.

PRADHAN MANTRI NATIONAL DIALYSIS PROGRAMME (PMNDP)

2135. SHRI BASTIPATI NAGARAJU:

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

- (a) the total amount of funds sanctioned, released and utilised under the Pradhan Mantri National Dialysis Programme (PMNDP) during the last five years, year-wise and State-wise;
- (b) the list of dialysis centres empanelled/operational under the said programme in the State of Andhra Pradesh, along with the amount of funds sanctioned, released and disbursed to each centre during the last five years, year-wise and centre-wise;
- (c) the total number of patients receiving dialysis treatment under the said

programme in Andhra Pradesh during the last five years, centre-wise and year-wise; and

(d) whether the patients receiving dialysis under PMNDP are required to pay any fee for each dialysis session, if so, the details of the fees charged?

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

(a) to (d): Pradhan Mantri National Dialysis Programme (PMNDP) was rolled out in 2016 as part of the National Health Mission with the objective to make dialysis accessible and affordable by establishing haemodialysis centres at the District Hospital level in the country. The dialysis services are provided free of cost to the Below Poverty Line (BPL) patients and at subsidized rates to the Above Poverty Level (APL) patients. The approvals and expenditure under Pradhan Mantri National Dialysis Programme (PMNDP) during the last five years, year wise and state wise are given in the enclosed **Statement-I**.

In Andhra Pradesh, dialysis services are available on PPP mode. PMNDP has been implemented in all 26 Districts at 59 centres with 716 functional hemodialysis machines. A total of 2.57 lakh cumulative patients availed dialysis services till 31st October 2025. The List of Dialysis Centers established under PMNDP in Andhra Pradesh and Centre wise and year wise number of patients registered in the PMNDP portal (from FY 2022-23 to FY 2024-25) is given in the enclosed **Statement-II**.

STATEMENT-I

State/UT wise details of SPIP Approvals and Expenditure for Pradhan Mantri National Dialysis Programme (PMNDP) under NHM during the period from FY 2020-21 to FY 2024-25:

											(Rs. in lakhs)
S. No.	State/UT	2020-21		2021-22		2022-23		2023-24		2024-25	
		SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure	SPIP Approvals	Expenditure
1	Andaman and Nicobar Islands	0.00	0.00	0.00	0.00	0.00	0.00	8.50	0.00	17.08	1.55
2	Andhra Pradesh	0.00	0.00	4,934.42	3,592.73	5,307.87	4,061.58	5,680.55	5,143.70	5,776.12	3,948.86
3	Arunachal Pradesh	144.44	139.82	150.76	263.00	611.66	405.90	728.99	364.00	881.68	278.40
4	Assam	1,129.62	1,037.21	859.01	801.84	1,715.75	1,587.45	1,985.98	1,850.96	3,810.99	2,465.58
5	Bihar	0.00	0.00	2,962.57	907.13	3,112.37	2,597.89	3,521.01	3,302.98	4,991.50	3,998.78
6	Chandigarh	0.00	0.00	28.00	1.44	4.00	0.02	4.25	0.25	10.53	7.12
7	Chhattisgarh	0.00	0.00	768.48	188.10	1,182.40	617.78	1,225.48	877.70	2,162.00	955.55
8	Dadra and Nagar Haveli and Daman and Diu	0.00	0.00	0.00	0.00	2.22	0.00	2.22	0.00	1.63	0.00
9	Delhi	0.00	0.00	2,010.00	429.29	703.84	416.76	709.03	572.39	860.20	720.38
10	Goa	0.00	0.00	1,064.32	198.33	1,247.32	937.74	1,234.32	783.40	1,630.91	881.95
11	Gujarat	0.00	0.00	3,267.50	2,000.00	4,308.05	1,869.73	4,280.60	5,103.79	6,069.33	5,645.23
12	Haryana	0.00	0.00	350.00	199.24	337.95	243.71	337.95	308.81	1,848.70	537.90
13	Himachal Pradesh	0.00	0.00	200.00	125.11	291.50	10.78	309.50	27.38	125.71	166.65

14	Jammu and Kashmir	0.00	0.00	562.71	302.69	303.00	67.57	768.60	106.26	437.13	109.78
15	Jharkhand	0.00	6.16	18.50	0.00	826.76	324.04	674.56	315.19	1,502.59	849.50
16	Karnataka	3,450.00	3,038.72	4,554.00	2,971.88	7,735.07	3,413.39	6,604.02	4,315.15	7,995.19	6,913.07
17	Kerala	7.00	1.25	947.30	3.19	1,522.36	401.89	1,024.14	677.57	1,382.47	493.83
18	Ladakh	0.00	22.76	100.06	55.12	204.86	89.71	194.06	53.75	112.70	90.31
19	Lakshadweep	0.00	0.00	14.00	0.00	18.70	0.00	19.64	2.54	21.20	12.18
20	Madhya Pradesh	1,269.96	475.58	1,063.73	599.92	1,965.30	1,704.39	3,073.97	1,969.26	2,970.24	2,098.07
21	Maharashtra	0.00	0.00	247.88	16.80	2,516.93	466.76	1,488.39	579.07	4,574.29	102.03
22	Manipur	4.80	47.70	444.74	15.00	563.33	334.05	568.83	297.02	932.72	389.15
23	Meghalaya	50.00	50.00	63.36	0.00	65.07	74.31	50.05	27.33	320.13	85.99
24	Mizoram	0.00	0.00	6.54	0.00	49.01	0.00	40.95	27.31	85.78	12.52
25	Nagaland	1.97	0.00	199.20	101.37	247.28	133.24	208.53	206.71	466.08	314.09
26	Odisha	1,311.80	1,473.25	2,377.10	1,908.10	2,413.73	2,202.31	3,317.57	2,553.95	2,740.69	4,014.69
27	Puducherry	0.00	0.00	81.40	24.49	107.20	44.36	105.10	36.38	164.20	24.53
28	Punjab	0.00	0.00	267.00	22.82	185.14	58.97	196.29	196.29	1,775.40	189.73
29	Rajasthan	538.00	481.67	1,267.40	409.71	877.31	213.12	877.31	216.65	918.00	423.42
30	Sikkim	0.00	0.00	206.03	0.00	98.50	31.06	14.83	75.87	325.30	220.79
31	Tamil Nadu	0.00	0.00	3,644.85	1.00	966.32	1,226.81	1,224.30	1,200.58	1,194.25	963.99
32	Telangana	2,783.08	0.00	0.00	0.00	64.74	2.38	54.95	11.85	52.00	1.36
33	Tripura	26.57	16.38	73.14	45.53	210.41	86.05	202.85	168.71	253.38	215.74
34	Uttar Pradesh	12,817.04	3,416.83	0.00	4,240.16	8,097.37	5,613.32	11,691.30	4,825.25	17,301.42	8,915.59
35	Uttarakhand	303.00	9.53	280.00	117.64	259.74	78.02	263.26	168.94	784.75	297.31
36	West Bengal	0.00	0.00	4,568.13	2,480.82	6,586.68	5,276.15	7,248.67	3,629.06	7,644.41	2,732.66
Note:											
		1. The above data is as per available Financial Management Reports (FMRs) submitted by States/UTs and are provisional.									
		2. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year.									

STATEMENT-II**DIALYSIS CENTRE WISE PATIENTS' REGISTRATION DETAILS FROM FY 2022-23 TO FY 2024-25 (SOURCE: PMNDP PORTAL):**

S. No.	Name of the Dialysis Facility	No of New Patients Registered during FY 2022-23 (05-05-2022 to 31-03-2023)	No of New Patients Registered during FY 2023-24 (1-04-2023 to 31-03-2024)	No of New Patients Registered during FY 2024-25 (1-04-2024 to 31-03-2025)
1	Area Hospital Rampachodavaram	19	43	34
2	Community Health Center Chintoor	36	49	61
3	District Hospital Araku Valley	2	1	2
4	Government General Hospital Paderu	29	17	24
5	Area Hospital. Narsipatnam	224	96	110
6	District Hospital Anakapalli	1	3	18
7	Area Hospital Guntakal	2	2	69
8	Area Hospital Rayadurgam	0	7	39
9	Area Hopital Rajampet	0	0	73
10	Area Hospital. Rayachoti	58	35	65
11	GGH madanapalle	108	103	69
12	Area Hospital Chirala	72	100	82
13	Area Govt Hospital Kuppam	55	38	37
14	Area Hospital Nagari	1	0	63
15	Community Health Center Bangarupalem	1	1	35
16	Community Health Center Punganuru	64	49	47
17	District Hopsital. RAJAHMUNDRY	210	184	131
18	Area Govt Hospital, Nuziveedu	110	44	63
19	Area hospital Jangareddygudem	129	94	65
20	Community Health Center. Kaikaluru	0	2	56
21	District Hospital Tenali	110	61	61

22	Area Hospital Tuni	84	82	47
23	Area Govt Hospital Amalapuram	131	17	25
24	Community Health Center RAZOLE	6	4	39
25	Community Health Center Avanigadda	5	19	28
26	Govt. General Hospital. Machilipatnam	177	85	51
27	Area Hosipital Adoni	109	40	63
28	District Hospital NANDYAL	93	83	100
29	Community Health Center Tiruvuru	61	68	59
30	Community Health Center. JAGGAYYAPETA	78	63	47
31	PHC. A. KONDURU	9	22	28
32	Area Hospital Narasaraopeta	81	45	40
33	Community Health Center Macherla	49	49	37
34	Area Hospital Palakonda	156	54	68
35	Area Hospital Parvathipuram	145	123	115
36	Area Hopital Yerragondapalem	2	3	23
37	AREA HOSPITAL GIDDALURU	3	5	25
38	Community Health Center KANIGIRI	152	116	78
39	District Hospital Markapuram	102	83	36
40	AREA HOSPITAL ATMAKUR	115	82	64
41	Area Hospital Kandukur	127	71	60
42	CHC Vinjamur	1	8	19
43	Community Health Centre Podalakuru	0	0	22
44	Area Hospital Dharmavaram	2	9	21
45	Area Hospital Kadiri	90	61	61
46	District Hospital Hindupur	186	142	72
47	CHC Ichapuram	3	0	7

48	Community Health Center Haripuram	78	64	51
49	Community Health Center KAVITI	142	84	40
50	Community Health Center Sompeta	212	50	75
51	DISTIRICT HOSPITAL TEKKALI	0	107	69
52	Area Hospital Gudur	75	45	43
53	Area Hospital Srikalahasti	98	17	65
54	AH Govt Hospital Aganampudi	0	4	34
55	Area Hospital Palakollu	3	4	32
56	Area Hospital Tadepalligudem	185	103	75
57	Area Hospital Pulivendula	46	51	44
58	Community Health Center Badvel	3	0	79
59	District Hospital Proddatur	100	97	51

IMPORTANCE OF ARTIFICIAL INTELLIGENCE IN PHARMACEUTICAL INDUSTRY

2136. SHRI CHAMALA KIRAN KUMAR REDDY:

SHRI EATALA RAJENDER:

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

- (a) whether Artificial Intelligence (AI) has reduced the cost of producing a new pharmaceutical molecule by ten times and the development time by fifty percent creating an opportunity for the country to invent a clutch of drugs globally, if so, the details thereof; and

(b) whether this situation is creating an opportunity for the country an opening to develop competitive drugs globally in the near future, 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): Use of AI represents an emerging opportunity for domestic industry to enhance its global competitiveness. Pharmaceutical industry is exploring AI-enabled platforms for target identification, lead optimisation, molecular screening, predictive toxicology and regulatory intelligence, which has potential to reduce costs and timeframes for early stages of drug development. The extent of such reduction has not been quantified conclusively.

सांपों के काटने से मौतें

2137. श्री आदित्य यादव:

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

(क) क्या सरकार को यह जानकारी है कि वर्ष 2019 से उत्तर प्रदेश में औसतन लगभग 670 मौतें सांपों के काटने के कारण हर साल दर्ज की गई हैं, और 2024 तक यूपी राज्य आपदा प्रबंधन प्राधिकरण द्वारा कुल 3415 मौतों की रिपोर्ट की गई है और यदि हाँ, तो तत्संबंधी वर्षवार ब्यौरा क्या है;

(ख) क्या सांप के काटने के मामलों की अधिकतर रिपोर्ट सोनभद्र, फतेहपुर, बाराबंकी, उन्नाव और हरदोई जिलों से आती है;

(ग) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(घ) सरकार उच्च जोखिम वाले जिलों में जागरूकता बढ़ाने, विषरोधी दवाओं की उपलब्धता सुनिश्चित करने और आपातकालीन चिकित्सा सेवाओं को सुदृढ़ करने के लिए कौन-कौन से कदम उठा रही है; और

(ङ) सांप के काटने से होने वाली मृत्यु दर कम करने के लिए पूरे राज्य में लागू या प्रस्तावित सार्वजनिक स्वास्थ्य हस्तक्षेपों, स्वास्थ्य कार्यकर्ताओं के प्रशिक्षण कार्यक्रमों का ब्यौरा क्या है और इससे जोड़े जाने वाले सामुदायिक कार्यक्रमों को कार्यान्वित किया गया है/प्रस्तावित किया गया है?

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

(क) से (ग): उत्तर प्रदेश सरकार से प्राप्त जानकारी के अनुसार, वर्ष 2019-2024 की अवधि के दौरान उत्तर प्रदेश में सर्प-दंश से कुल 1325 मौतें दर्ज की गई हैं। सोनभद्र, फतेहपुर, बाराबंकी, उन्नाव और हरदोई में सर्प-दंश के दर्ज किए गए मामले और मृत्यु के मामले निम्नानुसार हैं:

वर्ष 2019-2024 के दौरान सर्प-दंश के वर्षवार मामले			
क्र. सं.	जिला	मामले	मृत्यु
1	सोनभद्र	1972	16
2	फतेहपुर	726	4
3	बाराबंकी	2877	11
4	उन्नाव	1698	189
5	हरदोई	1709	61

(घ) और (ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय, सर्पदंश के कारण मानवों में होने वाली रुग्णता, मृत्यु और उससे संबंधित जटिलताओं को कम करने के लिए वित्त वर्ष 2022-23 से सभी राज्यों/संघ राज्य क्षेत्रों में राष्ट्रीय सर्पदंश विषप्रभाव रोकथाम और नियंत्रण कार्यक्रम लागू कर रहा है।

इसके अतिरिक्त, मंत्रालय ने राष्ट्रीय सर्पदंश विषप्रभाव की रोकथाम और नियंत्रण कार्ययोजना (एनएपीएसई) शुरू की है। यह एक मार्गदर्शक दस्तावेज है जिसका उद्देश्य सांप के विष रोधी दवा की निरंतर उपलब्धता, क्षमता निर्माण, रेफरल तंत्र और जन शिक्षा के माध्यम से सर्पदंश से होने वाले विष के प्रभाव के जोखिम को व्यवस्थित रूप से कम करना है। विस्तृत जानकारी

<https://ncdc.mohfw.gov.in/wp-content/uploads/2024/07/NATIONAL-ACTION-PLAN-FOR-PREVENTION-AND-CONTROL-OF-SNAKEBITE-ENVENOMING-NAPSE.pdf> पर देखी जा सकती है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, उत्तर प्रदेश को राज्य और जिला स्तर पर निम्नलिखित सर्पदंश रोकथाम और नियंत्रण क्रियाकलापों के कार्यान्वयन के लिए सहायता प्रदान की जाती है:

- राष्ट्रीय निःशुल्क औषधि पहल के अंतर्गत सर्प विष रोधी दवा का प्रावधान
- स्वास्थ्य सेवा पेशेवरों की क्षमता निर्माण और प्रशिक्षण के लिए निधि
- बैठकें, पर्यवेक्षण और निगरानी
- सूचना, शिक्षा और संचार
- प्राथमिक स्वास्थ्य केंद्र/क्षेत्रीय स्वास्थ्य केंद्र स्तर पर चिकित्सा अधिकारियों के लिए सर्पदंश के मामलों के प्रारंभिक प्रबंधन हेतु प्रोटोकॉल तैयार किया गया है और सभी राज्यों/संघ राज्य क्षेत्रों को वितरित किया गया है।

समुदायों में सर्पदंश के बारे में जागरूकता, रोकथाम और नियंत्रण को बढ़ावा देने के लिए मंत्रालय ने सूचना, शिक्षा और संचार (आईईसी) सामग्री और वीडियो का एक व्यापक तंत्र विकसित किया है। सामग्री में निम्न शामिल हैं:

- **सर्पदंश की रोकथाम और नियंत्रण पर पुस्तिका:** हिंदी और अंग्रेजी दोनों भाषाओं में उपलब्ध यह पुस्तिका सर्पदंश की रोकथाम, नियंत्रण और पीड़ितों के लिए प्राथमिक उपचार के उपायों पर व्यापक दिशानिर्देश प्रदान करती है।
- **सर्पदंश पर क्या करें और क्या न करें संबंधी पोस्टर:** आम जनता के उपयोग के लिए डिज़ाइन किए गए ये पोस्टर हिंदी और अंग्रेजी में उपलब्ध हैं, जो सांप के काटने के जोखिम को कम करने और उचित अनुक्रिया सुनिश्चित करने के लिए व्यावहारिक परामर्श देते हैं।
- **सर्पदंश के बारे में जागरूकता वाला 7 मिनट का वीडियो:** 10 क्षेत्रीय भाषाओं में बनाये गये इस वीडियो का उद्देश्य विभिन्न समुदायों को सर्पदंश की रोकथाम, प्राथमिक उपचार और समय पर चिकित्सा सहायता प्राप्त करने के महत्व के बारे में प्रभावी ढंग से शिक्षित करना है।
- **सर्पदंश की हेल्पलाइन नंबर (15400):** यह हेल्पलाइन पांच राज्यों (आंध्र प्रदेश, पुडुचेरी, दिल्ली, मध्य प्रदेश और असम) के लिए शुरू की गई है।
- देश भर के स्वास्थ्य पेशेवरों के लिए राष्ट्रीय वेबिनार आयोजित किए जाते हैं ताकि वे अपने अनुभव साझा कर सकें, अपने सामने आने वाली चुनौतियों पर चर्चा कर सकें और सर्पदंश के मामलों के प्रबंधन में बेहतरी के अवसरों का पता लगा सकें।

आईईसी का लिंक सार्वजनिक रूप से <https://ncdc.mohfw.gov.in/snakebite/> पर उपलब्ध है।

OPERATIONAL PHCs, CHCs, SHCs AND AAMs**2138. SUSHRI S. JOTHIMANI:**

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

- (a) the number of Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub Health Centres (SHCs) and Ayushman Arogya Mandir centres operational in the country till date, State-wise, including Karur district of Tamil Nadu;
- (b) the number of vacancies in healthcare professional posts across the centres in the country, State-wise;
- (c) whether the Government has any monitoring mechanism to determine the shortage of medical equipment in Ayushman Arogya Mandir centres in the country, if so, the details thereof; and
- (d) whether it is a fact that the Health Information Management System (HMIS) has not published any reports analysing key performance indicators of CHCs and PHCs at the district level since 2019-20, if so, the reasons therefor?

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

- (a) to (d): The details of health facilities functioning in rural and urban areas across all States/UTs, including Tamil Nadu, along with information on available resources, as well as details of doctors, specialists, nurses, and other healthcare staff and their

vacancies in Government hospitals across the country, are available on the website of the Ministry of Health and Family Welfare and can be accessed at the following link of Health Dynamics of India (HDI) 2022–23:

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

The Ministry of Health and Family Welfare has launched an open-source toolkit and a dashboard under Indian Public Health Standards. The IPHS Dashboard is a cutting-edge digital platform designed to monitor public health facilities' compliance with the IPHS 2022 standards. These tools help states identify gaps and receive targeted support to achieve the required standards.

The HMIS portal enables real-time report generation at State, District and below levels. The concerned stakeholders of the States/UTs can generate district level reports from HMIS and analyse key performance indicators of CHCs and PHCs.

DELAY IN CONSTRUCTION OF AIIMS, MADURAI

2139. SHRI D. M. KATHIR ANAND:

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

- (a) whether there is an inordinate delay in the construction of AIIMS, Madurai and if so the details of the current status of construction along with the steps taken by the Government to expedite the completion of the same;

- (b) the amount of the funds provided by Japan International Cooperation Agency (JICA) and the Union Government along with the reasons for the delay in getting funds from JICA; and
- (c) the amount of funds spent so far for the construction of AIIMS, Madurai and time by which the construction of the said is likely to be completed?

THE MINISTER 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), All India Institute of Medical Science (AIIMS) Madurai has been approved at a cost of Rs. 2021.51 crore. The progress of the construction work of the Institute is 42% as on 30.11.2025. Till date, the Ministry has released Rs. 421.02 crore for construction of AIIMS Madurai. The project is being funded under Extra Budgetary Resources (EBR) through Japan International Cooperation Agency (JICA) with a loan limited to Japanese Yen 22,788,000,000. As per the Loan Agreement signed between Government of Japan and Government of India in March, 2021, the target date of completion of the project is October, 2026.

The progress of the project and release of funds are being regularly monitored at the level of the Institute and the Ministry. A steering committee has also been constituted under the Chairpersonship of Principal Secretary (Health),

Government of Tamil Nadu to monitor and facilitate smooth implementation of the project.

EFFECT OF FLOODS ON HEALTHCARE SERVICE

2140. MD. RAKIBUL HUSSAIN:

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

- (a) whether the occurrence of floods and erosion have adversely affected healthcare service delivery in the State of Assam;
- (b) if so, the details thereof;
- (c) the details of the damage caused to health centres in the said State during the recent flood events;
- (d) the amount of funds allocated and released by the Union Government for repair, restoration and strengthening of the affected health facilities in the State; and
- (e) the long-term mitigation strategy proposed by the Union Government to ensure uninterrupted healthcare services during floods in the country?

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

(a) to (e): Floods have direct and indirect impact on healthcare service delivery due to their impact on healthcare facilities and a surge in healthcare needs of affected communities.

As communicated by the State Government of Assam, year-wise details of health facilities damaged/ affected due to floods are as follows:

S. No.	Year	No. of health facilities
1	2021-22	03
2	2022-23	279
3	2023-24	0
4	2024-25	32
5	2025-26	23

‘Public Health’ is a State subject and States have primary responsibility in dealing with natural disasters as well as to mitigate and respond to public health impact of such disasters. Any disaster relief and response as well as recovery and reconstruction needs are under the mandate of concerned State Government with provisioning of funds under respective State Disaster Response Funds (SDRF). Central Government, supplements efforts of State Governments through National Disaster Response Funds (NDRF) as per their needs assessment.

Central Water Commission (CWC) provides flood forecasting as one of the cost effective flood mitigation measures to minimize loss of lives. Flood Plain

Zoning is pursued by CWC, Department of Water Resources, River Development and Ganga Rejuvenation (RD and GR) with State governments for implementation as long term mitigation strategy to ensure uninterrupted essential services in flood affected area.

Ministry of Health and Family Welfare has developed and shared with all States/UTs, a template for Crisis Management Plan to mitigate public health risks due to disasters. As informed by the State Government of Assam, a disaster management plan of State Health Department is already in place to ensure continuity of services.

Ministry of Health and Family Welfare has also issued a comprehensive 'Public Health Guidelines for Flood Events' which provides details on common public health effects due to floods, rapid need assessment, disease surveillance during and after flood with particular focus on water and food borne diseases; vector- borne diseases, and water, sanitation issues etc. Further, this Ministry is undertaking capacity building of district level health officials to augment preparedness and response capacities to public health emergencies, including disasters like floods.

DISCRIMINATION FACED BY CPS QUALIFIED SPECIALISTS

2141. SHRI GURJEET SINGH AUJLA:

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

- (a) whether the Government is aware of the ongoing discrimination being faced by CPS qualified specialists in the country and if so, the details thereof;
- (b) whether the Government proposes to issue any Gazette Notification granting Pan India recognition to these CPS qualified specialists and if so, the details thereof; and
- (c) the specific timeline proposed for resolving this long standing issue given its National importance and impact on thousands of dedicated medical professionals in the country?

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

(a) to (c): National Medical Commission is a statutory body constituted under National Medical Commission (NMC) Act, 2019. Section 35 of the NMC Act, 2019 mentions about the recognition of medical qualifications granted by Universities or medical institutions in India. Additionally, any University or medical institution in India which grants an undergraduate or postgraduate or super-speciality medical qualification not included in the list maintained by the NMC, may apply to NMC before starting a course leading to a recognized medical qualification. Some states recognized qualifications of CPS based on the statutory provisions of the concerned state legislation.

BLACK MARKETING OF FERTILIZERS

2142: SHRI PUTTA MAHESH KUMAR:

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

- (a) whether the Government has taken any stern action against the black marketeers, hoarders and for diversion of stocks of fertilizers across the country, if so, the details thereof State-wise;
- (b) the number of registration/licences of fertilizer distribution cancelled during the last three years State and district-wise; and
- (c) the steps being taken by the Government to ensure timely availability of fertilizers distribution across all regions of the country, State-wise?

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

(a): In order to address the issues of diversion, hoarding, black-marketing and over-pricing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Accordingly, the details regarding enforcement

measures taken by the States, as informed by them, from 01.04.2025 to 28.11.2025, to curb these malpractices is given in the enclosed **Statement-I**.

(b): The information received from the States regarding number of licenses cancelled is given in the enclosed **Statement-II**.

(c): 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 (DAandFW), 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 DAandFW, 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.

However, the assessment and distribution of fertilizers within the State at district level is done by the concerned State government.

STATEMENT-I

**Action taken by the State Governments to check black marketing, hoarding, quality check, diversion etc. from
01.04.2025 to 28.11.2025:**

Cumulative Statement from April 25 to November 25 (as on 28.11.2025)																	
		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Total		
States	No. of Inspections / raids	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered		Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered
Andhra Pradesh	11181	5	3	9	10	6	3	83	0	0	7	2	3	NIL	105	11	15
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Assam	3820	12	4	1	59	0	0	36	0	0	27	0	0	NIL	134	4	1
Bihar	15499	1035	607	77	7	0	0	0	0	0	0	0	0	NIL	1042	607	77
Chhattisgarh	6172	294	13	4	29	1	0	136	5	0	24	0	0	NIL	483	19	4
Dadar and Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Delhi	255	0	0	1	0	0	0	3	0	0	0	3	0	NIL	3	3	1
Goa	614	544	180	6	10	0	0	32	1	0	16	0	0	NIL	602	181	6
Gujarat	12210	33	3	1	0	0	0	83	2	0	7	3	11	NIL	123	8	12
Haryana	4693	49	5	7	18	18	4	48	10	5	13	5	6	NIL	128	38	22
Himachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Jammu and Kashmir	3694	142	44	2	31	2	0	55	0	0	8	0	0	NIL	236	46	2

Jharkhand	759	57	20	11	32	4	0	2	0	0	1	1	0	NIL	92	25	11
Karnataka	7093	365	22	0	243	5	0	221	14	2	84	6	6	NIL	913	47	8
Kerala	1299	0	0	0	0	0	0	48	0	0	4	0	3	NIL	52	0	3
Madhya Pradesh	5581	0	0	72	0	0	0	606	44	4	631	160	15	NIL	1237	204	91
Maharashtra	44059	16	0	16	0	0	0	1155	1139	37	1	73	1	NIL	1172	1212	54
Manipur	3	0	0	0	0	0	0	0	0	0	1	0	0	NIL	1	0	0
Meghalaya	579	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Mizoram	21	1	0	0	0	0	0	0	0	0	4	0	0	NIL	5	0	0
Nagaland	72	14	0	14	0	0	0	101	0	0	2	64	1	NIL	117	64	15
Odisha	7031	4	3	2	0	0	0	47	1	0	1966	107	3	NIL	2017	111	5
Puducherry	39	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Punjab	5617	37	1	1	20	0	1	192	65	3	0	0	4	NIL	249	66	9
Rajasthan	11505	589	76	46	45	17	30	451	1	2	15	16	25	NIL	1100	110	103
Tamilnadu	18805	13	0	4	6	8	0	33	25	0	112	17	1	NIL	164	50	5
Telangana	115321	5	9	3	4	2	0	79	0	0	4	0	5	NIL	92	11	8
Tripura	694	0	0	0	9	0	0	0	0	0	0	0	0	NIL	9	0	0
Uttar Pradesh	29401	2043	2742	165	164	139	8	141	130	12	88	7	12	3	2436	3018	197
Uttarakhand	282	0	0	0	0	0	0	0	0	0	43	0	0	NIL	43	0	0
West Bengal	33777	0	0	0	0	0	0	259	0	0	0	0	0	NIL	259	0	0
Total	340076	5258	3732	442	687	202	46	3811	1437	65	3058	464	96	3	12814	5835	649

STATEMENT-II**The number of licenses cancelled**

S. No.	State	2022-23	2023-24	2024-25	2025-26 (Till Date)
1	Andhra Pradesh	3	2	1	4
2	Arunachal Pradesh	0			
3	Assam	14			
4	Bihar	NA	92	394	326
5	Chhattisgarh	1	3	2	7
6	Delhi	9			
7	Goa	0			
8	Gujarat	3	1	7	5
9	Haryana	46			
10	Himachal Pradesh	0			
11	Jammu and kashmir	0			
12	Jharkhand	0	0	0	24
13	Karnataka	28			
14	Kerala	2	0	0	0
15	Madhya Pradesh	70	45	48	101
16	Maharashtra	46	76	114	446
17	Manipur	0			
18	Meghalaya	0			
19	Mizoram	0			
20	Nagaland	NA			
21	Odisha	26	54	56	78
22	Puducherry	0			
23	Punjab	0	0	2	3
24	Rajasthan		4	7	11
25	Tamil Nadu	7 FIRs			
26	Telangana	15			36
27	Tripura	NA			
28	Uttarakhand	0			
29	Uttar Pradesh		346	343	1314
30	West Bengal	NA			

GLOBAL TB REPORT 2025**2143. SHRI JAI PRAKASH:**

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

- (a) whether the Government has examined the World Health Organization's report titled "Global Tuberculosis Report – 2025" in relation to rising cases of tuberculosis;
- (b) if so, the details of factors which have become a stumbling block in the Government's initiatives to control the disease; and
- (c) the details of measures proposed to be taken by the Government to reduce the rate of tuberculosis in the country?

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

(a) to (c): As per the World Health Organization's Global TB Report 2025, it has been estimated that the incidence rate of TB cases in India has shown 21% decline from 237/lakh population in 2015 to 187/lakh population in 2024. As per the report, the treatment coverage has improved from 53% in 2015 to 92% in 2024, which is due to the efforts of the government to find all missing cases and initiate prompt treatment. As a result, the notification of cases has increased from 16.07 lakh cases in 2015 to 26.18 lakh cases in 2024, thereby reducing the missing TB cases.

TB Mukht Bharat Abhiyan (National TB Elimination Programme) is implemented under the aegis of National Health Mission (NHM) across the country. Under this Abhiyan, to identify undiagnosed TB cases, reduce TB-related deaths and prevent new infections, a renewed approach is implemented. This includes identification of vulnerable population, screening with Chest X-ray, upfront Nucleic Acid Amplification Test (NAAT) for all presumptive TB cases, prompt and appropriate treatment initiation, differentiated TB care for managing high-risk TB cases, nutrition support and preventive treatment to household contacts and eligible vulnerable population. The details of measures taken under the programme to reduce the rate of tuberculosis in the country are as under:

- Targeted interventions in high TB burden areas through State and district specific strategic plans.
- Provision of free drugs and diagnostics to TB patients.
- Active TB case finding campaigns in key vulnerable populations and congregate settings.
- Decentralized TB screening and treatment services to the level of Ayushman Arogya Mandir.
- Private sector engagement with incentives for notification and reporting of treatment outcomes.
- Scale up of molecular diagnostic laboratories to sub-district levels.
- Intensified Information, Education and Communication (IEC) campaigns to reduce stigma, enhance community awareness and improve health seeking behaviour.

- Converge efforts and resources of line ministries for TB elimination.
- Provision of TB Preventive Treatment to contacts of TB patients and eligible vulnerable population.
- Tracking notified TB cases through Ni-kshay portal.

MENTAL HEALTH OF STUDENTS

2144. SHRI ESWARASAMY K.:

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

- (a) whether the Government is aware that student suicides account for around 7.6% of total suicides in the country indicating a serious youth mental health concern and if so, the details thereof;
- (b) the number of districts have been covered under the District Mental Health Programme (DMHP) during the last three years, year-wise;
- (c) the number of schools/colleges that have implemented active student mental health programmes/components, State/UT-wise and year-wise;
- (d) the number of student beneficiaries reached under DMHP, including counselling sessions, referrals, and resource allocation for student mental health; and
- (e) whether any review or audit of DMHP's impact on reducing student suicides has been conducted and if so, the findings and the implementation timeframe?

THE MINISTER 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 information received from National Crime Record Bureau (NCRB), the students suicides account for around 7.6% of total suicides in the country for the year 2022.

(b): To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 716, 743 and 767 districts during the last three years for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels for all including elderly, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.

(c) to (e): Under DMHP, targeted interventions are conducted for school and college students. Under Targeted interventions, the following activities are carried out in the districts across the country:

- i. Life skills education and counselling in schools - 100 teachers to be trained as Master trainers from each block having 25-30 schools.
- ii. College counselling services - training of college teachers to work as as counsellors.
- iii. Counselling of Out of school children having mental health problems/
Adolescent mental health program
- iv. Suicide prevention services Workplace Stress Management Programs

As part of targeted interventions done for the students under DMHP in FY 2025-26, the counselling services were provided to 65278 students through 5111 counselling sessions conducted in schools and colleges in the FY 2025-26 (till 30.09.2025).

The Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.81 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services have been added in the packages of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational guidelines and training manuals for various cadres on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat.

“Emotional Wellbeing and Mental Health” is incorporated as a dedicated module under Ayushman Bharat School Health and Wellness Programme. Health

and Wellness Ambassadors (Teachers) are trained on mental health along with other thematic areas of the programme, take interactive sessions with the students and percolate the messages through weekly sessions promoting joyful learning.

The Rashtriya Kishor Swasthya Karyakram (RKSK) of the Ministry of Health and Family Welfare through its interventions viz. Adolescent Friendly Health Clinics (AFHC), Peer Education Programme and Adolescent Health and Wellness Days (AHandWD) creates awareness on mental health issues and provides counselling services. Peer Educators form groups of 15-20 boys and girls in the community and conduct weekly one to two hour participatory sessions on adolescent health including mental health and wellbeing.

Ministry of Education (MoE), has launched an initiative, Manodarpan, with the aim to provide psychosocial support to students, their families and teachers across the country, for mental health and well-being . All activities undertaken under the Manodarpan initiative are aimed towards supporting the mental health and well-being of students from schools, colleges and universities, including those students who are preparing for competitive examinations.

University Grants Commission (UGC) has issued Guidelines for Promotion of Physical Fitness, Sports, Student's Health, Welfare, Psychological and Emotional Well-being at Higher Education Institutions (HEIs) on 13.04.2023, which provides for promotion of physical fitness and sports activities for students; creation

of safeguards against academic pressure, peer pressure, behavioral issues, stress, career concerns, depression and other issues on the mental health of students; to teach positive thinking and emotions in the student community; and to promote a positive and supportive network for students.

Besides the above, the Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 27.11.2025, 36 States/ UTs have set up 53 Tele MANAS Cells and have started tele mental health services. More than 29,82,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders. The Government has also launched the video consultation facility under Tele-MANAS, as another upgrade to the already existing audio calling facility.

आयुष्मान आरोग्य मंदिरों का विस्तार

2145. श्रीमती हिमाद्री सिंह:

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

(क) शहडोल संसदीय निर्वाचन क्षेत्र, मध्य प्रदेश में संचालित आयुष्मान आरोग्य मंदिरों (एएएम) की कुल संख्या कितनी है और क्या उक्त केंद्र सभी प्रकार की सेवाएँ जैसे कि टेली-कंसल्टेशन प्रदान कर रहे हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ख) क्या देश के जनजातीय और दूरदराज के क्षेत्रों में एएएम की संख्या बढ़ाने या उनकी अवसंरचना को मजबूत करने का कोई प्रस्ताव है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): राज्यों/संघ राज्य क्षेत्रों द्वारा आयुष्मान आरोग्य मंदिर (एएएम) पोर्टल पर दी गई सूचना के अनुसार दिनांक 30.11.2025 की स्थिति के अनुसार देश भर में उप स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके 1,81,873 एएएम को कार्यशील किया गया है, जिसमें मध्य प्रदेश के शहडोल लोकसभा निर्वाचन क्षेत्र में 608 एएएम भी शामिल हैं।

आयुष्मान आरोग्य मंदिर शहडोल लोकसभा निर्वाचन क्षेत्र सहित शहरी, ग्रामीण और आदिवासी बहुल क्षेत्रों में प्राथमिक स्वास्थ्य परिचर्या सेवाओं के 12 पैकेज धीरे-धीरे उपलब्ध कराता हैं, जिनमें प्रजनन और शिशु परिचर्या सेवाएं, संचारी रोग, गैर-संचारी रोग (एनसीडी), उपशामक परिचर्या और वृद्धावस्था परिचर्या, सामान्य मानसिक विकारों, तंत्रिका संबंधी स्थितियों (मिर्गी, मनोभ्रंश) और मादक द्रव्यों के सेवन संबंधी विकारों (तंबाकू, शराब, ड्रग्स) का प्रबंधन, मुख संबंधी स्वास्थ्य, ईएनटी परिचर्या और बुनियादी आपातकालीन परिचर्या शामिल हैं। विस्तारित सेवाओं को पूरक बनाने के लिए, आवश्यक दवाओं और निदान उपकरणों की सूची का विस्तार किया गया है, जिससे पीएचसी-एएएम में 172 दवाएं और 63 निदान उपकरण तथा एसएचसी-एएएम में 106 दवाएं और 14 निदान उपकरण उपलब्ध हो गए हैं।

शहडोल लोक सभा निर्वाचन क्षेत्र सहित देश भर के सभी कार्यशील एएएम में उपलब्ध टेलीकंसल्टेशन सेवाओं से लोगों को अपने घरों के पास ही विशेषज्ञ सेवाओं तक पहुंचने में मदद मिलती है। इससे वास्तविक रूप से पहुंचने संबंधी समस्याओं, सेवा प्रदाताओं की कमी और निरंतर परिचर्या की सुविधा जैसे मुद्दों का समाधान होता है। दिनांक 30.11.2025 की स्थिति के अनुसार एएएम में कुल 41.93 करोड़ टेलीकंसल्टेशन किए गए हैं।

बीमारियों के प्रबंधन के अलावा, स्वास्थ्य संवर्धन और रोकथाम व्यापक प्राथमिक स्वास्थ्य परिचर्या का अभिन्न अंग है। योग, साइकिल चलाना और ध्यान जैसे आरोग्य संबंधी कार्यकलाप एएएम केंद्रों में आयोजित किए जाते हैं। दिनांक 30.11.2025 की स्थिति के अनुसार, एएएम केंद्रों में कुल 6.54 करोड़ स्वास्थ्य सत्र आयोजित किए जा चुके हैं।

एएएम उन्नत बुनियादी ढांचे, अतिरिक्त मानव संसाधन, आवश्यक दवाओं और निदान उपकरणों, सूचना प्रौद्योगिकी (आईटी) प्रणालियों आदि सहित आवश्यक संसाधनों से सुसज्जित हैं ताकि जनजातीय और दूरस्थ क्षेत्रों सहित पूरे देश में प्राथमिक स्वास्थ्य परिचर्या सेवाओं के बारह पैकेज प्रदान किए जा सकें।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) विशेष रूप से शहरी, ग्रामीण, आदिवासी/पहाड़ी और दूरस्थ क्षेत्रों में रहने वाले गरीब और कमजोर वर्गों के लिए स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधा केंद्रों में पर्याप्त मानव संसाधनों की उपलब्धता सुनिश्चित करने और गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता, वहनीयता और पहुंच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय, एनएचएम के तहत प्राप्त कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के आधार पर, जन स्वास्थ्य परिचर्या 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।

राष्ट्रीय स्वास्थ्य कार्यक्रम (एनएचएम) के तहत, स्वास्थ्य परिचर्या सेवाओं तक पहुंच को मजबूत करने के लिए आदिवासी/पहाड़ी/दुर्गम क्षेत्रों के लिए मानदंडों में ढील दी गई है। उप-स्वास्थ्य केंद्रों (एसएचसी), प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) की स्थापना के लिए जनसंख्या मानदंड को घटाकर क्रमशः 3,000, 20,000 और 80,000 कर दिया गया है। प्रति 1,000 जनसंख्या के बजाय प्रति बस्ती एक आशाकर्मी (एसएचए) की अनुमति है, और आदिवासी और दुर्गम क्षेत्रों में प्रति जिले अधिकतम 4 मोबाइल मेडिकल यूनिट (एमएमयू) की अनुमति है, जबकि मैदानी जिलों में यह संख्या 2 है।

दिनांक 15 नवंबर, 2023 को शुरू किए गए प्रधान मंत्री जनजातीय आदिवासी न्याय महा अभियान (पीएम-जनमन) के तहत, जनजातीय कार्य मंत्रालय (एमओटीए) ने विशेष रूप से कमजोर जनजातीय समूहों (पीवीटीजी) क्षेत्रों में एनएचएम मानदंडों में और ढील देते हुए प्रति जिले 10 एमएमयू तक प्रदान किए हैं। जनजातीय कार्य मंत्रालय (एमओटीए) द्वारा निर्मित प्रत्येक बहुउद्देश्यीय केंद्र (एमपीसी) के लिए एक अतिरिक्त सहायक नर्स मिडवाइफ (एएनएम) के मानदंडों में ढील दी गई है। एमएमयू पोर्टल के अनुसार 30.11.2025 तक पीएम-जनमन के तहत 751 एमएमयू और धरती आबा जनजातीय ग्राम उत्कर्ष अभियान (डीए-जेजीयूए) के तहत 155 एमएमयू आदिवासी क्षेत्रों में बुनियादी स्वास्थ्य सेवाएं प्रदान करने के लिए देश भर में कार्यरत हैं।

INDIANS DETAINED IN NIGER

2146. SHRI SUDAMA PRASAD:

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

- (a) whether the Government has received any complaints from the families of the five Indian nationals from Jharkhand reported abducted and detained in Niger, if so, the details thereof;
- (b) the status of action taken by the Government in this regard; and
- (c) whether the Government has communicated with Niger Government regarding the same, if so, the details of communication received from the Niger Government regarding this issue along with the action taken thereon and if not, the reasons therefor?

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

- (a): Yes. The Government of India has received representations from the families of five Indian nationals from Jharkhand reported abducted in Niger.
- (b): The Government, through its Embassy in Niamey and Embassy of Niger in New Delhi, has taken up the matter with the Government of Niger and is continuously pursuing it for the safe and expeditious release of the abducted Indian nationals.
- (c): Yes. The matter has formally been taken up with the Government of Niger. Niger authorities have assured that all endeavours are being made for the safe release of Indian nationals abducted. In this regard, the government remains in close and sustained coordination with the concerned Nigerien authorities.

MISSION SHAKTI SCHEMES**2147. SHRI C. N. ANNADURAI:****SHRI G. SELVAM:****SHRI NAVASKANI K.:**

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

- (a) the details of the key objectives/components of the Mission Shakti scheme, particularly under its 'Sambal' and 'Samarthya' verticals;
- (b) the number of beneficiaries covered/nature of projects implemented under Mission Shakti in Tiruvannamalai, Kanchipuram and Ramanathapuram districts in Tamil Nadu;
- (c) whether the Government has identified any challenges in ensuring convergence among various Ministries/departments at the district level for effective implementation of the scheme;
- (d) if so, the details thereof; and
- (e) the details of the steps taken/proposed to be taken by the Government to strengthen women's safety, security and empowerment in said districts through Mission Shakti?

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

- (a) to (e): Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals '**Sambal**' for

safety and security of women and '**Samarthya**' for empowerment of women. Mission Shakti is Centrally Sponsored Scheme and the implementation lies with the State Governments and UT Administrations.

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 help to address declining Sex Ratio at Birth (SRB) and related issues of empowerment of girls and women over a life cycle continuum and **Nari Adalat** is an 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.

Samarthya -The following schemes have been included under 'Samarthya' vertical: **Pradhan Mantri Matru Vandana Yojana (PMMVY)** is a 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** is an integrated Relief and Rehabilitation Home for women in distress situations

including trafficked women; **Sakhi Niwas** provides availability of safe and conveniently located accommodation for working women; **Palna** that aims to provide quality crèche facility in safe and secure environment for children and **SANKALP:HEW** facilitate inter-sectoral convergence of schemes and programs meant for women at National level, State and UT level and district level.

The Government has adopted a comprehensive, multi-pronged approach to address the safety, security, empowerment, and education of women and girls. The details of beneficiaries in Tamil Nadu including Tiruvannamalai, Kanchipuram and Ramanathapuram districts under various components of Mission Shakti Scheme since inception are given in the enclosed **Statement**.

STATEMENT

Details of beneficiaries in Tamil Nadu including Tiruvannamalai, Kanchipuram and Ramanathapuram districts under various components of Mission Shakti Scheme since inception:

S. No.	Scheme	Number of beneficiaries
1	OSC	1,33,260
2	WHL	1,77,437
3	SANKALP: HEW*	88,155
4	Sakhi Niwas	15,814
5	Shakti Sadan#	10,492
6	Palna	15,003
7	PMMVY	19,54,857

*Since the launch of Dashboard as on 22 January 2024 till 30 November 2025

FY 2022-23 till 30.09.2025

GERIATRIC CARE UNDER AB-PMJAY

2148. DR. KALANIDHI VEERASWAMY:

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

- (a) the current status of the implementation of the Ayushman Bharat scheme across the country, State-wise including Tamil Nadu with specific focus on facilities and services available for geriatric care;
- (b) the steps taken by the Government to enhance geriatric care under the Ayushman Bharat scheme including the establishment of specialized clinics, geriatric wards and dedicated health programmes for the elderly population in the country;
- (c) the details regarding the progress and functioning of the Ayushman Arogya Mandir initiative including the number of Mandirs established, services offered and their reach among the elderly population across the country;
- (d) the measures being taken by the Government to improve awareness, accessibility and quality of geriatric healthcare services through Ayushman Bharat and Ayushman Arogya Mandir; and
- (e) whether the Government has any future plans/policy directives to strengthen geriatric care within the framework of Ayushman Bharat to address the health needs of the aging population in the country, if so, the details thereof?

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

(a) to (e): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting economically vulnerable bottom 40% of India's population.

In March 2024, the eligibility criteria were expanded to include 37 lakh families of Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW), Anganwadi Helpers (AWH). Further, the scheme was expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families, irrespective of their socio-economic status, through Ayushman Vay Vandana card.

As on 31.10.2025, more than 42.31 crore Ayushman cards have been created under the scheme. Further, more than 41.34 lakh Ayushman cards have been created for the ASHA/AWW/AWH categories, and 89.51 lakh cards have been issued under the Ayushman Vay Vandana category for senior citizens and 10.76 crore hospital admissions have been authorized under the scheme. The State/UT-wise details can be accessed at the following link:
<https://dashboard.nha.gov.in/public/card>

Under AB-PMJAY, as per the latest Health Benefit Package, the scheme provides cashless healthcare services related to 1961 procedures across 27

medical specialties including treatment services like Hemodialysis / peritoneal dialysis, acute ischemic stroke, accelerated hypertension, total hip replacement, total knee replacement, Percutaneous Transluminal Coronary Angioplasty (PTCA), cancer etc. to eligible beneficiaries including senior citizens. Further, States have been provided flexibility to customize the Health Benefit Packages to local context. All eligible beneficiaries under AB-PMJAY can avail treatment through a network of over 32,403 public and private empanelled hospitals.

AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements. This includes advertisement over traditional media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging and telecast of beneficiary testimonials etc. In addition to this, State Health Agencies have also engaged a wide network of frontline workers i.e., ASHA, AWW who have played pivotal roles in creating mass awareness at the grassroot level. In addition to this the Ayushman Vay Vandana Card beneficiaries may give a missed call to helpline number 1800-110-770 or call at 24x7 call centre (14555) for any assistance/queries.

Further, National Health Authority has issued directions to the states to undertake extensive Information, Education and Communication activities to raise the awareness about the expansion of AB-PMJAY for all senior citizens of the age 70 years and above.

Through Ayushman Arogya Mandir (AAM), comprehensive primary healthcare is provided by strengthening Sub Health Centres and Primary Health Centres. These AAMs provide preventive, promotive, palliative, rehabilitative and curative care for an expanded range of services encompassing reproductive and child healthcare services, elderly care services, communicable diseases, non-communicable diseases, emergency medical services and other health issues. State/UT-wise details of operational Ayushman Arogya Mandirs is given in the enclosed **Statement**.

Elderly care at AAM focuses on nutrition, physical activity, managing chronic diseases (diabetes, hypertension), mental well-being (depression, dementia), functional independence (mobility aids, physiotherapy), family education and linkage to higher care, promoting a healthy aging environment with accessible services, through home and community-based holistic support by ASHAs, ANMs (Auxiliary Nurse Midwifery) and CHOs (Community Health Officer). The National Programme for Health Care of the Elderly programme focus on delivery of quality geriatric-friendly services and capacity building for healthcare providers, which reflects an implicit commitment to compassionate care in delivery of healthcare services. Elderly care at Health and Wellness Centres envisages the delivery of Comprehensive Primary Health Care for elderly to emotionally enable the elderly in the community, along with improving the accessibility and affordability of health care services.

STATEMENT

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

S. N.	State/UT	Operational AAM till 30.11.25
1	Andaman and Nicobar Islands	129
2	Andhra Pradesh	11,871
3	Arunachal Pradesh	511
4	Assam	4,961
5	Bihar	11,426
6	Chandigarh	60
7	Chhattisgarh	5,898
8	Delhi	221
9	DNH and DD	95
10	Goa	306
11	Gujarat	10,698
12	Haryana	3,267
13	Himachal Pradesh	2,748
14	Jammu and Kashmir	3,168
15	Jharkhand	4,154
16	Karnataka	10,124
17	Kerala	7,169
18	Ladakh	321
19	Lakshadweep	13
20	Madhya Pradesh	12,655
21	Maharashtra	12,846
22	Manipur	420
23	Meghalaya	621
24	Mizoram	412
25	Nagaland	485
26	Odisha	7,373

27	Puducherry	130
28	Punjab	3,311
29	Rajasthan	12,524
30	Sikkim	184
31	Tamil Nadu	8,496
32	Telangana	5,051
33	Tripura	1,131
34	Uttar Pradesh	23,286
35	Uttarakhand	2,355
36	West Bengal	13,453

PREVENTION OF FOOD ADULTERATION

2149. SHRI JANARDAN SINGH SIGRIWAL:

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

- (a) whether incidents of food adulteration are increasing in the country and the number of cases registered during the last five years, if so, the details thereof;
- (b) whether the Government has conducted any recent studies/surveys on food adulteration in the country and if so, the details thereof, including major findings;
- (c) whether the Government has taken strict enforcement measures/actions against offenders involved in food adulteration, if so, the details thereof;
- (d) whether adequate food testing laboratories are available across the country to detect adulteration and if so, the details thereof along with the number of functional labs;

- (e) whether the Government provides platforms for consumers to report cases of food adulteration in the country, if so, the details thereof;
- (f) whether the Government has implemented strategies to prevent adulteration at the production, processing and retail stages, if so, the details thereof; and
- (g) whether new policies/regulations/technologies have been introduced to minimise adulteration in essential food items, 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 (g): 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. Regular surveillance drives, monitoring, regulatory 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 and Regional offices of FSSAI to check compliance with the quality and safety parameters in food products as laid down under Food Safety and Standards Act, 2006, and Regulations made thereunder. If any violations are observed, strict regulatory actions have been enforced against the offenders in

accordance with the provisions of FSS ct. Details of number of Food Samples tested for last 5 Years.

Details of number of Food Samples tested for last 5 Years.		
Year	No. of Samples Analysed	No. of Samples found non-conforming
2024-25	170535	34388
2023-24	170513	33808
2022-23	1,77,511	44,626
2021-22	1,44,345	32,934
2020-21	1,07,829	28,347

Further, FSSAI has taken following strategies specially to address the concern of adulteration in the food value chain:-

- FSSAI has implemented Risk Based Inspections System [RBIS] to prioritize the inspections of the premises of the high risk Food Business Operators (FBOs). FSSAI has provided a platform on the Food Safety Compliance System (FoSCoS) portal, where on successful registration of a complaint by the consumer, State Food Safety Department/Regional offices depending on the jurisdiction take up the cases as per the provisions laid under the FSS Act, 2006
- 246 laboratories have been notified by FSSAI for primary testing of food and 24 Referral Laboratories.
- FSSAI has also provided Mobile Food Testing Laboratory (MFTL) referred to as “Food Safety on wheels” (FSW) to States/UTs for on spot testing of

adulteration in various food commodities. So far, 305 MFTLs have been procured and deployed by States/UTs against the funds provided by FSSAI for 541 MFTLs..

- Food Safety Magic Boxes, meticulously facilitate the detection of adulteration in food. It consists of reliable "quick screening tests" that a common person can perform at the household level.
- FSSAI published DART Booklet i.e., "Detect Adulteration with Rapid Test" which covers more than 50 quick tests for different categories of foods.

UNSPENT FUNDS FOR DEFENCE PROCUREMENT

2150. SHRI RADHAKRISHNA:

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

- (a) whether the Government has reportedly returned 12,500 crore from its 2024-25 capital acquisition budget due to slow procurement;
- (b) if so, the details thereof along with the steps being taken by the Government to ensure the effective utilization of this unspent amount; and
- (c) whether the Government proposes to implement the proposed amendments to the Defence Acquisition Procedure (DAP) to minimise the procurement times and if so, the details thereof?

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

(a) and (b): Defence Services were allocated an amount of Rs. 1,72,000.00 Crore at Budget Estimate (BE) Stage under Capital Outlay (Grant No. 21) for the Financial year 2024-25. The same was revised to Rs. 1,59,500.00 Crore by Ministry of Finance (MoF) at Revised Estimate (RE) Stage, which was completely utilized by the Ministry of Defence during the Financial Year 2024-25.

(c): Yes, Sir.

राजस्थान में अंतर्देशीय बंदरगाह सुविधा

2151. श्री अमरा राम:

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

- (क) क्या बंदरगाह निर्यात क्षेत्र के लिए सबसे सस्ती परिवहन सुविधा प्रदान करता है और कांडला बंदरगाह ऐसी सुविधा प्रदान करने के लिए बाड़मेर जिले के काफी निकट है;
- (ख) यदि हाँ, तो क्या कांडला बंदरगाह के ज़रिए राजस्थान में अंतर्देशीय बंदरगाह की सुविधा देने के लिए किसी कार्य योजना पर विचार किया जा रहा है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और
- (ग) इसके कब तक पूरा होने की संभावना है?

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

(क), (ख) और (ग): जी, हाँ। दीनदयाल पत्तन प्राधिकरण भी निर्यात क्षेत्र के लिए प्रदान की जाने वाली सबसे सस्ती परिवहन सुविधाएं प्रदान करता है और यह देश के सभी महापत्तनों में कार्गो और जलयान से संबंधित लिए जाने वाले प्रभार लेता है। राजस्थान में केंद्रीय अप्रत्यक्ष कर और सीमा शुल्क बोर्ड (सीबीआईसी) द्वारा अधिसूचित 12 अंतर्देशीय कंटेनर डिपो (आईसीडी) के माध्यम से अंतर्देशीय पत्तन सुविधाएँ पहले से उपलब्ध हैं, जिनसे निर्यात-आयात कार्गो आवाजाही में सहायता मिलती हैं। इन

आईसीडी का उपयोग व्यापार करने के लिए सीमा शुल्क निकासी और संबंधित लॉजिस्टिक्स सेवाओं के लिए किया जा सकता है। राजस्थान में स्थित अंतर्देशीय कंटेनर डिपो की सूची **विवरण** के रूप में संलग्न है।

विवरण

राजस्थान में स्थित अंतर्देशीय कंटेनर डिपो की सूची

क्र. सं.	अंतर्देशीय कंटेनर डिपो (आईसीडी)
1.	भीलवाड़ा
2.	भिवाड़ी
3.	जयपुर
4.	जोधपुर
5.	कोटा
6.	उदयपुर
7.	रावठा रोड, कोटा
8.	मंडावरिया (किशनगढ़), जिला अजमेर
9.	हिंडौन सिटी, जिला करौली
10.	काठूवास और मांढण गांव, जिला अलवर
11.	धानक्य
12.	किशनगढ़

INCENTIVES FOR SPECIALIST DOCTORS IN RURAL AND REMOTE AREAS

2152. SHRI NAVEEN JINDAL:

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

- (a) the details of the incentives provided to specialist doctors for serving in rural and remote areas in the country, including the details of the hard area allowance;

- (b) whether the Government provides additional honorarium for specialists conducting emergency obstetric care and Caesarean sections in rural areas, if so, the number of doctors benefiting from this scheme;
- (c) the details of non-monetary incentives introduced under the National Health Mission (NHM) to encourage medical professionals to work in rural and difficult areas;
- (d) the steps taken under NHM to address the shortage of specialists through multi-skilling programmes for doctors across the country; and
- (e) the measures taken by the Government to improve healthcare infrastructure in rural areas to support and retain medical professionals?

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

(a) to (e): The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. States/ UTs are to

ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and use NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and other health care staff to practice in rural and remote areas of the country to address the shortage of staff:

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.
- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

The provisions for performance-based incentives for conducting Emergency Obstetrics Care and Caesarean Sections are as under:

- i. As per the operational guidelines of Life Saving Anaesthesia Skills (LSAS) and Comprehensive Emergency Obstetrics and Newborn Care (CEmONC), there is a provision for awarding performance-based incentives (as decided by the State) for every emergency obstetric case wherein LSAS or CEmONC trained doctors provide services such as spinal anaesthesia or Caesarean section, respectively.
- ii. As per the guidelines of RMNCH+A: Illustrative Performance-Based Incentive for High Priority Districts (HPDs), the following provisions are available:
 - EmOC team at District Hospital/FRUs is entitled to receive Rs. 3,000 per C-section beyond 10 C-sections per month (limited to a maximum of 20% C-sections of total deliveries).

- EmOC team at Sub-District CHC/FRUs is entitled to receive Rs. 3,000 per C-section beyond 5 C-sections per month.

The Government of India, in consultation with the State/UT governments, has recognised that providing residential accommodation is one of the key measures to attract, retain, and motivate medical professionals to serve in rural and difficult areas. Accordingly, the Ministry of Health and Family Welfare (MoHFW) has approved several staff quarters across various States/UTs. The details of such approvals for the last three years and the current financial year are available and can be accessed through the following link to the RoPs on the Ministry's website:

<https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=59andlid=72>

Under the National Health Mission, provisions have been made for short-term training programmes for Medical Officers to address the shortage of specialists across the country. The initiatives include:

- i. 10-day training programme in Basic Emergency Obstetrics and Newborn Care (BEmONC); and
- ii. Six-month training programme in Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS).

In addition to the National Health Mission, Government of India is implementing PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), 15th Finance Commission (FC-XV) Health Sector Grants, Pradhan Mantri Swasthya Suraksha Yojna (PMSSY) and Establishment of new Medical

Colleges attached with existing district/referral hospitals in States/UTs to improve the healthcare infrastructure and service delivery in backward and under-served regions.

ESTABLISHMENT OF AYUSH HEALTH AND WELLNESS CENTRES

2153. SHRI GODAM NAGESH:

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

- (a) whether new AYUSH Hospitals, Wellness Centres and Research Institutes are being established in the country and if so, the details thereof, State/UT-wise;
- (b) the steps being taken by the Government to promote Ayurveda, Yoga, Unani, Siddha, Homoeopathy and Naturopathy (AYUSH) across the country, State/UT-wise including Telangana;
- (c) the funds released to each State including Telangana under various AYUSH schemes during the last three years along with the utilisation status in this regard; and
- (d) whether the Government is taking any measures to integrate AYUSH with modern healthcare systems for preventive and holistic health, if so, the details thereof?

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

(a): Public Health being a State subject, the primary responsibility to establish new Ayush Hospitals, Wellness Centres and Research Institutes lies with respective State/UT Governments. However, under the Centrally Sponsored Scheme of National Ayush Mission (NAM), there is provision of financial assistance to the State/UT Governments for setting up to 50/30/10 bedded Integrated Ayush Hospitals (IAHs) and as per the proposals received from States/UTs through State Annual Action Plans (SAAPs), 203 IAHs have been approved for establishment in different parts of the country. The State/UT -wise details of approved IAHs from the year 2014-15 to 2024-25 is given in the enclosed **Statement-I**.

Further, Ministry of Ayush, Government of India has set up Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Siddha (CCRS), Central Council for Research in Homoeopathy (CCRH), Central Council for Research In Yoga and Naturopathy (CCRYN) and Central Council for Research in Unani (CCRUM) for undertaking, coordinating, formulating, developing and promoting research on scientific lines in Ayush systems.

(b): Ministry of Ayush is implementing NAM Scheme through State/UT Governments including Telangana for overall development and promotion of Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homoeopathy and Sowa-Rigpa across the country and providing financial assistance to them for different activities as per the provisions of NAM guidelines against their submitted SAAPs. The Mission *inter-alia* makes provision for the following activities: -

- (i) Operationalisation of Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries and Sub health Centres.
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- (iii) Upgradation of existing standalone Government Ayush Hospitals.
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/ Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/ Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.
- (v) Setting up of 10/30/50 bedded Integrated Ayush Hospitals.
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.
- (vii) Ayush Public Health Programmes.
- (viii) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.
- (ix) Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses.

In addition to above, Ministry of Ayush is also implementing a Central Sector Scheme for Promotion of Information, Education and Communication (IEC) in Ayush to create awareness regarding Ayush systems of medicine. This scheme aims to reach out to all sections of the population across the country and under this Scheme, Ministry organizes National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, Celebrate Important Days of Ayush systems including Ayurveda day, Participate in Health Fairs/ Melas and Exhibitions, provide financial assistance for organizing seminars, workshops, conferences and conduct multimedia campaigns etc.

(c): Under NAM, the State/UT-wise status of funds allocated/released and utilized as reported by the State/UT Governments including Telangana during the last three years is given in the enclosed **Statement-II**.

(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), thus enabling choice to the patients for different systems of medicines under single window. The engagement of Ayush Doctors/paramedics and their training is 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 provided by Ministry of Ayush under NAM as shared responsibilities.

STATEMENT-I

State/UT -wise details of Integrated Ayush Hospitals approved from the year 2014-15 to 2024-25:

Sl. No.	State/UT	Location (District)	System of medicine	No. of Beds	Status
1	Andaman and Nicobar Island	Junglighat, Port Blair (South Andaman)	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	Functional
2	Andhra Pradesh	Kakinada	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	Construction Completed
		Visakhapatnam	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	Under construction
3	Arunachal Pradesh	Bhalukpong (West Kameng)	Ayurveda, Homoeopathy, Yoga	50	Under Construction
		Likabali (Lower Siang)	Ayurveda, Homoeopathy, Yoga	50	Under Construction
		Yingkiong (Upper Siang)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10	Under Construction
		Seppa (East Kameng)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10	Under Construction
		Ziro (Lower Subansiri)	Ayurveda, Homoeopathy, Yoga and Naturopathy	10	Under Construction
4	Assam	Dudhnoi (Goalpara)	Ayurveda	50	Functional

		Majuli	Ayurveda	50	Functional
		Kokrajhar	Ayurveda and Homoeopathy	50	Construction not started
		Baksa	Ayurveda and Homoeopathy	50	Under Construction
		Morigaon	Ayurveda and Homoeopathy	50	Construction not started
		Kaliabor (Nagaon)	Ayurveda and Homoeopathy	50	Construction not started
		Diphu (Karbi Anglong)	Ayurveda and Homoeopathy	30	Construction not started
		Bajali	Ayurveda and Homoeopathy	10	Under construction
5	Bihar	Patna	Ayurveda, Homoeopathy, Unani and Yoga	50	Construction Completed
6	Chandigarh	Sector -34, (Chandigarh)	Ayurveda and Homoeopathy	50	Functional
7	Chhattisgarh	Janjgir-Champa	Ayurveda, Homoeopathy, Unani	10	Functional
		Mahasamund	Ayurveda, Homoeopathy, Unani	10	Functional
		Koria	Ayurveda, Homoeopathy, Unani	10	Under construction
		Korba	Ayurveda, Homoeopathy, Unani	10	Functional
		Kanker (Uttar Bastar Kanker)	Ayurveda, Homoeopathy, Unani	10	Functional
		Narayanpur	Ayurveda, Homoeopathy, Unani	10	Under construction

		Bijapur	Ayurveda, Homoeopathy, Unani	10	Functional
		Dantewada (Dakshin Bastar)	Ayurveda, Homoeopathy, Unani	10	Construction Completed
		Dalli Rajhara (Balod)	Ayurveda	30	Functional
		Surajpur	Ayurveda, Homoeopathy, Unani	10	Under construction
8	Dadra Nagar Haveli and Daman and Diu	Silvasa (Dadra and Nagar Haveli)	Ayurveda	50	Under construction
9	Goa	Velguem (North Goa)	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	Under construction
		Margao (South Goa)	Ayurveda, Homoeopathy, Yoga and Naturopathy	50	Under construction
10	Gujarat	Surat	Ayurveda, Homoeopathy, Yoga	50	Construction Completed
		Atkot	Ayurveda, Homoeopathy, Yoga	30	Construction not started
11	Haryana	Hisar	Ayurveda, Homoeopathy, Unani and Yoga	50	Functional
12	Himachal Pradesh	Kullu	Ayurveda, Sowa Rigpa, Homoeopathy, Yoga and Naturopathy	50	Under construction
		Mandi	Ayurveda, Sowa Rigpa, Homoeopathy, Yoga and Naturopathy	50	Construction not started

		Dharamshala	Ayurveda, Sowa Rigpa, Homoeopathy, Yoga and Naturopathy	50	Construction not started
13	Jammu and Kashmir	Kishtwar	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50	Under construction
		Kupwara	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50	Under construction
		Bilawar (Kathua)	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50	Under construction
		Kulgam	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50	Functional
		Samba	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	50	Under construction
		Gadi Garh	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	10	Construction not started
		Bandipayeen	Ayurveda, Homoeopathy, Unani, Yoga and Naturopathy	10	Under Construction
14	Jharkhand	Itki, Ranchi	Ayurveda and Homoeopathy	50	Under construction
		Gumla	Ayurveda and Homoeopathy	10	Under construction
		Bokaro	Ayurveda and Homoeopathy	10	Under construction

		Deoghar	Ayurveda and Homoeopathy	10	Under construction
		Palamu	Ayurveda and Homoeopathy	10	Under construction
		Dumka	Ayurveda and Homoeopathy	10	Construction Completed
		Jamshedpur	Ayurveda and Homoeopathy	50	Under construction
15	Karnataka	Gadag	Ayurveda and Homoeopathy	50	Functional
		Mangalore	Ayurveda and Homoeopathy	50	Functional
		Thrithahalli	Ayurveda and Homoeopathy	10	Under construction
16	Kerala	Chalakkudy, Thrissur Distt.	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50	Construction Completed
		Mattannur, Kannur	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50	Construction Completed
		Adoor, Pathanamthitta	Homoeopathy, Yoga and Naturopathy	10	Construction not started
		Attapadi	Ayurveda, Homoeopathy, Siddha and Yoga and Naturopathy	50	Construction not started
		Kottarakara-Kollam	Ayurveda, Siddha and Yoga and Naturopathy	30	Under Construction

		Wayanad	Ayurveda and Yoga	30	Construction not started
		Idukki	Homeopathy and Yoga	30	Construction not started
		Aranmula, Ranni, Pathanamthitta	Ayurveda and Yoga	30	Construction not started
		Varkala	Yoga and Naturopathy	50	Under Construction
		Kappukad, Thiruvanthapuram	Ayurveda, Siddha and Yoga	50	Construction not started
17	Lakshadweep	Deen Dayal Upadhyay, Kavaratti	Ayurveda, Homoeopathy and Unani	30	Functional
18	Maharashtra	Nandurbar	Ayurveda, Homoeopathy and Unani	30	Functional
		Sindhudurg	Ayurveda, Homoeopathy and Unani	30	Functional
		Pune	Ayurveda, Homoeopathy and Unani	30	Functional
		Dharashiv, (Osmanabad)	Ayurveda, Homoeopathy, Yoga and Unani	50	Under construction
		Ahmed Nagar	Ayurveda, Homoeopathy and Unani	30	Functional
		Jalgaon	Ayurveda, Homoeopathy, Yoga and Unani	30	Under construction

		Jalna	Ayurveda, Homoeopathy, Yoga and Unani	50	Under construction
		Thane	Ayurveda, Homoeopathy, Yoga and Unani	50	Construction not started
		Nagpur	Ayurveda, Homoeopathy, Yoga and Unani	50	Under construction
		Gondia	Ayurveda, Homoeopathy, Yoga and Unani	50	Construction not started
		Chhatrapati Sambhaji Nagar	Ayurveda, Homoeopathy, Yoga and Unani	50	Construction not started
		Buldhana	Ayurveda, Homoeopathy, Yoga and Unani	50	Construction not started
		Gadchiroli	Ayurveda, Homoeopathy, Yoga and Unani	30	Construction not started
		Wardha	Ayurveda, Homoeopathy, Yoga and Unani	30	Construction not started
19	Manipur	Moreh, Tengnoupal	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Functional
		Churancandpur	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Construction Completed

		Kwakeithel Konjeng Leikai	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Functional
		Keirao AC, Imphal East District	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Functional
		Chandel	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Under construction
		Jiribam	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Under construction
		Kangpokpi	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Under construction
		Bishnupur	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Under construction
		Noney	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Under construction
		Thoubal	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Under construction
		Senapati	Ayurveda, Homoeopathy and Yoga and Naturopathy	10	Under construction
20	Madhya Pradesh	Bhopal	Ayurveda and Yoga	50	Functional
		Indore	Ayurveda, Homoeopathy and Yoga	50	Construction Completed

		Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Amarkantak	Ayurveda, Unani, Homoeopathy	50	Under construction
		Mandleshwar (Khargaon Disstt.)	Ayurveda, Unani, Homoeopathy and Yoga	50	Construction Completed
		Balaghat	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Sehore	Ayurveda, Unani, and Homoeopathy	50	Construction Completed
		Gunna	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Panna	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Bhind	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Barwani	Ayurveda, Unani, and Homoeopathy	30	Under construction
		Sujalpur	Ayurveda, Unani, and Homoeopathy	50	Under construction
		Sheopur	Ayurveda, Unani, and Homoeopathy	50	Under construction
21	Meghalaya	Sohra (Cherapunje), CHC, East Khasi Hills	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Functional
		Umtrew Village, Ri Bhoi District	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Under construction

		Jowai, West Jaintia Hills Dist)	Homoeopathy, Yoga, Ayurveda	30	Under construction
22	Mizoram	Aizawl	Ayurveda, and Homoeopathy	50	Under construction
		Saitul	Ayurveda, and Homoeopathy	10	Under construction
23	Nagaland	Noklak, Tuensang District	Ayurveda, Homoeopathy and Yoga	30	Functional
		Razha, Chedema	Ayurveda, Homoeopathy and Yoga	50	Functional
		Sapangya (Chungtia)	Ayurveda, Homoeopathy and Yoga	50	Under construction
		Yachem, Longleng	Ayurveda, Homoeopathy and Yoga	30	Under construction
		Kiphire	Homeopathy	30	Construction not started
		Tizit,	Ayurveda, Homoeopathy	30	Construction not started
		Akuhaito, Zunheboto	Ayurveda, Homoeopathy	30	Construction not started
24	Odisha	Dhenkanal	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Construction Completed
		Behrampur	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Construction Completed

		Balasore	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Under Construction
25	Puducherry	Villianur	Ayurveda, Homoeopathy and Siddha	50	Functional
		Yanam	Ayurveda, Homoeopathy and Siddha	50	Under Construction
		Karaikal	Ayurveda, Homoeopathy and Siddha	30	Construction not started
26	Punjab	Dyalpur Sodhin Zirakpur (Mohali)	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50	Under construction
		Moga	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50	Functional
27	Rajasthan	Bhilwara	Ayurveda, Homoeopathy and Unani,	50	Functional
		Ajmer	Ayurveda, Homoeopathy and Unani,	50	Functional
		Churu	Ayurveda, Homoeopathy and Unani,	50	Functional

		Bikaner	Ayurveda, Homoeopathy and Unani,	50	Functional
		Jaipur	Ayurveda, Homoeopathy and Unani,	50	Functional
		Sikar	Ayurveda, Homoeopathy and Unani,	50	Functional
		Sawaimadhopur	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50	Under Construction
		Bharatpur	Ayurveda, Homoeopathy and Unani, Yoga and Naturopathy	50	Under Construction
		Kithana	Ayurveda, Homoeopathy and Unani	30	Construction not started
		Bhilwara (Asind)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Bhilwara (Bijoliya)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Karuli (Mandrayal)	Ayurveda, Homoeopathy and Unani	10	Under Construction

		Alwar (Behror)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Alwar (Neemrana)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Jodhpur (Shekhala)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Dausa (Nangal Raja Watan)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Jaipur - A (Paota)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Sikar (Dhod)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Sikar (Shreemadhopur)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Barmer (Gira)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Jalore (Bagoda)	Ayurveda, Homoeopathy and Unani	10	Under Construction
		Baran (Kishanganj)	Ayurveda, Homoeopathy and Unani	10	Under Construction

	Jhalawar (Bakani)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Kota (Sultanpur)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Pali (Rohat)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Ajmer (Masuda)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Ajmer (Peesangan)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Dholpur (Sepau)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Bharatpur (Sewer)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Nagaur (Kheenvasar)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Sri Ganganagar (Rai Singh Nagar)	Ayurveda, Homoeopathy and Unani	10	Under Construction
	Dungarpur (Dovra)	Ayurveda, Homoeopathy and Unani	10	Under Construction

		Pratapgarh (Arnod)	Ayurveda, Homoeopathy and Unani	10	Under Construction
28	Sikkim	Kyongsa, Gyalshing, West Sikkim	Ayurveda and Homoeopathy	50	Functional
		NIT, Deorali	Sowa-Rigpa	30	Under construction
29	Tamil Nadu	Theni	Siddha, Yoga and Naturopathy	50	Functional
		Thiruvannamalai	Siddha, Yoga and Naturopathy	50	Functional
		Pudukkottai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Construction Completed
		Namakkal	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Functional
		AAGHIM Campus, Chennai	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Under construction
		Kottar, Nagercoil	Ayurveda	30	Under construction
30	Telangana	Siddipet	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Construction Completed

		Vikarabad	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Construction Completed
		Jayashankar Bhupalapally,	Ayurveda, Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Construction Completed
31	Tripura	Paradise Chowmuhan, Agartala	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Functional
		South Sabroom	Ayurveda, Homoeopathy and Yoga	50	Construction Completed
32	Uttar Pradesh	Jaunpur	Ayurveda, Unani, Homoeopathy and Yoga	30	Under construction
		Bulandsheher (initially at Kushi Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Bilhour, Kanpur Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		West Katli, Lucknow	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Badrasi, Varanasi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional

		Nawab Ganj, Baraily	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Basti	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Sirathu Koushambi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Orai Jalaun	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Sant kabir Nagar,	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Deoria	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Lalitpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional

		Firozpur, Balial District	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Raibareilly	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Fatehpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Shravasti	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Unnao	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Hardoi	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Gorakhpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction

33	Uttarakhand	Haldwani	Ayurveda and Homoeopathy	50	Functional
		Jakhnidhar, Tehri	Ayurveda and Homoeopathy	50	Under construction
		Tanakpur, Champawat	Ayurveda and Homoeopathy	50	Under construction
		Kotdwar, Pauri	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction
		Pathri, Haridwar	Ayurveda, Unani, Homoeopathy and Yoga	10	Under construction
		Bheemtal, Nainital	Ayurveda, Unani, Homoeopathy and Yoga	10	Under construction
		Piran Kaliya, Haridwar	Unani	50	Construction not started
34	West Bengal	Topsikhata, District Alipurduar	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
		Paschim District Midnapur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional

STATEMENT-II

State/UT-wise status of funds allocated/released and utilized as reported by the State/UT Governments including Telangana during last three years:

(Rs. In Lakh)									
Sl. No.	Name of States/UTs	2022-23		2023-24		2024-25		Total	
		Allocated / Released	Utilized	Allocated/ Released	Utilized	Allocated / Released	Utilized	Allocated / Released	Utilized
1	Andaman and Nicobar Islands	142.39	142.39	407.29	387.30	542.75	415.93	1092.42	945.62
2	Andhra Pradesh	0.00	0.00	0.00	0.00	2497.19	874.77	2497.19	874.77
3	Arunachal Pradesh	402.04	402.04	1186.04	1186.04	1498.84	1486.76	3086.92	3074.84
4	Assam	1011.77	1011.77	3471.45	3471.45	6511.87	6511.87	10995.09	10995.09
5	Bihar	0.00	0.00	1161.06	430.44	0.00	0.00	1161.06	430.44
6	Chandigarh	189.73	166.34	226.32	199.99	447.58	273.67	863.63	640.00
7	Chhattisgarh	0.00	0.00	2151.43	1789.95	3194.06	1826.36	5345.49	3616.31
8	Dadra and Nagar Haveli and Daman and Diu	0.00	0.00	408.45	369.31	690.73	681.63	1099.18	1050.94
9	Delhi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Goa	142.29	142.29	628.3	580.90	610.67	598.20	1381.26	1321.39
11	Gujarat	1908.62	1636.52	2961.42	1810.12	2623.10	657.98	7493.15	4104.62
12	Haryana	1219.91	1219.91	3026.59	2823.46	1371.90	1365.07	5618.39	5408.44
13	Himachal Pradesh	3873.58	3873.58	3659.22	3552.32	2899.09	2440.16	10431.89	9866.06
14	Jammu and Kashmir	4895.09	4895.09	7510.36	7510.36	4361.60	4361.60	16767.05	16767.05
15	Jharkhand	7752.57	7752.57	2390.42	2390.42	3217.06	2435.08	13360.05	12578.07
16	Karnataka	1714.09	1590.78	5031.54	4753.98	6067.28	3120.65	12812.91	9465.41
17	Kerala	4399.83	4296.58	7989.40	7617.27	11037.96	10294.74	23427.19	22208.59
18	Ladakh	72.27	72.27	47.32	47.32	190.29	181.94	309.87	301.53
19	Lakshadweep	116.32	116.32	332.01	332.01	220.48	198.15	668.81	646.49
20	Madhya Pradesh	1716.00	1714.66	6120.00	5940.48	8169.59	6395.87	16005.59	14051.01
21	Maharashtra	0.00	0.00	2235.54	1942.69	2681.16	1184.21	4916.69	3126.90
22	Manipur	1723.00	1663.34	0.00	0.00	1276.67	942.18	2999.67	2605.52
23	Mizoram	117.27	117.27	1057.86	1057.86	1101.48	1101.48	2276.61	2276.61

24	Meghalaya	796.84	796.84	1722.60	1684.48	1520.48	1228.88	4039.92	3710.20
25	Nagaland	495.78	495.78	1016.97	1016.97	1342.11	1342.11	2854.86	2854.86
26	Odisha	0.00	0.00	0.00	0.00	2369.21	828.56	2369.21	828.56
27	Puducherry	623.95	623.51	197.08	179.21	683.40	321.66	1504.43	1124.38
28	Punjab	0.00	0.00	109.85	77.73	1701.10	317.33	1810.95	395.05
29	Rajasthan	0.00	0.00	3731.51	3021.79	15051.80	12584.79	18783.31	15606.59
30	Sikkim	626.06	626.06	492.37	492.37	434.78	434.78	1553.21	1553.21
31	Tamil Nadu	2428.69	2125.68	6635.76	6431.24	7380.32	5551.27	16444.77	14108.19
32	Telangana	0.00	0.00	1225.17	1225.17	2491.38	2338.68	3716.55	3563.85
33	Tripura	1030.90	1027.17	566.99	470.85	815.77	668.97	2413.66	2166.99
34	Uttar Pradesh	14437.60	14006.11	12418.6	11925.3	13903.18	6571.09	40759.37	32502.50
35	Uttarakhand	1855.80	1855.80	3234.38	3234.38	2441.12	2441.12	7531.29	7531.29
36	West Bengal	1056.58	1030.16	3379.39	3161.91	2308.43	1093.15	6744.40	5285.21
Total		54748.94	53400.81	86732.69	81115.04	113654.42	83070.79	255136.04	217586.55

SUPPLY AND AVAILABILITY OF NEEM-COATED UREA

2154. SHRI ARVIND DHARMAPURI:

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

- the annual quantity of neem-coated urea allocated, supplied and lifted by States, including Telangana from 2020-21 to 2024-25;
- the total fertilizer subsidy released by the Union Government to States, including Telangana, during this period;
- whether any shortages, diversions or irregularities in fertilizer distribution in Telangana have been reported;
- if so, the details and action taken thereon; and
- the measures adopted to ensure timely and adequate availability of urea to farmers during peak agricultural seasons 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): The information regarding requirement, availability and sales of Urea in the States, including the State of Telangana, during 2021-22 to 2024-25 is given in the enclosed **Statement-I**.

(b): Under '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. Funds are not allocated or disbursed in a State-wise manner. Accordingly, the total fertilizer subsidy released by the Union Government to all the States, including Telangana, during 2020-21 to 2024-25 is given in the enclosed **Statement-II**.

(c) to (e): The information regarding requirement, availability, sales and closing stock of fertilizers in the State of Telangana, during Rabi-2025-26 season is as under:

TELANGANA FERTILIZER POSITION FOR RABI 2025-26 (TILL 08/12/2025)					
S. No.	PRODUCT	Fig. in LMT			
		Pro rata Requirement From 01/10/2025 to 08/12/2025	Availability From 01/10/2025 to 08/12/2025	Cumulative DBT Sales From 01/10/2025 to 08/12/2025	Closing Stock as on 08/12/2025
1	UREA	4.41	4.47	1.88	2.58
2	DAP	0.80	1.25	0.66	0.59
3	MOP	0.28	0.50	0.15	0.36
4	NPKS	2.76	4.41	1.53	2.88

Besides, following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Telangana:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), 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 DAandFW, 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.

However, the assessment and distribution of fertilizers within the State at district level is done by the concerned State government.

Further, in order to address the issues such as diversion, black-marketing, hoarding and over-pricing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of

Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Accordingly, the details regarding enforcement measures taken by the State of Telangana, as informed by them, from 01.04.2025 to 28.11.2025, to curb these malpractices, including diversion of fertilizers, is given in the enclosed **Statement-III.**

10	Delhi	0.23	0.43	0.40	0.00	0.37	0.32	0.20	0.32	0.28	0.20	0.30	0.26	0.23	0.24	0.22
11	Goa	0.02	0.02	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.02
12	Gujarat	25.60	25.82	24.23	24.71	26.78	24.30	24.00	27.30	24.73	24.00	24.93	21.90	24.00	26.22	23.82
13	Haryana	21.50	25.32	22.65	20.63	24.86	21.77	21.50	23.68	20.46	20.50	23.26	20.75	21.00	23.64	21.52
14	Himachal Pradesh	0.71	0.81	0.65	0.68	0.82	0.68	0.76	0.85	0.74	0.79	0.90	0.74	0.70	0.88	0.72
15	Jammu and kashmir	1.48	2.05	1.36	1.40	2.01	1.45	1.68	1.93	1.60	1.43	2.11	1.67	1.43	2.58	2.16
16	Jharkhand	2.65	4.11	3.73	2.47	3.74	3.04	2.60	3.04	2.56	2.60	3.01	2.57	2.60	3.07	2.58
17	Karnataka	17.25	22.63	19.17	16.10	21.02	15.65	17.20	22.22	18.21	16.50	21.04	17.84	16.50	20.62	16.43
18	Kerala	1.11	1.37	1.15	1.19	1.13	0.96	1.23	1.32	1.12	1.22	1.29	1.15	1.13	1.51	1.27
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	35.38	42.43	38.09	33.46	41.73	34.37	33.00	36.94	32.39	35.00	33.01	29.18	31.00	34.73	30.18
21	Maharashtra	23.73	32.72	26.41	23.74	31.06	23.48	25.29	30.39	24.66	25.50	28.29	23.68	25.00	29.76	24.62
22	Manipur	0.25	0.16	0.14	0.30	0.26	0.25	0.22	0.35	0.31	0.27	0.24	0.14	0.27	0.24	0.22
23	Meghalaya	0.04	0.04	0.04	0.02	0.05	0.04	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.08	0.25	0.20	0.07	0.15	0.13	0.09	0.11	0.10	0.09	0.03	0.01	0.09	0.02	0.02
25	Nagaland	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.01	0.02	0.01	0.01	0.01	0.01	0.01

26	Odisha	6.05	8.15	6.67	5.46	7.70	5.84	5.84	7.08	5.60	5.64	6.36	5.53	5.65	6.66	5.27
27	Puducherry	0.16	0.16	0.15	0.16	0.15	0.13	0.15	0.18	0.17	0.12	0.15	0.15	0.13	0.15	0.14
28	Punjab	26.50	36.70	32.56	29.48	37.35	30.68	29.25	34.90	29.45	28.00	34.95	31.34	28.30	32.85	29.37
29	Rajasthan	26.20	29.43	26.40	24.28	29.23	25.39	21.50	27.91	25.17	21.00	25.43	22.59	22.00	25.78	23.21
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.91	12.61	10.92	10.23	11.86	10.11	9.96	11.38	10.05	10.10	10.85	10.40	10.00	11.58	9.88
32	Telangana	20.20	22.15	20.08	18.94	23.77	19.03	18.39	21.63	18.83	19.00	19.19	17.12	19.50	22.20	17.54
33	Tripura	0.18	0.24	0.17	0.24	0.26	0.14	0.27	0.28	0.19	0.27	0.32	0.18	0.25	0.25	0.14
34	Uttarakhand	2.03	2.60	2.31	1.84	2.67	2.31	2.20	2.38	2.05	2.16	2.30	2.09	2.25	2.57	2.40
35	Uttar Pradesh	77.00	91.72	79.18	76.15	91.83	74.53	77.50	87.39	74.72	78.00	82.30	71.12	74.00	84.55	74.13
36	West Bengal	13.80	19.05	15.77	14.32	17.34	12.20	14.25	16.49	14.05	14.23	15.84	13.30	14.43	16.08	12.78
	All India	364.01	443.83	387.92	356.08	437.47	357.81	359.19	415.82	357.26	356.53	389.68	341.73	350.64	406.49	350.51

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

STATEMENT-II

The total expenditure under various fertilizer subsidy schemes from 2020-21 to 2024-25 is as follows:

(Amount in Crore)

Financial Year	Subsidy Schemes					Grand Total
	Imported PandK	Indigenous PandK	Indigenous Urea	Imported Urea	City Compost	
2020-21	15015.37	22288.37	68807.41	25049.62	68.74	131229.51
2021-22	20794.80	31931.46	54619.72	50250.40	43.71	157640.09
2022-23	36032.56	50089.67	127311.10	41365.60	*	254798.93
2023-24	28929.57	36270.00	102027.00	28193.94	*	195420.51
2024-25	18800.00	34010.00	103319.50	21000.00	*	177129.50
Grand Total	119572.30	174589.50	456084.73	165859.56	112.45	916218.54

3. * The Scheme of City Compost has been discontinued w.e.f. 1st October, 2021.

STATEMENT-III

Details of action taken by the State Government of Telangana to check black marketing, hoarding, quality check, diversion etc. from 01.04.2025 to 28.11.2025 (Cumulative Statement from April 25 to November 25 (as on 28.11.2025):

		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*		Total	
States	No. of Inspections /raids	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered		Show cause notice issued	No. of licenses cancelled/suspended	FIR registered
Telangana	115321	5	9	3	4	2	0	79	0	0	4	0	5	NIL	92	11	8

TARIFFS ON INDIAN GOODS

2155. ADV. GOWAAL KAGADA PADA VI:

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

- (a) whether the Government has noted the sharp escalation in trade tensions with the United States in August 2025, when the US announced tariffs of up to 50 percent on Indian goods citing India's purchase of Russian oil, if so, the details thereof;
- (b) the total value of Indian exports to the US affected by these tariffs and its expected impact on India's economy and bilateral trade;
- (c) the diplomatic engagements or negotiations the MEA has initiated to resolve or mitigate these tariff measures and the timelines of these discussions;
- (d) whether India has sought or plans to seek compensatory or retaliatory trade-measures;
- (e) the manner in which these align with India's broader foreign policy and trade strategy; and
- (f) the timeline by which the Government expects normalisation of trade relations with the US and the time by which first progress report will be made public in this regard?

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

(a) to (f): On 31 July 2025, the U.S. imposed reciprocal tariffs, invoking national emergency authorities under the International Emergency Economic Powers Act (IEEPA), on certain goods exported by most countries, including India. Further, on 27 August 2025, an additional 25% ad valorem duty was applied on select Indian exports under IEEPA in response to India's importation of Russian oil. In parallel, the U.S. has imposed a range of sector-specific tariffs under Section 232 of the Trade Expansion Act on products such as steel and aluminium, copper, upholstered furniture and kitchen cabinets, softwood, and automobiles.

However, several goods and services, including crude oil and petroleum products, pharmaceuticals, bullion, certain electronic items, precious metals, critical minerals, resins and plastics, agricultural products, and IT services, among others, have not been subject to tariffs. Based on 2024 trade data, an estimated USD 47.2 billion of India's merchandise exports to the U.S., out of a total of about USD 86.4 billion, fall under the categories subject to these additional tariffs.

Government remains in close consultation with Indian exporters and industry to assess their feedback on the implications of the U.S. measures. Efforts are underway to provide targeted support to exporters through initiatives such as the new Export Promotion Mission, **Reserve Bank of India's trade-facilitation provisions and Credit Guarantee Scheme for Exporters**, improving the utilization of existing Free Trade Agreements (FTAs) and advancing negotiations on new (FTAs). This also includes sustained engagement with the U.S.

Government for the early conclusion of a fair, balanced, and mutually beneficial multi-sector India–U.S. Bilateral Trade Agreement.

EFFECTIVE IMPLEMENTATION OF AB-PMJAY

2156. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- (a) the measures taken by the Government to ensure the effective implementation of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across the country;
- (b) the number of beneficiaries enrolled in the scheme since its inception along with the total number of claims settled till date within the State of Gujarat;
- (c) the steps taken by the Government to address any challenges faced by beneficiaries in accessing healthcare services especially in rural and underserved areas of the country;
- (d) whether there is any plan to expand the list of empanelled hospitals and healthcare services across the country under the AB-PMJAY; 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): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), a robust end-to-end digital ecosystem has been established to ensure transparency and real-time monitoring across all States/UTs. Several key initiatives have been implemented like revamped Beneficiary Identification System (BIS 2.0) which allows self-verification thereby eliminating unnecessary intermediaries. Ayushman Mobile Application enables on-the-go beneficiary verification and card creation using face-auth technology. The Transaction Management System (TMS 2.0) ensures efficient claims settlement for hospitals. The User Management Portal provides a unified login system for seamless access to PMJAY applications. An improved version of the Hospital Engagement Module (HEM2.0) has been launched for smooth onboarding of hospitals.

AI/ML-based analytics is used to proactively monitor all transactions. National Anti-Fraud Unit (NAFU) established at National Health Authority (NHA) works in close coordination with the State Anti-Fraud Units (SAFU) to investigate and take action on cases of fraud.

A comprehensive dashboard is designed to monitor the real time performance of AB-PMJAY. The dashboard is used to objectively evaluate the scheme's performance in terms of metrics such as the number of cards issued, hospital admissions, hospital empanellment, and claim settlement.

(b): As on 31.10.2025, more than 42.31 crore Ayushman cards were created under the scheme and approximately 51.82 lakh claims were settled in Gujarat.

(c): There is a comprehensive media and outreach strategy to spread awareness about AB-PMJAY especially in rural and underserved areas. 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 i.e., ASHA (Accredited Social Health Activist), AWW (Anganwadi Workers) and VLE (Village Level Entrepreneurs) who have played pivotal roles in creating mass awareness at the grassroot level. In addition to this, the beneficiaries may give a missed call to helpline number 1800-110-770 or call at 24x7 call centre (14555) for any assistance/queries.

Further, National Health Authority has issued directions to the states to undertake extensive Information, Education and Communication activities to raise the awareness about the expansion of AB-PMJAY for all senior citizens of the age 70 years and above.

Under AB-PMJAY, a three-tier grievance redressal system at District, State, and National level has been established to resolve the issues faced by beneficiaries. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances.

Beneficiaries can file their grievances using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), or the 24*7 helpline number (14555). Based on the nature of grievance, necessary

action including providing of support to the beneficiaries in availing treatment under the scheme, is taken.

(d) and (e): Hospital empanelment is a continuous process and is done as per the criteria provided under the empanelment guidelines under PMJAY. Currently over 32,403 hospitals are empanelled under the scheme out of which 15,378 are private hospitals. 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.

INTEGRATION OF AYUSH HEALTH CENTRES WITH DIGITAL SYSTEM

2157. SHRI ANURAG SHARMA:

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

- (a) the details of the number of rural and urban AYUSH health centres integrated with digital and smart monitoring systems under National Ayush Mission (NAM) in Bundelkhand region;
- (b) whether the Government has prepared any special action plan for Capacity Building and Training Programmes for AYUSH practitioners and health workers in the Bundelkhand region and if so, the details thereof;
- (c) whether the Union Government, in collaboration with the State Government, is implementing projects in Bundelkhand for the conservation, cultivation and development of traditional medicinal plants; 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): As per the proposals received from the State Government of Uttar Pradesh and Madhya Pradesh, 193 Ayush dispensaries have been approved for upgradation into Ayushman Arogya Mandir (Ayush) [erstwhile known as Ayush health and wellness centres] in the Bundelkhand region. Further, as reported by these States, all are functional. The District-wise details of the Ayushman Arogya Mandir (Ayush) are given in the enclosed **Statement**. Further, these units are under constant monitoring, both digitally and in-person through field visits for analysing its smooth functioning and services being provided to the beneficiaries.

(b): Public Health being a State subject, preparation of action plan for Capacity Building and Training Programmes for Ayush practitioners and health workers comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is provision for training and capacity building for teaching staffs, Medical Officers and other paramedical staffs working in the educational institution and Ayush Hospitals/Dispensaries under Flexible Component. In this regard, State Governments may avail financial assistance by submitting suitable

proposals through State Annual Action Plans (SAAPs) as per the provisions of the NAM guideline.

In addition, Ministry of Ayush is also implementing a Central Sector Scheme, Ayurgyan since 2021-22 with two components i.e. Capacity Building and Continuing Medical Education in Ayush. Further, a 3rd component viz. Ayurveda Biology Integrated Health Research was added under the scheme from FY 2023-24. Capacity Building and CME was aimed to encourage Ayush personnel to undergo need-based professional training and bridge the knowledge gaps with the objective to update the professional knowledge, adopt good teaching practices and good clinical practices, improve healthcare services at Ayush facilities, update regarding current trends in Research and Development (RandD) activities for development of Ayush systems.

(c) and (d): Ministry of Ayush has established a section National Medicinal Plant Board (NMPB) to promote development and cultivation of medicinal plants and to harmonise the development activities between several ministries / departments / organisations. Central Sector Scheme for “Conservation, Development and Sustainable Management of Medicinal Plants” is one such scheme launched by NMPB to focus on cultivation and protection of medicinal plants to facilitate different stakeholders including States/UTs.

STATEMENT

The District-wise details of the Ayushman Arogya Mandir (Ayush) in the Bundelkhand region, as reported by the States:

S. No.	State	District	Number of functional Ayushman Arogya Mandir (Ayush)
1	Uttar Pradesh	Lalitpur	20
2		Jalaun	31
3		Mahoba	8
4		Hamirpur	7
5		Banda	12
6		Chitrakoot	5
7		Jhansi	1
8	Madhya Pradesh	Datia	12
9		Tikamgarh	17
10		Chatarpur	21
11		Panna	15
12		Damoh	15
13		Sagar	29

SHORTAGE OF MEDICAL STAFF

2158. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

SHRI SURESH KUMAR SHETKAR:

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

- (a) whether many complaints/cases have been received during the last three years and the current year regarding shortage of medical staff, essential medicines and materials in Government hospitals across metro cities, if so, the details thereof;
- (b) whether it is a fact that Government hospitals continue to face critical shortages while private corporate hospitals manage high patient loads efficiently, if so, the details thereof along with the response of the Government in this regard;
- (c) the immediate steps the Government has taken to ensure availability of doctors, nurses and medical supplies in Government hospitals in metro cities, especially during peak case loads;
- (d) whether an independent audit/inquiry has been conducted by the Government to investigate systemic gaps causing shortages in Government hospitals, if so, the findings thereof and if not, the reasons therefor; and
- (e) the manner in which the Government plan to implement nationwide reforms to prevent shortages, improve patient care and ensure that public hospitals match the efficiency of corporate hospitals in handling high patient inflow?

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

(a) to (e): 'Public Health' and 'Hospitals' are State subjects. State Governments make efforts for availability of adequate medical staff, essential medicines and materials in Government Hospitals of their respective States.

Government hospitals cater to a huge patient load owing to affordability and accessibility of health care services for all sections of the society. The patient influx in Government hospitals is significantly higher in comparison to most of the private hospitals. Augmentation of healthcare facilities to ensure adequate medical staff, essential medicines and materials is a continuous process undertaken on the basis of functional requirement of the Hospitals.

Information related to complaints/cases regarding shortage of medical staff, essential medicines and materials in Government hospitals across metro cities is not maintained centrally. As far as Central Government Hospitals of Delhi i.e. Atal Bihari Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital, Vardhman Mahavir Medical College and Safdarjung Hospital, Lady Hardinge Medical College and Associated Hospitals are concerned, doctors, paramedical staff and medical supplies in various departments are available round-the-clock to cater to patients. These hospitals continuously work to manage patient load optimally through augmentation of facilities, manpower deployment and process improvements. Also, these hospitals are reviewed for their functioning through visits/inspections from time to time.

The following measures have been undertaken in Central Government hospitals/ Institutes to strengthen service delivery and avoid shortage of staff :

- (i). Regular recruitment and filling-up of vacant posts through Union Public Service Commission, Staff Selection Commission, Nursing Officer Recruitment Common Eligibility Test, Common Recruitment Examination and contractual engagement as per rules.
- (ii). Expansion of bed capacity and renovation/upgradation of wards, critical care units, OTs and diagnostic services.
- (iii). Adoption of patient-flow management practices including OPD tokenisation, digital queue systems and emergency triage to handle high patient load efficiently.

Also, under National Health Mission (NHM), financial and technical support is provided to the States/UTs to strengthen their healthcare systems based on the Programme Implementation Plans submitted by the States/UTs within their overall resource envelope. In order to address shortage of human resources, under NHM, types of incentives and honorarium provided for encouraging doctors are given in the enclosed **Statement**.

STATEMENT

Types of incentives and honorarium provided for encouraging doctors and other staff to address shortage of human resources under National Health Mission (NHM):

- (i) Hard area allowance to specialist doctors for serving in rural and remote areas.
- (ii) Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists in rural and remote areas.
- (iii) Incentives for doctors and Auxiliary Nurse Midwife (ANM) for ensuring timely Antenatal Care checkup and recording, for conducting Adolescent Reproductive and Sexual Health activities.
- (iv) States are also allowed to offer negotiable salary to attract specialists including flexibility in strategies such as “You Quote We Pay”.
- (v) 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.
- (vi) Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing human resources

is another major strategy under NHM for achieving improvement in health outcomes.

BENEFICIARIES UNDER PMMV YOJANA

2159. SHRIMATI DIMPLE YADAV:

SHRI VAMSI KRISHNA GADDAM:

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

- (a) the number of beneficiaries enrolled/receiving benefits under the PM Matru Vandana Yojana (PMMVY), State-wise and district-wise including Mainpuri in Uttar Pradesh and Peddapalli district of Telangana;
- (b) the details of the time taken for disbursement of benefits after registration along with the number of cases where payments have remained pending beyond three months;
- (c) the details of the funds sanctioned, released/disbursed under PMMVY during the last five years, State-wise and district-wise for said States;
- (d) whether any gaps have been identified in beneficiary registration, Aadhaar seeding, bank account linkage/Direct Benefit Transfer (DBT) payments in the said States, if so, the details thereof along with the corrective steps taken in this regard;
- (e) the status of PMMVY 2.0 implementation in said State, including details of benefits extended for the second child, district-wise; and

- (f) the details of the steps the Government proposes to expand PMMVY coverage in the said districts to ensure timely DBT payments and reduce delay caused by documentation/verification issues?

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

(a) to (f): The State/UT-wise number of beneficiaries enrolled/ receiving benefits under PMMVY since inception till 08.12.2025 is given in the enclosed **Statement-I**.

From 01.04.2023, the implementation of PMMVY was shifted from the old software (PMMVY-CAS) to the new system (PMMVYSoftMIS). The district-wise data is available from 01.04.2023 onwards. The district-wise number of beneficiaries enrolled/ receiving benefits and benefits extended for the second child in the State of Uttar Pradesh from 01.04.2023 till 08.12.2025 is given in the enclosed **Statement-II**. The State Government of Telangana is not implementing the PMMVY scheme in their State.

The State-wise details of funds released under PMMVY during last five years under PMMVY is given in the enclosed **Statement-III**. Under the scheme, funds are released by the Ministry to the State Governments and UT Administrations and are not directly released to the districts.

Normally, the benefit is deposited directly in the bank/ post office account of eligible beneficiaries within 30 days from the date of successful registration in the

PMMVY portal. A number of improvements have been made in the implementation of the PMMVY to increase the transparency and efficiency of benefit distribution and to ensure timely DBT payments and reduce delay caused by documentation/ verification issues. Some of these improvements are mentioned below:

- PMMVY portal is completely Paperless.
- Forms have been simplified and are concise.
- Mobile-App based right from Anganwadi worker level and provides the Services at the beneficiaries' door step.
- Payments are through Aadhaar Bridge Payment System [ABPS].
- PMMVY portal is enabled for Aadhaar-based biometric verification (by means of facial recognition) to confirm identity details of the applicants.
- All the mandatory provisions like Aadhaar verification, DBT enablement of bank account etc. are checked at the time of registration for faster processing.
- Search and Track Status for all enrolled beneficiaries to check the approval and payment status of their applications.
- Grievance Lodging and status module for all citizens to lodge any PMMVY related grievance. The Module directly sends the grievance to the implementing authorities thus saving time and leads to swifter resolution.
- PMMVY toll-free and multi lingual helpline (1515) is available for PMMVY related enquiries and grievances

- For transparency purposes, the Applicants/ beneficiaries receive SMS in one of the 12 languages at different stages such as registration of application, rejection of registration, payment etc.
- PMMVY Portal is LGD complaint till AWC level. LGD Seeding is introduced up to State/District/Block/ Village/GP/Ward level.
- Open API allows the freedom to share data with other Central and State Ministry/Department.
- MIS Data can be generated at State/ District/ Block/ Village/ Ward/ Project/ Sector/ Anganwadi level for detailed monitoring/ analysis.
- PMMVY will be used by Anganwadi/ ASHA workers for data centric operations and viewing reports.
- Available database of the PWandLM from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.

STATEMENT-I

State/UT-wise number of beneficiaries enrolled, beneficiaries paid and amount disbursed under PMMVY from 01.01.2017 till 08.12.2025:

Sl. No	State/ UT	Beneficiaries Enrolled	Beneficiaries Paid	Amount Disbursed (₹ in crore)
1	ANDAMAN AND NICOBAR ISLANDS	12,168	10,305	4.92
2	ANDHRA PRADESH	21,37,239	19,53,978	908.06
3	ARUNACHAL PRADESH	42,362	36,102	16.96
4	ASSAM	17,16,828	15,49,425	734.85

5	BIHAR	49,88,648	42,21,899	1,915.13
6	CHANDIGARH	43,262	41,186	18.51
7	CHHATTISGARH	13,06,017	12,33,584	581.87
8	DELHI	6,41,323	5,80,758	273.42
9	GOA	39,332	35,328	17.27
10	GUJARAT	19,06,606	17,42,610	811.52
11	HARYANA	10,67,005	10,18,532	496.09
12	HIMACHAL PRADESH	3,76,846	3,52,792	171.15
13	JAMMU AND KASHMIR	5,49,250	5,01,144	243.32
14	JHARKHAND	12,14,183	11,35,036	530.84
15	KARNATAKA	31,82,337	30,44,561	1,486.70
16	KERALA	13,12,254	12,34,864	588.75
17	LADAKH	9,579	8,874	4.32
18	LAKSHADWEEP	3,475	3,061	1.32
19	MADHYA PRADESH	50,24,409	48,10,973	2,311.55
20	MAHARASHTRA	44,41,492	41,83,228	1,986.75
21	MANIPUR	1,03,559	91,559	45.64
22	MEGHALAYA	83,346	75,385	35.27
23	MIZORAM	52,913	46,958	23.35
24	NAGALAND	55,899	49,272	24.80
25	ODISHA	96,358	66,858	20.06
26	PUDUCHERRY	48,489	45,656	22.24
27	PUNJAB	8,74,178	8,08,495	395.94
28	RAJASTHAN	31,10,362	29,23,645	1,380.54
29	SIKKIM	29,454	20,010	9.44
30	TAMIL NADU	22,28,004	19,54,857	1,034.23
31	THE DADRA AND NAGAR HAVELI AND DAMAN AND DIU	30,163	28,551	13.50
32	TRIPURA	1,58,352	1,46,131	69.98
33	UTTAR PRADESH	70,41,508	64,32,129	2,859.18
34	UTTARAKHAND	4,85,369	4,46,258	210.41
35	WEST BENGAL	24,48,533	16,38,005	739.11
	TOTAL	4,68,61,102	4,24,72,009	19,987.01

STATEMENT-II

District-wise number of beneficiaries enrolled/ receiving benefits and benefits extended for the second child in the State of Uttar Pradesh from 01.04.2023 till 08.12.2025:

Sl. No	District	Beneficiaries Enrolled	Beneficiaries Paid	Amount Disbursed (₹ in Crore)	Beneficiaries Paid for Second Girl Child	Amount Disbursed for Second Girl Child (₹ in Crore)
1	AGRA	17,921	10,729	4.80	2,286	1.37
2	ALIGARH	16,110	8,538	3.79	2,027	1.22
3	AMBEDKAR NAGAR	14,297	12,385	5.07	2,164	1.30
4	AMETHI	16,129	13,038	5.26	2,312	1.39
5	AMROHA	6,889	5,335	2.43	1,536	0.92
6	AURAIYA	8,573	6,641	3.17	1,755	1.05
7	AYODHYA	14,593	9,888	4.33	1,888	1.13
8	AZAMGARH	16,573	12,426	5.71	3,424	2.05
9	BAGHPAT	7,943	4,213	1.87	1,116	0.67
10	BAHRAICH	40,180	31,367	15.60	12,042	7.23
11	BALLIA	12,211	8,627	3.65	1,573	0.94
12	BALRAMPUR	13,843	6,479	2.73	1,283	0.77
13	BANDA	5,966	4,447	2.10	1,159	0.70
14	BARABANKI	13,106	8,611	3.55	971	0.58
15	BAREILLY	35,168	28,239	13.73	10,623	6.37
16	BASTI	20,859	14,927	6.85	4,387	2.63
17	BHADOHI	8,465	5,335	2.24	1,240	0.74
18	BIJNOR	27,455	20,433	10.54	9,862	5.92
19	BUDAUN	12,409	8,430	3.72	1,740	1.04
20	BULANDSHAHR	17,719	15,599	7.87	5,736	3.44
21	CHANDAULI	6,755	4,187	1.87	1,120	0.67
22	CHITRAKOOT	9,000	7,290	3.36	2,023	1.21
23	DEORIA	12,638	10,494	4.91	2,116	1.27
24	ETAH	6,585	4,066	1.72	952	0.57
25	ETAWAH	7,609	6,973	3.15	1,448	0.87
26	FARRUKHABAD	13,515	12,125	5.74	3,294	1.98
27	FATEHPUR	7,391	5,525	2.40	984	0.59
28	FIROZABAD	8,041	4,801	2.14	1,215	0.73

29	GAUTAM BUDDHA NAGAR	3,777	2,342	1.05	437	0.26
30	GHAZIABAD	24,737	16,204	8.18	7,084	4.25
31	GHAZIPUR	13,949	11,360	4.90	2,147	1.29
32	GONDA	10,793	8,344	3.92	1,819	1.09
33	GORAKHPUR	16,265	12,875	5.93	3,217	1.93
34	HAMIRPUR	5,181	3,911	1.79	1,393	0.84
35	HAPUR	5,545	2,565	1.15	629	0.38
36	HARDOI	17,224	13,458	5.96	2,579	1.55
37	HATHRAS	15,188	8,134	3.99	3,745	2.25
38	JALAUN	12,526	8,326	3.93	2,846	1.71
39	JAUNPUR	19,114	14,962	6.59	3,031	1.82
40	JHANSI	7,848	5,404	2.38	1,471	0.88
41	KANNAUJ	6,403	6,070	3.08	2,661	1.60
42	KANPUR DEHAT	7,007	3,762	1.79	1,414	0.85
43	KANPUR NAGAR	16,713	9,952	4.83	3,543	2.13
44	KASGANJ	7,037	5,483	2.34	1,318	0.79
45	KAUSHAMBI	15,611	10,687	5.01	4,634	2.78
46	KHERI	29,475	26,552	12.59	6,839	4.10
47	KUSHI NAGAR	17,532	12,458	5.45	2,822	1.69
48	LALITPUR	6,065	3,921	1.83	882	0.53
49	LUCKNOW	16,900	13,234	6.23	4,489	2.69
50	MAHARAJGANJ	26,676	24,632	11.26	6,787	4.07
51	MAHOBA	7,489	5,346	2.35	1,367	0.82
52	MAINPURI	6,198	2,970	1.31	624	0.37
53	MATHURA	11,189	8,860	4.25	2,580	1.55
54	MAU	7,153	5,538	2.52	1,659	1.00
55	MEERUT	15,602	12,936	6.14	3,524	2.11
56	MIRZAPUR	14,038	9,584	4.39	2,601	1.56
57	MORADABAD	13,452	8,345	3.88	2,232	1.34
58	MUZAFFARNAGAR	12,750	8,136	3.83	2,598	1.56
59	PILIBHIT	8,427	6,183	2.63	1,192	0.72
60	PRATAPGARH	16,354	10,838	4.82	2,872	1.72
61	PRAYAGRAJ	26,388	17,246	7.54	4,795	2.88
62	RAE BARELI	12,797	13,126	5.99	2,555	1.53
63	RAMPUR	30,265	23,465	12.37	10,009	6.01
64	SAHARANPUR	19,935	20,803	10.73	8,464	5.08
65	SAMBHAL	8,489	7,265	3.30	1,741	1.04

66	SANT KABEER NAGAR	7,205	5,808	2.52	1,002	0.60
67	SHAHJAHANPUR	24,667	22,061	10.23	6,347	3.81
68	SHAMLI	15,922	11,356	5.92	6,797	4.08
69	SHRAVASTI	5,377	2,996	1.38	701	0.42
70	SIDDHARTH NAGAR	12,321	6,619	2.84	1,535	0.92
71	SITAPUR	27,214	20,595	9.91	8,434	5.06
72	SONBHADRA	10,856	6,219	3.10	3,129	1.88
73	SULTANPUR	13,702	11,565	4.74	1,904	1.14
74	UNNAO	33,385	29,634	14.86	14,333	8.60
75	VARANASI	42,500	33,296	15.17	8,800	5.28
	TOTAL	11,03,184	8,26,574	385.19	2,49,858	149.91

STATEMENT-III

State/UT-wise funds released under PMMVY during last 5 years

(₹ in crores)

Sl. No.	State/UT	2020-21	2021-22	2022-23	2023-24	2024-25
1.	Andaman and Nicobar Islands	0.98	1.19	0.18	NIL	0.33
2.	Andhra Pradesh	14.39	20.22	71.89	57.99	44.96
3.	Arunachal Pradesh	8.72	1.13	1.43	NIL	1.98
4.	Assam	94.69	35.47	79.18	155.05	77.07
5.	Bihar	319.98	211.74	171.74	NIL	141.53
6.	Chandigarh	4.4	1.89	0.62	4.08	NIL
7.	Chhattisgarh	9.66	38.66	72.75	NIL	68.72
8.	Dadra and Nagar Haveli and Daman and Diu	0.34	1.71	1.84	0.91	2.44
9.	Goa	0.12	1.09	1.61	NIL	1.86
10.	Gujarat	NIL	46.32	10.75	75.64	72.48
11.	Haryana	7.36	40.02	63.66	NIL	33.3
12.	Himachal Pradesh	7.73	21.17	14.19	10.56	26.85
13.	Jammu and Kashmir	7.5	39.34	20.60	33.60	41.9
14.	Jharkhand	16.27	58.39	29.27	NIL	39.31
15.	Karnataka	37.92	142.77	148.87	113.96	159.96
16.	Kerala	15.29	53.37	53.96	61.06	NIL
17.	Ladakh*	0.76	0.38	0.31	0.69	0.62

18.	Lakshadweep	0.06	0.11	0.14	0.23	0.27
19.	Madhya Pradesh	62.78	130.29	204.02	105.51	257
20.	Maharashtra	113.11	99.50	240.83	NIL	141.17
21.	Manipur	6.48	1.15	3.45	7.93	NIL
22.	Meghalaya	5.08	5.08	6.26	NIL	3.45
23.	Mizoram	5.46	2.90	1.99	1.40	2.55
24.	Nagaland	1.39	4.98	2.03	2.42	4.18
25.	NCT of Delhi	5.46	28.31	31.46	27.15	20.08
26.	Odisha	NIL	NIL	NIL	NIL	43.48
27.	Puducherry	0.85	2.39	1.96	NIL	1.76
28.	Punjab	12.79	16.47	18.82	32.05	32.03
29.	Rajasthan	100.02	108.20	81.84	123.23	98.17
30.	Sikkim	0.57	0.42	0.70	1.28	NIL
31.	Tamil Nadu	93.39	35.02	68.03	NIL	95.62
32.	Tripura	7.55	4.53	3.27	11.31	5.42
33.	Uttar Pradesh	99.28	290.85	500.68	NIL	NIL
34.	Uttarakhand	18.97	20.71	16.69	30.35	26.41
35.	West Bengal	NIL	162.58	63.22	NIL	NIL
	Total	1079.37	1628.35	1988.24	856.42	1444.94

आयुष्मान भारत योजना के अंतर्गत मरीजों का उपचार

2160. श्री उमेशभाई बाबूभाई पटेल:

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

(क) गत पांच वर्षों के दौरान संघ राज्यक्षेत्र दादरा और नगर हवेली और दमन और दीव (डीएनएच और डीडी) में आयुष्मान भारत योजना के अंतर्गत उपचार प्राप्त करने वाले कुल रोगियों की जिला-वार संख्या कितनी है;

(ख) गत पांच वर्षों के दौरान केन्द्र सरकार तथा संघ राज्यक्षेत्र डीएनएच और डीडी प्रशासन द्वारा आयुष्मान भारत योजना के अन्तर्गत मरीजों के उपचार पर आये कुल खर्च का ब्यौरा क्या है;

- (ग) गत पांच वर्षों के दौरान संघ राज्यक्षेत्र डीएनएच और डीडी से कितने रोगियों ने संघ राज्यक्षेत्र के बाहर स्थित अस्पतालों में आयुष्मान भारत योजना के अंतर्गत उपचार प्राप्त किया है;
- (घ) क्या संघ राज्यक्षेत्र डीएनएच तथा डीडी प्रशासन को गुजरात तथा देश भर के अन्य राज्यों में स्थित अस्पतालों को कोई बकाया राशि का भुगतान करना है; और
- (ङ) यदि हां, तो ऐसी बकाया राशि कितनी है तथा इसके क्या कारण हैं?

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

(क) और (ख): दादरा और नगर हवेली और दमन और दीव (डीएनएच और डीडी) संघ राज्य क्षेत्र में पिछले पांच वर्षों के दौरान आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत उपचार प्राप्त करने वाले रोगियों की कुल संख्या और उसमें शामिल राशि का जिलावार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग): पिछले पांच वर्षों के दौरान डीएनएच और डीडी संघ राज्य क्षेत्र के बाहर स्थित अस्पतालों में एबी-पीएमजेएवाई के तहत 9458 अस्पताल प्रवेशों को अधिकृत किया गया है।

(घ) और (ङ): इस योजना के अंतर्गत, दावों का निपटान एक सतत प्रक्रिया है और दावों का निपटान संबंधित राज्य स्वास्थ्य एजेंसियों द्वारा किया जाता है। पोर्टेबिलिटी (राज्य के बाहर) उपचारों का भुगतान लाभार्थी के राज्य/संघ राज्य क्षेत्र द्वारा किया जाता है। राष्ट्रीय स्वास्थ्य प्राधिकरण ने राज्य के भीतर स्थित अस्पतालों (राज्य के भीतर स्थित अस्पताल) के लिए दावा प्रस्तुत करने के 15 दिनों के भीतर और पोर्टेबिलिटी दावों (राज्य के बाहर स्थित अस्पताल) के मामले में 30 दिनों के भीतर अस्पतालों को दावे के भुगतान के लिए दिशानिर्देश निर्धारित किए हैं।

विवरण

एबी-पीएमजेएवाई के तहत पिछले पांच वर्षों के दौरान डीएनएच और डीडी संघ राज्यक्षेत्र में उपचार का जिला-वार ब्यौरा:

वित्त वर्ष	दमन		दीव		दादरा और नगर हवेली	
	मरीजों की संख्या	राशि (करोड़ रुपये में)	मरीजों की संख्या	राशि (करोड़ रुपये में)	मरीजों की संख्या	राशि (करोड़ रुपये में)
2020-21	3556	2.08	567	0.58	14,820	8.88
2021-22	3997	2.90	508	1.28	16,112	10.44
2022-23	4495	3.48	619	1.50	16,378	11.33
2023-24	3653	3.06	455	1.41	13,312	9.58
2024-25	4247	4.66	550	1.74	17,374	13.27

AIIMS CENTRES IN INDIA

2161. SHRI ANTO ANTONY:

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

- (a) the total number of All India Institutes of Medical Sciences (AIIMS) that are currently functioning in the country, State-wise;
- (b) the number and States of AIIMS whose construction is ongoing along with the number of such centres proposed to be established in the country. State-wise; and

(c) the expected timeline for completion and operationalisation of the AIIMS projects that are presently under construction and those that have been proposed?

THE MINISTER 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), till date establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country. Out of the 22, 18 AIIMS are currently functional and 4 AIIMS are in different stages of construction. The details of AIIMS are given in the enclosed **Statement**. The completion and operationalisation of the AIIMS depends upon various factors including project management, regulatory clearances, recruitment of faculty/non-faculty etc.

STATEMENT

Status of AIIMS approved under PMSSY

Sl. No.	State/ UT	AIIMS	Status
1	Andhra Pradesh	AIIMS Mangalagiri	Functional
2	Assam	AIIMS Guwahati	Functional
3	Bihar	AIIMS Darbhanga	Pre-Investment work is in progress
4		AIIMS Patna	Functional
5	Chhattisgarh	AIIMS Raipur	Functional
6	Gujarat	AIIMS Rajkot	Functional
7	Haryana	AIIMS Majra (Rewari)	Under Construction

8	Himachal Pradesh	AIIMS Bilaspur	Functional
9	Jammu and Kashmir	AIIMS Vijaypur, Samba, Jammu	Functional
10		AIIMS Awantipora, Kashmir	Under Construction
11	Jharkhand	AIIMS Deoghar	Functional
12	Madhya Pradesh	AIIMS Bhopal	Functional
13	Maharashtra	AIIMS Nagpur	Functional
14	Odisha	AIIMS Bhubaneswar	Functional
15	Punjab	AIIMS Bathinda	Functional
16	Rajasthan	AIIMS Jodhpur	Functional
17	Tamil Nadu	AIIMS Madurai	Under Construction
18	Telangana	AIIMS Bibinagar	Functional
19	Uttar Pradesh	AIIMS Raebareli	Functional
20		AIIMS Gorakhpur	Functional
21	Uttarakhand	AIIMS Rishikesh	Functional
22	West Bengal	AIIMS Kalyani	Functional

LEGAL AID TO PERSONS WITH DISABILITIES

2162. SHRI TEJASVI SURYA:

SHRI ASHISH DUBEY:

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

- (a) the arrangements currently in place for providing legal aid and specialised legal services to persons with disabilities;

- (b) the scope and functioning of the Legal Services Units for Persons with Mental Illness and Intellectual Disabilities established across States and Union Territories;
- (c) the accessibility related requirements prescribed for judicial infrastructure under the Centrally Sponsored Schemes; and
- (d) the measures adopted under the e-Courts Project Phase III to make digital court platforms and websites more accessible to persons with disabilities?

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

(a) and (b): The Government has undertaken several measures to make available affordable, quality and speedy legal services to the common man, including Persons with Disabilities. The legal Services Authorities (LSA) Act, 1987 provides for free and competent legal services to the weaker sections of the society including Persons with Disabilities.

NALSA is also implementing a specific Scheme for Persons with Disabilities named NALSA (Legal Services to the Mentally Ill and Persons with Intellectual Disabilities) Scheme, 2024. This Scheme aims to ensure that legal services are responsive to the specific legal and social needs of persons with mental illness and persons with intellectual disabilities. Under this Scheme, specialised 'Legal Services Unit for Persons with Mental Illness and Persons with Intellectual

Disabilities called 'Manonyay' (LSUM)' units have been established in all States/UTs except Ladakh and Dadra and Nagar Haveli.

(c): The Government is implementing a Centrally Sponsored Scheme for development of infrastructure facilities for the District and Subordinate Courts by augmenting the resources of the State Governments/UTs for construction of Court Halls, Residential Units for Judicial Officers, Lawyers' Hall, Digital Computer Rooms and Toilet Complexes. As per guidelines of the Scheme, the States/UTs ensures that the proposed infrastructure have disabled-friendly design. The building design are in conformity with the requisite norms/accessibility standards as laid down by Central Public Works Department, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, from time to time.

(d): Under eCourts Project Phase III, there are 24 components that have several significant measures devised to foster the creation of a robust and accessible digital infrastructure for citizens including Persons with Disabilities. Provision has been made for providing enhanced accessible ICT enabled facilities to Persons with Disabilities, migration of websites of 752 Courts (including High Courts) to S3WaaS platform (Secure, Scalable and Sugamya Website as a Service) that makes the website friendly for Persons with Disabilities. S3WaaS platform has features for easy visibility of content for partially and completely visually challenged citizens.

SETTING UP OF DAY CARE CANCER CENTRE

2163. SHRI PRABHAKAR REDDY VEMIREDDY:

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

- (a) whether the Government of India has proposed to set up Day Care Cancer Centres (DCCCs) in the country in light of the announcement made in the Union Budget 2025–26; and if so, the details thereof;
- (b) whether the Government has approved the setting up of DCCCs across the country, particularly in Nellore district of Andhra Pradesh, if so, the details thereof and if not, the reasons therefor;
- (c) whether it is a fact that thousands of cancer patients and several hundred new cancer cases are reported every year in the said district; and
- (d) the steps taken/proposed to be taken by the Government to set up a DCCC in the said district?

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

(a) and (b): As per the announcement of Union Budget 2025-26, the government plans to set up Day Care Cancer Centres (DCCCs) in district hospitals in the next 3 years, out of which 200 centres are to be set up in Financial Year 2025-26. For FY 2025-26, Department of Health and Family Welfare has approved 297 DCCCs for establishment across the country, including 14 DCCCs (Anantapur, Kurnool,

Prakasam, Krishna, Dr. B.R. Ambedkar Konaseema, East Godavari, Alluri Sitharama Raju, Nandyal, Vizianagaram, Annamayya, Palnadu, Kakinada, Bapatla and NTR) in Andhra Pradesh.

The Ministry of Health and Family Welfare conducted a national gap analysis using Indian Council of Medical Research (ICMR) cancer registry data and planned for establishment of Day Care Cancer Centres (DCCCs) in consultation with States. High-burden districts were prioritized, and proposals were submitted by the States/UTs and finalized by National Programme Coordination Committee (NPCC) to optimize resources and avoid duplication.

(c): ICMR does not have any information on number of cancer cases district-wise in Andhra Pradesh as there is no Population Based Cancer Registry (PBCR). However, as per ICMR- NCRP, the estimated incidence of cancer (all types and both sexes) in Andhra Pradesh is 76,708 for the year 2024. ICMR has signed MoU with Government of Andhra Pradesh for setting up of state-wide cancer atlas to arrive at reliable cancer statistics for efforts in cancer prevention and control.

(d): The DCCCs are approved in District hospitals as per disease burden, availability of space and logistics. However, based on the feasibility and as per State proposals DCCCs can be established in other Government health facilities also. Fund requirement is fulfilled through Programme Implementation Plans (PIP) of States/UTs as per norms of National Health Mission.

VACANT POSTS IN AYUSH

2164. SHRIMATI JUNE MALIAH:

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

- (a) the number of sanctioned posts for various positions and the number of vacancies including reserved posts of various categories lying vacant under the Ministry/Department since 2014, year-wise and category-wise; and
- (b) the number of contractual employees hired since 2014, year-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): The details of the number of sanctioned posts for various positions and the number of vacancies including reserved posts of various categories lying vacant under the Ministry/Department are as follows:

Sl. No.	Name of the Institute/Council	Number of Posts		
		Sanctioned	Vacant	Filled
1.	Ministry of Ayush	146	30	116
2.	National Institute of Ayurveda (NIA), Jaipur	329	29	300
3.	Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar	539	322	217

4.	All India Institute of Ayurveda (AIIA), New Delhi	377	193	184
5.	North Eastern Institute Ayurveda and Folk Medicine Research (NEIAFMR), Pasighat	90	76	14
6.	North Eastern Institute of Ayurveda and Homoeopathy (NEIAH), Shillong	111	41	70
7.	Rashtriya Ayurved Vidyapeeth (RAV), New Delhi	9	2	7
8.	Morarji Desai National Institute of Yoga (MDNIY), New Delhi	77	32	45
9.	National Institute of Naturopathy (NIN), Pune	36	9	27
10.	National Institute of Unani Medicine (NIUM), Bangalore and Ghaziabad	211	104	107
11.	National Institute of Siddha (NIS), Chennai	107	12	95
12.	National Institute of Sowa Rigpa (NISR), Leh, Laddakh	56	27	29
13.	National Institute of Homoeopathy (NIH), Kolkata and Delhi	193	76	117

14.	Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi	1708	903	805
15.	Central Council For Research In Yoga And Naturopathy (CCRYN), New Delhi	55	29	26
16.	Central Council for Research in Unani Medicine (CCRUM), New Delhi	766	345	421
17.	Central Council for Research in Siddha (CCRS), Chennai	251	28	223
18.	Central Council for Research in Homoeopathy (CCRH), New Delhi	452	216	236
19.	National Commission for Indian System of Medicine (NCISM), New Delhi	40	38	2

The vacancy position varies upon the appointment and retirement of permanent officers/officials/staff working under the Ministry of Ayush from year to year.

(b): The number of contractual employees working under the Ministry of Ayush varies upon the requirements of the Ministry of Ayush / Departments from time to time.

NEW UREA PLANT

2165: SHRI BALASHOWRY VALLABHANENI:

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

- (a) the details of each of new Urea plants started in the country along with their production capacity since 2019;
- (b) whether it is true that all new plants started from 2019 are not producing to their full capacity, if so, the reasons therefor;
- (c) the reasons that Nagarjuna Fertilizers and Chemicals in Andhra Pradesh and Kanpur Fertilizers and Chemicals in UP with production capacity of 2 million tons are shutdown; and
- (d) the manner in which the Government is planning to address the increased demand of Urea every year?

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 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. Out of these units, 5 units have been set up since 2019 with the production capacity of 12.7 LMT per annum which are as under:

1. Chambal Fertilizers and Chemicals Ltd. (CFCL), Gadepan-III, Rajasthan.
2. Ramagundam Fertilizers and Chemicals Ltd. (RFCL), Ramagundam.
3. Hindustan Urvarak and Rasayan Limited (HURL), Gorakhpur, Uttar Pradesh.
4. Hindustan Urvarak and Rasayan Limited (HURL), Sindri, Jharkhand.
5. Hindustan Urvarak and Rasayan Limited (HURL), Barauni, Bihar.

(b): Since 2019, CFCL Gadepan-III unit has produced Urea beyond their annual production capacity.

All three units of HURL are operating at more than 100% capacity. However, during the commissioning and initial stabilization period, there were few operational issues for which timely corrective actions have been taken. The present average production by three units of HURL is 105% of their production capacity.

RFCL unit has reported production losses as it was forced to shut down three times due to issues related to the HTER while the remaining 20 major shutdowns occurred due to failures in the Steam Superheater Coil (E-203), Boiler Feed Water (BFW) Pre-Heater (E-212), leakage in the synthesis gas line of the ammonia converter (S-50), Inter stage synthesis gas cooler (E432) and failure of the semi-lean flow control valve (FV-3032). RFCL unit is currently running at HTER bypass

mode and LOI issued to Topose (Ammonia Licensor) to the repair work HTER tube bundle as single point responsibility.

(c): With regard to the shutdown of Nagarjuna Fertilizers and Chemicals (NFCL) in Andhra Pradesh, it is stated that AM Green Ammonia (India) Private Ltd. has purchased Ammonia-Urea assets of NFCL situated at Kakinada I and II under SARFEASI process from Asset Care and Reconstruction Enterprise Private Limited (ACRE) and took possession of the assets on 1st June 2024. Unit-II of NFCL continued production of Urea till 31st May 2024 while Unit-I of NFCL continued production upto 4th June 2024. Thereafter, both of the units are under shutdown.

Kanpur Fertilizers and Chemicals Plant in UP was under financial burden which henceforth resulted into shutdown of the plant.

(d): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the Urea sector and to make India self-sufficient in the Urea sector. Total 6 new Urea units have been set up under NIP-2012 which includes 4 Urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 Urea units set up by the private companies. The units set up through JVC are Ramagundam Urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 Urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and

Bihar, respectively. The units set up by private companies are Panagarh Urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III Urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added Urea production capacity of 76.2 LMTPA, thereby total indigenous Urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam.

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 306.67 LMT of Urea during 2024-25.

Further, following steps are taken by the Government before every cropping season for ensuring timely and adequate availability of fertilizers, including Urea, in the country:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), 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 DAandFW, 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. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.
- v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

WORLD MEDITATION DAY

2166. DR. BHOLA SINGH:

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

- (a) the objectives and expected outcomes of observing World Meditation Day on 21 December, 2025, as declared by the United Nations on India's initiative;
- (b) the steps taken by the Government to prepare a nationwide action plan for Government Institutions, schools, universities, health facilities and Yoga/Meditation centres for coordinated celebrations;
- (c) the details of meditation-based awareness, training and digital outreach programmes proposed for citizens including youth and working professionals;
- (d) whether the Government has issued guidelines to states/UTs for organising events in convergence with Ministries of Health, Education and Culture and if so, the details thereof; and
- (e) the manner in which the Government proposes to highlight Bharat's Ancient and traditional meditative knowledge systems globally during the celebrations?

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

- (a) to (e): As of now, there is no proposal under consideration in the Ministry of Ayush for observance of World Meditation Day in the month of December, 2025.

VIDEO CONFERENCING FACILITIES IN DISTRICT COURTS

2167. SHRI TANUJ PUNIA:

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

- (a) the number of district courts in the country that do not have video conferencing facilities and necessary digital equipments for hybrid hearings; and
- (b) the timeline by which the Government will have these facilities?

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): One of the components of eCourts Project Phase III is Video Conferencing for which an amount of Rs. 228.48 Crores has been earmarked under the project. As per information provided by the eCommittee, Supreme Court of India, Video Conferencing facilities have been enabled between 3,240 court complexes and 1,272 jails across the country. The District and Subordinate courts have heard 2.85 crore cases using the video conferencing system. The information regarding the number of district courts in the country that do not have video conferencing facilities and necessary digital equipment for hybrid hearings are given in the enclosed **Statement**. Further, as per the Detailed Project Report (DPR) of the eCourts Project Phase-III, there is provision for enhancing and upgrading the available infrastructure of Video Conferencing in courts.

STATEMENT

Details of District Courts that do not have video conferencing facilities and necessary digital equipment for hybrid hearings:

Video Conferencing Facilities in District Courts		
Sr. No.	High Courts	The number of district courts under the jurisdiction of the High Courts that do not have video conferencing facilities and necessary digital equipment for hybrid hearings
1	Allahabad	Nil
2	Andhra Pradesh	Only 3 Courts out of 657 Established Courts do not have equipment for Hybrid Hearings
3	Bombay	72 numbers of courts do not have Video Conferencing Systems and 341 numbers of Courts do not have digital equipment for hybrid hearing.
4	Calcutta	Nil (under eCourts Project)
5	Chhattisgarh	Nil
6	Delhi	Nil
7	Gauhati (Arunachal Pradesh)	2
8	Gauhati (Assam)	Nil
9	Gauhati (Mizoram)	2
10	Gauhati (Nagaland)	Nil
11	Gujarat	Nil
12	Himachal Pradesh	VC facilities for hybrid hearings have not yet been provided in 82 courts, whereas the same have been provided in 63 courts under Phase-III of the eCourts Project.”
13	Jammu and Kashmir and Ladakh	Nil
14	Jharkhand	Nil
15	Karnataka	877
16	Kerala	6
17	Madhya Pradesh	Nil
18	Madras	12 newly constituted Courts in the Cadre of Civil Judge
19	Manipur	NA
20	Meghalaya	Nil
21	Orissa	Nil

22	Patna	Nil
23	Punjab and Haryana	Nil
24	Rajasthan	95 Courts (45 Courts created during FY 2024-25 and 50 Courts created during FY 2025-26)

आयुष्मान आरोग्य मंदिरों का प्रभाव

2168. श्री दिलेश्वर कामैत:

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

- (क) क्या देश में मेडिकल कॉलेजों और एमबीबीएस सीटों की बढ़ती संख्या के प्रभावी उपयोग को सुनिश्चित करने के लिए सरकार द्वारा कोई रणनीति तैयार की गई है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने देश में प्राथमिक स्वास्थ्य सेवा प्रदायगी पर आयुष्मान आरोग्य मंदिरों के प्रभाव का कोई आकलन कराया है; और
- (घ) यदि हाँ, तो इसके प्रमुख परिणाम क्या हैं और सरकार ने उन परिणामों के आधार पर सेवा प्रदायगी को बेहतर बनाने के लिए क्या कदम उठाए हैं?

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

(क) से (घ): सरकार ने मेडिकल कॉलेजों की संख्या, स्नातक (यूजी) और स्नातकोत्तर (पीजी) सीटों की संख्या में वृद्धि की है। वर्ष 2014 से आज की तारीख तक मेडिकल कॉलेजों की संख्या 387 से बढ़कर 818 हो गई है; यूजी सीटें 51,348 से बढ़कर 1,28,875 हो गई हैं और पीजी सीटें 31,185 से बढ़कर 80,291 हो गई हैं।

देश में 13,88,185 पंजीकृत एलोपैथिक डॉक्टर और 7,51,768 पंजीकृत आयुष चिकित्सक

हैं। यह मानते हुए कि एलोपैथिक और आयुष दोनों पद्धतियों में पंजीकृत चिकित्सकों में से 80% उपलब्ध हैं, देश में डॉक्टर-जनसंख्या अनुपात 1:811 होने का अनुमान है।

जन स्वास्थ्य राज्य का विषय है, और देश में उपलब्ध चिकित्सा पेशेवरों को विभिन्न स्वास्थ्य सेवा व्यवस्थाओं में शामिल करने का मामला राज्य सरकारों के क्षेत्राधिकार में आता है। तथापि, स्वास्थ्य सेवा वितरण में मौजूद कमियों को दूर करने के लिए, सरकार विभिन्न केंद्रीय क्षेत्र/केंद्र प्रायोजित योजनाओं/कार्यक्रमों के माध्यम से राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता, क्षमता निर्माण, आवश्यक दवाओं की आपूर्ति, निदान, टेली-परामर्श सेवाएं आदि प्रदान करके सहायता देना जारी रखती है, ताकि प्रभावी और सुलभ प्राथमिक स्वास्थ्य परिचर्या सुनिश्चित की जा सके।

ग्रामीण आबादी को साम्यपूर्ण स्वास्थ्य परिचर्या उपलब्ध कराने के लिए परिवार दत्तक ग्रहण कार्यक्रम (एफएपी) को एमबीबीएस पाठ्यक्रम में शामिल किया गया है। एफएपी के तहत मेडिकल कॉलेज गांवों को गोद लेते हैं और एमबीबीएस छात्र इन गांवों में परिवारों को गोद लेते हैं। इससे गोद लिए गए परिवारों का नियमित रूप से प्रतिरक्षीकरण, विकास निगरानी, मासिक धर्म संबंधी स्वच्छता, आयरन और फोलिक एसिड (आईएफए) पूरक आहार, स्वस्थ जीवनशैली, पोषण, कीट नियंत्रण और दवा के नियमित सेवन के लिए फॉलो-अप किया जा सकता है। यह परिवारों को चल रहे सरकारी स्वास्थ्य कार्यक्रमों के बारे में जागरूक करने में भी मदद करता है। इसके अलावा, राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा अधिसूचित जिला निवास कार्यक्रम (डीआरपी) के तहत स्नातकोत्तर मेडिकल छात्रों को पाठ्यक्रम के हिस्से के रूप में जिला अस्पतालों में तीन महीने की अनिवार्य पोस्टिंग और प्रशिक्षण प्रदान किया जाता है। डीआरपी ग्रामीण और कम सुविधा प्राप्त वाले क्षेत्रों में स्वास्थ्य सेवा वितरण को सुदृढ़ करके जनता को लाभ पहुंचाता है।

वर्ष 2018 में शुरू की गई इस परियोजना के तहत, मौजूदा उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को परिवर्तित करके 30.11.2025 तक 1,81,873 आयुष्मान

आरोग्य मंदिर (एएएम) स्थापित किए गए हैं, ताकि लोगों के घरों के नजदीक व्यापक प्राथमिक स्वास्थ्य सेवाएं प्रदान की जा सकें। सेवाओं का विस्तार बुनियादी मातृ और शिशु देखभाल से लेकर बारह (12) व्यापक स्वास्थ्य परिचर्या पैकेजों तक किया गया है। 132 करोड़ से अधिक व्यक्तियों की उच्च रक्तचाप, मधुमेह, मुख कैंसर, स्तन कैंसर और गर्भाशय ग्रीवा कैंसर के लिए जांच की गई है। एएएम में दवाओं की उपलब्धता और विशेषज्ञों के साथ टेली-परामर्श से पहुंच में सुधार हुआ है, लागत कम हुई है और स्वास्थ्य सेवा प्रदाताओं की कमी को दूर किया गया है।

IMPLEMENTATION OF ICDS-RELATED INITIATIVES

2169. SHRI AJAY KUMAR MANDAL:

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

- (a) whether any specific components of the Swasth Nari, Sashakt Parivar Abhiyaan have been integrated with the existing Integrated Child Development Services (ICDS) platform in the Bhagalpur Parliamentary Constituency, is so, the details thereof;
- (b) the details of the criteria adopted for identifying ICDS beneficiaries in said Constituency covered under the initiative announced during the 8th Rashtriya Poshan Maah;
- (c) whether any new monitoring indicators/reporting mechanisms have been proposed for Anganwadi Services in said Constituency in light of the new Abhiyaan, if so, the details thereof; and

(d) whether any timeline has been proposed for rollout of the ICDS-related components under the Abhiyaan in said Constituency along with the proposed schedule for State/national-level implementation, if so, the details thereof?

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

(a): The “Swasth Nari, Sashakt Parivar Abhiyaan (SNSPA)” campaign was conducted during the period of 17th September 2025 and 2nd October 2025 by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (MoWCD) in the entire country including in the Bhagalpur district of the State of Bihar. It aimed at strengthening healthcare services for women and children across India, with a focus on improving access, quality care and awareness through Jan Bhagidaari.

The Swasth Nari, Sashakt Parivar Abhiyaan was implemented throughout the country with close convergence of various Ministries as stakeholders to ensure comprehensive service delivery for women, adolescents, and children at the grassroots level. The printed information Education and Communication (IEC) in regional languages was provided to maximize the outreach during the campaign. The following activities have been conducted during the campaign:

- 19.7 lakh countrywide dedicated health camps with a footfall of more than 11 crores on all healthcare platforms to provide screenings and specialist and telemedicine services, including counselling activities.

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

Since the launch of Poshan Abhiyaan in 2018, annual Jan Andolans in the form of Poshan Maah (the month of September) and Poshan Pakhwada (in a fortnight of March/ April) are celebrated in convergence with various Ministries/ Departments and other stakeholders. Alongside the Swasth Nari, Sashakt Parivar

Abhiyaan, 8th Rashtriya Poshan Maah was launched on 17th September, 2025 by Hon'ble Prime Minister from Dhar, Madhya Pradesh which was celebrated from 17th September to 16th October 2025, at all Anganwadi centres across the country including State of Maharashtra. Themes taken up during this Poshan Maah includes- Addressing Obesity, Early Childhood Care and Education (ECCE), Reinforcing Infant and Young Child Feeding (IYCF) Practices, Men-streaming, Vocal for Local, and Convergent Actions and Digitization.

(b): The criteria for identification of beneficiaries remained unchanged and followed standard eligibility norms, namely: Children (0–6 years), Pregnant women, Lactating mothers and Adolescent girls (14-18 years from Aspirational Districts and all districts of Northeastern States), as applicable under the scheme. Beneficiary identification during the 8th Rashtriya Poshan Maah was done at the Anganwadi Centre. The same criteria were applied uniformly in districts including in the Bhagalpur District of the State of Bihar.

(c): Activities conducted at Anganwadi centres during 8th Rashtriya Poshan Maah are available on Jan Andolan Dashboard <https://poshanabhiyaan.gov.in/>

(d): Overall, 14.33 crore activities have been reported by all 36 States/ UTs in convergence with more than 18 partner Ministries around the following themes:

- Vocal for Local campaigns highlighted local food diversity and traditional nutritious recipes.

- Men Streaming (1.63 Cr): Men were engaged as partners in nutrition and health awareness initiatives.
- Early Childhood Care and Education (ECCE) (2.41 Cr): Activities emphasized holistic development and learning readiness for young children.
- Infant and Young Child Feeding (IYCF) Practices (2.53 Cr): Sessions encouraged exclusive breastfeeding and appropriate complementary feeding.
- Addressing Obesity (2.85 Cr): Awareness drives promoted balanced diet and physical fitness among women and children.

The 8th Poshan Maah along with Swasth Nari Sashakt Parivar Abhiyaan was implemented in the State of Bihar, including Bhagalpur district, through Anganwadi-based activities, health screening camps, beneficiary mobilisation and nutrition awareness drives during Poshan Maah.

SOCIAL DIVERSITY AMONG INDIAN FOREIGN SERVICE OFFICERS

2170. SHRI YUSUF PATHAN:

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

- (a) the total strength of Indian Foreign Service (IFS) officers, especially belonging to SC/ST, OBC, minorities and women categories;

- (b) the number of IFS officers belonging to SC/ST, OBC, minorities and women posted as Ambassadors/High Commissioner/Permanent Representative abroad; and
- (c) the number of IFS officers belonging to SC/ST, OBC, minorities and women posted at Director, Joint Secretary, Additional Secretary and Secretary levels in the Ministry?

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 total strength of Indian Foreign Service (IFS) officers as on 01 December 2025 is 954. Out of these, the number of SC/ST officers is 200, OBC officers is 217 and women officers is 263. The data regarding minorities is not maintained separately.

(b): Currently, there are a total of 26 Ambassadors / High Commissioners / Permanent Representatives belonging to SC/ST categories.

There are a total of 25 Ambassadors/High Commissioners/Permanent Representatives belonging to OBC category working in Missions abroad.

Currently, there are a total of 11 Women officers posted as Ambassadors/High Commissioners/Permanent Representative.

(c): The number of IFS officers belonging to SC/ST, OBC, and women posted at Director, Joint Secretary, Additional Secretary and Secretary levels in the Ministry is given in the enclosed **Statement**.

STATEMENT

Officers of SC/ST, OBC, and Women at Director, Joint Secretary, Additional Secretary and Secretary level:

Designation	Category	No. of officers
Director	OBC	08
	SC	12
	ST	04
	Women	15
Joint Secretary	OBC	13
	SC	06
	ST	02
	Women	15
Additional Secretary	OBC	04
	SC	01
	ST	01
	Women	03
Secretary	OBC	00
	SC	01
	ST	01
	Women	02

ICDS SCHEME

2171. SHRI DEEPAK ADHIKARI (DEV):

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

- (a) whether any irregularity in the provision of supplementary nutrition to children has been reported, if so, the details thereof;
- (b) the details of the initiatives taken by the Government to strengthen/improve the Integrated Child Development Service (ICDS) scheme; and
- (c) the number of schools covered under the ICDS scheme alongwith the initiatives taken by the Government to extend its reach?

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

(a) to (c): Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) is a Centrally Sponsored scheme being implemented to address the challenge of malnutrition. Central Government is responsible for policy and planning and the State Governments/UT Administrations are responsible for day-to-day program implementation.

Under Mission Poshan 2.0, Community Mobilization and Awareness Advocacy is undertaken to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maahs and Poshan Pakhwadas celebrated in the months

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

Under Mission Poshan 2.0, two lakh Anganwadi Centres located in Government buildings @ 40,000 AWCs per year are strengthened as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi centres with LED screens, water filtration system, Poshan Vatika, ECCE material and BALA paintings.

Under PM JANMAN for the targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs), a total of 2,500 Anganwadi Centres (AWCs) has been sanctioned for construction across the country.

Under Dharti Abha Janjati Gram Unnat Abhiyan, to improve the socio-economic conditions of tribal communities, 875 AWCs have been sanctioned for construction across the country.

In order to improve the infrastructure facility of Anganwadi Centres (AWCs) various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets at Anganwadi Centres from Rs.10,000/- to Rs.17,000/- and Rs.12,000/- to Rs.36,000/- respectively.

Poshan Tracker an ICT tool has been implemented for monitoring and tracking of infrastructure and service delivery at Anganwadi Centres (AWCs) and beneficiaries on defined indicators. Poshan Tracker is 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, daily attendance, ECCE, Provision of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement, Monthly Progress Reports (MPR) providing detailed insights into program performance, Daily tracking of AWC activities with photo capture for monitoring etc.

Poshan Tracker is supported by a dedicated Poshan Helpline no. 1515; a multilingual support system which ensures accessibility and complaint mechanism for beneficiaries and Anganwadi Workers across diverse regions of India.

Through sustained engagements and meetings at regular intervals, States and UTs have been requested to optimize coverage of beneficiaries including child beneficiaries and ensure efficient implementation of the scheme.

In convergence with Department of School Education and Literacy, Ministry of Education Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been jointly launched on 3rd September, 2025 to strengthen ECCE and Foundational Literacy and Numeracy (FLN) services. The Guidelines specify the manner in which co-location of these AWCs can be done, wherever possible. In places where physical co-location is not possible, AWCs are to be

mapped with the nearest primary school. This approach aligns with the vision of National Education Policy (NEP) 2020, which aims to build a strong foundation for young and healthy learners.

As per Unified District Information System for Education (UDISE+) portal 2,99,546 Anganwadi Centres have been co-located with Government primary schools across the country.

DEVELOPMENT OF MEGA PORTS CLUSTERS

2172. DR. T SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

- (a) whether the Government has plans to develop the Chennai-Kamarajar-Cuddalore cluster, one among the six port clusters as mega ports cluster by 2047, if so, the details thereof;
- (b) whether it is a fact that 234 projects of modernization under Sagarmala, at cost of Rs. 2,91,622 Cr. have been undertaken for implementation, if so, the details thereof indicating the number and cost of completed and under development projects; and
- (c) whether the Government proposes to take steps to make the eastern coast in Tamil Nadu as a Port and Shipping hub in Asia, if so, the details thereof and if not, the reasons therefor?

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

(a): Maritime India Vision 2030 envisions Chennai-Kamarajar-Cuddalore cluster to become Mega Port in the eastern coast by 2047. This cluster is targeted to achieve a cargo handling capacity of over 300 million tonners per annum by the year 2047.

(b): Under the Port Modernization pillar of Sagarmala Programme, a total of 234 projects at cost of Rs. 2,89,427Cr. have been undertaken for implementation and out of 234 projects, 106 projects worth Rs. 32,675Cr. have been completed and 56 projects worth Rs. 74,743 Cr. are under implementation.

(c): The key initiative of Government includes Port Modernisation of Chennai, Ennore (Kamarajar), and Tuticorin (VO Chidambaranar) ports, and investment in infrastructure connectivity such as rail and road linkages. Further, strategic location, deep-draft ports, and policy support aim to position Tamil Nadu as a key maritime hub in Asia.

TARGET SET OUT IN THE NATIONAL HEALTH POLICY

2173. SHRI ABU TAHER KHAN:

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

- (a) whether the Government has achieved the targets set out in the National Health Policy;
- (b) if so, the details thereof and if not, the reasons therefor;

- (c) the details of the progress achieved against each objectives of the National Health Policy;
- (d) whether the Government has conducted any review of the implementation of the said Policy; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

(a) to (e): The National Health Policy formulated in 2017 envisages to provide universal access to good quality healthcare services through increasing access, increasing affordability by lowering the cost of healthcare delivery and equity. The policy envisages as its goal the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality healthcare services without anyone having to face financial hardship as a consequence.

The Central Govt. 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), financial and technical support are provided to States/UTs to provide accessible, affordable and quality healthcare, especially

to the poor and vulnerable sections of the population in both urban and rural areas.

Targets set and progress achieved under National Health Policy 2017 is given in the enclosed **Statement**. Under NHM, the performance of various health programmes including target sets under NHP are regularly monitored in all the States/UTs, through review meetings, mid-term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery and rewarding achievements etc. Also, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

STATEMENT

Target set and achieved under National Health Policy 2017

Target set in NHP 2017	Status
Increase Life Expectancy at birth from 67.5 to 70 by 2025	Expectation of life at birth for India has been estimated at 70.3 years for the period 2019-23 (Sample Registration System (SRS) based abridged life tables 2019-23).
Reduction of TFR to 2.1 at national and sub-national level by 2025.	2.0 [National Family Health Survey (NFHS- 5)]
Reduce Under Five Mortality to 23 by 2025 and MMR from current levels to 100 by 2020	Under-Five Mortality Rate (U5MR)- 29 per thousand (SRS 2023)

	Maternal Mortality Ratio (MMR)- 88 per 1 lakh live birth (SRS 2021-23)
Reduce infant mortality rate to 28 by 2019.	25 per thousand (SRS 2023)
Reduce neo-natal mortality to 16 and still birth rate to "single digit" by 2025.	19 per thousand (SRS 2023)
Achieve and maintain elimination status of Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017.	Kala-Azar- Elimination target achieved in all 633 endemic blocks by end of 2023. Leprosy-India has achieved and sustained the status of elimination for leprosy at national level i.e. prevalence rate (PR) less than 1 per 10,000 population in 2005 to till date.
To achieve and maintain a cure rate of >85% in new sputum positive patients for TB and reduce incidence of new cases, to reach elimination status by 2025.	TB incidence rate declined by 21% (from 237/lakh in 2015 to 187/lakh in 2024). TB treatment coverage in India increased by 39% in last nine years from 53% in 2015 to 92% in 2024.
To reduce the prevalence of blindness to 0.25/ 1000 by 2025 and disease burden by one third from current levels.	Prevalence of blindness is decreased from 1% (2010) to 0.36% (2019).
Antenatal care coverage to be sustained above 90% and skilled attendance at birth above 90% by 2025.	Antenatal care coverage: 95.4% [Health Management Information System (HMIS)]

	Skilled Birth: 98.8% (HMIS)
More than 90% of the newborn are fully immunized by one year of age by 2025.	98% (FY 2024-25)
Meet need of family planning above 90% at national and sub national level by 2025.	> 90% (FY 2024-25)
Relative reduction in prevalence of current tobacco use by 15% by 2020 and 30% by 2025.	28.6% [Global Adult Tobacco Survey (GATS-2) 2016-17]
Reduction of 40% in prevalence of stunting of under-five children by 2025.	35.5% (NFHS-5)
Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025.	Government Health Expenditure (GHE) as share of Gross Domestic Product (GDP) in FY 2021-22 was 1.84%. (National Health Accounts 2021-22)

SUPPLY OF FERTILIZERS

2174. SHRI S. JAGATHRATCHAKAN:

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

- (a) the details and quantity of fertilisers, including Urea, DAP, MOP and NPK Complex, requested by each State in the country and the quantity actually allocated and supplied by the Union Government during the last five years, State-wise, year-wise and fertiliser-wise;

- (b) the details of shortfall, if any, between the requested and supplied quantities during the same period, State-wise;
- (c) whether any delay was reported in the supply or distribution of fertilisers to Tamil Nadu during the last five years, and if so, the reasons therefor; and
- (d) whether the Government has undertaken any assessment on the manner in which shortfalls or delays in fertiliser supply have impacted crop yield, farmer income or seasonal cultivation patterns in the country and if so, details of findings thereof, State-wise including Tamil Nadu?

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

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

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

However, the assessment and distribution of fertilizers within the State at district level is done by the concerned State government.

Accordingly, the information regarding requirement, availability and sales of fertilizers viz. Urea, DAP, MOP and NPKS across the States, including the State of Tamil Nadu, during the last 5 years is given in the enclosed **Statement**.

STATEMENT**REQUIREMENT, AVAILABILITY and SALES OF FERTILIZERS DURING THE FY 2024-25**

fig. in LMT													
		UREA			DAP			MOP			NPKS		
S. No	State	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	15.90	18.68	15.70	4.30	4.80	4.34	1.50	2.38	1.71	16.00	18.36	15.78
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	3.28	4.48	4.10	0.61	0.70	0.62	0.47	0.80	0.57	0.55	0.63	0.48
5	Bihar	22.87	27.64	25.60	5.50	6.40	5.83	1.50	2.54	1.84	6.00	7.46	6.04
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	8.90	12.03	10.07	4.10	4.19	3.83	0.73	1.13	0.76	1.80	2.84	2.34
8	Dadra and Nagar Haveli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.23	0.43	0.40	0.01	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.02	0.02	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.04	0.03	0.03
12	Gujarat	25.60	25.82	24.23	6.25	5.84	5.42	0.99	1.18	0.92	7.00	9.98	8.35
13	Haryana	21.50	25.32	22.65	5.80	5.49	5.34	0.60	0.74	0.47	1.70	1.31	1.03
14	Himachal Pradesh	0.71	0.81	0.65	0.01	0.04	0.03	0.04	0.05	0.03	0.37	0.41	0.32

15	Jammu and kashmir	1.48	2.05	1.36	0.49	0.58	0.43	0.22	0.26	0.14	0.04	0.02	0.01
16	Jharkhand	2.65	4.11	3.73	0.90	0.87	0.84	0.06	0.05	0.03	0.65	1.08	0.85
17	Karnataka	17.25	22.63	19.17	5.64	6.55	5.86	1.95	3.08	2.21	16.20	25.46	20.90
18	Kerala	1.11	1.37	1.15	0.17	0.21	0.20	0.82	1.06	0.83	1.37	1.50	1.26
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	35.38	42.43	38.09	16.57	12.70	11.66	1.05	1.59	1.08	8.50	11.94	9.77
21	Maharashtra	23.73	32.72	26.41	7.50	7.13	6.47	2.30	3.45	2.22	30.00	37.86	28.79
22	Manipur	0.25	0.16	0.14	0.03	0.03	0.02	0.04	0.02	0.02	0.02	0.01	0.01
23	Meghalaya	0.04	0.04	0.04	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.08	0.25	0.20	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	6.05	8.15	6.67	2.86	2.83	2.56	0.85	1.11	0.77	2.75	4.04	3.28
27	Puducherry	0.16	0.16	0.15	0.01	0.02	0.02	0.01	0.02	0.01	0.07	0.11	0.08
28	Punjab	26.50	36.70	32.56	8.10	6.99	6.61	1.00	1.06	0.71	2.50	1.73	1.41
29	Rajasthan	26.20	29.43	26.40	8.50	7.11	6.90	0.21	0.28	0.20	2.25	3.04	2.55
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.91	12.61	10.92	2.70	2.98	2.56	2.24	2.56	1.94	10.54	10.19	8.49
32	Telangana	20.20	22.15	20.08	3.90	3.91	3.64	1.30	1.44	1.14	17.00	17.54	14.97
33	Tripura	0.18	0.24	0.17	0.04	0.03	0.02	0.03	0.06	0.04	0.04	0.04	0.03
34	Uttarakhand	2.03	2.60	2.31	0.30	0.52	0.40	0.08	0.08	0.04	0.40	0.28	0.21
35	Uttar Pradesh	77.00	91.72	79.18	24.05	21.55	19.51	1.72	2.50	1.76	14.50	12.85	10.50
36	West Bengal	13.80	19.05	15.77	3.55	3.62	3.12	2.50	3.41	2.57	11.00	15.25	12.24
	All India	364.01	443.83	387.92	111.92	105.14	96.29	22.21	30.85	22.02	151.29	183.98	149.72

[illegible]

20	Madhya Pradesh	33.46	41.73	34.37	14.22	17.81	15.50	0.87	1.05	0.67	5.40	6.99	5.41
21	Maharashtra	23.74	31.06	23.48	7.00	8.93	7.36	3.00	2.18	1.42	26.50	34.08	23.04
22	Manipur	0.30	0.26	0.25	0.04	0.01	0.01	0.05	0.02	0.02	0.00	0.01	0.00
23	Meghalaya	0.02	0.05	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.07	0.15	0.13	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	5.46	7.70	5.84	2.33	3.12	2.74	1.03	0.93	0.66	2.80	3.16	2.42
27	Puducherry	0.16	0.15	0.13	0.02	0.01	0.01	0.01	0.01	0.01	0.06	0.10	0.07
28	Punjab	29.48	37.35	30.68	8.00	8.23	7.24	0.85	0.62	0.50	1.50	1.02	0.73
29	Rajasthan	24.28	29.23	25.39	8.95	9.80	9.37	0.23	0.20	0.15	1.11	1.40	1.08
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94
32	Telangana	18.94	23.77	19.03	3.80	4.34	3.68	2.00	1.18	0.92	15.99	17.09	13.62
33	Tripura	0.24	0.26	0.14	0.05	0.04	0.03	0.07	0.06	0.02	0.02	0.03	0.02
34	Uttarakhand	1.84	2.67	2.31	0.35	0.49	0.38	0.08	0.08	0.04	0.35	0.24	0.20
35	Uttar Pradesh	76.15	91.83	74.53	24.50	25.76	21.61	2.35	1.62	1.21	9.50	10.13	7.93
36	West Bengal	14.32	17.34	12.20	4.02	3.83	3.20	3.35	2.85	1.83	10.65	12.74	9.20
	All India	356.08	437.47	357.81	110.18	127.42	109.73	27.62	22.74	16.45	126.31	156.51	116.80

REQUIREMENT, AVAILABILITY and SALES OF FERTILIZERS DURING THE FY 2022-23													
fig. in LMT													
		UREA			DAP			MOP			NPKS		
S.No	State	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.01	0.00	0.00
2	Andhra Pradesh	16.65	18.39	15.87	4.20	5.43	4.64	3.09	1.42	1.18	15.97	16.27	13.73
3	Arunachal Pradesh	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
4	Assam	3.85	4.07	3.56	0.85	0.83	0.63	0.75	0.58	0.47	0.26	0.22	0.19
5	Bihar	22.80	24.68	21.96	6.82	7.15	5.66	2.16	1.55	1.26	3.72	5.35	4.25
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	8.74	10.57	8.38	3.70	4.68	3.14	1.01	0.77	0.56	1.45	1.63	1.06
8	Dadra and Nagar Haveli	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.20	0.32	0.28	0.04	0.06	0.05	0.01	0.00	0.00	0.01	0.00	0.00
11	Goa	0.03	0.02	0.02	0.01	0.00	0.00	0.01	0.00	0.00	0.04	0.03	0.03
12	Gujarat	24.00	27.30	24.73	5.50	7.48	6.10	1.15	0.91	0.81	5.85	7.08	5.23
13	Haryana	21.50	23.68	20.46	5.70	6.48	5.59	0.60	0.43	0.35	0.70	0.30	0.26
14	Himachal Pradesh	0.76	0.85	0.74	0.02	0.02	0.02	0.07	0.07	0.04	0.39	0.41	0.35
15	Jammu and kashmir	1.68	1.93	1.60	0.59	0.60	0.48	0.40	0.23	0.17	0.04	0.00	0.00
16	Jharkhand	2.60	3.04	2.56	1.00	0.89	0.77	0.20	0.05	0.04	0.46	0.52	0.45
17	Karnataka	17.20	22.22	18.21	5.90	8.44	6.21	3.00	1.68	1.41	17.16	21.53	16.67
18	Kerala	1.23	1.32	1.12	0.20	0.22	0.19	1.07	0.86	0.78	1.42	1.32	1.02

19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	33.00	36.94	32.39	18.50	17.61	13.85	1.57	0.76	0.62	4.85	6.25	4.79
21	Maharashtra	25.29	30.39	24.66	8.20	9.34	7.18	4.30	1.68	1.38	23.50	28.89	20.46
22	Manipur	0.22	0.35	0.31	0.12	0.04	0.04	0.12	0.05	0.04	0.00	0.03	0.03
23	Meghalaya	0.02	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
24	Mizoram	0.09	0.11	0.10	0.06	0.01	0.01	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	5.84	7.08	5.60	2.69	2.55	1.94	1.35	0.84	0.61	3.05	3.26	2.63
27	Puducherry	0.15	0.18	0.17	0.01	0.02	0.02	0.02	0.01	0.01	0.07	0.09	0.06
28	Punjab	29.25	34.90	29.45	7.25	8.46	7.17	0.90	0.49	0.41	1.70	0.71	0.58
29	Rajasthan	21.50	27.91	25.17	7.40	9.70	8.47	0.30	0.18	0.14	0.95	0.85	0.72
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38
32	Telangana	18.39	21.63	18.83	3.55	4.70	3.71	2.27	0.86	0.74	15.16	16.24	12.90
33	Tripura	0.27	0.28	0.19	0.05	0.02	0.02	0.09	0.06	0.02	0.02	0.03	0.02
34	Uttarakhand	2.20	2.38	2.05	0.35	0.64	0.52	0.09	0.07	0.03	0.35	0.15	0.11
35	Uttar Pradesh	77.50	87.39	74.72	24.70	27.69	22.38	3.36	1.42	1.22	7.00	6.64	4.79
36	West Bengal	14.25	16.49	14.05	4.05	4.36	3.77	3.70	2.70	2.36	10.12	11.16	9.61
	All India	359.19	415.82	357.26	114.20	130.93	105.31	34.17	19.55	16.32	120.69	138.15	107.31

REQUIREMENT, AVAILABILITY and SALES OF FERTILIZERS DURING THE FY 2021-22													
fig. in LMT													
		UREA			DAP			MOP			NPKS		
S. No	State	Require ment	Availabil ity	DBT Sales	Require ment	Availabil ity	DBT Sales	Require ment	Availabil ity	DBT Sales	Require ment	Availabil ity	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00	0.00	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00
2	Andhra Pradesh	17.00	17.08	14.83	4.45	3.79	3.60	3.00	1.97	1.78	17.00	15.93	13.99
3	Arunachal Pradesh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	3.85	4.00	3.60	0.89	0.68	0.52	0.85	0.62	0.55	0.17	0.25	0.19
5	Bihar	22.00	22.79	21.53	7.50	5.82	5.52	2.50	1.52	1.38	4.00	4.44	3.96
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	7.00	9.66	8.00	3.80	3.69	3.53	1.01	1.09	0.83	1.30	1.46	1.31
8	Dadra and Nagar Haveli	0.02	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	0.20	0.30	0.26	0.04	0.05	0.03	0.01	0.00	0.00	0.02	0.00	0.00
11	Goa	0.02	0.02	0.02	0.01	0.00	0.00	0.01	0.01	0.00	0.02	0.03	0.03
12	Gujarat	24.00	24.93	21.90	5.00	5.43	5.00	1.20	1.22	1.09	5.95	7.35	6.69
13	Haryana	20.50	23.26	20.75	6.00	5.33	4.96	0.56	0.67	0.57	0.70	0.63	0.54
14	Himachal Pradesh	0.79	0.90	0.74	0.02	0.01	0.00	0.08	0.10	0.04	0.38	0.34	0.19
15	Jammu and kashmir	1.43	2.11	1.67	0.80	0.57	0.44	0.40	0.25	0.19	0.03	0.02	0.00
16	Jharkhand	2.60	3.01	2.57	1.00	0.97	0.91	0.20	0.05	0.01	0.46	0.49	0.45
17	Karnataka	16.50	21.04	17.84	6.54	6.37	5.73	3.17	2.74	2.54	17.20	20.82	18.72
18	Kerala	1.22	1.29	1.15	0.20	0.14	0.14	1.10	0.86	0.77	1.45	1.43	1.26

19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	35.00	33.01	29.18	19.50	12.54	12.03	1.80	1.31	1.18	4.35	5.31	4.96
21	Maharashtra	25.50	28.29	23.68	8.50	6.42	5.87	4.50	3.63	3.26	21.50	28.97	25.75
22	Manipur	0.27	0.24	0.14	0.14	0.03	0.01	0.14	0.00	0.00	0.00	0.02	0.01
23	Meghalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.09	0.03	0.01	0.06	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.02	0.01	0.01	0.02	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
26	Odisha	5.64	6.36	5.53	2.68	2.51	2.37	1.43	1.17	1.07	2.80	2.77	2.49
27	Puducherry	0.12	0.15	0.15	0.02	0.01	0.01	0.02	0.02	0.02	0.07	0.08	0.07
28	Punjab	28.00	34.95	31.34	8.00	6.58	6.27	1.00	0.87	0.64	0.76	1.47	1.21
29	Rajasthan	21.00	25.43	22.59	7.70	6.59	6.10	0.30	0.31	0.24	0.63	1.23	1.20
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	10.10	10.85	10.40	2.90	2.56	2.39	3.00	2.80	2.53	6.92	9.25	8.17
32	Telangana	19.00	19.19	17.12	4.20	3.14	2.98	3.10	1.50	1.39	18.60	15.07	13.24
33	Tripura	0.27	0.32	0.18	0.05	0.04	0.01	0.09	0.05	0.01	0.02	0.03	0.01
34	Uttarakhand	2.16	2.30	2.09	0.32	0.43	0.31	0.09	0.09	0.04	0.30	0.24	0.22
35	Uttar Pradesh	78.00	82.30	71.12	29.50	23.75	21.20	3.80	2.12	1.91	8.00	6.78	6.36
36	West Bengal	14.23	15.84	13.30	4.05	3.03	2.70	3.70	2.09	1.89	10.12	11.30	10.34
	All India	356.53	389.68	341.73	123.90	100.49	92.64	37.10	27.06	23.93	122.74	135.74	121.37

REQUIREMENT, AVAILABILITY and SALES OF FERTILIZERS DURING THE FY 2020-21													
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	0.01	0.01	0.00	0.02	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
2	Andhra Pradesh	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	Arunachal Pradesh	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	Assam	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	Bihar	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	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	6.50	11.08	9.17	3.35	5.42	4.51	1.01	1.52	1.12	1.60	1.72	1.19
8	Dadra and Nagar Haveli	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	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	0.24	0.22	0.05	0.04	0.04	0.02	0.01	0.00	0.02	0.00	0.00
11	Goa	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	Gujarat	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	Haryana	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	Himachal Pradesh	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	Jammu and kashmir	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	Jharkhand	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	Karnataka	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	Kerala	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	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	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	Maharashtra	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	Manipur	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	Meghalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.09	0.02	0.02	0.05	0.00	0.00	0.04	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	5.65	6.66	5.27	2.20	2.82	2.52	1.30	1.81	1.38	2.80	3.26	2.65
27	Puducherry	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	Punjab	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	Rajasthan	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	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	10.00	11.58	9.88	3.25	3.07	2.72	3.10	3.88	3.07	6.30	9.08	7.38
32	Telangana	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	Tripura	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	Uttarakhand	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	Uttar Pradesh	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	West Bengal	14.43	16.08	12.78	4.05	4.48	3.94	3.20	3.89	3.06	10.12	13.16	11.39
	All India	350.64	406.49	350.51	107.76	133.98	119.18	35.51	44.56	34.32	108.00	156.55	125.82

ग्रामीण क्षेत्रों के लिए स्वास्थ्य योजनाएं

2175. श्री संदिपनराव आसाराम भुमरे:

श्री निलेश ज्ञानदेव लंके:

श्रीमती कलाबेन मोहनभाई देलकर:

डॉ. शिवाजी बंडाप्पा कालगे:

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

(क) गत तीन वर्षों के दौरान सरकार द्वारा देश, विशेषकर महाराष्ट्र और दादरा और नगर हवेली के ग्रामीण क्षेत्रों में स्वास्थ्य अवसंरचना में सुधार के लिए कार्यान्वित स्वास्थ्य योजनाओं का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है; और

(ख) क्या सरकार ने महाराष्ट्र तथा दादरा और नगर हवेली में स्वास्थ्य सुधार के उद्देश्य से कोई विशेष योजना कार्यान्वित की है और यदि हां, तो उक्त अवधि के दौरान उपरोक्त राज्य/संघ राज्यक्षेत्र में उक्त योजना के कार्यान्वयन हेतु व्यय की गई राशि का वर्ष-वार ब्यौरा क्या है?

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

(क) और (ख): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, भारत सरकार महाराष्ट्र और दादरा व नगर हवेली सहित राज्यों/संघ राज्य क्षेत्रों को ग्रामीण क्षेत्रों में सार्वजनिक स्वास्थ्य अवसंरचना और सेवा प्रदायगी को सुदृढ़ करने के लिए सहायता प्रदान करती है। राज्य/संघ राज्य क्षेत्र वार्षिक कार्यक्रम कार्यान्वयन योजना (पीआईपी) के माध्यम से अपने प्रस्ताव प्रस्तुत करते हैं, और उपलब्ध संसाधन सीमा (आरई) के आधार पर, भारत सरकार कार्यवाही अभिलेख (आरओपी) में अनुमोदन प्रदान करती है।

एनएचएम के अंतर्गत दी जाने वाली सहायता में संविदा आधार पर मानव संसाधन की नियुक्ति, राष्ट्रीय एम्बुलेंस सेवाएँ, मोबाइल मेडिकल यूनिट, आशा कार्यकर्ताएँ और बुनियादी ढाँचे को सुदृढ़ करना जैसे कई प्रकार के हस्तक्षेप शामिल हैं। इसमें मौजूदा उप-केंद्रों और प्राथमिक स्वास्थ्य केंद्रों का उन्नयन करके 1,50,000 आयुष्मान भारत स्वास्थ्य और कल्याण केंद्र (एबी-एचडब्ल्यूसी) स्थापित करना; चौबीसों घंटे (24×7) सेवाएँ और प्रथम रेफरल यूनिट सुनिश्चित करना; मेरा अस्पताल और कायाकल्प पुरस्कार योजना का कार्यान्वयन; प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम; राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएस) का कार्यान्वयन और संबंधित गतिविधियाँ; लक्ष्य प्रमाणन; बायोमेडिकल उपकरण रखरखाव और प्रबंधन कार्यक्रम; निःशुल्क निदान सेवा पहल; और निःशुल्क औषधि सेवा पहल आदि अन्य के साथ-साथ शामिल हैं।

महाराष्ट्र राज्य और दादरा व नगर हवेली तथा दमन और दीव संघ राज्य क्षेत्रों के लिए वित्त वर्ष 2022-23 से 2024-25 की अवधि के दौरान राष्ट्रीय स्वास्थ्य मिशन(एनएचएम) के अंतर्गत ग्रामीण क्षेत्रों में स्वास्थ्य अवसंरचना सुदृढ़ीकरण के लिए स्वीकृतियों का विवरण निम्नलिखित है:

क्र.सं.	वित्त वर्ष	महाराष्ट्र (लाखों में)	दादरा व नगर हवेली और दमन और दीव (लाख में)
1.	2022-23	58,844.37	2.88
2.	2023-24	58,390.87	2.88
3.	2024-25	77,579.05	3.60

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत, राज्यों/संघ राज्य क्षेत्रों को उप स्वास्थ्य केंद्र (एचडब्ल्यूसी), ब्लॉक जन स्वास्थ्य इकाइयां (बीपीएचयू), एकीकृत जन स्वास्थ्य प्रयोगशालाएं (आईपीएचएल) और गहन परिचर्या ब्लॉक (सीसीबी) के विकास के

लिए सहायता प्रदान की जा रही है। दादरा व नगर हवेली में एक जिला एकीकृत जन स्वास्थ्य प्रयोगशाला (डीआईपीएचएल) स्थापित की गई है।

महाराष्ट्र राज्य और दादरा व नगर हवेली तथा दमन और दीव संघ राज्य क्षेत्रों के लिए वित्त वर्ष 2022-23 से 2024-25 की अवधि के दौरान पीएम-एबीएचआईएम योजना के तहत जारी की गई केंद्रीय निधियों का विवरण निम्नलिखित है:

क्र. सं.	वित्त वर्ष	महाराष्ट्र (करोड़ में)	दादरा व नगर हवेली तथा दमन और दीव (करोड़ में)
1.	2022-23	4.07	0.24
2.	2023-24	31.76	0.28
3.	2024-25	65.48	0.53

महाराष्ट्र में स्वास्थ्य प्रणालियों, प्राथमिक स्वास्थ्य परिचर्या, सार्वजनिक स्वास्थ्य सुविधाओं और सेवा प्रदायगी को सुदृढ़ करने के लिए पंद्रहवें वित्त आयोग (XV-एफ सी) के स्वास्थ्य अनुदानों के माध्यम से भी सहायता प्रदान की गई है। महाराष्ट्र के लिए आवंटन, अनुमोदन, जारी और उपयोग करने का वर्षवार ब्यौरा इस प्रकार है:

वर्ष	आवंटन (करोड़ में)	स्वीकृत राशि (एनएलसी के अनुसार) (करोड़ में)	जारी राशि (करोड़ में)	पीएमएस पोर्टल के अनुसार उपयोग की गई धनराशि (करोड़ में)
2022-23	1330.81	1204.33	1204.33	869.26
2023-24	1397.32	1343.96	729.07	481.37
2024-25	1467.22	1466.87	632.88	52.05
कुल	7066.74	6885.56	3897	2426.7

महाराष्ट्र राज्य और दादरा व नगर हवेली तथा दमन और दीव संघ राज्य क्षेत्रों के लिए आपातकालीन कोविड अनुक्रिया पैकेज (ईसीआरपी) के तहत जारी की गई धनराशि का विवरण निम्नलिखित है:

राज्य/संघ राज्य क्षेत्र	ईसीआरपी-I (करोड़ रुपये में)	ईसीआरपी-II (करोड़ रुपये में)	जारी राशि (करोड़ रुपये में)
महाराष्ट्र	1,248.08	820.77	2,068.85
डीएनएच और डीडी	4.77	4.76	9.53

प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई): इसका उद्देश्य किफायती विशिष्ट स्वास्थ्य परिचर्या सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को दूर करना और देश में गुणवत्तापूर्ण चिकित्सा शिक्षा के लिए सुविधाओं को बढ़ाना है। इस योजना के दो घटक हैं, नामतः (i) अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना; और (ii) मौजूदा सरकारी चिकित्सा महाविद्यालयों/संस्थानों (जीएमसीआई) का उन्नयन।

केंद्र प्रायोजित योजना के तहत 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए देश में कुल 157 मेडिकल कॉलेजों को मंजूरी दी गई है।

डॉक्टरों और परिचारिकाओं की कमी

2176. श्री उम्मेदा राम बेनीवाल:

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

(क) क्या सरकार ने देश में चिकित्सकों, परिचारिकाओं और परा-चिकित्सकों की कमी का आकलन किया है;

(ख) यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है; और

(ग) क्या केन्द्र सरकार अपने कार्याधीन अस्पतालों और एम्स में रिक्त स्वीकृत पदों को भरने में विफल रही है?

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

(क) से (ग): देश में 13,88,185 पंजीकृत एलोपैथिक डॉक्टर और 7,51,768 पंजीकृत आयुष चिकित्सक हैं। यह मानते हुए कि एलोपैथिक और आयुष दोनों प्रणालियों में पंजीकृत चिकित्सकों का 80% उपलब्ध है, देश में डॉक्टर-जनसंख्या अनुपात 1:811 होने का अनुमान है।

इसके अलावा, भारतीय नर्सिंग परिषद (आईएनसी) के अनुसार, लगभग 42.94 लाख पंजीकृत नर्सिंग कर्मी हैं। यदि 80% नर्सिंग कर्मी उपलब्ध हों, तो देश में नर्स-जनसंख्या अनुपात 3:1000 होने का अनुमान है।

देश में मेडिकल कॉलेजों, स्नातक (यूजी) और स्नातकोत्तर (पीजी) सीटों में उल्लेखनीय वृद्धि हुई है। 2014 से अब तक मेडिकल कॉलेजों की संख्या 387 से बढ़कर 818 हो गई है; यूजी सीटें 51,348 से बढ़कर 1,28,875 हो गई हैं और स्नातकोत्तर सीटें 31,185 से बढ़कर 80,291 हो गई हैं।

देश में चिकित्सा पेशेवरों की संख्या बढ़ाने के लिए सरकार द्वारा उठाए गए उपाय/कदमों में निम्नलिखित शामिल हैं:

- i. केंद्र प्रायोजित योजना के तहत जिला/रेफरल अस्पताल को उन्नत करके नए मेडिकल कॉलेज की स्थापना की जा रही है, जिसके अंतर्गत 157 अनुमोदित मेडिकल कॉलेजों में से 137 नए मेडिकल कॉलेज कार्यरत हैं।
- ii. राज्य सरकार/संघ सरकार द्वारा संचालित मेडिकल कॉलेजों के सुदृढ़ीकरण/उन्नयन के लिए केंद्र प्रायोजित योजना, जिसका उद्देश्य एमबीबीएस और स्नातकोत्तर सीटों की संख्या बढ़ाना है।

- iii. प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत "सुपर स्पेशलिटी ब्लॉक/ट्रॉमा केयर सेंटर आदि के निर्माण द्वारा सरकारी मेडिकल कॉलेजों का उन्नयन" से संबंधित एक घटक है। इस घटक के तहत 75 परियोजनाओं में से 71 परियोजनाएं पूरी हो चुकी हैं। दूसरा घटक नए एम्स की स्थापना से संबंधित है, जिसके तहत 22 एम्स को मंजूरी मिल चुकी है।
- iv. नर्सिंग शिक्षा के संवर्धन हेतु केंद्र प्रायोजित योजना के तहत 157 नए नर्सिंग कॉलेजों की स्थापना।
- v. केंद्रीय क्षेत्र योजना 'नर्सिंग सेवाओं का विकास' के तहत राज्यों/संघ राज्य क्षेत्रों को नर्सिंग स्कूलों को नर्सिंग कॉलेजों में उन्नत करने के लिए वित्तीय सहायता प्रदान की जाती है।

केंद्र सरकार के अस्पतालों और एम्स में बढ़ती जरूरतों और कार्यात्मक आवश्यकताओं को पूरा करने के लिए स्वास्थ्य परिचर्या सुविधा केन्द्रों का विस्तार करना, जिसमें डॉक्टरों और अन्य कर्मचारियों के पदों का सृजन और रिक्त पदों को भरना शामिल है, एक सतत प्रशासनिक प्रक्रिया है।

PROMOTION OF AYUSH IN JHARKHAND

2177. SHRI VIJAY KUMAR HANSDAK:

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

- (a) the details of the efforts made by the Government to promote Ayurveda, Naturopathy, Unani and other related system of treatment of AYUSH in the country, State/UT-wise, particularly in Jharkhand where a large chunk of population depend on traditional medical practices;

- (b) the details of the number of institutions and training centres related to Yoga, Naturopathy, Unani etc. established during the last ten years, State/UT-wise; and
- (c) the details of the number of institutions and training centers related to Yoga, Naturopathy, Unani etc. proposed to be set up in the country, State/UT-wise, particularly in Jharkhand?

THE MINISTER 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 Ayush in the Country including in the State of Jharkhand. With the view to fulfil the mandate of propagation of Ayush System of Healthcare, the 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 Jharkhand. 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 is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through State/UT Governments for the development and promotion of the Ayush system, including Ayurveda, Naturopathy, Unani and other related systems of treatment of Ayush in the country, State/UT-wise, particularly in Jharkhand. Under the Mission, financial assistance is provided to the States/UTs as per the proposals received in their State Annual Action Plans (SAAPs). The States/UTs including Jharkhand may avail financial assistance by submitting proposals through SAAPs in accordance with the NAM guidelines.

NAM, inter alia, provides support for the following activities:

- (i) Operationalization of Ayush Health and Wellness Centres (AHWCs), now renamed as Ayushman Arogya Mandir (Ayush).
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- (iii) Upgradation of existing standalone Government Ayush Hospitals.
- (iv) Upgradation of existing Government/Panchayat/Government-aided Ayush Dispensaries; construction of buildings for existing Ayush Dispensaries operating in rented/dilapidated accommodation; and construction of buildings to establish new Ayush Dispensaries.
- (v) Setting up of 10/30/50 bedded integrated Ayush Hospitals.

- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government-aided Teaching Institutional Ayush Hospitals.
- (vii) Implementation of Ayush Public Health Programs.
- (viii) Establishment of new Ayush colleges in States where the availability of AYUSH teaching institutions in the Government sector is inadequate.
- (ix) Infrastructural development of Ayush Undergraduate Institutions and Ayush Postgraduate Institutions, including add-on PG/Pharmacy / Para-Medical Courses.

The allocation and expenditure under NAM are demand-driven and depend upon the State/UT-wise proposals approved through the State Annual Action Plans (SAAPs).

(b) and (c): Public Health being a state subject, establishment of institutions and training centres related to Yoga, Naturopathy, Unani etc. in the country comes under the purview of respective State/UT Governments. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), there is provision of financial assistance for setting up of 50/30/10 bedded integrated Ayush hospitals. Accordingly, the State Government may avail financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs).

SETTING UP OF AIIMS OUTREACH OPD**2178. SHRI SOUMENDU ADHIKARI:**

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

- (a) whether the Government proposes to set up All India Institute of Medical Sciences (AIIMS) Outreach OPD in different places nearby AIIMS location where hospitals are functional including the thirteen colleges yet to be operational;
- (b) if so, the details of proposals and locations identified to setup such medical OPD centers to reach to mass people;
- (c) whether the Government to establish such Institutions under PPP model in collaboration with AIIMS therein; and
- (d) if so, the details thereof?

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

(a) to (d): Under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY), there is no proposal to set up Outreach OPD in different places nearby All India Institute of Medical Sciences (AIIMS) locations.

NATIONAL WATERWAY-4 ON GODAVARI RIVER**2179. SHRIMATI DAGGUBATI PURANDESWARI:**

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

- (a) the national policy on developing Inland Water Transport (IWT) along with the status of National Waterways;
- (b) the current status of National Waterway-4 (NW-4) on the Godavari River;
- (c) the progress of dredging works installation of navigational aids and construction of terminals on the Godavari stretch from Rajahmundry in Andhra Pradesh to the sea;
- (d) the volume of cargo (e.g., coal, fertilizer, foodgrains) moved on NW-4 during the last year; and
- (e) the steps being taken to promote Ro-Ro ferry services and cargo movement from Rajahmundry in Andhra Pradesh to reduce load on roads?

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

(a): Government has declared 111 Waterways as National Waterways (NWs) as per National Waterways Act, 2016. Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways, conducts Techno-economic feasibility and Detailed Project report (DPR) of feasible NWs based on proposal from state concerned and takes appropriate action for development of these NWs for cargo/passenger movement as per DPR. Currently, 32 NWs are operational for Cargo/Passenger movement. The details of operational NWs are given in the enclosed **Statement**.

(b): The Godavari river (constituent of NW-4) is being developed in intermittent feasible locations in Andhra Pradesh, Chhattisgarh and Maharashtra keeping in view the fact that there are challenges in the form of existence of 3 weirs, 21 barrages, 5 dams, 14 check dams without navigational locks creating hindrance in movement of vessels.

(c): The stretch of Godavari river from Rajahmundry (Dowleswaram barrage) to its confluence at sea is not declared as part of NW-4. As such, no dredging is envisaged in this stretch of Godavari river as on date.

(d): The Cargo movement on NW-4 in 2024-25 was 10.40 MMT.

(e): The updation of Detailed Project Report (DPR) for NW-4 is underway and based on the findings of the DPR, necessary action will be taken.

STATEMENT

The details of operational National Waterways (As on 30.11.2025)

Sl. No.	NW No.	Limits of NW
1	NW-1	Ganga-Bhagirathi-Hooghly River System (Haldia-Allahabad)
2	NW-2	Brahmaputra River (Dhubri-Sadiya)
3	NW-3	West Coast Canal
4	NW-4	Krishna Godavari River Systems
5	NW-5	East Coast Canal and Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers
6	NW-8	Alappuzha-Changanassery Canal
7	NW-9	Alappuzha-Kottayam-Athirampuzha Canal
8	NW-14	Baitarni River
9	NW-16	Barak River
10	NW-23	Budha Balanga
11	NW-31	Dhansiri/Chathe

12	NW-44	Ichamati River
13	NW-48	Jawai-Luni-Rann Of Kutch River
14	NW-53	(Kalyan-Thane-Mumbai Waterway, Vasai Creek And Ulhas River)
15	NW-64	Mahanadi River
16	NW-86	Rupnarayan River
17	NW-94	Sone River
18	NW-97	Sunderbans Waterway
19	NW-10	Amba River
20	NW-83	Rajpuri Creek
21	NW-85	Revadanda Creek-Kundalika River System
22	NW-91	Shastri River - Jaigad Creek System
23	NW-68	Mandovi River
24	NW-111	Zuari River
25	NW-73	Narmada River
26	NW-100	Tapi River
27	NW-27	Cumberjua River
28	NW-47	Jalangi River
29	NW-87	Sabarmati River
30	NW-57	Kopili River
31	NW-110	Yamuna River
32	NW-40	Ghaghra River

ESTABLISHMENT OF MARITIME UNIVERSITY IN ANDHRA PRADESH

2180. SHRI Y. S. AVINASH REDDY:

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

- (a) whether the Union Government has received a proposal from the State Government of Andhra Pradesh seeking approval for the establishment of a Maritime University or Aqua and Marine Fishing University in the State;

- (b) if so, the details of the proposal received, including location, estimated project cost and proposed academic scope;
- (c) whether the Union Government has accorded approval or provided in-principle consent to the proposal; and
- (d) if so, the timeline and funding pattern envisaged by the Union Government for the said project and if not, the reasons for delay or non-approval?

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

(a) to (d): NIL

MEDICAL EMERGENCY ASSISTANCE TO INDIANS

2181. SHRI MALAIYARASAN D.:

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

- (a) whether the Government provides assistance to Indian citizens who face medical emergencies while living, working or travelling abroad, if so, the details of the policies, guidelines and standard operating procedures governing such assistance;
- (b) the mechanism through which Indian Missions and Posts extend support in medical emergencies, including the availability of emergency helplines, liaison with hospitals, facilitation of medical evacuation or repatriation and

informing family members, especially for individuals from Kallakurichi Lok Sabha constituency;

(c) the number of medical emergency cases handled by Indian Embassies, High Commissions and Consulates during the last three years, country-wise and year-wise;

(d) whether financial assistance is provided to Indians in distress during serious medical emergencies, including from the Indian Community Welfare Fund (ICWF), during the last three years, if so, the details of amount disbursed; and

(e) the steps being taken to strengthen support systems for Indian migrant workers?

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): Indian Missions/Posts abroad extend all possible medical assistance to the Indian citizens who face medical emergencies abroad. The nature of help extended includes:

- i) Indian nationals in need of emergency assistance, including in case of emergencies, have multiple channels for reaching out to the Indian Embassy/Consulate anytime. The Embassy/Consulate operates 24X7 helplines and Whatsapp numbers. The Embassy/Consulate also promptly respond to emergency situations posted in social media tagging the Missions' social media handles.

- ii) In situations where the Indian nationals are not having valid medical insurance or support from the employer and they are not able to bear the medical expenses on their own, the Embassy/Consulate provides assistance either by paying for the expenses from the Indian Community Welfare Fund (ICWF) or, wherever possible, requesting the hospital or concerned local authorities to waive off the medical bills.
- iii) Wherever possible, the Embassy/Consulate also connects the Indian nationals in need of medical assistance with medical centres and other community social workers who provide assistance on pro-bono basis.
- iv) The Embassy/Consulate reaches out to the hospital, and also makes physical visits depending upon the situation, to take updates on the medical condition and feasibility of discharge or repatriation to India. The Embassy/Consulate coordinates with the family members of the patient.
- v) The Embassy/Consulate helps in medical repatriation, including in wheel chair, medical stretcher and air ambulance, of Indian nationals by actively coordinating with the patient's family members, the foreign employer, the hospital, the airlines, and the local authorities.
- vi) In case the cost of repatriation is not the responsibility of the sponsor (in cases of illegal residency status) but the patient or the family is not able to bear the expense, the Embassy arranges the repatriation expense through ICWF.

vii) In case of Indian nationals in need of urgent medical repatriation but facing illegal residency status or travel ban, the Embassy/Consulate proactively works to secure no objection or exit permit from the local government authorities.

(c) and (d): The requisite details of medical assistance provided from the Indian Community Welfare Fund (ICWF) in the last three years by Indian Missions abroad are given in the enclosed **Statement**.

(e): The Government has established various mechanisms to enable Indians including emigrant workers abroad to reach out in case they need any assistance or to register any grievances. They can contact the Missions/Posts through various channels like walk-in, email, multilingual 24x7 emergency numbers, grievance redressal portals like MADAD, CPGRAMS, eMigrate, social media, toll free helplines, whatsapp numbers and Missions/Posts have also launched mobile Apps to enable Indian nationals to contact respective Indian Missions/Posts when in distress or in emergency situation.

Our Missions/Posts abroad also utilize the Indian Community Welfare Fund (ICWF) to provide the following services/assistance to the Indian diaspora in distress on a means tested basis:

- (i) Transportation of mortal remains to India or cremation with the consent of the family;
- (ii) Emergency medical care;

- (iii) Legal assistance;
- (iv) Boarding and lodging; and
- (v) Air passage for stranded Indians

Furthermore, Pravasi Bharatiya Sahayata Kendras (PBSK) have been set up in New Delhi and at Dubai (UAE), Riyadh and Jeddah (Kingdom of Saudi Arabia) and Kuala Lumpur (Malaysia) to provide assistance, guidance and counselling to Indians in distress. Consular camps and Open Houses are also held by Indian Missions/Posts to reach out to the Indian nationals abroad who might need any assistance/guidance from the Government.

STATEMENT

Beneficiaries of Emergency Medical Care of Indian Community Welfare Fund (ICWF) from 2022 to 2025 (till June):

		2022	2023	2024	2025 (till June)
Sl. No.	Country	No. of Beneficiaries	No. of Beneficiaries	No. of Beneficiaries	No. of Beneficiaries
1	Afghanistan	0	0	0	0
2	Algeria	0	0	0	0
3	Angola	0	0	0	0
4	Argentina	0	0	0	0
5	Armenia	0	0	0	0
6	Australia	2	0	1	0
7	Austria	0	0	0	0
8	Azerbaijan	0	1	0	0
9	Bahrain	1	0	0	0

10	Bangladesh	3	0	0	0
11	Belarus	0	0	0	0
12	Belgium	0	0	0	0
13	Bhutan	0	0	0	0
14	Botswana	1	0	0	0
15	Brazil	0	0	0	0
16	Brunei darussalam	0	0	0	0
17	Bulgaria	0	0	0	0
18	Burkina Faso	0	0	0	0
19	Cambodia	0	0	1	3
20	Cameroon	0	0	0	0
21	Canada	0	1	0	0
22	Chile	0	0	0	0
23	China	1	1	1	0
24	Colombia	0	0	0	0
25	Cote d'Ivoire	0	0	0	0
26	Croatia	0	0	0	0
27	Cuba	0	0	0	0
28	Cyprus	0	0	0	0
29	Czech Republic	1	1	0	0
30	Democratic Republic of the Congo	0	7	0	0
31	Denmark	0	0	0	0
32	Djibouti	0	0	0	0
33	Dominican Republic	0	0	0	0
34	Egypt	0	0	1	0
35	Equatorial Guinea	0	0	0	0

36	Eritrea	0	0	0	0
37	Estonia	0	0	0	0
38	Ethiopia	0	0	0	1
39	Fiji	0	0	0	0
40	Finland	0	0	0	0
41	France	1	0	1	0
42	Germany	0	0	0	0
43	Ghana	0	0	1	0
44	Greece	0	0	0	0
45	Guatemala	0	0	0	0
46	Guinea	0	0	0	0
47	Guyana	0	0	0	0
48	Hungary	0	0	0	0
49	Iceland	0	0	0	0
50	Indonesia	0	0	0	0
51	Iran	2	0	0	0
52	Iraq	2	0	0	0
53	Ireland	0	0	0	0
54	Israel	0	0	0	0
55	Italy	0	0	0	0
56	Jamaica	1	0	0	0
57	Japan	0	0	0	0
58	Jordan	1	0	0	1
59	Kazakhstan	0	0	0	0
60	Kenya	0	0	0	0
61	Kuwait	95	1	0	0
62	Kyrgystan	0	0	0	0

63	Laos	0	7	9	2
64	Lebanon	0	0	0	0
65	Liberia	0	0	0	0
66	Libya	0	0	0	0
67	Madagascar	0	0	0	0
68	Malawi	0	0	0	0
69	Malaysia	2	2	0	29
70	Maldives	0	1	0	0
71	Mali	0	0	0	0
72	Malta	0	0	0	0
73	Mauritius	0	0	0	0
74	Mexico	0	0	0	0
75	Mongolia	0	0	0	0
76	Morocco	0	0	0	0
77	Mozambique	0	0	0	0
78	Myanmar	0	1	0	0
79	Namibia	0	0	0	0
80	Nepal	0	2	16	0
81	Netherlands	0	0	0	0
82	New Zealand	1	0	0	0
83	Niger	0	0	0	0
84	Nigeria	0	0	2	0
85	North Korea	0	0	0	0
86	Norway	0	0	0	0
87	Oman	224	136	13	28
88	Pakistan	0	0	0	0
89	Palestine	0	0	0	0

90	Panama	0	0	0	0
91	Papua New Guinea	0	0	0	0
92	Paraguay	0	0	0	0
93	Peru	0	0	0	0
94	Philippines	0	1	0	0
95	Poland	2	0	0	0
96	Portugal	0	0	0	0
97	Qatar	0	0	3	1
98	Romania	0	0	0	0
99	Russia	0	0	0	0
100	Rwanda	1	4	0	0
101	Sao Tome and Principie	0	0	0	0
102	Saudi Arabia	85	74	20	4
103	Senegal	0	0	0	0
104	Serbia	0	0	0	0
105	Seychelles	0	0	0	0
106	Sierra leone	0	0	0	0
107	Singapore	0	0	0	0
108	Slovakia	0	0	0	0
109	Slovenia	0	0	0	0
110	South Africa	0	0	0	0
111	South Korea	2	0	0	0
112	South Sudan	2	0	0	1
113	Spain	9	0	0	0
114	Sri Lanka	24	4	4	6
115	Sudan	2	0	0	0
116	Suriname	0	0	0	0

117	Swaziland	0	0	0	0
118	Sweden	0	0	0	0
119	Switzerland	0	0	0	0
120	Syria	1	0	0	0
121	Taiwan	0	0	1	0
122	Tajikistan	0	0	0	0
123	Tanzania	0	0	0	0
124	Thailand	0	1	0	0
125	Togo	0	0	0	0
126	Trinidad and Tobago	1	1	0	0
127	Tunisia	0	0	0	0
128	Turkey	0	0	0	0
129	Turkmenistan	0	0	0	0
130	UAE	19	37	32	1
131	Uganda	1	0	0	0
132	Ukraine	0	0	1	0
133	United Kingdom	0	0	0	0
134	United States of America	1	0	0	0
135	Uzbekhistan	1	0	0	0
136	Venezuela	0	0	0	0
137	Vietnam	0	1	2	0
138	Yemen	0	0	0	0
139	Zambia	0	0	0	0
140	Zimbabwe	0	0	0	0
	Total	489	284	109	77

PASSENGER TRAFFIC ON NATIONAL WATERWAYS

2182. SHRI BRIJMOHAN AGRAWAL:

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

- (a) the total passenger traffic recorded on India's National Waterways (INW) during the financial year 2023–24 and 2024-25, year-wise;
- (b) the quantum of cargo moved via India's National Waterways during the last five fiscal years along with the total revenue generated from cargo movement;
- (c) the details of the regulatory framework notified in the year 2025 to attract private investment for operating inland waterways infrastructure in the country;
- (d) the details of all operational and under development National Waterways, State-wise;
- (e) the details of all tourist spots developing along the National Waterway-64 along with the total investment committed for river-cruise tourism eco-system;
- (f) the details of the Jalvahak Scheme along with the number of NWs made operational under the said scheme, route-wise; and
- (g) whether the safety and relevant assistance is being provided by the Government to the cargos moving in NWs, if so, the details thereof?

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

- (a): The total passenger traffic recorded on National Waterways (NWs) in India was 1.61 Cr. in 2023- 24 and 7.64 Cr in 2024-25.

(b): The cargo movement recorded in NWs and revenue earned during last five years by the Inland Waterways Authority of India (IWAI) by way of interest on short term deposits, sale of tender forms, over dimension cargo/general cargo movement, berthing/pilotage charges etc. are given below:

Year	Cargo movement (in million tons)	Revenue Earned (INR in Lakhs)
2020-21	83.61	1950.05
2021-22	108.79	1182.34
2022-23	126.15	1397.04
2023-24	133.03	1988.29
2024-25	145.84	2533.90

(c): The National Waterways (Construction of Jetties/Terminals) Regulations, 2025 allows private sector participation in development of jetties/terminals along NWs and promoting infrastructure growth through non-governmental investment. A dedicated online portal named “Jalsamriddhi” has been put in place, where stakeholders can apply for “No Objection Certificate” (NOC) for construction of terminals on or along NWs by private agencies, enabling faster infrastructure expansion without Government funding.

(d): The details of state-wise operational NWs are given in the enclosed **Statement**.

(e): IWAI has identified and conducted survey of the following 5 river cruise tourism circuits on NW-64 (River Mahanadi)

(i) Subarnameru (Subranpur)-Shiva Mandir (Bargarh)

(ii) Singanatha Temple (Cuttack)- Badamba (Cuttack)

(iii) Bankimacharchiga (Cuttack)- Trutladevi Temple

(iv) Jobra-Shree Shree Dableswara Temple

(v) Kantilo-Maa Bhattarika Shaktipeeth

(f): To promote inland water transport sector, Jalvahak scheme has been launched by the Government. The main features of the scheme are as under:

- i) It has a provision of Rs. 95.42 Cr for a period of 3 years from FY 2024-25 to FY 2026-27.
- ii) Provide financial incentives directly to the cargo owners to the extent of 35% of the total actual operating expenditure incurred on waterways journey.
- iii) Launch of Scheduled Services by Inland and Coastal Shipping Limited (ICSL) for promotion of IWT, by providing funds to ICSL for the IWT vessel operated by ICSL on (i) Kolkata-Patna/Varanasi route (ii) Kolkata-Guwahati – via IBP route and (iii) Kolkata – Karimganj/Badarpur via IBP route.
- iv) Scheme is applicable on NW-1, NW-2 and NW-16 only for long haul movement of greater than 200 Kms.

(g): For safety of navigation, protection of life and cargo and prevention of pollution caused by use of navigation of inland vessels, a Legal and Regulatory Framework on NWs has been provided in the Inland Vessels Act, 2021 which is a unified national regulatory framework for inland vessels plying in inland waters of India.

Further, navigational safety and relevant assistance is provided to vessels with navigational marks. River Pilots are provided on the cargo vessels for safe navigation.

STATEMENT

Operational National Waterways as on 30.11.2025

S. No.	NW No.	Limits of NW	State
1	NW-1	Ganga-Bhagirathi-Hooghly River System (Haldia-Allahabad)	U. P., Bihar, Jharkhand and W. Bengal
2	NW-2	Brahmaputra River (Dhubri-Sadiya)	Assam
3	NW-3	West Coast Canal	Kerala
4	NW-4	Krishna Godavari River Systems	Andhra Pradesh
5	NW-5	East Coast Canal And Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers	Odisha
6	NW-8	Alappuzha-Changanassery Canal	Kerala
7	NW-9	Alappuzha-Kottayam – Athirampuzha Canal	Kerala
8	NW-14	Baitarni River	Odisha
9	NW-16	Barak River	Assam
10	NW-23	Budha Balanga	Odisha
11	NW-31	Dhansiri/Chathe	Assam
12	NW-44	Ichamati River	W. Bengal
13	NW-48	Jawai-Luni-Rann Of Kutch River	Gujarat
14	NW-53	(Kalyan-Thane-Mumbai Waterway, Vasai Creek And Ulhas River)	Maharashtra
15	NW-64	Mahanadi River	Odisha
16	NW-86	Rupnarayan River	W. Bengal
17	NW-94	Sone River	Bihar
18	NW-97	Sunderbans Waterway	W. Bengal
19	NW-10	Amba River	Maharashtra

20	NW-83	Rajpuri Creek	Maharashtra
21	NW-85	Revadanda Creek-Kundalika River System	Maharashtra
22	NW-91	Shastri River - Jaigad Creek System	Maharashtra
23	NW-68	Mandovi River	Goa
24	NW-111	Zuari River	Goa
25	NW-73	Narmada River	Gujarat
26	NW-100	Tapi River	Gujarat
27	NW-27	Cumberjua River	Goa
28	NW-47	Jalangi River	West Bengal
29	NW-87	Sabarmati River	Gujarat
30	NW-57	Kopili River	Assam
31	NW-110	Yamuna River	UP
32	NW-40	Ghaghra River	UP

VACANCIES IN THE PSUs OF DEFENCE PRODUCTION

2183. SHRI KALIPADA SAREN KHERWAL:

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

- (a) whether the Government has details regarding the total sanctioned posts and vacancies in each PSU under the Department of Defence Production;
- (b) if so, the details thereof along with the duration from which these posts are vacant; and
- (c) the details of recruitment drives conducted during the last five years, PSU-wise and category-wise?

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

(a) and (b): Details of the Sanctioned strength and the vacancies are as follows:-

DPSU	Total Sanctioned Strength	Vacancies till date	Remarks
Hindustan Aeronautics Limited (HAL)	24836	754	The creation of posts in DPUSs are based on Organizations' needs and requirements and is an ongoing process. The occurrence of vacancies and their filling up is also an ongoing process. The number keeps on varying due to retirements, resignations, superannuation, back-log, attritions, and to meet business, production and various operational requirements etc.
Bharat Electronics Limited (BEL)	10106	662	
Bharat Dynamics Limited (BDL)	2332	95	
BEML Limited	6674	2064	
Mishra Dhatu Nigam Limited (MIDHANI)	1456	35	
Mazagon Dock Shipbuilders Ltd (MDL)	9972	02	
Garden Reach Shipbuilders and Engineers Ltd (GRSE)	2323	752	
Goa Shipyard Ltd (GSL)	1994	478	
Hindustan Shipyard Ltd (HSL)	690	0	
Munitions India Limited (MIL)	22575	Subsequent to corporatization of OFB 07 New DPSUs (MIL, AVNL, AWEIL, YIL, IOL, TCL, GIL) started functioning w.e.f 01.10.2021. Central Government employees of erstwhile OFB are posted in these DPSUs on deemed deputation basis. Hence, no vacancies ascertains at this stage.	
Armoured Vehicle Nigam Limited (AVNL)	11167		
Advanced Weapons and Equipment Limited (AWEIL)	10438		
Yantra India Limited (YIL)	8496		

India Optel Limited (IOL)	3094	
Troop Comforts Limited (TCL)	2471	
Glider India Limited (GIL)	662	

(c): The DPSUs wise and Post (category wise) efforts made for the last five years are as under:

DPSU	Post (category wise)	Details of vacancies filled up/being filled up through recruitment process (till date)	Remark
Hindustan Aeronautics Limited (HAL)	Executive	1714	It is the effort of the DPSUs to fill up the vacancies expeditiously as per extant rules through open advertisement, employment exchange, campus placement etc. throughout the year.
	Non-Executive		
Bharat Electronics Limited (BEL)	Executive	2486	
	Non-Executive		
Bharat Dynamics Limited (BDL)	Executive	351	
	Non-Executive		
BEML Limited	Executive	1889	
	Non-Executive		
	Executive	228	

Mishra Dhatu Nigam Limited (MIDHANI)	Non-Executive			
Mazagon Dock Shipbuilders Ltd (MDL)	Executive	362		
	Non-Executive			
Garden Reach Shipbuilders and Engineers Ltd (GRSE)	Executive	600		
	Non-Executive			
Goa Shipyard Ltd (GSL)	Executive	785		
	Non-Executive			
Hindustan Shipyard Ltd (HSL)	Executive	259		
	Non-Executive			
07 New Defence PSUs (MIL, AVNL, YIL, AWEIL, IOL, TCL and GIL)	In view of reply (a) above			

CANCER PATIENTS TREATMENT AT AFFORDABLE COSTS

2184. SHRI RAJABHAU PARAG PRAKASH WAJE:

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

- (a) whether the Government has undertaken specific measures to ensure that patients across the country, particularly in semi-urban and rural areas, receive high-quality cancer diagnosis, treatment and palliative care at affordable costs and if so, the details thereof along with any recent policy interventions;

- (b) whether any significant research outcomes, innovations or new clinical protocols have been developed during the last four years in the field of cancer prevention, early detection and treatment and if so, the details thereof;
- (c) the manner in which such developments have been implemented in Government hospitals and public health facilities across the country;
- (d) the role and functioning of the National Cancer Grid (NCG) in strengthening cancer care delivery and research along with the details of the list of cancer centres, affiliated research institutes, medical colleges and partner hospitals under the Grid, State-wise; and
- (e) the extent to which collaboration under this network has benefited cancer patients, especially at the grass-roots level?

THE MINISTER 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 Ministry of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The Programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable

Diseases (NCDs) including cancer as per need and proposal from the State and Union Territories.

A population-based initiative for prevention, control and screening for common NCDs including Cancer has been rolled out in the country at Ayushman Arogya Mandir (AAM) under National Health Mission (NHM) as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening.

The Government of India is implementing the Strengthening of Tertiary Cancer Care Centres Facilities scheme. Under this initiative, financial assistance is provided as a one-time grant of up to ₹120 crore for State Cancer Institutes (SCIs) and up to ₹45 crore for Tertiary Cancer Care Centres (TCCCs), including the State share. As of now, 19 SCIs and 20 TCCCs have been approved across the country. These institutions serve as critical hubs for advanced cancer care, diagnosis, research, and capacity building and are equipped with specialized infrastructure and expert manpower. TCCCs and SCIs play a pivotal role in delivering high-quality care and strengthening the public health infrastructure.

Further, The Tata Memorial Hospital has established 06 hospitals providing high quality comprehensive cancer care treatment in semi-urban and rural areas across the country at Varanasi (Uttar Pradesh), New Chandigarh (Punjab), Visakhapatnam (Andhra Pradesh), Guwahati (Assam), Sangrur (Punjab), Muzaffarpur (Bihar)

Under National Programme for Palliative Care (NPPC), the Out Patient, In-Patient palliative care services are being delivered at district hospitals in 600 districts across all States/Union Territories. Home based palliative care services are also being delivered by trained Accredited Social Health Activist (ASHA) and Community volunteers.

(d): The National Cancer Grid (NCG) functions as a countrywide network of cancer centres, medical colleges, research institutes and partner hospitals, aimed at ensuring uniform, high-quality and evidence-based cancer care across all States. It develops national treatment guidelines, carries out health technology assessments, conducts virtual tumour boards for complex cases, undertakes institutional peer reviews, runs quality-improvement and travelling training programmes, and supports digital oncology initiatives including electronic medical records and tele-consultation services. It also improves drug affordability through group negotiations and promotes training and research through fellowships, online courses and joint research programmes with Department of Biotechnology (DBT) and Indian Council of Medical Research (ICMR). At present, there are 394 member organizations in the NCG. In the last two years a total of 80 cancer centres have been added to the NCG. Between these centres, more than 860,000 new cancer cases are treated annually.

(e): The linkage of NCG guidelines for cancers for reimbursement with ABPM-JAY has ensured that the beneficiaries are given treatment as per the recommended

standards. The oncology Electronic Medical Record (EMR) which is being deployed by the NCG allows patients to have ownership of their health records, facilitates seamless transition of care of patients between centres and allows monitoring of treatment quality. The pooled procurement has improved the access and affordability of life-saving anticancer medicines in the remote locations ensuring treatment completion without interruptions due to medicine costs and stock-outs. The virtual tumour boards have facilitated appropriate treatment of more than 7000 complex cancer cases. Training of manpower including doctors, nurses and allied professionals from smaller centres have led to improvement in care at grassroots level.

MAINTENANCE WORK OF PASSENGER AND CARGO SHIPS

2185. SHRI HAMDULLAH SAYEED:

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

- (a) whether the Government is aware that the repair and maintenance works of passenger and cargo ships belonging to the Union Territory of Lakshadweep are facing inordinate delays at Cochin Shipyard Limited;
- (b) if so, the reasons for such delays along with the steps being taken to expedite the completion of repair works;

(c) whether the delay in ship repairs has adversely affected passenger transportation and cargo movement between the islands and the mainland; and

(d) if so, the details thereof along with the measures being taken to ensure uninterrupted and safe transport facilities for the islanders?

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

(a) to (d): During the past one year, Cochin Shipyard Limited (CSL) has undertaken repairs of 17 vessels of Union Territory of Lakshadweep Administration (UTLA), including dry-dock and lay-up repairs, and all vessels were delivered within the agreed timelines. CSL has coordinated with Lakshadweep Development Corporation Ltd (LDCL) to ensure that when a passenger or cargo vessel is taken for repair, another vessel of the same class remains operational. This approach helped UTLA to ensure uninterrupted passenger transport and cargo movement. As per information received from UTLA, the passenger movement in ships during the number of passengers in FY 2023-24 was 3,46,447 passengers while in FY 2024-25 the passenger movement got enhanced to 3,55,612 passengers. Further, as per UTLA data, the cargo movement during FY 2023-24 was 23,379.36 MT while in FY 2024-25 the cargo movement got enhanced to 37,039.40 MT.

NARAYANI RIVER FRONT**2186. DR. ALOK KUMAR SUMAN:**

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

- (a) whether it is a fact that Narayani River Front in the Gopalganj district of Bihar is being developed under the Central Waterways Schemes of the Government, if so, the details thereof;
- (b) whether it is also a fact that development work of Narayani River Front for connecting to National Waterways has been halted since long time;
- (c) if so, the reasons therefor;
- (d) whether it is fact that there are discrepancies in the total amount sanctioned and spent for development work, if so, the details thereof; and
- (e) whether the Government is planning to develop Narayani River Front for trade purposes with the help of ships, if so, the details thereof?

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

(a): Under the Namami Gange Programme, two Ghats were completed on the Narayani River in the district of Gopalganj, Bihar in July 2021 at a cost of Rs. 8.25 crore and handed over to the respective urban local bodies. Presently country boats are running for fishing, movement of local goods and agro products.

(b) to (d): No. Narayani River Front is on the Bank of Gandak River which was declared as National Waterway - 37 in 2016 from Bhaisaslotal Barrage near Triveni Ghat to Gandak and Ganga River confluence at Hajipur.

(e): Two jetties at a cost of Rs. 3 crore have already been placed on NW-37 (River Gandak) near Mangalpur (Nautan) and its opposite bank in Bettiah for facilitating Inland Waterways Transport.

Fairway development work including Hydrographic survey on NW-37 (River Gandak) had been carried in Financial Year 2017-18, 2018-19, 2019-20 at total cost of Rs. 5.32 crore, Rs. 7.59 crore and Rs. 8.49 crore respectively. Further, work of updating Detailed Project Report of NW-37 (River Gandak) has been entrusted to M/s Rail India Technical and Economic Service Ltd.

SAKSHAM ANGANWADI AND POSHAN 2.0 SCHEME IN ODISHA

2187. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the number of cases of Severe Acute Malnutrition (SAM) among infants, children, adolescent girls and women reported during the last five years in Odisha, district-wise;
- (b) the number of registered and actual beneficiaries category-wise and group-wise under Saksham Anganwadi and Poshan 2.0 in Odisha, district-wise, especially in Rayagada and Koraput districts; and

(c) the number of sanctioned and operational Anganwadi Centres (AWCs) in Odisha, especially in the said districts?

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

(a): The district wise number of cases of Severe Acute Malnutrition (SAM) among infants and children in Odisha is given in the enclosed **Statement-I**.

(b): The district wise number of registered beneficiaries under Mission Saksham Anganwadi and Poshan 2.0 in State of Odisha is given in the enclosed **Statement-II**.

(c): A total of 74,223 AWCs are sanctioned in the State of Odisha out of which 74,222 AWCs are operational including 2087 AWCs in District of Rayagada and 3397 AWCs in the District of Koraput.

STATEMENT-I

District wise number of Severe Acute Malnutrition (SAM) beneficiaries in Odisha as per Poshan Tracker data:

District	No. of SAM beneficiaries as on November 2025	No. of SAM beneficiaries as on November 2024	No. of SAM beneficiaries as on November 2023	No. of SAM beneficiaries as on November 2022
Angul	351	376	275	656
Balangir	271	663	926	1,780
Balasore	1,055	897	705	2,068
Bargarh	423	514	579	1,606
Bhadrak	591	565	797	1,116
Boudh	97	148	112	305
Cuttack	533	498	741	1,108
Deogarh	134	154	220	346
Dhenkanal	313	267	503	972

Gajapati	439	457	348	687
Ganjam	1,193	996	1,111	953
Jagatsinghpur	213	187	187	364
Jajapur	399	474	547	975
Jharsuguda	306	201	269	548
Kalahandi	788	1,005	853	2,723
Kandhamal	376	460	997	2,253
Kendrapara	386	487	415	1,010
Keonjhar	877	1,343	1,215	3,807
Khordha	446	478	538	1,341
Koraput	453	697	699	1,768
Malkangiri	629	718	840	1,776
Mayurbhanj	1,053	1,879	2,493	4,375
Nabarangpur	506	995	1,355	2,845
Nayagarh	254	344	442	595
Nuapada	140	281	380	862
Puri	97	376	419	615
Rayagada	592	732	1,087	2,677
Sambalpur	672	743	956	1,573
Subarnapur	297	295	387	660
Sundergarh	620	748	914	2,007

STATEMENT-II

District wise number of registered beneficiaries under Mission Saksham Anganwadi and Poshan 2.0 in State of Odisha as per Poshan Tracker data:

District	Registered Beneficiaries as in November 2025					
	Lactating Mothers	Pregnant Women	Children 0-6M	Children 6M-3Y	Children 3-6Y	Adolescent Girls
Angul	6,146	8,091	6,161	37,291	51,907	nil
Balangir	8,024	12,710	7,864	54,462	64,626	42,694
Balasore	11,909	13,869	11,872	67,761	75,708	nil
Bargarh	6,449	9,225	6,463	41,569	48,166	nil
Bhadrak	7,796	9,562	7,807	45,820	51,899	nil
Boudh	2,440	3,301	2,444	14,577	19,090	nil
Cuttack	11,319	12,145	11,348	63,188	70,148	nil
Deogarh	1,525	2,067	1,552	9,515	11,807	nil

Dhenkanal	5,652	7,406	5,662	33,532	39,255	25,100
Gajapati	3,549	4,794	3,585	20,087	26,904	8,977
Ganjam	17,921	22,319	17,165	1,09,961	1,26,454	nil
Jagatsinghpur	4,243	4,830	4,257	25,607	31,484	nil
Jajapur	9,794	11,151	9,726	57,936	71,715	nil
Jharsuguda	2,362	3,060	2,408	14,453	17,021	nil
Kalahandi	8,118	12,836	8,272	55,809	75,696	36,632
Kandhamal	4,616	6,991	4,710	29,748	35,958	9,980
Kendrapara	6,872	8,184	6,876	39,267	47,780	nil
Keonjhar	9,646	12,013	9,785	62,105	77,508	nil
Khordha	10,438	11,798	10,372	56,152	55,667	nil
Koraput	7,838	13,275	7,908	54,948	72,391	20,847
Malkangiri	4,180	6,466	4,237	27,376	33,926	8,214
Mayurbhanj	12,387	16,395	12,585	78,976	83,973	nil
Nabarangpur	8,061	13,048	8,156	55,975	66,155	18,819
Nayagarh	4,515	5,026	4,564	25,501	29,982	nil
Nuapada	3,707	5,826	3,735	23,774	27,210	16,899
Puri	7,578	8,268	7,585	42,321	45,117	nil
Rayagada	5,593	8,377	5,545	38,405	53,029	6,245
Sambalpur	4,496	5,891	4,512	27,765	34,963	nil
Subarnapur	3,059	4,420	3,088	18,904	20,571	nil
Sundergarh	8,914	11,213	9,013	53,648	69,869	nil

ISSUE OF AYUSHMAN VAY VANDANA YOJANA CARDS

2188. DR. K. SUDHAKAR:

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

- (a) the status of Ayushman Vay Vandana Yojana across the country, State/UT-wise including Karnataka;
- (b) the number of such Cards issued in the country till date, State/UT-wise especially for Karnataka;

- (c) whether the Government proposes to reduce the age limit for beneficiaries of the said scheme from 70 to 60 years in the near future so as to extend the said benefits to all senior citizens in the country;
- (d) if so, the details thereof; and
- (e) the total number of identified beneficiaries under the said scheme across the country, State/UT-wise especially for Karnataka?

THE MINISTER 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): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting economically vulnerable bottom 40% of India's population. There is no cap on family size and all members of eligible families irrespective of age and gender are covered under the scheme. In October 2024, Government of India expanded AB-PMJAY to provide free health cover of Rs. 5 lakh per year to all senior citizens aged 70 years and above, irrespective of their socio-economic status.

As on 05.12.2025, more than 93 lakh Ayushman Vay Vandana cards have been created across all States and UTs. The State/UT-wise details of the number of Ayushman Cards created under Vay Vandana category for Senior Citizen can

be accessed from the website: <https://dashboard.nha.gov.in/public/card>. As on 31.10.2025, total 7.89 lakh hospital admissions amounting to Rs. 1741 crore were authorized under the Ayushman Vay Vandana category across the implementing States/ UTs. Further, expansion in treatment is done by inclusion of new procedures, empanelment of new hospitals, inclusion of new beneficiaries and other improvements as per requirements from time to time.

(e): The scheme covers 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status. The State/UT-wise estimated number of senior citizen beneficiaries are given in the enclosed **Statement**.

STATEMENT

State/UT-wise estimated number of senior citizen beneficiaries (70 years and above):

State/UT	Estimated senior citizen individuals
Andaman and Nicobar Islands	13,329
Andhra Pradesh	25,94,554
Arunachal Pradesh	35,085
Assam	12,07,517
Bihar	39,42,479
Chandigarh	38,434
Chhattisgarh	10,97,453
Delhi	6,08,853
DNH and DD	13,062
Goa	92,727

Gujarat	28,53,690
Haryana	12,76,661
Himachal Pradesh	4,72,957
Jammu and Kashmir	5,83,763
Jharkhand	11,54,024
Karnataka	33,40,390
Kerala	26,84,247
Ladakh	14,500
Lakshadweep	2,754
Madhya Pradesh	34,73,325
Maharashtra	66,26,963
Manipur	1,23,101
Meghalaya	79,201
Mizoram	42,272
Nagaland	63,403
Odisha	23,12,979
Puducherry	73,468
Punjab	17,36,990
Rajasthan	31,45,124
Sikkim	25,261
Tamil Nadu	43,19,331
Telangana	18,02,995
Tripura	1,84,232
Uttar Pradesh	89,06,369
Uttarakhand	5,33,339

NEET PG ADMISSION IN CANADA

2189. SHRI MATHESWARAN V.S.

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

- (a) the total number of sponsorship certificates by NRIs for the NEET PG admissions 2025-2026 in Canada is pending as on date with Consulate General of India at Vancouver, along with reasons for delay; and
- (b) the details of sponsorship certificates issued by Indian Embassies or Consulate General or High Commission for NEET UG and PG from year 2023 to till date?

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): Indian Missions/Posts abroad issue Non-Resident Indian (NRI) Certificates to eligible NRIs to certify their NRI status following verification of fulfillment of criteria enumerated under Section 6 of the Income Tax Act, 1961 which defines the NRI status. NRIs can, thereafter, use such Certificates for availing certain benefits available to them within India. The holders of NRI Certificates may also, on their own accord, issue Sponsorship Certificates to sponsor candidates entitled for NEET UG and PG admissions utilizing the NRI quota.

The details of NRI Certificates issued by the High Commission of India in Ottawa and the Indian Consulates in Vancouver and Toronto from the year 2023 till date is as follows:

S.No.	Name of Indian Mission/Post	Number of NRI certificate issued		
		2023	2024	2025
1.	HCI, Ottawa	16	22	23
2.	CGI, Vancouver	29	67	65
3.	CGI, Toronto	126	164	170

There is no pending application for issue of NRI Certificates at any of the above Indian Mission/Posts. CGI, Vancouver usually issues NRI Certificates on the very date of the application made in-person and in 2-3 days for postal applications subject to submission of complete documents.

Indian Missions/Posts abroad do not issue “Sponsorship certificates by NRIs” for NEET UG and PG admissions.

महिलाओं के लिए कार्यक्रम

2190. श्री कौशलेन्द्र कुमार:

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

- (क) सरकार द्वारा देश में महिलाओं के जीवन स्तर का उत्थान करने के लिए कार्यान्वित किए जा रहे कार्यक्रमों का ब्यौरा क्या है;
- (ख) महिलाओं के जीवन स्तर को ऊपर उठाने में उक्त सभी कार्यक्रमों द्वारा प्राप्त सफलता का ब्यौरा क्या है;

(ग) क्या देश में महिलाओं के विरुद्ध घरेलू हिंसा, बलात्कार और चरित्र हनन की घटनाओं में उल्लेखनीय वृद्धि हुई है; और

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

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

(क) से (घ): केंद्र सरकार देश में महिलाओं और बालिकाओं की सुरक्षा, संरक्षा और सशक्तीकरण को सर्वोच्च प्राथमिकता देती है। सरकार ने महिलाओं के शैक्षिक, सामाजिक, आर्थिक और राजनीतिक सशक्तीकरण के मुद्दे का समाधान करने के लिए जीवन-चक्र निरंतरता आधार पर बहु-आयामी दृष्टिकोण अपनाया है। परिणामस्वरूप, भारत एक नए भारत की परिकल्पना के साथ, महिलाओं के विकास से महिलाओं के नेतृत्व वाले विकास में तेजी से परिवर्तन का साक्षी बन रहा है, जहां तेज गति और सतत राष्ट्रीय विकास के लिए महिलाएं अग्रणी भूमिका निभा रही हैं।

महिलाओं के राजनीतिक सशक्तीकरण में सबसे बड़ी उपलब्धि "नारी शक्ति वंदन अधिनियम, 2023" (संविधान का एक सौ छठा संशोधन) के अधिनियमन से हुई, जिसमें लोक सभा और राष्ट्रीय राजधानी क्षेत्र दिल्ली विधानसभा सहित राज्य विधानसभाओं में महिलाओं को एक तिहाई सीटों का आरक्षण दिया गया है।

महिलाओं के रोजगार को प्रोत्साहित करने के लिए चार श्रम संहिता- अर्थात् संहिता, 2019, औद्योगिक संबंध संहिता, 2020, सामाजिक सुरक्षा संहिता, 2020 और व्यावसायिक सुरक्षा, स्वास्थ्य और कार्य स्थिति संहिता, 2020 को 21 नवंबर 2025 से कार्यान्वित किया गया है, जिसमें 29 पूर्ववर्ती श्रम कानूनों को युक्तिसंगत बनाया गया है। सुधारों के हिस्से के रूप में, संहिताएं लिंग के आधार पर भेदभाव का निषेध करती हैं, समान वेतन को अनिवार्य बनाती हैं, और महिलाओं के लिए भूमिगत खनन और भारी मशीनरी ड्यूटी, नाईट शिफ्ट सहित अर्थव्यवस्था के सभी क्षेत्रों में हर समय काम करने का

अवसर प्रदान करती हैं; बशर्ते महिलाएं इसके लिए पहले से सहमत हों और नियक्ताओं ने उनके लिए पर्याप्त सुरक्षा उपाय किए हों।

विशेष रूप से ग्रामीण क्षेत्रों में महिलाओं के लिए कठिन परिश्रम को कम करने और जीवन को आसान बनाने के लिए, स्वच्छ भारत मिशन के तहत 11.8 करोड़ से अधिक शौचालयों का निर्माण किया गया है, उज्ज्वला योजना के तहत 10.3 करोड़ से अधिक परिवारों को महिलाओं के नाम पर स्वच्छ रसोई गैस कनेक्शन प्रदान किए गए हैं और जल जीवन मिशन के तहत 15 करोड़ से अधिक परिवारों को सुरक्षित और पेयजल के नल कनेक्शन प्रदान किया गया है।

प्रधानमंत्री आवास योजना ग्रामीण (पीएमएवाई-जी) और प्रधानमंत्री आवास योजना शहरी (पीएमएवाई-यू) का उद्देश्य ग्रामीण क्षेत्रों में सभी बेघर परिवारों और कच्चे और जीर्ण-शीर्ण मकानों में रहने वाले परिवारों को बुनियादी सुविधाओं से युक्त बारहमासी पक्के मकान का प्रावधान करके 'सभी के लिए आवास' उपलब्ध कराना और साथ ही शहरी क्षेत्रों में झुग्गी-झोपड़ियों में रहने वालों सहित आर्थिक रूप से कमजोर वर्गों (ईडब्ल्यूएस) को भी आवास प्रदान करना है।

सुकन्या समृद्धि योजना जैसी योजनाओं ने किशोरियों के भविष्य में वित्तीय निवेश को प्रोत्साहित किया है। समग्र शिक्षा, स्कूलों में किशोरियों के लिए अलग शौचालय का प्रावधान, विभिन्न छात्रवृत्ति योजनाएं, प्रधानमंत्री भारतीय जन औषधि परियोजना के तहत किफायती और गुणवत्तापूर्ण सैनिटरी नैपकिन का प्रावधान इत्यादि जैसी योजनाओं ने भी व्यावहारिक बदलावों की दिशा में योगदान दिया है जिसके परिणामस्वरूप शैक्षणिक संस्थानों में किशोरियों का नामांकन बढ़ा है।

आयुष्मान भारत के तहत, सरकार 1200 से अधिक चिकित्सा पैकेजों के माध्यम से 55 करोड़ से अधिक नागरिकों को मुफ्त इलाज उपलब्ध करा रही है। इनमें से 141 से अधिक चिकित्सा पैकेज विशेष रूप से महिलाओं की चिकित्सा जरूरतों को पूरा करने के लिए डिजाइन किए गए हैं। इस योजना के तहत सात प्रकार की जांच (टीबी, उच्च रक्तचाप, मधुमेह, मुँह का कैंसर, स्तन कैंसर, गर्भाशय ग्रीवा

कैंसर और मोतियाबिंद) सुविधा प्रदान की जाती है, जिससे करोड़ों महिलाओं को लाभ हुआ है। शहरी और ग्रामीण दोनों क्षेत्रों में लोगों को स्वास्थ्य सुविधाएं उपलब्ध कराने हेतु 150,000 से अधिक स्वास्थ्य और आरोग्य केंद्र (एबी-एचडब्ल्यूसी) हैं, जिन्हें आयुष्मान आरोग्य मंदिर के रूप में भी जाना जाता है जो स्वास्थ्य सेवा को समुदाय के करीब लाते हैं।

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएमजेएवाई) दुनिया की सबसे बड़ी सार्वजनिक वित्त पोषित स्वास्थ्य आश्वासन योजना है, जिसमें गरीबों और वंचित महिलाओं पर विशेष ध्यान दिया जाता है। देश भर में 16,000 से अधिक प्रधानमंत्री भारतीय जनऔषधि केंद्र (पीएमबीजेके) कार्यशील हैं। पीएमबीजेके में लगभग 40 महिला-विशेष वस्तुओं के साथ-साथ किफायती दवाओं और चिकित्सा उपकरणों के अलावा 'सुविधा सैनेटरी नैपकिन्स' नामक सैनिटरी नैपकिन्स भी बेहद सस्ती कीमत अर्थात् प्रति पैड 1 रुपये में उपलब्ध होते हैं। राष्ट्रीय सामाजिक सहायता कार्यक्रम (एनएसएपी), अटल पेंशन योजना (एपीवाई), प्रधानमंत्री सुरक्षा बीमा योजना (पीएमएसबीवाई) और प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) कार्यान्वित की गई हैं जिसका उद्देश्य बीमा कवरेज तथा पेंशन के माध्यम से सामाजिक सुरक्षा प्रदान करना है।

कौशल विकास और व्यावसायिक प्रशिक्षण के माध्यम से महिलाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के लिए सरकार ने स्किल इंडिया मिशन भी शुरू किया है। सरकार ने प्रधानमंत्री कौशल विकास योजना के तहत देश भर में प्रधानमंत्री कौशल केंद्र भी स्थापित किए हैं। महिलाओं के प्रशिक्षण और अप्रेंटिसशिप दोनों के लिए अतिरिक्त बुनियादी ढांचा बनाने पर जोर दिया गया है। इसी तरह, सरकार ग्रामीण आबादी को डिजिटल साक्षरता प्रदान करने के लिए प्रधानमंत्री ग्रामीण डिजिटल साक्षरता अभियान (पीएमजीडीआईएसएचए) कार्यान्वित कर रही है। इन योजनाओं ने महिलाओं और किशोरियों को रोजगार तथा उद्यमिता के लिए आवश्यक कौशल प्राप्त करने में भी मदद की है।

केंद्र सरकार की सबसे सफल योजनाओं में से एक दीनदयाल अंत्योदय योजना-राष्ट्रीय ग्रामीण आजीविका मिशन (डीएवाई-एनआरएलएम) है, जिसके तहत लगभग 10 करोड़ सदस्यों वाले करीब 90 लाख महिला स्व-सहायता समूह, रोजगार/स्वरोजगार से ग्रामीण परिदृश्य में बदलाव ला रहे हैं। सरकार ने विशेष रूप से ग्रामीण क्षेत्रों में महिलाओं को आर्थिक रूप से सशक्त बनाने के लिए *नमो ड्रोन दीदी*, *लखपति दीदी*, *बैंक सखी*, *बीमा सखी* जैसी महिला-विशिष्ट योजनाएं भी क्रियान्वित की हैं।

मुद्रा योजना, स्टैंड-अप इंडिया, स्टार्ट-अप इंडिया, प्रधानमंत्री स्ट्रीट वेंडर्स आत्मनिर्भर निधि (पीएम स्वनिधि), सूक्ष्म और लघु उद्यमों के लिए ऋण गारंटी निधि योजना (सीजीएमएसई), प्रधानमंत्री रोजगार सृजन कार्यक्रम (पीएमईजीपी) और महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी योजना (मनरेगा) जैसी योजनाएं रोजगार/स्वरोजगार के अवसर और ऋण सुविधाएं प्रदान करती हैं। इन योजनाओं के लाभार्थियों में अधिकांश महिलाएं हैं।

भारत सरकार ने सार्वजनिक खरीद नीति के माध्यम से यह अनिवार्य किया है कि सभी केंद्रीय मंत्रालय/विभाग/सार्वजनिक क्षेत्र के उद्यम अपनी वार्षिक खरीद का कम से कम 3% महिलाओं के स्वामित्व वाले सूक्ष्म और लघु उद्यमों से खरीदें।

भारत सशस्त्र बलों में बालिकाओं की भूमिका को बढ़ावा दे रहा है। सरकार ने भारतीय वायु सेना में लड़ाकू पायलट, कमांडो, केंद्रीय पुलिस बल, सैनिक विद्यालयों में प्रवेश, एनडीए में बालिकाओं का प्रवेश इत्यादि जैसे गैर-पारंपरिक क्षेत्रों में महिलाओं की भागीदारी को सक्षम बनाने के लिए प्रावधान भी किए हैं।

राष्ट्रीय कृषि बाजार या ईएनएएम कृषि उत्पादों के लिए एक ऑनलाइन व्यापार मंच है, साथ ही "किसान कॉल सेंटर" योजना किसानों के प्रश्नों का उनकी अपनी बोली में फोन पर उत्तर देती है, और किसान सुविधा, कृषि बाजार, राष्ट्रीय फसल बीमा पोर्टल, उमंग (नए युग के शासन के लिए एकीकृत मोबाइल एप्लिकेशन) जैसे मोबाइल एप्लिकेशन भी हैं। ये डिजिटल नवाचार महिलाओं को बाजारों तक

पहुँचने में आने वाली बाधाओं को दूर करने या उनकी भरपाई करने में मदद कर रहे हैं। प्रधानमंत्री किसान सम्मान निधि, प्रधानमंत्री किसान मान धन योजना, प्रधानमंत्री कृषि सिंचाई योजना, परंपरागत कृषि विकास योजना, प्रधानमंत्री फसल बीमा योजना इत्यादि जैसी किसान कल्याणकारी योजनाएं महिला किसानों के लिए अनुकूल माहौल बनाने में योगदान दे रही हैं। इन पहलों के माध्यम से सरकार कृषि विस्तार सेवाओं सहित उत्पादक संसाधनों तक महिला किसानों की पहुँच में सुधार कर रही है, जिससे ग्रामीण महिलाओं के जीवन में समग्र सुधार हो रहा है।

महिलाओं और बालिकाओं की सुरक्षा और संरक्षण के लिए सरकार ने कई कदम उठाए हैं, जिनमें से एक आपराधिक न्याय प्रणाली का आधुनिकीकरण और सुधार करना है। भारत सरकार ने भारतीय न्याय संहिता (बीएनएस), भारतीय नागरिक सुरक्षा संहिता (बीएनएसस) और भारतीय साक्ष्य अधिनियम (बीएसए) अधिनियमित किए हैं जो 1 जुलाई, 2024 से लागू हुए। बीएनएस 2023 में, महिलाओं और बच्चों के विरुद्ध अपराधों, जो पहले भारतीय दंड संहिता, 1860 में अलग-अलग दर्शित थे, को एक साथ लाया गया और अध्याय-V के तहत समेकित किया गया है। बीएनएस में महिलाओं और बच्चों से संबंधित कानूनों को मजबूत करने के लिए नए प्रावधान किए गए हैं, जिसमें विशेष रूप से, "संगठित अपराध" से संबंधित धारा 111, विवाह, रोजगार, पदोन्नति का झूठा वादा या पहचान को छुपाकर यौन संभोग से संबंधित धारा 69, अपराध करने के लिए बच्चे को भाड़े पर लेने, काम पर रखने या उससे अपराध कराने से संबंधित धारा 95 शामिल हैं। वेश्यावृत्ति के प्रयोजनों के लिए बच्चे को खरीदने (धारा 99), सामूहिक बलात्कार (धारा 70) और मानव दुर्व्यापार के शिकार व्यक्ति के शोषण (धारा 144) से संबंधित अपराधों के संबंध में सजा बढ़ा दी गई है। इसके अतिरिक्त, महिलाओं के प्रति कतिपय गंभीर अपराधों जैसे वेश्यावृत्ति के प्रयोजनार्थ बच्चा खरीदना (बीएनएस की धारा 99), संगठित अपराध (धारा 111), भीख मांगने के उद्देश्य से बच्चे का अपहरण अथवा अपंग करना (धारा 139) के संबंध में अनिवार्य न्यूनतम दण्ड निर्धारित किए गए हैं। इसके अलावा, बीएनएस 2023 की धारा 75

और 79 उत्पीड़न के विरुद्ध अतिरिक्त कानूनी सुरक्षा प्रदान करती है, जिसमें अशोभनीय यौन संकेत , यौन संबंध के लिए अनुरोध, यौन से संबंधित टिप्पणियां और एक महिला की शालीनता का अपमान करने के इरादे से शब्द, इशारा या कृत्य शामिल हैं। कार्यस्थल पर यौन उत्पीड़न का सामना करने वाली महिला के पास इन प्रावधानों के तहत शिकायत दर्ज करने का विकल्प है।

बीएनएसएस पीड़ित-केंद्रित दृष्टिकोण अपनाकर महिला अधिकारों की विधिक प्रक्रिया द्वारा रक्षा करता है। इसने महिलाओं के विरुद्ध जघन्य अपराधों का आसान पंजीकरण को बढ़ावा देने के लिए ई-एफआईआर और जीरो-एफआईआर को आरम्भ किया है जिससे पुलिस कार्यवाही समयबद्ध रूप से सुनिश्चित होगी। इसके अतिरिक्त बीएनएसएस की धारा 398 में साक्षी संरक्षण योजना को आरम्भ किया है जो कि गवाहों को भय और प्रताड़ना से रक्षा करने की महत्वपूर्ण आवश्यकता को स्वीकार करता है। बीएसए की धारा 2(1)(घ) अब ईमेल पर इलेक्ट्रॉनिक या डिजिटल रिकार्ड, कंप्यूटर, लैपटॉप या स्मार्टफोन पर दस्तावेज़, डिजिटल उपकरणों पर संग्रहीत संदेश और वॉयस मेल संदेश इत्यादि दस्तावेजों की परिभाषा के तहत कार्यस्थल पर महिलाओं को उत्पीड़न से रक्षा करने के लिए भी संदर्भित किया जा सकता है।

कार्यस्थल पर महिलाओं की सुरक्षा के उद्देश्य से महिला और बाल विकास मंत्रालय ने 'कार्यस्थल पर महिलाओं का यौन उत्पीड़न (रोकथाम, निषेध और निवारण) अधिनियम, 2013' (एसएच अधिनियम) के विभिन्न प्रावधानों को शामिल करते हुए "शी-बॉक्स पोर्टल" नामक इलेक्ट्रॉनिक प्लेटफॉर्म की व्यवस्था की है। यह पोर्टल देश भर में गठित आंतरिक समितियों (आईसी) और स्थानीय समितियों (एलसी) चाहे वे सरकारी क्षेत्र में हों या निजी क्षेत्र में हो; से संबंधित सूचनाओं का सार्वजनिक रूप से उपलब्ध केंद्रीकृत भंडार है। यह पोर्टल शिकायत दर्ज करने तथा ऐसी शिकायतों की स्थिति को ट्रैक करने के लिए एक साझा मंच भी है। इस पोर्टल में यह सुविधा भी शामिल है कि पोर्टल पर दर्ज शिकायतें सीधे केंद्रीय मंत्रालयों/विभागों, राज्यों/संघ राज्य क्षेत्रों और निजी क्षेत्र में संबंधित कार्यस्थलों की

आईसी/एलसी को अग्रेषित हो जाएंगी। पोर्टल में प्रत्येक कार्यस्थल के लिए एक नोडल अधिकारी नामित करने का प्रावधान है जिसे शिकायतों की तत्समय (रियल टाइम) निगरानी के लिए नियमित आधार पर आंकड़ों/सूचना को अद्यतन करना सुनिश्चित करना होता है। दूरस्थ और यह पोर्टल 22 भाषाओं में उपलब्ध है ताकि सुदूर क्षेत्रों में कामकाजी महिलाएं इसका अपनी सुविधानुसार इस्तेमाल कर सकें।

महिला और बाल विकास मंत्रालय महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए एक व्यापक योजना "मिशन शक्ति" क्रियान्वित करता है। इस योजना के तहत, सरकार ने हिंसा का सामना कर रही महिलाओं या संकटग्रस्त महिलाओं को एकीकृत सहायता और सहयोग प्रदान करने के लिए देश भर में वन स्टॉप सेंटर स्थापित किए हैं तथा टेलीफोनिक शॉर्ट कोड 181 के साथ 24x7 महिला हेल्पलाइन भी आरम्भ की है जो जरूरतमंद महिलाओं को उपयुक्त अधिकारियों के साथ जोड़कर आपातकालीन और गैर-आपातकालीन सहायता प्रदान करने के अलावा, विभिन्न सरकारी योजनाओं, नीतियों और कार्यक्रमों से संबंधित जानकारी भी प्रदान करता है ताकि वे इनका लाभ प्राप्त कर सकें। इस व्यापक योजना का बेटी बचाओ बेटी पढ़ाओ (बीबीबीपी) घटक, लिंग आधारित लैंगिक-चयन को रोकने के लिए है और लैंगिक समानता पर जागरूकता प्रसार करने और बाल विवाह को हतोत्साहित करने पर भी ध्यान केंद्रित करता है। बीबीबीपी ने बालिकाओं को महत्व देने की दिशा में नागरिकों की मनोवृत्ति में महत्वपूर्ण भूमिका निभाई है। शक्ति सदन का घटक दुर्व्यापार के पीड़ितों सहित संकटग्रस्त, बेसहारा और दुर्भाग्यपूर्ण परिस्थितियों की पीड़ित महिलाओं को सहायता और सहयोग प्रदान करता है। सखी निवास घटक कामकाजी महिलाओं और रोजगार और स्व-रोजगार के लिए उच्च शिक्षा और प्रशिक्षण प्राप्त करने वाली महिलाओं और बालिकाओं को बाल देखभाल सुविधाओं के साथ सुरक्षित और किफायती आवास प्रदान करने के लिए है। कार्यबल में महिलाओं की भागीदारी को बढ़ावा देने के लिए पालना घटक आंगनवाड़ी-सह-क्रेच में बाल देखभाल सुविधाएं प्रदान करता है। राष्ट्रीय, राज्य और जिला स्तरों पर महिला सशक्तीकरण केंद्र ग्रामीण और शहरी क्षेत्रों में महिलाओं से संबंधित सरकारी योजनाओं के संबंध

में सूचना की कमी के मुद्दे का समाधान करते हैं। प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत गर्भवती महिलाओं और स्तनपान कराने वाली माताओं को प्रत्यक्ष लाभ अंतरण (डीबीटी) के माध्यम से नकद लाभ प्रदान किए जाते हैं।

भाषा को सकारात्मक सांस्कृतिक बदलाव के लिए एक मौलिक शक्ति के रूप में पहचानते हुए, एक ऐसा वातावरण बनाने का प्रयास करने के लिए, जिसमें विभिन्न दृष्टिकोणों को स्वीकारा जाए, महत्व दिया जाए और सशक्त किया जाए। सरकार ने नवंबर 2023 में 'जेंडर-इनक्लूसिव कम्युनिकेशन' पर एक मार्गदर्शिका (गाइड) जारी की है, जिसका उद्देश्य गहरी जड़ें जमा चुकी भाषाई मान्यताओं को बदलना है ताकि भाषा में मौजूद गहरे पूर्वाग्रहों को दूर करने के लिए व्यावहारिक दृष्टिकोण और रणनीति को बढ़ावा मिले और उन्हें स्थापित किया जा सके।

ये सभी उपाय मिलकर महिला सशक्तीकरण के लिए एक व्यापक दृष्टिकोण प्रदर्शित करते हैं, जो महिला वैज्ञानिक योजना, विज्ञान ज्योति योजना और ओवरसीज़ फैलोशिप योजना के माध्यम से विज्ञान, प्रौद्योगिकी, इंजीनियरिंग और गणित (एसटीईएम) जैसे गैर-पारंपरिक क्षेत्रों में महिलाओं के प्रतिनिधित्व को बढ़ाने तक भी विस्तृत है।

CREATION OF SPECIALIST DOCTOR POSTS IN AYURVEDA

2191. SHRI VISHWESHWAR HEGDE KAGERI:

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

- (a) whether the Government has considered the need for creating posts of specialist doctors in various clinical branches such as Kayachikitsa, Shalyatantra, Panchakrama, Shalakya Tantra etc. of the Ayurveda system across all State in the country;

- (b) if so, the details thereof; and
- (c) the details of the creation of specialist doctor posts and completion of appointment process in the country, State/UT wise?

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

(a) to (c): Health being a State subject, assessment of need and creation of posts falls under the purview of the respective State Government. However, the National Commission for Indian System of Medicine (NCISM) has notified regulations namely “Minimum Standards of Undergraduate Ayurveda Education Regulations-2022”, “Minimum essential standards, assessment and rating for undergraduate Ayurveda colleges and attached teaching hospitals Regulations, 2024” and “Minimum Essential Standards, Assessment and Rating for Postgraduate Institutions and Minimum Standards for Postgraduate Education in Ayurveda Regulations, 2024”

As per the regulation namely, Minimum essential standards, assessment and rating for undergraduate Ayurveda colleges and attached teaching hospitals Regulations, 2024, provision for Minimum essential Teaching staff required (as per the intake capacity) has been prescribed in the Schedule -IV and provision for Minimum essential requirement for Hospital staffs has been prescribed in the schedule -XX. Similarly, as per the Regulation namely, Minimum Essential

Standards, Assessment and Rating for Postgraduate Institutions and Minimum Standards for Postgraduate Education in Ayurveda Regulations, 2024, provision for Minimum Essential requirement of Teaching Staff for Postgraduate departments in undergraduate college and standalone Postgraduate institute has also prescribed under Schedule – VIII and IX respectively and provision for Minimum Essential Requirements of Hospital Staff has also been prescribed in the schedule – XII. The details of above-mentioned regulations are available in the website of NCISM i.e. <https://ncismindia.org/>

CENTRAL ASSISTANCE FOR TAMIL NADU UNDER NHM

2192. SHRI ARUN NEHRU:

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

- (a) the total amount of Central assistance provided to the Government of Tamil Nadu under the National Health Mission (NHM) during the last three financial years;
- (b) the status of the All India Institute of Medical Sciences (AIIMS) project in Madurai, including the current construction progress, fund utilization along with the expected date of completion; and
- (c) the number of Primary Health Centres (PHCs) in the Perambalur Lok Sabha Parliamentary Constituency in Tamil Nadu that have received funding for upgradation under any Central Government scheme since 2021?

THE MINISTER 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): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health and Family Welfare is implementing National Health Mission (NHM). Government provides technical and financial support to the States/UTs for improvement in health infrastructure, availability of adequate human resources to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups.

The details of Central Release under NHM from F.Y. 2022-23 to F.Y. 2024-25 to the State of Tamil Nadu is as below:

(Rs. in Crores)

Financial Year	Central Release
2022-23	1,652.24
2023-24	1,996.06
2024-25	1,742.67

Note: The above releases relate to Central Govt. Grants and do not include State share contribution.

As per the information received from the State Govt. of Tamil Nadu, the upgradation of Primary Health Centres in Perambalur Lok Sabha Constituency since 2021 is as below:

(Rs. in Lakhs)

Buildings provided for upgrading the existing services	No. of facilities	Amount Sanctioned
Additional Buildings to PHCs	2	135
Block Primary Health Centres	13	680
Rural PHC	6	680
Staff Nurse Quarters	1	25
Urban PHC	2	185
Grand Total	24	1,705

Further, the details of Infrastructure Resources under NHM may be accessed from the Health Dynamics of India (Infrastructure and Human Resources) report for FY 2022-23, link as below:

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

All India Institute of Medical Science (AIIMS) Madurai has been approved under the Pradhan Mantri Swasthya Suraksha Yojna at a cost of Rs. 2,021.51 Cr. As per the Loan Agreement with Japan International Cooperation Agency, the target completion date is October, 2026. As of 30.11.2025, the physical progress of the AIIMS Madurai project is 42% and a total of Rs. 421.02 crore has been released towards AIIMS Madurai project.

AYUSH VISA

2193. SHRI KRIPANATH MALLAH:

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

- (a) the maximum duration of stay allowed under the AYUSH Visa;
- (b) whether these duration of stay are extended based on the treatment, if so, the details thereof;
- (c) whether there are any financial guarantees or health insurance requirements for foreigners applying for this AYUSH visa; and
- (d) if so, the details thereof?

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

(a) to (d): M-3 visa (AYUSH) is granted to a foreigner (other than a Pakistani national) whose sole purpose is to seek treatment through Ayush systems/Indian systems of medicine like therapeutic care and wellness in a Hospital/Wellness Centre accredited and registered with any Government authority concerned or National Accreditation Board for Hospitals and Healthcare Providers (NABH)/ National Commission for Homeopathy (NCH)/ National Commission for Indian System of Medicine (NCISM) accredited hospitals providing Ayush services.

The initial period of validity of M-3 visa may be up to a period of one year or the period of treatment with maximum of three entries during one year. This period

can be extended further on yearly basis subject to a maximum of 5 years from the date of issue of initial M-3 Visa, by the Foreigners Regional Registration Office (FRRO) concerned, subject to fulfilment of specified conditions.

Similarly, e-M3 visas shall be granted for a period of upto 60 days from the date of first entry into India with maximum of three entries. Extension in case of e-M3 visa may be granted for up to 06 months on case-to-case basis on merits of each case by the FRRO/ Foreigners Registration Office (FRO) concerned.

M-3 visa is issued to persons of assured financial standing (the production of return ticket and availability of sufficient money to spend during his/her stay in India including the expenses for such treatment may be considered sufficient for this purpose).

INTEGRATION OF AI INTO AYUSH

2194. SHRI KAMAKHYA PRASAD TASA:

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

- (a) whether the Government is taking steps to integrate Artificial Intelligence (AI) with the AYUSH systems for diagnostics, research and service delivery in the country;
- (b) if so, the details of key AI-driven initiatives taken in this regard;
- (c) whether the World Health Organization (WHO) has acknowledged India's AI innovations in traditional medicine and if so, the details thereof; and

(d) the steps taken by the Government to ensure global interoperability, 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 and Development, Education and Awareness etc. As part of this initiative, several digital platforms have been developed such as the Ayush Hospital Management Information System (A-HMIS) for diagnostics and service delivery, and the Ayush Research Portal and NAMASTE Portal to support evidence-based research.

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.

(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.

नैनो यूरिया का उपयोग

2195. श्री संजय उत्तमराव देशमुख:

श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

श्री संजय हरिभाऊ जाधव:

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

- (क) नैनो यूरिया का उपयोग किए जाने वाले राज्यों का ब्यौरा क्या है और इससे क्या लाभ प्राप्त हो रहे हैं;
- (ख) क्या सरकार ने उक्त यूरिया के उपयोग के कारण उर्वरक राजसहायता के बोझ में कमी के संबंध में कोई आकलन किया है;
- (ग) महाराष्ट्र में वर्तमान में उक्त यूरिया का उपयोग करने वाले किसानों का जिले-वार ब्यौरा क्या है;
- (घ) किसानों को उक्त यूरिया के उपयोग और लाभों के बारे में किस प्रकार जागरूक किया जा रहा है;
- (ङ) सरकार द्वारा संरक्षा मानकों और क्षेत्रीय सत्यापन को सुनिश्चित करने के लिए क्या कदम उठाए जा रहे हैं; और
- (च) क्या सरकार का देश में क्षेत्रीय नैनो यूरिया उत्पादन इकाइयों को महाराष्ट्र सहित राज्य-वार बढ़ावा देने का विचार है और यदि हाँ, तो इस संबंध में प्रस्तावित योजना का 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 30.11.2025 तक नैनो यूरिया की राज्य-वार बिक्री का ब्यौरा **विवरण-I** में दिया गया है। नैनो उर्वरकों में पौधों के पोषण के लिए बहुत ज़्यादा संभावनाएँ हैं क्योंकि इनमें आकार-निर्भर गुण, उच्च सतह-आयतन अनुपात और अद्वितीय ऑप्टिकल गुण होती हैं। इसके अलावा, नैनो उर्वरकों, जैसे कि नैनो यूरिया, पौधों के पोषक तत्वों को विनियंत्रित तरीके से स्रावित करते हैं, जिससे पोषक तत्वों का इस्तेमाल ज़्यादा कुशलता से होता है और इन्हें खेत में ले जाना भी आसान होता है।

(ख): जी नहीं, ऐसा कोई आकलन नहीं किया गया है।

(ग): दिनांक 30.11.2025 तक महाराष्ट्र राज्य में नैनो यूरिया की जिले-वार बिक्री का ब्यौरा **विवरण-II** में दिया गया है।

(घ): सरकार द्वारा किसानों के बीच नैनो उर्वरकों के उपयोग और फ़ायदों के बारे में जागरूकता पैदा करने के लिए निम्नलिखित उपाय किए गए हैं:-

- i. नैनो उर्वरकों के उपयोग को विभिन्न गतिविधियों जैसे जागरूकता शिविरों, वेबिनार, क्षेत्रीय प्रदर्शनों, किसान सम्मेलनों और क्षेत्रीय भाषाओं में फिल्मों आदि के माध्यम से बढ़ावा दिया जाता है।
- ii. नैनो उर्वरक संबंधित कंपनियों द्वारा प्रधानमंत्री किसान समृद्धि केंद्रों (पीएमकेएसके) पर उपलब्ध कराए जाते हैं।
- iii. नैनो उर्वरकों को उर्वरक विभाग द्वारा नियमित रूप से जारी मासिक आपूर्ति योजना के तहत शामिल किया गया है।
- iv. पूर्ण अनुप्रयोग के माध्यम से नैनो यूरिया जैसे उर्वरकों के सहज अनुप्रयोग और उपयोग के लिए, 'किसान ड्रोन' जैसे अभिनव छिड़काव विकल्प और खुदरा बिक्री केन्द्रों पर बैटरी

संचालित स्प्रेयर के वितरण जैसी पहल की गई हैं। इस उद्देश्य के लिए, ग्राम स्तर के उद्यमियों के माध्यम से पायलट प्रशिक्षण और कस्टम हायरिंग छिड़काव सेवाओं को सक्रिय रूप से बढ़ावा दिया जाता है।

- v. उर्वरक विभाग ने उर्वरक कंपनियों के सहयोग से परामर्श और क्षेत्रीय स्तर के प्रदर्शनों के माध्यम से देश के सभी 15 कृषि-जलवायु क्षेत्रों में नैनो डीएपी को अपनाने के लिए एक महा अभियान शुरू किया है। इसके अलावा, उर्वरक विभाग ने उर्वरक कंपनियों के सहयोग से देश के 100 जिलों में नैनो यूरिया प्लस के क्षेत्रीय स्तर के प्रदर्शनों और जागरूकता कार्यक्रमों के लिए अभियान भी शुरू किया है।
- vi. इफको ने किसानों को नैनो यूरिया के इस्तेमाल और फायदों के बारे में जागरूक करने के लिए कई अभियान चलाए हैं, जिनमें बड़े पैमाने पर फील्ड डेमोंस्ट्रेशन, फील्ड डे, जागरूकता अभियान, प्रशिक्षण और दौरे, ड्रोन स्प्रेडिंग अभियान, फसल सेमिनार, प्रिंट और इलेक्ट्रॉनिक मीडिया (किसानों की सफलता की कहानियाँ) आदि शामिल हैं।

(ड): नैनो यूरिया के सुरक्षा मानकों और क्षेत्रीय सत्यापन को सुनिश्चित करने के लिए “पारंपरिक यूरिया की तुलना में नैनो यूरिया की प्रभावकारिता, उपयोगिता और प्रभाव के मूल्यांकन” के संबंध में भारतीय राष्ट्रीय उत्पादकता परिषद (एनपीसी) और उर्वरक विभाग के बीच 5 मार्च, 2024 को नैनो यूरिया पर एक अध्ययन करने के लिए एक समझौता ज्ञापन हस्ताक्षरित हुआ है। नैनो यूरिया द्वारा पारंपरिक यूरिया के प्रतिस्थापन की सीमा का मूल्यांकन करने के लिए 14.11.2025 को एनपीसी द्वारा चरण-II अध्ययन पर भी हस्ताक्षर किए गए हैं। चरण-II का अध्ययन ₹61.52 लाख की लागत से किया जाएगा।

इसके अलावा, 03.11.2025 को आईसीएआर के साथ नैनो यूरिया के मूल्यांकन पर लागत ₹21.20 करोड़ (जीएसटी सहित) है एक नेटवर्क प्रोजेक्ट शुरू करने के लिए एक समझौता ज्ञापन हस्ताक्षरित हुआ है, जिसे उर्वरक पीएसयू/सहकारी संस्थाओं द्वारा मिलकर वित्त पोषित किया जाएगा।

यह प्रोजेक्ट पाँच वर्षों की अवधि में पूरा किया जाएगा। इसे कई सहयोगी कृषि संस्थानों में लागू किया जा रहा है।

इसके अलावा, आईसीएआर ने विभिन्न कृषि-पारिस्थितिक क्षेत्र में फसल की वृद्धि, मृदा के स्वास्थ्य और पोषक तत्वों के अवशोषण पर नैनो उर्वरकों के प्रभाव का मूल्यांकन करने के लिए कुल परिव्यय ₹160 लाख से भारतीय उर्वरक और उर्वरक प्रौद्योगिकी अनुसंधान परिषद (आईसीएफएफटीआर) द्वारा वित्तपोषित 2024-26 की एक परियोजना शुरू की है। इस परियोजना में भी कई सहयोगी कृषि संस्थान शामिल हैं।

इसके अलावा, इफको के नैनो यूरिया का जैव-प्रभावकारिता, जैव-सुरक्षा, जैव-विषाक्तता के लिए राष्ट्रीय कृषि अनुसंधान और विस्तार प्रणाली (एनएआरईएस) द्वारा आईसीएआर- अनुसंधान संस्थान और राज्य कृषि विश्वविद्यालयों के साथ-साथ एनएबीएल से मान्यता प्राप्त- जीअलपी (गुड लेबोरेटरी प्रैक्टिस) प्रमाणित प्रयोगशालाएँ के सहयोग से मूल्यांकन और सत्यापन किया गया है और इसे उर्वरक नियंत्रण आदेश (एफसीओ), 1985 में भी अधिसूचित किया गया है।

(च): भारत सरकार देश भर में नैनो उर्वरक संयंत्र स्थापित करने में सीधे तौर पर शामिल नहीं है। हालांकि, सरकार के सीधे दखल के बिना भी, उर्वरक कंपनियों ने खुद से 8 नैनो यूरिया संयंत्र स्थापित किए हैं, जिनकी कुल वार्षिक उत्पादन् क्षमता 33.22 करोड़ बोतल (500 मिली के बराबर) है। इसके अलावा, 2 नई नैनो यूरिया प्रोडक्शन यूनिट्स की योजना है, एक ट्रॉम्बे में आरसीएफ द्वारा जिसकी सालाना क्षमता 5 करोड़ बोतल होगी, और दूसरी देवघर, झारखंड में इफको द्वारा जिसकी कैपेसिटी हर साल 6 करोड़ बोतल होगी।

विवरण-I**देश में 30.11.2025 तक नैनो यूरिया की राज्य-वार बिक्री का ब्यौरा****(प्रत्येक 500 मिली की लाख बोटलों में)**

राज्यवार नैनो यूरिया की बिक्री (फरवरी 2021 से नवंबर 2025 तक)		
क्र.सं	राज्यों के नाम	राज्यवार कुल बिक्री
1	अंडमान और निकोबार	0
2	आंध्र प्रदेश	21.69
3	अरुणाचल प्रदेश	0
4	असम	39.05
5	बिहार	72.93
6	चंडीगढ़	0
7	छत्तीसगढ़	26.89
8	दादरा और नगर हवेली	0
9	दमन और दीव	0
10	दिल्ली	0.71
11	गोवा	0
12	गुजरात	90.41
13	हरियाणा	54.39
14	हिमाचल प्रदेश	7.05
15	जम्मू और कश्मीर	9.62
16	झारखंड	14.79
17	कर्नाटक	67.6
18	केरल	4.1
19	लक्षद्वीप	0
20	मध्य प्रदेश	92
21	महाराष्ट्र	104.05
22	मणिपुर	0.71
23	मेघालय	0.01
24	मिजोरम	0.85
25	नागालैंड	0.01
26	ओडिशा	35.01
27	पुदुचेरी	0.11

28	पंजाब	98.1
29	राजस्थान	93.98
30	सिक्किम	0
31	तमिलनाडु	39.03
32	तेलंगाना	28.78
33	त्रिपुरा	0.21
34	उत्तराखंड	34.39
35	उत्तर प्रदेश	142.43
36	पश्चिम बंगाल	83.06
कुल		1161.96

विवरण-II

महाराष्ट्र राज्य में जिलेवार नैनो यूरिया की बिक्री (फरवरी 2021 से नवंबर 2025 तक)

(प्रत्येक 500 मिली की लाख बोतलों में)

क्र.सं.	जिला	नैनो यूरिया की बिक्री
1	अहमदनगर	4.95353
2	अकोला	3.00001
3	अमरावती	3.27604
4	औरंगाबाद एमएच	4.38312
5	बारामती	1.39763
6	बीड	5.73217
7	चंद्रपुर	3.69831
8	धुले	3.21616
9	गढ़िंगलज	0.90357
10	गोंदिया	1.92912
11	हिंगोली	1.27704
12	जलगांव	3.46432
13	जलना	3.32332
14	कोल्हापुर	2.15903
15	कोपरगांव	2.26039
16	कुदुवाडी	4.9554
17	लातूर	3.37969
18	मालेगांव	3.70594
19	मल्कापुर	3.00464

20	नागपुर	4.58563
21	नांदेड़	5.50104
22	नंदुरबार	2.05064
23	नासिक	3.30334
24	उस्मानाबाद	2.53962
25	पचोरा	3.04765
26	परभनी	2.82212
27	पुणे	2.14409
28	सांगली	4.33165
29	सतारा	2.9402
30	वर्धा	3.12423
31	वाशिम	1.34751
32	येओतमल	6.2952

उत्तराखंड में न्यायिक अवसंरचना का सुदृढ़ किया जाना

2196. श्री त्रिवेन्द्र सिंह रावत:

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

- (क) क्या उत्तराखंड के कई जिलों में न्यायालय भवनों, रिकॉर्ड कक्ष और बार कक्षों के संदर्भ में अवसंरचना की भारी कमी है;
- (ख) क्या सरकार ने उत्तराखंड न्यायपालिका की अवसंरचना में सुधार करने के लिए कोई विशेष निधि स्वीकृत की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या नए न्यायालय भवनों के निर्माण और डिजिटलीकरण के लिए कोई परियोजना प्रस्तावित है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (घ): न्यायपालिका के लिए अवसंरचनात्मक प्रसुविधाओं के विकास की मुख्य जिम्मेदारी राज्य सरकारों/संघ राज्यक्षेत्रों की है। तथापि, राज्य सरकारों/संघ राज्यक्षेत्रों के संशाधनों का संवर्धन करने के लिए, केंद्रीय सरकार ने, केंद्र और राज्यों/संघ राज्यक्षेत्रों के बीच विहित निधि-साझाकरण प्रतिरूप में वित्तीय सहायता प्रदान करके वर्ष 1993-94 से जिला और अधीनस्थ न्यायालयों में न्यायपालिका के लिए अवसंरचनात्मक प्रसुविधाओं के विकास के लिए एक केन्द्रीय रूप से प्रायोजित स्कीम (सीएसएस) का कार्यान्वयन किया है। उत्तराखंड के लिए, केंद्र और राज्य के बीच निधि-साझाकरण प्रतिरूप 90:10 है। इस स्कीम में पांच घटक अर्थात्, न्यायालय हॉल, न्यायिक अधिकारियों के लिए आवासीय इकाईयां, वकीलों के हॉल, वकीलों और वादकारियों की सुविधा के लिए शौचालय परिसर और डिजिटल कंप्यूटर कक्ष, शामिल हैं। इस स्कीम के आरंभ से उत्तराखंड राज्य को (तारीख 31.10.2025 तक) 301.94 करोड़ रुपये रकम की केन्द्रीय सहायता प्रदान की गई है, जिसमें से 256.86 करोड़ रुपये, वित्तीय वर्ष 2014-15 से न्यायपालिका के लिए अवसंरचनात्मक प्रसुविधाओं के विकास के लिए केन्द्रीय रूप से प्रायोजित स्कीम (सीएसएस) के अधीन दिए गए हैं।

उत्तराखंड राज्य में 298 न्यायिक अधिकारियों के स्वीकृत पद संख्या के मुकाबले 283 न्यायालय हॉल उपलब्ध हैं और अन्य 12 न्यायालय हॉल निर्माणाधीन हैं। उत्तराखंड उच्च न्यायालय द्वारा उपलब्ध करायी गई जानकारी के अनुसार, सभी जिला मुख्यालयों में अभिलेख कक्ष उपलब्ध हैं। कुछ न्यायालय परिसरों में बार कक्ष भी उपलब्ध कराए गए हैं।

ई-न्यायालय परियोजना के चरण-3 के अधीन, देश भर में 2038.40 करोड़ रुपये की लागत से, संपूर्ण न्यायालय अभिलेख- विरासत संपदा अभिलेख और नए मामलों की फाइलिंग दोनों, के डिजिटलीकरण का उपबंध है। ई-समिति, भारत का उच्चतम न्यायालय, से प्राप्त जानकारी के अनुसार तारीख 30.09.2025 तक उत्तराखंड उच्च न्यायालय में 2.17 करोड़ पृष्ठों का डिजिटलीकरण किया जा चुका है और उत्तराखंड के जिला न्यायालयों में 89.20 करोड़ से अधिक पृष्ठों का डिजिटलीकरण

किया जा चुका है। ई-न्यायालय-3 के अधीन, उत्तराखंड उच्च न्यायालय को सूचना, संचार और प्रौद्योगिकी (आईसीटी) अवसंरचना के लिए स्वीकृत की गई आवश्यक निधि का ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

ई-न्यायालय चरण-III के अधीन आई.सी.टी. अवसंरचना के लिए जारी की गई निधि का ब्यौरा

क्र.सं.	उत्तराखंड उच्च न्यायालय	(लाख रुपये में)		
	घटक	2023-24	2024-25	2025-26
1	नए स्थापित न्यायालयों में आई.सी.टी.	0.00	33.07	115.12
2	नए स्थापित न्यायालय परिसरों में आई.सी.टी.	0.00	60.87	12.17
3	उच्च न्यायालयों में आईसीटी	0.00	415.00	47.50
4	वीडियो सम्मेलन	0.00	178.50	278.25
5	ई-सेवा केंद्र	63.68	208.79	13.04
6	सौर	405.00	0.00	75.00
7	अतिरिक्त हार्डवेयर	835.46	0.00	0.00
8	एनएसटीईपी	27.00	3.00	0.00
9	डिजिटलीकरण	0.00	462.50	1498.28
10	तकनीकी जनशक्ति	34.80	69.60	83.56
11	क्षमता निर्माण	1.75	7.11	20.38
12	कागज रहित न्यायालय	0.00	85.20	20.00
13	सीधा प्रसारण	0.00	113.68	154.60
14	ई-कार्यालय	0.00	38.97	0.00
15	डिजिटल घटक एसजेए	0.00	0.00	485.00
16	ऑनलाइन न्यायालय	0.00	319.5	154.11
	कुल	1367.69	1995.79	2957.01

VACANCIES OF NURSING AND PARAMEDICAL STAFF

2197. SHRI MANISH TEWARI:

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

- (a) the total number of posts sanctioned and vacant of nursing and paramedical staff in medical colleges and hospitals like Government Medical College and Hospital (GMCH), Government Multi-Speciality Hospital (GMSH) and Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh as on date, category-wise;
- (b) the reasons for delays in promotions, cadre review and restructuring of nursing staff in PGIMER, GMCH and GMSH and the current status of proposals, if any, in this regard;
- (c) whether shortage of staff has affected patient care, OPD, emergency and trauma services in these hospitals, if so, the details thereof along with the corrective measures taken/proposed to be taken by the Government in this regard;
- (d) whether the Government has approved outsourcing of essential nursing or paramedical services due to staff shortage to safeguard quality of service in these hospitals, if so, the details thereof; and
- (e) whether any timelines have been fixed to fill up the existing vacancies and have proposal for creation of additional posts in view of increasing patient load, 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 number of sanctioned and vacant posts of nursing and paramedical staff in medical colleges and hospitals in Government Medical College and Hospital (GMCH), Chandigarh, Government Multi-Speciality Hospital (GMSH), Chandigarh and Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh is as below:

Name of Hospital	No of sanctioned posts of Nursing staff	No of vacant posts of Nursing staff	No of sanctioned posts of Paramedical staff	No of vacant posts of Paramedical staff
GMCH	1264	281	330	86
GMSH	154	30	233	70
PGIMER	2597	247	856	120

(b): As informed by GMCH, Chandigarh and GMSH, Chandigarh, there is no delay in the promotions.

As informed by PGIMER, 3rd Cadre Review for restructuring of various cadres in respect of non-faculty staff including nursing staff has been carried out. As regards to delay in promotion in respect to Nursing staff, the Hon'ble CAT, Chandigarh in OA No. 751 of 2022 titled as "Hemant Kumar and other vs. PGI" vide its judgement dated 17.07.2025 has "restrained" PGIMER from conducting Departmental Promotion Committee (DPC) meeting from Senior Nursing Officer (SNO) to Assistant Nursing Superintendent (ANS) post in the current form and has mentioned certain compliances to be ascertained within 6 months before the DPC is conducted.

(c): As informed by GMCH and GMSH, OPD, Emergency or Trauma services are managed by the hospitals with the help of the available staff. PGIMER has further informed that it is working beyond its optimal capacity in all the patient care areas so that the services are not adversely affected.

(d): Nursing and Paramedical employees are engaged through outsource basis on functional requirement of the hospital concerned.

(e): Creation of posts is done as per functional requirement of the hospital concerned. Filling of the newly created and vacant posts is a continuous administrative process undertaken from time to time.

IMPACT OF UK IMMIGRATION RESTRICTIONS

2198. SHRI KUNDURU RAGHUVeer:

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

- (a) whether new UK immigration restrictions have reduced work visas for Indians, if so, the details thereof;
- (b) the impact thereof on healthcare workers and IT professionals;
- (c) whether revised mobility agreements are being negotiated and if so, the details thereof;
- (d) the safety and grievance mechanisms for workers in Gulf countries?

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 UK government has undertaken policy changes since 2024 to reduce net migration into the UK. The most recent policy changes targeting the Skilled Worker and Health and Care Worker visa routes were announced in the Immigration White Paper and implemented on 22 July 2025. These policy changes have resulted in fewer work visas issued to healthcare workers as well as IT professionals.

According to the UK Home Office statistics, in the year ending September 2025, the total number of health and care worker visas issued decreased by 67% to 16,606; visas issued to Nursing Professionals decreased by 79% to 2,225; visas issued for IT Professionals decreased by 20% to 10,051.

(c): India and UK have already signed Migration and Mobility Partnership Agreement (MMPA) in May 2021. Both sides continue to engage on the issue of skilled mobility as also on illegal migration. Young Professional Scheme under MMPA offers a visa route to young Indian professionals (between age 18 and 30) to live and work in the UK for up to two years and vice-versa. Further, the recently signed India – UK Comprehensive Economic and Trade Agreement (CETA) contains provisions for mutual recognition and professional mobility. The agreement is under ratification process in the UK Parliament.

(d): The Government of India accords highest priority to the safety, protection and well-being of Indian workers abroad. There are established channels to enable them to reach out to the Embassy/Consulate in case they need any assistance. They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, WhatsApp numbers, grievance redressal portals like MADAD/CPGRAMS/eMigrate, and social media etc. Dedicated Labour Wings for handling such matters are there in Indian Missions/Posts abroad, where there is a sizable number of Indian emigrant workers. Pravasi Bharatiya Sahayata Kendra has been set up in key locations such as New Delhi, Dubai, Riyadh and Jeddah to provide guidance and counselling to the Indian workers. Indian Missions/Posts regularly organize Open Houses and Consular Camps in remote areas to get feedback from Indian workers residing in such areas and to address their grievances, if any. On receipt of complaint from or on behalf of the emigrant, the same is taken up pro-actively with concerned Foreign Employer (FE) and the work place of the aggrieved worker is also visited, if required. The complaints pertaining to employment issues are also taken up with the local labour department and other relevant authorities of the host country for prompt redressal.

Further, as additional safeguard for protection and safety of the female workers (including domestic sector workers), Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female workers holding ECR category passports for overseas employment in Gulf and other notified ECR Countries

through the e-Migrate Portal. Moreover, there is a minimum age criterion of 30 years for female workers holding ECR category passport for overseas employment in notified ECR countries, in order to protect them against exploitation. The Embassy/Consulate also utilizes the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian nationals in distress on a means-tested basis. Under ICWF, the major assistance includes Boarding and Lodging, Air Passage to India, Legal Assistance, Emergency Medical Care, Transportation of Mortal Remains to India, and Payment of Small Fines and Penalties.

CARGO MOVEMENT ON NATIONAL WATERWAYS

2199. SHRIMATI SHAMBHAVI:

SHRI RAJESH VERMA:

SHRI ATUL GARG:

DR. LATA WANKHEDE:

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

- (a) the current status of the development of National Waterway 1 (Ganga) and National Waterway 2 (Brahmaputra) for shipping and navigation;
- (b) the total cargo movement (in MMT) on all National Waterways during the last three years along with its percentage of India's total freight, year-wise;
- (c) the number of multimodal terminals and jetties that are operational and under construction on the said waterways;

- (d) the steps being taken to ensure navigational depth (fairway) throughout the year, including dredging operations; and
- (e) the challenges faced in promoting inland water transport, such as lack of private sector participation, higher costs and competition from road/rail?

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

(a): National Waterway-1 (NW-1) and NW-2 are operational with required depth and width for movement of inland vessels. On NW-1, 3 multimodal terminals (MMTs) at Haldia, Sahibganj and Varanasi, 1 Intermodal terminal (IMT) at Kalughat, 1 Navigational Lock at Farakka and 53 community jetties have been developed under Jal Marg Vikas Project by Inland Waterways Authority of India (WAI), an autonomous organisation under Ministry of Ports, Shipping and Waterways. On NW-2, 2 Multimodal terminals at Pandu and Jogighopa, 2 permanent terminals at Dhubri and Bogibeel and 13 floating terminals have been developed.

(b): Details of the total cargo movement on all NWs is given below. The Inland Water Transport's (IWT) share is approximately 2% of the total cargo.

Year	Cargo movement (in MMT)
2022-23	126.15
2023-24	133.03
2024- 25	145.84

(c): On NW-1, 3 MMTs have been constructed at Haldia, Sahibganj and Varanasi and are operational. Construction of one intermodal terminal at Kalughat has been completed. In addition, 53 community jetties developed on NW-1 are operational and construction of 7 jetties is progressing. On NW-2, 2 MMTs at Pandu and Jogighopa, 2 permanent terminals at Dhubri and Bogibeel and 13 floating jetties are operational.

(d): To maintain fairway from Haldia to Varanasi stretch of NW-1 with 2.2/3 m Least Available Depth (LAD) and 45 m bottom width, the contracts to provide fairway on 10 stretches of NW-1 have been awarded. On NW-2, the LAD from Bangladesh Border to Pandu (Guwahati) is maintained through assured depth Contract and Pandu to Sadiya is maintained through 7 departmental dredgers and other conventional river training works such as Bandalling.

(e): Challenges faced in promoting IWT are given below:

(i) Discharge in Rivers

- Highly Seasonal with significant variations between monsoon and dry seasons. – upto 10 m vertical variation
- 16 NWs have their origin in Himalayas; Rest are either rain fed or tidal.
- Upstream Dams / Barrages and Irrigation Projects without Navigational Locks.

(ii) Non- Availability of Cargo on the return leg along Waterway – Low industrialization along Waterways

- (iii) Higher total cost due to first and last mile connectivity
- (iv) Low private sector participation specially in vessels and terminal operations.

SETTING UP OF REGIONAL BENCHES

2200. SHRI BAPI HALDAR:

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

- (a) whether the Government has taken specific steps to establish a separate Constitutional Division within the Supreme Court to exclusively adjudicate matters of constitutional interpretation;
- (b) whether any proposal has been considered for setting up regional benches of the Supreme Court in the Northern, Southern, Eastern, and Western regions, as suggested by the Law Commission; and
- (c) the details of inter-ministerial consultations or judicial recommendations on the creation of a Constitutional Court or regional benches, and the current status of consideration, if any, for implementation?

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

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

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

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

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

CONTRACT-BASED WORKERS IN DEFENCE PSUs**2201. SHRI RAHUL GANDHI:**

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

- (a) the number of contract-based workers currently employed in Defence PSUs, category-wise;
- (b) the number of such contract-based workers who were previously employed by the Ordnance Factory Board in permanent positions;
- (c) whether contract-based workers in Defence PSUs receive employment benefits such as medical leave, casual leave, risk allowance and promotion opportunities, especially those working in hazardous production zones and if so, the details thereof;
- (d) the details of sanctioned strength, filled posts and vacancies for different categories of post (both permanent and contract-based) in the Ordnance Factory Board/Defence PSUs during the last ten years, year-wise; and
- (e) whether the Government proposes to regularise experienced contract-based workers or provide them with benefits comparable to permanent employees and if so, the details thereof?

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

- (a): Total number of contract-based workers (Fixed term) employed in Defence PSUs, are 9456 as on 09.12.2025.

(b): There are no such contract based workers who were previously employed by the Ordnance Factory Board on permanent position as erstwhile Ordnance Factory Board ceased to exist with effect from 01.10.2021.

(c): Contract-based workers in Defence PSUs receive employment benefits such as medical leave, casual leave, risk allowance and promotion opportunities etc. as per extant Government Rules and Guidelines in this regard.

(d): Information is being collected and will be laid on the Table of the House.

(e): Regularization of Contract based workers or providing them with benefits comparable to permanent employees are governed by relevant legislations and extant Government instructions in this regard.

विधिक सहायता सेवाओं में सुधार

2202. श्री कंवर सिंह तंवर:

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

(क) क्या सरकार का उत्तर प्रदेश के अमरोहा जिले में नागरिकों को समय और प्रभावी न्याय प्रदान करना सुनिश्चित करने के लिए विधिक सहायता सेवाओं, जिला न्यायालयों की अवसंरचना और न्याय अभिगम में सुधार लाने का विचार है;

(ख) यदि हां, तो जिले में उन्नत किए गए न्यायालयों, स्थापित विधिक सहायता केंद्रों और प्राप्त परिणामों 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): राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा) का गठन विधिक सेवा प्राधिकरण अधिनियम, 1987 के अधीन समाज के दुर्बल वर्गों, जिनमें विधिक सेवा प्राधिकरण अधिनियम, 1987 धारा 12 के अधीन आने वाले फायदाग्राही सम्मिलित हैं, को निःशुल्क और सक्षम विधिक सेवा उपलब्ध कराने के लिए किया गया था, जिसका उद्देश्य यह सुनिश्चित करना है कि आर्थिक या अन्य निर्योग्यताओं के कारण कोई भी नागरिक न्याय पाने के अवसर से वंचित न रह जाए, और विवादों के सौहार्दपूर्ण समाधान के लिए लोक अदालतों का आयोजन करना है।

नागरिकों को समय पर और प्रभावी न्याय परिदान सुनिश्चित करने के लिए, जिला विधिक सेवा प्राधिकरण, अमरोहा, उत्तर प्रदेश की अधीक्षण में 16 विधिक सहायता केंद्र स्थापित किए गए हैं। पैनल वकीलों और विधिक सहायता रक्षा सलाहकारों की सहायता से, वर्ष 2025-26 के दौरान (सितंबर, 2025 तक) 458 नागरिकों को निःशुल्क विधिक सहायता प्रदान की गई।

SETTING UP OF CENTRES OF EXCELLENCE

2203. SHRI G. LAKSHMINARAYANA:

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

(a) whether the Government has received any proposals from institutes in Andhra Pradesh for setting up Centres of Excellence (CoEs) in the petrochemical and chemical sector under the New Scheme of Petrochemicals;

- (b) if so, the details of such proposals approved/rejected including the institutes, nature of proposed research and current status of approval and the reasons for non approval of such proposals if any;
- (c) whether the Government is planning to encourage or provide special incentives to promote establishment of CoEs in Andhra Pradesh, and if so, the details thereof; and
- (d) the steps being taken to ensure balanced regional distribution of CoEs across the country, State-wise, particularly in Southern States like 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) to (d): Under the scheme for establishing Centres of Excellence (CoEs), the Government extends grant-in-aid to selected research institutions with the aim of strengthening existing technologies, advancing research, and fostering development of new applications in the Chemicals and Petrochemicals sector. Each CoE is eligible to receive financial assistance covering up to 50% of the total project cost, subject to a ceiling of ₹5 crore. The scheme is open to all eligible institutions across India and is not limited to any particular State, Union Territory, or Region.

So far, the Government has approved the following 18 CoEs across the country:

S. No.	State	Location of the CoE	Title of the CoE
1	Assam	Indian Institute of Technology, Guwahati	Sustainable Polymers (SusPol)
2	Assam	CSIR - North East Institute of Science and Technology (CSIR-NEIST), Jorhat	Polymers, Their Composites and Polymeric Membranes for Sustainable Development of Petroleum Industries
3	Assam	Indian Institute of Technology, Guwahati	Sustainable and innovative Design and manufacturing of polymer-TOYS (SUNDAR - TOYS)
4	Delhi	Indian Institute of Technology, Delhi	Advanced Polymeric Materials
5	Jharkhand	Indian Institute of Technology (Indian School of Mines), Dhanbad	Coal to Acetylene and Fine Chemicals
6	Kerala	CSIR-National Institute for Interdisciplinary Science and Technology (CSIR-NIIST), Thiruvananthapuram	Performance Chemicals and Sustainable Polymers for Industrial Applications
7	Madhya Pradesh	CSIR-Advanced Materials and Processes Research Institute (CSIR-AMPRI), Bhopal	Transparent and Biocompatible Metal-Polymer Composite Based X- ray, Gamma ray and Neutron Shields for Window and Personal Protecting Apparels
8	Maharashtra	CSIR- National Chemical Laboratory (NCL), Pune	Sustainable Polymer Industry to research and innovation
9	Maharashtra	CSIR-NCL, Pune	Specialty Polymers for Customized Additive Manufacturing
10	Maharashtra	Indian Rubber Materials Research Institute (IRMRI) formerly known as Indian Rubber Manufacturers Research Association (IRMRA), Thane	Design and Development for Value added Toys of Rubber and Allied Finished Products
11	Odisha	Central Institute of Petrochemicals Engineering and Technology (CIPET), Bhubaneswar	Sustainable Green Materials
12	Odisha	CIPET, Bhubaneswar	Bio-engineered Sustainable Polymeric Systems
13	Odisha	CIPET, Bhubaneswar	Manufacturing of Next Generation Bio-Medical Devices
14	Tamil Nadu	Central Institute of Petrochemicals Engineering and Technology (CIPET), Chennai	Green Transport Network (GREET)
15	Tamil Nadu	Indian Institute of Technology, Madras	Biodegradable Packaging Materials (BioPack)

16	Telangana	CSIR- Indian Institute of Chemical Technology (IICT), Hyderabad	Polymer Coatings for Decorative, Protective and Strategic Applications
17	Uttarakhand	Indian Institute of Technology, Roorkee	Process Development, Wastewater Management in Petrochemical Industries
18	Uttar Pradesh	Indian Institute of Technology, Kanpur	Specialty Chemicals

In July 2024, the Government invited applications from eligible institutions for the establishment of new Centres of Excellence (CoEs) and received a total of 50 proposals. Among these, two proposals were received from Andhra Pradesh: (i) RECEPS Limited, Visakhapatnam, with a focus on “Recovery and Reuse of Solvent for a Sustainable Manufacturing and Production,” and (ii) the Indian Institute of Petroleum and Energy (IIPE), Visakhapatnam, on “Sustainable and Innovative Process Engineering Technologies.”

Out of the 50 proposals received, the proposal from RECEPS Limited was not considered as it did not meet the eligibility requirement of being a Government institution under the scheme guidelines. The proposal from IIPE was evaluated by the Expert Committee as per the laid-down criteria, but was not included in the final recommendation.

NATIONAL FAMILY HEALTH SURVEY

2204. SHRI PARTHA BHOWMICK:

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

- (a) the year of fieldwork and the date of publication for the last round of the National Family Health Survey (NFHS) in the country;
- (b) the details of the current status of NFHS-6;
- (c) whether the publication of reports/fact sheets of the NFHS-6 has been delayed and if so, the details and the reasons therefor; and
- (d) the timeline by which the National, State/UT and district fact sheets and the main report of NFHS-6 are likely to be placed in the public domain?

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

(a) to (d): The Ministry of Health and Family Welfare (MoH and FW) conducts an integrated survey namely National Family Health Survey (NFHS). The survey provides data on health and family welfare and associated domains like characteristics of the population; fertility and fertility preferences; family planning; infant and child mortality; maternal and child health; nutrition; morbidity and healthcare; women's empowerment, etc. It is a nationally important source of data for the purpose of monitoring performance of health programmes/schemes of Government of India.

The NFHS-5 was conducted during 2019-21 and its Report was released in 2022. The sixth round of NFHS was initiated timely with International Institute for Population Sciences (IIPS) as the nodal agency. The fieldwork for NFHS-6 was

carried out in two phases across all States/UTs, except Manipur due to administrative reasons, and has been completed.

The Ministry ensures a timely dissemination of NFHS data by conducting regular follow-ups with the nodal agency and regular meetings at higher levels to monitor progress and oversee intermediary steps. For ensuring transparent dissemination, data of NFHS in Factsheets and Reports is usually released.

PRIVATE HEALTHCARE PROVIDERS IN ABDM SCHEME

2205. SHRI RAHUL KASWAN:

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

- (a) the reasons for the low adoption rate of only seven percent of private healthcare providers in the Ayushman Bharat Digital Mission (ABDM) despite their significant role in healthcare delivery in the country;
- (b) the details of financial and operational challenges faced by smaller private facilities in integrating with ABDM digital infrastructure;
- (c) whether steps are being taken by the Government to incentivise and increase awareness among private healthcare providers for greater participation in the country, if so, the details thereof; and
- (d) whether the Government has any plans to overcome interoperability and data privacy concerns unique to private providers to foster trust and digitisation thereof, if so, the details thereof?

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

(a) to (d): The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. In the initial phase following the launch, the Mission focused primarily on establishing the necessary technology building blocks, such as digital gateways and national health registries, to enable interoperability and seamless exchange of health information across the ecosystem. Adoption by both the public and private health sectors has been taken up progressively thereafter. It may be noted that adoption under ABDM is voluntary. Further, sustained and comprehensive efforts were made to encourage private sector participation. As a result of these efforts, adoption of ABDM in private sector is continuously increasing.

Small private healthcare facilities are required to procure essential hardware and ABDM enabled software to transition from manual operations to a digital mode of functioning. Various initiatives have been taken, in consultation and with the support of the States/UTs, to bring more private healthcare facilities under the ABDM ecosystem. These include developing use cases for quick registration, easy payments, 'Microsites' program focused on increasing the adoption in the private

sector, the digital health incentive scheme (DHIS) to incentivise health facilities and digital health tech companies to create digital health records.

ABDM ensures privacy by design so that health data is exchanged between the intended stakeholders on ABDM network only after the patient's consent. Also, there is no centralised repository of health data. These measures collectively ensure that interoperability does not compromise citizens' privacy and data protection. ABDM actively promotes awareness about the benefits of ABHA and the aforesaid privacy preserving measures among healthcare providers and institutions, including the private sector, through participation in events such as medical conferences, technology events etc. encouraging the creation of ABHA and adoption of digital healthcare. States/UTs also undertake targeted IEC activities and capacity building to enhance adoption among the various healthcare stakeholders, including the private sector.

GREEN HYDROGEN PILOT PROJECT AT CHIDAMBARANAR PORT

2206. SHRI DHAVAL LAXMANBHAI PATEL:

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

(a) the objectives for establishing the green hydrogen pilot project at V.O.

Chidambaranar (VOC) Port in Tamil Nadu; and

(b) the expected outcomes of the said project?

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

(a) and (b): The objective of the Green Hydrogen Pilot Project at VoC Port is to create a bunkering facility for Green Hydrogen or its derivatives to support the phased development of Green Fuel utilization by demonstrating it in the shipping sector. It supports vessels operating on international and domestic sea routes by providing refuelling facilities for green fuels. The expected outcomes of this project include a substantial reduction in CO₂ emissions and creation of numerous direct and indirect job opportunities in manufacturing and storage of green fuel and related services.

SHORTAGE OF DAP IN PUNJAB

2207. SHRI MALVINDER SINGH KANG:

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

- (a) the main reasons for the current shortage of DAP fertilizer in Punjab despite the allocations by the Government;
- (b) the manner in which the Union Government proposes to address the said supply-demand gap;
- (c) the measures being taken by the Government to ensure increased domestic production and timely import of DAP to meet the growing demand in the State of Punjab during the current and upcoming crop seasons;

- (d) whether the Union Government received any complaints from farmers of Punjab regarding the availability, supply disruptions or black marketing of DAP fertilizer, if so, the details thereof;
- (e) the steps being taken to mitigate these issues; and
- (f) whether any actions is being taken by the Union Government to ensure that DAP fertilizer reaches the farmers of Punjab at the notified subsidized price without overcharging or hoarding by intermediaries, 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 availability of DAP in the State of Punjab has remained adequate during the ongoing Rabi 2025-26 season. From 01.04.2025 to 08.12.2025, 4,55,000 Metric Tons of DAP has been made available in the State against the pro-rata requirement of 4,05,000 Metric Tons. The sales during the said period has been 2,98,000 Metric Tons and the State holds closing stock 1,57,000 Metric Tons of DAP.

Further, the mandate of the D/o Fertilizers is to ensure adequate availability of fertilizers at State level. However, the assessment and distribution of fertilizers within the State at district level is done by the concerned State government.

Moreover, following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Punjab:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), 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 DAandFW, 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 Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizer as indicated by the State Governments.
- (c): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under NBS

Scheme, PandK fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

Further, to increase domestic fertilizer production and make country self reliant, the following measures have been taken by the Government:

- (i) 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.
 - (ii) The number of PandK fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.
 - (iii) 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.
- (d) to (f): In order to address the issue of black-marketing/hoarding, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in black-marketing/ hoarding, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Accordingly, as informed by the State government of Punjab, during the FY 2025-26, 04 FIR's have been registered and 03 Letter of Authorizations have been cancelled as an enforcement action against the dealers/agencies found involved in these malpractices.

WOMEN EMPLOYED UNDER VARIOUS SCHEMES

2208. DR. ANGOMCHA BIMOL AKOIJAM:

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

- (a) the number of women in rural India employed under various Government schemes, including Anganwadi Services, the Mid-Day Meal Scheme and the Integrated Child Development Services (ICDS), State/UT-wise;
- (b) the details of the salary/honorarium being paid to Anganwadi workers, Mid-Day Meal workers and ICDS workers, State/UT-wise; and
- (c) whether the Government has received reports regarding pending/delayed payment of salary/honorarium and demands for an increase in the remuneration of women workers engaged under these schemes, if so, the details thereof along with the response of the Government in this regard?

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

- (a) to (c): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers and

Adolescent Girls, Early Childhood Care and Education and Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) for effective implementation and for better nutritional delivery to end beneficiaries. The package of six services viz. Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition and Health Education, Immunization, Health Check-up and Referral Services is provided under Mission Poshan 2.0 through the network of over 14 Lakh Anganwadi centres (AWCs) across the country.

Three of the six services, viz., Immunization, Health Check-up and Referral Services are related to health and are provided through NHM and Public Health Infrastructure.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. Central Government is responsible for policy and planning and the State Governments/UT Administrations are responsible for day-to-day program implementation.

Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are “honorary workers” from the local community who voluntarily come forward to render their services in the area of child care and development to help the local community for which they are paid monthly honorarium. State and UT wise details of in position AWWs and AWHs is given in the enclosed **Statement-I**.

Honorarium is given to AWWs and AWHs 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 and AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the Centre and States/UTs. In addition, States/UTs are also paying additional monetary incentives/top ups to these functionaries from their own resources which vary from State to State. Details of additional top ups provided by States/ UTs are given in the enclosed **Statement-II**.

Besides, performance linked incentive of Rs.500/- is provided to AWWs and Rs.250/- per month to AWHs.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and 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. 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.
- ii. Leave: 20 days annual leave and paid maternity absence of 180 days, paid absence on abortion/ miscarriage once for 45 days.
 - iii. State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sectors in the country to ensure old age protection.
 - 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.

As informed by Department of School Education and Literacy, Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) Scheme is one of the foremost rights based Centrally Sponsored Scheme implemented in partnership with the States and Union Territories (UTs) for providing one hot cooked and nutritious meal to all children studying in Bal Vatika (just before class-I) and classes I to VIII of Government and Government-aided schools. The Scheme covers about 11 crore children in more than 10.35 lakh schools in all the States and UTs.

The overall responsibility for smooth functioning of the scheme including providing hot cooked and nutritious meal to the eligible children as well as engagement of Cook-cum-Helpers (CCHs) lies with the State Governments and Union Territory Administrations. However, these CCHs are honorary workers who have come forward for rendering social services. As per guidelines of the Scheme, honorarium of Rs. 1000/- per month for 10 months in a year is prescribed for these CCHs in recognition of their services and the same is being continued. The State Governments and UT Administrations have the authority to enhance the honorarium by providing additional funds from their own resources and many State Governments and UT Administrations have supplemented the honorarium by

providing additional funds. States and UTs are implementing the Scheme through Centralized Kitchens utilizing the services of various Non-Governmental Organizations (NGOs) and Self-Help Groups (SHGs). State-wise details of CCHs under the Scheme are given in the enclosed **Statement-III**. The details of honorarium provided to CCHs under the PM POSHAN Scheme by the States and UTs are given in the enclosed **Statement-IV**.

STATEMENT-I

State and UT wise details of in position AWWs and AWHs

S. No	State	In-Position AWW	In-Position AWH
1	Andhra Pradesh	54944	47356
2	Bihar	110161	99990
3	Chhattisgarh	52002	50359
4	Gujarat	50277	48897
5	Haryana	23194	20716
6	Himachal Pradesh	18580	17759
7	Jammu and Kashmir	28082	27972
8	Jharkhand	37812	36510
9	Karnataka	66098	59298
10	Kerala	33051	33066
11	Madhya Pradesh	95058	79598
12	Maharashtra	108560	104527
13	Odisha	73475	71964
14	Punjab	25343	23239
15	Rajasthan	60625	59308
16	Tamil Nadu	43940	34663
17	Telangana	32782	23506
18	Uttar Pradesh	182348	128811
19	Uttarakhand	19778	17658
20	West Bengal	105210	95750
21	Arunachal Pradesh	6225	6225
22	Assam	59801	52911

23	Manipur	10747	9231
24	Meghalaya	6153	6119
25	Mizoram	2244	2244
26	Nagaland	3980	3980
27	Sikkim	1308	1308
28	Tripura	10275	10275
29	Andaman and Nicobar	720	719
30	Goa	1240	1191
31	Puducherry	582	696
32	Chandigarh	435	439
33	Ladakh	1163	1153
34	Delhi	10488	10833
35	Dadra and Nagar Haveli and Daman and Diu	404	397
36	Lakshadweep	58	56

STATEMENT-II

Details of additional top ups as provided by States and UTs

Sr. No.	State	Additional Honorarium paid to AWWs (per month)	Additional Honorarium paid to AWHs (per month)
1	Andhra Pradesh	7,000	4,750
2	Bihar	2,500	1,750
3	Chhattisgarh	5,500	2,750
4	Gujarat	5,500	3,250
5	Haryana	10,250	5,650
6	Himachal Pradesh	5,500	3,250
7	Jammu and Kashmir	600	300
8	Jharkhand	5,000	2,500
9	Karnataka	7,000	4,500
10	Kerala	8,500	6,750
11	Madhya Pradesh	8,500	4,250
12	Maharashtra	8,500	5,250
13	Odisha	5,500	2,750
14	Punjab	5,500-6,500	2,750-3,250
15	Rajasthan	5,510	3,674
16	Tamil Nadu	3,200	1,850
17	Telangana	9,150	5,550
18	Uttar Pradesh	1,500	750

19	Uttarakhand	4,800	3,000
20	West Bengal	4,500	4,550
21	Arunachal Pradesh	3,000	3,000
22	Assam	2,000	1,000
23	Manipur	1,000	600
24	Meghalaya	3,000	1,000
25	Mizoram	450	500
26	Nagaland	Nil	Nil
27	Sikkim	7,000	4,500
28	Tripura	3,500-5,946	2,750-4218
29	Andaman and Nicobar	7,500	5,750
30	Goa	5,500 -13,500	3,750 - 6,750
31	Puducherry	1,950	2,125
32	Chandigarh	3,600	1,800
33	Ladakh	1,300	650
34	Delhi	6,720	3,360
35	Dadra and Nagar Haveli and Daman and Diu	3,500	1,750
36	Lakshadweep	5,500	4,750

STATEMENT-III

State/ UT-wise Cook-cum-Helpers

S.No.	States/UTs	2024-25		
		Male	Female	Total
1	AandN islands	153	568	721
2	Andhra Pradesh	0	88296	88296
3	Arunachal Pradesh	2011	3742	5753
4	Assam	7473	101170	108643
5	Bihar	85706	159610	245316
6	Chandigarh	64	836	900
7	Chhattisgarh	15090	78330	93420
8	Delhi	9231	11659	20890
9	DNH andDD	61	1096	1157
10	Goa	149	2691	2840
11	Gujarat	30456	65927	96383
12	Haryana	80	29942	30022

13	Himachal Pradesh	3323	18154	21477
14	Jammu and Kashmir	7389	25005	32394
15	Jharkhand	144	79142	79286
16	Karnataka	0	121637	121637
17	Kerala	781	16892	17673
18	Ladakh	170	754	924
19	Lakshadweep	6	14	20
20	Madhya Pradesh	3217	203647	206864
21	Maharashtra	17902	157299	175201
22	Manipur	168	6414	6582
23	Meghalaya	5245	14850	20095
24	Mizoram	790	4093	4883
25	Nagaland	746	3877	4623
26	Orissa	2747	109343	112090
27	Puducherry	471	560	1031
28	Punjab	1182	44018	45200
29	Rajasthan	15384	100019	115403
30	Sikkim	859	1032	1891
31	Tamilnadu	6585	121545	128130
32	Tealangana	6215	47986	54201
33	Tripura	768	11520	12288
34	Uttar Pradesh	19595	352697	372292
35	Uttarakhand	108	25949	26057
36	West Bengal	8031	222202	230233

STATEMENT-IV

State/ UT-wise Honorarium of Cook cum Helper per month

S.No.	States/UTs	Cooks-cum-Helpers - Honorarium Per Month (in Rs)	Additional Honorarium per month to cook-cum- helpers provided by States/ UTs (in Rs.)*
1	Andhra Pradesh	3000	2000
2	Arunachal Pradesh	2000	1000
3	Assam	1500	500
4	Bihar	1650	650
5	Chhattisgarh	2000	1000

6	Goa	1000	0
7	Gujarat	3250	2250
8	Haryana	7000	6000
9	Himachal Pradesh	4500	3500
10	Jharkhand	3000	2000
11	Karnataka	3700	2700
12	Kerala	12000	11000
13	Madhya Pradesh	4000	3000
14	Maharashtra	2500	1500
15	Manipur	1000	0
16	Meghalaya	2000	1000
17	Mizoram	3000	2000
18	Nagaland	1000	0
19	Odisha	2000	1000
20	Punjab	3000	2000
21	Rajasthan	2143	1143
22	Sikkim	1000	0
23	Tamil Nadu	4100-12500	3100-11500
24	Telangana	3000	2000
25	Tripura	2500	1500
26	Uttar Pradesh	2000	1000
27	Uttarakhand	3000	2000
28	West Bengal	2000	1000
29	AandN Islands	1000	0
30	Chandigarh	4500	3500
31	DandN and D and Diu	6461	5461
32	Delhi	1000	0
33	Jammu and Kashmir	1000	0
34	Ladakh	1000	0
35	Lakshadweep	18000-20200	17000-19200
36	Puducherry	10000	9000

*Source-Information received in Annual Work Plan and Budget submitted by States/ UTs

PALLIATIVE CARE CENTRES**2209. SHRI SUBBARAYAN K.:****SHRI SELVARAJ V.:**

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

- (a) whether it is a fact that a study conducted by the Association for Socially Applicable Research in collaboration with NGO Pallium India has found that India has just four palliative care centres for every ten million people, leaving millions battling cancer, chronic illness and terminal conditions without timely pain relief or support and if so, the details thereof;
- (b) whether it is also a fact that most of the large States remain severely underserved, whereas Kerala is a stand-out model with only 2.5 per cent of India's population, it hosts 44.5 percent of all palliative care centres in the country and in contrast Uttar Pradesh has just 12 centres for 17 per cent of the country's population and if so, the details thereof; and
- (c) the measures taken/proposed to be taken by the Government to set up more palliative care centres in the country?

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

- (a) and (b): The National Programme for Palliative Care (NPPC) is being implemented across all 36 States/UTs. At present, palliative care services under

NPPC are functional in around 600 districts. The State-wise information of District Hospitals providing palliative care services, under National Program for Palliative Care (NPPC) is given in the enclosed **Statement-I**. Home based palliative care services are also being delivered by trained Accredited Social Health Activist (ASHA) and Community volunteers.

The State-wise details of Out-patients, In-patients and Home based Palliative Care services under NPPC for the financial year 2024-25 is given in the enclosed **Statement-II**.

(c): Palliative care is one of the 12 essential services delivered at the Ayushman Arogya Mandir (AAM) level, encompassing preventive, promotive, curative, rehabilitative, and palliative care. The government is also leveraging tele-consultation services at AAM to provide access to specialists and implementing community-based initiatives to support care.

ASHAs (Accredited Social Health Activists) and community volunteers are trained to identify bedridden patients and others needing palliative care within the community. They conduct periodic home visits, provide support to patients and families, and help ensure continuity of care by facilitating appropriate referrals. Community Health Officers (CHOs) at the AAMs supervise care and provide regular medical attention, pain management, and emotional support.

STATEMENT-I**Districts covered under the National Program for Palliative Care (NPPC)**

S. No.	Name of State/UT	Total Number of Districts functional as on October 2025
1	Andaman and Nicobar	3
2	Andhra Pradesh	23
3	Arunachal Pradesh	26
4	Assam	35
5	Bihar	6
6	Chandigarh	1
7	Chhattisgarh	14
8	Delhi	1
9	DNH_DD	3
10	Goa	2
11	Gujarat	41 (33 Districts and 8 Municipal corporation)
12	Haryana	18
13	Himachal Pradesh	12
14	Jharkhand	18
15	Karnataka	31
16	Kerala	14
17	Ladakh	2
18	Lakshadweep	1
19	Madhya Pradesh	51
20	Maharashtra	34
21	Manipur	16
22	Meghalaya	11
23	Mizoram	9
24	Nagaland	3
25	Odisha	30
26	Puducherry	0
27	Punjab	4
28	Rajasthan	42
29	Sikkim	4
30	Tamil Nadu	38
31	Telangana	34
32	Tripura	8
33	Jammu and Kashmir	1
34	Uttar Pradesh	23

35	Uttarakhand	13
36	West Bengal	27 + 1 (Kolkata Municipal Corporation)
Total	600	

STATEMENT-II

**State wise Out Patient, In-Patient and Home-Based Palliative Care Services
for the year 2024-25:**

S. No.	State/UT	Number of Patients who availed OPD services	Number of Patients visited at home	Number of Patients who availed IPD services
1	Andaman and Nicobar Islands	2871	2246	189
2	Andhra Pradesh	545312	266675	20483
3	Arunachal Pradesh	4433	899	1617
4	Assam	87836	19545	6812
5	Bihar	573318	37381	4693
6	Chandigarh	2410	296	161
7	Chhattisgarh	252778	46731	15087
8	Delhi	35336	82	4112
9	Goa	2728	1096	214
10	Gujarat	270459	73855	21996
11	Haryana	45316	15801	4515
12	Himachal Pradesh	3281	1552	6298
13	Jammu and Kashmir	45786	6947	7355
14	Jharkhand	23195	5379	2091
15	Karnataka	290681	56009	50985
16	Kerala	1347566	977879	43939
17	Ladakh	3289	2357	1025
18	Lakshadweep	923	386	136
19	Madhya Pradesh	217403	89897	40532
20	Maharashtra	539427	280553	68105
21	Manipur	5790	7744	592
22	Meghalaya	8743	4049	3415
23	Mizoram	7358	7473	475

24	Nagaland	3621	2658	300
25	Odisha	223056	71370	37737
26	Puducherry	12341	2039	193
27	Punjab	19997	5095	2701
28	Rajasthan	71905	3143	9564
29	Sikkim	4596	4598	164
30	Tamil Nadu	521641	258766	31583
31	Telangana	152799	53322	22369
32	Dadra and Nagar Haveli and Daman and Diu	1731	3113	311
33	Tripura	16424	19763	1444
34	Uttarakhand	8108	2444	2535
35	Uttar Pradesh	368834	33832	35477
36	West Bengal	360777	152688	100851
	All India	6082069	2517663	550056

IMPLEMENTATION OF KEY WOMEN SCHEMES

2210. SHRI K. RADHAKRISHNAN:

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

- (a) whether the Government is aware of delays/gaps in the implementation of key schemes such as POSHAN Abhiyaan, One Stop Centres and Beti Bachao Beti Padhao in the country;
- (b) if so, the details of the reasons for the slow utilisation of allocated funds under these schemes during the last three years;
- (c) whether any independent assessment has been conducted to evaluate the impact of these programmes; and
- (d) if so, the details of the steps being taken to ensure effective delivery of services to women and children, especially among rural and marginalised communities?

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

(a) to (d): The Government gives utmost priority to the safety, security, health, education, nutrition and empowerment of all women and children and has adopted multi-pronged approach to address their educational, social and economic empowerment.

Poshan Abhiyaan (erstwhile National Nutrition Mission) was launched in March 2018. Under the 15th Finance Commission, various components like Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission called Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) to address the challenge of malnutrition. The schemes under this mission are universal and self-selecting where there are no entry barriers for any beneficiary to register and receive free services.

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.

Beti Bachao Beti Padhao (BBBP) Scheme is also a component of Sambal vertical under the umbrella Mission Shakti. BBBP Scheme was launched on 22nd January 2015 to help address declining Child Sex Ratio (CSR) and attendant issue of empowerment of girls and women. The scheme tries to create mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders.

Mission Saksham Anganwadi and Poshan 2.0 and Mission Shakti are Centrally Sponsored Scheme and implementation of these scheme lies with the State Governments/UT Administrations. Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

Further, once in a year, the Programme Approval Board (PAB)/ Annual Programme Implementation Plan (APIP) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives, effective delivery of services to women and children 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/UTs from time to time.

NITI Aayog has conducted an evaluation of the schemes of the Ministry of Women and Child Development for Financial Years 2019 to 2024. The study found that One Stop Centre (OSC) and Beti Bachao and Beti Padhao (BBBP) are highly

relevant and effectively addresses key gender challenges through integrated, data-driven services. By prioritizing vulnerable groups and fostering behaviour change through BBBP, the initiative strengthens women's safety and empowerment across the country. In respect of Poshan Abhiyaan, the study found its relevance to be satisfactory for tackling malnutrition in the country.

राजस्थान में अतिरिक्त उर्वरक डिपो

2211. श्रीमती संजना जाटव:

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

- (क) क्या देश में राजसहायता वाले उर्वरकों के वितरण केंद्र पर्याप्त संख्या में न होने के कारण राजस्थान के भरतपुर जिले के किसानों को ऐसे उर्वरक प्राप्त करने के लिए लंबी दूरी तय करनी पड़ती है, जिससे छोटे किसानों पर वित्तीय बोझ बढ़ जाता है; और
- (ख) यदि हां, तो उक्त जिले में स्थापित किए गए या स्थापित किए जाने हेतु प्रस्तावित अतिरिक्त उर्वरक डिपो, सहकारी केंद्रों और ऑनलाइन राजसहायता निगरानी प्रणाली का ब्यौरा क्या है?

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

- (क) और (ख): उर्वरक विभाग का अधिदेश राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। हालांकि राज्य के भीतर जिला स्तर पर उर्वरकों का आकलन और वितरण संबंधित राज्य सरकार द्वारा किया जाता है। तदनुसार, राजस्थान राज्य सरकार ने सूचित किया है कि भरतपुर जिले में, भरतपुर, हिंडन और अलवर रैक केंद्रों से सब्सिडी प्राप्त उर्वरक वितरित किए जाते हैं। सभी अधिकृत वितरक जिला, ब्लॉक, ग्राम पंचायत और यहां तक कि ग्राम स्तर पर संचालित खुदरा दुकानों को उर्वरक

की आपूर्ति करते हैं। किसान अपने निकटतम किसी भी खुदरा दुकान से उर्वरक खरीदने के लिए स्वतंत्र हैं।

आयुष में राष्ट्रीय स्वास्थ्य मिशन

2212. श्री निलेश ज्ञानदेव लंके:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार राष्ट्रीय एक स्वास्थ्य मिशन से संबंधित पहलों में सक्रिय रूप से भाग ले रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) सरकार द्वारा उक्त मिशन के अंतर्गत महाराष्ट्र में क्या विशिष्ट योगदान किया गया है या क्या कार्यक्रम आरम्भ किए गए हैं;
- (ग) क्या सरकार ने इस मिशन के अंतर्गत की जाने वाली पहलों के कार्यान्वयन में भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर), राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी) और राज्य स्वास्थ्य विभागों जैसे हितधारकों के साथ कोई सहयोग किया है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) सरकार द्वारा देश में मानव-पशु-पारिस्थितिकी इंटरफेस पर स्वास्थ्य संबंधी चुनौतियों के समाधान के लिए अन्य क्या कदम उठाए गए हैं?

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

(क): जी हां, भारत सरकार राष्ट्रीय एक स्वास्थ्य मिशन (एनओएचएम) में सक्रिय रूप से भाग ले रही है। इस मिशन की स्थापना फरवरी 2024 में मंत्रिमंडल की मंजूरी के साथ 21वीं प्रधान मंत्री विज्ञान, प्रौद्योगिकी और नवाचार सलाहकार परिषद (पीएम-एसटीआईएसी) की सिफारिश पर की गई थी। मिशन

को भारत सरकार के प्रधान वैज्ञानिक सलाहकार के कार्यालय द्वारा संचालित किया जा रहा है और इसमें आयुष मंत्रालय सहित 16 से अधिक केंद्रीय मंत्रालय/विभाग शामिल हैं। स्वास्थ्य अनुसंधान विभाग (डीएचआर)/भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर), कार्यान्वयन एजेंसी के रूप में कार्य करते हैं। और अधिक विवरण <https://www.psa.gov.in/oneHealthMission> पर प्राप्त किए जा सकते हैं।

(ख): आईसीएमआर के इनपुट के अनुसार, राष्ट्रीय एक स्वास्थ्य मिशन के तहत, महाराष्ट्र के विभिन्न संस्थानों और स्थलों में कई अध्ययनों को वित्त पोषित किया गया है, जो राज्य में अनुसंधान, निगरानी और क्षमता निर्माण संबंधी प्रयासों का समर्थन करते हैं। कुछ प्रमुख पहलें निम्नलिखित हैं:

1. एक स्वास्थ्य कार्यान्वयन के लिए संस्थागत संरचनाओं और शासन का निर्माण: देश भर में निगरानी, अनुसंधान और प्रकोप प्रतिक्रिया के समन्वय के लिए समर्पित राष्ट्रीय स्तर के संस्थान (राष्ट्रीय एक स्वास्थ्य संस्थान, नागपुर) की स्थापना।
2. उच्च-संरोधन प्रयोगशाला नेटवर्क (बीएसएल-3/बीएसएल-4 प्रयोगशालाओं) की स्थापना: महाराष्ट्र में स्थित संस्थान, राष्ट्रीय बीएसएल-3 और बीएसएल-4 प्रयोगशाला नेटवर्क का हिस्सा हैं, जो उच्च-संरोधन निदान और उन्नत रोगाणुओं का पता लगाने में योगदान देता है।
3. अभयारण्यों और आर्द्रभूमि में पक्षी-मानव इंटरफेस निगरानी: उच्च जोखिम वाले एवियन रोगाणुओं का शीघ्र पता लगाने में सक्षम बनाने के लिए महाराष्ट्र सहित राज्यों में चयनित पक्षी अभयारण्यों और आर्द्रभूमि में एक प्रमुख अध्ययन (2025) कार्यान्वित किया गया है।

(ग) और (घ): जी हां, सरकार ने राष्ट्रीय एक स्वास्थ्य मिशन के तहत पहलों को कार्यान्वित करने के लिए, भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर), राष्ट्रीय रोग नियंत्रण केंद्र (एनसीडीसी),

राज्य स्वास्थ्य विभाग, पशुपालन और डेयरी विभाग और अन्य प्रासंगिक संस्थानों सहित प्रमुख हितधारकों के साथ सहयोग स्थापित किया है। और अधिक विवरण <https://www.psa.gov.in/oneHealthMission> पर उपलब्ध है।

(ड): आईसीएमआर से प्राप्त सूचना के अनुसार, राष्ट्रीय एक स्वास्थ्य मिशन के तहत गतिविधियों के अलावा, सरकार ने देश में मानव-पशु-पारिस्थितिकी इंटरफ़ेस में स्वास्थ्य चुनौतियों का समाधान करने के लिए कई कदम उठाए हैं, जो निम्नलिखित हैं:

1. उभरते प्राणी-जनित और वेक्टर-जनित रोगों की निगरानी के लिए एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी)/एकीकृत स्वास्थ्य सूचना मंच (आईएचआईपी) के तहत निगरानी को मजबूत करना।
2. मानव, पशु और पर्यावरणीय क्षेत्रों में रोगाणुरोधी प्रतिरोध (एएमआर) निगरानी नेटवर्क का विस्तार।
3. आयुष मंत्रालय जहां उपयुक्त हो, तर्कसंगत, नॉन-एंटीबायोटिक उपचार विकल्पों को बढ़ावा देता है, अप्रत्यक्ष रूप से एएमआर कटौती- एक प्रमुख एक स्वास्थ्य प्राथमिकता का समर्थन करता है। आयुष अनुसंधान परिषदों ने एएमआर, रोग प्रतिरक्षण और वेक्टर जनित रोगों से संबंधित अनुसंधान अध्ययन किए हैं।
4. इसके अलावा, आयुष वर्टिकल, डीजीएचएस ने राज्यों और संघ राज्य क्षेत्रों में प्रसार के लिए एनसीडीसी के सहयोग से मंकीपॉक्स और हीट वेव पर जन-स्वास्थ्य परामर्श जारी किया है।
5. रोगाणुओं के स्पिलओवर का पता लगाने के लिए वन्यजीव गलियारों, अभयारण्यों और पारिस्थितिक रूप से संवेदनशील क्षेत्रों में निगरानी करना।
6. प्रकोप की जांच, जैव सुरक्षा, निदान और एक स्वास्थ्य दृष्टिकोण में मानव स्वास्थ्य, पशु चिकित्सा, वन्यजीव और पर्यावरण अधिकारियों को प्रशिक्षित करना।

7. उच्च जोखिम वाले रोगाणुरोधी रोगों के लिए टीकों, निदान और चिकित्सा विज्ञान के अनुसंधान और विकास में तेजी लाना। उदाहरण के लिए, वर्तमान में क्यासानूर वन रोग (केएफडी) के लिए टीके और निपा वायरस के लिए मोनोक्लोनल एंटीबॉडी विकसित किए जाने की प्रक्रिया में हैं।
8. उन्नत रोगजनक का पता लगाने और प्रकोप प्रतिक्रिया के लिए बीएसएल-3 और बीएसएल-4 प्रयोगशालाओं का विस्तार।
9. वास्तविक समय के डेटा संग्रह, निगरानी और निर्णय लेने के लिए आईएचआईपी, राष्ट्रीय डिजिटल पशुधन मिशन और भारत पशुधन ऐप जैसे प्लेटफार्मों को कार्यान्वित करना।
10. रोगाणुरोधी जोखिमों और सुरक्षित पशु-देखभाल प्रथाओं पर सामुदायिक जागरूकता बढ़ाना।

EMPANELMENT OF HOSPITALS UNDER AYUSHMAN BHARAT SCHEME

2213. DR. M. P. ABDUSSAMAD SAMADANI:

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

- (a) the criteria and the prescribed process involved for the empanelment of hospitals under the Ayushman Bharat Scheme and the total number of Government and private hospitals currently empanelled across the country, State-wise;
- (b) the details of the treatment categories covered under the said scheme; and
- (c) the steps taken by the Government to raise awareness about the said scheme among senior citizens in rural areas across the country including any collaborations with local Government bodies and community organizations?

THE MINISTER 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 Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), hospital empanelment is a continuous process and is done as per the criteria and process provided under the empanelment guidelines. The detailed guidelines are available at: <https://hem.nha.gov.in/images/309dbcbdaf52d1a4b672.pdf>

As on 31.10.2025, 32,403 hospitals are empanelled under the scheme, including 15,378 private hospitals. The State/UT-wise details of the Empanelled Hospitals are available at: <https://hem.nha.gov.in/search>

(b): AB-PMJAY is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization. Under the latest Health Benefit Package 2022, a total of 1961 procedures across 27 specialties are available, of which 743 are medical procedures and 1218 surgical procedures.

(c): AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements. This includes advertisement over traditional media platforms including newspapers, community radio, through street plays, digital displays, radio campaigns, mass messaging, telecast of beneficiary testimonials etc. State Health Agencies have also engaged a wide network of frontline workers i.e., Accredited Social Health

Activist, Anganwadi Worker who have played pivotal roles in creating mass awareness at the grassroot level. In addition to this the Ayushman Vay Vandana Card beneficiaries may give a missed call to helpline number 1800-110-770 or call at 24x7 call centre (14555) for any assistance/queries. Further, National Health Authority has issued directions to the states to undertake extensive Information, education and communication activities to raise the awareness about the expansion of AB-PMJAY for all senior citizens of the age 70 years and above.

SPECIAL COURTS FOR FINANCIAL FRAUD CASES

2214. SHRI G. M. HARISH BALAYOGI:

SHRI LAVU SRIKRISHNA DEVARAYALU:

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

- (a) whether the Government plans to establish dedicated Special Courts for expeditious trial and disposal of bank fraud cases across the country;
- (b) if so, the details thereof including the proposed structure, jurisdiction and monetary threshold for cases to be taken up by such courts;
- (c) whether the Government has identified specific States or districts for establishment of such special or fast-track courts to deal with bank fraud cases, if so, the details thereof;

- (d) whether consultations have been held with concerned Ministries, the Reserve Bank of India and public sector banks for finalising the operational framework of these courts;
- (e) the present status and timeline for the implementation of the proposal; and
- (f) whether any assessment has been made regarding the pendency and average time taken for adjudication of major bank fraud cases in the country and the impact expected from the proposed Special Courts in reducing such pendency?

**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): No proposal for establishment of dedicated Special Courts for expeditious trial and disposal of bank fraud cases in any part of the country is currently under consideration of the Government of India.

As informed by the Ministry of Corporate Affairs, the Companies Act, 2013 does not contain any provision mandating the establishment of Special Courts exclusively for trying cases related to bank frauds. Further, Department of Financial Services, after consulting the Ministries/Departments, which administer the Acts containing provisions related to Bank frauds, have informed that such Acts have no specific provisions for establishment of Special Courts for Bank fraud cases.

महाराष्ट्र में उर्वरक की उपलब्धता

2215. श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

श्री निलेश ज्ञानदेव लंके:

श्रीमती कलाबेन मोहनभाई देलकर:

डॉ. शिवाजी बंडाप्पा कालगे:

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

- (क) विगत तीन खरीफ और रबी के मौसम के दौरान महाराष्ट्र में यूरिया, डीएपी और अन्य उर्वरकों की कुल आवश्यकता और उपलब्धता का ब्यौरा क्या है;
- (ख) क्या महाराष्ट्र के किसी जिले में कोई कमी दर्ज की गई है;
- (ग) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और किसानों को इनकी समय पर आपूर्ति सुनिश्चित करने के लिए जिला-वार क्या उपाय किए जा रहे हैं; और
- (घ) क्या उर्वरकों के अन्यत्र उपयोग या कालाबाजारी के संबंध में कोई सूचना प्राप्त हुई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा ऐसे कदाचार को रोकने के लिए 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) से (ग): महाराष्ट्र राज्य सहित देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

- (i) प्रत्येक फसल मौसम का प्रारंभ होने से पहले, कृषि और किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- (ii) कृषि और 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 निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब-आधारित निगरानी प्रणाली द्वारा की जाती है।
- (iv) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए विनिर्माताओं और आयातकों के साथ समन्वय स्थापित करें।
- (v) रेल मंत्रालय के साथ नियमित समन्वय बैठकें होती हैं ताकि राज्यों को पर्याप्त रैक मिलें, उर्वरकों को प्राथमिकता दी जाए और रैक की समय पर निकासी कराई जा सके।

हालांकि, राज्य के भीतर जिला स्तर पर उर्वरकों का आकलन और वितरण संबंधित राज्य सरकार द्वारा किया जाता है। तदनुसार, पिछले तीन खरीफ और रबी मौसमों और चल रहे रबी मौसम 2025-26 के दौरान दिनांक 08.12.2025 तक महाराष्ट्र राज्य में यूरिया, डीएपी, और एनपीकेएस की आवश्यकता, उपलब्धता, बिक्री और इनके शेष स्टॉक के संबंध में सूचना संलग्न **विवरण-I** में दी गई है।

(घ): विपथन और कालाबाजारी के मामलों को रोकने के लिए, आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को कथित कदाचारों में

शामिल लोगों के खिलाफ कार्रवाई करने की शक्तियां दी गई हैं। इन कदाचारों के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है। तदनुसार, महाराष्ट्र राज्य से प्राप्त सूचनानुसार, दिनांक 01.04.2025 से दिनांक 28.11.2025 तक की अवधि में इन कदाचारों के खिलाफ महाराष्ट्र राज्य सरकार द्वारा किए गए प्रवर्तन उपाय संलग्न **विवरण-II** में दिए गए हैं।

विवरण-I

महाराष्ट्र में पिछले 3 और वर्तमान मौसम-वार उर्वरकों की आवश्यकता, उपलब्धता और बिक्री

आंकड़े एलएमटी में													
क्र.सं.	मौसम	यूरिया			डीएपी			एमओपी			एनपीकेएस		
		आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री	आवश्यकता	उपलब्धता	डीबीटी बिक्री
1	रबी 2025-26 (08.12.25 तक)	3.65	7.76	3.33	1.10	2.22	1.04	0.51	0.99	0.32	4.58	11.06	4.00
2	खरीफ 2025	15.52	19.11	15.72	4.60	4.66	3.10	1.20	2.39	1.59	18.00	25.29	18.79
3	रबी 2024-25	10.00	17.20	10.88	2.50	3.32	2.51	1.00	2.31	1.10	12.00	19.33	10.45
4	खरीफ 2024	13.73	21.67	15.54	5.00	4.78	3.96	1.30	2.23	1.13	18.00	24.84	18.34
5	रबी 2023-24	10.00	15.86	8.26	2.50	3.47	1.91	1.10	1.32	0.60	11.00	18.18	7.16
6	खरीफ 2023	13.74	18.84	15.22	4.50	7.19	5.46	1.90	1.42	0.82	15.50	23.79	15.88
7	रबी 2022-23	9.79	16.45	10.72	2.50	5.23	3.07	1.30	0.94	0.65	9.50	17.22	8.79
8	खरीफ 2022	15.50	19.62	13.94	5.70	4.94	4.11	3.00	1.21	0.74	14.00	16.87	11.67

1 सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री

विवरण-II

01.04.2025 से 28.11.2025 तक उर्वरकों की कालाबाजारी, जमाखोरी, विपथन को रोकने तथा गुणवत्ता जांच के लिए महाराष्ट्र राज्य सरकार द्वारा की गई कार्रवाई:

अप्रैल 25 से नवम्बर 25 (28.11.2025 तक) तक का संचयी ब्यौरा																	
		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
महाराष्ट्र	44059	16	0	16	0	0	0	1155	1139	37	1	73	1	शून्य	1172	1212	54

महाराष्ट्र में आंगनवाड़ी केंद्र

2216. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

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

- (क) महाराष्ट्र के शहरी क्षेत्रों में कितने आंगनवाड़ी केंद्र स्वीकृत हुए हैं और वर्तमान में कितने कार्यशील हैं;
- (ख) क्या भिवंडी जैसे घनी आबादी वाले क्षेत्रों में आंगनवाड़ी केंद्रों की सेवाएं अपर्याप्त हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है।
- (ग) क्यों सरकार का भिवंडी जैसे क्षेत्रों में नए आंगनवाड़ी केंद्र खोलने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या महाराष्ट्र में आंगनवाड़ी कार्यकर्ता लंबे समय से मानदेय में वृद्धि और पेंशन और ग्रेच्युटी के लाभ की मांग कर रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): महाराष्ट्र राज्य में कुल 1,10,631 कार्यशील आंगनवाड़ी केन्द्रों में से, कुल 19,795 शहरी क्षेत्रों में कार्यशील हैं। इसके अलावा, महाराष्ट्र राज्य के भिवंडी में कुल 786 आंगनवाड़ी केन्द्र कार्यशील हैं, जिनमें से 445 आंगनवाड़ी केन्द्र ग्रामीण क्षेत्रों में कार्यशील और 341 आंगनवाड़ी केन्द्र शहरी क्षेत्रों में कार्यशील हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत सेवाओं की प्रभावी प्रदायगी सुनिश्चित करने के लिए, राज्यों और संघ राज्य क्षेत्रों से अनुरोध करते हुए रिलोकेशन दिशानिर्देश जारी किए गए हैं कि वे अपनी आवश्यकता के अनुसार आंगनवाड़ी केंद्रों के स्थान की समीक्षा करें और उसे तर्कसंगत बनाएं ताकि लक्षित लाभार्थियों को सर्वोत्तम रूप से सेवा प्रदायगी की जा सके।

प्रधानमंत्री जनमन (प्रधानमंत्री जनजातीय आदिवासी न्याय महा अभियान) के तहत, विशेष रूप से कमजोर जनजातीय समूहों (पीवीटीजी) वाले क्षेत्रों में 2,500 आंगनवाड़ी केंद्रों के निर्माण को स्वीकृति दी गई है, जिसमें महाराष्ट्र राज्य में 178 आंगनवाड़ी केंद्र शामिल हैं।

इसके अलावा, मिशन सक्षम आंगनवाड़ी और पोषण 2.0 केंद्र प्रायोजित योजना है। केंद्र सरकार नीति और योजना के लिए जिम्मेदार है, जबकि राज्य सरकारें और संघ राज्य क्षेत्र प्रशासन योजना के कार्यान्वयन के लिए भर्ती के साथ-साथ दैनिक कार्यक्रम कार्यान्वयन हेतु जिम्मेदार हैं।

राज्यों और संघ राज्य क्षेत्रों से नियमित अंतराल पर निरंतर संपर्क और बैठकों के माध्यम से लाभार्थियों, जिनमें बाल लाभार्थी भी शामिल हैं, के कवरेज को अधिकतम करने और योजना के कुशल कार्यान्वयन को सुनिश्चित करने का अनुरोध किया गया है।

आंगनवाड़ी कार्यकर्त्रियाँ और आंगनवाड़ी सहायिकाएं स्थानीय समुदाय की “मानद कार्यकर्ता” होती हैं, जो स्वेच्छा से बाल देखभाल और विकास के क्षेत्र में अपनी सेवाएं प्रदान करने के लिए आगे आती हैं। वे स्थानीय समुदाय की सहायता करने के लिए कार्य करती हैं और इसके लिए उन्हें मासिक मानदेय दिया जाता है।

आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को मानदेय दिया जाता है, जिसे समय-समय पर बढ़ाया जाता है। भारत सरकार ने 1 अक्टूबर 2018 से आंगनवाड़ी केंद्रों में कार्यरत आंगनवाड़ी कार्यकर्त्रियों का मानदेय 3,000 रुपये प्रति माह से बढ़ाकर 4,500 रुपये प्रति माह तथा आंगनवाड़ी सहायिकाओं का मानदेय 1,500 रुपये प्रति माह से बढ़ाकर 2,250 रुपये प्रति माह कर दिया है, जिसे केंद्र और राज्यों/संघ राज्य क्षेत्रों के बीच निर्धारित लागत-साझेदारी अनुपात के अनुसार साझा किया जाता है। इसके अतिरिक्त, राज्य/ संघ राज्य क्षेत्र अपने संसाधनों से इन कर्मचारियों को अतिरिक्त आर्थिक प्रोत्साहन राशि/टॉप-अप भी दे रहे हैं, जो राज्यवार भिन्न-भिन्न है। साथ ही, आंगनवाड़ी कार्यकर्त्रियों

को 500 रुपये और आंगनवाड़ी सहायिकाओं को 250 रुपये प्रति माह का प्रदर्शन-आधारित प्रोत्साहन दिया जाता 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 सशक्त बनाया गया है। पोषण ट्रैकर एक मोबाइल फोन एप्लिकेशन है जिसमें आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले वास्तविक रजिस्ट्रों का डिजिटलीकरण किया गया है। इससे उनके काम की गुणवत्ता में सुधार होता है और साथ ही वे आंगनवाड़ियों में संचालित सभी गतिविधियों की तत्समय निगरानी कर पाती हैं।

आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रोत्साहित करने और प्रेरित करने के लिए, निम्नलिखित सहित विभिन्न पहलें की गई हैं:

- i. पदोन्नति: मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, आंगनवाड़ी कार्यकर्त्रियों के लिए पदोन्नति के अवसरों को बढ़ाया गया है। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष के अनुभव वाली आंगनवाड़ी सहायिकाओं द्वारा भरे जाएंगे और पर्यवेक्षकों के 50% पद 5 वर्ष के अनुभव वाली आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाएंगे, बशर्ते अन्य मानदंड पूरे हों।
- ii. अवकाश: 20 दिन का वार्षिक अवकाश और 180 दिन का सवैतनिक मातृत्व अवकाश, गर्भपात/गर्भस्राव की स्थिति में एक बार 45 दिन का सवैतनिक अवकाश।
- iii. राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रधानमंत्री श्रम योगी मानधन पेंशन योजना के तहत अपना नामांकन कराने के लिए प्रोत्साहित करें, जो देश के असंगठित क्षेत्रों के लिए वृद्धावस्था सुरक्षा सुनिश्चित करने हेतु एक स्वैच्छिक और अंशदायी पेंशन योजना है।

- iv. सामाजिक सुरक्षा बीमा योजनाएं: आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) के तहत 18 से 50 वर्ष की आयु वर्ग में 2.00 लाख रुपये तक का जीवन बीमा (जीवन जोखिम, किसी भी कारण से मृत्यु सहित) और प्रधानमंत्री सुरक्षा बीमा योजना के तहत 18 से 59 वर्ष की आयु वर्ग में 2.00 लाख रुपये (दुर्घटना में मृत्यु और स्थायी पूर्ण विकलांगता) / 1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) तक का दुर्घटना बीमा लाभ प्रदान किया गया है।
- v. सेवानिवृत्ति तारीख: राज्यों और संघ राज्य क्षेत्रों से अनुरोध किया गया है कि वे उचित मानव संसाधन नियोजन सुनिश्चित करने के लिए आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं हेतु समरूप सेवानिवृत्ति तारीख अर्थात् प्रत्येक वर्ष 30 अप्रैल को अपनाएं।
- vi. वित्तीय वर्ष 2024-25 के बजट में की गई घोषणा के अनुसार, आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के तहत सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को 5 लाख रुपये का वार्षिक स्वास्थ्य देखभाल कवरेज प्रदान किया जाएगा।

FRAUD CASES OF CLAIMS UNDER AB-PMJAY

2217. SHRI KALI CHARAN SINGH:

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

- (a) whether the Government has detected cases of fraud, misuse, impersonation or inflated claims under the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) during the last three years across the country;
- (b) if so, the details of fraudulent transactions, including the number of hospitals, beneficiaries and officials found involved, State/UT-wise and year-wise;

- (c) the total amount of fraudulent or irregular claims identified and the amount recovered so far;
- (d) whether the National Health Authority (NHA) has taken action such as de-empanelment, suspension, penalty imposition or filing of FIRs against hospitals engaged in fraudulent practices including recovery of excess payments, if so, the details thereof; and
- (e) the steps taken by the Government to strengthen anti-fraud mechanisms such as AI-based claim scrutiny, real-time risk scoring, audits and biometric verification to prevent misuse of public funds under AB-PMJAY?

THE MINISTER 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): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is governed on a zero-tolerance approach towards fraud. National Anti-Fraud Unit (NAFU) has been established at National Health Authority which works in close coordination with the State Anti-Fraud Units (SAFU) to investigate and take action on cases of fraud. Appropriate action including suspension, issue of show cause notices, warning letter, de-empanelment of hospitals, de-activation of e-cards, levying of penalty on errant hospitals and lodging of FIRs, are taken against fraudulent entities.

As on 15.11.2025, 1184 hospitals have been de-empanelled, penalties amounting to Rs. 231.88 crore have been levied against fraudulent entities and 411 hospitals have been suspended by the States/UTs.

NAFU uses AI/ML-based automated triggers to flag unusual claims such as duplicate entries, inflated procedures or misuse of patient's identity. Regular capacity-building workshops and field-level training sessions are conducted to strengthen the overall anti-fraud framework of AB-PMJAY.

TATA MEMORIAL HOSPITAL FOR CANCER TREATMENT

2218. SHRI VISHALDADA PRAKASHBAPU PATIL:

SHRIMATI BHARTI PARDHI:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI NARESH GANPAT MHASKE:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAVINDRA DATTARAM WAIKAR:

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

(a) whether the Government has taken note of the Tata Memorial hospitals' model for providing affordable, accessible and timely cancer treatment, if so, the details thereof;

- (b) whether the Government proposes to establish similar model hospitals for critical illnesses in other parts of the country, particularly in Tier-2 and Tier-3 cities if so, the details thereof;
- (c) the amount of funds allocated and utilised during the last three years for establishing new super-speciality hospitals or expanding existing ones on the lines of this model across the country, State/UT-wise;
- (d) whether the Government is collaborating with private foundations, trusts or CSR initiatives to replicate this affordable healthcare model, if so, the details thereof;
- (e) the steps taken by the Government to strengthen medical education and recruitment of doctors, surgeons and nurses to ensure adequate staffing in such advanced hospitals; and
- (f) whether a long-term roadmap is planned by the Government to provide advanced, low-cost and timely treatment for critical illnesses in every State across the country, if so, the details thereof?

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

(a) to (c): Ministry of Health and Family Welfare implements Strengthening of Tertiary Care Cancer Facilities Scheme. Under this scheme, one time support for civil work and procurement of equipment is provided for setting up of 19 State

Cancer Institutes (SCI) and 20 Tertiary Care Cancer Centres (TCCC) across the country. Tata Memorial Centre (TMC), a grant-in-aid institution under the Department of Atomic Energy, has established six hospitals across the country in Varanasi, Visakhapatnam, New Chandigarh, Guwahati, Sangrur and Muzaffarpur to provide high quality comprehensive cancer care treatment.

(d) to (f): The following steps have been taken for ease of starting Post-Graduate course, including for Oncology:

- Post Graduate courses can be started with two seats even with two faculties, and without having senior resident.
- Rationalization of bed requirement for formation of unit has been done so that in many specialties the bed requirement for the unit has been reduced.
- Medical college/ institutes can apply for starting the post graduate course (s) one year after the medical college/institution has been permitted to start an undergraduate course (i.e, during the sound year of the undergraduate course) and Government Medical College can start PG course simultaneously with UG Course.

VACANTS POSTS IN MINISTRY**2219. SHRI JAGADISH CHANDRA BARMA BASUNIA****DR. SHARMILA SARKAR**

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

- (a) the number of sanctioned posts and posts filled, including reserved posts in the Ministry of External Affairs, category-wise;
- (b) the number of vacancies in the Ministry since 2014, year and category-wise; and
- (c) the number of contractual employees hired since 2014, year and category-wise?

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

(a) and (b): As on 01 December 2025, the total sanctioned strength of the Ministry across Group A, B, and C Services is 5986. Additionally, the local cadre staff strength in Ministry is 3161. Vacancies arising at various levels in the Ministry are filled by direct recruitment and promotion from feeder cadres. The Ministry also takes officers from other Ministries/Departments on deputation. Professionals and experts are currently hired in the Ministry as Consultants as per requirement. Generally, gaps between the departure of incumbents and the arrival of their successors for different posts are kept to a minimum. However, as deployment

chains often involve several officers, short-term vacancies in HQ or Missions/Posts abroad may arise. It is not possible to determine the exact number of vacancies since this is a continuous process with some officers demitting charge and others assuming charge at different time intervals. The Ministry regularly reviews the requirement of manpower at various levels in Missions and Posts abroad as well as Headquarters, and takes appropriate action, including recruitment of additional officers and staff, through placement of requisite indents with the Union Public Service Commission and the Staff Selection Commission respectively.

(c): The number of contractual employees hired since 2014 year-wise is as follows:

Year	Contractual/hired employees
2014	303
2015	344
2016	369
2017	400
2018	410
2019	421
2020	430
2021	561
2022	647
2023	530
2024	355
2025	343

* The category-wise data is not available with the Ministry.

HPV INCIDENCE AND VACCINES

2220. SHRIMATI BAG MITALI:

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

- (a) the number of cervical cancer cases caused by Human Papilloma Virus (HPV) in the country, State-wise details thereof;
- (b) the details of the domestic and imported HPV vaccines approved for use in the country and their prices (in Rs.); and
- (c) whether the Government plans to take any action against anti-HPV vaccine propaganda 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): As per the Indian Council of Medical Research (ICMR) - National Cancer Registry Programme (NCRP) data, the estimated number of incidence of Cervical Cancer from last five years in the country, State/UT wise is given in the enclosed **Statement**.

Under the Universal Immunization Programme (UIP), 11 vaccines are provided against 12 Vaccine Preventable Diseases (VPDs). Human Papilloma Virus (HPV) vaccine is not a part of the Universal Immunization Programme (UIP). However, the Ministry of Health and Family Welfare has initiated the capacity building exercise of medical and para medical staff for the cervical cancer vaccine.

STATEMENT

The State/UT-wise details of estimated incidence of Cervical cancer cases in India:

State	2019	2020	2021	2022	2023
Jammu and Kashmir UT	612	632	648	666	684
Ladakh UT	15	16	16	16	17
Himachal pradesh	461	474	483	495	506
Punjab	2223	2280	2339	2399	2459
Chandigarh	58	58	60	62	63
Uttaranchal	594	608	624	639	656
Haryana	1486	1536	1580	1630	1678
Delhi	1217	1259	1303	1348	1394
Rajasthan	3620	3721	3822	3927	4034
Uttar pradesh	9793	10046	10301	10559	10825
Bihar	4941	5073	5207	5348	5489
Sikkim	26	26	27	29	29
Arunachal pradesh	68	71	74	75	78
Nagaland	114	116	121	124	127
Manipur	101	103	107	112	117
Mizoram	134	139	143	147	153
Tripura	185	191	194	199	204
Meghalaya	109	111	113	117	123
Assam	1754	1802	1851	1900	1952
West bengal	5534	5679	5823	5971	6119
Jharkhand	1723	1770	1821	1874	1926
Orissa	2595	2656	2717	2778	2844
Chattisgarh	1467	1507	1545	1584	1626
Madhya pradesh	3934	4042	4151	4264	4378
Gujarat	3637	3738	3840	3943	4048
Daman	9	9	9	10	12
Dadra and Nagar Haveli	15	15	15	16	17
Maharashtra	6545	6708	6872	7037	7207
Telangana	2466	2532	2595	2665	2731
Andhra pradesh	3713	3799	3886	3973	4063
Karnataka	4419	4536	4657	4776	4900
Goa	101	104	106	107	109
Lakshadweep	4	4	4	4	6

Kerala	1699	1734	1771	1804	1840
Tamil nadu	7768	7958	8144	8337	8534
Pondicherry	128	133	138	143	148
Andaman and Nicobar Islands	21	23	23	25	25
Total	73289	75209	77130	79103	81121

OPTIMIZATION OF PHARMACEUTICAL REGULATION

2221. SHRI SUNIL DATTATREY TATKARE:

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

- (a) the steps being taken by the Government to ensure efficient monitoring and evaluation regarding compliance with pharmaceutical rules and regulation in the country;
- (b) the details of the data streams from the pharmaceutical sector (such as pricing, sales, prescription, research, etc.) that are combined and monitored by the Government; and
- (c) whether there are any plans to set up a unified body dedicated to monitoring and analyzing data from the pharmaceutical sector to better guide policy making and intervention, 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 National Pharmaceuticals Pricing Policy, 2012 has the objective of putting in place a regulatory framework for pricing of drugs with a view to ensure availability

of essential medicines at reasonable prices. The Drugs (Prices Control) Order, 2013 (“DPCO, 2013”) has been issued based on the principles of NPPP, 2012 and is implemented by the National Pharmaceutical Pricing Authority (NPPA).

In accordance with the provisions of DPCO, 2013, NPPA fixes ceiling prices of scheduled formulations, *i.e.*, medicines included in the National List of Essential Medicines (NLEM) issued by the Ministry of Health and Family Welfare and incorporated in Schedule-I to DPCO, 2013. NPPA also fixes retail prices of new drugs as defined in DPCO, 2013. Further, in case of non-scheduled formulations, manufacturers are not permitted to increase the maximum retail price (MRP) of such formulations by more than 10% of MRP over a period of the preceding 12 months.

In addition, every manufacturer is required to issue a price list and supplementary price list in specified form to dealers, State Drugs Controllers and the Government, indicating reference to prices fixed or revised as aforesaid from time to time.

NPPA monitors compliance with DPCO, 2013 based on the references received from the Price Monitoring and Resource Units set up in States, State Drugs Controllers, NPPA’s Pharma Sahi Daam app, samples purchased from the open market, reports from market database and complaints lodged through various grievance redress channels. Appropriate action is initiated against drugs

manufacturers for any violations after examination, in accordance with the provisions of DPCO, 2013.

Further, the Ministry of Health and Family Welfare has informed that regulatory control over manufacturing, sale and distribution of drugs is exercised through a system of licensing and inspection by State Licensing Authorities (SLAs) appointed by State Governments, while regulatory control over drugs imported into the country is exercised by the Central Government through the Central Drugs Standard Control Organisation (CDSCO). Drugs inspectors are required to inspect the facilities licensed under the Act from time to time, with a view to verify compliance with the provisions of the Drugs and Cosmetics Act, 1940 and the rules made thereunder. Further, joint inspections of licensees are carried out by the drugs inspectors of CDSCO and States on a risk-based approach.

(b): NPPA utilises market-based data such as pricing, sales, quantity, moving average turnover etc. provided by third-party agency. It analyses and monitors the data to perform its core functions of fixation of ceiling/retail price, monitoring, overcharging assessment and overall market surveillance under DPCO, 2013.

(c): No such plan is currently under consideration.

STRESS MANAGEMENT MEASURES FOR WOMEN EMPLOYEES

2222. SHRI VE. VAITHILINGAM:

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

- (a) whether the Government is aware of the increasing levels of anxiety/work-related stress among women employed in high-stress environments in both public and private sectors across the country;
- (b) if so, the details of the specific measures/programmes the Government has implemented/proposes to implement to empower women with effective stress management strategies, including mental health support services, flexible workplace policies and awareness campaigns to promote work-life balance: and
- (c) if not, the reasons therefor along with the steps proposed to address the mental health challenges faced by women employees in demanding workplaces?

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

(a) to (c): “Public Health and Sanitation; Hospitals and Dispensaries” is placed in the State List of the Seventh Schedule to the Constitution of India, which includes mental health. Accordingly, the primary responsibility for provision and delivery of mental-health services, hospitals, community care and rehabilitation rests with the respective State Governments.

However, the Government of India supports the State Government and has put in place a comprehensive, multi-pronged and convergent response that links rights-based mental-healthcare, tele-mental-health access, trauma-informed psychosocial support, statutory workplace protections, employer-led occupational

health measures, gender-sensitive law-enforcement interfaces and socio-economic empowerment programmes in order to prevent, mitigate and manage stress among women across sectors.

The Department of Personnel and Training (DoPT) is the nodal department to issue instructions and guidelines for central government employees on prevention of harassment, gender-sensitisation, personnel management and flexible working arrangements wherever administratively feasible. Such measures, together with awareness campaigns, internal grievance mechanisms and prompt corrective action, contribute to safer work environments and reduction of harassment-related stress.

The Central Government gives highest priority to the safety and security of women and girls and has taken several steps to assist the State Governments/ UT Administrations. These include operationalization of helplines such as Women Helpline -181, Child Helpline - 1098 and Emergency Response Support System (ERSS-112), concept of Zero FIR and e-FIR under the new criminal laws and provision of institutional support to the survivors.

Further, the Mental Health Care Act, 2017 is an act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matter connected therewith or incidental thereto. The said Act also decriminalises attempt to die by suicide, thereby recognising that persons under

severe stress require care and rehabilitation rather than penal action, and provides for registration and regulation of mental health establishments and oversight mechanisms to improve the quality and availability of services.

To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc.

In addition to the above, the Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.81 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services have been added in the packages of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational guidelines and training manuals for various cadres on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat.

Under the tertiary care component of NMHP, under Manpower Development Scheme-A, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties under Manpower Development Scheme-B.

There are 47 Government run mental hospitals in the country, including 3 Central Mental Health Institutions, viz. National Institute of Mental Health and Neuro Sciences, Bengaluru, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam and Central Institute of Psychiatry, Ranchi. Mental Health Services are also provisioned in all AIIMS.

The Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 27.11.2025, 36 States/ UTs have set up 53 Tele MANAS Cells. Tele-MANAS services are available in 20 languages based on language opted by States. More than 29,82,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders. In

addition, a video consultation facility has been introduced under Tele-MANAS, as an upgrade to the existing audio calling service.

Recognising that gender-based violence, harassment and insecurity are major drivers of psychological trauma and chronic stress among women, the Government has established multiple mechanisms to provide immediate protection, holistic support and long-term rehabilitation. One Stop Centre (OSC) component of Mission Shakti Umbrella Scheme, which is fully funded by the central government is 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. 864 OSCs are operational across the country and over 12.67 lakh women have been assisted upto 30th September, 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, 14,649 Women Help Desks (WHDs) have been set up, of which 14,653 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. Further, the Ministry of Women and Child Development also administers scheme “Samarthya” under Mission Shakti in which the component of Shakti Sadan is for relief and rehabilitation of women in difficult circumstances, including psycho-social counselling.

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.

To ensure safety of public places where women work and live, various components under Safe City Projects have been implemented in 8 Cities (namely Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai). To ensure safe transportation for women, rail and road transport projects like Integrated Emergency Response Management System (IERMS), Video Surveillance System at Konkan Railway, Artificial Intelligence (AI) based Facial Recognition System (FRS) integrated with Video surveillance Systems, including Command-and-Control Centre at 7 major railway stations and tabs for safety of women passengers on board the train by Ministry of Railways, and projects like Vehicle Tracking Platform with command and control centre across States/ UTs,

and some State specific projects like Uttar Pradesh Road transport Corporation (UPSRTC), Bengaluru Metropolitan Transport Corporation (BMTTC), Telangana State Road Transport Corporation (TSRTC), etc. by Ministry of Road Transport and Highways, have been implemented.

Bureau of Police Research and Development (BPR and D) has undertaken several initiatives, which, inter-alia include training and skill development programs for Investigation Officers, Prosecution Officers and Medical Officers. BPR and D has also prepared Standard Operating Procedures (SoPs) for 'Women Help Desk at Police Stations' to ensure their smooth functioning. Emphasis has been laid upon appropriate behavioural and attitudinal skills of the police in course of prevention and detection of crime against women and children and interaction with victims of crime.

The Ministry of Women and Child Development has also launched the SHe-Box portal duly encompassing various provisions of 'the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013' (PoSH Act). This portal provides a publicly available centralised repository of information related to Internal Committees (ICs) and Local Committees (LCs) formed across the country, whether in government or private sector. It also provides a common platform to file complaints and track the status of such complaints. The portal includes a feature where complaints registered on it will be automatically forwarded to the IC/ LC of the workplaces concerned within the Central Ministries/

Departments, States/ UTs and in Private sector. The portal provides for designating a nodal officer for every workplace who is required to ensure updation of data/information on a regular basis for real time monitoring of complaints.

In order to encourage employment of women, the four Labour Codes - the 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 have been implemented with effect from 21st November 2025, rationalizing 29 erstwhile labour laws.

On occupational and preventive health, under the Occupational Safety, Health and Working Conditions (OSH) Code, 2020, workplace equality and safety are given strong legal backing. Gender discrimination is explicitly prohibited, ensuring that women and men are treated with equal dignity and opportunity in every establishment. This principle is reinforced through the guarantee of equal pay for equal work, eliminating wage disparities and promoting fairness across all sectors. In a progressive step, women are permitted to work night shifts and in all categories of employment, including underground mining and heavy machinery operations, provided they give their prior consent and employers implement adequate safety measures.

To safeguard worker's health and productivity, the Code caps normal working hours at 8 hours per day and 48 hours per week. While all workers

including women, have been permitted to work overtime only with their consent and mandating payment at twice the regular wage rate. Strengthening the focus on preventive healthcare, the Code also requires employers to provide free annual health check-ups along with maintaining proper health records for employees including women workers subject to fulfilling the prescribed conditions. Together, these provisions formalize worker rights, promote inclusivity, and embed occupational health and safety as a cornerstone of India's labour reforms.

Beyond immediate health, protection and workplace interventions, the Government pursues long-term socio-economic empowerment and resilience building as a critical strategy to address the structural determinants of stress among women. Initiatives under the Skill India and various livelihood and entrepreneurship programmes enhance employability, income security and economic independence for women, thereby reducing financial insecurity-related stress. Social campaigns and flagship programmes like Beti Bachao Beti Padhao, gender equality and social recognition of girls and women, addressing root causes of discrimination and long-term psychosocial burdens. Financial inclusion, micro-credit, self-help group promotion and convergence of women's welfare programmes are further instruments deployed to build economic resilience and reduce chronic stressors.

Implementation of the foregoing central programmes and schemes is carried out in close coordination with State Governments and Union Territory Administrations, which are the primary agencies for health service delivery; the

Central Government supplements State action through policy guidance, capacity building, issuing technical guidelines, funding support under centrally sponsored schemes, periodic monitoring and facilitating inter-sectoral convergence among Ministries such as Health and Family Welfare, Women and Child Development, Home Affairs, Labour and Employment and Personnel.

These measures together seek to prevent and reduce stress, ensure timely access to mental-health care and support services, protect women from violence and harassment, and promote dignity, resilience and well-being across the life cycle.

ओआरएस लेबलिंग का दुरुपयोग

2223. डॉ. संबित पात्रा:

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

- (क) क्या सरकार को जानकारी है कि कई ई-कॉमर्स प्लेटफॉर्म, किराना स्टोर, शॉपिंग मॉल, दवा दुकाने आदि अवैध रूप से फल-आधारित पेय पदार्थ, रेडी-टू-ड्रिंक उत्पाद, इलेक्ट्रोलाइट्स आदि को ओआरएस (ओरल रिहाइड्रेशन सॉल्यूशन) का लेबल लगा कर बेच रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा ऐसे विक्रेताओं के विरुद्ध क्या कार्रवाई की गई है; और
- (ख) क्या सरकार ने ओआरएस लेबलिंग के दुरुपयोग को रोकने के लिए उल्लंघन की स्थिति में निरीक्षण और उपचारात्मक उपायों के लिए कोई कार्य योजना तैयार की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसआई) ने अपने नियामक निगरानी के तहत सभी खाद्य व्यवसाय संचालकों (एफबीओ) को निर्देश जारी किए हैं कि वे "ओरल रिहाइड्रेशन सॉल्यूशन (ओआरएस)" शब्द वाले ब्रांड नाम/उत्पाद नाम को सभी वितरण चैनलों के साथ-साथ ई-कॉमर्स प्लेटफॉर्म से तत्काल प्रभाव से हटा दें।

इसके अनुसरण में, राज्यों/संघ राज्य क्षेत्रों के सभी प्रवर्तन अधिकारियों और एफएसएसआई के क्षेत्रीय कार्यालयों को भी निर्देश जारी किए गए हैं, जिसमें सभी राज्यों/संघ राज्य क्षेत्रों के खाद्य सुरक्षा आयुक्तों और केंद्रीय लाइसेंसिंग प्राधिकरणों को सलाह दी गई है कि वे ऐसे एफबीओ और गैर-कार्बोनेटेड जल-आधारित पेय/फल-आधारित पेय/रेडी टू सर्व/ पेय पदार्थों पर "ओआरएस" शब्द का उपयोग करने वाले भ्रामक खाद्य लेबल के खिलाफ एफएसएस अधिनियम, 2006 और संबंधित विनियमों के प्रावधानों के अनुसार नियामक कार्रवाई शुरू करें।

खाद्य सुरक्षा और मानक (एफएसएस) अधिनियम, 2006 अनुचित व्यापार प्रथाओं पर प्रतिबंध लगाता है, जिसमें भ्रामक विज्ञापनों और दावों पर रोक शामिल है। इसके अलावा, खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसआई) ने भ्रामक दावों, लेबलिंग और विज्ञापनों से संबंधित मुद्दों का समाधान करने के लिए खाद्य सुरक्षा और मानक (विज्ञापन और दावे) विनियम, 2018 को अधिसूचित किया है। यह सुनिश्चित करता है कि खाद्य संबंधी विज्ञापन और दावे सटीक, भ्रामक न हों और खाद्य सुरक्षा मानकों के अनुरूप हों। इन अपेक्षाओं का पालन करना खाद्य व्यवसाय की जिम्मेदारी है। इन विनियमों के किसी भी उल्लंघन पर खाद्य सुरक्षा और मानक अधिनियम, 2006 और उसके बाद बनाए गए विनियमों के प्रावधानों के अनुसार उचित कार्रवाई की जा सकती है।

CHILD MALNUTRITION AND MORTALITY

2224. SHRI PRADYUT BORDOLOI:

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

- (a) the most recent Poshan Tracker Data available on prevalence of stunting, wasting and underweight among children (0-5 years), State-wise;
- (b) the most recent Sample Registration System (SRS) data available on neonatal mortality rate and under -five mortality rate, State-wise;
- (c) the details of the measures being taken by the Government since 2020 under POSHAN Abhiyaan/related schemes to reduce chronic under-nutrition and child mortality, including programme interventions, financial allocations along with the progress achieved therein so far in Assam;
- (d) whether the Government proposes to replicate successful nutritional/health practices observed in low-burden North-Eastern States in Assam, if so, the details thereof along with the outcomes expected within the current plan period and if not, the reasons therefor; and
- (e) whether the Government has identified any unique challenges in said State leading to child malnutrition and mortality, if so, the details thereof?

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

(a): The most recent data on prevalence of stunting, wasting and underweight among children (0-5 years), State-wise, is available at:

<https://www.poshantracker.in/statistics>

(b): Details on Neo Natal Mortality and Under Five Mortality as per the Sample Registration System (SRS) Statistical Report 2023 are given in the enclosed **Statement-I and II**.

(c) to (e): Poshan Abhiyaan was launched in 2018, an overarching scheme for holistic nourishment to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers. Further, to address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (of 14-18 years in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored Mission where the responsibility for implementation of various activities lies with the States and UTs. This Mission is a universal self-selecting umbrella scheme where there are no entry barriers for any beneficiary to register and receive services. This Mission is being implemented across the country including all the North-Eastern States. The objectives of Mission are as follows:

- To contribute to development of human capital in the country;
- Address challenge of malnutrition;

- Promote nutrition awareness and good eating habits for sustainable health and wellbeing

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

Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12).

Further, Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater

emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.

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

Poshan Tracker an ICT tool has been implemented for monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children. It has facilitated near real time data collection for Anganwadi Services such as, daily attendance, ECCE, Delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR-not raw ration), Growth Measurement etc. The App also offers counselling videos on key behaviours and services which help disseminate messages on birth preparedness, delivery, post-natal care, breastfeeding, and complementary feeding.

For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has developed Facial Recognition System (FRS) for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

A total of 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments. A total of 5,407 Anganwadi Centres have been sanctioned for upgradation to Saksham Anganwadi Centres in the States of Assam.

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 (namely, District Officers, Block Coordinators and Supervisors) are trained, and the master trainers further train all Anganwadi Workers in the field. As on 30th November 2025, 8,95,814 AWWs have been trained across the country. A total of 39,882 Anganwadi Workers have been trained in the State of Assam under this initiative.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition

(CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Besides above efforts, 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), which includes interventions to address malnutrition and anaemia across all States/UTs in the country. One of the interventions is Anaemia Mukh Bharat. To address nutritional deficiencies among children across the country, including in the State of Assam, following interventions are implemented by the Ministry of Health and Family Welfare:

- 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 Mukht 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.

The financial allocation done for Mission Saksham Anganwadi and Mission Poshan 2.0 in Assam is given in the enclosed **Statement-III**.

STATEMENT-I

The State wise details of Neo-natal mortality (deaths of live-born infants within the first 28 completed days of life), as per the Sample Registration System (SRS) Report 2023 (based on three-year period 2021–23) of Registrar General of India is as follows:

States	Neo Natal Mortality Rate Total
India	19
Andhra Pradesh	16
Assam	21
Bihar	18
Chhattisgarh	26
Delhi	9
Gujarat	15
Haryana	19
Himachal Pradesh	11
Jammu and Kashmir	10
Jharkhand	20
Karnataka	11
Kerala	4
Madhya Pradesh	27
Maharashtra	11
Odisha	21
Punjab	12
Rajasthan	21
Tamil Nadu	9
Telangana	14
Uttar Pradesh	26
Uttarakhand	14
West Bengal	13

The data is available for India and bigger States/UTs with population of 10 million and above.

STATEMENT-II

The State wise details of Under-five mortality (i.e. the probability that a child born in a given year will die before reaching age 5, expressed per 1,000 live births), as per the Sample Registration System (SRS) Report 2023 (based on three-year period 2021–23) of Registrar General of India is as follows:

States	Under Five Mortality Rate Total
India	29
Andhra Pradesh	21
Assam	33
Bihar	27
Chhattisgarh	41
Delhi	16
Gujarat	23
Haryana	30
Himachal Pradesh	17
Jammu and Kashmir	15
Jharkhand	32
Karnataka	17
Kerala	8
Madhya Pradesh	44
Maharashtra	16
Odisha	35
Punjab	22
Rajasthan	34
Tamil Nadu	13
Telangana	22
Uttar Pradesh	42
Uttarakhand	23
West Bengal	18

The data is available for India and bigger States/UTs with population of 10 million and above.

STATEMENT-III

The detail of funds released to the State of Assam under Mission Saksham Anganwadi and Poshan 2.0 is as follows:

Rupees in Crore

Name of the States/UT	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025
Assam	1,365.53	1,109.75	1,319.90	1,651.63	2,233.31	2,482.34

न्यायिक सेवा हेतु तीन वर्ष की विधिक प्रैक्टिस को अनिवार्य करना

2225. डॉ. आनन्द कुमार गोंडः

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

- (क) क्या सरकार को जानकारी है कि हाल ही में उच्चतम न्यायालय ने न्यायिक सेवा (निचली न्यायपालिका) परीक्षाओं में बैठने के लिए न्यूनतम तीन वर्ष की विधिक प्रैक्टिस अनिवार्य कर दी है ;
- (ख) क्या इस शर्त से महिला अभ्यर्थियों, आर्थिक रूप में कमजोर वर्गों और बिना कानूनी पृष्ठभूमि वाले अभ्यर्थियों के लिए न्यायिक सेवा में प्रवेश करना और अधिक कठिन हो जाएगा,
- (ग) यदि हाँ, तो क्या सरकार इन वर्गों की समस्याओं को ध्यान में रखते हुए एक नया कानून लाकर तीन वर्ष की अनिवार्य विधिक प्रैक्टिस की अवधि को समाप्त या कम करने पर विचार कर रही है ; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो क्या सरकार न्यायिक सेवाओं में समान अवसर सुनिश्चित करने हेतु ऐसे अभ्यर्थियों के लिए कोई वित्तीय सहायता या विशेष सहायता योजना आरम्भ करने पर विचार कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

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

(क) से (घ): सांविधानिक ढांचे के अनुसार, संविधान के अनुच्छेद 233 तथा अनुच्छेद 234 के साथ पठित अनुच्छेद 309 के परंतुक के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए, क्रमिक राज्य सरकार उच्च न्यायालय के साथ परामर्श से निम्नतर न्यायपालिका में न्यायिक अधिकारियों की नियुक्ति तथा भर्ती के संबंध में नियमों और विनियमों को विरचित करती है। अतः, इसलिए संबद्ध विषय-वस्तु केंद्रीय सरकार के कार्यक्षेत्र के अधीन नहीं आती है।

PHARMACOVIGILANCE SYSTEM FOR AYUSH DRUGS

2226. SHRI A. MANI:

SHRI E. T. MOHAMMED BASHEER:

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

- (a) whether the Government has taken specific initiatives to strengthen the pharmacovigilance system for AYUSH drugs, particularly, to ensure the safety, quality and monitoring of adverse drug reactions in rural areas of the country and if so, the details thereof;
- (b) the details of the pharmacovigilance activities currently being implemented in Tamil Nadu including the number of AYUSH hospitals, teaching institutions and peripheral units linked to the National Pharmacovigilance Programme for AYUSH (PVPA);

- (c) whether any dedicated AYUSH pharmacovigilance centres have been established or proposed to be established in Dharampuri district of Tamil Nadu, considering its large rural and tribal population that relies heavily on traditional medicine and if so, the details thereof; and
- (d) the measures taken by the Government to train ASHA workers, rural health personnel and AYUSH practitioners in Dharmapuri district of Tamil Nadu to identify, report and manage adverse drug reactions related to AYUSH formulations 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): Ministry of Ayush is implementing a Pharmacovigilance Program for Ayurveda, Siddha, Unani and Homoeopathy (ASUandH) drugs under its Central Sector Scheme-Ayush Oushadhi Gunvatta evam Utpadan Samvardhan Yojana (AOGUSY). The program operates through a dedicated three-tier network comprising one National Pharmacovigilance Co-ordination Centre (NPvCC), five Intermediary Pharmacovigilance Centres (IPvC) and ninety-seven Peripheral Pharmacovigilance Centres (PPvC) across the country. The All India Institute of Ayurveda (AIIA), New Delhi under Ministry of Ayush serve as the NPvCC for the implementation of the program. All PPvCs routinely report Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and suspected

Adverse Drug Reactions (ADRs) to the respective State/UT Licensing Authorities for necessary action.

To strengthen the pharmacovigilance system for Ayush drugs, Ministry of Ayush has launched an IT enabled online portal “Ayush Suraksha” on 30th May 2025 to capture MLAs/OAs and report Adverse Drug Reactions (ADRs) related to the Ayush medicine. The portal features a centralized dashboard for real-time tracking of suspected ADRs and capturing of MLAs /OAs for prompt regulatory action and comprehensive data analysis.

The portal is aligned with the National Pharmacovigilance Program and integrates data from three tier Pharmacovigilance Centres and forwards complaints to the concerned authorities, including State/UT Licensing Authorities (Ayush) and Central Govt. bodies such as Ministry of Information and Broadcasting (MoIB), Central Consumer Protection Authority (CCPA), National Commission for Indian System of Medicine (NCISM), National Commission for Homoeopathy (NCH), Press Council of India (PCI), Food Safety and Standards Authority of India (FSSAI) for its resolution.

(b): Under pharmacovigilance program for Ayush drugs, one IPvC and 15 PPvCs are functioning in Tamil Nadu to fulfil the objectives of the program. The details of centres are given in the enclosed **Statement-I**.

(c): There is no dedicated Ayush Pharmacovigilance Centres have been established or proposed to be established in Dharampuri district of Tamil Nadu.

(d): The Pharmacovigilance Program for Ayush drugs aims to raise stakeholder awareness, encourage reporting of suspected Adverse Drug Reactions (ADRs), and capturing of Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) in print and electronic media.

In last three-years, total of 631-awareness programs have been conducted by Pharmacovigilance centres in Tamilnadu, wherein 1,02,212 beneficiaries were participated. The details are given in the enclosed **Statement-II**.

STATEMENT-I

The details of the Pharmacovigilance Centres, functional in Tamil Nadu are as follows:

Peripheral Pharmacovigilance Centres (PPvC) in TAMIL NADU			
1	Siddha	IPvC	National Institute of Siddha, Chennai, Tamil Nadu
2	Siddha	PPvC	Siddha Central Research Institute, Chennai, Tamilnadu
3	Siddha	PPvC	Govt. Siddha Medical College, Palayamkottai
4	Siddha	PPvC	Govt. Siddha Medical College, Chennai
5	Siddha	PPvC	AMO, Govt. Hospital Govt. Hospital (Siddha Wing), Perundurai, Erode
6	Siddha	PPvC	Govt. District HQ Hospital (Siddha Wing), Dindigul
7	Siddha	PPvC	Kulumani, Govt. District HQ Hospital (Siddha Wing), Trichy
8	Siddha	PPvC	Govt. District HQ Hospital (Siddha Wing), Cuddalore
9	Siddha	PPvC	Govt. PHC, Valathi (Siddha Wing), Villupuram, Tamil Nadu
10	Siddha	PPvC	Govt. Hospital, Kuzhithurai, Kanyakumari, District, Tamil Nadu
11	Siddha	PPvC	Govt. Hospital, Kamuthi, Ramanathapuram District, Tamil Nadu.
12	Siddha	PPvC	Govt. Theni Medical College Hospital, Theni district Tamil Nadu
13	Siddha	PPvC	Govt. Primary Health Centre, Kayamozhi, Tuticorin, Dist. Tamil Nadu
14	Ayurveda	PPvC	Govt. Ayurveda Medical College, Nagarcoil, Tamil Nadu
15	Unani	PPvC	Regional Research Institute of Unani Medicine, Chennai
16	Homoeopathy	PPvC	Sarada Krishna Homoeopathic Medical College, Tamil Nadu

STATEMENT-II

Details of awareness programs conducted in Tamil Nadu by Pharmacovigilance Centres in last three year are as follows:

Year	Awareness Programs	Beneficiaries
2023	192	20859
2024	249	43781
2025 (upto October 2025)	190	37572
Total	631	1,02,212

SOCIAL SECURITY FOR ASHA WORKERS IN KERALA

2227. DR. SHASHI THAROOR:

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

- (a) whether the Central Government is aware that ASHA workers in Kerala and other States across the country continue to face challenges such as irregular honorarium payments, lack of social-security benefits and inadequate training;
- (b) if so, the details thereof;
- (c) the specific steps the Government has taken/proposes to take to standardize the payment structure, social protection and recognition framework for ASHA workers across States in the country given their critical role in implementing health and social welfare; and

(d) whether the Government plans to introduce a national framework for career progression, insurance and capacity-building for ASHA workers and if so, the timeline fixed for the same?

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

(a) to (d): Health is a State subject, and the primary responsibility for strengthening public healthcare systems, including support for ASHA workers, lies with the respective State/UT Governments.

Under National Health Mission (NHM), the Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope.

ASHAs are envisaged to be community health volunteers and are entitled to task/activity-based incentives. ASHAs receive a fixed monthly incentive for routine and recurring activities and performance-based incentives for a varied set of activities under various National Health Programmes. The incentives are provided as a part of Centrally Sponsored Scheme, 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.

In the year 2018, the ASHA Benefit Package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit ₹ 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; ₹1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms. Also, ASHAs along with their family members are provided with health care annual coverage of ₹ 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

Further, States/UTs including State of Kerala provide additional incentives to ASHA workers over and above provided under NHM from State/UT budget. Based on local needs, geography, and health dynamics, States/UTs may decide to provide appropriate honorarium to ASHAs over and above the support provided under NHM.

The training of ASHAs and community health workers is critical in enhancing their credibility in the community and effectiveness to achieve the desired healthcare outcomes through building knowledge and skills. Training helps workforce to effectively deliver their multiple role as a facilitator, community level health care provider, and health activist.

A cascade model of the training has been adopted for capacity building of ASHAs, wherein national trainers train the State trainers, who further train the district/block level trainers or ASHAs.

Training for Healthcare workforce and frontline health workers is regularly organized and planned in a cascade model. Further, trainings are also organized and conducted by States/UTs through its own funds.

The detailed guidelines related to ASHA workers may be accessed at the following Uniform Resource Locator (URL):

<https://nhm.gov.in/images/pdf/communitisation/asha/Orders-Guidelines/Guidelines for Community Processes 2014 English.pdf>

टेली-मानस हेल्पलाइन को आरम्भ करना

2228. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

श्री अरविंद गणपत सावंत:

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

- (क) क्या सरकार ने छात्रों, महिलाओं और ग्रामीण युवाओं के लिए टेली-मानस हेल्पलाइन आरम्भ की है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है तथा इस हेल्पलाइन के मुख्य उद्देश्य क्या हैं और अब इसे किन-किन राज्यों में आरम्भ किया गया है;
- (ख) क्या सरकार ने इस सेवा को बढ़ावा देने के लिए कोई जन-जागरूकता अभियान चलाया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) विगत तीन वर्षों के दौरान इन अभियानों के माध्यम से महाराष्ट्र में कितने लाभार्थियों ने इस सेवा का लाभ उठाया है;
- (घ) क्या सरकार का इसकी पहुँच को और व्यापक बनाने के लिए शैक्षणिक संस्थानों और पंचायती राज निकायों के साथ सहयोग करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) विगत दो वर्षों के दौरान टेली-मानस जन-जागरूकता और क्षमता-निर्माण कार्यक्रमों हेतु कितनी निधि आवंटित की गई है और वास्तव में कितनी निधि खर्च की गई है?

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

- (क): भारत सरकार ने राष्ट्रीय टेली मानसिक स्वास्थ्य कार्यक्रम (एनटीएमएचपी) के अंतर्गत 10 अक्टूबर 2022 को टेली मानसिक स्वास्थ्य सहायता और राज्यों में नेटवर्किंग (टेली मानस) कार्यक्रम शुरू किया है। टेली मानस टोल-फ्री नंबर 14416 के माध्यम से छात्रों, महिलाओं, ग्रामीण युवाओं और अन्य

अतिसंवेदनशील समूहों सहित सभी व्यक्तियों को निःशुल्क, गोपनीय और 24x7 मानसिक स्वास्थ्य सहायता प्रदान करता है। इस कार्यक्रम के विशिष्ट उद्देश्य इस प्रकार हैं:

- i. देश के प्रत्येक राज्यों और संघ राज्य क्षेत्रों में 24x7 टेली-मानसिक स्वास्थ्य सुविधा केंद्र स्थापित करके, पूरे भारत में किसी भी समय, किसी भी व्यक्ति तक मानसिक स्वास्थ्य सेवाओं की पहुंच को तेजी से बढ़ाना।
- ii. एक पूर्ण विकसित मानसिक स्वास्थ्य सेवा नेटवर्क को कार्यान्वित करना जो परामर्श के अतिरिक्त, एकीकृत चिकित्सा और मनोसामाजिक अंतःक्षेप प्रदान करता है।
- iii. आबादी के अतिसंवेदनशील समूहों और दुर्गम क्षेत्रों तक सेवाओं का विस्तार करना।

दिनांक 27.11.2025 तक की स्थिति के अनुसार, 36 राज्यों/संघ राज्य क्षेत्रों ने 53 टेली मानस प्रकोष्ठ स्थापित किए हैं। टेली मानस सेवाएं राज्यों/संघ राज्य क्षेत्रों द्वारा चुनी गई 20 भाषाओं में उपलब्ध हैं। हेल्पलाइन नंबर पर 29,82,000 से अधिक कॉल का निपटान किया जा चुका है।

सरकार ने विश्व मानसिक स्वास्थ्य दिवस - 10 अक्टूबर, 2024 के अवसर पर टेली मानस मोबाइल एप्लिकेशन का भी शुभारंभ किया है। टेली मानस मोबाइल एप्लिकेशन एक व्यापक मोबाइल प्लेटफॉर्म है जिसे मानसिक स्वास्थ्य संबंधी समस्याओं, जैसे कि आरोग्य से लेकर मानसिक विकारों तक, के लिए सहायता प्रदान करने के लिए विकसित किया गया है। सरकार ने टेली मानस के तहत वीडियो परामर्श सुविधा भी शुरू की है, जो पहले से मौजूद ऑडियो कॉलिंग सुविधा का एक और उन्नत संस्करण है।

(ख): सरकार ने सेवाओं को बढ़ावा देने के लिए कई जन जागरूकता अभियान चलाए हैं। पिछले कुछ वर्षों में, बड़े पैमाने पर कई अभियान आयोजित किए गए हैं, जिनमें आज़ादी का अमृत महोत्सव के अंतर्गत आयोजित कार्यकलाप भी शामिल हैं, जिसके दौरान राज्यों/संघ राज्य क्षेत्रों में छह महीने तक चलने वाला "स्वस्थ मन, स्वस्थ तन" मानसिक स्वास्थ्य अभियान चलाया गया।

इसके अतिरिक्त, मानसिक स्वास्थ्य संवर्धन भारत अंतर्राष्ट्रीय व्यापार मेले (आईआईटीएफ) की एक नियमित विशेषता है, जहाँ प्रत्येक वर्ष एक समर्पित पखवाड़े का जनसंपर्क अभियान चलाया जाता है, जिससे लाखों आगंतुकों तक पहुँचा जा सकता है।

टेली मानस टीमों ने स्कूलों, कॉलेजों, छात्रावासों, आईटीआई, विश्वविद्यालयों, गैर-सरकारी संगठनों, वृद्धाश्रमों, अनाथालयों, स्वास्थ्य सुविधा केंद्रों, कार्यस्थलों और पेशेवर सभाओं में अनेक जागरूकता-सत्र और प्रचार-प्रसार संबंधी कार्यक्रम आयोजित किए हैं। भारतीय रेलवे के लोको पायलटों और उनके परिवारों, आरक्षित पुलिस कर्मियों, आयकर अधिकारियों, नर्सिंग और सामाजिक कार्य के छात्रों और सामान्य परामर्शदाताओं के लिए विशेष पहल की गई हैं, जिनमें इस अवधि के दौरान कई हजार प्रतिभागियों को शामिल किया गया है।

एपेक्स सेंटर इंस्टाग्राम, फेसबुक, ट्विटर, लिंकडइन और यूट्यूब पर एक्टिव ऑफिसियल अकाउंट्स रखता है, जहाँ व्यापक आईईसी संबंधी सामग्री - पोस्ट, रील, वीडियो और स्टोरीज नियमित रूप से साझा की जाती है।

(ग): पिछले तीन वर्षों में महाराष्ट्र में टेली-मानस द्वारा निपटाई गई कॉलों की संख्या वर्ष 2022 में 2848 से बढ़कर वर्ष 2023 में 47067, वर्ष 2024 में 66045 और वर्ष 2025 में 121151 हो गई है (दिनांक 04.12.2025 तक की स्थिति के अनुसार)।

(घ): उच्चतर शिक्षा विभाग से अनुरोध किया गया है कि वे अपने विभाग के अंतर्गत आने वाले शिक्षण संस्थानों में एनटीएमएचपी/टेलीमानस का व्यापक प्रचार-प्रसार करें और छात्रों को तनावपूर्ण और चुनौतीपूर्ण समय में सहायता प्राप्त करने के लिए हेल्पलाइन नंबर साझा करें। राष्ट्रीय महत्व के सभी संस्थानों, एम्स और केंद्रीय सरकारी मेडिकल कॉलेजों से भी अनुरोध किया गया है कि वे छात्रों के बीच टेलीमानस का प्रचार-प्रसार करें ताकि वे निःशुल्क और गोपनीय सहायता के लिए किसी भी समय हेल्पलाइन का उपयोग कर सकें।

सभी राज्यों/संघ राज्य क्षेत्रों से भी अनुरोध किया गया है कि वे अपने-अपने राज्यों/ संघ राज्य क्षेत्रों में एनटीएमएचपी/टेलीमानस का व्यापक परिचालन और प्रचार-प्रसार करें। यह प्रचार-प्रसार विभिन्न माध्यमों जैसे प्रिंट पोस्टर, इलेक्ट्रॉनिक डिस्प्ले, सोशल मीडिया प्लेटफॉर्म आदि के माध्यम से सभी स्वास्थ्य सुविधा केंद्रों/शिक्षण संस्थानों/हॉस्टलों/निजी और सरकारी कार्यस्थलों/कारागारों / अनाथालयों और राज्यों की वेबसाइटों/वेब पोर्टलों पर किया जाना चाहिए ताकि व्यापक जागरूकता सुनिश्चित हो सके।

(ड): राष्ट्रीय टेली मानसिक स्वास्थ्य कार्यक्रम के अंतर्गत वर्ष 2022-23 से 2024-25 तक कुल 230.98 करोड़ रुपये आवंटित किए गए हैं और 140.69 करोड़ रुपये जारी किए गए हैं।

वर्ष 2025-26 और 2026-27 के लिए राष्ट्रीय स्तर पर 5.00 करोड़ रुपये प्रत्येक का एक समर्पित आईईसी बजट स्वीकृत किया गया है, जिसका संचालन शीर्ष संस्थान द्वारा टेली-मानस जन-जागरूकता और संचार संबंधी कार्यकलापों के लिए किया जाएगा। इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्रों को स्थानीय पहुँच के लिए एनएचएम केंद्र प्रायोजित योजना के अंतर्गत आईईसी प्रावधान करने की भी सलाह दी गई है।

SAKSHAM ANGANWADI CENTRES IN KARNATAKA

2229. SHRI E. TUKARAM:

SHRI B. Y. RAGHAVENDRA:

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

- (a) the number of Anganwadi Centres (AWCs) approved for upgradation, actually upgraded, and currently operational as Saksham Anganwadi indicating

the funds allocated, released and utilized during the last three years in Karnataka, district-wise;

- (b) the number of Anganwadi workers and State-level Master Trainers who have been upskilled or trained under the scheme in Karnataka during the said period, district-wise;
- (c) the number of children, pregnant women and lactating mothers presently availing benefits from the upgraded Anganwadi Centres in Karnataka, district-wise;
- (d) the total number of vacancies of Anganwadi workers and helpers in Karnataka, district- wise;
- (e) whether the Government has encountered any delays or implementation challenges in the upgradation of AWCs in Karnataka and if so, the details thereof; and
- (f) whether the Poshan Tracker has been fully implemented and nutrition and service delivery data is available, in said State, 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): The district wise number of Anganwadi Centres (AWCs) approved for upgradation and actually upgraded and currently operational as Saksham

Anganwadi along with funds allocated and released to the State of Karnataka during the last three years is given in the enclosed **Statement-I**.

(b): As on 30.11.2025, 2,149 SLMTs and 16,211 Anganwadi Workers have been trained under Poshan Bhi Padhai Bhi programs in Round 1 in the State of Karnataka.

(c): The district wise details of beneficiaries availing benefits from the upgraded Anganwadi Centres in the State of Karnataka is given in the enclosed **Statement-II**.

(d): The district wise details of vacancies of Anganwadi workers and helpers in State of Karnataka is given in the enclosed **Statement-III**.

(e): No

(f): Poshan Tracker an ICT tool has been implemented across the country including State of Karnataka for monitoring and tracking of infrastructure and service delivery at Anganwadi Centres (AWCs) and beneficiaries on defined indicators. Details of nutrition and service delivery data of all States/UTs including State of Karnataka is available on public dashboard of Poshan Tracker at the link: <https://www.poshantracker.in/statistics> .

25	Shimoga	997	997						
26	Tumkur	338	338						
27	Udupi	183	183						
28	Uttara kannada	208	208						
29	Vijayanagara	753	753						
30	Vijayapur	720	720						
31	Yadagiri	171	171						

STATEMENT-II

As per information received from State the district wise details of beneficiaries availing benefits from the upgraded Anganwadi Centres in the State of Karnataka:

Sl. No.	District	Lactating Mothers	Pregnant Women	Children 0-6M	Children 6M-3Y	Children 3-6Y
1	Bagalkot	2,367	1,684	2,043	10,089	7,000
2	Bangalore Rural	2,535	3,917	2,494	17,362	12,600
3	Belagavi	4,572	5,442	4,508	23,245	19,996
4	Bellary	2,415	3,365	2,044	13,897	9,706
5	Bengaluru Urban	3,836	5,661	3,823	26,764	17,153
6	Bidar	870	1,012	835	4,597	3,253
7	Chamarajanagar	700	828	684	4,096	3,694
8	Chikballapur	2,042	2,496	2,006	11,891	8,819
9	Chikkamagaluru	729	923	726	4,265	3,285
10	Chitradurga	1,310	1,464	1,333	7,460	6,857
11	Dakshina Kannada	6,251	7,108	6,261	32,629	22,155
12	Davanagere	2,839	3,056	2,735	15,218	14,255
13	Dharwad	983	1,136	861	4,692	3,622
14	Gadag	4,306	5,012	4,273	22,698	19,983
15	Hassan	2,162	2,635	2,032	10,892	7,483
16	Haveri	6,757	8,410	6,724	36,327	30,086
17	Kalaburagi	2,392	2,879	2,325	13,398	12,726
18	Kodagu	372	485	380	1,985	1,170
19	Kolar	1,334	1,684	1,575	8,470	6,382
20	Koppal	1,537	1,892	1,526	8,041	7,609

21	Mandya	1,534	1,628	1,508	8,496	5,217
22	Mysuru	4,979	6,019	5,009	28,041	21,445
23	Raichur	1,749	2,078	1,656	10,130	21,862
24	Ramanagara	1,147	1,362	1,188	6,331	4,616
25	Shivamogga	3,418	4,560	3,225	18,720	13,292
26	Tumakuru	1,428	1,795	1,414	7,456	8,800
27	Udupi	649	709	654	2,998	2,331
28	Uttara Kannada	705	774	711	3,657	3,911
29	Vijayanagara	3,849	4,690	3,573	21,352	20,602
30	Vijayapura	4,809	5,783	4,473	22,892	22,660
31	Yadgir	940	1126	916	5576	5,435

STATEMENT III

As per information received from State the district wise details of vacancies of Anganwadi workers and helpers in State of Karnataka:

Sl. No	District	Vacancies of Anganwadi Worker	Vacancies of Anganwadi Helper
1	Bagalkot	25	153
2	Bangalore rural	77	308
3	Ramanagara	72	330
4	Bangalore Urban	63	481
5	Belagavi	36	392
6	Bellary	16	87
7	Bidar	15	207
8	Vijayapura	80	173
9	Chamarajangara	90	220
10	Chikkamagaluru	60	278
11	Chitradurga	62	215
12	Dakshina kannada	42	166
13	Davanagere	86	40
14	Dharawada	11	70
15	Gadaga	16	18
16	Kalaburgi	99	281
17	Yadagiri	62	164
18	Hassan	53	321

19	Haveri	59	164
20	Kolar	89	273
21	Chikkaballapura	41	223
22	Kodagu	46	73
23	Koppala	89	823
24	Mandya	79	352
25	Mysore	45	420
26	Raichur	99	200
27	Shimoga	52	405
28	Tumkuru	94	827
29	Udupi	12	109
30	Uttara kannada	39	234
31	Vijayangara	18	233

RATE OF EXIT OF EMPANELLED HOSPITALS UNDER CGHS

2230. SHRI K. C. VENUGOPAL:

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

- (a) the number of hospitals empanelled under the CGHS, during the last five years in the country, State-wise;
- (b) the rate of exit of such hospitals under CGHS during the last five years in the country, State-wise;
- (c) whether the Government has any plans to include and revise the rates or treatment practices under the CGHS scheme, if so, the details thereof;
- (d) whether the Government has any plan to open CGHS medical centres in each district of a State in the country, if so, the details thereof; and

(e) whether the Government has any plan to introduce cashless treatments in the CGHS medical centres across the country, if so, the details thereof?

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

(a) and (b): The state-wise details of number of Health Care Organisations (HCOs) empanelled under the CGHS and which exited during the last five years, are given in the enclosed **Statement-I** and **Statement-II**, respectively.

(c): Government has notified the revised CGHS package rates, on 03.10.2025 and has made these effective from 13.10.2025.

(d): CGHS wellness centres are made operational on need basis. For opening of a new CGHS Wellness Centre in a new city, there must be minimum 2500 principal cardholders or 6000 beneficiaries. Further, the establishment of a new Wellness Centre is subject to the availability of sanctioned posts and approval of requisite budgetary provisions which falls under the ambit of the Department of Expenditure.

(e): No fee is charged for treatment at CGHS Wellness Centres. Further, cashless CGHS facility is available to Pensioners, Members of Parliament (both former and sitting), Freedom Fighters etc, for availing treatment from CGHS empaneled HCOs.

STATEMENT-I**Number of hospitals empanelled under CGHS during last five years**

Name of State/UT	Years				
	2021	2022	2023	2024	2025 (as on 01.11.2025)
Andhra Pradesh	02	22	30	16	0
Arunachal Pradesh	0	0	0	0	0
Assam	7	10	18	20	21
Bihar	0	7	11	5	6
Chattisgarh	1	2	5	3	4
Goa	0	1	0	0	0
Gujarat	6	10	12	11	13
Haryana	6	5	13	12	38
Himachal Pradesh	0	0	0	0	0
Jharkhand	1	1	10	8	0
Karnataka	0	8	3	7	0
Kerala	5	0	0	9	6
Madhya Pradesh	18	13	15	20	6
Maharashtra	67	37	68	74	30
Manipur	0	0	0	0	1
Meghalaya	0	0	1	0	1
Mizoram	0	0	0	0	0
Nagaland	0	0	0	0	0
Odisha	3	1	0	0	1
Punjab	19	13	6	3	3
Rajasthan	15	15	15	11	31
Sikkim	0	0	0	0	0
Tamil Nadu	3	1	9	11	2
Telangana	3	32	20	18	5
Tripura	0	0	0	1	0
Uttar Pradesh	51	51	93	76	62
Uttarakhand	2	1	4	3	1
West Bengal	21	23	26	35	42
Andaman and Nicobar	0	0	0	0	0
Chandigarh	8	5	0	0	1
Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	0
Delhi	1	3	9	16	189

Jammu and Kashmir	2	1	0	1	1
Ladakh	0	0	0	0	0
Lakshadweep	0	0	0	0	0
Puducherry	0	0	0	0	0

STATEMENT-II

Number of hospitals exited from CGHS empanelment during last five years

Name of State/UT	Year				
	2021	2022	2023	2024	2025 (as on 01/11/2025)
Andhra Pradesh	0	0	0	0	0
Arunachal Pradesh	0	0	0	0	0
Assam	0	0	0	1	0
Bihar	0	0	0	0	3
Chattisgarh	0	0	0	0	0
Goa	0	0	0	1	0
Gujarat	2	3	1	2	2
Haryana	1	1	0	0	1
Himachal Pradesh	0	0	0	0	0
Jharkhand	0	0	0	0	1
Karnataka	4	4	5	0	6
Kerala	0	1	0	0	0
Madhya Pradesh	1	0	2	2	2
Maharashtra	2	1	7	3	5
Manipur	0	0	0	0	0
Meghalaya	1	0	0	0	0
Mizoram	0	0	0	0	0
Nagaland	0	0	0	0	0
Odisha	0	0	0	0	1
Punjab	0	0	0	0	0
Rajasthan	0	4	0	1	0
Sikkim	0	0	0	0	0
Tamil Nadu	4	1	3	1	0
Telangana	0	0	0	0	3

Tripura	0	0	0	0	0
Uttar Pradesh	1	1	1	2	15
Uttarakhand	1	0	0	0	0
West Bengal	0	0	2	0	0
Andaman and Nicobar	0	0	0	0	0
Chandigarh	3	0	0	0	0
Dadra and Nagar Haveli and Daman and Diu	0	0	0	0	0
Delhi	2	4	2	0	3
Jammu and Kashmir	0	0	0	0	0
Ladakh	0	0	0	0	0
Lakshadweep	0	0	0	0	0
Puducherry	0	0	0	0	0

UPGRADATION OF HEALTH CENTRES

2231. SHRI RAJU BISTA:

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

- (a) the number of (Primary Health Centres) PHCs, (Sub-Health Centres) SHCs, (Community Health Centres) CHCs and (Health and Wellness Centres) HWCs in Darjeeling and Kalimpong districts in the State of West Bengal, block-wise;
- (b) the amount of funds allocated for upgradation of PHCs, SHCs, CHCs and HWCs in the said districts since 2019 till date block-wise; and
- (c) the details of work undertaken in this regard and the current status 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 National Health Mission (NHM), the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. 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 functioning in rural and urban areas across all States/UTs, including the districts of Darjeeling and Kalimpong in West Bengal, along with information on available resources, can be accessed at the following URL of Health Dynamics of India (HDI) 2022–23:

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

It is primary responsibility of the State/Union Territories(UTs) to strengthen public healthcare system under their jurisdiction in accordance with requirement and fund availability. However, the Central Government provides assistance to the State/UT Governments in their efforts to provide better health care facilities to people through various schemes. The details of the schemes are as under:

The details of Central Releases to the State of West Bengal under NHM from FY 2019-20 to FY 2025-26 is as under:

Financial Year	Central Release (₹ in Cr)
2019-20	1,749.32
2020-21	1,895.01
2021-22	1,654.26
2022-23	1,252.32
2023-24	890.42
2024-25	688.44
2025-26	522.46 (up to 19.11.2025)

The details of health projects approved for the State of West Bengal including districts of Darjeeling and Kalimpong since 2019 are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=62andlid=75>

- **PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (2021-22 to 2025-26).

Under the CSS Component of PM-ABHIM, administrative approvals have been accorded to the State of West Bengal for an amount of Rs.1309.32 Crores, for construction/strengthening of 385 Building-less Sub-Health Centers (SHC), 204 Urban-Ayushman Arogya Mandir (U-AAM), 23 Integrated Public Health Lab (IPHL) and 22 Critical Care Blocks (CCBs) during the scheme period of FY 2021-22 to

2025-26.

In the district of Darjeeling, 1 IPHL and 1 CCB amounting to Rs. 1.25 crores and Rs. 23.75 Crores have been approved. Whereas in Kalimpong district, 1 IPHL of Rs. 1.25 crores have been approved.

- **15th Finance Commission (FC-XV) Health Grants:** Under Fifteenth Finance Commission (XV-FC) Health Grants, for the State of West Bengal, Rs.4318.63 Crore has been approved for the period of 5 year from FY 2021-22 to FY 2025-26, for establishment/ strengthening of 1551 Building less SHCs, 80 Building less PHCs, 7 Building less CHCs, 341 Block Public Health Units, and 1584 Urban- AAMs.

एनएचएम के अन्तर्गत धनराशि आवंटन

2232. श्रीमती विजयलक्ष्मी देवी:

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

- देश में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अन्तर्गत इसके आरंभ से लेकर अब तक राज्य/संघ राज्यक्षेत्र-वार कितनी धनराशि आवंटित और उपयोग की गई है;
- क्या सरकार का एनएचएम को मजबूत करने और इसे और अधिक प्रभावी बनाने के लिए अतिरिक्त धनराशि आवंटित करने का विचार है;
- यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) समान, किफायती और गुणवत्तापूर्ण स्वास्थ्य परिचर्या सेवाओं तक सार्वभौमिक पहुँच की प्राप्ति के उद्देश्य से राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) कार्यान्वित कर रहा है। सरकार राज्यों/संघ राज्य क्षेत्रों को स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधा-केन्द्रों के लिए पर्याप्त मानव संसाधनों की उपलब्धता, विशेषकर अल्पसेवित और वंचित समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुँच में सुधार करने के लिए तकनीकी और वित्तीय सहायता प्रदान करती है। एनएचएम के तहत कार्यक्रम कार्यान्वयन योजना के रूप में राज्य/संघ राज्य क्षेत्रों की सरकारों से मिले प्रस्तावों के आधार पर, भारत सरकार मापदंडों और उपलब्ध संसाधनों के अनुसार अभिलेखों की कार्यवाही के रूप में प्रस्तावों को मंजूरी देती है। एनएचएम के तहत आवंटन वित्त वर्ष 2021-22 में 31,100.00 करोड़ रुपए से बढ़कर वित्त वर्ष 2025-26 के बजट अनुमान में 37,226.92 करोड़ रुपए हो गया है। एनएचएम के तहत आरंभ से लेकर अब तक, आवंटित की गई, जारी की गई और उपभोग की गई निधि का राज्य/संघ राज्य क्षेत्रवार और वर्ष-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

वित्त वर्ष 2013-14 से वित्त वर्ष 2025-26 तक एनएचएम के तहत राज्य/संघ राज्य क्षेत्रवार केंद्रीय आवंटन, केंद्र द्वारा जारी की गई निधि और व्यय:

(करोड़ रुपए में)

क्र. सं.	राज्य	2013-14		2014-15		2015-16		2016-17		2017-18		2018-19		2019-20	
		केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय
1	अंडमान और निकोबार द्वीप समूह	29.13	29.19	23.60	24.57	37.55	25.91	44.90	28.92	33.94	32.84	18.05	41.49	34.92	41.66
2	आंध्र प्रदेश	926.80	1,092.88	560.73	943.92	659.04	1,105.70	629.55	1,287.04	875.06	1,555.50	1,081.29	1,658.07	1,111.07	1,820.15
3	अरुणाचल प्रदेश	79.33	92.76	140.75	70.84	163.80	147.41	160.60	165.42	261.70	165.75	216.92	168.74	185.95	186.21
4	असम	1,096.52	975.59	898.15	936.90	997.59	1,212.25	1,046.09	1,337.40	1,392.66	1,476.86	1,381.51	1,571.54	1,749.24	1,856.33
5	बिहार	1,259.04	1,629.40	1,296.02	1,575.09	1,269.67	1,731.85	1,040.59	1,619.20	1,557.40	1,820.14	1,409.78	1,788.82	1,510.68	2,842.26
6	चंडीगढ़	11.93	14.89	12.60	15.71	24.66	21.75	21.47	24.57	20.35	31.64	27.06	30.42	22.77	20.97
7	छत्तीसगढ़	370.52	820.03	512.13	727.76	423.31	769.33	586.97	999.33	825.76	1,180.27	875.10	1,138.90	816.07	1,464.47
8	दादरा और नगर हवेली	9.34	9.94	8.75	8.91	14.63	15.79	17.12	17.36	19.14	19.76	23.46	23.15	25.33	23.67
9	दमन और दीव	6.55	8.45	7.03	7.78	10.66	10.14	11.53	10.24	10.67	10.63	11.76	14.67	16.79	11.36
10	दिल्ली	142.36	145.18	167.77	236.38	176.56	150.05	241.98	155.15	268.39	251.37	154.23	156.47	138.74	173.28
11	गोवा	20.36	31.59	28.33	31.81	17.30	25.44	26.13	37.38	26.07	43.28	33.96	46.23	35.47	58.47
12	गुजरात	903.12	1,046.88	940.17	980.98	714.39	1,293.03	863.66	1,395.67	1,221.83	1,593.16	1,038.69	1,793.63	1,110.80	1,864.73

वित्त वर्ष 2013-14 से वित्त वर्ष 2025-26 तक एनएचएम के तहत राज्य/संघ राज्य क्षेत्रवार केंद्रीय आवंटन, केंद्र द्वारा जारी की गई निधि और व्यय:

(करोड़ रुपए में)

क्र. सं.	राज्य	2020-21		2021-22		2022-23		2023-24		2024-25		2025-26		
		केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्र द्वारा जारी की गई निधि	व्यय	केंद्रीय आवंटन	केंद्र द्वारा जारी की गई निधि	व्यय
1	अंडमान और निकोबार द्वीप समूह	36.91	42.68	43.68	31.20	45.26	42.28	37.84	40.71	49.99	44.41	48.68	30.33	16.82
2	आंध्र प्रदेश	1,097.81	2,385.48	1,199.37	2,448.67	1,489.45	1,914.34	1,096.01	2,833.44	1,319.61	2,439.82	1,377.78	663.25	1,016.55
3	अरुणाचल प्रदेश	243.04	209.06	188.53	248.51	233.82	424.78	404.55	399.44	388.86	472.93	401.56	148.81	119.04
4	असम	1,807.48	1,846.86	1,955.93	2,194.36	1,981.83	2,307.00	2,257.06	2,626.87	2,076.25	2,607.54	2,234.72	1,155.91	748.25
5	बिहार	1,814.63	2,415.34	1,748.76	1,905.35	1,586.57	3,717.81	2,032.95	4,010.97	2,367.18	4,466.31	2,666.12	1,290.43	1,924.76
6	चंडीगढ़	22.21	19.52	17.47	26.86	38.09	26.98	30.58	31.85	43.43	37.29	36.28	29.29	14.93
7	छत्तीसगढ़	979.41	1,521.30	969.61	1,833.45	1,195.08	2,152.45	875.80	1,743.79	969.11	1,784.09	1,298.94	291.66	616.71
8	दादरा और नगर हवेली तथा दमन और दीव	36.39	35.74	38.59	45.02	58.28	41.61	39.92	41.96	40.96	40.47	63.17	19.55	9.48
9	दिल्ली	125.73	210.83	127.37	237.79	35.15	298.11	150.54	338.41	240.39	365.44	332.08	192.80	218.23
10	गोवा	34.81	67.43	26.01	60.56	55.42	84.64	48.97	84.53	55.06	95.17	51.29	30.56	58.64
11	गुजरात	1,005.66	1,894.46	1,094.48	1,835.81	1,120.06	2,292.35	1,506.96	4,040.00	1,324.86	3,198.15	1,500.36	906.14	935.55
12	हरियाणा	531.50	829.12	577.07	879.91	681.21	1,185.43	524.01	1,221.41	562.49	1,127.06	639.38	355.70	287.89

13	हिमाचल प्रदेश	441.94	425.58	555.09	525.09	494.65	567.83	470.36	629.76	523.70	654.52	569.74	332.03	142.16
14	जम्मू और कश्मीर	667.46	657.53	459.10	779.61	651.52	917.02	805.22	956.95	1,040.76	1,110.30	1,077.72	443.64	385.05
15	झारखंड	602.80	999.71	640.18	1,176.55	810.30	1,495.17	958.06	1,992.91	964.31	1,986.59	1,230.06	561.22	873.10
16	कर्नाटक	1,232.19	2,320.37	1,274.71	2,200.92	1,246.67	2,376.94	1,187.60	2,741.98	1,295.81	2,478.23	1,440.91	745.90	957.48
17	केरल	788.22	1,457.75	771.47	1,230.96	1,036.76	1,592.96	189.15	1,246.25	1,351.78	1,422.88	927.61	634.99	968.41
18	लक्षद्वीप	7.11	6.99	8.41	7.26	9.97	9.29	3.79	7.10	9.68	10.00	11.54	7.05	2.43
19	मध्य प्रदेश	2,377.14	3,397.82	2,295.66	3,714.92	2,582.10	4,489.15	2,545.68	5,202.61	2,430.91	5,225.77	2,842.59	1,422.94	2,170.79
20	महाराष्ट्र	1,833.59	3,503.62	1,769.67	4,227.31	2,187.13	4,501.75	2,729.30	5,001.70	2,417.95	4,364.86	2,660.98	1,450.08	2,637.40
21	मणिपुर	189.49	112.79	95.59	154.09	61.40	214.69	169.12	159.32	279.16	295.79	287.14	65.49	89.71
22	मेघालय	202.63	213.36	282.46	227.08	261.56	319.08	261.39	305.83	297.95	393.01	280.78	89.65	113.47
23	मिजोरम	143.73	131.36	93.82	153.16	111.82	135.33	134.42	179.84	159.96	174.67	189.98	38.17	50.13
24	नागालैंड	188.21	159.72	126.66	192.16	91.38	161.93	184.84	196.69	204.47	243.60	241.11	89.99	62.38
25	ओडीशा	1,617.63	2,347.24	1,263.07	2,587.72	1,284.69	3,402.50	1,901.77	3,356.68	1,916.79	3,585.01	1,786.27	1,154.08	1,211.24
26	पुदुचेरी	25.55	47.32	21.33	46.36	20.73	48.51	30.80	45.74	26.27	49.27	59.44	14.61	22.01
27	पंजाब	568.14	908.98	349.21	918.96	448.89	1,054.39	91.49	1,428.94	878.21	1,027.72	671.56	387.41	269.35
28	राजस्थान	2,000.58	2,943.21	1,924.95	3,230.01	1,460.80	3,726.21	2,785.46	4,350.63	2,398.62	4,772.33	2,842.92	1,198.46	1,029.47
29	सिक्किम	70.13	52.06	51.86	46.06	73.30	88.69	68.17	75.77	81.67	89.59	97.13	25.13	30.22
30	तमिलनाडु	1,522.71	2,172.33	1,631.91	3,039.39	1,652.24	3,191.84	1,996.06	3,104.16	1,742.67	3,461.74	1,747.97	1,214.08	2,002.96
31	त्रिपुरा	225.91	249.74	217.95	237.24	231.90	287.20	264.31	309.62	268.67	279.35	312.19	157.34	124.85
32	उत्तर प्रदेश	3,772.95	7,080.45	3,235.46	6,210.20	5,133.59	8,828.29	4,928.14	10,572.60	5,853.43	10,377.16	5,583.32	2,569.98	2,690.95
33	उत्तराखंड	583.25	503.53	553.47	606.07	505.01	647.13	711.33	709.79	604.05	760.15	616.80	380.52	287.75
34	पश्चिम बंगाल	1,895.01	2,598.62	1,654.26	2,229.46	1,252.32	3,509.86	890.42	3,641.98	688.44	3,583.07	1,971.36	522.46	719.72
35	तेलंगाना	671.88	1,354.93	725.67	1,556.65	683.77	2,062.93	564.93	1,288.75	1,110.43	1,872.42	960.35	240.14	448.72
36	लद्दाख	91.89	38.56	44.79	62.81	94.95	109.67	120.44	119.67	135.98	150.50	146.49	73.58	53.69

नोट :

- 1) राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) में दो उप-मिशन यानी राष्ट्रीय ग्रामीण स्वास्थ्य मिशन (एनआरएचएम) और राष्ट्रीय शहरी स्वास्थ्य मिशन (एनयूएचएम) शामिल हैं। व्यय विभाग के दिनांक 23.12.2021 के कार्यालय ज्ञापन के अनुसार, वित्त वर्ष 2022-23 से सभी पूल और कार्यक्रमों को “आरसीएच और स्वास्थ्य प्रणाली सुदृढीकरण के लिए फ्लेक्सिबल पूल, राष्ट्रीय स्वास्थ्य कार्यक्रम और शहरी स्वास्थ्य मिशन” के तहत मिलाकर एक कर दिया गया है।
- 2) वित्त वर्ष 2025-26 के लिए आवंटन मूल परिव्यय/बजट अनुमान के अनुसार है।
- 3) वित्त वर्ष समाप्त होने के पश्चात, केंद्रीय आवंटन की कोई प्रासंगिकता नहीं रह जाती है।
- 4) उपर्युक्त जारी की गई निधि केंद्र सरकार अनुदान से संबन्धित हैं और इसमें राज्य का अंशदान शामिल नहीं है। वित्त वर्ष 2025-26 के लिए केंद्र द्वारा जारी की गई निधि दिनांक 19.11.2025 तक अद्यतन की गई है और यह अनंतिम है।
- 5) व्यय में, केंद्र द्वारा जारी की गई निधि , राज्य द्वारा जारी की गई निधि और वर्ष के आरंभ में अव्ययीत शेष संबंधी व्यय शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत किए गए एफएमआर के अनुसार है और अनंतिम है। चंडीगढ़ (दिनांक 31.05.2025 तक अद्यतन) और अरुणाचल प्रदेश, दादरा और नगर हवेली तथा दमन और दीव, पंजाब (दिनांक 31.07.2025 तक अद्यतन), हरियाणा, मध्य प्रदेश, दिल्ली, लक्षद्वीप, (दिनांक 31.08.2025 तक अद्यतन) को छोड़कर, आरसीएच आदि के लिए फ्लेक्सिबल पूल के संबंध में व्यय दिनांक 30.09.2025 तक अद्यतन किया गया है।
- 6) जम्मू और कश्मीर राज्य (जे एंड के) के जम्मू और कश्मीर के संघ राज्य क्षेत्र और लद्दाख के संघ राज्य क्षेत्र में पुनर्गठन के बाद, वर्ष 2020-21 के दौरान लद्दाख के संघ राज्य क्षेत्र को पहली बार एनएचएम निधि आवंटित की गई।

CGHS FACILITIES FOR PENSIONERS OF UT ADMINISTRATIONS**2233. SHRI BISHNU PADA RAY:**

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

- (a) whether it is a fact that the Union Government had any proposal/has decided to extend the Central Government Health Scheme facilities to all the pensioners of Union Territory Administrations in the country at par with the Central Government pensioners;
- (b) if so, the reasons for non-implementation of the said decision in the Union Territory of Andaman and Nicobar Islands till date and the authority responsible for the delay in implementing to the Government's decision; and
- (c) whether the Member of Parliament, Andaman and Nicobar Islands has brought this issue to the attention of the Union Government seeking its early enforcement and if so, the steps taken/proposed to be taken by the Government in this regard?

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

- (a) to (c): Government has decided to extend CGHS medical facilities to the pensioners under Union Territory (UT) Administrations, except the UT of Delhi. The CGHS facilities shall be extended at par with the Central Government pensioners, on payment of requisite subscription fees as per the prevalent CGHS guidelines,

subject to the conditions that the Pensioners of a Union Territory seeking CGHS coverage are not availing medical benefits from any other Government Health Scheme.

The extant norms for opening of a new CGHS Wellness Centre, *inter-alia*, include minimum 2500 principal CGHS Cardholders or 6000 CGHS beneficiaries subject to availability of resources, suitable accommodations, creation of posts of Medical Officers, Pharmacists, Staff Nurse, Clerical Staff *etc.* The sanction of posts and allocation of funds for these Wellness Centres is under the ambit of Department of Expenditure, Ministry of Finance. The minimum financial implication involves a recurring expenditure of Rs.4.8 crore per year and a one-time non-recurring expenditure of Rs.0.75 crore to Rs.1.00 crore for which the approval of Department of Expenditure, Ministry of Finance is required.

POST-COVID PREPAREDNESS IN HEALTH SECTOR

2234. SHRI DEEPENDER SINGH HOODA:

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

- (a) the number of doctors per 1,000 population for each of the last ten years, including the current year and whether such data is centrally maintained;
- (b) if so, the details thereof, year-wise and State/UT-wise;
- (c) the details of budget allocations for the Ministry of Health and Family Welfare during the last ten financial years, including the current year, State/UT-wise;

- (d) the special measures undertaken by the Government post COVID-19 in the country including investments in oxygen plants, ICU/bed capacity, health workforce, digital health and surveillance systems, State/UT-wise; and
- (e) whether any assessments or evaluations have been conducted on preparedness for future health crises, if so, the details and the findings thereof and if not, the reasons therefor?

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

(a) to (e): 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. Budget allocations for the Ministry of Health and Family Welfare during the last ten financial years is given in the enclosed **Statement**.

The Union Ministry of Health and Family Welfare supports all States/UTs in strengthening health systems for better preparedness against future pandemics and public-health emergencies. Assistance includes upgrading health infrastructure, expanding laboratory and surveillance networks, improving medical logistics, and installing Liquid Medical Oxygen (LMO) tanks.

To build long-term national preparedness, the Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), with an outlay of ₹64,180 crore, has been implemented. Key components include establishing/strengthening Integrated Public Health Labs (IPHLs), Block Public Health Units (BPHUs), Critical Care Hospital Blocks (CCBs), and expanding the Integrated Health Information Portal across all States/UTs.

Further, during COVID-19, 1,225 PSA oxygen plants were set up nationwide to enhance oxygen availability. The Ministry conducts periodic mock drills to ensure their regular functioning.

STATEMENT

Budget allocations for the Ministry of Health and Family Welfare during the last ten financial years:

(Rs. in crore in net)

Year	Budget Estimate	Revised Estimate
2015-16	31050.00	32819.00
2016-17	37061.55	38343.33
2017-18	47352.51	51550.85
2018-19	52800.00	54302.50
2019-20	62659.12	62659.12
2020-21	65011.80	78866.00
2021-22	71268.77	82920.65
2022-23	83000.00	76370.40
2023-24	86175.00	77624.79
2024-25	87656.90	86582.48

PENDING CASES IN JUVENILE JUSTICE BOARD

2235. PROF. SOUGATA RAY:

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

- (a) whether the India Justice Report reveals that more than 50% of cases are pending in Juvenile Justice Boards across the country due to acute shortage of staff;
- (b) if so, the details thereof, State-wise;
- (c) whether there is any Central Public Repository of Information on the Juvenile Justice Boards of the country, if so, the details thereof and if not, the reasons therefor; and
- (d) the details of the steps taken so far to fill the existing vacant posts of Juvenile Boards across the country?

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

(a) to (d): The Ministry of Women and Child Development is the nodal Ministry for the administration of the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring safety, security, dignity and well-being of children and is implemented by the States and Union Territories.

Section 4 (1) of the JJ Act, provides that the State Government shall constitute for every district one or more Juvenile Justice Boards (JJBs) for

exercising the powers and discharging its functions relating to children in conflict with law. Further, as per section 106 of JJ Act, 2015, the primary responsibility and execution of the JJ Act, 2015 lies with the States and Union Territories and they are required to ensure effective implementation of the Act.

As per Section 16 of JJ Act, 2015, the Chief Judicial Magistrate or the Chief Metropolitan Magistrate shall review the pendency of cases of the JJB once in every three months, and shall direct the JJB to increase the frequency of its sittings or may recommend the constitution of additional JJBs. The number of cases pending before the JJB, duration of such pendency, nature of pendency and reasons thereof shall be reviewed in every six months by a high level committee consisting of the Executive Chairperson of the State Legal Services Authority, who shall be the Chairperson, the Home Secretary, the Secretary responsible for the implementation of JJ Act in the State and a representative from a voluntary or non-governmental organisation to be nominated by the Chairperson.

Further, the information of such pendency shall also be furnished by the JJB to the Chief Judicial Magistrate or the Chief Metropolitan Magistrate and the District Magistrate on quarterly basis in such form as may be prescribed by the State Government. The District Magistrate may, as and when required, in the best interest of a child, call for any information from all the stakeholders including the JJB.

The Ministry does not maintain repository of cases referred and pending before the JJBs.

The Ministry has issued various guidelines and advisories from time to time for strengthening implementation of JJ Act, 2015 including filling up vacancies in Statutory Structures by the States and Union Territories. The Ministry also regularly engages with the States and Union Territories with regard to implementation of the JJ Act effectively.

PROTECTION OF WOMEN AND CHILDREN

2236. SHRI MURASOLI S.:

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

- (a) whether the Government, in coordination with other concerned Ministries/through collaborations/agreements with major social media platforms, proposes to introduce age restrictions/verification mechanisms for social media usage to protect children from harmful abusive/adult content to ensure a safer and more positive digital environment, if so, the details thereof;
- (b) whether the Ministry is considering Aadhaar/DigiLocker-based verification for social media accounts to enable easier tracking of fake/abusive users/cybercriminals to ensure stringent accountability without compromising privacy, if so, the details thereof;

- (c) the measures being taken to strengthen coordination with social media platforms and law enforcement agencies to curb online harassment, ensure women's safety/promote responsible/positive digital behaviour among women and children; and
- (d) if so, the details thereof

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

(a) to (d): The Government accords highest priority for ensuring the safety and security of children and has undertaken various interventions in this regard. The Ministry of Electronics and Information Technology (MeitY) has informed that it has undertaken several initiatives to strengthen online safety and protection of users recognising that the digital devices and online platforms, while being useful for education, communication, and entertainment, may also lead to risks such as exposure to harmful content, cyberbullying and privacy breaches etc. These include:

- i. The Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021 ("Intermediary Rules, 2021") notified under the Information Technology Act, 2000, which obligates intermediaries to act against unlawful and harmful content, maintain a time-bound grievance redressal mechanism, ensure time-bound removal or takedown of such information, and provide information and assistance

to law enforcement agencies. The unlawful information comprises any information that, among other things, is obscene, pornographic, paedophilic, invasive of another's privacy, insulting or harassing on the basis of gender, racially or ethnically objectionable, or promoting enmity between different groups on the grounds of religion or caste with the intent to incite violence, or harmful to child.

- ii. The Intermediary Rules, 2021 cast due diligence obligations on the intermediaries, including social media intermediaries. Such due diligence obligations includes that the intermediary shall make reasonable efforts by itself to cause its users not to host, display, upload, modify, publish, transmit, store, update or share, among others, any information which is harmful to child or violates any law. Intermediaries are also required to remove information, violative of any law for the time being in force, as and when brought to their knowledge either through a Court order or through a notice by Appropriate Government or its Authorised Agency.
- iii. The Digital Personal Data Protection (DPDP) Act, 2023 has been enacted which expressly provides safeguards for children by requiring the Data Fiduciary to obtain verifiable parental consent before processing any personal data of a child. The Act also prohibits Data

Fiduciary from tracking or behavioural monitoring of children or targeted advertising directed at children.

- iv. MeitY has launched the Information Security Education and Awareness Programme, which focuses on safe and trusted use of cyberspace, online safety, and cyber hygiene.

2. National Commission for Protection of Child Rights (NCPCR) has undertaken following research studies/ issued guidelines, including:

- i. “Effects (Physical, Behavioral and Psycho-Social) of using Mobile Phones and other devices with internet accessibility by children”. The findings of the said research study were shared with concerned Ministries including MeitY and MWCD and the State Commissions for Protection of Child Rights (SCPCR). The study report is available at: https://ncpcr.gov.in/uploads/165650458362bc410794e02_effect1.PDF
- ii. NCPCR has included a section on “Cyber Safety” as part of the NCPCR’s Manual on “Safety and Security of Children in Schools” in the year 2021 which (Manual) was published in the year 2017-18. The said Manual was also shared with Ministry of Education, CBSE and other concerned stakeholders for further dissemination.
- iii. “Being Safe Online”- Guidelines and standard content for raising awareness among children, parents, educators and general public

were issued in the year 2017. The Commission organized sensitization-cum-awareness generation workshops from time to time for concerned stakeholders on the said issue. The guidelines are available at:

https://ncpcr.gov.in/public/uploads/16613370496305fdd946c31_being-safe-online.pdf

- iv. The Commission also prepared Guidelines for prevention of bullying and cyber bullying in schools and conducted 25 Districts level programmes on the said topic in the year 2024-25. The guidelines are available at:

https://ncpcr.gov.in/uploads/1714382687662f675fe278a_preventing-bullying-and-cyberbullying-guidelines-for-schools-2024.pdf

- v. The commission has developed IEC materials on cyber safety which is available on digital platforms viz. YouTube.

- vi. **Recommendation to ad-hoc Committee by NCPCR-** Rajya Sabha constituted an ad-hoc Committee to look into the matter pertaining to the "Alarming issue of pornography on social media and its effect on children and society as a whole". The Commission, after conducting due inquiry into the matter of spreading of porn sites on the internet/web pages which also led to getting information about the related risks to children like online stalking, harassment, grooming etc., submitted its suggestions to the ad-hoc Committee.

- vii. **Meeting on Minors Committing Offences Due to Pornographic Content:** A meeting to address the "Growing issue of criminal offenses committed by minors, allegedly influenced by exposure to pornographic material", was held at NCPCR office on 05.08.2024. Representatives from Indian Cyber Crime Coordination Center (14C) of the Ministry of Home Affairs (MHA), Ministry of Law and Justice (Legislative Department), Department of Telecommunications (DoT), Ministry of Information and Broadcasting (MIB), Ministry of Electronics and Information Technology (MeitY), and Ministry of Women and Child Development (MWCD) participated.
 - viii. **Meeting with Social Media Platforms on Child Rights:** A meeting was convened at the NCPCR office on 13.08.2024 with representatives from social media platforms, including META, Google, YouTube, Snapchat, Sharechat, Reddit, Bumble etc. to deliberate upon various aspects concerned with Child Sexual Abuse Material (CSAM).
3. The Ministry of Education (MoE) introduced the PRAGYATA Guidelines on July 14, 2020, which aim to ensure the safety and academic welfare of students by recommending age- appropriate screen time limits. The guidelines also emphasize the importance of parental involvement in monitoring children's physical and mental well-being, promoting open

communication about internet use, and balancing online activities with offline play and physical exercise.

4. The Central Board of Secondary Education (CBSE) has undertaken several proactive initiatives to address the physical, mental, academic, and social impacts of excessive digital engagement, especially in the post-pandemic era. These include the implementation of PRAGYATA Guidelines to ensure structured and safe digital learning while minimizing screen time, and the publication of a comprehensive Cyber Safety Handbook to promote healthy online habits among students. CBSE has also conducted regular teacher training programs in collaboration with Centre for Development of Advanced Computing (CDAC), focusing on cyber wellness and balanced screen engagement. To further raise awareness, schools are encouraged to observe Cyber Jagrookta Diwas and establish Cyber Clubs that engage students in reflective activities promoting mindful technology use. Additionally, Digital Etiquette Guidelines have been introduced to ensure appropriate online behavior, and there is a strong emphasis on students' mental well-being through activities that foster social interaction and physical activity.
5. The National Council of Educational Research and Training (NCERT) has released a handbook on "Safe online learning in times of COVID-19". The handbook is available at

https://ncert.nic.in/pdf/announcement/Safetolearn_English.pdf

6. The School Health and Wellness Programme (SHWP), a joint initiative of Ministry of Health and Family Welfare (MoHandFW) and Ministry of Education help to foster growth, development and educational achievement of school going children by promoting their health and wellbeing. Two teachers from each school identified and trained as 'Health and Wellness Ambassadors (HWAs)' transact age appropriate, culturally sensitive activity-based classroom sessions for one hour per week to promote joyful learning. Out of the select 11 themes, Safe Use of Internet. Gadgets and Media is one of the important themes which has been incorporated with the objective of developing the knowledge and skills of students to use media and Internet effectively and safely.

उर्वरक की जबरन बिक्री

2237. श्री भाऊसाहेब राजाराम वाकचौरे:

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

- (क) क्या यह सच है कि उर्वरक कंपनियां यूरिया और डीएपी के साथ-साथ विभिन्न अन्य उत्पाद भी विक्रेताओं को जबरदस्ती सौंप देती हैं जो गोदामों में पड़े रहते हैं जिससे व्यापारियों को नुकसान होता है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार को उक्त समस्या के समाधान के लिए जन प्रतिनिधियों तथा विक्रेताओं से अभ्यावेदन प्राप्त हुए हैं;
- (ग) यदि हां, तो विगत तीन वर्षों के दौरान आज तक तत्संबंधी वर्ष-वार ब्यौरा क्या है; और

(घ) सरकार द्वारा इस संबंध में क्या कार्रवाई की गई है/करने 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): आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को कालाबाजारी/अधिक मूल्य-निर्धारण में शामिल लोगों के खिलाफ कार्रवाई करने की शक्तियां दी गई हैं। उर्वरकों की कालाबाजारी/अधिक मूल्य-निर्धारण के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है।

इसके अलावा, उर्वरक विभाग उर्वरकों के साथ अन्य उत्पादों को टैग/बंडल करने को हतोत्साहित करता है। इस संबंध में, राज्य सरकारों को टैगिंग को रोकने के लिए मौजूदा नियमों के अनुसार सख्त कार्रवाई करने का अनुरोध करते हुए नियमित रूप से अर्ध शासकीय पत्र लिखे जाते हैं। इसके अतिरिक्त, उर्वरक कंपनियों को ऐसी गतिविधियों में लिप्त न होने के लिए उपयुक्त निर्देश दिए गए हैं।

DIGITAL READINESS OF AYUSH INSTITUTIONS

2238. SHRI HANUMAN BENIWAL:

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

- (a) the details of the number of AYUSH hospitals, clinics and registered practitioners connected to the Ayushman Bharat Digital Mission (ABDM) platform so far, State/UT-wise and year-wise;

- (b) whether the Government has assessed the digital readiness of AYUSH Institutions and suggested any systemic reforms to his Ministry for their inclusion under ABDM and if so, the details thereof;
- (c) whether the districts such as Nagaur and Didwana-Kuchaman in Rajasthan, which have significant rural AYUSH dependency, have been included in any digital health pilot or outreach programme and if so, the details thereof; and
- (d) the details of the measures being taken by the Government to train and equip AYUSH doctors with the digital infrastructure and technical support required to participate in ABDM?

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

- (a): The details of the number of AYUSH hospitals, clinics and registered practitioners connected to the Ayushman Bharat Digital Mission (ABDM) platform so far, State/UT-wise and year-wise, are given in the enclosed **Statement-I and II**.
- (b): Ministry of Ayush, under the Ayush Grid initiative, has developed several digital platforms, including the Ayush Hospital Management Information System (AHMIS), for adoption across Ayush facilities. AHMIS is compliant with the Ayushman Bharat Digital Mission (ABDM) and supports standardized diagnostics, service delivery, and data management.

The Ayush Grid assesses the digital readiness of Ayush facilities during their phased onboarding on AHMIS, following which, facilities are registered on the ABDM ecosystem through the creation of entries in the Health Facility Registry (HFR) and the Healthcare Professionals Registry (HPR).

(c): The details of ABHA (Ayushman Bharat Health Account), HFR (Health Facility Registry), and HPR (Healthcare Professional Registry) created in Nagaur and Didwana-Kuchaman districts, as on 8th Dec 2025 is mentioned as below:

Name of District	ABHA	Health Facilities Registered	Health Professionals Registered
Nagaur	27,20,000	774	1,620
Didwana-Kuchaman	5,60,000	1,249	1,482

(d): Ministry of Ayush, under the Ayush Grid initiative, is conducting phased training programs to equip Ayush doctors with the necessary digital infrastructure and technical capabilities to participate in the Ayushman Bharat Digital Mission (ABDM). The process begins with virtual sessions conducted in collaboration with the National Health Authority (NHA), focusing on technical orientation, procedural guidance, and facilitation for creating Healthcare Professional Registry (HPR) and Health Facility Registry (HFR) IDs. Subsequently, hands-on training on ABDM-compliant A-HMIS systems is provided to relevant stakeholders, ensuring their readiness to adopt and utilize digital health tools effectively. Further, ABDM actively promotes awareness and capacity building of healthcare stakeholders, including the Ayush system of medicine.

STATEMENT-I**Number of healthcare facilities state-wise and year-wise under Health Facility****Registry:**

S No.	State	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andaman And Nicobar Islands	34	5	-	2	1	8	50
2	Andhra Pradesh	-	26	58	54	315	112	565
3	Arunachal Pradesh	-	-	80	30	94	8	212
4	Assam	-	-	272	33	419	1100	1824
5	Bihar	-	-	235	62	224	525	1046
6	Chandigarh	45	41	-	12	60	172	330
7	Chhattisgarh	-	1	1817	35	331	257	2441
8	Delhi	-	-	118	34	74	178	404
9	Goa	-	-	98	10	117	118	343
10	Gujarat	-	-	712	309	1201	399	2621
11	Haryana	-	-	179	80	192	214	665
12	Himachal Pradesh	-	-	709	22	97	106	934
13	Jammu And Kashmir	-	-	477	301	364	544	1686
14	Jharkhand	-	-	62	17	222	172	473
15	Karnataka	-	-	5150	294	1398	984	7826
16	Kerala	-	-	2326	53	31	59	2469
17	Ladakh	29	-	2	5	15	2	53
18	Lakshadweep	7	-	-	-	9	14	30
19	Madhya Pradesh	-	-	948	232	801	218	2199
20	Maharashtra	-	-	2749	389	2655	2705	8498
21	Manipur	-	-		35	37	45	117
22	Meghalaya	-	-	60	4	7	23	94
23	Mizoram	-	-	5	41	18	4	68
24	Nagaland	-	-	14	5	97	18	134
25	Odisha	-	-	-	2	5	645	652
26	Puducherry	62	13	-	2	5	4	86
27	Punjab	-	-	115	263	668	177	1223
28	Rajasthan	-	-	-	5	4992	1027	6024
29	Sikkim	-	-	10	-	4	6	20
30	Tamil Nadu	-	-	1	6	836	144	987
31	Telangana	-	-	161	65	210	115	551

32	The Dadra And Nagar Haveli And Daman And Diu	83	-	38	26	15	30	192
33	Tripura	-	-	20	68	384	326	798
34	Uttar Pradesh	-	-	77	541	3993	1982	6593
35	Uttarakhand	-	-	92	37	909	561	1599
36	West Bengal	-	-	413	22	15	36	486

STATEMENT-II

Number of healthcare professionals state-wise and year-wise under Healthcare Professional Registry:

S. No.	State Name	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	Total
1	Andaman And Nicobar Islands	34	7	8	4	5	12	70
2	Andhra Pradesh	-	-	27	26	576	165	794
3	Arunachal Pradesh	-	-	40	76	69	43	228
4	Assam	-	-	1	438	570	201	1210
5	Bihar	-	-	1109	826	820	1147	3902
6	Chandigarh	10	12	16	21	59	32	150
7	Chhattisgarh	-	-	33	122	1169	795	2119
8	Delhi	-	-	44	328	244	591	1207
9	Goa	-	-	150	30	292	99	571
10	Gujarat	-	1	285	1056	1820	1106	4268
11	Haryana	-	-	27	95	1268	1409	2799
12	Himachal Pradesh	-	-	64	360	290	299	1013
13	Jammu And Kashmir	-	-	909	587	353	288	2137
14	Jharkhand	-	-	49	187	174	193	603
15	Karnataka	-	-	279	2975	2838	1327	7419
16	Kerala	-	-	2647	572	903	761	4883
17	Ladakh	10	4	3	10	9	3	39
18	Lakshadweep	6	1	7	1	5	6	26
19	Madhya Pradesh	-	-	189	248	1620	505	2562
20	Maharashtra	-	-	1118	2969	8174	7077	19338
21	Manipur	-	-	-	69	71	22	162
22	Meghalaya	-	-	39	39	63	80	221
23	Mizoram	-	-	10	65	69	7	151
24	Nagaland	-	-	-	6	54	32	92

25	Odisha	1	-	3	5	16	10	35
26	Puducherry	50	2	25	7	9	8	101
27	Punjab	-	-	105	1177	601	602	2485
28	Rajasthan	-	-	4	156	505	669	1334
29	Sikkim	-	-	9	4	9	4	26
30	Tamil Nadu	-	-	58	55	466	240	819
31	Telangana	-	-	5	216	225	93	539
32	Dadra And Nagar Haveli And Daman And Diu	26	2	28	11	19	38	124
33	Tripura	-	-	-	11	596	60	667
34	Uttar Pradesh	-	-	86	1144	4520	4431	10181
35	Uttarakhand	-	-	38	256	641	316	1251
36	West Bengal	-	-	1	41	57	167	266

COASTAL COMMUNITY DEVELOPMENT COMPONENT OF SAGARMALA

2239. SHRI APPALANAIDU KALISSETTI:

SHRI TANGELLA UDAY SRINIVAS:

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

- the details of all projects undertaken under the Coastal Community Development (CCD) component of Sagarmala, including nature, implementing agencies and present status, State/UT-wise;
- the number of CCD projects sanctioned, completed and ongoing, along with financial allocation, released and utilized, State-wise and project-wise;
- the details of CCD projects including their status, funds sanctioned, released, utilized, timelines and outcomes in Andhra Pradesh, district-wise;

- (d) whether any pending proposals relating to tourism, fisheries infrastructure, livelihoods, women-led enterprises or maritime skilling are awaiting approval from Government of Andhra Pradesh, if so, the details thereof; and
- (e) the steps being taken to accelerate approval and implementation of CCD projects, particularly in Andhra Pradesh?

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

- (a) to (c): The details of projects under the Coastal Community Development (CCD) pillar of Sagarmala Scheme are given in the enclosed **Statement-I** whereas details of projects in Andhra Pradesh is given in the enclosed **Statement-II**.

- (d): No Sir.

- (e): Review meetings are held with implementing agencies on regular basis for expediting approval, implementation and fund utilization for completion of the projects.

STATEMENT-I

State-wise details of Coastal Community Development Projects funded under Sagarmala Scheme:

[illegible]

[illegible]

Karnataka							
11	Coastal Districts Skill Development Program - Phase II -Karnataka	Skill Development	Sanjeevni Karnataka State Rural Livelihood Promotion Society	Under Implementation	2.18	1.07	0.55
12	Development of Fishing Harbour at Kulai	Fisheries	New Mangalore Port Authority	Under Implementation	196.51	98.25	49.13
13	Development of Hejamadi Kodi Fishing Harbour in Udupi District of Karnataka	Fisheries	Dept. of Fisheries, Karnataka	Under Implementation	138.60	34.65	32.91
14	Third stage expansion including modernisation of the existing fishing harbour of Malpe in Udupi District in Karnataka	Fisheries	Dept. of Fisheries, Karnataka	Completed	50.00	7.94	7.94
15	Modernisation of the existing fishing harbour at Amadalli in Uttara Kannada	Fisheries	Dept. of Fisheries, Karnataka	Completed	19.00	4.68	4.68
16	Coastal Districts Skill Development Program - Phase I -Karnataka	Skill Development	Sanjeevni Karnataka State Rural Livelihood Promotion Society	Completed	1.53	0.76	0.76
Kerala							
17	Coastal Districts Skill Development Program - Phase 2 -Kerala	Skill Development	Kudumbashree - Kerala State Poverty Eradication Mission	Under Implementation	25.46	21.96	7.57
18	Fisheries Harbour at Cochin port	Fisheries	Cochin Port Authority	Under Implementation	169.17	50.00	40.00
19	Construction of Fishing Harbour at Thalai in Kannur District in Kerala	Fisheries	Harbour Engineering Department, Kerala	Completed	35.00	6.90	6.90
20	Construction of Mini Fishing Harbour Chettuva in Thrissur District in Kerala	Fisheries	Harbour Engineering Department, Kerala	Completed	30.00	4.68	4.68

Maharashtra							
21	Coastal Districts Skill Development Program - Phase 2 -Maharashtra	Skill Development	DDUGKY- Govt. of Maharashtra	Under Implementation	15.11	9.17	5.04
22	Modernisation of Sassoon Dock Fishing Harbour	Fisheries	Maharashtra Fisheries Development Corporation	Under Implementation	92.52	23.13	11.56
23	Development of Mallet Bunder Mazgaon Fishing Harbour in Maharashtra	Fisheries	Mumbai Port Authority	Under Implementation	96.60	48.30	45.88
24	Development of Fishing Harbour in Anandwadi- Sindhudurg District	Fisheries	Maharashtra Fisheries Development Corporation	Under Implementation	88.44	12.50	11.25
25	Stage II expansion of Mirkawada Fishing Harbour in Ratnagiri District	Fisheries	Maharashtra Maritime Board	Completed	75.00	17.95	17.95
26	Coastal Districts Skill Development Program - Phase I -Maharashtra	Skill Development	DDUGKY- Govt. of Maharashtra	Completed	5.50	2.18	2.18
27	Centre of Excellence in Maritime and Shipbuilding -CEMS – Maharashtra campus	Technology Centers	Indian Register of Shipping	Completed	191.00	12.48	12.08
28	Development of Fishing Harbour at Karanja in Raigad District	Fisheries	Maharashtra Maritime Board	Completed	149.80	68.51	68.26
Odisha							
29	Coastal Districts Skill Development Program - Phase II -Odisha	Skill Development	Odisha Rural Development And Marketing Society	Under Implementation	22.83	11.21	1.86
30	Upgradation and modernization of Fishing Harbour at Paradip in Odisha	Fisheries	Paradip Port Authority	Under Implementation	99.75	49.88	39.90
31	Construction of fishing harbour at Chandipur	Fisheries	Fisheries Department, GoO	Under Implementation	49.94	12.49	11.86

[illegible]

West Bengal							
42	Setting up of Centre for Inland and Coastal Maritime Technology (CICMT) at IIT Kharagpur, West Bengal	Technology Centers	Indian Institute of Technology, Kharagpur	Under Implementation	69.20	69.20	49.89

STATEMENT-II

District-wise details of Coastal Community Development Projects of Andhra Pradesh funded under Sagarmala Scheme:

S. No.	Project Name	District	Project Status	MoPSW Share (Rs. Cr)	Fund Released (Rs. Cr)	Completion Year	Outcome
1	Modernisation of Visakhapatnam Fishing Harbour	Visakhapatnam	Under Implementation	50.00	40.00	2026	10000 direct and indirect employment including fishermen
2	Coastal Districts Skill Development Program - Phase 2 -Andhra Pradesh	East Godavari and Visakhapatnam	Under Implementation	5.98	5.98	2026	2930 youths trained and 2241 placed
3	Coastal Districts Skill Development Program - Phase I -Andhra Pradesh	East Godavari and Srikakulam	Completed	0.14	0.14	2018	40 youths trained and 36 placed
4	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP-18 out of 24 Labs in AP	Visakhapatnam	Completed	37.52	36.30	2018	21000 students trained
5	Development of Fishing Harbour in Juvvaladinne in SPSR Nellore District in the State of Andhra Pradesh.	SPSR Nellore	Completed	69.14	69.14	2025	1250 vessels supported and 6100 fishermen benefitted

TRAUMA CARE PROGRAMME

2240. SHRI TANGELLA UDAY SRINIVAS:

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

- (a) whether the Government provides funds for the establishment and operationalisation of trauma care facilities under the Tertiary Care Programme or any other schemes in the country;
- (b) if so, the details of such funding, including the total amount of funds allocated, released and utilized during the last five years, scheme-wise and State/UT-wise;
- (c) the details of the number and location of trauma care facilities sanctioned, under construction and operational during this period in the country, State/UT-wise and district-wise;
- (d) whether there are any pending proposals from the State of Andhra Pradesh for establishing trauma care facilities, if so, the details thereof along with the reasons for delay and expected timelines for approval and operationalisation of such facilities, district-wise;
- (e) the number of patients treated in these trauma care facilities annually during the last five years in the country, State/UT-wise and facility-wise; and
- (f) the steps taken by the Government to monitor the functioning, quality of care and impact of these trauma care facilities on emergency health outcomes across the country?

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

(a) to (f): National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMT and BI) is a Centrally Sponsored Scheme under the Tertiary Care Programme. During 11th Five Year Plan (2007-2012) and 12th Five Year Plan (2012-2017) under the scheme, total 196 Trauma Care Facilities (TCFs) were sanctioned in Government Hospitals/ Medical Colleges across the country. The overall objective of the scheme is to bring down preventable deaths due to road accidents by developing a Pan-India trauma care network. List of the 196 TCFs is given in the enclosed **Statement**.

Further, in the current scheme, there is no provision of identification of new trauma care facilities. No proposal from the State of Andhra Pradesh is under consideration for establishment of new TCFs. The financial support is in terms of release of the balance share of Central assistance within the total approved cost of the approved facilities/units. Emphasis is now more on capacity building of doctors and paramedical staff on trauma management.

Health is a state subject. The details of the patients treated at trauma care facilities are maintained at state level. Further, State has to monitor the functioning, quality of care and impact of trauma care facilities.

STATEMENT

List of the 196 Trauma Care Facilities (TCFs)

S. No.	Name of State	Name of Trauma Care Facilities	Level
1	Andhra Pradesh	Govt. General Hospital and Medical College, Kurnool	II
2		Community Hospital, Penukonda	III
3		Taluk Hospital, Tekkali	III
4		District Hospital, Srikakulam	II

5		King George Hospital/Andhra Medical College, Visakhapatnam	II
6		Tuni taluk Hospital, east Godavari District	III
7		District Hospital, Rajahmundry, East Godavari	II
8		District Hospital, Eluru, West Godavari	III
9		Medical College, Guntur	II
10		District Hospital, Ongole	III
11		Dist Hospital, Nellore	II
12		Taluk Hos. Nayadupet	III
13		Dist. Hospital Anantpur	II
14		General Hospital Kakinada	II
15	Andaman and Nikobar	Dr. R P Hospital, Mayabunder	III
16	Arunachal Pradesh	General Hospital, Bomdila	III
17		District Hospital, Roing	III
18		District Hospital, Tezu	III
19		District Hospital, Khonsa	III
20	Assam	Medical College and Hospital, Silchar	II
21		Civil Hospital, Haflong	III
22		Civil Hospital, Diphu	III
23		District Hospital, Nagaon	II
24		Medical College and Hospital, Guwahati.	II
25		District hospital, Nalbari	III
26		Civil Hospital, Bogaigaon	III
27		Civil Hospital, Kishanjanj	III
28	Bihar	District Hospital, Purnia	II
29		Civil Hospital, Madhepura	III
30		Darbhang Medical College Hospital, Dharbhanga	II
31		S.K. Medical College Hospital, Muzaffarpur	II
32		Civil Hospital, Gopalgang	III
33		Civil Hospital, Jhanjarpur	III
34		Sadar Hospital, Sasaram, Rohtas	III
35		AN Magadh Medical College Hospital, Gaya	II
36		BR Ambedkar Memorial Hospital, Raipur	II
37	Chhattisgarh	Chhattisgarh Institute of Medical Sciences, Bilaspur	II
38		Govt. Komaldeo District Hospital, Kanker	III
39		District Hospital, Raigarh	III

40		Baliram Kashyap Memorial Medical College, Jagdalpur	II
41		District Hospital, Ambikapur	III
42	Dadar and Nagar Haveli	CHC Khanvel	III
43	Goa	Govt. Medical College, Goa	I
44	Gujarat	Civil Hospital, Palanpur	II
45		Civil Hospital, Radhanpur	III
46		General Hospital, Morbi	II
47		Pt. Deen dayal Upadhyaya Hospital, Rajkot	II
48		CHC, Jetpur	III
49		General Hospital, Porbandar	II
50		General Hospital, Valsad	II
51		Govt. Medical College, Surat	II
52		District Hospital, Bharuch	III
53		SSG Hospital and Medical College, Vadodara	II
54		District Hospital, Himmat Nagar	III
55		SA Hospital Bhachau, Kutch	III
56		Guru Govind Singh Hospital Jamnagar	II
57		Sir Takhtsinh General Hospital and Govt. Medical College, Bhavnagar	II
58		District Hospital, Veraval	III
59	Haryana	Dist. Hospital, Ambala	II
60		District Hospital, Rewari	III
61		BSS General Hospital, Panipat	III
62	Himachal Pradesh	District Hospital, Chamba	III
63		Regional Hospital Hamirpur	III
64		RP Medical College, Tanda,	II
65		Zonal Hospital Mandi	III
66		Regional Hospital Rampur, Shimla	III
67		IGMC Govt. Hospital, Shimla, Himachal Pradesh	I
68	Jammu and Kashmir	MMAM District Hospital, Anantnag	III
69		Trauma Hospital, Ramban, Doda	III
70		Govt. District Hospital, Udhampur	II
71		District Hospital, Kupwara	III
72	Jharkhand	Patliputra Medical College, Dhanbad	II

73		District Hospital Koderma	III
74		Sadar Hospital Daltanganj	III
75		District Hospital, Gumla	III
76	Karnataka	Tumkur District Hospital	III
77		Taluq Hospital, Sira	III
78		Civil Hospital, Chitradurga	II
79		Civil Hospital, Devangiri	III
80		Karnataka Institute of Medical Science, Hubli, Dharward	II
81		District Hospital, Haveri	III
82		District Hospital, Belgaum	III
83		District Hospital, Chickbalapur	III
84	Kerala	Govt. Medical College, Alappuzha	II
85		General Hospital, Ernakulam	III
86		District Hospital, Kannur	III
87		District Hospital Palakkad	II
88		Govt. Medical College Hospital, Kozhikode	I
89		Government Medical College and Hospital, Thiruvananthapuram	II
90	Ladakh	S.N.M. Hospital, Leh	III
91	Madhya Pradesh	Civil Hospital, Shivpuri	II
92		G R Medical College Hospital, Gwalior	II
93		DH Narsimhapur	III
94		DH Sagar	II
95		DH Seoni	III
96	Maharashtra	GMCH, Kolhapur	II
97		District Hospital, Satara	III
98		BJ Medical College, Pune	II
99		Municipal Hospital, Vashi	III
100		Sub District Hospital Dhanu, Thane	III
101		Sub District Hospital, Hinganghat, Wardha	III
102	Manipur	Regional Institute of Medical Sciences, Imphal	I
103		District Hospital, Churachandpur	III
104		District Hospital Senapati	III
105		District Hospital Bishunpur	III
106		Thoubal District Hospital	III
107		Chandel District Hospital	III

108	Meghalaya	Civil Hospital, Tura	III
109		Civil Hospital Nongpoh	III
110		Civil Hospital Shillong	II
111	Mizoram	Civil Hospital, Aizawl	II
112		District Hospital, Lawngtlai	III
113		District Hospital, Saiha	III
114		District Hospital, Lunglei	III
115		District Hospital Kolasib	III
116		District Hospital Champhai	III
117		District Hospital Serchhip	III
118	Nagaland	District Hospital, Tuensang	III
119		District Hospital, Kiphiri	III
120		District Hospital, Mon	III
121		Naga Hospital Kohima	II
122		District Hospital, Dimapur	III
123	Odisha	District Hospital, Balasore	II
124		District Hospital, Bhadrak	III
125		SCB Medical College, Cuttack	I
126		District Hospital, Khurda	III
127		MKCG Medical College, Behrampur	II
128		District Hospital, Puri	III
129	Punjab	Sub-District Hospital, Pathankot	III
130		District Hospital, Jalandhar	II
131		District Hospital, Khanna	III
132		District Hospital Fazailka	III
133		District Hospital Ferozpur	III
134	Rajasthan	Government Hospital, Baran	III
135		New Medical College Hospital, Kota	II
136		SS Hospital, Chittorgarh	III
137		RNT Medical College, Udaipur	II
138		District Hospital, Bhilwara	III
139		JLN Medical College, Ajmer	II
140		SMS Medical College, Jaipur	II
141		Taluk Hospital, Kotputli	III
142		Govt. Hospital, Sirohi	III
143		Civil Hospital Dungarpur.	III
144	Sikkim	District Hospital Namachi	III

145		District Hospital, Singtam	III
146		District Hospital, Mangan	III
147		STNM Hospital Gangtok	II
148	Tamil Nadu	Kilpauk Medical College, Chennai	II
149		GMC, Vellore	II
150		Taluk Hospital, Krishnagiri	III
151		Govt. District Hqr. Hospital, Karur	III
152		District Hospital, Dindigul	II
153		Govt. Rajaji Hospital Medical College, Madurai	II
154		District Hqr. Hospital, Kovilpatti	III
155		GMCH, Tirunelveli	II
156		GMCH, Kanyakumari	II
157		Govt. District Head Quarters Hospital Kallakurichi	III
158		Govt. District Head Quarters Hospital Kumbakonam	III.
159		Chengalpattu Govt. Medical College and Hospital	I
160		Coimbatore Medical College	II
161	Telangana	Rajiv Gandhi Inst. Of Medical Sciences, Adilabad	II
162		Area Hospital, Kamareddy	III
163		District Hospital, Mehboobnagar	III
164		Dist. HQ Hospital, Nizamabad	II
165	Tripura	Dharma Nagar, Sub-Divisional Hospital	III
166		Santirbazar PHC, Divisional Hospital	III
167		District Hospital, Gomati	III
168		Agartala Govt. Medical College	II
169		District Hospital, Dhalai	III
170	Uttar Pradesh	BRD Medical College, Gorakhpur	II
171		District Hospital, Faizabad	III
172		KGM College, Lucknow	II
173		LLR Hospital and GSVM College, Kanpur	II
174		District Hospital, Jaluan, Orai	III
175		MLB Medical College, Jhansi	II
176		District Hospital, Basti	III
177		SN Medical College, Agra	II
178		Shri BA District Hospital, Etawah	III
179		District Hospital, Fatehpur	III
180		MLN Medical College, Allhabad	II

181		LLRM Medical College, Meerut	II
182		District Hospital, Lalitpur	II
183	Uttarakhand	District Hospital, Baurari, New Tehri	III
184		Government Medical College, Haldwani	II
185		Combined Hospital Roorkee	III
186		Doon Medical College and Hospital	II
187	West Bengal	North Bengal Medical College and Hospital, Siliguri	II
188		Islampur SD Hospital, Uttar Dinajpur	III
189		Sub Divisional, Asansol	II
190		Burdwan Medical College and Hospital, Burdwan	II
191		Sub-District Hospital, Kharagpur	III
192		District Hospital, Alipurduar	III
193		Murshidabad Medical College	II
194		Ranaghat Sub Divisional Hospital, Nadia	III
195		Diamod Harbour District Hospital	III
196		Raiganj District Hospital, Uttar Dinajpur	III

आयुष्मान भारत कार्ड हेतु फर्जी पंजीकरण

2241. श्रीमती गनीबेन नागाजी ठाकोर:

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

- (क) क्या यह सच है कि देश के विभिन्न राज्यों से आयुष्मान भारत कार्ड के नाम पर फर्जी पंजीकरण और फर्जी दावे, कार्ड का दुरुपयोग और उपचार बिलों में अनियमितताओं जैसी धोखाधड़ी गतिविधियों के संबंध में शिकायतें प्राप्त हुई हैं;
- (ख) यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है, विशेषकर गुजरात में तथा विगत तीन वर्षों के दौरान दर्ज किए गए ऐसे मामलों की संख्या कितनी है;
- (ग) सरकार ने ऐसी गड़बड़ियों की जांच के लिए क्या कदम उठाए हैं और दोषियों के खिलाफ क्या कार्रवाई की है; और

(घ) क्या सरकार का आयुष्मान कार्ड प्रणाली को और ज़्यादा पारदर्शी बनाने, सत्यापन प्रक्रिया को मज़बूत करने और शिकायत निवारण प्रणाली को और ज़्यादा प्रभावी बनाने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): आयुष्मान भारत - प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) धोखाधड़ी के प्रति शून्य-सहिष्णुता के दृष्टिकोण से शासित होती है। राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) में स्थापित राष्ट्रीय धोखाधड़ी-रोधी इकाई (एनएफयू) लेन-देन प्रबंधन प्रणाली (टीएमएस) के भीतर एआई/एमएल-आधारित स्वचालित ट्रिगर्स का उपयोग करके डुप्लिकेट प्रविष्टियों, बढ़ा-चढ़ाकर बताई गई प्रक्रियाओं या रोगी की पहचान के दुरुपयोग जैसे असामान्य दावा पैटर्न को स्वचालित रूप से चिह्नित करती है। एबी-पीएमजेएवाई के समग्र धोखाधड़ी-रोधी ढांचे को सुदृढ़ करने के लिए नियमित क्षमता-निर्माण कार्यशालाएं और क्षेत्रीय स्तर पर प्रशिक्षण सत्र आयोजित किए जाते हैं। एनएफयू धोखाधड़ी के मामलों की जांच और कार्रवाई के लिए राज्य धोखाधड़ी-रोधी इकाइयों (एसएफयू) के साथ मिलकर काम करता है। स्वचालित ट्रिगर्स द्वारा संदिग्ध के रूप में चिह्नित मामलों को सत्यापन के लिए संबंधित राज्य स्वास्थ्य प्राधिकरणों (एसएचए) को भेजा जाता है। धोखाधड़ी करने वाली संस्थाओं के विरुद्ध निलंबन, कारण बताओ नोटिस जारी करना, चेतावनी पत्र भेजना, अस्पतालों को पैनल से हटाना, ई-कार्ड निष्क्रिय करना, दोषी अस्पतालों पर जुर्माना लगाना और एफआईआर दर्ज करना जैसी उचित कार्रवाई की जाती है। दिनांक 15.11.2025 तक की स्थिति के अनुसार, 1184 अस्पतालों को पैनल से हटा दिया गया, धोखाधड़ी करने वाली संस्थाओं पर 231.88 करोड़ रुपये का जुर्माना लगाया गया और राज्यों/संघ राज्य क्षेत्रों द्वारा 411 अस्पतालों को निलंबित कर दिया गया।

(घ): एबी-पीएमजेएवाई के तहत कार्ड बनाने की प्रक्रिया में कई सत्यापन जैसे कि डुप्लीकेशन हटाना, आधार कार्ड की सत्यता, नाम, लिंग और जन्म-तिथि शामिल हैं। आयुष्मान कार्ड आधार से प्राप्त ई-केवाईसी डेटा के सफल सत्यापन के बाद ही जारी किया जाता है। लाभार्थी केंद्रीकृत शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस) या 24x7 हेल्पलाइन (14555) के माध्यम से अपनी शिकायतें दर्ज करा सकते हैं। लाभार्थियों के सामने आने वाली समस्याओं के समाधान के लिए जिला, राज्य और राष्ट्रीय स्तर पर एक त्रिस्तरीय शिकायत निवारण प्रणाली स्थापित की गई है। प्रत्येक स्तर पर शिकायतों के निवारण के लिए एक समर्पित नोडल अधिकारी और शिकायत निवारण समितियां हैं।

श्रीगंगानगर और हनुमानगढ़ में प्रदूषण का स्वास्थ्य पर प्रभाव

2242. श्री कुलदीप इंदौरा:

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

- (क) क्या सरकार को जानकारी है कि रासायनिक खादों के अत्यधिक उपयोग और प्रदूषित पेयजल के कारण राजस्थान के श्रीगंगानगर और हनुमानगढ़ जिलों में कैंसर, किडनी और लीवर की बीमारियों के मामले कई गुना बढ़ रहे हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या इन जिलों में इन घातक बीमारियों के बढ़ते मामलों के मूल कारणों का पता लगाने के लिए कोई विशेष अध्ययन किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) इन बीमारियों की रोकथाम, साफ़ पीने का पानी देने, रसायनों के उपयोग को नियंत्रित करने और समय पर और सस्ता इलाज सुनिश्चित करने के लिए सरकार द्वारा अब तक क्या कदम उठाए गए हैं/उठाने का विचार है; और

(घ) क्या सरकार का ऐसी जानलेवा बीमारियों से पीड़ित गरीब और ग्रामीण परिवारों को मुफ्त या सब्सिडी वाले इलाज के साथ-साथ आर्थिक मदद देने के लिए कोई खास योजना लागू करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): जन स्वास्थ्य और अस्पताल राज्य का विषय है। राजस्थान सरकार की रिपोर्ट के अनुसार, राष्ट्रीय गैर-संचारी रोगों की रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत ऐसा कोई प्रमाणित सर्वेक्षण या अध्ययन उपलब्ध नहीं है जो यह सिद्ध कर सके कि रासायनिक उर्वरकों के अत्यधिक उपयोग और प्रदूषित पेयजल के कारण कैंसर, गुर्दे और यकृत रोगों में उल्लेखनीय वृद्धि हो रही है। गैर-संचारी रोगों (एनसीडी) से जुड़े पारंपरिक जोखिम कारकों, जैसे तंबाकू और शराब का सेवन, अपर्याप्त शारीरिक गतिविधि, अस्वास्थ्यकर आहार, अधिक नमक, चीनी और संतृप्त वसा का सेवन आदि में उल्लेखनीय वृद्धि हुई है।

(ग): पेयजल राज्य का विषय होने के कारण, जल जीवन मिशन (जेजेएम) के अंतर्गत आने वाली योजनाओं सहित पेयजल आपूर्ति योजनाओं की नियोजन, अनुमोदन, कार्यान्वयन, संचालन और रखरखाव का उत्तरदायित्व राज्य/संघ राज्य क्षेत्रों की सरकारों को सौंपा गया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में एनपी-एनसीडी के तहत देश भर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। यह कार्यक्रम राज्य और संघ राज्य क्षेत्रों की आवश्यकता और प्रस्तावों के अनुसार, गैर-संचारी रोगों (एनसीडी) के लिए अवसंरचना सुदृढीकरण, मानव संसाधन विकास, स्क्रीनिंग, शीघ्र निदान, रेफरल, उपचार और स्वास्थ्य संवर्धन पर ध्यान केन्द्रित करता है। इस कार्यक्रम के अंतर्गत 770 जिला एनसीडी क्लीनिक, 233 कार्डियक केयर यूनिट और सामुदायिक स्वास्थ्य केंद्रों में 6410 एनसीडी

क्लीनिक स्थापित किए गए हैं। इसके अतिरिक्त, वित्त वर्ष 2025-26 के दौरान देश भर में 297 डे केयर कैंसर केंद्रों की स्थापना को मंजूरी दी गई है।

व्यापक प्राथमिक स्वास्थ्य परिचर्या के भाग के रूप में, 30 वर्ष से अधिक आयु के व्यक्तियों में सामान्य गैर-संचारी रोगों की रोकथाम, नियंत्रण और स्क्रीनिंग के लिए एनएचएम के तहत एक जनसंख्या-आधारित पहल कार्यान्वित की गई है। एफएसएसएआई की 'ईट राइट' पहल और आयुष तथा युवा कार्य और खेल मंत्रालयों के 'फिट इंडिया', 'खेलो इंडिया' और 'योग' जैसे जीवनशैली संबंधी कार्यक्रमों के माध्यम से स्वस्थ खानपान को बढ़ावा दिया जाता है।

(घ): आयुष्मान भारत के अंतर्गत प्रधानमंत्री जन आरोग्य योजना (पीएम-जेएवाई): एबी-पीएमजेएवाई लगभग 55 करोड़ लाभार्थियों को मध्यम और विशिष्ट परिचर्या वाले अस्पताल में भर्ती होने पर प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। आयुष्मान वय वंदना के माध्यम से यह योजना 70 वर्ष और उससे अधिक आयु के सभी वरिष्ठ नागरिकों के लिए, चाहे उनकी सामाजिक-आर्थिक स्थिति कैसी भी हो, विस्तारित की गई है। एनसीडी के लिए पैकेज भी पीएम-जेएवाई योजना का हिस्सा हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय, क्षेत्रीय कैंसर केंद्रों (आरसीसी), विशिष्ट परिचर्या कैंसर केंद्रों (टीसीसीसी), राज्य कैंसर संस्थानों (एससीआई) और कैंसर उपचार सुविधा केन्द्रों वाले अन्य सरकारी अस्पतालों/संस्थानों में कैंसर से पीड़ित गरीब मरीजों के इलाज के लिए, स्वास्थ्य मंत्री कैंसर रोगी कोष (एचएमसीपीएफ) राष्ट्रीय आरोग्य निधि (आरएएन) की छत्रप योजना के एक घटक के तहत 15 लाख रुपये तक की एकमुश्त वित्तीय सहायता प्रदान करता है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की निःशुल्क औषधि सेवा पहल के तहत, राज्यों और संघ राज्य क्षेत्रों से प्राप्त प्रस्तावों के अनुसार, मधुमेह और उच्च रक्तचाप के रोगियों के लिए आवश्यक दवाएं गरीब और जरूरतमंद लोगों को निःशुल्क प्रदान की जाती हैं। राज्य सरकारों के सहयोग से 'प्रधानमंत्री भारतीय जन औषधि परियोजना' (पीएमबीजेपी) के तहत सभी को गुणवत्तापूर्ण जेनेरिक दवाएं किफायती

दामों पर उपलब्ध कराई जाती हैं। किफायती दवाएं और उपचार के लिए विश्वसनीय प्रतिरोपण (अमृत) मधुमेह और उच्च रक्तचाप सहित विभिन्न रोगों के उपचार के लिए किफायती दवाएं प्रदान करता है।

राजस्थान सरकार ने सूचित किया है कि मुख्यमंत्री आयुष्मान आरोग्य योजना और मुख्यमंत्री निःशुल्क निरोगी राजस्थान योजना के तहत सार्वभौमिक स्वास्थ्य कवरेज के अंतर्गत गंभीर रोगों का उपचार निःशुल्क किया जाता है। नॉन-एल्कोहोलिक फैटी लिवर रोग से पीड़ित रोगियों की जांच के लिए राज्य के सभी 61 जिला अस्पतालों में लिवर स्माइल क्लीनिक स्थापित किए गए हैं।

अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अन्तर्गत दर्ज मामले

2243. श्री राजकुमार रोटः

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

- (क) विगत पांच वर्षों के दौरान देश में अनुसूचित जाति और अनुसूचित जनजाति (अत्याचार निवारण) अधिनियम, 1989 के अन्तर्गत दर्ज मामलों की विशेषकर राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में राज्य-वार और जिला-वार संख्या कितनी है ;
- (ख) देश भर में विशेषकर राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में न्यायालयों में लंबित, निपटाए गए और झूठे साबित हुए उक्त मामलों की जिला-वार संख्या कितनी है ;
- (ग) अ.जा./अ.ज.जा. श्रेणी के लोगों के लिए इस अधिनियम के अन्तर्गत कार्रवाई सुनिश्चित करने के लिए जरूरी प्रमाणिक दस्तावेज का ब्यौरा क्या है ; और
- (घ) क्या इस संबंध में जाति प्रमाणपत्र अनिवार्य है ?

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

(क) और (ख): राष्ट्रीय अपराध रिकॉर्ड ब्यूरो (एनसीआरबी) द्वारा प्रदान की गई जानकारी के अनुसार, वर्ष 2019-23 के दौरान अनुसूचित जातियों और अनुसूचित जनजातियों के विरुद्ध अनुसूचित जातियां और अनुसूचित जनजातियां (अत्याचार निवारण) अधिनियम, 1989 (एससी/एसटी एक्ट) के अधीन पंजीकृत, निपटाए गए, अंतिम मिथ्या रिपोर्ट द्वारा समाप्त किए गए मामलों और न्यायालय में लंबित मामलों की संख्या के संबंध में राज्य/संघराज्य क्षेत्र-वार आंकड़े क्रमशः संलग्न **विवरण-I** और **विवरण-II** में दिए गए हैं।

पिछले पांच वर्षों में राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जातियों तथा अनुसूचित जनजातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत कुल मामलों के संबंध में राष्ट्रीय अपराध रिकॉर्ड ब्यूरो द्वारा प्रदान किया गया जिला-वार ब्यौरा, क्रमशः संलग्न **विवरण-III** और **विवरण-IV** में दिया गया है। राष्ट्रीय अपराध रिकॉर्ड ब्यूरो ने बताया है कि वे जिला स्तर पर, केवल रजिस्ट्रीकृत मामलों के आंकड़ों को एकत्रित करते हैं।

(ग) और (घ): अनुसूचित जाति/अनुसूचित जनजाति अधिनियम और उसके अधीन बनाए गए नियमों को लागू करने की जिम्मेदारी मुख्य रूप से संबंधित राज्य सरकारों की है। अनुसूचित जाति/अनुसूचित जनजाति अधिनियम में "पीड़ित" से अनुसूचित जाति या अनुसूचित जनजाति का कोई भी व्यक्ति अभिप्रेत है, जिसे इस अधिनियम के अधीन किसी भी अपराध के करने के कारण शारीरिक, मानसिक, मनोवैज्ञानिक, भावनात्मक या धन संबंधी नुकसान हुआ हो या उसकी संपत्ति को नुकसान हुआ हो, और इसमें उसके संबंधी, विधिक संरक्षक और विधिक वारिस भी शामिल हैं। तथापि, अनुसूचित जाति/अनुसूचित जनजाति अधिनियम में अनुसूचित जाति/अनुसूचित जनजाति श्रेणी के लोगों के लिए उक्त अधिनियम के अधीन कार्रवाई सुनिश्चित करने के लिए कोई विनिर्दिष्ट दस्तावेज विहित नहीं किए गए हैं।

19	ओडिशा	1886	15	9	12367	2046	78	136	14319	2327	109	145	16206	2902	15	249	19047	2696	0	546	21279
20	पंजाब	166	27	36	213	165	32	25	285	200	34	31	350	162	25	46	373	116	33	52	429
21	राजस्थान	6794	2905	1815	14644	7017	2909	1176	16796	7524	3276	1406	19116	8752	4187	1609	21538	8449	3864	2548	22470
22	सिक्किम	4	0	0	7	0	0	1	6	2	0	2	5	3	0	2	3	0	0	0	5
23	तमिलनाडु	1144	2	806	4861	1273	0	521	5308	1376	0	577	5780	1761	1	671	6405	1919	0	966	6941
24	तेलंगाना	1690	214	487	3447	1959	281	345	4636	1770	360	374	5812	1787	360	912	6879	1709	316	865	7167
25	त्रिपुरा	0	0	0	1	2	0	0	1	3	0	0	1	2	0	0	2	0	0	0	2
26	उत्तर प्रदेश	11829	346	2466	50067	12714	244	2576	57979	13146	282	2528	66803	15368	370	3952	75847	15130	291	4355	85052
27	उत्तराखंड	84	1	26	244	87	0	0	308	123	0	2	393	114	7	2	490	102	5	12	556
28	पश्चिमी बंगाल	145	1	15	595	109	0	2	721	108	0	7	836	104	1	59	900	102	2	38	949
	कुल राज्य	45865	5480	12703	190037	50191	5825	7663	221434	50733	6276	10207	252832	57420	7366	16668	281869	57609	6908	20233	310513
29	अंदमान और निकोबार द्वीप	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	चंडीगढ़	1	0	1	4	3	0	1	3	0	0	0	3	4	0	1	4	3	0	1	4
31	दादरा और नागर हवेली और दमण और दीव	2	0	1	2	1	0	0	3	0	0	0	4	0	0	3	1	1	0	0	1
32	दिल्ली	76	1	25	274	69	0	3	330	136	0	4	426	130	0	17	508	128	0	94	529
33	जम्मू-कश्मीर	0	0	0	0	4	1	0	0	3	0	0	2	6	3	0	5	21	6	0	10
34	लद्दाख					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	लक्षद्वीप	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	पुडुचेरी	4	0	0	28	0	0	0	28	7	0	0	34	9	0	0	41	4	0	0	43
	कुल संघ राज्य क्षेत्र	83	1	27	308	77	1	4	364	146	0	4	469	149	3	21	559	157	6	95	587
	कुल (सम्पूर्ण भारत)	45948	5481	12730	190345	50268	5826	7667	221798	50879	6276	10211	253301	57569	7369	16689	282428	57766	6914	20328	311100

विवरण-II

वर्ष 2019-2023 के दौरान अनुसूचित जनजाति के लिए अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन राज्य/संघ राज्यक्षेत्र-वार रजिस्ट्रीकृत मामले (सीआर), अंतिम मिथ्या रिपोर्ट लगाने के कारण समाप्त हुए मामले (सीएफएफ), न्यायालय द्वारा निपटाए गए मामले (सीडीओसी) और विचारण के लिए लंबित मामले (सीपीटी):

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2019				2020				2021				2022				2023			
		सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपीटी
1	आंध्र प्रदेश	330	58	116	763	320	87	111	886	361	81	55	1177	396	71	144	1313	360	56	141	1468
2	अरुणाचल प्रदेश	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
3	असम	4	0	0	47	10	0	0	47	16	0	0	56	9	0	1	62	2	0	16	54
4	बिहार	97	8	10	455	94	3	0	530	103	7	11	585	146	14	24	663	114	5	2	785
5	छत्तीसगढ़	427	0	134	1554	502	4	103	1913	506	2	111	2314	516	1	261	2599	336	2	207	2734
6	गोवा	2	0	1	17	2	0	0	19	5	0	1	22	1	0	1	22	2	0	2	21
7	गुजरात	321	4	34	2447	291	3	7	2693	341	2	43	2978	330	3	78	3186	307	2	130	3353
8	हरियाणा	1	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1
9	हिमाचल प्रदेश	1	0	0	17	3	0	0	18	7	0	0	24	4	0	0	28	7	1	7	27
10	झारखंड	339	12	40	1048	347	7	20	1114	250	4	27	1231	283	6	68	1284	308	8	37	1399
11	कर्नाटक	327	25	200	1666	291	25	76	1851	358	23	126	2067	438	42	388	2020	434	49	210	2213
12	केरल	140	12	38	502	130	10	32	579	133	16	33	649	172	21	110	713	185	21	163	722
13	मध्य प्रदेश	1922	8	1327	7940	2401	3	421	9881	2627	2	986	11442	2979	5	1163	13192	2858	37	1491	14428
14	महाराष्ट्र	559	26	272	2780	663	39	97	3316	628	40	103	3770	742	32	212	4149	773	34	278	4553
15	मणिपुर	2	0	0	3	2	0	0	3	0	0	0	3	1	0	0	3	3399	0	0	8
16	मेघालय	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	मिजोरम	8	0	0	8	0	0	0	8	0	0	8	0	29	0	3	26	21	0	0	45
18	नगालैंड	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	ओडिशा	576	8	3	4661	624	13	8	5228	676	16	24	5851	773	15	46	6612	662	0	111	7197
20	पंजाब	1	1	0	2	4	0	0	3	0	0	1	2	0	1	2	0	0	0	0	0
21	राजस्थान	1797	696	434	3556	1878	709	265	4209	2121	929	277	4882	2521	1222	401	5590	2453	1097	550	5982

क्र.सं .	राज्य/ संघ राज्य क्षेत्र	सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपी टी	सीआर	सीएफ एफ	सीडी ओसी	सीपीटी
22	सिक्किम	2	0	1	3	0	0	0	3	1	0	1	3	4	0	1	3	2	0	2	1
23	तमिलनाडु	31	0	24	86	23	0	0	100	39	0	0	118	67	0	8	170	48	0	12	203
24	तेलंगाना	530	39	227	988	573	81	83	1312	512	99	136	1681	545	94	279	1977	575	113	298	2080
25	त्रिपुरा	2	0	0	2	2	0	0	2	0	0	0	2	3	0	0	2	9	0	0	6
26	उत्तर प्रदेश	36	0	1	1081	3	3	1	1083	4	0	0	1086	5	0	0	1090	6	0	2	1093
27	उत्तराखंड	8	0	1	22	13	1	2	31	6	0	0	35	1	0	0	36	2	0	0	37
28	पश्चिमी बंगाल	99	0	5	390	90	0	2	457	92	0	15	515	90	0	35	581	90	0	42	633
	कुल राज्य	7562	897	2868	3003 9	8266	988	1228	3528 7	8787	1221	1958	4049 4	1005 5	1527	3225	4532 2	1295 3	1425	3701	49043
29	अंदमान और निकोबार द्वीप	3	0	1	24	2	1	0	27	3	0	1	30	3	0	0	33	2	0	0	34
30	चंडीगढ़	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	दादरा और नागर हवेली और दमण और दीव	0	0	7	10	0	0	0	11	3	0	0	12	5	0	2	14	2	0	1	16
32	दिल्ली	2	0	0	11	1	0	0	14	5	0	0	17	0	0	0	18	2	0	3	16
33	जम्मू-कश्मीर	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	1
34	लद्दाख					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	लक्षद्वीप	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
36	पुडुचेरी	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	कुल संघ राज्य क्षेत्र	5	0	8	45	4	1	0	52	12	0	1	59	9	0	3	66	6	0	4	67
	कुल (सम्पूर्ण भारत)	7567	897	2876	3008 4	8270	989	1228	3533 9	8799	1221	1959	4055 3	1006 4	1527	3228	4538 8	1295 9	1425	3705	49110

विवरण-III

2019 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा:

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :गुजरात			राज्य :मध्य प्रदेश		
1	अहमदाबाद शहर	161	1	अगर	52
2	अहमदाबाद ग्रामीण	44	2	अलीराजपुर	0
3	अमरेली	68	3	अनूपपुर	28
4	आनंद	39	4	अशोक नगर	93
5	अरवल्ली	12	5	बालाघाट	73
6	बनासकांठा	93	6	बड़वानी	19
7	भरुच	20	7	बेतुल	75
8	भावनगर	39	8	भिंड	118
9	बोटाड	50	9	भोपाल आयुक्तालय	127
10	छोटाउदयपुर	6	10	भोपाल रेलवे	0
11	दाहोद	3	11	बुरहानपुर	22
12	डैंग	0	12	छतरपुर	264
13	देवभूमि द्वाराका	14	13	छिंदवाड़ा	96
14	गांधीनगर	33	14	दमोह	158
15	गिर सोमनाथ	48	15	दतिया	150
16	जामनगर	34	16	देवास	150
17	जूनागढ़	89	17	धार	34
18	कच्छ पूर्व (जी)	64	18	डिंडोरी	4
19	कच्छ पश्चिम (बी)	47	19	गुना	186
20	खेड़ा	39	20	ग्वालियर	415
21	महिसागर	7	21	हरदा	27
22	मेहसाणा	48	22	नर्मदापुरम	104
23	मोरबी	26	23	इंदौर आयुक्तालय	58
24	नर्मदा	4	24	इंदौर रेलवे	2
25	नवसारी	6	25	जबलपुर	192
26	पंचमहल	19	26	जबलपुर रेलवे	1
27	पाटन	34	27	झाबुआ	25
28	पोरबंदर	49	28	कटनी	58
29	राजकोट शहर	37	29	खंडवा	44
30	राजकोट ग्रामीण	74	30	खरगोन	55
31	साबरकांठा	28	31	मंडला	12

32	सूरत शहर	34	32	मन्दसौर	110
33	सूरत ग्रामीण	6	33	मुरैना	204
34	सुरेन्द्रनगर	68	34	नरसिंहपुर	71
35	तापी	2	35	नीमच	38
36	वडोदरा शहर	41	36	पन्ना	86
37	वडोदरा ग्रामीण	18	37	रायसेन	113
38	वलसाड	10	38	राजगढ़	160
39	पश्चिम रेलवे अहमदाबाद	0	39	रतलाम	103
40	पश्चिम रेलवे वडोदरा	2	40	रीवा	106
	कुल जिले	1416	41	सागर	321
			42	सतना	127
			43	सिवनी	65
			44	शाहडोल	19
			45	शाजापुर	97
			46	श्यापुर	27
			47	शिवपुरी	285
			48	सीधी	61
			49	सीहोर	101
			50	सिंगरौली	38
			51	टीकमगढ़	108
			52	उज्जैन	197
			53	उमरिया	10
			54	विदिशा	162
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाड़ी	49
				कुल जिले	5300

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :महाराष्ट्र			राज्य : राजस्थान		
1	अहमदनगर	88	1	अजमेर	248
2	अकोला	45	2	अलवर	262
3	अमरावती आयुक्तालय	20	3	बांसवाड़ा	7
4	अमरावती ग्रामीण	52	4	बारां	167
5	छत्रपति संभाजीनगर आयुक्तालय	34	5	बाड़मेर	228
6	छत्रपति संभाजीनगर ग्रामीण	36	6	भरतपुर	408

7	बीड	80	7	भीलवाड़ा	190
8	भंडारा	27	8	बीकानेर	292
9	बुलढाना	76	9	बूंदी	115
10	चंद्रपुर	27	10	चित्तौड़गढ़	90
11	धुले	33	11	चुरू	241
12	गडचिरोली	8	12	दौसा	112
13	गोंदिया	44	13	धौलपुर	186
14	हिंगोली	63	14	झुंजरपुर	2
15	जलगांव	49	15	जीआरपी अजमेर	1
16	जलना	54	16	जीआरपी जोधपुर	2
17	कोल्हापुर	70	17	गंगानगर	408
18	लातूर	73	18	हनुमानगढ़	311
19	मुंबई आयुक्तालय	46	19	जयपुर पूर्व	72
20	मुंबई रेलवे	0	20	जयपुर उत्तर	31
21	नागपुर आयुक्तालय	48	21	जयपुर ग्रामीण	221
22	नागपुर रेलवे	2	22	जयपुर दक्षिण	108
23	नागपुर ग्रामीण	42	23	जयपुर पश्चिम	132
24	नांदेड़	78	24	जैसलमेर	113
25	नंदुरबार	8	25	जालौर	155
26	नासिक आयुक्तालय	11	26	झालावाड़	126
27	नासिक ग्रामीण	25	27	झुंझुनू	230
28	नवी मुंबई	31	28	जोधपुर पूर्व	74
29	धाराशिव	66	29	जोधपुर पश्चिम	116
30	पालघर	10	30	जोधपुर ग्रामीण	217
31	परभनी	81	31	करौली	137
32	पुणे आयुक्तालय	36	32	कोटा शहर	98
33	पुणे रेलवे	0	33	कोटा ग्रामीण	56
34	पुणे ग्रामीण	137	34	नागौर	281
35	रायगढ़	16	35	पाली	281
36	रत्नागिरि	10	36	प्रतापगढ़	35
37	सांगली	95	37	राजसमंद	76
38	सतारा	113	38	सवाई माधोपुर	144
39	सिंधुदुर्ग	5	39	सीकर	236
40	सोलापुर आयुक्तालय	21	40	सिरोही	67
41	सोलापुर ग्रामीण	178	41	टोंक	239
42	ठाणे आयुक्तालय	19	42	उदयपुर	71
43	ठाणे ग्रामीण	14	43	जयपुर मेट्रो	0
44	वर्धा	22	44	एससीआरबी	0
45	वाशिम	51	45	एटीएस और एसओजी	0
46	यवतमाल	57	46	एसएसबी	0

47	पिंपरी चिंचवाड शहर	47	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	1	48	भिवाड़ी	208
	कुल जिले	2149		कुल जिले	6794

2020 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के तहत रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा:

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :गुजरात			राज्य :मध्य प्रदेश		
1	अहमदाबाद शहर	136	1	अगर	102
2	अहमदाबाद ग्रामीण	41	2	अलीराजपुर	1
3	अमरेली	86	3	अनूपपुर	43
4	आनंद	30	4	अशोक नगर	162
5	अरवल्ली	13	5	बालाघाट	102
6	बनासकांठा	89	6	बड़वानी	29
7	भरुच	22	7	बेतुल	88
8	भावनगर	72	8	भिंड	303
9	बोटाड	41	9	भोपाल आयुक्तालय	123
10	छोटा उदयपुर	3	10	भोपाल रेलवे	0
11	दाहोद	9	11	बुरहानपुर	29
12	डैंग	0	12	छतरपुर	339
13	देवभूमि द्वारका	13	13	छिंदवाड़ा	89
14	गांधीनगर	25	14	दमोह	215
15	गिर सोमनाथ	30	15	दतिया	171
16	जामनगर	25	16	देवास	203
17	जूनागढ़	70	17	धार	55
18	कच्छ पूर्व (जी)	78	18	डिंडोरी	11
19	कच्छ पश्चिम (बी)	44	19	गुना	215
20	खेड़ा	50	20	ग्वालियर	513
21	महिसागर	5	21	हरदा	37
22	मेहसाणा	38	22	नर्मदापुरम	182
23	मोरबी	23	23	इंदौर आयुक्तालय	64
24	नर्मदा	1	24	इंदौर रेलवे	4
25	नवसारी	4	25	जबलपुर	206
26	पंचमहल	26	26	जबलपुर रेलवे	0
27	पाटन	47	27	झाबुआ	3

28	पोरबंदर	30	28	कटनी	68
29	राजकोट शहर	37	29	खंडवा	21
30	राजकोट ग्रामीण	62	30	खरगोन	82
31	साबरकांठा	20	31	मंडला	22
32	सूरत शहर	20	32	मन्दसौर	127
33	सूरत ग्रामीण	11	33	मुरैना	228
34	सुरेन्द्रनगर	61	34	नरसिंहपुर	107
35	तापी	0	35	नीमच	32
36	वडोदरा शहर	42	36	पन्ना	124
37	वडोदरा ग्रामीण	19	37	रायसेन	169
38	वलसाड	0	38	राजगढ़	217
39	पश्चिम रेलवे अहमदाबाद	3	39	रतलाम	122
40	पश्चिम रेलवे वडोदरा	0	40	रीवा	221
41	साइबर अहमदाबाद क्षेत्र	0	41	सागर	382
42	साइबर भावनगर क्षेत्र	0	42	सतना	170
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	57
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	32
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	145
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	35
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	344
48	साइबर सूरत क्षेत्र	0	48	सीधी	86
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	118
	कुल जिले	1326	50	सिंगरौली	49
			51	टीकमगढ़	115
			52	उज्जैन	216
			53	उमरिया	32
			54	विदिशा	220
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाड़ी	69
				कुल जिले	6899

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	144	1	अजमेर	319
2	अकोला	38	2	अलवर	324
3	अमरावती आयुक्तालय	35	3	बांसवाड़ा	11
4	अमरावती ग्रामीण	69	4	बारां	161
5	छत्रपति संभाजीनगर आयुक्तालय	30	5	बाड़मेर	285

6	छत्रपति संभाजीनगर ग्रामीण	55	6	भरतपुर	441
7	बीड	147	7	भीलवाड़ा	139
8	भंडारा	34	8	बीकानेर	242
9	बुलढाना	109	9	बूंदी	127
10	चंद्रपुर	31	10	चित्तौड़गढ़	170
11	धुले	26	11	चुरू	236
12	गडचिरोली	10	12	दौसा	131
13	गोंदिया	25	13	धौलपुर	250
14	हिंगोली	68	14	डूंगरपुर	10
15	जलगांव	57	15	जीआरपी अजमेर	1
16	जालन	101	16	जीआरपी जोधपुर	2
17	कोल्हापुर	88	17	गंगानगर	367
18	लातूर	89	18	हनुमानगढ़	312
19	मुंबई आयुक्तालय	36	19	जयपुर पूर्व	53
20	मुंबई रेलवे	0	20	जयपुर उत्तर	29
21	नागपुर आयुक्तालय	42	21	जयपुर ग्रामीण	165
22	नागपुर रेलवे	1	22	जयपुर दक्षिण	71
23	नागपुर ग्रामीण	53	23	जयपुर पश्चिम	82
24	नांदेड़	111	24	जैसलमेर	108
25	नंदुरबार	9	25	जालौर	193
26	नासिक आयुक्तालय	18	26	झालावाड़	150
27	नासिक ग्रामीण	38	27	झुंझुनू	195
28	नवी मुंबई	29	28	जोधपुर पूर्व	66
29	धाराशिव	63	29	जोधपुर पश्चिम	92
30	पालघर	3	30	जोधपुर ग्रामीण	200
31	परभनी	135	31	करौली	135
32	पुणे आयुक्तालय	27	32	कोटा शहर	98
33	पुणे रेलवे	1	33	कोटा ग्रामीण	108
34	पुणे ग्रामीण	161	34	नागौर	321
35	रायगढ़	25	35	पाली	285
36	रत्नागिरि	15	36	प्रतापगढ़	35
37	सांगली	98	37	राजसमंद	108
38	सतारा	110	38	सवाई माधोपुर	129
39	सिंधुदुर्ग	7	39	सीकर	221
40	सोलापुर आयुक्तालय	30	40	सिरोही	83
41	सोलापुर ग्रामीण	191	41	टोंक	251
42	ठाणे आयुक्तालय	23	42	उदयपुर	77
43	ठाणे ग्रामीण	8	43	जयपुर मेट्रो	0
44	वर्धा	35	44	एससीआरबी	0
45	वाशिम	52	45	एटीएस और एसओजी	0

46	यवतमाल	59	46	एसएसबी	0
47	पिंपरी चिंचवाड शहर	21	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	0	48	भिवाड़ी	234
49	मीरा भयंदर वसई विरार आयुक्तालय	12		कुल जिले	7017
	कुल जिले	2569			

2021 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का ज़िला-वार ब्यौरा:

क्र	ज़िला	करोड़	क्र	ज़िला	करोड़
राज्य :गुजरात			राज्य :मध्य प्रदेश		
1	अहमदाबाद शहर	168	1	अगर	107
2	अहमदाबाद ग्रामीण	39	2	अलीराजपुर	0
3	अमरेली	51	3	अनूपपुर	42
4	आनंद	45	4	अशोक नगर	132
5	अरवल्ली	10	5	बालाघाट	94
6	बनासकांठा	68	6	बड़वानी	26
7	भरुच	18	7	बेतुल	69
8	भावनगर	58	8	भिंड	220
9	बोटाड	27	9	भोपाल आयुक्तालय	48
10	छोटा उदयपुर	4	10	भोपाल रेलवे	1
11	दाहोद	7	11	बुरहानपुर	29
12	डैंग	0	12	छतरपुर	309
13	देवभूमि द्वारका	15	13	छिंदवाड़ा	64
14	गांधीनगर	47	14	दमोह	232
15	गिर सोमनाथ	25	15	दतिया	137
16	जामनगर	32	16	देवास	206
17	जूनागढ़	39	17	धार	71
18	कच्छ पूर्व (जी)	69	18	डिंडोरी	7
19	कच्छ पश्चिम (बी)	24	19	गुना	193
20	खेड़ा	18	20	ग्वालियर	461
21	महिसागर	6	21	हरदा	78
22	मेहसाणा	36	22	नर्मदापुरम	232
23	मोरबी	27	23	इंदौर आयुक्तालय	102
24	नर्मदा	0	24	इंदौर रेलवे	1
25	नवसारी	1	25	जबलपुर	192

26	पंचमहल	15	26	जबलपुर रेलवे	0
27	पाटन	27	27	झाबुआ	1
28	पोरबंदर	29	28	कटनी	85
29	राजकोट शहर	44	29	खंडवा	99
30	राजकोट ग्रामीण	71	30	खरगोन	118
31	साबरकांठा	25	31	मंडला	27
32	सूरत शहर	22	32	मन्दसौर	186
33	सूरत ग्रामीण	10	33	मुरैना	292
34	सुरेन्द्रनगर	55	34	नरसिंहपुर	101
35	तापी	1	35	नीमच	55
36	वडोदरा शहर	33	36	पन्ना	113
37	वडोदरा ग्रामीण	32	37	रायसेन	199
38	वलसाड	2	38	राजगढ़	282
39	पश्चिम रेलवे अहमदाबाद	0	39	रतलाम	114
40	पश्चिम रेलवे वडोदरा	0	40	रीवा	154
41	साइबर अहमदाबाद क्षेत्र	1	41	सागर	509
42	साइबर भावनगर क्षेत्र	0	42	सतना	139
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	80
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	36
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	147
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	42
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	428
48	साइबर सूरत क्षेत्र	0	48	सीधी	46
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	171
	कुल जिले	1201	50	सिंगरौली	35
			51	टीकमगढ़	122
			52	उज्जैन	216
			53	उमरिया	31
			54	विदिशा	274
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाडी	58
				कुल जिले	7213

सं.	जिला	सीआर	क्र	जिला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	133	1	अजमेर	258
2	अकोला	56	2	अलवर	349
3	अमरावती आयुक्तालय	38	3	बांसवाड़ा	13

4	अमरावती ग्रामीण	43	4	बारां	144
5	छत्रपति संभाजीनगर आयुक्तालय	15	5	बाड़मेर	314
6	छत्रपति संभाजीनगर ग्रामीण	67	6	भरतपुर	491
7	बीड	148	7	भीलवाड़ा	228
8	भंडारा	37	8	बीकानेर	271
9	बुलढाना	88	9	बूंदी	114
10	चंद्रपुर	26	10	चित्तौड़गढ़	133
11	धुले	25	11	चुरू	255
12	गडचिरोली	9	12	दौसा	141
13	गोंदिया	35	13	धौलपुर	225
14	हिंगोली	54	14	डूंगरपुर	16
15	जलगांव	53	15	जीआरपी अजमेर	4
16	जलना	86	16	जीआरपी जोधपुर	1
17	कोल्हापुर	101	17	गंगानगर	351
18	लातूर	87	18	हनुमानगढ़	274
19	मुंबई आयुक्तालय	47	19	जयपुर पूर्व	105
20	मुंबई रेलवे	1	20	जयपुर उत्तर	46
21	नागपुर आयुक्तालय	35	21	जयपुर ग्रामीण	209
22	नागपुर रेलवे	0	22	जयपुर दक्षिण	90
23	नागपुर ग्रामीण	33	23	जयपुर पश्चिम	120
24	नांदेड़	123	24	जैसलमेर	118
25	नंदुरबार	4	25	जालौर	179
26	नासिक आयुक्तालय	8	26	झालावाड़	133
27	नासिक ग्रामीण	40	27	झुंझुनू	311
28	नवी मुंबई	44	28	जोधपुर पूर्व	80
29	धाराशिव	67	29	जोधपुर पश्चिम	111
30	पालघर	5	30	जोधपुर ग्रामीण	201
31	परभनी	100	31	करौली	188
32	पुणे आयुक्तालय	32	32	कोटा शहर	125
33	पुणे रेलवे	0	33	कोटा ग्रामीण	101
34	पुणे ग्रामीण	159	34	नागौर	347
35	रायगढ़	19	35	पाली	267
36	रत्नागिरि	15	36	प्रतापगढ़	31
37	सांगली	96	37	राजसमंद	114
38	सतारा	117	38	सवाई माधोपुर	155
39	सिंधुदुर्ग	9	39	सीकर	298
40	सोलापुर आयुक्तालय	21	40	सिरोही	68
41	सोलापुर ग्रामीण	188	41	टोंक	174
42	ठाणे आयुक्तालय	42	42	उदयपुर	118

43	ठाणे ग्रामीण	17	43	जयपुर मेट्रो	0
44	वर्धा	23	44	एससीआरबी	0
45	वाशिम	42	45	एटीएस और एसओजी	0
46	यवतमाल	72	46	एसएसबी	0
47	पिंपरी चिंचवाड़ शहर	28	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	1	48	भिवाड़ी	253
49	मीरा भयंदर वसई विरार आयुक्तालय	14		कुल जिले	7524
	कुल जिले	2503			

2022 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा :

क्र	जिला	करोड़	क्र	जिला	करोड़
राज्य : गुजरात			राज्य : मध्य प्रदेश		
1	अहमदाबाद शहर	189	1	अगर	26
2	अहमदाबाद ग्रामीण	70	2	अलीराजपुर	1
3	अमरेली	48	3	अनूपपुर	56
4	आनंद	27	4	अशोक नगर	146
5	अरवल्ली	5	5	बालाघाट	77
6	बनासकांठा	72	6	बड़वानी	35
7	भरुच	19	7	बेतुल	76
8	भावनगर	37	8	भिंड	240
9	बोटाड	24	9	भोपाल आयुक्तालय	119
10	छोटा उदयपुर	2	10	भोपाल रेलवे	0
11	दाहोद	3	11	बुरहानपुर	23
12	डैंग	0	12	छतरपुर	329
13	देवभूमि द्वारका	17	13	छिंदवाड़ा	71
14	गांधीनगर	47	14	दमोह	155
15	गिर सोमनाथ	28	15	दतिया	141
16	जामनगर	30	16	देवास	176
17	जूनागढ़	34	17	धार	69
18	कच्छ पूर्व (जी)	19	18	डिंडोरी	16
19	कच्छ पश्चिम (बी)	69	19	गुना	220
20	खेड़ा	66	20	ग्वालियर	492
21	महिसागर	3	21	हरदा	81
22	मेहसाणा	44	22	नर्मदापुरम	224

23	मोरबी	29	23	इंदौर आयुक्तालय	47
24	नर्मदा	1	24	इंदौर रेलवे	2
25	नवसारी	2	25	जबलपुर	249
26	पंचमहल	9	26	जबलपुर रेलवे	0
27	पाटन	29	27	झाबुआ	2
28	पोरबंदर	28	28	कटनी	101
29	राजकोट शहर	65	29	खंडवा	112
30	राजकोट ग्रामीण	56	30	खरगोन	111
31	साबरकांठा	31	31	मंडला	28
32	सूरत शहर	34	32	मन्दसौर	192
33	सूरत ग्रामीण	12	33	मुरैना	219
34	सुरेन्द्रनगर	50	34	नरसिंहपुर	95
35	तापी	0	35	नीमच	65
36	वडोदरा शहर	33	36	पन्ना	130
37	वडोदरा ग्रामीण	41	37	रायसेन	230
38	वलसाड	2	38	राजगढ़	340
39	पश्चिम रेलवे अहमदाबाद	2	39	रतलाम	181
40	पश्चिम रेलवे वडोदरा	2	40	रीवा	180
41	साइबर अहमदाबाद क्षेत्र	0	41	सागर	527
42	साइबर भावनगर क्षेत्र	0	42	सतना	130
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	67
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	40
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	157
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	67
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	465
48	साइबर सूरत क्षेत्र	0	48	सीधी	78
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	200
	कुल जिले	1279	50	सिंगरौली	38
			51	टीकमगढ़	116
			52	उज्जैन	220
			53	उमरिया	14
			54	विदिशा	344
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाड़ी	55
			57	भोपाल ग्रामीण	83
			58	इंदौर ग्रामीण	75
				कुल जिले	7733

क्र.सं.	ज़िला	सीआर	क्र.सं.	ज़िला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	174	1	अजमेर	391
2	अकोला	57	2	अलवर	466
3	अमरावती आयुक्तालय	37	3	बांसवाड़ा	14
4	अमरावती ग्रामीण	46	4	बारां	142
5	छत्रपति संभाजीनगर आयुक्तालय	22	5	बाड़मेर	333
6	छत्रपति संभाजीनगर ग्रामीण	60	6	भरतपुर	557
7	बीड	112	7	भीलवाड़ा	302
8	भंडारा	38	8	बीकानेर	322
9	बुलढाना	94	9	बूंदी	125
10	चंद्रपुर	42	10	चित्तौड़गढ़	160
11	धुले	22	11	चुरू	269
12	गडचिरोली	10	12	दौसा	167
13	गोंदिया	31	13	धौलपुर	212
14	हिंगोली	76	14	डूंगरपुर	14
15	जलगांव	47	15	जीआरपी अजमेर	3
16	जालन	125	16	जीआरपी जोधपुर	1
17	कोल्हापुर	93	17	गंगानगर	481
18	लातूर	98	18	हनुमानगढ़	339
19	मुंबई आयुक्तालय	58	19	जयपुर पूर्व	98
20	मुंबई रेलवे	1	20	जयपुर उत्तर	57
21	नागपुर आयुक्तालय	35	21	जयपुर ग्रामीण	291
22	नागपुर रेलवे	2	22	जयपुर दक्षिण	90
23	नागपुर ग्रामीण	42	23	जयपुर पश्चिम	136
24	नांदेड़	106	24	जैसलमेर	111
25	नंदुरबार	4	25	जालौर	168
26	नासिक आयुक्तालय	11	26	झालावाड़	191
27	नासिक ग्रामीण	34	27	झुंझुनू	213
28	नवी मुंबई	54	28	जोधपुर पूर्व	100
29	धाराशिव	81	29	जोधपुर पश्चिम	127
30	पालघर	3	30	जोधपुर ग्रामीण	202
31	परभनी	90	31	करौली	229
32	पुणे आयुक्तालय	61	32	कोटा शहर	144
33	पुणे रेलवे	0	33	कोटा ग्रामीण	105
34	पुणे ग्रामीण	181	34	नागौर	417
35	रायगढ़	20	35	पाली	282
36	रत्नागिरि	16	36	प्रतापगढ़	33
37	सांगली	111	37	राजसमंद	134
38	सतारा	136	38	सवाई माधोपुर	160

39	सिंधुदुर्ग	9	39	सीकर	409
40	सोलापुर आयुक्तालय	25	40	सिरोही	89
41	सोलापुर ग्रामीण	172	41	टोंक	215
42	ठाणे आयुक्तालय	45	42	उदयपुर	178
43	ठाणे ग्रामीण	23	43	जयपुर मेट्रो	0
44	वर्धा	25	44	एससीआरबी	0
45	वाशिम	53	45	एटीएस और एसओजी	0
46	यवतमाल	99	46	एसएसबी	0
47	पिंपरी चिंचवाड़ शहर	38	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	0	48	भिवाड़ी	275
49	मीरा भयंदर वसई विरार आयुक्तालय	22		कुल जिले	8752
	कुल जिले	2741			

2023 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा :

क्र. सं.	ज़िला	सीआर	क्र. सं.	ज़िला	सीआर
राज्य : गुजरात			राज्य : मध्य प्रदेश		
1	अहमदाबाद शहर	177	1	अगर	119
2	अहमदाबाद ग्रामीण	53	2	अलीराजपुर	2
3	अमरेली	66	3	अनूपपुर	36
4	आनंद	21	4	अशोक नगर	131
5	अरवल्ली	6	5	बालाघाट	57
6	बनासकांठा	74	6	बड़वानी	22
7	भरुच	21	7	बेतुल	97
8	भावनगर	64	8	भिंड	225
9	बोटाड	40	9	भोपाल आयुक्तालय	104
10	छोटा उदयपुर	1	10	भोपाल रेलवे	0
11	दाहोद	4	11	बुरहानपुर	38
12	डैंग	0	12	छतरपुर	315
13	देवभूमि द्वारका	25	13	छिंदवाड़ा	133
14	गांधीनगर	45	14	दमोह	219
15	गिर सोमनाथ	20	15	दतिया	178
16	जामनगर	41	16	देवास	251
17	जूनागढ़	19	17	धार	80
18	कच्छ पूर्व (जी)	69	18	डिंडोरी	17
19	कच्छ पश्चिम (बी)	61	19	गुना	265

20	खेड़ा	57	20	ग्वालियर	569
21	महिसागर	18	21	हरदा	79
22	मेहसाणा	58	22	नर्मदापुरम	189
23	मोरबी	36	23	इंदौर आयुक्तालय	46
24	नर्मदा	3	24	इंदौर रेलवे	3
25	नवसारी	0	25	जबलपुर	208
26	पंचमहल	14	26	जबलपुर रेलवे	0
27	पाटन	39	27	झाबुआ	0
28	पोरबंदर	28	28	कटनी	79
29	राजकोट शहर	85	29	खंडवा	145
30	राजकोट ग्रामीण	51	30	खरगोन	86
31	साबरकांठा	19	31	मंडला	37
32	सूरत शहर	38	32	मन्दसौर	192
33	सूरत ग्रामीण	9	33	मुरैना	272
34	सुरेन्द्रनगर	42	34	नरसिंहपुर	67
35	तापी	0	35	नीमच	60
36	वडोदरा शहर	50	36	पन्ना	111
37	वडोदरा ग्रामीण	18	37	रायसेन	187
38	वलसाड	1	38	राजगढ़	263
39	पश्चिम रेलवे अहमदाबाद	0	39	रतलाम	143
40	पश्चिम रेलवे वडोदरा	0	40	रीवा	211
41	साइबर अहमदाबाद क्षेत्र	0	41	सागर	666
42	साइबर भावनगर क्षेत्र	0	42	सतना	174
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	66
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	43
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	206
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	60
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	404
48	साइबर सूरत क्षेत्र	0	48	सीधी	83
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	200
	कुल जिले	1373	50	सिंगरौली	58
			51	टीकमगढ़	159
			52	उज्जैन	246
			53	उमरिया	19
			54	विदिशा	345
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाड़ी	56
			57	भोपाल ग्रामीण	102
			58	इंदौर ग्रामीण	109
				कुल जिले	8232

क्र.सं.	ज़िला	सीआर	क्र.सं.	ज़िला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	203	1	अजमेर	188
2	अकोला	60	2	अलवर	464
3	अमरावती आयुक्तालय	41	3	बांसवाड़ा	10
4	अमरावती ग्रामीण	57	4	बारां	122
5	छत्रपति संभाजीनगर आयुक्तालय	27	5	बाड़मेर	173
6	छत्रपति संभाजीनगर ग्रामीण	69	6	भरतपुर	363
7	बीड	163	7	भीलवाड़ा	251
8	भंडारा	37	8	बीकानेर	384
9	बुलढाना	89	9	बूंदी	122
10	चंद्रपुर	50	10	चित्तौड़गढ़	162
11	धुले	14	11	चुरू	269
12	गडचिरोली	8	12	दौसा	160
13	गोंदिया	40	13	धौलपुर	220
14	हिंगोली	68	14	डूंगरपुर	22
15	जलगांव	59	15	जीआरपी अजमेर	3
16	जलना	109	16	जीआरपी जोधपुर	3
17	कोल्हापुर	100	17	गंगानगर	293
18	लातूर	130	18	हनुमानगढ़	382
19	मुंबई आयुक्तालय	52	19	जयपुर पूर्व	131
20	मुंबई रेलवे	1	20	जयपुर उत्तर	76
21	नागपुर आयुक्तालय	40	21	जयपुर ग्रामीण	142
22	नागपुर रेलवे	1	22	जयपुर दक्षिण	141
23	नागपुर ग्रामीण	51	23	जयपुर पश्चिम	141
24	नांदेड़	121	24	जैसलमेर	109
25	नंदुरबार	5	25	जालौर	100
26	नासिक आयुक्तालय	35	26	झालावाड़	160
27	नासिक ग्रामीण	45	27	झुंझुनू	201
28	नवी मुंबई	54	28	जोधपुर पूर्व	95
29	धाराशिव	114	29	जोधपुर पश्चिम	166
30	पालघर	7	30	जोधपुर ग्रामीण	141
31	परभनी	91	31	करौली	147
32	पुणे आयुक्तालय	70	32	कोटा शहर	155
33	पुणे रेलवे	3	33	कोटा ग्रामीण	112
34	पुणे ग्रामीण	212	34	नागौर	258
35	रायगढ़	34	35	पाली	235
36	रत्नागिरि	10	36	प्रतापगढ़	20

37	सांगली	142	37	राजसमंद	110
38	सतारा	112	38	सवाई माधोपुर	88
39	सिंधुदुर्ग	18	39	सीकर	277
40	सोलापुर आयुक्तालय	27	40	सिरोही	90
41	सोलापुर ग्रामीण	160	41	टोंक	179
42	ठाणे आयुक्तालय	61	42	उदयपुर	163
43	ठाणे ग्रामीण	30	43	जयपुर मेट्रो	0
44	वर्धा	14	44	एससीआरबी	0
45	वाशिम	36	45	एटीएस और एसओजी	0
46	यवतमाल	111	46	एसएसबी	0
47	पिंपरी चिंचवाड शहर	30	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	2	48	भिवाड़ी	19
49	मीरा भयंदर वसई विरार आयुक्तालय	11	49	ब्यावर	115
	कुल जिले	3024	50	डीडवाना-कुचामन	135
			51	केकरी	73
			52	शाहपुरा	87
			53	डीग	141
			54	गंगापुर सिटी	79
			55	अनूपगढ़	183
			56	डूडू	42
			57	खैरताल-तिजारा	42
			58	कोटपुतली-बहरोड़	173
			59	बालोतरा	89
			60	फलौदी	46
			61	जोधपुर क्राइम	0
			62	सांचोर	73
			63	नीम का थाना	116
			64	सलूमबर	8
				कुल जिले	8449

विवरण-IV

2019 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जनजातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा :

क्र.सं.	ज़िला	सीआर	क्र.सं.	ज़िला	सीआर
राज्य :गुजरात			राज्य :मध्य प्रदेश		
1	अहमदाबाद शहर	10	1	अगर	1
2	अहमदाबाद ग्रामीण	3	2	अलीराजपुर	9
3	अमरेली	4	3	अनूपपुर	51
4	आनंद	1	4	अशोक नगर	27
5	अरवल्ली	3	5	बालाघाट	83
6	बनासकांठा	26	6	बड़वानी	26
7	भरुच	47	7	बेतुल	77
8	भावनगर	14	8	भिंड	0
9	बोटाड	0	9	भोपाल आयुक्तालय	7
10	छोटा उदयपुर	16	10	भोपाल रेलवे	0
11	दाहोद	4	11	बुरहानपुर	11
12	डैंग	0	12	छतरपुर	16
13	देवभूमि द्वारका	1	13	छिंदवाड़ा	91
14	गांधीनगर	8	14	दमोह	41
15	गिर सोमनाथ	3	15	दतिया	3
16	जामनगर	1	16	देवास	52
17	जूनागढ़	6	17	धार	83
18	कच्छ पूर्व (जी)	0	18	डिंडोरी	47
19	कच्छ पश्चिम (बी)	2	19	गुना	35
20	खेड़ा	0	20	ग्वालियर	26
21	महिसागर	3	21	हरदा	33
22	मेहसाणा	3	22	नर्मदापुरम	50
23	मोरबी	3	23	इंदौर आयुक्तालय	20
24	नर्मदा	11	24	इंदौर रेलवे	0
25	नवसारी	2	25	जबलपुर	95
26	पंचमहल	22	26	जबलपुर रेलवे	1
27	पाटन	8	27	झाबुआ	15
28	पोरबंदर	1	28	कटनी	31
29	राजकोट शहर	6	29	खंडवा	74
30	राजकोट ग्रामीण	4	30	खरगोन	59
31	साबरकांठा	12	31	मंडला	45
32	सूरत शहर	19	32	मन्दसौर	9

33	सूरत ग्रामीण	21	33	मुरैना	7
34	सुरेन्द्रनगर	1	34	नरसिंहपुर	50
35	तापी	6	35	नीमच	8
36	वडोदरा शहर	10	36	पन्ना	15
37	वडोदरा ग्रामीण	30	37	रायसेन	70
38	वलसाड	9	38	राजगढ़	8
39	पश्चिम रेलवे अहमदाबाद	0	39	रतलाम	74
40	पश्चिम रेलवे वडोदरा	1	40	रीवा	59
	कुल जिले	321	41	सागर	74
			42	सतना	32
			43	सिवनी	82
			44	शाहडोल	54
			45	शाजापुर	6
			46	श्यामपुर	11
			47	शिवपुरी	62
			48	सीधी	50
			49	सीहोर	10
			50	सिंगरौली	54
			51	टीकमगढ़	12
			52	उज्जैन	19
			53	उमरिया	22
			54	विदिशा	17
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाड़ी	8
				कुल जिले	1922

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	37	1	अजमेर	14
2	अकोला	5	2	अलवर	83
3	अमरावती आयुक्तालय	4	3	बांसवाड़ा	22
4	अमरावती ग्रामीण	24	4	बारां	96
5	छत्रपति संभाजीनगर आयुक्तालय	1	5	बाड़मेर	94
6	छत्रपति संभाजीनगर ग्रामीण	9	6	भरतपुर	33
7	बीड	21	7	भीलवाड़ा	39
8	भंडारा	8	8	बीकानेर	2

9	बुलढाना	7	9	बूंदी	90
10	चंद्रपुर	30	10	चित्तौड़गढ़	34
11	धुले	26	11	चुरु	6
12	गडचिरोली	19	12	दौसा	60
13	गोंदिया	17	13	धौलपुर	16
14	हिंगोली	11	14	डूंगरपुर	17
15	जलगांव	15	15	जीआरपी अजमेर	2
16	जलना	9	16	जीआरपी जोधपुर	0
17	कोल्हापुर	0	17	गंगानगर	2
18	लातूर	5	18	हनुमानगढ़	2
19	मुंबई आयुक्तालय	7	19	जयपुर पूर्व	49
20	मुंबई रेलवे	0	20	जयपुर उत्तर	18
21	नागपुर आयुक्तालय	8	21	जयपुर ग्रामीण	106
22	नागपुर रेलवे	0	22	जयपुर दक्षिण	48
23	नागपुर ग्रामीण	22	23	जयपुर पश्चिम	53
24	नांदेड़	25	24	जैसलमेर	38
25	नंदुरबार	15	25	जालौर	46
26	नासिक आयुक्तालय	9	26	झालावाड़	63
27	नासिक ग्रामीण	24	27	झुंझुनू	31
28	नवी मुंबई	4	28	जोधपुर पूर्व	18
29	धाराशिव	5	29	जोधपुर पश्चिम	18
30	पालघर	15	30	जोधपुर ग्रामीण	41
31	परभनी	12	31	करौली	69
32	पुणे आयुक्तालय	0	32	कोटा शहर	33
33	पुणे रेलवे	0	33	कोटा ग्रामीण	51
34	पुणे ग्रामीण	26	34	नागौर	4
35	रायगढ़	7	35	पाली	44
36	रत्नागिरि	0	36	प्रतापगढ़	26
37	सांगली	2	37	राजसमंद	26
38	सतारा	8	38	सवाई माधोपुर	87
39	सिंधुदुर्ग	0	39	सीकर	70
40	सोलापुर आयुक्तालय	1	40	सिरोही	31
41	सोलापुर ग्रामीण	20	41	टोंक	126
42	ठाणे आयुक्तालय	4	42	उदयपुर	72
43	ठाणे ग्रामीण	14	43	जयपुर मेट्रो	0
44	वर्धा	13	44	एससीआरबी	0
45	वाशिम	15	45	एटीएस और एसओजी	0
46	यवतमाल	55	46	एसएसबी	0
47	पिंपरी चिंचवाड़ शहर	0	47	जयपुर क्राइम	0

48	छत्रपति संभाजीनगर रेलवे	0	48	भिवाड़ी	17
	कुल जिले	559		कुल जिले	1797

2020 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जनजातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा :

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :गुजरात			राज्य :मध्य प्रदेश		
1	अहमदाबाद शहर	9	1	अगर	7
2	अहमदाबाद ग्रामीण	5	2	अलीराजपुर	7
3	अमरेली	7	3	अनूपपुर	78
4	आनंद	5	4	अशोक नगर	59
5	अरवल्ली	8	5	बालाघाट	99
6	बनासकांठा	12	6	बड़वानी	28
7	भरुच	45	7	बेतुल	87
8	भावनगर	3	8	भिंड	0
9	बोटाड	3	9	भोपाल आयुक्तालय	3
10	छोटा उदयपुर	17	10	भोपाल रेलवे	0
11	दाहोद	14	11	बुरहानपुर	21
12	डैंग	1	12	छतरपुर	31
13	देवभूमि द्वारका	0	13	छिंदवाड़ा	93
14	गांधीनगर	3	14	दमोह	63
15	गिर सोमनाथ	5	15	दतिया	1
16	जामनगर	2	16	देवास	42
17	जूनागढ़	2	17	धार	88
18	कच्छ पूर्व (जी)	4	18	डिंडोरी	48
19	कच्छ पश्चिम (बी)	2	19	गुना	65
20	खेड़ा	3	20	ग्वालियर	36
21	महिसागर	4	21	हरदा	45
22	मेहसाणा	0	22	नर्मदापुरम	50
23	मोरबी	1	23	इंदौर आयुक्तालय	26
24	नर्मदा	11	24	इंदौर रेलवे	1
25	नवसारी	9	25	जबलपुर	106

26	पंचमहल	19	26	जबलपुर रेलवे	0
27	पाटन	3	27	झाबुआ	6
28	पोरबंदर	1	28	कटनी	57
29	राजकोट शहर	2	29	खंडवा	37
30	राजकोट ग्रामीण	6	30	खरगोन	68
31	साबरकांठा	6	31	मंडला	49
32	सूरत शहर	12	32	मन्दसौर	21
33	सूरत ग्रामीण	19	33	मुरैना	5
34	सुरेन्द्रनगर	1	34	नरसिंहपुर	36
35	तापी	5	35	नीमच	10
36	वडोदरा शहर	10	36	पन्ना	42
37	वडोदरा ग्रामीण	27	37	रायसेन	67
38	वलसाड	4	38	राजगढ़	31
39	पश्चिम रेलवे अहमदाबाद	0	39	रतलाम	51
40	पश्चिम रेलवे वडोदरा	1	40	रीवा	132
41	साइबर अहमदाबाद क्षेत्र	0	41	सागर	82
42	साइबर भावनगर क्षेत्र	0	42	सतना	58
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	81
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	86
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	11
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	17
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	89
48	साइबर सूरत क्षेत्र	0	48	सीधी	70
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	16
	कुल जिले	291	50	सिंगरौली	63
			51	टीकमगढ़	25
			52	उज्जैन	30
			53	उमरिया	42
			54	विदिशा	27
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाड़ी	8
				कुल जिले	2401

क्र.सं.	ज़िला	सीआर	क्र.सं.	ज़िला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	36	1	अजमेर	27
2	अकोला	9	2	अलवर	114
3	अमरावती आयुक्तालय	7	3	बांसवाड़ा	20
4	अमरावती ग्रामीण	33	4	बारां	132
5	छत्रपति संभाजीनगर आयुक्तालय	1	5	बाड़मेर	107
6	छत्रपति संभाजीनगर ग्रामीण	15	6	भरतपुर	55
7	बीड	24	7	भीलवाड़ा	32
8	भंडारा	12	8	बीकानेर	6
9	बुलढाना	7	9	बूंदी	92
10	चंद्रपुर	33	10	चित्तौड़गढ़	47
11	धुले	25	11	चुरू	6
12	गडचिरोली	14	12	दौसा	83
13	गोंदिया	7	13	धौलपुर	17
14	हिंगोली	20	14	डूंगरपुर	22
15	जलगांव	41	15	जीआरपी अजमेर	1
16	जालन	19	16	जीआरपी जोधपुर	0
17	कोल्हापुर	3	17	गंगानगर	1
18	लातूर	2	18	हनुमानगढ़	2
19	मुंबई आयुक्तालय	6	19	जयपुर पूर्व	44
20	मुंबई रेलवे	2	20	जयपुर उत्तर	22
21	नागपुर आयुक्तालय	3	21	जयपुर ग्रामीण	78
22	नागपुर रेलवे	0	22	जयपुर दक्षिण	39
23	नागपुर ग्रामीण	14	23	जयपुर पश्चिम	29
24	नांदेड़	24	24	जैसलमेर	33
25	नंदुरबार	10	25	जालौर	59
26	नासिक आयुक्तालय	4	26	झालावाड़	74
27	नासिक ग्रामीण	44	27	झुंझुनू	30
28	नवी मुंबई	9	28	जोधपुर पूर्व	17
29	धाराशिव	16	29	जोधपुर पश्चिम	17
30	पालघर	16	30	जोधपुर ग्रामीण	50
31	परभनी	19	31	करौली	70
32	पुणे आयुक्तालय	1	32	कोटा शहर	30

33	पुणे रेलवे	0	33	कोटा ग्रामीण	54
34	पुणे ग्रामीण	28	34	नागौर	6
35	रायगढ़	11	35	पाली	43
36	रत्नागिरि	0	36	प्रतापगढ़	45
37	सांगली	1	37	राजसमंद	32
38	सतारा	9	38	सवाई माधोपुर	63
39	सिंधुदुर्ग	1	39	सीकर	51
40	सोलापुर आयुक्तालय	2	40	सिरोही	55
41	सोलापुर ग्रामीण	25	41	टोंक	95
42	ठाणे आयुक्तालय	4	42	उदयपुर	51
43	ठाणे ग्रामीण	13	43	जयपुर मेट्रो	0
44	वर्धा	21	44	एससीआरबी	0
45	वाशिम	14	45	एटीएस और एसओजी	0
46	यवतमाल	51	46	एसएसबी	0
47	पिंपरी चिंचवाड़ शहर	0	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	0	48	भिवाड़ी	27
49	मीरा भयंदर वसई विरार आयुक्तालय	7		कुल जिले	1878
	कुल जिले	663			

2021 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जनजातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा :

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य : गुजरात			राज्य : मध्य प्रदेश		
1	अहमदाबाद शहर	17	1	अगर	9
2	अहमदाबाद ग्रामीण	1	2	अलीराजपुर	12
3	अमरेली	2	3	अनूपपुर	91
4	आनंद	4	4	अशोक नगर	52
5	अरवल्ली	10	5	बालाघाट	93
6	बनासकांठा	9	6	बड़वानी	64
7	भरुच	48	7	बेतुल	44
8	भावनगर	1	8	भिंड	0
9	बोटाड	3	9	भोपाल आयुक्तालय	6
10	छोटा उदयपुर	21	10	भोपाल रेलवे	0

11	दाहोद	19	11	बुरहानपुर	22
12	डैंग	1	12	छतरपुर	29
13	देवभूमि द्वारका	0	13	छिंदवाड़ा	82
14	गांधीनगर	6	14	दमोह	58
15	गिर सोमनाथ	2	15	दतिया	4
16	जामनगर	1	16	देवास	68
17	जूनागढ़	1	17	धार	155
18	कच्छ पूर्व (जी)	4	18	डिंडोरी	64
19	कच्छ पश्चिम (बी)	0	19	गुना	48
20	खेड़ा	0	20	ग्वालियर	27
21	महिसागर	2	21	हरदा	58
22	मेहसाणा	0	22	नर्मदापुरम	87
23	मोरबी	4	23	इंदौर आयुक्तालय	33
24	नर्मदा	18	24	इंदौर रेलवे	2
25	नवसारी	8	25	जबलपुर	93
26	पंचमहल	29	26	जबलपुर रेलवे	0
27	पाटन	4	27	झाबुआ	10
28	पोरबंदर	3	28	कटनी	64
29	राजकोट शहर	1	29	खंडवा	89
30	राजकोट ग्रामीण	4	30	खरगोन	101
31	साबरकांठा	11	31	मंडला	52
32	सूरत शहर	19	32	मन्दसौर	19
33	सूरत ग्रामीण	22	33	मुरैना	4
34	सुरेन्द्रनगर	6	34	नरसिंहपुर	71
35	तापी	1	35	नीमच	6
36	वडोदरा शहर	15	36	पन्ना	37
37	वडोदरा ग्रामीण	38	37	रायसेन	68
38	वलसाड	5	38	राजगढ़	26
39	पश्चिम रेलवे अहमदाबाद	1	39	रतलाम	56
40	पश्चिम रेलवे वडोदरा	0	40	रीवा	86
41	साइबर अहमदाबाद क्षेत्र	0	41	सागर	120
42	साइबर भावनगर क्षेत्र	0	42	सतना	46
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	88
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	92
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	20
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	26
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	99
48	साइबर सूरत क्षेत्र	0	48	सीधी	64
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	23
	कुल जिले	341	50	सिंगरौली	43

51	टीकमगढ़	8
52	उज्जैन	27
53	उमरिया	44
54	विदिशा	30
55	साइबर अपराध प्रकोष्ठ	0
56	निवाड़ी	7
	कुल जिले	2627

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	48	1	अजमेर	37
2	अकोला	10	2	अलवर	135
3	अमरावती आयुक्तालय	2	3	बांसवाड़ा	31
4	अमरावती ग्रामीण	26	4	बारां	76
5	छत्रपति संभाजीनगर आयुक्तालय	2	5	बाड़मेर	99
6	छत्रपति संभाजीनगर ग्रामीण	18	6	भरतपुर	56
7	बीड	22	7	भीलवाड़ा	52
8	भंडारा	5	8	बीकानेर	4
9	बुलढाना	15	9	बूंदी	93
10	चंद्रपुर	23	10	चित्तौड़गढ़	47
11	धुले	11	11	चुरू	11
12	गडचिरोली	9	12	दौसा	111
13	गोंदिया	17	13	धौलपुर	10
14	हिंगोली	16	14	डूंगरपुर	28
15	जलगांव	30	15	जीआरपी अजमेर	0
16	जलना	13	16	जीआरपी जोधपुर	1
17	कोल्हापुर	0	17	गंगानगर	3
18	लातूर	4	18	हनुमानगढ़	2
19	मुंबई आयुक्तालय	3	19	जयपुर पूर्व	55
20	मुंबई रेलवे	0	20	जयपुर उत्तर	13
21	नागपुर आयुक्तालय	7	21	जयपुर ग्रामीण	101
22	नागपुर रेलवे	0	22	जयपुर दक्षिण	58
23	नागपुर ग्रामीण	10	23	जयपुर पश्चिम	29
24	नांदेड़	21	24	जैसलमेर	36
25	नंदुरबार	7	25	जालौर	79
26	नासिक आयुक्तालय	1	26	झालावाड़	51
27	नासिक ग्रामीण	32	27	झुंझुनू	50
28	नवी मुंबई	6	28	जोधपुर पूर्व	8
29	धाराशिव	11	29	जोधपुर पश्चिम	21

30	पालघर	9	30	जोधपुर ग्रामीण	49
31	परभनी	18	31	करौली	86
32	पुणे आयुक्तालय	2	32	कोटा शहर	37
33	पुणे रेलवे	0	33	कोटा ग्रामीण	50
34	पुणे ग्रामीण	41	34	नागौर	6
35	रायगढ़	10	35	पाली	49
36	रत्नागिरि	0	36	प्रतापगढ़	65
37	सांगली	2	37	राजसमंद	48
38	सतारा	7	38	सवाई माधोपुर	62
39	सिंधुदुर्ग	1	39	सीकर	100
40	सोलापुर आयुक्तालय	1	40	सिरोही	62
41	सोलापुर ग्रामीण	21	41	टोंक	77
42	ठाणे आयुक्तालय	7	42	उदयपुर	114
43	ठाणे ग्रामीण	28	43	जयपुर मेट्रो	0
44	वर्धा	18	44	एससीआरबी	0
45	वाशिम	5	45	एटीएस और एसओजी	0
46	यवतमाल	75	46	एसएसबी	0
47	पिंपरी चिंचवाड शहर	3	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	0	48	भिवाड़ी	19
49	मीरा भयंदर वसई विरार आयुक्तालय	11		कुल जिले	2121
	कुल जिले	628			

2022 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जनजातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा :

क्र.सं.	ज़िला	सीआर	क्र.सं.	ज़िला	सीआर
राज्य : गुजरात			राज्य : मध्य प्रदेश		
1	अहमदाबाद शहर	18	1	अगर	2
2	अहमदाबाद ग्रामीण	4	2	अलीराजपुर	9
3	अमरेली	0	3	अनूपपुर	82
4	आनंद	0	4	अशोक नगर	37
5	अरवल्ली	5	5	बालाघाट	93
6	बनासकांठा	21	6	बड़वानी	68
7	भरुच	40	7	बेतुल	60
8	भावनगर	1	8	भिंड	0

9	बोटाड	3	9	भोपाल आयुक्तालय	19
10	छोटा उदयपुर	1	10	भोपाल रेलवे	0
11	दाहोद	6	11	बुरहानपुर	17
12	डैंग	2	12	छतरपुर	28
13	देवभूमि द्वारका	0	13	छिंदवाड़ा	109
14	गांधीनगर	11	14	दमोह	75
15	गिर सोमनाथ	2	15	दतिया	7
16	जामनगर	1	16	देवास	50
17	जूनागढ़	0	17	धार	152
18	कच्छ पूर्व (जी)	0	18	डिंडोरी	58
19	कच्छ पश्चिम (बी)	1	19	गुना	68
20	खेड़ा	5	20	ग्वालियर	25
21	महिसागर	4	21	हरदा	72
22	मेहसाणा	1	22	नर्मदापुरम	81
23	मोरबी	0	23	इंदौर आयुक्तालय	9
24	नर्मदा	12	24	इंदौर रेलवे	0
25	नवसारी	9	25	जबलपुर	146
26	पंचमहल	39	26	जबलपुर रेलवे	0
27	पाटन	4	27	झाबुआ	10
28	पोरबंदर	1	28	कटनी	64
29	राजकोट शहर	12	29	खंडवा	142
30	राजकोट ग्रामीण	7	30	खरगोन	99
31	साबरकांठा	16	31	मंडला	72
32	सूरत शहर	16	32	मन्दसौर	11
33	सूरत ग्रामीण	24	33	मुरैना	3
34	सुरेन्द्रनगर	4	34	नरसिंहपुर	52
35	तापी	2	35	नीमच	24
36	वडोदरा शहर	9	36	पन्ना	25
37	वडोदरा ग्रामीण	37	37	रायसेन	89
38	वलसाड	10	38	राजगढ़	45
39	पश्चिम रेलवे अहमदाबाद	0	39	रतलाम	74
40	पश्चिम रेलवे वडोदरा	2	40	रीवा	75
41	साइबर अहमदाबाद क्षेत्र	0	41	सागर	175

42	साइबर भावनगर क्षेत्र	0	42	सतना	46
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	125
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	78
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	17
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	30
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	95
48	साइबर सूरत क्षेत्र	0	48	सीधी	83
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	25
	कुल जिले	330	50	सिंगरौली	73
			51	टीकमगढ़	17
			52	उज्जैन	39
			53	उमरिया	40
			54	विदिशा	36
			55	साइबर अपराध प्रकोष्ठ	0
			56	निवाड़ी	8
			57	भोपाल ग्रामीण	6
			58	इंदौर ग्रामीण	34
				कुल जिले	2979

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	74	1	अजमेर	44
2	अकोला	11	2	अलवर	158
3	अमरावती आयुक्तालय	5	3	बांसवाड़ा	28
4	अमरावती ग्रामीण	33	4	बारां	88
5	छत्रपति संभाजीनगर आयुक्तालय	2	5	बाड़मेर	94
6	छत्रपति संभाजीनगर ग्रामीण	24	6	भरतपुर	53
7	बीड	18	7	भीलवाड़ा	56
8	भंडारा	7	8	बीकानेर	3
9	बुलढाना	16	9	बूंदी	94
10	चंद्रपुर	28	10	चित्तौड़गढ़	57
11	धुले	18	11	चुरू	12

12	गडचिरोली	11	12	दौसा	141
13	गोंदिया	3	13	धौलपुर	24
14	हिंगोली	18	14	डूंगरपुर	26
15	जलगांव	42	15	जीआरपी अजमेर	3
16	जलना	16	16	जीआरपी जोधपुर	1
17	कोल्हापुर	2	17	गंगानगर	1
18	लातूर	4	18	हनुमानगढ़	4
19	मुंबई आयुक्तालय	2	19	जयपुर पूर्व	83
20	मुंबई रेलवे	0	20	जयपुर उत्तर	27
21	नागपुर आयुक्तालय	12	21	जयपुर ग्रामीण	112
22	नागपुर रेलवे	0	22	जयपुर दक्षिण	43
23	नागपुर ग्रामीण	23	23	जयपुर पश्चिम	61
24	नांदेड़	22	24	जैसलमेर	52
25	नंदुरबार	5	25	जालौर	80
26	नासिक आयुक्तालय	12	26	झालावाड़	97
27	नासिक ग्रामीण	41	27	झुंझुनू	16
28	नवी मुंबई	3	28	जोधपुर पूर्व	24
29	धाराशिव	12	29	जोधपुर पश्चिम	19
30	पालघर	20	30	जोधपुर ग्रामीण	37
31	परभनी	11	31	करौली	110
32	पुणे आयुक्तालय	0	32	कोटा शहर	53
33	पुणे रेलवे	0	33	कोटा ग्रामीण	41
34	पुणे ग्रामीण	37	34	नागौर	16
35	रायगढ़	14	35	पाली	61
36	रत्नागिरि	3	36	प्रतापगढ़	58
37	सांगली	3	37	राजसमंद	87
38	सतारा	10	38	सवाई माधोपुर	100
39	सिंधुदुर्ग	2	39	सीकर	73
40	सोलापुर आयुक्तालय	3	40	सिरोही	72
41	सोलापुर ग्रामीण	34	41	टोंक	140
42	ठाणे आयुक्तालय	5	42	उदयपुर	152
43	ठाणे ग्रामीण	33	43	जयपुर मेट्रो	0
44	वर्धा	10	44	एससीआरबी	0

45	वाशिम	9	45	एटीएस और एसओजी	0
46	यवतमाल	67	46	एसएसबी	0
47	पिंपरी चिंचवाड शहर	3	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	0	48	भिवाड़ी	20
49	मीरा भयंदर वसई विरार आयुक्तालय	14		कुल जिले	2521
	कुल जिले	742			

2023 के दौरान, विशेष रूप से राजस्थान, गुजरात, मध्य प्रदेश और महाराष्ट्र में अनुसूचित जनजातियों के विरुद्ध अनुसूचित जाति/अनुसूचित जनजाति अधिनियम के अधीन रजिस्ट्रीकृत मामलों की संख्या का जिला-वार ब्यौरा :

क्र.सं.	जिला	सीआर	क्र.सं.	जिला	सीआर
राज्य :गुजरात			राज्य :मध्य प्रदेश		
1	अहमदाबाद शहर	18	1	अगर	8
2	अहमदाबाद ग्रामीण	5	2	अलीराजपुर	9
3	अमरेली	2	3	अनूपपुर	60
4	आनंद	2	4	अशोक नगर	28
5	अरवल्ली	1	5	बालाघाट	59
6	बनासकांठा	22	6	बड़वानी	57
7	भरुच	40	7	बेतुल	81
8	भावनगर	0	8	भिंड	0
9	बोटाड	1	9	भोपाल आयुक्तालय	13
10	छोटा उदयपुर	12	10	भोपाल रेलवे	0
11	दाहोद	12	11	बुरहानपुर	20
12	डैंग	1	12	छतरपुर	34
13	देवभूमि द्वारका	2	13	छिंदवाड़ा	149
14	गांधीनगर	7	14	दमोह	63
15	गिर सोमनाथ	0	15	दतिया	5
16	जामनगर	2	16	देवास	81
17	जूनागढ़	0	17	धार	114
18	कच्छ पूर्व (जी)	2	18	डिंडोरी	59
19	कच्छ पश्चिम (बी)	3	19	गुना	80
20	खेड़ा	7	20	ग्वालियर	30

21	महिसागर	2	21	हरदा	53
22	मेहसाणा	2	22	नर्मदापुरम	88
23	मोरबी	5	23	इंदौर आयुक्तालय	16
24	नर्मदा	11	24	इंदौर रेलवे	0
25	नवसारी	7	25	जबलपुर	122
26	पंचमहल	32	26	जबलपुर रेलवे	1
27	पाटन	2	27	झाबुआ	1
28	पोरबंदर	0	28	कटनी	41
29	राजकोट शहर	4	29	खंडवा	123
30	राजकोट ग्रामीण	2	30	खरगोन	86
31	साबरकांठा	6	31	मंडला	89
32	सूरत शहर	18	32	मन्दसौर	11
33	सूरत ग्रामीण	20	33	मुरैना	5
34	सुरेन्द्रनगर	7	34	नरसिंहपुर	35
35	तापी	4	35	नीमच	20
36	वडोदरा शहर	11	36	पन्ना	48
37	वडोदरा ग्रामीण	27	37	रायसेन	65
38	वलसाड	7	38	राजगढ़	32
39	पश्चिम रेलवे अहमदाबाद	0	39	रतलाम	85
40	पश्चिम रेलवे वडोदरा	1	40	रीवा	75
41	साइबर अहमदाबाद क्षेत्र	0	41	सागर	172
42	साइबर भावनगर क्षेत्र	0	42	सतना	53
43	साइबर बॉर्डर क्षेत्र	0	43	सिवनी	105
44	साइबर गांधीनगर क्षेत्र	0	44	शाहडोल	91
45	साइबर जूनागढ़ क्षेत्र	0	45	शाजापुर	12
46	साइबर पंचमहल क्षेत्र	0	46	श्यापुर	30
47	साइबर राजकोट क्षेत्र	0	47	शिवपुरी	96
48	साइबर सूरत क्षेत्र	0	48	सीधी	76
49	साइबर वडोदरा क्षेत्र	0	49	सीहोर	41
	कुल जिले	307	50	सिंगरौली	65
			51	टीकमगढ़	13
			52	उज्जैन	31
			53	उमरिया	36

54	विदिशा	40
55	साइबर अपराध प्रकोष्ठ	0
56	निवाड़ी	6
57	भोपाल ग्रामीण	11
58	इंदौर ग्रामीण	34
	कुल जिले	2858

क्र.सं.	ज़िला	सीआर	क्र.सं.	ज़िला	सीआर
राज्य :महाराष्ट्र			राज्य :राजस्थान		
1	अहमदनगर	59	1	अजमेर	19
2	अकोला	8	2	अलवर	163
3	अमरावती आयुक्तालय	6	3	बांसवाड़ा	15
4	अमरावती ग्रामीण	31	4	बारां	96
5	छत्रपति संभाजीनगर आयुक्तालय	1	5	बाड़मेर	51
6	छत्रपति संभाजीनगर ग्रामीण	25	6	भरतपुर	69
7	बीड	21	7	भीलवाड़ा	70
8	भंडारा	5	8	बीकानेर	7
9	बुलढाना	14	9	बूंदी	89
10	चंद्रपुर	33	10	चित्तौड़गढ़	56
11	धुले	13	11	चुरू	11
12	गडचिरोली	14	12	दौसा	121
13	गोंदिया	28	13	धौलपुर	19
14	हिंगोली	16	14	डूंगरपुर	40
15	जलगांव	35	15	जीआरपी अजमेर	0
16	जलना	15	16	जीआरपी जोधपुर	1
17	कोल्हापुर	0	17	गंगानगर	3
18	लातूर	8	18	हनुमानगढ़	4
19	मुंबई आयुक्तालय	5	19	जयपुर पूर्व	88
20	मुंबई रेलवे	0	20	जयपुर उत्तर	35
21	नागपुर आयुक्तालय	6	21	जयपुर ग्रामीण	55
22	नागपुर रेलवे	0	22	जयपुर दक्षिण	52
23	नागपुर ग्रामीण	14	23	जयपुर पश्चिम	53

24	नांदेड	28	24	जैसलमेर	54
25	नंदुरबार	6	25	जालौर	45
26	नासिक आयुक्तालय	7	26	झालावाड़	69
27	नासिक ग्रामीण	37	27	झुंझुनू	17
28	नवी मुंबई	5	28	जोधपुर पूर्व	23
29	धाराशिव	32	29	जोधपुर पश्चिम	26
30	पालघर	24	30	जोधपुर ग्रामीण	13
31	परभनी	8	31	करौली	71
32	पुणे आयुक्तालय	3	32	कोटा शहर	46
33	पुणे रेलवे	0	33	कोटा ग्रामीण	66
34	पुणे ग्रामीण	46	34	नागौर	2
35	रायगढ़	26	35	पाली	49
36	रत्नागिरि	1	36	प्रतापगढ़	40
37	सांगली	8	37	राजसमंद	57
38	सतारा	11	38	सवाई माधोपुर	63
39	सिंधुदुर्ग	0	39	सीकर	49
40	सोलापुर आयुक्तालय	3	40	सिरोंही	64
41	सोलापुर ग्रामीण	29	41	टोंक	88
42	ठाणे आयुक्तालय	7	42	उदयपुर	125
43	ठाणे ग्रामीण	39	43	जयपुर मेट्रो	0
44	वर्धा	13	44	एससीआरबी	0
45	वाशिम	11	45	एटीएस और एसओजी	0
46	यवतमाल	67	46	एसएसबी	0
47	पिंपरी चिंचवाड़ शहर	1	47	जयपुर क्राइम	0
48	छत्रपति संभाजीनगर रेलवे	0	48	भिवाड़ी	8
49	मीरा भयंदर वसई विरार आयुक्तालय	4	49	ब्यावर	7
	कुल जिले	773	50	डीडवाना-कुचामन	3
			51	केकरी	24
			52	शाहपुरा	21
			53	डीग	11
			54	गंगापुर सिटी	51
			55	अनूपगढ़	0
			56	डूडू	14

57	खैरताल-तिजारा	11
58	कोटपुतली-बहरोड़	64
59	बालोतरा	46
60	फलौदी	19
61	जोधपुर क्राइम	0
62	सांचोर	31
63	नीम का थाना	37
64	सलूमबर	22
	कुल जिले	2453

स्रोत : क्राइम इन इंडिया

INLAND WATER TRANSPORT

2244. SHRI KOTA SRINIVASA POOJARY:

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

- whether it is a fact that there is a great potential for inland water transport in the Coastal districts of Karnataka under National Waterways, if so, the details thereof;
- whether a detailed action plan has been prepared to develop terminals, jetties and logistics hubs in Udupi, Dakshina Kannada and Uttara Kannada districts of Karnataka, if so, the details thereof;
- whether a multimodal connectivity scheme is being implemented to link these terminals with railways, highways and industrial areas, if so, the details thereof; and
- whether Government is considering to provide technical and financial assistance for its promotion, if so, the details thereof?

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

(a) and (b): Karnataka has 12 declared National Waterways (NWs) as per The National Waterways Act, 2016 as given in the enclosed **Statement-I**. Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways has prepared an action plan for providing floating jetties for river cruise tourism. The detail action plan is given in the enclosed **Statement-II**. Besides this, IWAI is conducting technical feasibility for setting up of logistics hub at Mengaluru. The outcome will depend on the recommendations of the technical feasibility report.

(c): No.

(d): The developmental works in these NWs are being taken up by IWAI through Government Budgetary Support.

STATEMENT-I

National Waterways in Karnataka

Sl. No	National Waterway	River	Length in Km	State(s)
1.	NW-4	Krishna river (Wazirabad to Vijayawada)	636	Andhra Pradesh, Tamil Nadu, Maharashtra, Telangana, Karnataka, Puducherry and Chhattisgarh
2.	NW-21	Bheema river	139	Karnataka and Telangana

3.	NW-41	Ghataprabha river	112	Karnataka
4.	NW-43	Gurupur river	10	Karnataka
5.	NW-51	Kabini river	23	Karnataka
6.	NW-52	Kali river	53	Karnataka
7.	NW-67	Malaprabha river	94	Karnataka
8.	NW-74	Netravathi river	79	Karnataka
9.	NW-76	Panchagangavali (panchagangoli) river	23	Karnataka
10.	NW-90	Sharavati river	29	Karnataka
11.	NW-104	Tungabhadra river	232	Karnataka, Telangana and Andhra Pradesh
12.	NW-105	Udayavara river	15	Karnataka

STATEMENT-II

Action Plan for providing floating jetties and navigational aids by 2026-27 by Inland Waterways Authority of India (IWAI) in Karnataka NWs:

- (a) Gurupur River (NW-43) and Netravathi River (NW-74)- 3 pairs of connecting jetties are proposed to connect Bengre Ferry Service, BMS ferry line, Sulthan Bathery. Further, a pair of jetty at Bolar and Ullal is proposed for development for ferry route (1.5 Km) against a distance of 15.7 Kms taken by road. Jetties already exist at these locations, the same are proposed to be augmented by navigational aids.

- (b) Kali River (NW-52)- Induction of navigational aids and augmentation of existing jetty (24 m x 6m) is proposed navigational aids are proposed to be set up.
- (c) Panchagangavali River (NW-76)- A floating jetty at Kodi beach is proposed for initiating river cruise in the backwaters of this river.
- (d) Sharavati River (NW-90)- 2 floating jetties at Honnavar and Gerusoppa are proposed for river cruise tourism. The tender has already been floated and navigational aids are proposed to be set up.
- (e) Udayvara River (NW-105)- A floating jetty is proposed at Malpe for river cruise tourism. Existing cruise operations connect maple sea view to St. Mary Island and Daria Bahadurgarh Fort.

योग और प्राकृतिक चिकित्सा संस्थान की स्थापना

2245. श्री अशोक कुमार रावत:

श्री चन्द्र प्रकाश जोशी:

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

- (क) देश में विशेषकर आंध्र प्रदेश, उत्तर प्रदेश और राजस्थान में अनुमानित लागत, संस्थागत ढांचे और प्रशासनिक ढांचे सहित योग और प्राकृतिक चिकित्सा हेतु एक प्रमुख अनुसंधान संस्थान स्थापित करने के प्रस्ताव का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;
- (ख) क्या उक्त राज्यों की सरकारों से उक्त संस्थानों की स्थापना हेतु भूमि आवंटित करने का अनुरोध किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (ग) ज़मीन के बंटवारे और उससे जुड़ी प्रशासनिक मंजूरी की अभी क्या स्थिति है और पहले चरण में स्नातक और स्नातकोत्तर सीटों की प्रस्तावित संख्या क्या है; और
- (घ) देश में उच्च शिक्षा के अवसरों का विस्तार, अनुसंधान क्षमता को बढ़ाने और योग और प्राकृतिक चिकित्सा स्वास्थ्य सेवाओं तक जनता की पहुंच में सुधार के संबंध में इस पहल के राज्य/संघ राज्यक्षेत्र-वार क्या अपेक्षित परिणाम हैं?

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

(क) से (ग): आयुष मंत्रालय ने निम्नलिखित राज्यों में योग और प्राकृतिक चिकित्सा के 100 बिस्तरों वाले अस्पतालों के साथ केंद्रीय योग और प्राकृतिक चिकित्सा अनुसंधान संस्थान (सीआरआईवाईएन) स्थापित करने की योजना बनाई है:

क्र.सं.	राज्य	अनुमानित लागत (लाख में)	भूमि आवंटन का विवरण/स्थिति
1.	आंध्र प्रदेश	9381.76	आंध्र प्रदेश सरकार ने नदीमपालेम गांव, प्रतिपाडु मंडल, कटुरी मेडिकल कॉलेज और अस्पताल के निकट, जिला गुंटूर, आंध्र प्रदेश में निःशुल्क 15 एकड़ भूमि आवंटित की।
2	असम	9191.221	असम सरकार ने ग्राम देहिन, खामतीघाट, डिब्रूगढ़, असम में निःशुल्क 45 बीघा भूमि आवंटित की।
3.	छत्तीसगढ़	9003.33	छत्तीसगढ़ सरकार ने ग्राम दंगनिया और चिरुहुलडीह तहसील, रायपुर, जिला रायपुर, छत्तीसगढ़ में निःशुल्क 9.97 एकड़ भूमि आवंटित की।
4.	केरल	9967.77	केरल सरकार ने करिथलम गांव, वेल्लारिकुंडु तालुक, जिला कासरगोड, केरल में निःशुल्क 15 एकड़ भूमि आवंटित की।
5.	ओडिशा	9473.28	ओडिशा सरकार ने किसाम पटियाला, तहसील जाटानी, मौजा बिन्झगिरी, ओडिशा में निःशुल्क 20 एकड़ भूमि आवंटित की थी। हालांकि, एनजीटी मामले और भूमि के एफसीए की वजह से, गैर-मंजूरी के कारण आगे की प्रक्रिया रोक दी

			गई है। ओडिशा राज्य सरकार द्वारा सीआरआईवाईएन की स्थापना के लिए वैकल्पिक भूमि की व्यवस्था की जा रही है।

राजस्थान सरकार ने योग और प्राकृतिक चिकित्सा के 100 बिस्तरों वाले अस्पताल सहित सीआरआईवाईएन की स्थापना के लिए 15 एकड़ प्रीमियम मुक्त भूमि का प्रस्ताव दिया था, हालांकि, राजस्थान सरकार ने भूमि का हस्तांतरण नहीं किया है। अब तक, उत्तर प्रदेश में योग और प्राकृतिक चिकित्सा के लिए एक प्रमुख अनुसंधान संस्थान की स्थापना का कोई प्रस्ताव आयुष मंत्रालय के पास नहीं है।

प्रस्तावित सीआरआईवाईएन, आयुष मंत्रालय के तहत, एक स्वायत्त निकाय- केंद्रीय योग और प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन) के प्रशासनिक नियंत्रण में कार्य करेगा।

वर्तमान में, प्रस्तावित सीआरआईवाईएन में स्नातक/स्नातकोत्तर पाठ्यक्रमों के लिए कोई प्रस्ताव मंत्रालय में विचाराधीन नहीं है।

(घ): इस पहल से निम्नलिखित परिणामों की परिकल्पना की गई है:

- योग और प्राकृतिक चिकित्सा से संबंधित अनुसंधान परियोजनाओं को आगे बढ़ाना।
- आम जनता के लिए योग और प्राकृतिक चिकित्सा स्वास्थ्य सेवाओं से संबंधित ओपीडी और आईपीडी उपचार सुविधाओं में सुधार।

QUALITY CONCERNS OF MEDICINES AT JAN AUSHADHI KENDRAS

2246. THIRU DAYANIDHI MARAN:

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

- (a) whether the Union Government is aware of the growing crisis in the quality and availability of generic medicines supplied through Jan Aushadhi Kendras (JAKs) in the country and if so, the details of complaints received and supply gaps identified therein;
- (b) the number of cases registered during the last five years against Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) outlets for quality failures, contaminants or substandard formulations, year-wise;
- (c) the concrete steps taken to enforce strict quality control, including mandatory batch testing, surprise inspections, blacklisting of non-compliant manufacturers and timelines for recalling substandard medicines supplied under PMBJP;
- (d) the measures adopted to strengthen regulatory oversight and transparency in procurement, vendor selection and stocking of generic medicines; and
- (e) whether an independent audit mechanism is being created to prevent further lapses, 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): Any person may lodge complaint regarding 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. Although JAKs serve about 15 lakh consumers daily, only 2,102 grievances were lodged in the financial year (FY) 2024-25, constituting less than 0.0004% of consumers transactions. The grievances lodged related primarily to non-availability of specific medicines at particular outlets.

With a view to address any supply gaps and ensure smooth supply and product availability at JAKs, the Pharmaceuticals and Medical Devices Bureau of India (PMBI), which is the implementing agency for PMBJP, has undertaken the following measures:

- (i) An end-to-end information-technology-enabled supply chain system has been put in place, consisting currently of five warehouses and 39 distributors across the country.
- (ii) Since September 2024, stocking by JAKs of 200 commonly used medicines, consisting of the 100 top-selling medicines in the 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.
- (iii) In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by PMBI and demand for the same is forecasted on an ongoing basis. Further, steps have been taken to digitise the forecasting method to augment the procurement process through automation.

(b) and (c): No such cases have been registered against Janaushadhi outlets under PMBJP for quality failures, contaminants or substandard formulations as the action is liable against manufacturers of such medicine. Further, with a view to ensure quality of medicines available at JAKs so that health of patients is not compromised, concrete mechanisms are in place to ensure continuous inspection, testing and standardisation, including the following:

- (i) *Supply only from WHO Good Manufacturing Practices (GMP) certified plants:* Only plants that are certified as WHO-GMP compliant by the Central Drugs Standard Control Organisation (CDSCO) after direct inspection are eligible for supply.
- (ii) *Distribution only after 100% pre-testing of all medicine batches:* Samples are drawn from 100% of batches supplied at PMBI's warehouses for testing anonymously, and medicines are dispatched for supply to JAKs only after the quality test is passed.
- (iii) *Testing only at labs compliant with Good Laboratory Practices (GLP):* Samples are tested only at labs accredited and periodically inspected by the National Accreditation Board for Testing and Calibration Laboratories (NABL) and, in addition, assessed by PMBI for GLP compliance.

On detection of any medicine of Not of Standard Quality (NSQ) category, sale of the said batches of medicines across the entire supply chain is stopped forthwith

and such batches available in the supply channel are recalled. Further, in such cases, the tender clauses prescribe appropriate action against the manufacturer, such as forfeiture of security deposit, recovery of cost of entire batch and blacklisting/debarment of manufacturer/drug supplied.

Year-wise details of cases registered against manufacturers who supplies drugs for PMBJP for quality failures are as under:

S. No.	Financial year	Number of batches of products purchased	Number of batches reported as NSQ by drug regulatory authorities and cases registered
1	2020-21	6,955	21
2	2021-22	9,143	29
3	2022-23	12,001	49
4	2023-24	13,000	61
5	2024-25	18,686	46

(d) and (e): With regard to regulatory oversight over drugs in the country, CDSCO and the Ministry of Health and Family Welfare have taken following measures:

- (i) In order to assess the regulatory compliance of drug manufacturing premises in the country, 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 such as issuance of show cause notices, stop production order, suspension, cancellation of licenses/product-licenses, warning letters etc., have been taken by the State Licensing Authorities as per the provisions of the Drugs Rules, 1945.

- (ii) The Drugs Rules, 1945 have been amended in 2023 to require manufacturers of the top-300 drug formulation brands listed in Schedule H2 to the said rules to print or affix a bar code or Quick Response (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 said 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.
- (iii) As part of quality monitoring, CDSCO uploads details of drug samples that fail quality checks on its website as monthly drug alerts. For samples declared Not of Standard Quality (NSQ) by the drugs testing laboratories under CDSCO, manufacturers are directed to immediately recall the product and stop further distribution. Based on investigation findings, licensing authorities concerned take action under the Drugs and Cosmetics Act, 1940 and the rules made thereunder, including stop-production/testing orders, license suspension or cancellation, warning letters and show cause notices.
- (iv) Schedule M to the Drugs Rules, 1945 has been revised *vide* Ministry of Health and Family Welfare's notification dated 28.12.2023, in line with

international standards {of the World Health Organization (WHO)}, and the same has come into effect for drug manufacturers with turnover more than ₹250 crore from 29.6.2024. However, for manufacturers having turnover of up to ₹250 crore, the timeline for implementation has been extended till 31.12.2025, *vide* notification dated 11.2.2025.

- (v) In February 2024, CDSCO published regulatory guidelines for the sampling of drugs, cosmetics and medical devices by Central and State drugs inspectors. These provide a structured approach to ensure the quality and efficacy of products available in the market through uniform drug sampling methodology.
- (vi) An online portal, SUGAM, is in place since September 2023 for integrating the drug testing labs of CDSCO. It automates the entire workflow for testing of medical products (drugs, vaccine, cosmetics and medical devices) to meet quality specifications and trace testing status in laboratories.
- (vii) The Drugs Rules, 1945 have been amended to make it mandatory that, in case an applicant intends to market the drug under a brand name or trade name, such applicant shall furnish an undertaking in prescribed form to the licensing authority that such or similar brand name or trade name is not already in existence with respect to any drug in the country and the

proposed brand name or trade name shall not lead to any confusion or deception in the market.

- (viii) For uniformity in the administration of the Drugs and Cosmetics Act, 1940, the Central drugs regulator coordinates activities of the State Drugs Control Organisations and provides expert advice through the Drugs Consultative Committee meetings held with the State Drugs Controllers.
- (ix) Central Government organises residential and regional training and workshops on an ongoing basis to officials of CDSCO and State Drugs Regulatory Authorities on Good Manufacturing Practices. Since April 2023, CDSCO has trained over 43,000 persons.

As regards transparency, it is informed that PMBI selects manufacturers and suppliers through an open tendering process, using the Government's Central Public Procurement Portal, for rate contracts. Further, distributors are appointed based on requirement by inviting expressions of interest (EoI) and following a transparent selection process. Whenever there is requirement, an invitation for EoI or tender is uploaded on the scheme website (www.janaushadhi.gov.in) for authorised distributorship.

With regard to independent measures to prevent lapses, it is stated that independent regulatory oversight as detailed above and testing of samples of medicines supplied to JAKs is done at labs accredited and independently overseen

by the National Accreditation Board for Testing and Calibration Laboratories (NABL) serve to safeguard against any lapses.

WELFARE SCHEMES FOR ORPHANS

2247. SHRI ASADUDDIN OWAISI:

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

- (a) whether the Government has surveyed the number of orphaned/ abandoned children/children with single parent, if so, the details thereof;
- (b) the details of the measures being taken by the Government to integrate these vulnerable children into a unified protective network;
- (c) the details of the schemes launched by the Government for their welfare, including educational support, health insurance, financial assistance etc.;
- (d) the number of beneficiaries covered under these schemes, State-wise; and
- (e) the details of the rehabilitation and skill development facilities being provided to them under these welfare schemes?

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

(a) to (e): The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) is the primary legislation for ensuring safety, security, dignity and wellbeing of children in need of care and protection and those in conflict with law by catering to their basic needs through care, protection, development, treatment,

rehabilitation and social re-integration. The Ministry of Women and Child Development is the nodal Ministry for the JJ Act.

Under the JJ Act 2015, the Child Welfare Committees (CWCs) have been empowered to take decisions with regard to the children in need of care and protection including orphaned, abandoned and surrendered children. They are also mandated to monitor the function of the Child Care Institutions (CCIs). Similarly, the Juvenile Justice Boards (JJBs) are empowered to take decisions regarding the welfare of children in conflict with law. The Act defines standards of care and protection to secure the best interest of children living in CCIs and aims to provide family environment through non-institutional care services which includes sponsorship, foster care and aftercare.

Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya' in all States and Union Territories on predefined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult circumstances including orphan children. The scheme provides institutional care and non-institutional care. Child Care Institutions (CCIs) established under the Mission Vatsalya scheme provide, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under Non-Institutional Care Service, support is provided through Sponsorship, Foster Care, Adoption and After Care.

During FY 2024-25, Rs. 1405.53 crores were released under Mission Vatsalya Scheme to the States and Union Territories. The state-wise numbers of beneficiaries under Mission Vatsalya scheme during FY 2024-25 is given in the enclosed **Statement**.

STATEMENT

(i) State-wise Number of Beneficiaries in child care institutions (CCIs) under Mission Vatsalya Scheme during FY 2024-25:

S. No.	State	Beneficiaries
1	Andhra Pradesh	2152
2	Arunachal Pradesh	420
3	Assam	1615
4	Bihar	2958
5	Chhattisgarh	1876
6	Goa	519
7	Gujarat	2393
8	Haryana	946
9	Himachal Pradesh	1390
10	Jammu and Kashmir	1385
11	Jharkhand	1995
12	Karnataka	4587
13	Kerala	1345
14	Madhya Pradesh	2303
15	Maharashtra	3667
16	Manipur	2296
17	Meghalaya	990
18	Mizoram	1348
19	Nagaland	621
20	Odisha	4627
21	Punjab	506
22	Rajasthan	3958
23	Sikkim	660
24	Tamil Nadu	12438

25	Telangana	2485
26	Tripura	1085
27	Uttar Pradesh	5420
28	Uttarakhand	868
29	West Bengal	7615
30	Andaman and Nicobar	263
31	Chandigarh	344
32	Dadra and Nagar Haveli and Daman and Diu	64
33	Ladakh	77
34	Lakshadweep	0
35	Delhi	1012
36	Puducherry	654

**(ii) States-wise Number of beneficiaries in Non-Institutional Care
(Sponsorship, Foster care and Adoption) in FY 2024-25:**

S. No.	Name of States/UTs	No. of beneficiaries
1	Andhra Pradesh	14187
2	Arunachal Pradesh	1318
3	Assam	2400
4	Bihar	6001
5	Chhattisgarh	1550
6	Goa	93
7	Gujarat	472
8	Haryana	880
9	Himachal Pradesh	2028
10	Jammu and Kashmir	5092
11	Jharkhand	6793
12	Karnataka	18673
13	Kerala	2182
14	Madhya Pradesh	20572
15	Maharashtra	32520
16	Manipur	1932
17	Meghalaya	1285
18	Mizoram	2011
19	Nagaland	789

20	Odisha	5545
21	Punjab	2483
22	Rajasthan	475
23	Sikkim	427
24	Tamil Nadu	8116
25	Telangana	7287
26	Tripura	2059
27	Uttar Pradesh	15000
28	Uttarakhand	1631
29	West Bengal	4125
30	Andaman and Nicobar Islands	0
31	Chandigarh	350
32	Dadra and Nagar Haveli and Daman and Diu	929
33	Ladakh	482
34	Lakshadweep	0
35	NCT of Delhi	952
36	Puducherry	256

कृषि रसायनों की आवश्यकता

2248. श्रीमती रुचि वीरा:

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

- (क) क्या सरकार को इस बात की जानकारी है कि देश में फसल सुरक्षा सुनिश्चित करने के लिए किसानों को कृषि रसायनों के बड़े स्टॉक की ज़रूरत है;
- (ख) यदि हाँ, तो इस संबंध में सरकार द्वारा शुरू की जाने वाली प्रस्तावित पहलों का ब्यौरा क्या है; और
- (ग) क्या देश में कीटनाशकों का पंजीकरण से जुड़े नियम बनाने की ज़रूरत है जिससे ज़्यादा से ज़्यादा मॉलिक्यूल्स के पंजीकरण को बढ़ावा दिया जा सके, ताकि किसानों के पास अलग-अलग फसलें उगाने और कीड़ों, बीमारियों, खरपतवारों और रेजिस्टेंस की समस्याओं से निपटने के लिए कई तरह के विकल्प हों और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): जी, हां। सरकार को इस बात की जानकारी है कि देश में फसल सुरक्षा सुनिश्चित करने हेतु किसानों को कृषि रसायनों के बड़े स्टॉक की आवश्यकता है। कीटनाशकों का उत्पादन, आयात, भंडारण, बिक्री, वितरण और उपयोग, कीटनाशक अधिनियम, 1968 और उसके अंतर्गत बनाए गए कीटनाशक नियम, 1971 द्वारा विनियमित होता है, जिनका संचालन केंद्रीय कीटनाशक बोर्ड और पंजीकरण समिति (सीआईबी एण्ड आरसी) के माध्यम से कृषि और किसान कल्याण विभाग द्वारा किया जा रहा है। इसमें कीटनाशकों की संरक्षा, प्रभावकारिता और गुणवत्ता का उचित मूल्यांकन करने के बाद सीआईबी एण्ड आरसी उनकी जांच और उनका पंजीकरण करती है। इससे यह सुनिश्चित होता है कि उक्त अधिनियम के प्रावधानों के तहत किसानों को सुरक्षित और प्रभावी कीटनाशक उपलब्ध हों सके। आज की तारीख तक, कीटनाशक अधिनियम, 1968 के तहत देश में उपयोग के लिए 368 तकनीकी और 1139 कीटनाशक फॉर्मूलेशन पंजीकृत हैं, जो किसानों को व्यापक विकल्प प्रदान करते हैं।

सीआईबी एंड आरसी ने किसानों को कीटनाशकों की उपलब्धता सुनिश्चित करने के लिए पंजीकरण प्रक्रिया को सुदृढ़ और सुव्यवस्थित बनाने हेतु कई पहलें की हैं। इनमें पारदर्शिता और दक्षता सुनिश्चित करने हेतु त्वरित निर्णय लेने के लिए पंजीकरण समिति की समय पर बैठकें आयोजित करना, आवेदनों के प्रस्तुतीकरण और प्रसंस्करण के लिए डिजिटल प्रणालियों को अपनाना और वैज्ञानिक प्रगति के आधार पर दिशानिर्देशों का निरंतर संशोधन करना शामिल है। ये पहलें, फसल संरक्षण हेतु सुरक्षित और प्रभावी कीटनाशकों की व्यापक उपलब्धता में सहायक हैं।

किसानों को विकल्पों की एक विस्तृत श्रृंखला उपलब्ध कराने के लिए कीटनाशक अधिनियम के तहत मौजूदा नियामक तंत्र देश में कीटनाशकों के मूल्यांकन और पंजीकरण हेतु एक व्यवस्थित और वैज्ञानिक व्यवस्था प्रदान करता है।

STATUS OF DEFENCE LAND

2249. SHRI PUSHPENDRA SAROJ:

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

- (a) the total area of defence land currently lying unused, encroached or under litigation across the country, State-wise;
- (b) whether the Government has conducted any assessment of the impact of prolonged acquisition processes or eviction drives on affected rural communities, if so, the details thereof including findings therein;
- (c) whether the Government proposes to digitise defence land records and make them accessible under ongoing land governance or asset-monetisation initiatives and if so, the details thereof along with the timeline likely to be required for their implementation; and
- (d) whether the Government is considering the utilisation of surplus and non-operational defence land for public welfare infrastructure in land-scarce regions, while ensuring operational and security requirements and if so, the details thereof?

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

(a): The defence land is utilised for bona fide military purposes and to meet strategic, operational and security needs of the Armed Forces. Around 45906 acres of vacant defence land has been identified which is surplus to the requirements of

the Armed Forces. The details of these lands have been circulated to the other Central Govt. Departments for ascertaining their requirements for these land pockets. State wise details of the same are given in the enclosed **Statement-I**. Any other lands, which may appear unused are meant for training, mobilization practice, constructions as per Key Location Plans (KLP) and construction of Married Accommodation etc for the Armed Forces.

Out of around 18 lakh acres of defence land across the country, about 11152 acres is under encroachment. The State-wise details of encroached defence lands are given in the enclosed **Statement-II**.

About 8113 acres of defence land is under litigation across the country. The State-Wise details are given in the enclosed **Statement-III**.

(b): No such assessment has been carried out by Ministry of Defence. However, compensation and rehabilitation packages as applicable under the provisions of Right to Fair Compensation and Transparency in Land, Acquisition, Rehabilitation and Resettlement Act, 2013 are awarded to the landowners whenever private lands are acquired by MoD under said Act.

(c): The computerization of defence land records under the project 'Raksha Bhoomi' has been completed. Defence land records contained in the General Land Registers (GLRs) and Military Land registers (MLRs) have been entered in the software and the data is updated periodically. The data has been made accessible to the Service HQrs. In addition, all buildings under the Defence Estates

Organisation including Cantonment Boards have been geo-tagged. The public access to defence land data is restricted due to security reasons.

(d): The available defence land is used for bona fide propose only and for strategic and operational needs of the Armed Forces. However, as per Ministry of Defence (MoD) letters dated 02.02.2016 and 21.10.2020, requests for transfer of defence land received from Government Departments for execution of public infrastructure/ utility projects are considered on merits after ascertaining that the defence land can be alienated without compromising the essential functions of the user Service or by making suitable alternative provisions to enable the user agency to carry on with its essential functions smoothly. The said transfer is considered on basis of exchange of equal value land or cash compensation or equal value infrastructure.

STATEMENT-I

The state-wise details of around 45906 acres of vacant defence land

Sr No.	State / UT	Area (in acre)
1	Andhra Pradesh	641.2100
2	Assam	320.1800
3	Bihar	1533.0159
4	Chhattisgarh	472.4900
5	Delhi	817.5083
6	Diu	123.00
7	Gujarat	353.7120
8	Haryana	833.9876

9	Himachal Pradesh	2381.7004
10	Jharkhand	536.3600
11	Karnataka	513.5725
12	Kerala	4.5031
13	Madhya Pradesh	566.4462
14	Maharashtra	6781.3462
15	Meghalaya	25.8564
16	Punjab	1714.9312
17	Rajasthan	2091.6018
18	Tamil Nadu	495.6841
19	Telanagana	126.0716
20	Uttar Pradesh	8840.6989
21	Uttarakhand	8693.5730
22	UT of JandK	877.9804
23	West Bengal	2060.5872
	Total	45906.0168

STATEMENT-II

The State-wise details of encroached defence lands

Sr No.	State / UT	Area (in acre)
1	Andaman and Nicobar Islands	21.348
2	Andhra Pradesh	57.6665
3	Arunachal	77.665

4	Assam	726.2104
5	Bihar	527.618
6	Chhattisgarh	75.9
7	Delhi	158.3715
8	Goa	5.1166
9	Gujarat	247.2109
10	Haryana	790.8894
11	Himachal Pradesh	61.1119
12	Jharkhand	302.022
13	Karnataka	167.9166
14	Kerala	1.717
15	Lakshadweep	0.08
16	Madhya Pradesh	1733.206
17	Maharashtra	984.9204
18	Manipur	5.6478
19	Meghalaya	13.3402
20	Mizoram	0.003
21	Nagaland	356.1
22	Odisha	0.615
23	Punjab	449.458193
24	Rajasthan	443.0685
25	Sikkim	64.844
26	Tamil Nadu	202.451
27	Telanagana	96.1939

28	Uttar Pradesh	1639.334922
29	Uttarakhand	56.7006
30	UT of JandK	311.8692
31	UT of Ladakh	29.581
32	West Bengal	1543.78121
	Total	11152.15873

STATEMENT-III

The State-Wise details of defence land which is under litigation across the country:

Sr No.	State / UT	Total
1	Arunachal	1641.62
2	Assam	47.271
3	Bihar	0.32
4	Chhattisgarh	0
5	Delhi	152.76
6	Goa	9.47
7	Gujarat	428.82
8	Haryana	580.4
9	Himachal Pradesh	1.48
10	Jharkhand	5.26
11	Karnataka	141.438099
12	Kerala	0.05
13	Madhya Pradesh	112.9462

14	Maharashtra	564.3072
15	Manipur	1.57
16	Meghalaya	19.9535
17	Mizoram	3.102
18	Nagaland	197.82
19	Odisha	0.114
20	Punjab	104.75877
21	Rajasthan	355.4695
22	Sikkim	0.73
23	Tamil Nadu	66.245
24	Telanagana	422.7629
25	Tripura	0.74
26	Uttar Pradesh	1296.742
27	Uttarakhand	727.2854
28	UT of JandK	930.3679
29	UT of Chandigarh	2.048
30	West Bengal	297.1968
	Total	8113.0427

न्यूट्रिशन ट्रैकर ऐप

2250. श्री सनातन पांडेय:

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

(क) क्या आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में गुणवत्ता में सुधार के लिए न्यूट्रिशन ट्रैकर ऐप का उपयोग किया जा रहा है, यदि हां, तो बच्चों के पोषण की स्थिति की निगरानी में क्या सुधार देखा गया है; और

(ख) क्या इसके माध्यम से राज्यों को वास्तविक समय का डेटा उपलब्ध कराया जा रहा है और यदि हां, 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' एप्लिकेशन को 1 मार्च 2021 को एक महत्वपूर्ण प्रशासनिक उपकरण के रूप में शुरू किया गया था। पोषण ट्रैकर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निर्धारित संकेतकों के आधार पर निगरानी और ट्रैकिंग की सुविधा प्रदान करता है। पोषण ट्रैकर के अंतर्गत प्रौद्योगिकी का उपयोग बच्चों में बौनापन, दुबलापन और अल्प-वजन की व्यापकता की सटीक पहचान के लिए किया जा रहा है। इसने आंगनवाड़ी सेवाओं जैसे कि आंगनवाड़ी केंद्रों का खुलना, बच्चों की दैनिक उपस्थिति, ईसीसीई गतिविधियाँ, बच्चों की वृद्धि की निगरानी, पका हुआ गर्म भोजन (एचसीएम)/टेक होम राशन (टीएचआर - कच्चा राशन नहीं) का वितरण इत्यादि के लिए लगभग तत्समय में डेटा संग्रह की सुविधा प्रदान की है। पोषण ट्रैकर डेटा के विश्लेषण से पता चलता है कि बच्चों में बौनापन, दुबलापन और अल्प वजन जैसे कुपोषण संकेतकों में सुधार हुआ है (जैसा कि नीचे दी गई तालिका में दर्शाया गया है)।

संकेतक	नवंबर 2022	नवंबर 2023	नवंबर 2024	नवंबर 2025
बौने बच्चे (%)	40.49	38.47	39.27	32.92
दुबले बच्चे (%)	8.52	6.10	5.33	4.81
अल्प-वजन वाले बच्चे (%)	19.42	16.56	17.20	14.03

विस्तृत जानकारी <https://www.poshantracker.in/statistics> पर भी उपलब्ध है।

(ख): पोषण ट्रैकर का डेटा सभी राज्यों/संघ राज्य क्षेत्रों के लिए विभिन्न स्तरों पर उपलब्ध कराए गए उनके संबंधित लॉगिन क्रेडेंशियल के माध्यम से उपलब्ध है।

राजस्थान में नए मेडिकल कॉलेज

2251. श्रीमती मंजू शर्मा:

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

(क) क्या सरकार ने इस बात पर ध्यान दिया है कि जिन जिलों में चिकित्सा सुविधाएं कम हैं, वहां सरकारी चिकित्सा महाविद्यालय न होने से लोगों के स्वास्थ्य और डॉक्टर बनने की चाह रखने वालों की पढ़ाई पर असर पड़ता है;

(ख) यदि हां, तो देश के ऐसे जिलों में पर्याप्त चिकित्सा सुविधाओं की कमी की समस्या के समाधान के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं;

(ग) क्या सरकार का राजस्थान में नए सरकारी चिकित्सा महाविद्यालय खोलने का विचार है; और

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

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

(क) से (घ): देश भर में सरकारी मेडिकल कॉलेजों को सुविधा प्रदान करने के लिए, स्वास्थ्य और परिवार कल्याण मंत्रालय 'मौजूदा जिला/रेफरल अस्पतालों से जुड़े नए मेडिकल कॉलेजों की स्थापना' करने के लिए एक केंद्र प्रायोजित योजना (सीएसएस) चला रहा है, जिसमें उन क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जा रही है, जहाँ कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है। केंद्र और राज्य सरकारों के बीच फंड शेयरिंग का अनुपात उत्तर पूर्वी और विशेष श्रेणी के राज्यों के लिए 90:10 और अन्य राज्यों के लिए यह अनुपात 60:40 है। इस योजना के तहत, सभी 157 प्रस्तावित सरकारी

मेडिकल कॉलेजों को मंजूरी दे दी गई है, जिसमें राजस्थान के तेईस (23) मेडिकल कॉलेज (बाड़मेर, भरतपुर, भीलवाड़ा, चूरू, डूंगरपुर, पाली, सीकर, धौलपुर, अलवर, बारां, बांसवाड़ा, चित्तौड़गढ़, जैसलमेर, करौली, नागौर, श्री गंगानगर, सिरोही, बूंदी, सवाई माधोपुर, टोंक, हनुमानगढ़, झुंझुनू, दौसा) शामिल हैं। वर्तमान में, राजस्थान में 31 मेडिकल कॉलेज कार्यशील हैं।

AYUSH ONCOLOGY CENTRE

2252. DR. GUMMA THANUJA RANI:

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

- (a) whether the Government is supporting clinical and collaborative research on the use of Ayurveda, Siddha and Unani medicines as adjunct therapies for cancer patients in the country;
- (b) if so, the details of such ongoing or proposed projects in Southern India, particularly in Andhra Pradesh;
- (c) whether the Government proposes to establish an Integrated AYUSH Oncology Centre at Tirupati to promote evidence-based traditional treatment options for chronic and lifestyle-related diseases; 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): Yes.

(b): The details of such ongoing or proposed projects in Southern India are given in the enclosed **Statement**.

(c): There is no such proposal. However, Siddha Clinical Research Unit, Tirupati under Central Council for Research in Siddha (CCRS) provides evidence-based Siddha treatment for chronic and lifestyle related diseases.

(d): Does not arise.

STATEMENT

The details of ongoing or proposed projects in Southern India

Ayush System of medicine	Projects
Ayurveda	a. A triparty Memorandum of Understanding (MoU) is entered between All India Institute of Ayurveda, Goa (An autonomous Institute under Ministry of Ayush), The Directorate of Health Services (Government of Goa) and Advanced Centre for Treatment Research and Education in Cancer (Tata Memorial Centre) on 10th Ayurveda Day – 23rd September, 2025 at All India Institute of Ayurveda, Goa for collaborative arrangement at various levels including treatment, research and education, and their deployment for integrative cancer care. b. A joint initiative under Ayush-Indian Council of Medical Research (ICMR) collaboration has been taken by Central Council for Research in Ayurvedic Sciences to establish Ayush-ICMR Advanced Centre for Integrative Health Research (AI-ACIHR) in Cancer Care at All India Institute of Medical Sciences (AIIMS), Nagpur. Under this, two projects on cancer care titled <i>“Exploring Ayurvedic Combinations and Natural Compounds in Treatment of Oral Premalignant lesions and Oral Cancer and Integration with Modern Medicine: A Pilot Study”</i> and <i>“Efficacy of classical Ayurvedic treatment (CAT) as add-on to conventional biomedicine: Integrated approach to determine improvement in quality of life of head-neck cancer (HNC) patients”</i> have been taken up. c. Under Centre of Excellence (CoE) component of Ayurswasthya Yojana following 02 projects are supported for integrative cancer care combining modern medicine with evidence-based Ayush therapies for improving patient outcomes: a. Arya Vaidya Sala, Kottakkal Project titled <i>“Setting up CoE in Cancer Research Arya Vaidya Sala, Kottakkal, Kerala”</i>

	b. Tata Memorial Centre, Mumbai project titled <i>"Centre of Excellence for Discovery and Development of AYUSH Medicine for Cancer Care"</i> d. Under Research and Innovation in Ayush of Ayurgyan Scheme, financial assistance is provided to the National Institute of Technology, Rourkela, Odisha for the study titled- <i>"Gomutra Ark as a potent anti-cancer agent for the treatment of Oral Squamous Cell Carcinoma - Molecular Mechanism underlying its anti-cancer effect"</i>. e. Captain Srinivasa Murthy Central Ayurveda Research Institute, Chennai has undertaken the study on <i>"Anti cancer activity of Chaulmoogra Oil and Shwetha Sarshapa churna in the treatment of epidermal carcinoma of skin in experimental mice"</i>.
Siddha	i. A Siddha Integrated Cancer Care Centre has been set up at National Institute of Siddha, Chennai. The Institute has signed an MoU with the Cancer Institute (WIA), Adyar, Chennai, through which various patient-oriented and collaborative Research activities are carried out. ii. An Integrated Siddha Cancer Care OPD is functioning at Siddha Clinical Research Unit, Sri Venkateswara Institute of Medical Sciences Campus, Tirupati, Andhra Pradesh. The center provides Siddha medicines as adjunct therapies for cancer patients and facilitates improvising the quality of life. iii. CCRS has constituted a core committee for Cancer Research that will be spearheading all preclinical and clinical initiatives related to Cancer research through Siddha system of medicine.
Unani	National Institute of Unani Medicine, Bengaluru has conducted 03 in house studies on cancer- a. <i>On the effect of Aftimoon on Dimethylbenz[a]anthracene induced mammary carcinoma in rats.</i> b. <i>On the effect of Dhamasa on benzene induced Acute Myeloid Leukemia in rats.</i> c. <i>On the effect of Majoon Musaffi Khoon on Acute Myeloid Leukemia.</i>

ONE STOP CENTRES ABROAD

2253. DR. SHARMILA SARKAR:

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

- (a) the details and current status of One Stop Centers (OSCs) proposed abroad and their locations, country-wise;
- (b) the details of criteria behind the selection of countries for setting up of OSCs; and
- (c) the details of the funds allocated, released and utilised for the OSCs abroad?

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

(a): Ministry of External Affairs has recently authorised the following 09 Indian Missions/Posts abroad to establish “One Stop Centres” (OSCs) under their respective jurisdictions:

S. No.	Mission/ Post	Country
1	Consulate General of India (CGI), Dubai	UAE
2	Embassy of India (Eol), Riyadh	Saudi Arabia
3	High Commission of India (HCI), Singapore	Singapore
4	CGI, Toronto	Canada
5	Eol, Doha	Qatar
6	Eol, Muscat	Oman
7	Eol, Kuwait	Kuwait
8	Eol, Bahrain	Bahrain
9	CGI, Jeddah	Saudi Arabia

(b): The selection of countries for setting up the OSCs abroad was undertaken based on the number of Indian Diaspora residing in a particular country. The criteria

also included Indian Missions/Posts abroad which assist a larger number of distressed Indian women in their jurisdictions.

(c): The details of funds allocated, released and utilised till date for the OSCs abroad are as follows:

S. No.	Location	Budget Allocated (₹)	Released Amount (₹)	Utilised Amount (₹)
1	CGI, Dubai	1,13,22,000/-	1,13,22,000/-	46,910/-
2	Eol, Riyadh	83,00,000/-	83,00,000/-	15,42,402/-
3	HCI, Singapore	1,38,00,000/-	1,38,00,000/-	5,48,918.25/-
4	CGI, Toronto	1,36,00,000/-	1,36,00,000/-	1,94,713.5/-
5	Eol, Doha	63,00,000/-	63,00,000/-	27,897/-
6	Eol, Muscat	74,50,000/-	74,50,000/-	12,76,697/-
7	Eol, Kuwait	1,88,00,000/-	1,88,00,000/-	NIL
8	Eol, Bahrain	41,20,000/-	41,20,000/-	3,51,689/-
9	CGI, Jeddah	65,00,000/-	65,00,000/-	2,60,906/-

उच्चायोगों और दूतावासों में कर्मचारी

2254. डॉ. मन्ना लाल रावत:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) वर्तमान में भारत में स्थित उच्चायागों और दूतावासों की देश-वार संख्या कितनी हैं;
- (ख) इन सभी उच्चायोगों और दूतावासों में कितने कर्मचारी कार्यरत हैं और भारतीय तथा विदेशी नागरिकों की संख्या कितनी है;
- (ग) क्या सरकार को किसी भी देश के उच्चायोग या दूतावास में कार्यरत कर्मचारियों की संख्या को कम करने अथवा सीमित करने का अधिकार है, यदि हाँ, तो इस संबंध में उपलब्ध विधिक अथवा कूटनीतिक प्रावधान क्या हैं तथा स्वतंत्रता के बाद ऐसे प्रावधान कब बनाए गए; और

(घ) क्या मई 2025 में पाकिस्तान उच्चायोग में कार्यरत कर्मचारियों की संख्या घटाई गई थी, यदि हाँ, तो इस संबंध में उठाए गए कदम सहित घटाए गए कर्मचारियों की संख्या तथा वर्तमान स्थिति का ब्यौरा क्या है?

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

(क): कृपया वर्तमान में भारत में स्थित उच्चायोग और दूतावासों की देश-वार संख्या के संबंध में नीचे दी गई तालिका का संदर्भ लें:

क्रम सं.	विवरण	कुल (संख्या में)	टिप्पणियाँ
1	भारत में विदेशों के निवासी मिशन	163	देशों की सूची विवरण-I में संलग्न है।
2	भारत में विदेशों के अनिवासी मिशन	12	देशों की सूची विवरण-II में संलग्न है।
कुल		175	

(ख): कृपया भारत में स्थित उच्चायोगों और दूतावासों में काम करने वाले कर्मचारियों की संख्या के संबंध में नीचे दी गई तालिका का संदर्भ लें:

राजनयिक/अधिकारी (विदेशी नागरिक)	स्थानीय रूप से भर्ती किए गए कर्मचारी
2512	2821

(ग): जी हाँ, सरकार किसी भी देश के उच्चायोग या दूतावास में कार्यरत कर्मचारियों की संख्या को कम या सीमित कर सकती है। राजनयिक संबंधों पर वियना कन्वेंशन 1961 के अनुच्छेद 11 के अनुसार; “मिशन के आकार के विषय में विशिष्ट करार के अभाव में, प्राप्तकर्ता राष्ट्र यह अपेक्षा कर सकता है कि मिशन का आकार उन सीमाओं के भीतर रखा जाए जिन्हें वह प्राप्तकर्ता राष्ट्र की परिस्थितियों और स्थितियों तथा मिशन विशेष की आवश्यकताओं को ध्यान में रखते हुए उचित और सामान्य समझता है।

प्राप्तकर्ता राष्ट्र भी समान रूप से, समान सीमाओं के भीतर और बिना किसी भेदभाव के आधार पर, किसी विशेष श्रेणी के अधिकारियों को स्वीकार करने से इनकार कर सकता है।”

(घ): पहलगाम आतंकवादी हमले को ध्यान में रखते हुए, 23 अप्रैल 2025 को हुई सुरक्षा संबंधी मंत्रिमंडल समिति (सीसीएस) के निर्णय के अनुसार, 1 मई 2025 से भारत और पाकिस्तान के उच्चायोगों की समग्र कर्मचारियों की संख्या को 55 से घटाकर 30 कर दिया गया था। इसके बाद, नई दिल्ली में स्थित पाकिस्तान उच्चायोग के तीन राजनयिकों और अधिकारियों को परसोना नॉन-ग्राटा (अस्वीकार्य व्यक्ति) घोषित कर दिया गया था और भारत से उन्हें निष्कासित कर दिया गया था क्योंकि उनकी गतिविधियां भारत में उनकी राजनयिक/आधिकारिक स्थिति के अनुरूप नहीं थीं। पाकिस्तान उच्चायोग में वर्तमान कर्मचारियों की संख्या 27 है।

विवरण-I

भारत में विदेशों के निवासी मिशनों की देश-वार सूची

क्र.सं.	देश
1.	अफ़ग़ानिस्तान
2.	अलजीरिया
3.	अंगोला
4.	अर्जेंटीना
5.	आर्मीनिया
6.	ऑस्ट्रेलिया
7.	ऑस्ट्रिया
8.	अज़रबैजान
9.	बहरीन
10.	बांग्लादेश
11.	बेलारूस
12.	बेल्जियम
13.	बेनिन
14.	भूटान
15.	बोलीविया
16.	बोस्निया और हर्जैगोविना
17.	बोत्सवाना
18.	ब्राज़ील

19.	ब्रूनेई दार-एस-सलाम
20.	बुल्गारिया
21.	बुर्किना फासो
22.	बुरुंडी
23.	कंबोडिया
24.	कैमरून
25.	कनाडा
26.	चिली
27.	चीन
28.	चैड
29.	कोलंबिया
30.	कांगो-लोकतांत्रिक गणराज्य
31.	कांगो गणराज्य
32.	कोस्टा रिका
33.	कोटे डी' आइवर
34.	क्रोएशिया
35.	क्यूबा
36.	साइप्रस
37.	चेक गणराज्य
38.	डेनमार्क
39.	ज़िबूती
40.	डोमिनिकन गणराज्य
41.	इक्वेडोर
42.	मिस्र
43.	अल साल्वाडोर
44.	इक्वेटोरियल गिनी
45.	इरिट्रिया
46.	एस्टोनिया
47.	इथियोपिया
48.	फिजी
49.	फिनलैंड
50.	फ्रांस
51.	गैबॉन
52.	गाम्बिया

53.	जॉर्जिया
54.	जर्मनी
55.	घाना
56.	ग्रीस
57.	ग्वाटेमाला
58.	गिनी (का गणराज्य)
59.	गुयाना
60.	होली सी
61.	होंडुरास
62.	हंगरी
63.	आइसलैंड
64.	इंडोनेशिया
65.	ईरान
66.	इराक
67.	आयरलैंड
68.	इज़राइल
69.	इटली
70.	जमैका
71.	जापान
72.	जॉर्डन
73.	कजाख़स्तान
74.	केन्या
75.	कोरिया – डीपीआर
76.	कोरिया – आरओ
77.	कुवैत
78.	किर्गिस्तान
79.	लाओ-पीडीआर
80.	लातविया
81.	लेबनान
82.	लिसोटो
83.	लीबिया
84.	लिथुआनिया
85.	लक्ज़मबर्ग
86.	मेडागास्कर

87.	मलावी
88.	मलेशिया
89.	मालदीव
90.	माली
91.	माल्टा
92.	मॉरिटानिया
93.	मॉरीशस
94.	मेक्सिको
95.	मोलदोवा
96.	मंगोलिया
97.	मोरक्को
98.	मोजाम्बिक
99.	म्यांमार
100.	नामीबिया
101.	नाउरू गणराज्य
102.	नेपाल
103.	नीदरलैंड
104.	न्यूजीलैंड
105.	नाइजर
106.	नाइजीरिया
107.	उत्तरी मैसेडोनिया
108.	नॉर्वे
109.	ओमान
110.	पाकिस्तान
111.	फिलिस्तीन
112.	पनामा
113.	पापुआ न्यू गिनी
114.	पराग्वे
115.	पेरू
116.	फिलीपींस
117.	पोलैंड
118.	पुर्तगाल
119.	कतर
120.	रोमानिया

121.	रुसी संघ
122.	रवांडा
123.	सेंट किट्स और नेविस
124.	सऊदी अरब
125.	सेनेगल
126.	सर्बिया
127.	सेशल्स
128.	सिंगापुर
129.	स्लोवाक गणराज्य
130.	स्लोवेनिया
131.	सोलोमन द्वीप समूह
132.	सोमालिया
133.	दक्षिण अफ्रीका
134.	दक्षिण सूडान
135.	स्पेन
136.	श्रीलंका
137.	सूडान
138.	सूरीनाम
139.	स्वीडन
140.	स्विट्जरलैंड
141.	सीरिया
142.	ताजिकिस्तान
143.	तंजानिया
144.	थाईलैंड
145.	तिमोर लेस्ते
146.	टोगो
147.	त्रिनिदाद और टोबैगो
148.	ट्यूनीशिया
149.	तुर्की
150.	तुर्कमेनिस्तान
151.	युगांडा
152.	यूक्रेन
153.	संयुक्त अरब अमीरात
154.	यूनाइटेड किंगडम

155.	संयुक्त राज्य अमेरिका
156.	उरुग्वे
157.	उज़्बेकिस्तान
158.	वेनेज़ुएला
159.	वियतनाम
160.	यमन
161.	जाम्बिया
162.	ज़िम्बाब्वे
163.	यूरोपीय संघ का प्रतिनिधिमंडल

विवरण-II

भारत में विदेशों के अनिवासी मिशनों की देश-वार सूची

क्र.सं.	नाम
1.	बहामास
2.	माइक्रोनेशिया के संघीय राज्य
3.	गिनी बिसाऊ (बीजिंग में)
4.	सैन मारिनो (रोम में)
5.	ग्रेनेडा (ग्रेनेडा में)
6.	मार्शल द्वीपसमूह (टोक्यो में)
7.	मोनाको (पेरिस में)
8.	इस्वातिनी अधिराज्य (कुआलालंपुर में)
9.	सिएरा लियोन (अबूधाबी)
10.	निकारागुआ
11.	मोंटेनेग्रो
12.	समोआ

STATUS OF FRONT OF PACK LABELLING POLICY**2255. SHRIMATI RACHNA BANERJEE:**

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

- (a) whether it is a fact that the Government has not been able to finalise a Front of Pack Labelling (FOPL) policy despite the Food Safety and Standards Authority of India's (FSSAI) initial recommendation in 2014, if so, the details thereof;
- (b) whether the FSSAI's expert panel on FOPL has submitted its recommendations, as the Supreme Court-mandated deadline expired in October 2025, if so, the details thereof; and
- (c) the details of studies, consultations and other exercises carried out by FSSAI regarding FOPL since 2014, including the expenditure incurred on each of these?

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

(a) to (c): Food Safety and Standards Authority of India (FSSAI) has notified draft Food Safety and Standards (Labelling and Display) amendment Regulation, 2020 on 13th September, 2022 on Front of Pack Nutrition Labelling (FoPNL) Model for comments of stakeholders. Further, FSSAI has submitted the Expert Committee's

Report on Front of Pack Nutrition Labelling (FOPNL) to the Hon'ble Supreme Court of India and the matter is sub-judice.

FSSAI conducted two major studies on FOPNL i.e. "Nutrient (Fat, Sugar, Sodium) Threshold study in packaged foods" and "Survey based study for assessment of consumer's perception on Front of Pack Labelling".

DEVELOPMENT WORK OF NATIONAL WATERWAY-5 IN ODISHA

2256. SHRI BAIJAYANT PANDA:

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

- (a) the current status of the National Waterways-5, Development Project connecting industrial regions of Talcher and Kalinganagar in the State of Odisha;
- (b) whether the steps are being taken to ensure the economic viability of the project, if so, details thereof and if not, reasons therefor; and
- (c) whether there is a proposed timeline for the completion of the NW-5 project and if so, the details thereof?

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

(a) to (c): The Detailed Project Report (DPR) for National Waterway (NW)-5 is under finalization.

UTILISATION OF HEALTH GRANTS IN KARNATAKA

2257. CAPTAIN BRIJESH CHOWTA:

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

- (a) the total allocation of funds released to the State of Karnataka under the 15th Finance Commission Health Grants since 2021-22, district-wise including Dakshina Kannada;
- (b) the utilisation status of these grants in the said State including the number of projects completed, projects pending and the reasons for delays, if any;
- (c) whether the Government has undertaken any review of under-utilisation in districts such as Dakshina Kannada, if so, the details thereof along with the corrective measures recommended; and
- (d) the expected timelines for completion of ongoing primary healthcare infrastructure works sanctioned under the said grants?

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

(a) and (b): The total allocation and fund release under Fifteenth Finance Commission (FC XVth) for the State of Karnataka is given as under:

(Rs. in Crores)

Period	Allocation Award Period 2021-22	Released
Award Period 2021-22	551.53	551.53
Award Period 2022-23	551.53	551.24
Award Period 2023-24	579.11	395.02
Award Period 2024-25	608.08	0.00
Award Period 2025-2026	638.48	0.00
Award Period 2021 -2026	2,928.73	1,497.79

(c) and (d): The Ministry of Health and Family Welfare, Government of India (MoHFW) regularly reviews the availability of healthcare facilities across the country including Karnataka State. The review is carried out mainly through Common Review Mission (CRM) which is conducted annually to review the implementation status of the National Health Mission (NHM) and its key strategies. Review of key deliverables also done in NPCC meetings and Mid Term Review meeting.

As per the information provided by the State Government of Karnataka, the State Government has instructed the District Health Officers to monitor the implementation and utilization of the fund allocated to the districts under all the six components of 15th FC. The 15th FC fund allocation and utilization were reviewed in the half yearly meeting of the Deputy Commissioner and CEOs of all the districts. Further, progress review meeting are conducted by the State Level Committee on 15th FC where all the implementing departments were reviewed for the progress. Also, progress review meeting held by Honourable Health Minister in the districts time to time.

TRAINING SESSION ON TRANSGENDER HEALTHCARE

2258. SHRIMATI KANIMOZHI KARUNANIDHI:

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

(a) whether the Government is aware of the recent directive of the Tamil Nadu

Medical Council regarding sensitization session on healthcare of Transgender directing mandatory training thereon for all doctors, educators and medical students in the State;

- (b) whether a number of Central Medical Colleges and healthcare institutions have conducted, these mandatory sensitization sessions in the country;
- (c) if so, the details of such sensitization sessions organised and attended by the doctors, educators and medical students in the country, State/UT-wise;
- (d) whether any steps have been taken or proposed to be taken by the Government to initiate comprehensive training sessions to sanitise medical and allied health professionals across the country, ensuring equitable healthcare for sexual and gender minorities; and
- (e) if so, the details thereof and if not, the reasons therefor?

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

(a) to (e): The National Medical Commission (NMC) is an apex statutory body, constituted by an act of Parliament, to regulate and oversee medical education in the country. The Competency-Based Medical Education (CBME) guidelines issued by the NMC in 2024 for Undergraduate medical students highlight the importance of ethical values, patient-centered responsiveness, effective communication skills, and gender sensitization. To nurture these competencies, the guidelines include a

dedicated longitudinal curriculum titled AETCOM, focusing on Attitude, Ethics, and Communication. Further, one of the competencies has been included under the Psychiatry subject so that students demonstrate an understanding of the medico-legal, societal, ethical, and humanitarian principles on dealing with LGBTQA+ community.

Further, as informed by the Atal Bihari Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital, the hospital has started a Transgender OPD from 17.11.2023, which is being conducted every Friday evening.

बच्चों और महिलाओं के विरुद्ध अपराध

2259. श्री अजय भट्ट:

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

- (क) देश में बच्चों और महिलाओं के विरुद्ध हुए अपराधों से संबंधित मामलों को निपटाने के लिए वर्तमान में स्थापित और कार्यरत विशेष न्यायालयों का राज्य-वार ब्यौरा क्या है;
- (ख) पिछले तीन वर्षों में बच्चों और महिलाओं के विरुद्ध हुए अपराधों के संबंध में दर्ज, लंबित और निपटाए गए मामलों की संख्या कितनी है;
- (ग) क्या सरकार की उत्तराखंड के जिलों सहित देश के प्रत्येक जिले में मामलों के तेजी से निपटान के लिए और अधिक विशेष न्यायालय स्थापित करने की योजना है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार का ऐसे न्यायालयों में महिला न्यायाधीशों/अभियोजकों को नियुक्त करने का विचार है;
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(छ) इस संबंध में सरकार द्वारा क्या कदम उठाए जा रहे हैं?

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

(क): दाण्डिक विधि (संशोधन) अधिनियम, 2018 के अधिनियमन और उच्चतम न्यायालय [स्वमेव रिट (दाण्डिक) संख्या 1/2019] के परिपालन में अक्टूबर, 2019 में फास्ट ट्रैक विशेष न्यायालय (एफटीएससी), जिनमें विशिष्ट पोस्को (ईपोस्को) न्यायालय सम्मिलित हैं, की स्थापना हेतु एक केंद्रीय प्रायोजित योजना प्रारंभ की गई। ये न्यायालय [लैंगिक अपराधों से बालकों का संरक्षण अधिनियम, 2012 के अधीन](#) बलात्संग और अपराधों से संबंधित लंबित मामलों के नियत समय सीमा में विचारण और निस्तारण हेतु समर्पित हैं।

790 न्यायालयों की स्थापना हेतु इस योजना का 31 मार्च, 2026 तक दो बार विस्तार किया गया है। योजना के अंतर्गत 1952.23 करोड़ रुपये का वित्तीय प्रावधान है, जिसमें से केंद्रीय अंश के तौर पर 1207.24 करोड़ रुपये निर्भया कोष से व्यय किए जाने हैं।

30.09.2025 तक 29 राज्यों/संघ राज्यक्षेत्रों में 773 फास्ट ट्रैक विशेष न्यायालय कार्यरत हैं, जिनमें 400 विशिष्ट पोस्को (ईपोस्को) न्यायालय सम्मिलित हैं। कार्यरत फास्ट ट्रैक विशेष न्यायालयों (एफटीएससी), जिनमें विशिष्ट पोस्को न्यायालय सम्मिलित हैं, के राज्यवार / संघ राज्यक्षेत्रवार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख): पिछले तीन वर्षों के दौरान बलात्संग और पोस्को अधिनियम से संबंधित मामलों से निपटने वाले फास्ट ट्रैक विशेष न्यायालयों (एफटीएससी) द्वारा रजिस्ट्रीकृत, लंबित और निपटाए गए मामलों की संख्या का राज्यवार/संघ राज्यक्षेत्र-वार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग) और (घ): जिला तथा अधीनस्थ न्यायालयों, जिसमें विशेष न्यायालय भी शामिल हैं, की स्थापना की प्राथमिक जिम्मेदारी संबंधित उच्च न्यायालयों के परामर्श से, राज्य/संघ राज्यक्षेत्र की आवश्यकता

और संसाधनों की उपलब्धता के अनुसार, राज्य/संघ राज्यक्षेत्र के क्षेत्राधिकार में आती है। तदनुसार, राज्यों/ संघ राज्यक्षेत्रों ने महिलाओं और बालकों के विरुद्ध अपराधों के मामलों से निपटने के लिए पोस्को न्यायालयों और फास्ट ट्रैक न्यायालयों को नामित/समर्पित किया है। ये न्यायालय, केंद्र प्रायोजित योजना के तहत स्थापित फास्ट ट्रैक विशेष न्यायालयों के अतिरिक्त हैं।

विभाग अधिक फास्ट ट्रैक विशेष न्यायालयों को कार्यरत बनाने के लिए राज्यों और संघ राज्यक्षेत्रों के साथ पूर्णतः प्रतिबद्ध है और कार्यरत रूप से संलग्न है। उत्तराखंड सरकार के अनुरोध पर, राज्य को 3 अतिरिक्त फास्ट ट्रैक विशेष न्यायालय [देहरादून (विकासनगर), उधम सिंह नगर (काशीपुर) और नैनीताल जिला मुख्यालय] में आवंटित किए गए हैं।

(ड) से (छ): न्यायालयों में महिला न्यायाधीशों/अभियोजकों तथा कर्मचारियों की भर्ती के संबंध में, जिला तथा अधीनस्थ न्यायालयों में न्यायिक अधिकारियों के रिक्त पदों का भरना, राज्य सरकारों तथा संबंधित उच्च न्यायालयों की जिम्मेदारी है। संवैधानिक संरचना के अनुसार, संविधान के अनुच्छेद 233 और 234 के साथ पठित अनुच्छेद 309 के परंतुक के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए, संबंधित राज्य सरकार उच्च न्यायालय के परामर्श से न्यायिक अधिकारियों की नियुक्ति और भर्ती से संबंधित नियम बनाती है।

विवरण-I

तारीख 30/09/2025 को यथा राज्यवार / संघ राज्यक्षेत्रवार कार्यरत फास्ट ट्रैक विशेष न्यायालय के साथ-साथ विशिष्ट पोस्को (ईपोस्को) अदालतों का ब्यौरा:

क्रम संख्या	राज्य / संघ राज्यक्षेत्र	कार्यरत न्यायालय	
		विशिष्ट पोस्को सहित फास्ट ट्रैक विशेष न्यायालय	विशिष्ट पोस्को
1	आन्ध्र प्रदेश	16	16
2	असम	17	17
3	बिहार	54	48
4	चंडीगढ़	1	0
5	छत्तीसगढ़	15	11

6	दिल्ली	16	11
7	गोवा	1	0
8	गुजरात	35	24
9	हरियाणा	18	14
10	हिमाचल प्रदेश	6	3
11	जम्मू - कश्मीर	4	2
12	कर्नाटक	30	17
13	केरल	55	14
14	मध्य प्रदेश	67	56
15	महाराष्ट्र	36	1
16	मणिपुर	2	0
17	मेघालय	5	5
18	मिजोरम	3	1
19	नागालैंड	1	0
20	ओड़िशा	44	23
21	पुदुचेरी	1	1
22	पंजाब	12	3
23	राजस्थान	45	30
24	तमिलनाडु	20	20
25	तेलंगाना	36	0
26	त्रिपुरा	3	1
27	उत्तराखंड	4	0
28	उत्तर प्रदेश	218	74
29	पश्चिमी बंगाल	8	8
30	झारखंड *	0	0
31	अंडमान और निकोबार द्वीपसमूह**	0	0
32	अरुणाचल प्रदेश***	0	0
	कुल	773	400
टिप्पण : योजना के प्रारंभ में, देश भर में फास्ट ट्रैक विशेष न्यायालय का आवंटन प्रति अदालत 65 से 165 लंबित मामलों के मानदंड पर आधारित था, जिसका अर्थ है कि प्रत्येक 65 से 165 लंबित मामलों के लिए एक फास्ट ट्रैक विशेष न्यायालय स्थापित किया जाएगा। उस आधार पर, केवल 31 राज्य / संघ राज्यक्षेत्र योजना में शामिल होने के उपयुक्त थे। पुदुचेरी ने योजना में शामिल होने के लिए विशेष अनुरोध किया था और तब से मई, 2023 में एक विशेष पोस्को अदालत को क्रियाशील की है।			
* झारखंड राज्य ने तारीख 07.07.2025 के पत्र द्वारा योजना से बाहर निकलने का निर्णय लिया है। योजना के अंतर्गत, राज्य में मई 2025 तक 22 फास्ट ट्रैक विशेष न्यायालय कार्यरत थे, जिसमें योजना के प्रारंभ से कुल 9,114 मामलों का निपटारा किया गया।			
**अंडमान और निकोबार द्वीपसमूह ने योजना में शामिल होने की सहमति दी है, लेकिन अभी तक कोई अदालत क्रियाशील नहीं की है।			
*** अरुणाचल प्रदेश ने बलात्संग और पोस्को अधिनियम के लंबित मामलों की बहुत कम संख्या का हवाला देते हुए योजना से बाहर होने का विकल्प चुना है।			

विवरण-II

राज्यवार/संघ राज्यक्षेत्रवार पिछले तीन वर्षों के दौरान बलात्संग और पोस्को अधिनियम के मामलों से निपटने वाली फास्ट ट्रैक विशेष न्यायालय द्वारा रजिस्ट्रीकृत, लंबित और निष्पादित मामलों का ब्यौरा:

		2023			2024			2025 (जनवरी- सितंबर)		
क्र. सं.	राज्य / संघ राज्यक्षेत्र	रजिस्ट्रीकृत मामले	निष्पादित मामले	लंबित मामले (दिसंबर 2023 तक)	रजिस्ट्रीकृत मामले	निष्पादित मामले	लंबित मामले (दिसंबर 2024 तक)	रजिस्ट्रीकृत मामले	निष्पादित मामले	लंबित मामले (दिसंबर 2025 तक)
1	आन्ध्र प्रदेश	2279	2368	7231	1419	2138	6512	1779	1949	6342
2	असम	3624	2300	5207	3847	2685	5984	2446	1953	6477
3	बिहार	6515	4464	17716	6245	4556	19321	5922	4442	22934
4	चंडीगढ़	198	128	203	99	73	229	77	96	210
5	छत्तीसगढ़	1066	1450	2264	1164	1365	1975	849	1065	1492
6	दिल्ली	1005	756	3810	768	833	3663	494	595	3515
8	गोवा	32	23	156	38	51	143	41	43	141
7	गुजरात	4003	4275	6338	3593	4228	5703	2484	3052	5135
9	हरियाणा	1939	2094	4199	2045	1911	4235	1518	1295	4544
10	हिमाचल प्रदेश	214	299	834	237	432	639	202	236	605
11	जम्मू - कश्मीर	76	41	453	164	112	509	60	75	494
12	झारखंड *	2216	2189	4486	2151	2313	4447	929	979	0
13	कर्नाटक	3595	3713	5414	3570	3553	5436	2619	2519	5231
14	केरल	7255	7044	7401	5462	6324	6524	3094	3962	6301
15	मध्य प्रदेश	5896	8130	10193	6238	6152	10259	4463	3856	10879
16	महाराष्ट्र	2817	6811	4355	1454	3716	1354	39653	472	33630
17	मणिपुर	12	48	94	18	45	64	20	40	44
18	मेघालय	204	135	1061	252	265	1049	202	124	1128
19	मिजोरम	120	60	89	63	73	72	63	44	90
20	नागालैंड	5	6	51	9	11	49	15	5	59
21	ओडिशा	4626	5153	11060	4264	5747	9577	3491	3939	9129

22	पुदुचेरी	59	44	221	79	78	222	70	62	230
23	पंजाब	1089	1502	1438	1221	1127	1561	844	935	1470
24	राजस्थान	3533	4213	6122	3615	4288	5449	2503	3033	4919
25	तमिलनाडु	2847	1861	4440	2903	2670	4672	5807	1719	8135
26	तेलंगाना	2486	1720	8463	2461	2499	8425	2242	1817	8850
27	त्रिपुरा	88	163	242	66	89	219	93	89	221
28	उत्तर प्रदेश	23246	14898	84778	33393	27640	90531	33314	12114	94826
29	उत्तराखंड	351	383	908	606	437	1077	248	212	1113
30	पश्चिमी बंगाल	75	48	2948	1458	184	4222	1588	339	5471
	कुल	81471	76319	202175	88902	85595	204122	117130	51061	243615
* झारखंड राज्य ने दिनांक 07.07.2025 के अपने पत्र के माध्यम से योजना से बाहर होने का निर्णय लिया। योजना के अंतर्गत, राज्य में मई 2025 तक 22 फास्ट ट्रैक विशेष न्यायालय कार्यरत थे, जिसमें योजना के प्रारंभ से कुल 9,114 मामलों का निष्पादन किया गया।										

POSHAN 2.0

2260. DR. D RAVI KUMAR:

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

- whether the Government has compiled district-wise data on nutritional outcomes among tribal women and children under Poshan 2.0 till September, 2025;
- if so, details of the prevalence of anaemia and undernutrition among tribal populations above the national average, State-wise and district-wise;
- whether the Ministry has assessed the impact of Tribal Health/Wellness Centres and Poshan Vatikas in improving these indicators; and
- if so, the key findings thereof alongwith the timeline by which such an evaluation report is expected to be made public?

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

(a) and (b): The 'Poshan Tracker' application was rolled out on 1st March 2021 as an important governance tool. The Poshan Tracker facilitates monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, underweight prevalence among children. The detail of malnutrition indicators, State-wise, district-wise, including in tribal districts is available at: <https://www.poshantracker.in/statistics>

Details of prevalence of Anaemia among Women (15-49 years) in Tribal Population of India as per NFHS-5 (2019-2020) are given in the enclosed **Statement**.

(c) and (d): A key component of the Mission Poshan 2.0 is to enable the right kind of nourishment through Poshan Vatikas or Nutri-gardens that are being set up across the country to provide easy and affordable access to fruits, vegetables, medicinal plants and herbs. To encourage diet-diversity and consumption of wholesome local produce, Poshan Vatikas have been developed at AWCs.

Poshan Vatikas help to meet the important dietary diversity gap that has been repeatedly revealed in different surveys by providing different fruits, nuts, herbs, medicinal plants and vegetables round the year. The main objective of introducing the concept of Poshan Vatika is to encourage community members to

cultivate local food crops in their backyards. A nutrition garden ensures an inexpensive, regular and handy supply of fresh fruits and vegetables that are basic to good nutrition. Green vegetables and seasonal fruits contain vitamins and minerals that protect against micro-nutrient deficiencies and diseases.

In 2021, the World Bank conducted a survey in 11 priority States (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) to assess the program's delivery of nutrition services. The findings demonstrated that the services delivered under the Poshan Abhiyaan – the receipt of relevant messages, home visits by the Anganwadi worker, and attendance at community-based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women and that 81% of women practiced exclusive breastfeeding for the first six months.

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and in 2025 for Saksham Anganwadi and Poshan 2.0 and has found its relevance to be satisfactory for tackling malnutrition in the country.

Ayushman Arogya Mandirs (AAMs) [erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs)] is an attempt to move from a selective approach to health care to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. It has two components which

are complementary to each other. Ayushman Arogya Mandirs are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non -communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services.

As reported by States/UTs on AAM portal, a total of 1,80,906 Ayushman Arogya Mandirs (AAMs) [erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs)] have been operationalized by strengthening Sub Health Centres (SHCs) and Primary Health Centres (PHCs) in India, till 31.10.2025.

Development Monitoring and Evaluation Office (DMEO), NITI Aayog has commissioned evaluation of AAM programme in July 2024 assessing its implementation and impact. The study highlights several encouraging outcomes, including significant improvements in infrastructure and increased community footfall because of wider access to Comprehensive Primary Health Care services—especially for NCD management, general Out-Patient Department (OPD) care, free medicines and diagnostics. The introduction of Community Health Officers has strengthened frontline service delivery and digital tools such as e-Sanjeevani have expanded access to specialist care.

Under NHM, the performance of various health programmes is also regularly monitored in all the States/UTs, through review meetings, mid-term reviews of key

deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery and rewarding achievements etc. Also, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

STATEMENT

The State wise details of prevalence of Anaemia among Women (15-49 years) in Tribal Population of India as per NFHS-5 (2019-2020) is as follows:

Sr. No.	States/UTs	Anaemia among Women (15-49 years)
1	Andaman and Nicobar Island	30.5
2	Andhra Pradesh	62.6
3	Arunachal Pradesh	36.3
4	Assam	69.2
5	Bihar	64.7
6	Chandigarh	0
7	Chhattisgarh	70.9
8	Dadra and Nagar Haveli	70.9
9	Delhi	51.5
10	Goa	42.5
11	Gujarat	78.3
12	Haryana	64.2
13	Himachal Pradesh	53.8
14	Jammu and Kashmir	68.6
15	Jharkhand	72
16	Karnataka	46.2
17	Kerala	52.9
18	Ladakh	92.4
19	Lakshadweep	24.2
20	Madhya Pradesh	64.2
21	Maharashtra	59.7
22	Manipur	26.8
23	Meghalaya	53.3

24	Mizoram	34.3
25	Nagaland	27.7
26	Odisha	71.7
27	Puducherry	67.3
28	Punjab	54.4
29	Rajasthan	61.6
30	Sikkim	42.6
31	Tamil Nadu	59
32	Telangana	64
33	Tripura	66.8
34	Uttar Pradesh	51.1
35	Uttarakhand	56
36	West Bengal	82.4

Source: Ministry of Health and Family Welfare.

ULTRA-PROCESSED FOOD REGULATION

2261. SHRI SELVARAJ V.:

SHRI SUBBARAYAN K.:

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

- (a) whether the Government is aware that the Dietary Guidelines for Indians issued by the National Institute of Nutrition highlight the risks of diets high in Ultra-Processed Food (UPF), and that UPF sales in the country have risen nearly 40-fold from 2006 to 2019 and if so, the details thereof;
- (b) whether it is a fact that India still does not have a front-of-pack labelling (FOPL) regulation to help control UPF consumption, despite evidence from other countries that simple and visible warnings are effective and if so, the details thereof; and

(c) whether the Government has taken note of this situation and if so, the details thereof along with the Government's reaction thereto?

THE MINISTER 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 Indian Council of Medical Research (ICMR) has informed that the Dietary Guidelines for Indians (2024) released by National Institute of Nutrition (ICMR-NIN) classify ultra-processed foods (UPFs) as foods to be minimized due to their high fat, sugar, and salt (HFSS) content; poor nutritional quality, and their relation with obesity, diabetes, hypertension, and other non-communicable diseases (NCDs). The guidelines further highlight that unhealthy dietary patterns, characterized by excessive intake of HFSS foods and UPFs, are important contributors to India's overall NCD and disease burden. However, while the guidelines clearly caution against the consumption of UPFs, they do not specifically mention the reported 40-fold increase in UPF sales between 2006 and 2019.

(b) and (c): Food Regulation Division of Department of Health and Family Welfare has informed that the Food Safety and Standards (Labelling and Display) Regulations, 2020 specifies the provisions for labelling of pre-packaged foods where some information/declarations are mandatory requirements to be provided on the front of the pack, such as: Name of the Food, Veg / Non-Veg Symbol, Multi-Source Edible Oil Declaration, Coffee–Chicory Mixture Statement, Gluten-Free

Declaration, Irradiated Food Declaration. The above information provides the informed choice to the consumers.

PERFORMANCE REVIEWS ON HEALTH SECTOR

2262. SHRI BIPLAB KUMAR DEB:

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

- (a) whether third-party audits or performance reviews have been conducted by independent institutions such as NITI Aayog, Comptroller and Auditor General (CAG), etc., on urban missions focused on improving health sector during the last ten years; and
- (b) if so, the details thereof?

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

(a) and (b): Yes, several third-party evaluations of the National Urban Health Mission (NUHM) have been carried out over the past ten years by independent institutions, including NITI Aayog (Development Monitoring and Evaluation Office), the Comptroller and Auditor General (CAG) and through annual Common Review Missions. These reviews have evaluated various dimensions of NUHM, including infrastructure development, human resource deployment, fund utilisation, community processes, quality of care, and service delivery outcomes.

The following third-party audits, performance reviews or evaluations have been undertaken for the urban missions in India:

1. Evaluation by NITI Aayog:

The NITI Aayog, through its Development Monitoring and Evaluation Office (DMEO), conducted independent third-party evaluation of all Centrally Sponsored Schemes (CSS) in India, which includes schemes related to the health sector. The evaluation was conducted in a time-bound manner in 2019-2021 and then 2025-26 to make the findings available to appropriate authorities for determining the rationalisation of the schemes. The reports have been shared with the Department of Expenditure and respective line Ministries/Departments for consideration. The Evaluation Report including the Scheme Level Analysis of National Health Mission (NHM/ NUHM) are available on the DMEO website at <https://dmeo.gov.in/evaluation>.

2. Audits by the Comptroller and Auditor General (CAG) of India:

Comptroller and Auditor General (CAG) of India have undertaken Performance Audits on Public Health Infrastructure and Management of Health Services in many States / Union Territories (UTs). In these audits, the performance and implementation aspects of the National Urban Health Mission (NUHM) in those States/UTs have been covered within the scope of these broader Public Health Performance Audits. These

State/UT-specific reports are available on the respective CAG report websites.

3. Besides, performance reviews have also been conducted on periodic basis by the Ministry through mechanisms like Common Review Mission (CRM), Monitoring visits etc.

QUALITY OF FOOD PRODUCTS

2263. SUSHRI MAHUA MOITRA:

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

- (a) whether as per reports from food safety authority, certain food products of well-known brands including Patanjali and Amul have not qualified the purity and quality standards, if so, the details thereof along with the places where such samples were tested and the nature of deficiencies found in these products;
- (b) whether the Government has taken/proposes to take action against the concerned companies under the Food Safety and Standards Act, if so, the details thereof; and
- (c) the steps taken/proposed to be taken by the Government to ensure that only quality-tested and safe food products are made available to consumers in the market?

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

(a) to (c): Food Safety and Standards Authority of India (FSSAI) is mandated to lay down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption.

The implementation and enforcement of the Food Safety and Standards Act, 2006 is a shared responsibility between the Central and State Governments. To ensure compliance with the set standards, limits, and other statutory requirements under the FSS Act, 2006 and Food Safety and Standards Regulations (FSSR), FSSAI and its regional offices through State/UT food safety authorities, conducts regular localized/targeted special enforcement and surveillance drives including National Annual Surveillance Plan (NASP), inspections and sampling activities throughout the year. If any deviations from the standards or violations to the FSSR are observed, the defaulting food business operators (FBOs) are subject to regulatory actions, including punitive measures, as stipulated under the FSS Act 2006 and its associated rules.

During a sampling drive on spices in 2024–25, a sample of red chilli powder collected from the Uttarakhand-based manufacturing unit of Patanjali Foods was declared unsafe, as the detected pesticide residue levels exceeded the prescribed

Maximum Residue Limits (MRLs). Based on the test findings, the concerned authority issued a recall order, following which the FBO initiated the withdrawal of the affected product from the market.

No samples of products from the Amul brand have been reported as unsafe against the parameters specified under the Food Safety and Standards Regulations.

INITIATIVES FOR THE WELFARE OF WOMEN AND CHILDREN

2264. SHRI SAUMITRA KHAN:

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

- (a) the current status of malnutrition and anemia among women and children in the country along with the steps being taken to address these issues effectively including West Bengal;
- (b) whether any measures are being implemented to ensure safety and empowerment of women especially in rural and underserved areas of said State, if so, the details thereof;
- (c) whether the Government has introduced any new schemes/programmes to promote education and skill development of girls to enhance their participation in the workforce, if so, the details thereof;
- (d) the details of the steps being taken to prevent child labour and ensure access to education and healthcare for all children; and

- (e) whether the Ministry is collaborating with State Government/NGOs to implement innovative approaches for the holistic development of women and children especially in the said State, if so, the details thereof?

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

(a): The status of malnutrition among children in the country including in the State of West Bengal is available at: <https://www.poshantracker.in/statistics>

A total of 52.2% pregnant women are anaemic as per NFHS- 5 (2019-21). As per NFHS-5, 71% of women in West Bengal have anaemia, including 30 percent with mild anaemia, 39 percent with moderate anaemia, and 2 percent with severe anaemia. The information is available at: https://dhsprogram.com/pubs/pdf/FR374/FR374_WestBengal.pdf.

To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years, in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs. This Mission is a universal self-selecting umbrella scheme open to all eligible beneficiaries, i.e., Children under 6 years of age, pregnant women, lactating mothers till 6 months after childbirth and adolescent girls (14-18 years of age) in Northeastern States and Aspirational Districts of the country.

The Mission is being implemented across the country, including in the State of West Bengal.

To effectively address the issue of malnutrition, a multi-sectoral approach involving dimensions of food, health, water, sanitation and education is crucial. It is being addressed under the Mission by establishing cross cutting convergence amongst more than 18 Ministries/Departments.

Under this Mission, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (14-18 years) in accordance with nutrition norms contained in Schedule-II of the National Food Security Act, 2013. These norms have been revised in January 2023. The revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity and recommend provision of quality protein, healthy fats and 7 essential micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12).

Fortified rice is being supplied under supplementary nutrition programme to meet the requirement of micro-nutrients among women and children. Greater emphasis is laid on the use of millets at least once a week for preparation of Hot Cooked Meal (HCM) and Take-Home Ration (THR) at Anganwadi Centers.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Protocol for Management of Malnutrition in

Children to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Poshan Tracker an ICT tool has been implemented for monitoring and tracking of all AWCs, AWWs and beneficiaries on defined indicators. Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children in the whole country including tribal and remote areas. It has facilitated near real time data collection for Anganwadi Services such as, opening and closing of AWCs, daily attendance of children, ECCE activities, delivery of Hot Cooked Meal (HCM)/Take Home Ration (THR), 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.

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

observed by Ministry of Health and Family Welfare in convergence with Ministry of Women and Child Development for creating mass awareness on maternal and child health services including nutrition.

A total of 2 lakh Anganwadi Centres have been approved to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.

Besides above efforts by Ministry of Women and Child Development, 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), which includes interventions to address malnutrition and anaemia across all States/UTs in the country. One of the interventions is Anaemia Mukh Bharat. To address nutritional deficiencies among children across the country, following interventions are implemented:

- 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.

(b): Measures being implemented by the Ministry of Women and Child Development to ensure safety and empowerment of women especially in rural and underserved areas of West Bengal are as follows:

The Prohibition of Child Marriage Act, 2006 (PCMA) has been enacted to prevent and curb child marriages and to take punitive action against those associated with the solemnisation of child marriages. Since, the enactment of The Prohibition of Child Marriage Act (PCMA) 2006, the prevalence of child marriage in the country has reduced to almost half from 47 % in National Family Health Survey (NFHS)- 3 (2005- 06) to 23.3% in NFHS-5 (2019-21). This shows that the law has a strong effect in prevention of child marriages in the country.

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) under the Ministry 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.

The National Legal Services Authority (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.

The Ministry launched 'Bal Vivah Mukht Bharat' campaign on last year which focuses on 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, including the civil society organisations. Under the campaign, a portal '<https://stopchildmarriage.wcd.gov.in>' has been launched to support the States and UTs in raising awareness against child marriage and for effective reporting and prevention of incidences of child marriage. The portal also has facility to provide information to citizens about Child Marriage Prohibition Officers (CMPOs) of all States/ UTs. The portal has information of more than 38,000 CMPOs which is accessible by the public. In addition, the Ministry has introduced Child Helpline with short code 1098, a toll-free 24*7*365 telephone emergency outreach service for children in crisis.

Shakti Sadan Scheme under the overarching Mission Shakti, erstwhile Schemes of Swadhar Greh for women in difficult circumstances and Ujjawala Home for Prevention of Trafficking have been merged and known as Shakti Sadan which is an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women. The Scheme is a demand driven Centrally Sponsored Scheme, under which funds are released directly to the States/UTs for implementation of the scheme. It aims at creating a safe and enabling environment for the women in distress situations, to enable them to overcome the difficult circumstances. Presently, 407 Shakti Sadans are functional across the country.

Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme, under which funds are released directly to the States/UTs for implementation of the scheme. The scheme aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and in rural areas where employment opportunity for women exists. Under the Scheme, financial assistance is provided for running of Sakhi Niwas in rented premises for working women and for those women who are under training for job. Provision of Day Care Centre for children of the residents of the Sakhi Niwas is an important aspect of the scheme. Presently, 531 Sakhi Niwas are functional across the country.

(c) to (e): Government of India has taken proactive steps to improve employability of the women, through skill development. Under the Skill India Mission (SIM), the

Ministry of Skill Development and Entrepreneurship (MSDE) delivers skill, re-skill and up-skill training through an extensive network of skill development centres under various schemes, viz. Pradhan Mantri Kaushal Vikas Yojana (PMKVY), Jan Sikhshan Sansthan (JSS), National Apprenticeship Promotion Scheme (NAPS) and Craftsman Training Scheme (CTS) through Industrial Training Institutes (ITIs), to all the sections of the society across the country, including women in rural areas. SIM aims at enabling youth, including women of India to get future ready and equipped with industry relevant skills.

Further, to encourage participation of women in skill development programs, special provisions have been made for meeting expenditure on conveyance and boarding and lodging as well as enhanced post placement support. PMKVY 4.0 prioritizes and provides special focus to projects that emphasize women as primary beneficiaries. Special Projects under PMKVY are designed to align with local skill demands, creating opportunities for rural women to participate and benefit from skill development schemes. This inclusive approach ensures significant representation and benefit for women in skill training programs across the country. Under NAPS, the introduction of trades in services sector (Optional Trade) has led to the significant improvement in the women participation in apprenticeship. Under JSS Scheme, focus is being given to women and other vulnerable sections. Women constitute more than 82% of beneficiaries under JSS. Also, there are 19 National Skill Training Institutes (NSTIs) and more than 300 ITIs exclusively for women.

Government of India approved 30% reservation of seats for women candidates in all ITIs (Govt. and Private) in all courses and these seats could be filled based on the general reservation policy of each respective State/UTs.

MSDE in collaboration with the Ministry of Women and Child Development, has launched a joint initiative named NAVYA Nurturing Aspirations through Vocational Training for Young Adolescent Girls. NAVYA is a pilot initiative aimed at equipping adolescent girls aged 16-18 years with a minimum qualification of class 10, with vocational training mainly in non-traditional job-roles.

Also, MSDE in collaboration with the Women Entrepreneurship Platform of NITI Aayog, launched the Swavalambini a Women Entrepreneurship Programme in February 2025 in the Northeastern States of Assam, Meghalaya, Mizoram and also in Uttar Pradesh and Telangana. The programme aims to cultivate an entrepreneurial mindset among female students through Entrepreneurship Awareness Training (EAP) and Entrepreneurship Development Programme (EDP). National Institute for Entrepreneurship and Small Business Development (NIESBUD). Noida and Indian Institute of Entrepreneurship (IIE), Guwahati are the implementing agencies under aegis of MSDE.

The Ministry of WCD is implementing a centrally sponsored scheme namely "Mission Vatsalya" under which support is provided to State and UT Governments to deliver various services for children in difficult circumstances including victims of child labour. The Child Care Institutions (CCIs) established under the scheme

support, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. and covers both rural and urban children. Under Non-Institutional Care Services, support is provided to the children through Sponsorship, Foster Care, Adoption and After Care.

Further, 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.

As per Section 2 (14) (ii) and (ix) of Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) as amended in 2021, a child who is found working in contravention of labour laws for the time being in force or is found begging, or living on the street and who is found vulnerable and is likely to be inducted into drug abuse or trafficking is included as a “child in need of care and protection”, among others.

The JJ Act, 2015 mandates a security net of service delivery structures to provide Institutional and non-Institutional care to these children. The primary responsibility of execution of the Act, as such, lies with the State/UTs. Ministry of Women and Child Development is implementing Mission Vatsalya Scheme for care, protection, rehabilitation and reintegration of children in difficult circumstances. Under Mission Vatsalya, financial assistance is provided to State Governments/UT Administrations, for, inter-alia, undertaking a situational analysis

of children in difficult circumstances, for setting up and maintenance of various types of Child Care Institutions (CCIs) for providing various rehabilitative services through institutional and non-institutional care.

Besides this, under Mission Poshan 2.0, Rs. 4 Lakh per district is provided annually to the districts in all States and UTs, to introduce best practices/ replicable innovation that contribute to addressing the challenge of malnutrition.

HARASSMENT OF INDIAN CITIZENS FROM ARUNACHAL PRADESH

2265. SHRI K. E. PRAKASH:

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

- (a) whether the Government is aware of the recent reports concerning an Arunachal Pradesh-born Indian citizen being detained and allegedly harassed at Shanghai Airport over the mention of her place of birth, if so, the details thereof;
- (b) whether the Government has taken immediate diplomatic action with the People's Republic of China regarding this incident and formally protested any attempt to question the status of Arunachal Pradesh as an integral part of India, if so, the details thereof; and
- (c) the measures being implemented to ensure the safety and dignity of Indian citizens, particularly those from the Northeastern States, while travelling internationally and to address the recurring issue of differential treatment by certain foreign nations?

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 is aware of the incident where an Arunachal Pradesh-born Indian citizen was arbitrarily detained at Shanghai International Airport. The Indian citizen was holding a valid passport and was transiting through Shanghai International Airport for onward travel to Tokyo (Japan) via Seoul (South Korea).

The issue of the detention of the Indian citizen has been taken up strongly with the Chinese side in both New Delhi and Beijing. The government has also reiterated its position to the Chinese side that Arunachal Pradesh is an integral and inalienable part of India and this is an indisputable fact.

The Government accords highest priority to the safety, security, and well-being of Indians abroad. Indian Mission and Posts remain vigilant and closely monitor any untoward incident affecting Indian nationals abroad. Such incidents are immediately taken up with the concerned authorities of the foreign country. Indian Missions/Posts abroad render all possible consular assistance to the Indian nationals, whenever required.

PROPOSAL FOR ESTABLISHMENT OF AIIMS AT SILCHAR

2266. SHRI PARIMAL SUKLABAIDYA:

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

- (a) whether the Government has received any proposal/representations for the establishment of an All India Institute of Medical Sciences (AIIMS) at Silchar in the State of Assam to cater to the healthcare needs of the people of Barak Valley as well as the neighbouring States of Mizoram, Meghalaya and Tripura, if so, the details thereof;
- (b) whether the Government has conducted/proposes to conduct any feasibility study, site assessment or requirement analysis regarding the setting up of an AIIMS in Silchar,
- (c) if so, the details thereof alongwith the current status of the proposal;
- (d) whether the Government proposes to take any steps for early sanction, land identification, budget allocation and commencement of the AIIMS project in Silchar, in view of the long-pending public demand and the strategic importance of accessible tertiary healthcare in the region; 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): Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), till date establishment of 22 All India Institutes of Medical Sciences (AIIMS) has been approved in various States/UTs in the country including one AIIMS at Guwahati in Assam, which is functional. Further, under another component of PMSSY, for

expansion and strengthening of tertiary healthcare facilities in Assam, upgradation of Guwahati Medical College, Guwahati and Assam Medical College, Dibrugarh have been undertaken by way of setting up of Super-Speciality block on Centre-State sharing basis. Under PMSSY, there is no proposal to establish a new AIIMS at Silchar, Assam.

POSHAN ABHIYAN

2267. SHRI SASIKANTH SENTHIL:

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

- (a) whether the Government has been able to achieve the key objectives of Poshan Abhiyan in Tamil Nadu, if so, the details thereof and if not, the reasons therefor;
- (b) the number of Anganwadi Centres in said State where Poshan Abhiyan is currently being implemented, district-wise; and
- (c) whether the Ministry has conducted any evaluation/study on the outcomes of this scheme in the said State, if so, the details along with the findings thereof and if not, the reasons therefor?

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

(a): Poshan Abhiyan was launched in 2018 which has been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 along with Anganwadi Services and Scheme for Adolescent girls (14-18 years, in Aspirational Districts

and North-Eastern region). It is a Centrally Sponsored Mission, where the responsibility for implementation of various activities lies with the States and UTs. This Mission is a universal self-selecting umbrella scheme open to all eligible beneficiaries, i.e., Children under 6 years of age, pregnant women, lactating mothers till 6 months after childbirth and adolescent girls (14-18 years of age) in Northeastern States and Aspirational Districts of the country. This Mission is being implemented across the country including the State of Tamil Nadu.

The objectives of Mission are as follows:

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

(b): District wise status of implementation of the Scheme in the State of Tamil Nadu is available at <https://www.poshantracker.in/statistics>. A total of 54,481 Anganwadi Centres are operational in the State of Tamil Nadu.

(c): The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. It provides report on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilization and quality of health and family planning services. 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 (October 2025) ***	33.54	14.41	5.03

* Under 4 years

** Under 3 years

*** Under 5 years

The analysis of the above NFHS data and the Poshan Tracker data shows improvement in malnutrition indicators in children across the country including the State of Tamil Nadu.

Further, from the Poshan Tracker, the status of nutritional indicators and its improvement over the years in the State of Tamil Nadu may be seen below:

Poshan Tracker Data for the State of Tamil Nadu				
Indicators	October-22	October-23	October-24	October-25
Stunted Children (%)	22.59	16.57	13.39	11.56
Wasted Children (%)	6.05	4.75	3.57	3.32
Underweight Children (%)	10.53	8.08	7.06	5.77

In 2021, the World Bank conducted a survey in 11 priority States (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) to assess the program's delivery of nutrition services. The findings demonstrated that the services delivered under the Poshan Abhiyaan – the receipt of relevant messages, home visits by the

anganwadi worker, and attendance at community-based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and also in 2025 for Saksham Anganwadi and Poshan 2.0 and has found its relevance to be satisfactory for tackling malnutrition in the country including Tamil Nadu.

SURVEY ON FAKE DOCTORS

2268. SHRI GOVIND MAKTHAPPA KARJOL:

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

- (a) whether the Government has conducted any survey on fake doctors and unauthorised medical practitioners in the country;
- (b) if so, the mechanism available with the Government to identify such fake doctors along with the number of such doctors identified by the Government across the country, district-wise and State-wise especially in Karnataka;
- (c) the details of the strict action taken by the Government on such doctors and unauthorised medical practitioners in the country, State-wise especially in Karnataka; and

(d) the other steps taken/proposed to be taken by the Government to provide adequate medical facilities in rural areas of the country?

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

(a) to (d): Health is a State Subject. Therefore, complaints and grievances regarding fake doctors, as and when received, are forwarded to the State/ Union Territory concerned for taking appropriate action. The data and details of such complaints and actions taken thereon are not maintained centrally as each State/ Union Territory or concerned authority handles the matter within their jurisdictions.

Section 34 of the National Medical Commission (NMC) Act, 2019, prohibits a person other than a medical practitioner enrolled in the State/National Register, to practice medicine as a qualified medical practitioner. Any person who contravenes, punishment of imprisonment for a term which may extend to one year or with a fine which may extend to Rs.5 Lakh or both is also prescribed under the Act.

The Government has taken various measures to improve the availability of doctors in underserved, rural and tribal areas in the country which include:-

- Under Centrally Sponsored Scheme (CSS), 'Establishment of new medical colleges attached with existing district/referral hospitals', 137 new medical colleges are functional out of 157 approved medical colleges.

- The Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron-Folic Acid supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.
- Under District Residency Program of National Medical Commission (NMC) second/third year PG students of medical colleges are posted in district hospitals.
- Hard area allowance is provided to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Under the National Health Mission, states are allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.

LICENSES FOR FOOD BUSINESS OPERATORS

2269. SHRI JAGANNATH SARKAR:

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

- (a) the number of Central-level Food Business Operator (FBO) licenses processed by Food Safety and Standards Authority of India (FSSAI) Regional Office for Kolkata, categorised as manufacturers/importers/exporters/airlines/ports and railways during the last three years;
- (b) the number of surveillance inspections, raids and enforcement actions conducted by the Regional office particularly against food adulteration and unsafe food practices during the said period;
- (c) the initiative undertaken by the said Regional office to promote consumer awareness and capacity building, including the Eat Right India campaign, training of street food vendors and hygiene ratings for eateries and if so, the details thereof; and
- (d) the number of sanctioned posts and vacancies in the said Regional Office, Kolkata as on date, category-wise?

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

(a) to (d): 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.

Detail of Central Licenses issued by Regional Office, Kolkata, FSSAI during the last three years, is as follow: -

S. No.	Financial Year	No. of Central Licenses
1.	2023-24	5905
2.	2024-25	7315
3.	2025-26 (till 31 st Oct 2025)	5185

The above data does not include airlines, ports, and railways catering licenses which were issued by Designated Officers (DOs) appointed from respective departments (such as airlines, ports, and railways catering service) and not under jurisdiction of the Regional Office, Kolkata.

Detail of inspections surveillance and legal/enforcement samples drawn and Enforcement action taken during the last three years, is as follow: -

Financial Year	Number of Inspections conducted	Number of Surveillance samples drawn	Number of Enforcement samples drawn	Enforcement actions	
				Prosecution cases filed	Adjudication cases filed
2023-24	221	1238	250	23* (21-unsafe food 2- Business w/o license)	48

2024-25	342	2107	649	14 (Unsafe food)	14
2025-26 (till 31 st Oct 2025)	274	959	675	11 (Unsafe food)	67

Regional Office, Kolkata, FSSAI has implemented various initiatives to promote consumer awareness and capacity building, including the Eat Right India, Basic catering and Covid Module Training, Street Food Vendors Training and Food Safety Awareness Session.

There are 38 officials working against 49 sanctioned posts in Regional Office, Kolkata, FSSAI.

SKILL UPGRADATION PROGRAMME FOR AYUSH PRACTITIONERS

2270. SHRI AMARSING TISSO:

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

- (a) whether the Government is implementing skill upgradation programmes for AYUSH practitioners in the North Eastern Region of the country;
- (b) if so, the number of trainees from Assam's hilly districts trained thereunder so far; and;
- (c) the details of the support extended to traditional healers practicing indigenous herbal medicine in the particular region?

THE MINISTER 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): 'Capacity Building and Continuing Medical Education (CME) in Ayush' is one of the component of Central Sector Scheme namely Ayurgyan which is implemented since 2021-22. The overall objective of the CME component is to encourage Ayush personnel to undergo need-based professional training and bridge the knowledge gaps. Being the Central Sector Scheme, financial assistance is provided to the eligible organization across the country (including North Eastern Region of the Country) for conduction of training program and the scheme is not specified to any region.

Under the Ayurgyan Scheme, the grantee organizations invite participants from across the country. Under this scheme, a total of 08 training programmes (i.e. 2 in Assam and 6 in Meghalaya) have been conducted for Ayush personnel. Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIMandH), Ghaziabad, under Ministry of Ayush, periodically conducts Capacity Building Training (CBT) programs on the standardization and quality control of Ayurveda, Siddha, Unani and Homoeopathy (ASUandH) drugs for State Drug Regulators/Enforcement Authorities, AYUSH accredited State/UT Drug Testing Laboratories, Quality Control/Technical Personnel related to ASUandH drugs etc.

Over the past three years, the Commission has organized 11 CBT programs, in which four participants have attended from the State of Assam.

North Eastern Institute of Ayurveda and Homeopathy (NEIAH), Shillong, conducts Panchakarma Therapy training for Medical Officers (Ayurveda) from neighbouring states. NEIAH also organizes Continuing Medical Education (CME) programs for Ayurveda and Homeopathy teachers from time to time.

Central Council for Research in Ayurvedic Sciences (CCRAS), an autonomous body under the Ministry of Ayush, has provided training on Ayurveda Research Methodology and Statistics programme for the research scholars and faculty at the Government Ayurveda College, Guwahati, Assam wherein 140 scholars and faculty members were trained.

North Eastern Institute of Ayurveda and Folk Medicine Research (NEIAFMR), Pasighat, an autonomous institute under Ministry of Ayush, conducted Re-Orientation Training Program on *Marma Chikitsa* for Ayurveda Medical Officers of 08 North Eastern States in which one participant from Assam attended.

(c): NEIAFMR has extended their support to 38 traditional healers (i.e. Assam-3, Arunachal Pradesh-4, Meghalaya-10, Nagaland-21) for obtaining the certification of Traditional Healers under Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHCP), a third party certification program conducted by Quality Council of India (QCI) and the Foundation for Revitalization of Local Health Traditions (FRLHT).

स्वास्थ्य सेवा के लिए मानव संसाधन

2271. डॉ. राजीव भारद्वाज:

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

(क) क्या पिछले तीन वर्षों के दौरान देश में कुछ रोग, मलेरिया, क्षय रोग आदि बीमारियों से पीड़ित रोगियों की संख्या में कमी आई है;

(ख) यदि हाँ, तो राज्य-वार/संघ राज्यक्षेत्र-वार तत्संबंधी ब्यौरा क्या है; और

(ग) क्या देश के ग्रामीण क्षेत्रों में स्वास्थ्य सेवा के लिए पर्याप्त स्वास्थ्य अवसंरचना तथा मानव संसाधनों की आवश्यकता है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): स्वास्थ्य राज्य का विषय है। सभी कार्यक्रम संबंधित राज्यों/संघ राज्य क्षेत्रों द्वारा कार्यान्वित किए जाते हैं। भारत सरकार द्वारा राज्यों/संघ राज्य क्षेत्रों को उनकी अनुमोदित वार्षिक कार्यक्रम कार्यान्वयन योजना (पीआईपी) के अनुसार तकनीकी और वित्तीय सहायता प्रदान की जाती है। ग्रामीण क्षेत्रों सहित स्वास्थ्य सेवा प्रणाली को सुदृढ़ करने की जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की है।

पिछले तीन वर्षों के लिए कुछ रोग, मलेरिया और टीबी के मामलों का ब्यौरा क्रमशः **विवरण-I, विवरण-II और विवरण-III** में दिया गया है।

विवरण-I**पिछले तीन वर्षों के लिए कुष्ठ रोग, मलेरिया और टीबी के मामलों का ब्यौरा**

केंद्रीय कुष्ठ रोग विभाग के अंतर्गत वर्ष 2022-23 से 2024-25 तक नए मामलों का पता लगाने की राज्यवार वार्षिक दर				
क्र.सं	राज्य/संघ राज्य क्षेत्र	2022-23	2023-24	2024-25
1	आंध्र प्रदेश	6.21	7.66	6.27
2	अरुणाचल प्रदेश	0.97	1.85	1.45
3	असम	2.19	2.68	2.74
4	बिहार	10.85	10.44	8.95
5	छत्तीसगढ़	27.73	23.37	22.25
6	गोवा	5.04	4.26	4.1
7	गुजरात	4.39	5.88	5.35
8	हरियाणा	1.42	1.51	1.25
9	हिमाचल प्रदेश	1.99	1.67	1.64
10	झारखंड	17.41	20.42	18.63
11	जम्मू और कश्मीर	0.89	0.42	0.8
12	कर्नाटक	3.52	3.75	3.18
13	केरल	1.34	1.12	1
14	मध्य प्रदेश	9.56	9.7	9.03
15	महाराष्ट्र	15.59	15.54	15.33
16	मणिपुर	0.62	2.22	0.43
17	मेघालय	0.32	0.14	0.28
18	मिजोरम	0.16	0.32	0.88
19	नागालैंड	1.66	1.38	0.79
20	ओडिशा	15.78	18.23	15.8
21	पंजाब	1.44	1.55	1.2
22	राजस्थान	1.59	1.46	1.47
23	सिक्किम	2.48	3.03	1.43
24	तमिलनाडु	3.55	3.52	3.08
25	तेलंगाना	7.67	5.95	5.65
26	त्रिपुरा	0.53	0.29	0.24
27	उत्तर प्रदेश	5.49	5.62	5.35
28	उत्तराखंड	2.97	2.41	2.53
29	पश्चिम बंगाल	5.65	5.46	5.49

30	अंडमान और निकोबार द्वीप समूह	1.69	1.2	1.9
31	चंडीगढ़	14.28	14.14	12.47
32	दादरा और नगर हवेली	15.61	10.58	10.47
33	दमन और दीव	0.79		
34	दिल्ली	7.16	6.5	6.3
35	लक्षद्वीप	0	4.25	0
36	लद्दाख	2.16	3.36	3.63
37	पुदुचेरी	1.4	1.14	1.56
भारत		7.44	7.55	7.00
टिप्पणी: वार्षिक नए मामलों का पता लगाने की दर से तात्पर्य उस दर से है जिस पर एक परिभाषित भौगोलिक क्षेत्र में एक वर्ष (अप्रैल-मार्च) में जाँचे गए नए मामले आते हैं। * एएनसीडीआर/1,00,000 = (एक वर्ष (अप्रैल-मार्च) में जाँचे गए नए कुछ रोग के मामलों की संख्या x 1,00,000) / क्षेत्र की कुल जनसंख्या (31 मार्च तक)				

विवरण- II**देश में मलेरिया की राज्य-वार स्थिति**

क्र.सं	राज्य/ संघ राज्य क्षेत्र	2022	2023	2024
		मामले	मामले	मामले
1.	आंध्र प्रदेश	2022	5268	7866
2.	अरुणाचल प्रदेश	18	11	19
3.	असम	280	567	5036
4.	बिहार	578	1257	906
5.	छत्तीसगढ़	30029	31706	31373
6.	गोवा	587	1346	884
7.	गुजरात	4785	4311	4365
8.	हरियाणा	52	85	522
9.	हिमाचल प्रदेश	12	23	28
10.	जम्मू और कश्मीर	35	44	108
11.	झारखंड	19167	34087	42352
12.	कर्नाटक	289	275	740
13.	केरल	439	569	954
14.	मध्य प्रदेश	3826	3794	3247
15.	महाराष्ट्र	15451	16159	21078
16.	मणिपुर	30	34	43
17.	मेघालय	479	1755	673
18.	मिजोरम	11156	18077	16899
19.	नागालैंड	9	10	12
20.	ओडिशा	23770	41973	68693
21.	पंजाब	119	75	379
22.	राजस्थान	1565	2263	2213
23.	सिक्किम	8	6	7
24.	तमिलनाडु	354	385	347
25.	तेलंगाना	611	420	269
26.	त्रिपुरा	12771	22412	9738
27.	उत्तराखंड	19	24	241
28.	उत्तर प्रदेश	7039	13603	13477
29.	पश्चिम बंगाल	40594	26493	21802
30.	अंडमान और निकोबार द्वीप समूह	50	42	96
31.	चंडीगढ़	2	2	2

32.	दादरा और नगर हवेली तथा दमन और दीव	111	128	207
33.	दिल्ली	263	344	910
34.	लद्दाख	2	10	9
35.	लक्षद्वीप	0	0	1
36.	पुदुचेरी	0	6	4
कुल		176522	227564	255500

विवरण-III

दिनांक 12.12.2025 के लिए नियत लोक सभा अतारांकित प्रश्न संख्या 2271 के भाग (क) से (ग) के उत्तर में संदर्भित ब्यौरा ।

क्र.सं	राष्ट्रीय टीबी उन्मूलन कार्यक्रम के अंतर्गत अधिसूचित टीबी मामलों की राज्य/संघ राज्य क्षेत्रवार संख्या			
	राज्य/संघ राज्य क्षेत्र	2022	2023	2024
4.	अंडमान और निकोबार द्वीप समूह	534	561	534
5.	आंध्र प्रदेश	92,187	89,064	83,960
6.	अरुणाचल प्रदेश	2,863	2,604	2,848
7.	असम	47,822	51,862	50,456
8.	बिहार	1,61,165	1,86,974	2,04,309
9.	चंडीगढ़	6,066	6,721	6,960
10.	छत्तीसगढ़	38,521	38,924	39,593
11.	दादरा और नगर हवेली तथा दमन और दीव	1,399	1,167	1,037
12.	दिल्ली	1,06,731	1,00,523	1,05,343
13.	गोवा	2,091	2,082	2,079
14.	गुजरात	1,51,912	1,44,507	1,37,955
15.	हरियाणा	75,838	80,490	86,635
16.	हिमाचल प्रदेश	16,089	15,648	15,607
17.	जम्मू और कश्मीर	11,804	11,754	12,200
18.	झारखंड	57,320	61,717	63,670
19.	कर्नाटक	80,416	81,862	78,369

20.	केरल	23,388	21,799	20,843
21.	लद्दाख	320	320	293
22.	लक्षद्वीप	11	6	8
23.	मध्य प्रदेश	1,86,293	1,84,691	1,81,026
24.	महाराष्ट्र	2,34,105	2,27,664	2,30,163
25.	मणिपुर	2,554	2,495	2,497
26.	मेघालय	4,989	4,908	4,564
27.	मिजोरम	2,085	2,273	2,312
28.	नागालैंड	4,125	4,287	4,059
29.	ओडिशा	60,372	62,387	60,608
30.	पुदुचेरी	3,835	4,169	3,700
31.	पंजाब	55,150	55,224	59,020
32.	राजस्थान	1,69,522	1,65,123	1,71,921
33.	सिक्किम	1,395	1,391	1,313
34.	तमिलनाडु	93,879	98,251	93,276
35.	तेलंगाना	72,941	74,994	76,611
36.	त्रिपुरा	3,024	3,386	3,320
37.	उत्तर प्रदेश	5,22,850	6,32,872	6,81,779
38.	उत्तराखंड	27,553	26,829	29,334
39.	पश्चिम बंगाल	1,00,972	1,02,728	99,721
	भारत	24,22,121	25,52,257	26,17,923

उत्तर प्रदेश के चित्रकूट में नया मेडिकल कॉलेज

2272. श्रीमती कृष्णा देवी शिवशंकर पटेल:

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

- (क) क्या सरकार का उत्तर प्रदेश के चित्रकूट जिले में एक नया सरकारी मेडिकल कॉलेज स्थापित करने का कोई प्रस्ताव है, यदि हाँ, तो तत्संबंधी वर्तमान स्थिति क्या है;
- (ख) क्या सरकार ने बांदा मेडिकल कॉलेज में बुनियादी ढांचा सुधारने और डॉक्टरों, उपकरणों, चिकित्सा कर्मियों और सुपर-स्पेशलिटी सेवाओं की उपलब्धता सुनिश्चित करने के लिए कोई कार्य योजना तैयार की है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

- (ग) क्या सरकार के समक्ष माणिकपुर के आदिवासी क्षेत्रों में बेहतर स्वास्थ्य सेवाएं प्रदान करने के लिए नया सामुदायिक स्वास्थ्य केंद्र खोलने या मौजूदा सुविधाओं का उन्नयन करने संबंधी कोई प्रस्ताव विचाराधीन है; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में अब तक हुई प्रगति और समय-सीमा, यदि कोई हो, क्या है?

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय, मौजूदा ज़िला/रेफ़रल अस्पतालों से जुड़े नए मेडिकल कॉलेजों की स्थापना के लिए एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है। इस योजना में उन अल्पसेवित क्षेत्रों और आकांक्षी ज़िलों को प्राथमिकता दी जाती है जहाँ पहले से कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण तंत्र पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में है जबकि अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के अंतर्गत तीन चरणों में 157 सरकारी मेडिकल कॉलेजों को अनुमोदन दिया गया है, जिनमें उत्तर प्रदेश के सत्ताईस (27) मेडिकल कॉलेज शामिल हैं।

उत्तर प्रदेश के बांदा में स्थित सरकारी मेडिकल कॉलेज (जीएमसी) राज्य द्वारा वित्त पोषित मेडिकल कॉलेज है। इस महाविद्यालय का निर्माण और प्रबंधन उत्तर प्रदेश राज्य सरकार के अधिकार क्षेत्र में आता है। राज्य सरकार ने सूचित किया है कि राष्ट्रीय चिकित्सा आयोग के मानदंडों के अनुसार पर्याप्त संख्या में डॉक्टर, पैरामेडिकल स्टाफ, आवश्यक बुनियादी ढांचा और उपकरण उपलब्ध हैं। इसके अतिरिक्त, वर्तमान में इस मेडिकल कॉलेज में कोई सुपर स्पेशियलिटी सेवाएं उपलब्ध नहीं हैं।

इसके अतिरिक्त, “जन स्वास्थ्य और अस्पताल” राज्य का विषय है, जन स्वास्थ्य परिचर्या प्रणाली के सुदृढ़ीकरण का प्राथमिक उत्तरदायित्व संबंधित राज्य सरकारों का है। तथापि, स्वास्थ्य और

परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जन स्वास्थ्य परिचर्या केन्द्रों में जन स्वास्थ्य परिचर्या प्रदायगी को सुदृढ़ करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। उत्तर प्रदेश सरकार द्वारा दी गई सूचना के अनुसार, चित्रकूट जिले में मानिकपुर ब्लॉक के अंतर्गत, मानिकपुर और रायपुरा में दो (02) सामुदायिक स्वास्थ्य केंद्र (सीएचसी), साथ ही दस (10) प्राथमिक स्वास्थ्य केंद्र (पीएचसी), सभी आवश्यक उपकरणों और चिकित्सा सुविधाओं के साथ कार्यशील हैं।

RECOMMENDATION OF COLLEGIUM OF MADRAS HIGH COURT

2273. KUMARI SUDHA R.:

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

- (a) whether the Madras High Court has recommended any list of candidates, either from service judges or from the Bar, for appointment as judge of the court;
- (b) if so, whether the High Court collegium has been duly convened and approval obtained as per rules;
- (c) whether Justice J. Nisha Banu is still a part of collegium of Madras High Court;
- (d) if so, whether she has signed in the list of recommended names, if not, the reasons therefor; and
- (e) whether any request has been received from Justice J. Nisha Banu to reconsider her transfer to Kerala High Court, if so, the stand of the Government in this regard?

**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): Recommendations are received from time to time from various High Courts including the Madras High Court, for appointment of Judges depending upon vacancies. Appointment of Judges of the High Courts is made under Articles 217 and 224 of the Constitution of India. The procedure for appointment of Judges of the Supreme Court and High Courts is 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). In the Presidential reference made under Article 143 of the Constitution, the Supreme Court in its Advisory Opinion dated October 28, 1998 in *Third (III) Judges Case inter alia* stated that “In matters relating to appointments in the High Courts..... The opinion of the Chief Justice of the High Court must be formed after ascertaining the views of at least the two seniormost Judges of the High Court.”

With regard to making recommendation for appointment of a Judge in the High Courts, the MoP *inter alia* stipulates that “..Before forwarding his recommendation, the Chief Justice must consult two of his seniormost colleagues on the Bench regarding the suitability of the names proposed...”

Article 222 of the Constitution stipulates that the President may, after consultation with the Chief Justice of India, transfer a Judge from one High Court to any other High Court. As per the Memorandum of Procedure (MoP) for appointment and transfer of High Court Judges, the proposal for transfer of High Court Judges is initiated by the Chief Justice of India in consultation with four senior most puisne Judges of the Supreme Court.

The MoP further provides that the opinion of the Chief Justice of India in this regard is determinative. 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.

The transfer of Smt. Justice J. Nisha Banu, Judge, Madras High Court to be a Judge of the Kerala High Court was notified on 14.10.2025. Article 217 (1) (c) of the Constitution of India states that *“the office of a Judge shall be vacated by his being appointed by the President to be a Judge of the Supreme Court or by his*

being transferred by the President to any other High Court within the territory of India."

ई-संजीवनी सेवाओं के लिए डॉक्टर

2274. श्री लालजी वर्मा:

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

- (क) ई-संजीवनी सेवाओं में डॉक्टरों की कमी को दूर करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;
- (ख) क्या सरकार ने ई-संजीवनी प्लेटफॉर्म की गुणवत्ता, लाभार्थियों की संतुष्टि और स्वास्थ्य परिणामों का मूल्यांकन करने के लिए कोई अध्ययन किया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) नेटवर्क कनेक्टिविटी, स्वास्थ्य कर्मियों में प्रशिक्षण की कमी, और रोगियों के स्वास्थ्य रिकॉर्ड के सीमित एकीकरण जैसी बाधाओं को दूर करने के लिए कौन-कौन से उपाय लागू किए जा रहे हैं;
- (घ) प्लेटफॉर्म पर डॉक्टरों और स्वास्थ्य प्रदाताओं की भागीदारी को प्रोत्साहित करने, इसका सतत उपयोग और विस्तार सुनिश्चित करने के लिए सरकार की रणनीति क्या है; और
- (ङ) ई-संजीवनी को समावेशी बनाने, जैसे क्षेत्रीय भाषाओं को जोड़ने और सुदूर क्षेत्रों तक इसकी पहुँच बढ़ाने के लिए सरकार द्वारा कौन-कौन सी पहल की गई है?

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

- (क) से (ङ): ई-संजीवनी एक राष्ट्रीय टेलीमेडिसिन सेवा है जो सभी 36 राज्यों और संघ राज्य क्षेत्रों में कार्यशील है और इसका उद्देश्य सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) प्राप्त करना है। इसे दो रूपों में लागू किया गया है: (i) ई-संजीवनी एबी-एचडब्ल्यूसी/आयुष्मान आरोग्य मंदिर - एक प्रदाता-से-प्रदाता

टेलीमेडिसिन प्लेटफॉर्म जिसे नवंबर 2019 में शुरू किया गया (ii) ई-संजीवनी ओपीडी - एक रोगी-से-प्रदाता टेलीमेडिसिन प्लेटफॉर्म जो हब और स्पोक मॉडल पर संचालित होता है और मार्च 2020 में शुरू किया गया। ये सेवाएं भारत के सभी 28 राज्यों और 8 संघ राज्य क्षेत्रों में परिचालित हैं और इस प्लेटफॉर्म पर 43 करोड़ से अधिक परामशों की सुविधा प्रदान की जा चुकी है।

ई-संजीवनी सेवाओं में डॉक्टरों की उपलब्धता सुनिश्चित करने के उद्देश्य से, मेडिकल कॉलेजों, सामुदायिक स्वास्थ्य केंद्रों और जिला अस्पतालों में क्षेत्रीय केंद्र स्थापित किए गए हैं, जिनमें डॉक्टरों की टीमें तैनात हैं जिससे अंतर्निहित शाखाओं को सहायता प्रदान की जा सके। इसके अतिरिक्त, डॉक्टरों को शिफ्ट में टेलीकंसल्टेशन करने की अनुमति दी गई है, जिससे वे अपने नियमित कर्तव्यों के साथ-साथ इसमें भाग ले सकें, जिसमें विशिष्ट प्रकार के परामशों के लिए आयुष चिकित्सक भी शामिल हैं, जिससे उपलब्ध स्वास्थ्य सेवा प्रदाताओं का दायरा बढ़ सके। इसके अतिरिक्त, सरकार सी-डीएसी मोहाली के माध्यम से ई-संजीवनी प्लेटफॉर्म द्वारा टेलीमेडिसिन प्रौद्योगिकी के प्रभावी उपयोग के लिए डॉक्टरों और स्वास्थ्य सेवा पेशेवरों के लिए नियमित क्षमता निर्माण सत्र आयोजित करती है।

नेटवर्क कनेक्टिविटी संबंधी समस्याओं के समाधान के लिए, डिजिटल इंडिया कार्यक्रम के अंतर्गत, सरकार ने ग्रामीण भारत को हाई-स्पीड इंटरनेट प्रदान करने के लिए भारतनेट जैसी पहल आरंभ की है और कुछ राज्यों में टेलीमेडिसिन सेवाओं का समर्थन किया है। इसके अतिरिक्त, राज्य सरकारों ने आयुष्मान आरोग्य मंदिर उप स्वास्थ्य केंद्र स्तर तक ब्रॉडबैंड कवरेज का विस्तार करने के लिए दूरसंचार प्रदाताओं के साथ भी सहयोग किया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय की राष्ट्रीय टेलीमेडिसिन सेवा, ई-संजीवनी, भारत की विविध आबादी के लिए समावेशी और सुलभ बनाने के उद्देश्य से बनाई गई है। ई-संजीवनी वेब एप्लिकेशन 13 भाषाओं: अंग्रेजी, हिंदी, कन्नड़, तमिल, मलयालम, तेलुगु, मराठी, गुजराती, असमिया, उड़िया,

बंगाली, पंजाबी और उर्दू का समर्थन करती है और मोबाइल एप्लिकेशन 12 भाषाओं: अंग्रेजी, हिंदी, कन्नड़, तमिल, मलयालम, तेलुगु, मराठी, गुजराती, असमिया, उड़िया, बंगाली और पंजाबी का समर्थन करता है। यह बहुभाषी समर्थन इसके व्यापक रूप से प्रयोग को सुनिश्चित करता है, विशेषकर दूरस्थ और ग्रामीण क्षेत्रों में जहाँ स्थानीय भाषा के इंटरफेस उपयोगिता और रोगी की सुविधा में उल्लेखनीय सुधार होता है।

RAMAGUNDAM FERTILIZERS AND CHEMICALS LIMITED

2275. SHRI MADHAVANENI RAGHUNANDAN RAO:

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

- (a) whether the production at Ramagundam Fertilizers and Chemicals Limited (RFCL) is ongoing, if so, the current production level thereof;
- (b) the details of the production and consumption of fertilizers at RFCL since its inception, year-wise;
- (c) whether any allegations of irregularities in employment at RFCL have been reported, if so, the details thereof along with the action taken to address these issues;
- (d) the measures being taken to ensure transparency and fairness in the recruitment process at RFCL; and
- (e) the current financial status of RFCL along with the plans for future expansion or development?

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 Urea Plant at Ramagundam Fertilizers and Chemicals Limited (RFCL) is currently operating at approximately 92% of its rated capacity. For FY 2025-26, RFCL has produced 4.80 Lakh MT of Urea as on 30.11.2025. The year wise details of the production and consumption/sales of Urea at RFCL since its inception are given as under:

Year-wise Production and Consumption/Sales of Urea at RFCL		
(Figures in LMT)		
Financial Years	Production	Consumption/Sales*
2021-22	3.83	2.69
2022-23	8.41	7.70
2023-24	11.12	10.09
2024-25	11.95	12.57

**Source-IFMS*

(c) and (d): The recruitment process in RFCL is strictly as per the Board approved Recruitment Policy and Recruitment Rules of RFCL, and any complaint on employment related issues are dealt by RFCL as per the relevant policy.

(e): As on 30.09.2025, RFCL is having net worth of Rs. 1,60,547.42 Lakhs which includes equity share capital of Rs. 1,89,025 Lakhs and negative reserves of Rs. (28,477.58) Lakhs. RFCL is also having long term borrowings of Rs. 2, 72,894.49 Lakhs and short-term borrowings of Rs. 65,436.85 Lakhs.

At present, there is no plan for any future expansion of RFCL.

STRENGTHENING OF HEALTHCARE FACILITIES IN ODISHA

2276. SHRI SUKANTA KUMAR PANIGRAHI:

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

- (a) whether the Ministry has recently assessed gaps in critical healthcare services including emergency care, specialist availability, diagnostics, maternal-child health and palliative care (especially cancer screening) in Kandhamal and Boudh districts of Odisha, if so, the details and the key findings thereof;
- (b) whether the State Government of Odisha has submitted proposals for establishing new Trauma Care Units, CSSD facilities, Advanced Diagnostic Centres and Critical Care Blocks in these underserved districts, if so, the current status of such proposals;
- (c) the expected timeline for approval and sanction of these projects under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), the Emergency Care Strengthening Scheme or other Central health infrastructure programmes; and
- (d) whether the Government proposes to set up a Satellite Centre of AIIMS Bhubaneswar at Phulbani in Kandhamal district to strengthen tertiary care, specialist outreach, telemedicine and diagnostics for remote and tribal populations, if so, the details and the timeline fixed for the same?

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

(a) to (c): Under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides financial approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. Proposals under NHM are received in the form of PIPs and approvals for the same are available as per the link below:

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

During NPCC meetings, Key deliverables meetings with respect to the States are measured against the pre-defined targets.

The Ministry of Health and Family Welfare has launched an open-source toolkit and a dashboard under Indian Public Health Standards. The IPHS Dashboard is a cutting-edge digital platform designed to monitor public health facilities' compliance with the IPHS 2022 standards. These tools help states identify gaps and receive targeted support to achieve the required standards.

The Output–Outcome Monitoring Framework (OOMF) systematically reviews and monitors key health indicators in alignment with the National Health Mission (NHM) and NITI Aayog’s mandate.

Common Review Missions (CRM) are also conducted annually to assess and monitor the progress and implementation status under the scheme. The key strategies and priority areas of CRM is to analyze challenges with respect to strengthening health systems, identify trends in progress of key indicators, evaluate the readiness of the state to undertake implementation of new initiatives, and review the progress and coordination mechanisms with various partners.

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a centrally sponsored scheme. The period of implementation is from FY 2021-22 to 2025-26. Under the scheme, 28 Critical Care Blocks (50 bedded: 27 and 100 bedded: 1) and 30 Integrated Public Health Labs (IPHLs) have already been approved for the State of Odisha.

Under the XV Finance Commission Health Grants, a total amount of Rs. 2,450.39 crore has been approved for Odisha against the overall allocation of Rs. 24,503.49 crore for the scheme period FY 2021-22 to 2025-26. The approved interventions include construction of 966 building-less Sub-Health Centre–Ayushman Arogya Mandirs (SHC-AAM), 396 building-less Primary Health Centre–AAM (PHC-AAM), 117 Block Public Health Units (BPHUs), and 140 Urban Ayushman Arogya Mandirs (U-AAM).

Pradhan Mantri Swasthya Suraksha Yojna (PMSSY): The scheme aims to correct regional imbalances in the availability of affordable tertiary healthcare services and to strengthen facilities for quality medical education across the country. In Odisha, three Government Medical Colleges/Institutions have been taken up for upgradation under PMSSY, namely MKCG Medical College, Berhampur, VSS Medical College, Burla, and Government Medical College, Cuttack, all approved for establishment of Super Speciality Blocks.

Under Centrally Sponsored Scheme for '**Establishment of new Medical Colleges attached with existing district/referral hospitals**', a total of 157 Medical Colleges have been approved in the country. In Odisha, seven new medical colleges have been approved at Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri, Jajpur and Kalahandi.

(d): There is no proposal to set up a Satellite Centre of AIIMS Bhubaneswar at Phulbani in Kandhamal district.

LOGISTICAL HUB FOR MARINE TRANSPORTATION IN ANDHRA PRADESH

2277. SHRI MAGUNTA SREENIVASULU REDDY:

SHRI PRABHAKAR REDDY VEMIREDDY:

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

- (a) the steps taken by the Central Government to promote the development of Andhra Pradesh as a key logistics hub on the East Coast, given its strategic location and potential for ports, inland waterways and cargo handling;
- (b) the details regarding the financial and technical assistance provided by the Central Government for the same, year-wise;
- (c) whether the Union Government has coordinated with the State Government to identify priority areas for infrastructure development, including ports, inland waterways and other related facilities; and
- (d) the details regarding the steps undertaken by the Government to assist Andhra Pradesh in developing and streamlining a digital logistics platform to reduce logistical costs, especially related to inland and marine transportation?

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

(a) and (b): As a part of Sagarmala programme, 110 projects worth more than Rs. 1 Lac crore have been identified in the state of Andhra Pradesh for enhancing infrastructure related to port led industrialization, port modernization, port connectivity enhancement, coastal community development, coastal shipping and inland waterways. These projects are implemented by Central ministries, Inland Waterways Authority of India, National Highway Authority of India, State Government and Visakhapatnam Port Authority.

Under Sagarmala scheme, the Central Government provides financial assistance to State/UT Governments for projects relating to port infrastructure, road and rail connectivity, fishing harbours, skill development, coastal community development, cruise terminal and infrastructure for Ro-Pax ferry services. Central Government is partially funding 9 projects worth Rs. 1,286 crore in the State of Andhra Pradesh. Year wise details of funds released to State of Andhra Pradesh under Sagarmala scheme is given in the enclosed **Statement**.

(c): On the initiation of the Union Government, the state of Andhra Pradesh has constituted State Maritime and Waterway Transport Committee (SMWTC) to coordinate and implement wide array of initiatives and schemes in the maritime sector. The aim is to coordinate various initiatives and to foster collaboration between state and central agencies to ensure comprehensive development of maritime and waterways transport in the state. The Union Government has also constituted Maritime State Development Council (MSDC) under the Chairmanship of Union Minister of Ports, Shipping and Waterways with Ministers In-charge of Ports of all the coastal States/UTs and Ministers from the line ministries as Members to review progress of infrastructure development in the Maritime Sector at regular intervals.

(d): Government has launched National Logistic Portal Marine (Sagar Setu) with a vision to provide one stop platform aimed at connecting all stakeholders of the logistic community including major ports using information technology. This

initiative is designed to reduce logistics costs, enhance ease of doing business, improve port efficiency, and promote seamless coordination across the entire maritime supply chain.

	port road connectivity to NH – 5 -Phase II													
6	Coastal Districts Skill Development Program - Phase I - Andhra Pradesh	0.28	0.14	28.07.16		0.14								
7	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP-18 out of 24 Labs in AP	574.00	37.51	30.10.17			18.76	15.01	2.52					
8	Development of Fishing Harbour in Juvvaladinne in SPSR Nellore District in the State of Andhra Pradesh.	288.00	69.14	18.03.20					18.05	18.05	26.13		3.45	3.4645
9	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	73.34	36.67	02.06.21							18.34	11	7.33	
		1286.45	262.62	-	50.00	15.12	18.76	20.99	20.57	18.05	44.47	11.00	43.97	18.46

USE OF BANNED AND COUNTERFEIT MEDICINES

2278. SHRI K. GOPINATH:

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

- (a) whether the Government has conducted any study on the availability and use of banned and counterfeit medicines in the market in the country and if so, the details thereof;
- (b) whether the Government is aware that large-scale use of counterfeit and banned medicines is causing adverse effects on people's health in the country and if so, the details thereof; and
- (c) whether the Government has taken any action in this regard during the last three years and the current year, year-wise 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 (c): The terminology "Counterfeit Medicines" is not defined under the Drugs and Cosmetics Act, 1940 and Rules made thereunder. However, the Drugs and Cosmetics Act defines spurious, adulterated and misbranded drugs which includes counterfeit drugs.

A nation-wide survey (2014-16) was conducted to assess the extent of Not of Standard Quality (NSQ)/Spurious drugs. A total 47,012 drug samples were drawn from both Governments and private sources.

The manufacture of Spurious/Adulterated/ Not of Standard Quality (NSQ) drugs is a punishable offence under the provisions of the Drugs and Cosmetics Act, 1940. The Act empowers the concerned licensing authorities to take necessary legal action in such cases including cases of manufacture, sale, and distribution of any prohibited or banned drug. Isolated complaints regarding such drugs as and when received are investigated along with the concerned licensing authorities for taking action.

The details of number of drug samples reported Not of Standard Quality/spurious/ adulterated and enforcement action taken by the States/UTs Drugs Controller during last three years of various States/U.Ts is as under:

Year (April to March)	Number of drugs samples tested	Number of drugs samples declared Not of Standard Quality	Number of drugs samples declared Spurious/ Adulterated	Number of prosecution launched 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

CRITICAL CARE BLOCK UNDER PM-ABHIM IN BIHAR

2279. SHRIMATI LOVELY ANAND:

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

- (a) whether the Government has sanctioned any fund(s) under Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) to establish a 50–

100 bed criticalcare/infectious-disease block at Sheohar District Hospital in the State of Bihar and the status and timelines fixed for the same;

(b) if so, the details of the approved cost, status and timelines fixed for the same;

(c) the number of Health and Wellness Centres (HWCs) in the said district connected to eSanjeevani along with the total tele-consultations completed in Sheohar district till date;

(d) whether these HWCs are formally linked to tertiary hospitals (in DMCH Muzaffarpur/AIIMS Patna) for specialist referrals and continuity of care; and

(e) if so, the details and the extent of such integration operationalised in the said district 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): 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 FY2025-26).

Under the CSS component of the scheme, an amount of Rs. 3389.59 crore is provisioned for the State of Bihar during the scheme period for the establishment and strengthening of 2546 building-less SC-AAMs, 333 Block Public Health Units

(BPHUs), 38 Integrated Public Health Labs (IPHLs), and 38 Critical Care Blocks (CCBs).

Administrative approvals have been accorded to the State of Bihar for a period of five years (i.e., FY 2021–22, 2022–23, 2023–24, 2024–25, and 2025–26) for an amount of Rs. 3109.33 crore for the establishment and strengthening of 2546 building-less SC-AAMs, 158 Block Public Health Units (BPHUs), 38 Integrated Public Health Labs (IPHLs), and 38 Critical Care Blocks (CCBs), as per the proposal submitted by the State.

In Sheohar district, under PM-ABHIM CSS component, the state has not given administrative approval to establish 50/100 bedded critical care/infectious-disease block.

(c): A total of 93 Health and Wellness Centres are linked to tele-consultation services. From 2021 to 8 December 2025, 2,48,237 consultations have been provided through these centres.

(d) and (e): As per the Referral Guidelines, the Health and Wellness Centres (HWCs) are linked to higher health facilities through a structured referral system. HWCs serve as the first point of contact, and as per requirement, patients are referred from Health and Wellness Centres to Primary Health Centre/Community Health Centre, from where, depending upon the patient's condition, referrals are made to District Hospitals and further to Medical Colleges/AIIMS/DMCH for

specialised care. This tiered mechanism ensures timely access to specialist services and continuity of care.

The integration is operationalised through a formal referral mechanism which includes issuance of referral slips with clinical details, maintenance of referral registers at both referring and receiving institutions, and prior communication with the receiving facility. Patient transport including ambulance linkage is facilitated for referrals. The receiving hospitals record and manage the referred cases in the Referral-In register and provide back-referral/feedback to the initiating centre. This system ensures coordinated service delivery across all levels of healthcare and supports continuity of treatment and follow-up at the primary care level.

AYUSH AS GLOBAL HUB

2280. SHRIMATI POONAMBEN MAADAM:

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

- (a) whether India's homoeopathic sector is rapidly evolving into a global hub for high-quality and science-backed natural medicines;
- (b) if so, the details thereof;
- (c) whether the Government is implementing the AYUSH Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) to strengthen the regulation, quality and manufacturing capabilities of Ayurveda, Siddha, Unani and Homoeopathy medicines in the country;

- (d) if so, the key objectives of the scheme thereof;
- (e) whether the Government has introduced digital initiatives to simplify licensing and improve regulatory efficiency in the homoeopathic sector; and
- (f) 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): India's homoeopathic sector is rapidly evolving into a global hub for high-quality and science-backed natural medicines. Details are as follows:-

- Research council under Ministry of Ayush namely Central Council of Research in Homoeopathy (CCRH) is actively engaged in evidence based research through intra mural and collaborative modes, in accordance with research policy, to generate scientific evidence on the safety and efficacy of Homoeopathy interventions.
- To promote global collaboration, 12 institute-level MoUs have been signed with leading medical centres, universities and scientific organisations in Germany, Canada, USA, UK, Argentina, Israel, Armenia, Mexico and Brazil. These MoUs focus on joint research, information exchange, academic cooperation and conducting seminars/workshops. Alongside this, 25 country-level MoUs on Traditional Medicine, including homoeopathy, have been signed to strengthen international partnerships.

- Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIMandH), subordinate office under Ministry of Ayush plays a crucial role in development and publications of Ayurveda, Siddha, Unani and Homoeopathy (ASUandH) systems of medicines through respective ASUandH pharmacopoeias, to ascertain the identity, purity and strength of the drugs included therein. PCIMandH also act as Central Drug Testing cum Appellate Laboratory for these systems of medicines. Till date, PCIMandH published XI volumes of Homeopathic Pharmacopoeia of India which covers 1185 (including revised) pharmacopeial monographs of Homoeopathic drugs.
- Ministry of Ayush has also implemented the Central Sector Scheme for Promotion of International Cooperation for Ayush (IC Scheme). Under this scheme, support is provided to Ayush drug manufacturers and service providers to boost exports; to facilitate global promotion and market development of Ayush systems; to foster academic and research collaboration through Ayush Chairs abroad; and to conduct international training programmes, workshops and symposiums for enhancing awareness and acceptance of Ayush, including homoeopathy.

(c) and (d): Ministry of Ayush is implementing a Central Sector Scheme Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY) since

2021-22 with total budget outlay of Rs. 122.00 crores for five years. The objectives of AOGUSY are as follows: -

- I. To enhance India's manufacturing capabilities and exports of traditional medicines and health promotion products under the initiative of Atmanirbhar Bharat.
- II. To facilitate adequate infrastructural and technological upgradation and institutional activities in public and private sector for standardization, quality manufacturing and analytical testing of Ayush drugs and materials.
- III. To strengthen regulatory frameworks at Central and State level for effective quality control, safety monitoring and surveillance of misleading advertisements of Ayush drugs.
- IV. To encourage building up synergies, collaborations and convergent approaches for promoting standards and quality of Ayush drugs and materials.

(e) and (f): Ministry of Ayush has launched an IT enabled online portal “e-AUSHADHI” in 2019 to grant license to and/or renew the license of the manufacturers to manufacture Ayurveda, Siddha, Sowa-Rigpa, Unani and Homoeopathy medicines by their respective State/UT Licensing Authorities, as per the provisions of the Drugs and Cosmetics Act, 1940 and Drugs Rules, 1945.

SETTING UP OF NEW GOVERNMENT HOSPITALS

2281. SHRI KALYAN BANERJEE:

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

- (a) the number of Government hospitals established by the Union Government during the last five years, year-wise and State-wise;
- (b) the total amount of funds sanctioned and disbursed by the Union Government for setting up new hospitals and upgrading existing facilities during the said period;
- (c) the number of State General Hospitals established with central assistance during the last five years in the Country along with the amount of funds released to each State; and
- (d) whether there are proposals pending for approval or fund release by the Government for new hospital projects in the country, if so, the details thereof?

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

(a) to (d): As per Indian Public Health Standards (IPHS 2022) norms, Community Health Centres (CHCs) to cover population of 80,000-1,20,000, Sub-District Hospitals to cover population of 1,00,000 - 5,00,000 and District Hospital to cover population upto 30,00,000.

The details of health facilities functioning in rural and urban areas across all States/UTs, along with information on available resources, can be accessed at the following link of Health Dynamics of India (HDI) 2022–23: [https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf](https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23%20RE%20%281%29.pdf)

As per information provided by Ministry of Railways, the details of hospitals under the Ministry is given in the enclosed **Statement-I**.

The details of Hospitals under Governance of Ministry of Health and Family Welfare and the funds released for these hospitals during last 2 years is given in the enclosed **Statement-II**.

It is primary responsibility of the State/Union Territories (UTs) to make efforts for increasing number of hospitals under their jurisdiction in accordance with requirement and fund availability. However, the Central Government provides assistance to the State/UT Governments in their efforts to provide better health care facilities to people through various schemes. The details of the schemes are as under:

- **National Health Mission (NHM):** The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National

Health Mission. 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 funds approved during the current FY 2025-26 and for the last FY i.e 2024-25 for development of building infrastructure under NHM is given in the enclosed **Statement-III**.

- **PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):**
Under the Central Sponsored Scheme (CSS) components of the scheme, support for 100 and 50-bedded Critical Care Hospital Blocks (CCBs) at district hospitals or medical colleges for an amount of Rs.18,799.21 Crore have been accorded to States/UTs for FY 2021-22 to 2025-26 for setting up of 621 CCBs. Under Central Sector component of PM-ABHIM, 150 bedded Critical Care Blocks are envisaged to be established in 12 AIIMS and Institute of National Importance (INIs).
- **India COVID-19 Emergency Response and Health System Preparedness Package II (ECRP-II):** The “India COVID-19 Emergency Response and Health System Preparedness Package”: Phase II for Rs.23,123 Crore. The ECRP-II has the Central Sector (CS) and Centrally Sponsored Schemes (CSS) components. Centrally Sponsored Schemes (CSS) includes central Share as well as State Share. Under the Central Sponsored, components include support to State/UT level through NHM

Framework with a State Share as is applicable in NHM.

- **15th Finance Commission (FC-XV):** The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore. Under FC XV Health Sector Grants, 2673 PHC AAM approved for an amount of Rs 3581.47 Cr for FY 2021-22 to FY 2025-26.
- **The Pradhan Mantri Swasthya Suraksha Yojna (PMSSY):** It aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. The scheme has two components, namely, (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs). So far setting up of 22 New AIIMS and 75 projects of upgradation of GMCIs have been approved under the scheme in various phases.
- Under Centrally Sponsored Scheme for '**Establishment of new Medical Colleges attached with existing district/referral hospitals**', a total of 157 Medical Colleges have been approved in the country.

STATEMENT-I

The details of the hospitals under the Ministry of Railways in the country are as under:

Sl. No	Name of the State/UT	No of Hospitals
1	Andhra Pradesh	06
2	Assam	09

3	Bihar	08
4	Chhattisgarh	03
5	Delhi	02
6	Gujarat	07
7	Haryana	03
8	Jharkhand	05
9	Karnataka	04
10	Kerala	03
11	Madhya Pradesh	09
12	Maharashtra	13
13	Odisha	04
14	Punjab	04
15	Rajasthan	09
16	Tamil Nadu	08
17	Telangana	01
18	Uttar Pradesh	17
19	West Bengal	13

STATEMENT-II

Budget Estimates for FY 2025-26 and Revised Estimates for FY 2024-25 for Hospitals under MoHFW:

(in Crores.)

Sl. No.	Scheme/Institute/Hospital	Revised Estimates 2024-25	Budget Estimates 2025-26
CENTRE'S EXPENDITURE			
Establishment Expenditure of the Centre			
1	Safdarjung Hospital and Vardhman Mahavir Medical College, New Delhi	1926.50	2179.58
2	Dr. Ram Manohar Lohia Hospital and Atal Bihari Vajpayee Institute of Medical Sciences, New Delhi	1220.00	1458.26
3	Lady Hardinge Medical College and Smt. S.K. Hospitals	630.00	800.00

4	Kalawati Saran Children's Hospital, New Delhi	155.85	183.16
5	Other Hospitals / Institutions	929.49	1142.81
		4861.84	5763.81
6	<i>Pardhan Mantri Swasthya Suraksha Yojana</i>	1736.00	2200.00
7	<i>All India Institute of Medical Sciences, N Delhi</i>	5000.00	5200.00
8	<i>Post Graduate Institute of Medical Education and Research, Chandigarh</i>	2240.00	2400.00
9	<i>Jawaharlal Institute of Post Graduate Medical Education and Research, Puducherry</i>	1370.00	1450.00
10	National Institute of Mental Health and Neuro-Sciences, Bengaluru	780.00	860.00
11	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong	475.00	530.00
12	Regional Institute of Medical Sciences, Imphal	632.30	650.00
13	Regional Institute of Paramedical and Nursing Sciences, Aizawl	101.00	135.00
14	Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur	50.00	65.00
15	<i>Other Autonomous Bodies</i>		
	Lala Ram Swarup Institute of T.B. and Allied Diseases, New Delhi	165.00	210.00
	Vallabh Bhai Patel Chest Institute, Delhi University	77.00	83.5
	Kasturba Health Society, Wardha	118.97	128.99
	Cancer Control (CNCI, Kolkata)	90	110.16
	All India Institute of Speech and Hearing, Mysore	90.82	146.67
	New Delhi TB Centre	6.83	7.52
	Grants to Institute of Medical Sciences - BHU, Varanasi	0.00	101

Statement-III**Funds approved under NHM for the development of Infrastructure**

(in lakhs)

S. No	State/ UT	2025-26	2024-25
1	Andhra Pradesh	15797.55	15,797.55
2	Andaman and Nicobar IS.	37	110.20
3	Arunachal Pradesh	1662.43	6,838.50
4	Assam	12585.95	6,106.14
5	Bihar	6550	5,811.00
6	Chandigarh	0	-
7	Chhatisgarh	12567.79	12,564.24
8	Delhi	0	0
9	Dadranagar Haveli and Diu, Daman	0	0
10	Goa	0	-
11	Gujarat	2000	2,000.00
12	Haryana	0	-
13	Himachal Pradesh	6	6.00
14	Jammuand Kashmir	0	-
15	Jharkhand	3901.5	3,907.50
16	Karnataka	1555	832.30
17	Kerala	2941.32	6,464.94
18	Ladakh	1439.055	1,274.33
19	Lakshwadweep	0	-
20	Madhya Pradesh	51974	27,899.28
21	Maharashtra	44281.25	69,465.21
22	Manipur	5596.08	6,605.73
23	Meghalaya	0	75.20
24	Mizorum	0	-
25	Nagaland	3520.59	3,579.81
26	Odisha	34204.08	38,021.56
27	Puduchery	0	-
28	Punjab	210	2,038.00
29	Rajasthan	146775.11	1,25,759.85
30	Sikkim	1194.28	113.00
31	Tamilnadu	22644.92	26,506.92
32	Telangana	50	789.00

33	Tripura	3465	9,153.43
34	Uttara Pradesh	0	-
35	Uttarakhand	10467.944	6,636.12
36	West Bengal	20223.75	8,735.08
	Total	4,05,650.60	3,87,090.89
	MCH wings across all states (FMR 11)	19,264.00	35,132.00
	Grand Total	4,24,914.60	4,22,222.89

महिलाओं में फेफड़ों के कैंसर के बढ़ते मामले

2282. श्रीमती प्रतिभा सुरेश धानोरकर:

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

- (क) क्या सरकार को देश के प्रदूषित शहरों में धूम्रपान न करने वाली महिलाओं में फेफड़ों के कैंसर के मामलों में तीव्र वृद्धि की जानकारी है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार के पास गत पांच वर्षों के दौरान धूम्रपान न करने वाले व्यक्तियों, विशेषकर महिलाओं में फेफड़ों के कैंसर के नए मामलों की संख्या के संबंध में विस्तृत आंकड़े उपलब्ध हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने फेफड़ों के कैंसर के लक्षणों की क्षय रोग (टीबी) से समानता के कारण निदान में विलंब का संज्ञान लिया है और इस समस्या से निपटने हेतु तैयार की गई योजनाओं का ब्यौरा क्या है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) सरकार द्वारा पर्यावरण मंत्रालय के समन्वय से वायु प्रदूषण नियंत्रण हेतु तैयार की गई राष्ट्रीय कार्य योजना का ब्यौरा क्या है और तत्संबंधी समयबद्ध ब्यौरा क्या है?

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

(क) और (ख): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर)-राष्ट्रीय रोग सूचना विज्ञान और अनुसंधान केंद्र (एनसीडीआईआर) द्वारा किए गए एक अध्ययन, जिसका शीर्षक है "भारत में फेफड़ों के कैंसर का नैदानिक-महामारी विज्ञान संबंधी प्रोफाइल - राष्ट्रीय कैंसर पंजीकरण कार्यक्रम (एनसीआरपी) के परिणाम" के अनुसार, , महिलाओं में फेफड़ों के कैंसर के लगभग 53% मामले एडेनोकार्सिनोमा के थे, और यह "गैर-धूम्रपान करने वालों में कैंसर का सबसे आम हिस्टोपैथोलॉजिक प्रकार" है; अध्ययन में यह भी बताया गया है कि 1982 से 2016 तक महानगरों में फेफड़ों के कैंसर की घटनाओं में वार्षिक प्रतिशत परिवर्तन में उल्लेखनीय वृद्धि देखी गई। इस अध्ययन में महिलाओं में परिवेशीय वायु प्रदूषण के संपर्क को सीधे तौर पर निर्धारित नहीं किया गया है।

(ग): टीबी मुक्त भारत अभियान का उद्देश्य अज्ञात टीबी मामलों की पहचान करना है। टीबी जांच के दौरान, यदि किसी व्यक्ति में फेफड़ों के कैंसर का संदेह होता है, तो उसे आगे के निदान और प्रबंधन के लिए तुरंत उपयुक्त मध्यम और विशिष्ट परिचर्या सुविधा केंद्रों में भेजा जाता है। इसके अतिरिक्त, कैंसर रोगियों को टीबी मुक्त भारत अभियान के अंतर्गत संवेदनशील व्यक्तियों के रूप में माना जाता है और टीबी का शीघ्र पता लगाने और आवश्यकता पड़ने पर त्वरित उपचार सुनिश्चित करने के लिए नियमित जांच पर ध्यान केंद्रित किया जाता है।

विशिष्ट परिचर्या सुविधा केंद्रों के सुदृढीकरण की योजना के अंतर्गत, देश के विभिन्न हिस्सों में राज्य कैंसर संस्थान (एससीआई) और विशिष्ट परिचर्या सुविधा केंद्र (टीसीसीसी) स्थापित करने के लिए राज्यों और संघ राज्य क्षेत्रों को समर्थन प्रदान किया जाता है। एससीआई के लिए और टीसीसीसी के लिए अधिकतम अनुमत समर्थन क्रमशः ₹120 करोड़ और ₹45 करोड़ है, जिसमें केंद्र और राज्य का हिस्सा 60:40 के अनुपात में है (पूर्वोत्तर और पहाड़ी राज्यों को छोड़कर, जहां यह अनुपात 90:10 है)। अब तक 39 संस्थानों (19 एससीआई और 20 टीसीसीसी) को अनुमोदन दिया जा चुका है।

(घ): पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय ने जनवरी 2019 में 24 राज्यों/संघ राज्य क्षेत्र के 130 (मानकों को पूरा न कर पाने वाले और दस लाख से अधिक आबादी वाले शहरों) में वायु गुणवत्ता में सुधार के लिए राष्ट्रीय स्वच्छ वायु कार्यक्रम (एनसीएपी) लागू किया है। यह कार्यक्रम केंद्र और राज्य एजेंसियों, शहरी स्थानीय निकायों और अन्य हितधारकों के समन्वय से, प्रमुख प्रदूषण स्रोतों संबंधी समस्याओं का समाधान करने वाली शहर, राज्य और राष्ट्रीय स्तर की स्वच्छ वायु कार्य योजनाओं के माध्यम से कार्यान्वित किया जा रहा है।

SPECIAL PROVISION FOR ORPHANED CHILDREN

2283. DR. PRABHA MALLIKARJUN:

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

- (a) whether Government has taken note of the challenges faced by orphaned and vulnerable children in obtaining Aadhaar/essential identity documents, particularly in cases where guardianship/parental records are unavailable, if so, the details thereof;
- (b) the details of the measures taken, in coordination with the UIDAI and State Governments, to simplify documentation, enable institutional certification/ensure compliance with Supreme Court directions on the right to identity, education and welfare;
- (c) whether the Government proposes to consider special provisions for orphaned children in education, skilling/employment schemes at the national level;

- (d) if so, the details of proposals if any under examination along with expected timeline for their implementation; and
- (e) the details of the steps taken to ensure that orphans without Aadhaar are not denied access to school admissions, nutrition programmes, Child Care Institutions (CCIs) and other welfare benefits, including the use of alternative verification mechanisms?

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

(a) to (e): The Ministry of Women and Child Development is the nodal Ministry for the administration of 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 Union Territories. As per section 106 of JJ Act, 2015, the primary responsibility and execution of the JJ Act, 2015 lies with the States and Union Territories and they are required to ensure effective implementation of the Act.

The Ministry is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State and Union Territory Governments to deliver various services for Children in Need of Care and Protection (CNCP) including orphaned children 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.

As per Mission Vatsalya Scheme guidelines, States and Union Territories have to ensure that documents of each child like Birth Certificate, Aadhar Card, School going Certificate, Vaccination Certificates, Health Check-up cards etc., of all the children are made available by the Child Care Institutions. Further, as per guidelines, CCIs are to ensure specific short term suitable certificate courses and skill training certificate courses for children in the CCIs in the age group of 14-18 years.

The Ministry of Women and Child Development, in conjunction with Unique Identification Authority of India (UIDAI), has prepared a Standard Operating Procedure (SOP) for Aadhaar enrolment of children in difficult circumstances including missing children or those who are separated from their families including orphaned children, which was issued on 25.06.2025.

The Ministry has issued various guidelines and advisories from time to time for strengthening implementation of JJ Act, 2015 by the States and Union Territories. The Ministry also regularly engages with the States and Union Territories with regard to implementation of the JJ Act effectively.

STUDENTS AND WORKERS FROM PUNJAB FACING DISTRESS ABROAD**2284. SHRI AMRINDER SINGH RAJA WARRING:**

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

- (a) the details of complaints related to overseas deaths, visa issues, fraudulent recruitment, workplace exploitation, loss of documents and student-related grievances received from Indian nationals abroad during the last three years, State-wise;
- (b) whether the data indicates that persons from Punjab form a significant share of such complaints and if so, the reasons identified by the Ministry for this heightened vulnerability;
- (c) the steps taken to strengthen consular services and grievance-redressal mechanisms in countries where students and workers from Punjab are present in large numbers; and
- (d) whether the Government proposes to enhance outreach, community engagement and emergency-support measures through Indian Missions to better assist students and workers from Punjab facing distress abroad?

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

(a) and (b): The number of complaints received from Indian nationals abroad during the last three years are placed below. State-wise data is not available with this Ministry.

Portal	Number of complaints received		
	2022	2023	2024
MADAD	5774	5794	5704
CPGRAMS	5609	3492	2798
Total	11383	9286	8502

(c): Indian Missions and Posts abroad render all possible consular assistance to the Indian nationals, including students and workers, whenever required. Indian nationals can contact the Indian Missions and Posts abroad via walk-ins, email, social media platforms, 24x7 emergency telephone numbers and Toll Free Helplines established by Missions and Posts abroad and grievance redressal portals like MADAD, CPGRAMS etc for prompt redressal of their grievances. Indian Missions and Posts also assist in providing legal aid, wherever needed. Missions and Posts also maintain a local panel of lawyers where Indian community is in sizeable numbers. Indian nationals who are in distress in foreign countries are provided assistance under Indian Community Welfare Fund (ICWF) set up in all Indian Missions and Posts abroad to meet any contingency expenditure incurred by them, on a means-tested basis. Besides, Pravasi Bharatiya Sahayata Kendras

(PBSKs) have been set up at Dubai, Sharjah, Riyadh, Jeddah and Kuala Lumpur to provide assistance to distressed Indian nationals abroad. Advisories are issued for Indian nationals from time to time, asking them to exercise due caution and remain vigilant. The Government remains vigilant to developments impacting the lives of Indian nationals abroad and takes all measures to safeguard their interests and welfare.

(d): The Government of India accords high priority on safeguarding the interests and welfare of Indian nationals, including students and workers abroad. Indian Missions and Posts abroad maintain regular contact with Indian students enrolled in foreign universities. Mission's officials visit universities and educational institutions in their jurisdictions to interact with Indian students and student associations and to assess any issue concerning the credibility or quality of courses being pursued. Several Indian Missions and Posts abroad also issue formal advisories for Indian Students under their jurisdiction aimed towards protecting their interests, welfare and safety in foreign lands.

On receipt of any complaint or grievance from Indian nationals including labourers, Indian Missions and Posts pro-actively take it up with the concerned Foreign Employer (FE) and, if needed, visits the work place of the aggrieved worker. The issues are also taken up with the local Labour Department and other concerned authorities of the host country for redressal.

Indian Missions and Posts abroad also remain vigilant, particularly in countries affected by political instability, economic crises, and where the risk of Indian nationals, including students and workers, being misled or exploited may be higher. Any incident affecting Indian nationals are immediately raised with host governments to ensure their safety and appropriate redressal. Consular assistance, including emergency medical support, temporary accommodation, and other essential services, is extended whenever needed. The Indian Community Welfare Fund (ICWF) further supports Indian nationals in distress and offers assistance for incurring emergency expenses and repatriation of mortal remains on a means-tested basis.

During emergencies, the Government has undertaken large-scale evacuation operations to protect and bring home Indian nationals, including students and workers. Notable recent evacuation operations include Operation Devi Shakti (Afghanistan), Operation Ganga (Ukraine), Operation Kaveri (Sudan), Operation Ajay (Israel) and Operation Sindhu (Israel and Iran). These efforts demonstrate the Ministry's commitment to ensuring the safety and well-being of Indian nationals abroad and towards protecting them from miscreants and unsafe security situations.

INCIDENCES OF CANCER CASES IN MAHARASHTRA

2285 SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

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

- (a) whether it is a fact that Maharashtra reported the second highest number of cancer incidences in the country in recent years and if so, the details thereof;
- (b) the data of newly registered cancer cases during the last three years with specific details for Maharashtra, State-wise;
- (c) the reasons identified by the Government for the high incidence of cancer in Maharashtra and the steps being taken to address them;
- (d) whether Government has assessed the adequacy of cancer care facilities including tertiary care hospitals, radiotherapy units and oncologists in Maharashtra and if so, the details thereof;
- (e) whether the Government has implemented any special cancer screening and early detection programmes in Maharashtra, especially in rural areas and if so, the details thereof; and
- (f) the details of funds allocated, released and utilized by Maharashtra under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) during the last three years?

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

(a) and (b): As per the Indian Council of Medical Research (ICMR) -National Cancer Registry Programme (NCRP), the estimated number of incidence of all types of cancer cases in the country for the last three years 2022-2024 by States and Union Territories-wise is given in the enclosed **Statement**.

(c): As informed by Indian Council of Medical Research (ICMR), the reasons for increase in number of cancer cases reported is due to access and availability of improved diagnostic techniques for detection of cancer, increased life expectancy, growing share of geriatric population, higher health consciousness and improved health seeking behaviour. Also, there has been significant increase in the classical risk factors associated with Non - Communicable Disease (NCDs) including cancer such as tobacco and alcohol consumption, insufficient physical activities, unhealthy diets, consumption of high salt, sugar and saturated fats, etc.

(d): To enhance the facilities for tertiary care of cancer, the Central Government is implementing 'Strengthening of Tertiary Cancer Care Facilities' Scheme under the National Programme for Prevention and Control of Non-Communicable Diseases. Under the Scheme, support is provided to States and Union Territories for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country. Till date 39 institutions (19 SCI and 20 TCCC), including following 2 TCCC and 1 SCI in Maharashtra have been approved.

- i. Rashtrasant Tukdoji Regional Cancer Hospital and Research Centre,
Nagpur (TCCC)

- ii. Vivekanand Foundation and Research Centre, Latur (TCCC)
- iii. Government Medical College, Aurangabad (SCI)

Further following hospitals also provide cancer care in Maharashtra:

- (i) Tata Memorial Hospital, Parel, Mumbai
- (ii) Advanced Centre for Treatment, Research and Education in Cancer, Kharghar, Navi Mumbai
- (iii) Regional referral hospital, Nashik
- (iv) Regional referral hospital, Amravati

Government of Maharashtra has informed that 480 empanelled government and private cancer hospitals are providing cancer treatment in the state under the Mahatma Jyotirao Phule Jan Arogya Yojana.

Presently 08 Day Care Chemotherapy centers (DCC) are functional in Maharashtra and 26 New DCC centers have been approved.

(e): The Ministry of Health and Family Welfare had launched NCD Screening Campaign (20th February, 2025 to 31st March 2025) to achieve universal screening of individuals aged 30 years and above. The campaign was conducted nationwide across AAMs and other healthcare facilities under National Programme for Prevention and Control of Non-Communicable Diseases.

(f): Funds allocated to Maharashtra under the National Programme for Non Communicable Diseases (NP-NCD) during the last three years are as follows:

(Rs. In Lakhs)

Financial Year	SPIP Approvals	Expenditure
2022-23	5,311.21	2,018.00
2023-24	5,147.52	1,502.83
2024-25	22,614.03	1,669.74

STATEMENT

Estimated Incidence of All types of cancer cases in India by different State/UT

- (2022-2024):

State	2022	2023	2024
Jammu and Kashmir UT	13395	13744	14112
Ladakh UT	302	309	318
Himachal pradesh	9164	9373	9566
Punjab	40435	41337	42288
Chandigarh	1088	1120	1152
Uttaranchal	12065	12348	12642
Haryana	30851	31679	32513
Delhi	26735	27561	28387
Rajasthan	74725	76655	78604
Uttar pradesh	210958	215931	221000
Bihar	109274	112180	115123
Sikkim	496	525	561
Arunachal pradesh	1087	1125	1143
Nagaland	1854	1890	1935
Manipur	2097	2169	2250
Mizoram	1985	2063	2114
Tripura	2715	2790	2871
Meghalaya	3025	3099	3168
Assam	39787	40721	41713
West bengal	113581	116230	118910
Jharkhand	35860	36840	37824
Orissa	52960	54136	55335
Chattisgarh	29253	30014	30763
Madhya pradesh	81901	84029	86124
Gujarat	73382	75290	77205
Daman	150	161	173

Dadra and Nagar Haveli	238	252	268
Maharashtra	121717	124584	127512
Telangana	49983	51145	52334
Andhra pradesh	73536	75086	76708
Karnataka	90349	92560	94832
Goa	1700	1735	1783
Lakshadweep	28	31	32
Kerala	59143	60162	61175
Tamil nadu	93536	95944	98386
Pondicherry	1679	1753	1823
Andaman and Nicobar Islands	393	401	408
Total	1461427	1496972	1533055

Ref: National Cancer Registry Programme report, 2020

CHCs AND PHCs IN MEGHALAYA

2286. DR. RICKY A. J. SYNGKON:

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

- the details of district hospitals, Community Health Centres (CHCs) and Primary Health Centres (PHCs) operational in the State of Meghalaya district-wise;
- whether the Government has approved or sanctioned funds for new medical facilities, mobile health units or telemedicine services in these hill regions; and
- the steps being taken by the Government to address shortages of doctors, nurses and essential medicines in remote villages of the country?

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

(a): As per Health Dynamics of India (HDI) report 2022-23, State Government of Meghalaya has 11 District Hospitals, 122 Rural and 25 Urban Primary Health Centres (PHCs) and 28 Rural and 1 Urban Community Health Centres (CHCs). District-wise details of District Hospitals, CHCs and PHCs are available at the following URL:-

https://www.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 Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. As per ROP for the year 2024-25, a total of Rs. 407.71 Crore has been approved for the State of Meghalaya and there has been an expenditure of Rs. 393.01Crore under NHM for various programmes which includes development of new medical facilities, mobile health units or telemedicine services in the hill regions of the State. Also for the year 2025-26, there has been approval of Rs. 430.33 Crore for the State under NHM.

(c): As per the information provided by the State Government of Meghalaya, the Meghalaya Medical Services Recruitment Board (MMSRB) has been constituted to

streamline the process of recruitment of general and specialist doctors. The recruitment of Nurses and Allied Health is also through MMSRB. Further, Doctors from Meghalaya were also trained for six months of specialized training in Comprehensive Emergency Maternal Obstetric Care (CeMOC), life-saving anaesthetic skills (LSAS), and Ultrasonography. The State has started the Meghalayan Medical Drugs and Services Limited (MMDSL) which is an agency which is responsible for the procurement of drugs and medical equipment for the health facilities, to streamline a system for indenting, supplying, maintaining, and disposing of drugs/medicines, to improve the management of drug procurement and supply, to ensure availability of essential drugs and to have on time delivery of all essential drugs, medicines and medical and surgical items throughout the State including remote villages.

आयुष सेवाएं

2287. श्री राजेश रंजन:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) आयुर्वेद, प्राकृतिक चिकित्सा, यूनानी और होम्योपैथी को प्रोत्साहन देने हेतु वर्तमान में चल रही राष्ट्रीय योजनाओं, आयुष स्वास्थ्य और कल्याण केंद्रों, शैक्षणिक संस्थानों और अनुसंधान परियोजनाओं की प्रगति और प्रमुख उपलब्धियों सहित तत्संबंधी राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है;
- (ख) क्या विभिन्न राज्यों में अवसंरचना, औषधियों की आपूर्ति और समन्वय की कमी के कारण आयुष सेवाओं का कार्यान्वयन अभी तक वांछित परिणाम नहीं दे पाया है और यदि हां, तो इन मुद्दों

का समाधान करने हेतु सरकार द्वारा उठाए जा रहे कदमों का ब्यौरा क्या है;

(ग) यदि हां, तो तत्संबंधी ब्यौरे सहित सरकार द्वारा किये गए सुधारात्मक उपायों का ब्यौरा क्या है;

(घ) क्या सरकार आयुष क्षेत्र में गुणवत्ता नियंत्रण, मानकीकरण, औषधीय पौधों को प्रोत्साहन, औषधि निर्माण इकाइयों का विनियमन और अनुसंधान को प्रोत्साहन हेतु नई पहलें कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ङ) क्या बिहार में विशेषकर पूर्णिया, कटिहार, अररिया, किशनगंज सीमांचल क्षेत्र में आयुष अस्पताल, शिक्षण-प्रशिक्षण केंद्र और अनुसंधान संस्थान स्थापित करने हेतु कोई प्रस्ताव लंबित है या सरकार के विचाराधीन है; और

(च) 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): जन स्वास्थ्य राज्य का विषय होने के कारण, देश में आयुष सेवाएं प्रदान करने और आयुर्वेद, प्राकृतिक चिकित्सा, यूनानी और होम्योपैथी सहित आयुष पद्धति को बढ़ावा देने के लिए अवसंरचना की पर्याप्त उपलब्धता, औषधियों की आपूर्ति सुनिश्चित करने के साथ-साथ आयुष स्वास्थ्य और कल्याण केंद्रों, शैक्षणिक संस्थानों और अनुसंधान परियोजनाओं के प्रभावी कामकाज के लिए समन्वय की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। हालांकि, आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से वर्ष 2014 से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के सापेक्ष एनएएम दिशानिर्देशों के प्रावधान के अनुसार आयुष स्वास्थ्य सुविधाओं के लिए अवसंरचना के विकास और दवाओं की आपूर्ति सहित विभिन्न गतिविधियों के तहत वित्तीय सहायता

प्रदान करके आयुष पद्धति के समग्र विकास और संवर्धन के लिए उनके प्रयासों का समर्थन कर रहा है। यह मिशन अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए प्रावधान करता है:-

- (i) आयुष स्वास्थ्य और कल्याण केंद्रों का संचालन, जिसे अब आयुष्मान आरोग्य मंदिर (आयुष) नाम दिया गया है।
- (ii) प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं का सह-स्थापना।
- (iii) मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।
- (iv) मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए पर/जीर्ण-शीर्ण आवास) के लिए भवन का निर्माण/उस क्षेत्र में नए आयुष औषधालय स्थापित करने के लिए भवन का निर्माण जहां कोई आयुष सुविधाएं उपलब्ध नहीं हैं।
- (v) 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना।
- (vi) सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक दवाओं की आपूर्ति।
- (vii) आयुष जन स्वास्थ्य कार्यक्रम।
- (viii) उन राज्यों में नए आयुष कॉलेजों की स्थापना जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
- (ix) आयुष स्नातक-पूर्व संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास/पीजी/फार्मसी/पैरा-मेडिकल पाठ्यक्रमों को शामिल करना।

राज्य/संघ राज्य क्षेत्र सरकारों को एसएएपी के माध्यम से प्राप्त प्रस्ताव के अनुसार, वर्ष 2014-15 से 2024-25 तक एसएएपी में अनुमोदित विभिन्न गतिविधियों के कार्यान्वयन के लिए 5670.83 करोड़ रुपये जारी किए गए हैं। एनएएम के तहत की गई प्रमुख उपलब्धियां **विवरण-I** पर दी गई हैं।

इसके अलावा, एनएएम के तहत राज्य/संघ राज्य क्षेत्र सरकारों से प्राप्त प्रस्तावों के अनुसार, मंत्रालय ने 12500 आयुष स्वास्थ्य और कल्याण केंद्रों को अनुमोदित किया है, जिसका नाम बदलकर आयुष्मान आरोग्य मंदिर (आयुष) [(एएएम) (आयुष)] कर दिया गया है और विभिन्न आयुष उपचारों के माध्यम से समुदाय को समग्र स्वास्थ्य देखभाल सेवाएं प्रदान करने के लिए देश के विभिन्न हिस्सों में एकीकृत आयुष अस्पतालों (आईएएच) की 203 इकाइयों को भी अनुमोदित किया है। अनुमोदित एएएम (आयुष) और आईएएच की राज्य/संघ राज्य क्षेत्र-वार स्थिति क्रमशः **विवरण-II** और **विवरण-III** पर दी गई है।

एनएएम के अलावा, जिसे राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से कार्यान्वित किया जा रहा है, आयुष मंत्रालय देश भर में कुछ केंद्रीय क्षेत्र की योजनाओं को भी कार्यान्वित कर रहा है और उन योजनाओं का ब्यौरा **विवरण-IV** पर दिया गया है।

इसके अतिरिक्त, आयुष मंत्रालय, भारत सरकार ने केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस), केंद्रीय सिद्ध अनुसंधान परिषद (सीसीआरएस), केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएस), केंद्रीय योग और प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन) और केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम) की स्थापना की है। ये परिषदें पूरे भारत में अपने परिधीय संस्थानों द्वारा सूचना, शिक्षा और संचार (आईईसी) गतिविधियों के माध्यम से अनुसंधान में लगी हुई हैं, स्वास्थ्य सेवाओं का विस्तार कर रही हैं और आयुष पद्धति को बढ़ावा दे रही हैं।

(घ): औषधि और प्रसाधन सामग्री अधिनियम, 1940 और औषधि नियम, 1945 में आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी और होम्योपैथी औषधियों के लिए विशिष्ट विनियामक प्रावधान हैं। आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी औषधियों से संबंधित प्रावधान औषधि और प्रसाधन सामग्री अधिनियम, 1940 के खंड IVक और अनुसूची-1 तथा औषधि नियम, 1945 के नियम 151 से 169, अनुसूचियां ड(झ), न और न-क में निहित हैं। विनिर्माताओं के लिए यह अनिवार्य है कि वे औषधि नियम, 1945 की अनुसूची न के साथ-साथ सुरक्षा और प्रभावशीलता के प्रमाण सहित आयुर्वेद भेषजसंहिता में दिए गए गुणवत्ता मानकों के अनुसार उत्तम विनिर्माण प्रथाओं (जीएमपी) की निर्धारित आवश्यकताओं का अनुपालन करें।

आयुष मंत्रालय के अंतर्गत अधीनस्थ संगठन, भारतीय चिकित्सा और होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच), आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी (एसयू एंड एच) औषधियों के लिए फार्माकोपियल मानकों को निर्धारित करता है जो एसयू एंड एच औषधियों की गुणवत्ता (पहचान, शुद्धता और क्षमता) का पता लगाने के लिए आधिकारिक संग्रह के रूप में कार्य करता है। औषधि और प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत नियमों के अनुसार, एसयू एंड एच औषधियों के विनिर्माण के लिए इन गुणवत्ता मानकों का अनुपालन अनिवार्य है। पीसीआईएम एंड एच, एसयू एंड एच औषधियों के परीक्षण या विश्लेषण के लिए अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है। इसके अलावा, यह एसयू एंड एच औषधियों की गुणवत्ता सुनिश्चित करने के लिए आवश्यक प्रयोगशाला तकनीकों और पद्धतियों पर ध्यान केंद्रित करने के साथ औषधि नियामक प्राधिकरणों, औषधि विश्लेषकों और अन्य प्रासंगिक हितधारकों के लिए एसयू एंड एच औषधियों के मानकीकरण, गुणवत्ता नियंत्रण और परीक्षण या विश्लेषण के लिए नियमित अंतराल पर क्षमता-निर्माण प्रशिक्षण आयोजित करता है।

औषधि नियम, 1945 के नियम 160 क से ज आयुर्वेद, सिद्ध और यूनानी औषधियों के विनिर्माण के लिए लाइसेंसधारी की ओर से आयुर्वेद, सिद्ध और यूनानी औषधियों की पहचान, शुद्धता, गुणवत्ता

और क्षमता के ऐसे परीक्षण करने के लिए औषधि परीक्षण प्रयोगशाला के अनुमोदन के लिए नियामक दिशानिर्देश प्रदान करता है। अब तक, 34 राज्य औषधि परीक्षण प्रयोगशालाओं को उनकी अवसंरचनात्मक और कार्यात्मक क्षमता को मजबूत करने के लिए समर्थन दिया गया है। इसके अलावा, आयुर्वेद, सिद्ध और यूनानी औषधियों और कच्चे माल की गुणवत्ता परीक्षण के लिए औषधि नियम, 1945 के प्रावधानों के तहत 108 प्रयोगशालाओं को अनुमोदन या लाइसेंस प्रदान किया जाता है।

आयुर्ज्ञान योजना के आयुष में अनुसंधान और नवाचार और आयुर्वेद जीव विज्ञान में एकीकृत स्वास्थ्य अनुसंधान घटक योजना के तहत, आयुष में अनुसंधान करने के लिए योजना दिशानिर्देशों में निहित प्रावधान के अनुसार देश भर में पात्र संगठनों/संस्थानों को वित्तीय सहायता प्रदान की जाती है।

राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय, इसके क्षेत्रीय-सह-सुविधा केंद्रों (आरसीएफसी) के माध्यम से गुणवत्तापूर्ण आयुष औषधियों के विनिर्माण के लिए गुणवत्तापूर्ण कच्चे माल का उत्पादन करने हेतु देश में औषधीय पादपों के किसानों/उत्पादकों को औषधीय पादपों की गुणवत्तापूर्ण रोपण सामग्री (क्यूपीएम) वितरित करते हैं।

(ड) और (च): जन स्वास्थ्य राज्य का विषय होने के कारण, बिहार विशेष रूप से पूर्णिया, कटिहार, अररिया, किशनगंज सीमांचल क्षेत्र में आयुष अस्पताल, शिक्षण-प्रशिक्षण केंद्र या अनुसंधान संस्थान की स्थापना संबंधित राज्य सरकार के कार्यक्षेत्र में आती है। इसके अलावा, आयुष मंत्रालय, भारत सरकार के पास ऐसा कोई प्रस्ताव लंबित नहीं है।

विवरण-I

2014-15 से 2024-25 तक एनएमपी के तहत समर्थित प्रमुख गतिविधियां

- (i) एकीकृत आयुष अस्पतालों की स्थापना के लिए 203 इकाइयों का समर्थन किया गया।
- (ii) बुनियादी ढांचे और अन्य सुविधाओं के उन्नयन के लिए 518 आयुष अस्पतालों और 6234 आयुष औषधालयों को सहायता प्रदान की गई है।

- (iii) प्रत्येक वर्ष औसतन दवाओं और आकस्मिकता की आवर्ती सहायता के लिए सह-स्थान के तहत 2387 पीएचसी, 746 सीएचसी और 319 डीएच का समर्थन किया गया है।
- (iv) प्रत्येक वर्ष औसतन आवश्यक आयुष दवाओं की आपूर्ति के लिए 1157 आयुष अस्पतालों और 12677 आयुष औषधालयों का समर्थन किया गया है।
- (v) नए आयुष शैक्षणिक संस्थानों की स्थापना के लिए 21 इकाइयों का समर्थन किया गया।
- (vi) बुनियादी ढांचे, पुस्तकालय और अन्य चीजों के उन्नयन के लिए 78 स्नातक और 46 स्नातकोत्तर आयुष शैक्षणिक संस्थानों का समर्थन किया गया है।
- (vii) नए आयुष औषधालयों की स्थापना के लिए 383 इकाइयों का समर्थन किया गया।
- (viii) 1429 आयुष ग्राम का समर्थन किया गया है।
- (ix) 12500 आयुष्मान आरोग्य मंदिरों का समर्थन किया गया है।

विवरण-II

अनुमोदित (एएएम) (आयुष) की राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों का नाम	अनुमोदित एएएम (आयुष)	कार्यशील एएएम (आयुष)
1	अंडमान और निकोबार	6	6
2	आंध्र प्रदेश	126	126
3	अरुणाचल प्रदेश	89	89
4	असम	500	500
5	बिहार	294	294
6	चंडीगढ़	12	12
7	छत्तीसगढ़	400	400
8	दिल्ली	0	0
9	दादरा व नागर हवेली और दमन व दीव	1	1
10	गोवा	100	100
11	गुजरात	365	365
12	हरियाणा	538	538
13	हिमाचल प्रदेश	761	761
14	जम्मू-कश्मीर	523	523
15	झारखंड	745	745

16	कर्नाटक	376	376
17	केरल	700	700
18	लद्दाख	0	0
19	लक्षद्वीप	7	7
20	मध्य प्रदेश	800	800
21	महाराष्ट्र	390	390
22	मणिपुर	15	15
23	मेघालय	24	24
24	मिजोरम	41	41
25	नागालैंड	49	49
26	ओडिशा	422	422
27	पुडुचेरी	4	4
28	पंजाब	158	158
29	राजस्थान	2019	2019
30	सिक्किम	18	18
31	तमिलनाडु	650	650
32	तेलंगाना	421	421
33	त्रिपुरा	72	72
34	उत्तर प्रदेश	1034	1034
35	उत्तराखंड	300	300
36	पश्चिम बंगाल	540	540
कुल		12500	12500

विवरण-III

अनुमोदित एकीकृत आयुष अस्पतालों की राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्र. सं.	राज्य/संघ राज्य क्षेत्र	स्थान (जिला)	चिकित्सा पद्धति	बिस्तरों की संख्या	स्थिति
1	अंडमान और निकोबार द्वीप	जंगलीघाट, पोर्ट ब्लेयर (दक्षिणी अंडमान)	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	कार्यशील
2	आंध्र प्रदेश	काकीनाडा	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माण पूर्ण
		विशाखापत्तनम	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
3	अरुणाचल प्रदेश	भालुकपोंग (पश्चिमी कामेंग)	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन
		लिकाबली (लोवर सियांग)	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन

		थिंगकिओंग (अपर सियांग)	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
		सेप्पा (पूर्वी कामेंग)	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
		जीरो (लोवर सुबनसिरी)	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
4	असम	दुधनोई (गोलपाड़ा)	आयुर्वेद	50	कार्यशील
		माजुली	आयुर्वेद	50	कार्यशील
		कोकराझार	आयुर्वेद और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
		बक्सा	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
		मोरीगांव	आयुर्वेद और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
		कालियाबोर (नगाँव)	आयुर्वेद और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
		दिफू (कारबी एंगलेंग)	आयुर्वेद और होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
		बाजाली	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
5	बिहार	पटना	आयुर्वेद, होम्योपैथी, यूनानी और योग	50	निर्माण पूरा हुआ
6	चंडीगढ़	सेक्टर-34 (चंडीगढ़)	आयुर्वेद और होम्योपैथी	50	कार्यशील
7	छत्तीसगढ़	जांजगीर-चंपा	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
		महासमुंद	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
		कोरिया	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		कोरबा	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
		कांकेर (उत्तर बस्तर कांकेर)	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
		नारायणपुर	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		बीजापुर	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
		दंतेवाड़ा (दक्षिण बस्तर दंतेवाड़ा)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माण पूरा हुआ
		दल्ली राजहरा (बालोद)	आयुर्वेद	30	कार्यशील
		सूरजपुर	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन

8	दादरा नागर हवेली और दमन व दीव	सिलवासा (दादरा और नागर हवेली)	आयुर्वेद	50	निर्माणाधीन
9	गोवा	वेलगुएम (उत्तरी गोवा)	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		मरगांव (दक्षिणी गोवा)	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
10	गुजरात	सूरत	आयुर्वेद, होम्योपैथी और योग	50	निर्माण पूर्ण
		राजकोट	आयुर्वेद, होम्योपैथी और योग	30	निर्माण कार्य शुरू नहीं हुआ
11	हरियाणा	हिसार	आयुर्वेद, होम्योपैथी, यूनानी और योग	50	कार्यशील
12	हिमाचल प्रदेश	कुल्लू	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		मंडी	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ
		धर्मशाला	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ
13	जम्मू और कश्मीर	किश्तवाड़	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		कुपवाड़ा	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		बिलावर (कठुआ)	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		कुलगाम	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	कार्यशील
		सांबा	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		गदी गढ़ (जम्मू)	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	10	निर्माण कार्य शुरू नहीं हुआ

		बांदीपायीन	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
14	झारखंड	इतकी, रांची	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
		गुमला	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
		बोकारो	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
		देवघर	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
		पलामू	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
		दुमका	आयुर्वेद और होम्योपैथी	10	निर्माण पूर्ण
		जमशेदपुर	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
15	कर्नाटक	गदग	आयुर्वेद और होम्योपैथी	50	कार्यशील
		मैंगलोर	आयुर्वेद और होम्योपैथी	50	कार्यशील
		तीर्थहल्ली	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
16	केरल	चालाकुडी, त्रिसूर जिला	आयुर्वेद, होम्योपैथी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		मट्टनूर, कन्नूर	आयुर्वेद, होम्योपैथी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		अडूर, पथनमथिट्टा	होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माण कार्य शुरू नहीं हुआ
		अट्टापडी	आयुर्वेद, होम्योपैथी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ
		कोट्टाराकारा, कोल्लम	आयुर्वेद, सिद्ध और योग और प्राकृतिक चिकित्सा	30	निर्माणाधीन
		वायनाड	आयुर्वेद और योग	30	निर्माण कार्य शुरू नहीं हुआ
		इडुक्की	होम्योपैथी और योग	30	निर्माण कार्य शुरू नहीं हुआ
		अरनमुला, रन्नी, पथनामथिट्टा	आयुर्वेद और योग	30	निर्माण कार्य शुरू नहीं हुआ
		वर्कला	योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		कप्पुकड़ तिरुवनंतपुरम	आयुर्वेद, सिद्ध और योग	50	निर्माण कार्य शुरू नहीं हुआ
17	लक्षद्वीप	दीन दयाल उपाध्याय, कवारत्ती	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील
18	महाराष्ट्र	नंदुरबार	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील
		सिंधुदुर्ग	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील
		पुणे	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील

		धाराशिव (ओस्मानाबाद)	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	निर्माणाधीन
		अहमदनगर	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील
		जलगांव	आयुर्वेद, होम्योपैथी, योग और यूनानी	30	निर्माणाधीन
		जालना	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	निर्माणाधीन
		थाणे	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
		नागपुर	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	निर्माणाधीन
		गोंदिया	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
		छत्रपती संभाजी नगर	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
		बुलढाणा	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
		गढ़चिरोली	आयुर्वेद, होम्योपैथी, योग और यूनानी	30	निर्माण कार्य शुरू नहीं हुआ
		वर्धा	आयुर्वेद, होम्योपैथी, योग और यूनानी	30	निर्माण कार्य शुरू नहीं हुआ
19	मणिपुर	मोरेह, तेंगोनाउपल	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	कार्यशील
		चुराचांदपुर	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		क्वाकेइथेल कोनजेंग लेइकाई	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	कार्यशील
		केइराओ एसी, इम्फाल इस्ट जिला	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	कार्यशील
		चंदेल	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
		जिरीबाम	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
		कांगपोकपी	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
		बिश्रुपुर	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
		नोनी	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन

		थौबल	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
		सेनापति	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	10	निर्माणाधीन
20	मध्य प्रदेश	भोपाल	आयुर्वेद और योग	50	कार्यशील
		इंदौर	आयुर्वेद, होम्योपैथी और योग	50	निर्माण पूरा हुआ।
		नरसिंहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		अमरकंटक	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
		मंडलेश्वर (खरगोन जिला)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ।
		बालाघाट	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
		सीहोर	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
		गुना	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
		पन्ना	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
		भिंड	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
		बड़वानी	आयुर्वेद, यूनानी और होम्योपैथी	30	निर्माणाधीन
		सुजालपुर	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
		श्योपुर	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
21	मेघालय	सोहरा (चेरापूंजी), सीएचसी, (पूर्वी खासी हिल्स)	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	कार्यशील
		उमटू विलेज, री भोई जिला	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		जोवाई, (पश्चिम जैतिया हिल्स जिला)	होम्योपैथी, योग और आयुर्वेद	30	निर्माणाधीन
22	मिजोरम	आइज़ोल	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
		सैतुअल	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
23	नागालैंड	नोकलाक, तुएनसांग जिला	आयुर्वेद, होम्योपैथी और योग	30	कार्यशील
		रज़ा, चेडेमा	आयुर्वेद, होम्योपैथी और योग	50	कार्यशील
		सपंग्या (चुंगटिया)	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन

		याचेम, लोंगलेग	आयुर्वेद, होम्योपैथी और योग	30	निर्माणाधीन
		किफिरे	होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
		तिजित	आयुर्वेद और होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
		अकुहाईतो झूनहेबोतो	आयुर्वेद और होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
24	ओडिशा	ढेंकनाल	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		बरहामपुर	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		बालासोर	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
25	पुडुचेरी	विलियानूर	आयुर्वेद, होम्योपैथी और सिद्ध	50	कार्यशील
		यनम	आयुर्वेद, होम्योपैथी और सिद्ध	50	निर्माणाधीन
		कराईकल	आयुर्वेद, होम्योपैथी और सिद्ध	30	निर्माण कार्य शुरू नहीं हुआ
26	पंजाब	दयालपुर सोधिन ज़ीरकपुर (मोहाली)	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		मोगा	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	कार्यशील
27	राजस्थान	भीलवाड़ा	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
		अजमेर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
		चुरू	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
		बीकानेर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
		जयपुर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
		सीकर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
		सवाईमाधोपुर	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन

	भरतपुर	आयुर्वेद, होम्योपैथी, यूनानी और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
	किठाना	आयुर्वेद, होम्योपैथी और यूनानी	30	निर्माण कार्य शुरू नहीं हुआ
	भीलवाडा (असिंद)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	भीलवाडा (बीजोलिया)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	करुली (मंडरायल)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	अलवर (बहरोर)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	अलवर (नीमराना)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	जोधपुर (शेखला)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	दौसा (नांगल राजा वतन)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	जयपुर-ए (पाओटा)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	सीकर (धोड़)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	सीकर (श्रीमाधोपुर)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	बाड़मेर (गिरा)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	जालोर (बागोद)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	बारन (किशनगंज)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	झालावाड़ (बकनी)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	कोटा (सुल्तानपुर)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	पालि (रोहट)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	अजमेर (मसूदा)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन

		अजमेर (पीसनगन)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		धोलपुर (सेपयाऊ)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		भरतपुर (सेवेर)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		नागौर (खीनवासर)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		श्री गंगानगर (राय सिंह नगर)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		डूंगरपुर (दोवरा)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
		प्रतापगढ़ (अरणोद)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
28	सिक्किम	क्योगसा, ग्यालशिंग, पश्चिम सिक्किम	आयुर्वेद और होम्योपैथी	50	कार्यशील
		एनआईटी, देवराली	सोवा- रिग्पा	30	निर्माणाधीन
29	तमिलनाडु	थेनी	सिद्ध, योग और प्राकृतिक चिकित्सा	50	कार्यशील
		तिरुवन्नमलाई	सिद्ध, योग और प्राकृतिक चिकित्सा	50	कार्यशील
		पुदुक्कोट्टई	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		नमक्कल	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	कार्यशील
		एएजीएचआईएम कैपस, चेन्नई	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	निर्माणाधीन
		कोट्टर, नागरकोइल	आयुर्वेद	30	निर्माणाधीन
30	तेलंगाना	सिद्धीपेट	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		विकाराबाद	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध, योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
		जयशंकर भूपालपल्ली	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग और प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ

31	त्रिपुरा	पैराडाइज़ चौमुहानी, अगरतला	आयुर्वेद, होम्योपैथी और योग और प्राकृतिक चिकित्सा	50	कार्यशील
		दक्षिण सबरूम	आयुर्वेद, होम्योपैथी और योग	50	निर्माण पूरा हुआ
32	उत्तर प्रदेश	जौनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	30	निर्माणाधीन
		बुलंदशहर (आरंभ में कुशी नगर में)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		बिल्हौर, कानपुर नगर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		पश्चिम कल्ली, लखनऊ	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		बदरासी, वाराणसी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		नवाब गंज, बरेली	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		बस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		सिराथू कौशाम्बी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		सोनभद्र	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		उरई जालौन	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		संत कबीर नगर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		देवरिया	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		ललितपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		अमेठी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		कानपुर देहात	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		फिरोजपुर, बलिया जिला	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		रायबरेली	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		बागपत	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील

		फतेहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		श्रावस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
		उन्नाव	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		हरदोई	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
		गोरखपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
		संभल	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
		मिर्जापुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
33	उत्तराखंड	हल्द्वानी	आयुर्वेद और होम्योपैथी	50	कार्यशील
		जाखणीधार, टिहरी	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
		टनकपुर, चम्पावत	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
		कोटद्वार, पौड़ी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
		पथरी, हरिद्वार	आयुर्वेद, यूनानी, होम्योपैथी और योग	10	निर्माणाधीन
		भीमताल, नैनीताल	आयुर्वेद, यूनानी, होम्योपैथी और योग	10	निर्माणाधीन
		पिरान कलियार, हरिद्वार	यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
34	पश्चिमी बंगाल	तपसीखाता, अलीपुरद्वार जिला	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
		पश्चिम जिला मिदनापुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील

विवरण-IV

केन्द्रीय क्षेत्र की योजनाओं की स्थिति

1. **आयुष में सूचना, शिक्षा और संचार (आईईसी) को बढ़ावा देना:** इस योजना के तहत, मंत्रालय आयुष स्वास्थ्य देखभाल पद्धति के बारे में नागरिकों के बीच जागरूकता बढ़ाने के लिए राष्ट्रीय/राज्य स्तरीय आरोग्य मेले, योग फेस्ट/उत्सव, आयुर्वेद पर्व, आयुष पद्धति के महत्वपूर्ण दिवस मनाता है, स्वास्थ्य फेयर/मेलों, प्रदर्शनियों आदि में भाग लेता है, सेमिनारों, कार्यशालाओं, सम्मेलनों के आयोजन और मल्टीमीडिया अभियान आदि आयोजित करने के लिए वित्तीय सहायता प्रदान करता है। आयोजनों, अभियानों और डिजिटल आउटरीच के संयोजन से, यह योजना विविध क्षेत्रों और दर्शकों में निवारक स्वास्थ्य देखभाल और आयुष की समग्र कल्याण की सार्वजनिक समझ को बढ़ाती है।
2. **आयुष के लिए अंतर्राष्ट्रीय सहयोग को बढ़ावा देना (आईसी योजना):** इस योजना के तहत, मंत्रालय आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने के लिए भारतीय आयुष औषधि विनिर्माताओं/आयुष सेवा प्रदाताओं को सहायता प्रदान करता है; आयुष चिकित्सा पद्धतियों के अंतर्राष्ट्रीय संवर्धन, विकास और मान्यता को सुविधाजनक बनाता है; अंतरराष्ट्रीय स्तर पर हितधारकों की बातचीत और आयुष के बाजार विकास को बढ़ावा देता है; विदेशों में आयुष अकादमिक पीठों की स्थापना और अंतर्राष्ट्रीय स्तर पर आयुष चिकित्सा पद्धति के बारे में जागरूकता और रुचि को बढ़ावा देने और मजबूत करने के लिए प्रशिक्षण कार्यशालाओं/संगोष्ठियों के आयोजन के माध्यम से अकादमियों और अनुसंधान को बढ़ावा देता है। आईसी योजना के तहत, 25 देश-दर-देश एमओयू (समझौता ज्ञापनों), 15 आयुष पीठ एमओयू और 52 संस्थान-दर-संस्थान स्तर के एमओयू पर हस्ताक्षर किए गए हैं।

3. आयुर्स्वास्थ्य योजना: इस योजना के 02 घटक नामतः (i) आयुष और जन स्वास्थ्य (ii) उत्कृष्टता केंद्र (सीओई) हैं। आयुष और जन स्वास्थ्य घटक का प्राथमिक उद्देश्य निम्नलिखित लक्ष्यों के साथ प्रामाणिक प्राचीन आयुष उपचारों को आरंभ करना है:-

- (i) सामुदायिक स्वास्थ्य देखभाल के लिए आयुष उपचार को बढ़ावा देना।
- (ii) जन स्वास्थ्य में आयुष स्वास्थ्य देखभाल के लाभों को प्रदर्शित करना।
- (iii) आयुष पद्धति को एकीकृत करके सतत विकास लक्ष्य -2 (एसडीजी2) और सतत विकास लक्ष्य -3 (एसडीजी 3) को कार्यान्वित करने के लिए सहयोग प्रदान करना।
- (iv) विभिन्न जन स्वास्थ्य मुद्दों में आयुष उपचारों के माध्यम से आयुष पद्धतियों की प्रभावकारिता का प्रलेखीकरण जिसे राष्ट्रीय स्वास्थ्य कार्यक्रमों में कार्यान्वयन के लिए बड़े पैमाने पर आरंभ किया जा सकता है।

आयुष और आयुर्स्वास्थ्य योजना के जन स्वास्थ्य घटक के तहत, 25 परियोजनाओं को वित्तीय सहायता दी गई है।

4. आयुर्ज्ञान योजना: इस योजना का उद्देश्य बाह्य परिसर अनुसंधान गतिविधियां प्रदान करके आयुष में अनुसंधान और नवाचार तथा शैक्षणिक गतिविधियों, प्रशिक्षण और क्षमता निर्माण आदि प्रदान करके शिक्षा का समर्थन करना है। इस योजना के 03 घटक हैं- (i) आयुष में क्षमता निर्माण और सतत चिकित्सा शिक्षा (सीएमई) (ii) आयुष में अनुसंधान और नवाचार और (iii) आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान को वित्त वर्ष 2023-24 से इस योजना के तहत जोड़ा गया है।

आयुष में अनुसंधान और नवाचार (आर एंड आई) और आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान (एबीआईएचआर) घटक के तहत, इसकी स्थापना के बाद से क्रमशः 33 और 11 अनुसंधान परियोजनाओं का समर्थन किया गया है।

5. आयुष औषधि गुणवत्ता और उत्पादन संवर्धन योजना (एओजीयूएसवाई): इस योजना के उद्देश्य निम्नलिखित हैं:

- (i) आत्मनिर्भर भारत की पहल के तहत पारंपरिक दवाओं और स्वास्थ्य संवर्धन उत्पादों की भारत की विनिर्माण क्षमताओं और निर्यात को बढ़ाना।
- (ii) आयुष दवाओं और सामग्री के मानकीकरण, गुणवत्ता निर्माण और विश्लेषणात्मक परीक्षण के लिए सार्वजनिक और निजी क्षेत्र में पर्याप्त बुनियादी ढांचे और तकनीकी उन्नयन और संस्थागत गतिविधियों की सुविधा प्रदान करना।
- (iii) प्रभावी गुणवत्ता नियंत्रण, सुरक्षा निगरानी और आयुष दवाओं के भ्रामक विज्ञापनों की निगरानी के लिए केंद्रीय और राज्य स्तर पर नियामक ढांचे को मजबूत करना।
- (iv) आयुष औषध और सामग्री के मानकों और गुणवत्ता को बढ़ावा देने के लिए तालमेल और अभिसरण दृष्टिकोण के निर्माण को प्रोत्साहित करना।

इस योजना के तहत, उच्च मानकों को प्राप्त करने के लिए "आयुष फार्मेशियों और औषध परीक्षण प्रयोगशालाओं के सुदृढ़ीकरण और उन्नयन" घटक के तहत, 6 सरकारी और 11 निजी सहित 17 फार्मेशियों तथा 5 सरकारी और 1 निजी सहित 6 औषधि परीक्षण प्रयोगशालाओं को 63.00 करोड़ रुपये की वित्तीय सहायता दी गई है।

6. औषधीय पादपों के संरक्षण, विकास और सतत प्रबंधन पर केंद्रीय क्षेत्र की योजना: इस योजना का उद्देश्य पूरे देश में औषधीय पादपों की खेती को बढ़ावा देना है, जिसमें निम्नलिखित गतिविधियों का समर्थन किया जाता है:

- (i) सूचना शिक्षा और संचार (आईईसी) गतिविधियाँ जैसे प्रशिक्षण/कार्यशालाएं/संगोष्ठी/सम्मेलन आदि।

- (ii) स्व-स्थाने संरक्षण/बाह्य-स्थाने संरक्षण।
- (iii) संयुक्त वन प्रबंधन समितियों (जेएफएमसी)/पंचायतों/वन पंचायतों/जैव विविधता प्रबंधन समितियों (बीएमसी)/स्वयं सहायता समूहों (एसएचजी) के साथ आजीविका संबंध।
- (iv) अनुसंधान और विकास।
- (v) औषधीय पादपों की उपज का संवर्धन, विपणन और व्यापार।
- (vi) औषधीय पादपों की आपूर्ति श्रृंखला में अग्रवर्ती और पश्चवर्ती लिंकेज (एकीकृत घटक) जिसके तहत निम्नलिखित गतिविधियों का समर्थन किया जाता है:

- खेती के लिए औषधीय पादपों की रोपण सामग्री को बढ़ाने के लिए गुणवत्तापूर्ण रोपण सामग्री अवसंरचना।
- किसानों को जागरूक करने के लिए सूचना, शिक्षा और संचार (आईईसी) गतिविधियां।
- औषधीय पादपों की विपणन क्षमता बढ़ाने के लिए फसलोपरांत प्रबंधन और विपणन के लिए अवसंरचना, उपज में मूल्य वर्धन, लाभप्रदता बढ़ाना और हानि को कम करना।
- कच्चे माल का गुणवत्ता परीक्षण और प्रमाणन।

वित्त वर्ष 2020-21 से 2024-25 के दौरान, देश भर में औषधीय पादपों की खेती को बढ़ावा देने के लिए प्रशिक्षण कार्यक्रम/संगोष्ठी/कार्यशालाओं आदि के आयोजन के लिए 1161.96 लाख रुपये की धनराशि की 139 परियोजनाओं को अनुमोदित किया गया।

अनुसंधान और नवाचार को बढ़ावा देना

2288. श्री दिनेश चंद्र यादव:

श्री गिरिधारी यादव:

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

- (क) 2023-24 के बजट में अनुसंधान और नवाचार को प्रोत्साहन देने हेतु नए कार्यक्रम आरंभ करने के प्रस्ताव की वर्तमान स्थिति क्या है; और
- (ख) 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): औषध विभाग ने सूचित किया है कि उसने बजट 2023-2024 की घोषणा के अनुसार औषध और चिकित्सा प्रौद्योगिकी उद्योगों में अनुसंधान और नवाचार को प्रोत्साहन देने हेतु फार्मा-मेडटेक (पीआरआईपी) योजना में अनुसंधान और नवाचार को प्रोत्साहन देने की योजना आरंभ की है। संशोधित योजना और दिशानिर्देश 1 अक्टूबर, 2025 को अधिसूचित किए गए थे। पीआरआईपी योजना का उद्देश्य देश में अनुसंधान अवसंरचना को सुदृढ़ करके भारतीय फार्मा-मेडटेक क्षेत्र को लागत आधारित से नवाचार-आधारित वृद्धि में बदलना है। हाल के संशोधनों का औचित्य सुचारु कार्यान्वयन की सुविधा प्रदान करना, शासन में अधिक स्पष्टता लाना और लाभ-साझाकरण तंत्र को अधिक प्रभावी बनाना था।

पीआरआईपी योजना के दो घटक हैं, नामतः घटक क: राष्ट्रीय औषधीय शिक्षा और अनुसंधान संस्थान (एनआईपीआईआर) में उत्कृष्टता केंद्रों की स्थापना के माध्यम से अनुसंधान अवसंरचना को सुदृढ़ करना और घटक ख: फार्मा मेडटेक क्षेत्र में अनुसंधान और नवाचार को प्रोत्साहन देना। घटक क के अंतर्गत, कुल सात उत्कृष्टता केंद्र स्थापित किए गए हैं, मोहाली, अहमदाबाद, गुवाहाटी, कोलकाता, रायबरेली, हाजीपुर और हैदराबाद में स्थापित सात एनआईपीआईआर में से प्रत्येक में एक-एक। घटक ख उत्पादों और प्रौद्योगिकियों के प्रोत्साहन के लिए अनुसंधान और विकास (आर एंड डी) का समर्थन हेतु वित्तीय सहायता प्रदान करने के लिए है या तीन प्राथमिकता वाले क्षेत्रों, अर्थात् नई दवाओं, जटिल

जेनेरिक और बायोसिमिलर, और नए चिकित्सा उपकरणों में मार्केट लॉन्च और बड़े पैमाने पर व्यावसायीकरण के लिए अनुसंधान और विकास आउटपुट का त्वरित सत्यापन करने के लिए है। प्रारंभिक चरण की परियोजनाएं और उसके बाद के चरण की परियोजनाएं दोनों वित्तीय सहायता के संवितरण के लिए पात्र हैं। इस घटक के तहत, औषध विभाग ने फार्मास्युटिकल और मेडटेक उद्योग और स्टार्टअप से अनुसंधान और नवाचार परियोजनाओं के लिए आवेदन आमंत्रित किए हैं।

इसके अलावा, दिसंबर 2023 में, भारतीय आयुर्विज्ञान अनुसंधान परिषद (ICMR) ने नीति आयोग के मार्गदर्शन में केंद्रीय औषध मानक नियंत्रण संगठन (CDSCO) के साथ साझेदारी में मेडटेक मित्र प्लेटफॉर्म शुरू किया। मेडटेक मित्र पोर्टल को आईसीएमआर की वेबसाइट पर संचालित कर दिया गया है। यह प्लेटफॉर्म स्टार्ट-अप, उद्योग और शैक्षणिक समुदाय के नवप्रवर्तकों को मेडटेक उत्पादों के विकास के लिए मार्गदर्शन प्रदान करता है। आईसीएमआर के राष्ट्रीय जैव आयुर्विज्ञान अनुसंधान जंतु संसाधन सुविधा (NARFBR) और इंडियन क्लिनिकल ट्रायल एंड एजुकेशन नेटवर्क (INTENT), के अलावा, औषध विभाग, सूक्ष्म, लघु और मध्यम उद्यम मंत्रालय (MSME), भारतीय मानक ब्यूरो, राष्ट्रीय परीक्षण और अंशशोधन प्रयोगशाला प्रत्यायन बोर्ड (NABL), गवर्नमेंट ई-मार्केट प्लेस जैसे अनेक अंतर-विभागीय/अंतर-मंत्रालयी भागीदार इस पहल के मुख्य भागीदार हैं।

CENTRALLY SPONSORED PROGRAMMES

2289. SHRI N. K. PREMACHANDRAN:

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

- (a) whether the Government has initiated any action to resolve the issues regarding implementation of various centrally sponsored programmes in Kerala, if so, the details of action taken thereon;
- (b) whether the Union Government has released the central share of Integrated Child Development (ICDS), Anganwadi services, Poshan Abhiyan, Mission Vatsalya, Mission Shakti, Beti Bhavai Beti Padhao, Pradhan Mantri Matru Vandana Yojana (PMMVY) to Government of Kerala;
- (c) if so, the details of funds released to the State as central share during the last five years and the current financial year till date;
- (d) whether the Union Government proposes to increase the central share considering the financial crisis of the State, if so, the details thereof; and
- (e) whether the Union Government proposes to allow the State Government to borrow money from external agency for funding the State scheme, if so, the details thereof?

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

(a) to (e): For better implementation and efficient monitoring, various schemes implemented by the Ministry of Women and Child Development (MoWCD) all over the country, including in Kerala, have been clubbed into three Umbrella Missions, viz. (1) Mission Saksham Anganwadi and Poshan 2.0 for improving nutrition and 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. All the centrally sponsored schemes under the aforesaid Missions of the Ministry are being implemented in Kerala. The details of funds released to State Government of Kerala under the various schemes under three missions of the Ministry during the last five years and the current financial year are given in the enclosed **Statement**. There is no proposal to increase the central share in the centrally sponsored schemes implemented by the Ministry of Women and Child Development.

The State Governments already access loans from multilateral and bilateral lending agencies through well-established processes. These borrowings support a range of development activities identified by the States, which are implemented under their own control, supervision, and administrative arrangements.

STATEMENT

Details of grants released to state government of kerala under the schemes of the Ministry during the last five years and the current financial year :

(Rs. in crores)

Sl. No.	Financial Year	Mission Saksham Anganwadi and Poshan 2.0	Mission Vatsalya	Mission Shakti							
				One Stop Centre	Women Helpline	Beti Bachao Beti Padhao	Shakti Sadan	Sakhi Niwas	Pradhan Mantri Matru Vandana Yojana	Palna	National Hub for Empowerment of women
1.	2020-21 to 2024-25	1927.62	64.58	10.16	2.63	5.03	5.86	8.08	183.68	5.19	2.73
2.	2025-26	98.77 (as on 30.11.2025)	13.23 (as on 05.12.2025)	1.24 (Mother Sanction)	0.26 (Mother Sanction)	1.65 (Mother Sanction)	0.03 (as on 09.12.2025)	0.75 (as on 10.12.2025)	52.47 (as on 07.12.2025)	0.46 (as on 08.12.2025)	1.52 (as on 24.11.2025)

रसायनों का अत्यधिक उपयोग

2290. श्री नारायणदास अहिरवार:

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

- (क) क्या रासायनिक उर्वरकों का अत्यधिक उपयोग देश में मृदा स्वास्थ्य, पर्यावरण और जल संसाधनों पर प्रतिकूल प्रभाव डाल रहा है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरे सहित मृदा की प्राकृतिक उर्वरता बनाए रखने, पोषक तत्व असंतुलन दूर करने और प्रदूषण और ग्रीनहाउस गैस उत्सर्जन को कम करने हेतु सरकार द्वारा उठाए गए कदमों का ब्यौरा क्या है;
- (ग) क्या सरकार उर्वरक आयात पर निर्भरता कम करने, सब्सिडी प्रणाली के दुरुपयोग रोकने और किसानों को संतुलित उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु कोई नई नीति कार्यान्वित करने पर विचार कर रही है; और
- (घ) 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) और (ख): भारतीय कृषि अनुसंधान परिषद (आईसीएआर) ने सूचित किया है कि उनके दीर्घकालिक प्रयोगों और संबंधित अध्ययनों से पता चला है कि रसायन उर्वरकों का असंतुलित और अत्यधिक उपयोग, विशेषकर पर्याप्त जैविक पदार्थ के बिना, मृदा के स्वास्थ्य को दूषित कर सकता है (मृदा में जैविक कार्बन की कमी, सूक्ष्म पोषक तत्वों की कमी, मृदा का अम्लीय/क्षारीय होना), पोषक तत्वों के बहकर जाने और लीचिंग (नाइट्रेट प्रदूषण, यूट्रोफिकेशन) से पानी का प्रदूषण और नाइट्रस ऑक्साइड (N_2O) गैस का उत्सर्जन बढ़ सकता है, जो एक प्रबल ग्रीनहाउस गैस है।

इस समस्या से निपटने के लिए, सरकार आईसीएआर के तकनीकी सहयोग से समेकित पोषक तत्व प्रबंधन (खेत की खाद, कम्पोस्ट, हरी खाद और जैव-उर्वरकों के साथ संतुलित एनपीके का उपयोग), मृदा स्वास्थ्य कार्ड स्कीम के माध्यम से मृदा की जांच के आधार पर उर्वरकों का

उपयोग, स्थान-विशिष्ट पोषक तत्व प्रबंधन और नाइट्रोजन उपयोग की क्षमता को बेहतर बनाने के लिए नीम-लेपित यूरिया, जैविक/प्राकृतिक खेती और संरक्षण कृषि पद्धतियाँ को बढ़ावा दे रही है, साथ ही अनुकूलित/धीमी गति से स्रावित उर्वरक और 4R पोषक तत्व प्रबंधन (सही स्रोत, सही मात्रा, सही समय, सही पद्धति) का उपयोग, और पोषक तत्व के नुकसान को कम करने, मृदा की उर्वरता बनाए रखने, पोषक तत्व असंतुलन को ठीक करने, और प्रदूषण और ग्रीनहाउस गैस उत्सर्जन को कम करने के लिए क्षमता निर्माण/जागरूकता कार्यक्रम चला रही है।

सभी जोतधारकों के लिए मृदा स्वास्थ्य कार्ड (एसएचसी) प्रदान करने और निम्नलिखित पद्धतियों को अपनाकर उत्पादकता और मिट्टी की उर्वरता में सुधार के लिए संतुलित और एकीकृत पोषक तत्व प्रबंधन को बढ़ावा देने के लिए मृदा स्वास्थ्य और उर्वरता स्कीम 2014-15 से लागू की जा रही:-

- i. मिट्टी के नमूनों को मानक प्रक्रियाओं के अनुसार संसाधित किया जाता है और पीएच, विद्युत चालकता, कार्बनिक कार्बन, उपलब्ध नाइट्रोजन, फॉस्फोरस, पोटेशियम, सल्फर और सूक्ष्म पोषकतत्वों (जिंक, तांबा, लोहा, मैंगनीज और बोरोन) जैसे मापदंडों के लिए इनका विश्लेषण किया जाता है।
- ii. किसानों के खेतों की मृदा के नैदानिक स्वास्थ्य का आकलन समय-समय पर किया जाता है ताकि 3 वर्षों में कम से कम एक बार एसएचसी जारी किया जा सके।
- iii. 2014-15 से अब तक देश भर में 25.61 करोड़ मृदा स्वास्थ्य कार्ड सृजित किए जा चुके हैं/वितरित किए जा चुके हैं।
- iv. देश भर में कुल 8302 मृदा परीक्षण प्रयोगशालाएं (1082 स्थैतिक मृदा परीक्षण प्रयोगशालाएं, 163 मोबाइल मृदा परीक्षण प्रयोगशालाएं, 6376 मिनी मृदा परीक्षण प्रयोगशालाएं और 681 ग्राम स्तरीय मृदा परीक्षण प्रयोगशालाएं) स्थापित की गई हैं।
- v. उपरोक्त राज्य मृदा प्रयोगशालाओं के अलावा, देश में स्कूल मृदा स्वास्थ्य कार्यक्रम के तहत 1020 स्कूल मिनी मृदा प्रयोगशालाएं भी स्थापित की गई हैं।

- vi. इसकी शुरुआत के बाद से अब तक इस स्कीम के तहत 1970 करोड़ रुपये की निधि जारी की जा चुकी है।
- vii. देश भर में मृदा स्वास्थ्य कार्ड की सिफारिशों पर 93781 किसान प्रशिक्षण, 6.80 लाख प्रदर्शन, 7425 किसान मेला/अभियान आयोजित किए गए हैं।

(ग) और (घ): (i) उर्वरक आयात पर निर्भरता कम करने के लिए, निम्नलिखित नीतियां कार्यान्वित की जा रही हैं:

क. 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 गढ़पान-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 फ़र्टिलाइज़र कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप असम के मौजूदा परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है। इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन को आरएसी से अधिक बढ़ाकर अधिकतम 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 का अतिरिक्त उत्पादन हुआ है। उपर्युक्त सभी उपायों से यूरिया उत्पादन वर्ष 2014-15 के दौरान रहे 225 एलएमटी प्रतिवर्ष की तुलना में वर्ष 2024-25 के दौरान बढ़कर 306.67 एलएमटी हो गया है।

ख. पी एंड के उर्वरकों के संबंध में, इसके अलावा, सरकार ने फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के लिए दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। एनबीएस नीति के तहत, पीएंडके उर्वरक ओपन जनरल लाइसेंस (ओजीएल) के अंतर्गत शामिल किए जाते हैं और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात करने के लिए स्वतंत्र हैं। उर्वरकों के उत्पादन को बढ़ाने और देश को उत्पादन में आत्मनिर्भर बनाने के लिए सरकार द्वारा निम्नलिखित उपाय किए गए हैं:

- अनुरोधों के आधार पर एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता बढ़ाने को अहमियत दी गई है/संज्ञान में लिया गया है।
 - एनबीएस नीति के तहत शामिल किए गए पीएण्डके उर्वरकों की संख्या वर्ष 2021 की 22 ग्रेड से बढ़ाकर वर्तमान में 28 ग्रेड कर दी गई है।
 - मृदा को फॉस्फेटयुक्त अथवा 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी, जो एक स्वदेशी रूप से उत्पादित उर्वरक है, के उपयोग को बढ़ावा देने के लिए इस पर मालभाड़ा सब्सिडी, खरीफ, 2022 से लागू है।
- (ii) सब्सिडी प्रणाली का दुरुपयोग रोकने के लिए, निम्नलिखित कदम उठाए जा रहे हैं:-**
- उर्वरकों में प्रत्यक्ष लाभ अंतरण (डीबीटी) लागू होने के तहत, खुदरा विक्रेता स्तर पर स्थापित पीओएस मशीनों (पीओएस) के माध्यम से खरीदार को दी गई उर्वरकों की बिक्री के आधार आधारित प्रमाणीकरण के उपरांत उर्वरक कंपनियों को सब्सिडी साप्ताहिक डीबीटी बिलों के माध्यम से दी जाती है। देश भर में पोर्ट/संयंत्रों से पीओएस मशीनों तक सब्सिडी प्राप्त उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब-आधारित निगरानी प्रणाली द्वारा की जाती है। वर्ष 2016 में लॉन्च आईएफएमएस उर्वरक आपूर्ति श्रृंखला के सभी कार्यों को कवर करता है और उर्वरकों के संचलन और बिक्री के डेटा को सुरक्षित तरीके से सही-सही बनाए रखता है।
- (iii) देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित कदम उठाए जाते हैं -**
1. प्रत्येक फसल मौसम की शुरुआत से पहले, कृषि और किसान कल्याण विभाग (डीए एंड एफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।

2. कृषि और किसान कल्याण विभाग द्वारा आकलित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरक आवंटित करता है और उपलब्धता की लगातार निगरानी करता है।
3. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब-आधारित निगरानी प्रणाली द्वारा की जाती है।
4. राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे आपूर्तियों को सुचारु बनाने के लिए समय पर मांग-पत्र भेजकर उत्पादकों और आयातकों के साथ समन्वय करें।
5. राज्यों के लिए पर्याप्त रिक देने, उर्वरकों को प्राथमिकता देने और रिक की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय बैठकें आयोजित की जाती हैं।
6. राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

एम्स पटना के विस्तार की योजना

2291. श्री सुधाकर सिंह:

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

- (क) क्या अखिल भारतीय आयुर्विज्ञान संस्थान, पटना की वर्तमान सीमित क्षमता के कारण गंभीर और जटिल रोगों से पीड़ित रोगियों को अखिल भारतीय आयुर्विज्ञान संस्थान, दिल्ली जाना पड़ रहा है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

- (ख) क्या ऐसी कम क्षमता के कारण बिहार राज्य से प्रतिवर्ष लगभग छह लाख रोगी अखिल भारतीय आयुर्विज्ञान संस्थान, दिल्ली आ रहे हैं जिससे अत्यधिक रोगी भार पड़ रहा है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार के पास अखिल भारतीय आयुर्विज्ञान संस्थान, पटना की क्षमता वृद्धि, विभागों का विस्तार, आधुनिक उपकरणों की उपलब्धता में सुधार और सेवाओं को सुदृढ़ करने हेतु कोई प्रस्ताव विचाराधीन है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है: और
- (घ) विस्तार योजना की वर्तमान स्थिति, अपेक्षित समय-सीमा और इसके लिए बजटीय प्रावधान का ब्यौरा क्या है;
- (ङ) यदि नहीं, तो इसके कारण क्या हैं तथा क्या सरकार का इस संबंध में कोई ठोस कदम उठाने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क): प्रधान मंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत स्थापित, अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), पटना में 1240 बिस्तर कार्यशील हैं। वर्ष 2024-25 में, इस संस्थान ने ओपीडी (बहिरंग रोगी विभाग) में 10,75,684 रोगियों का उपचार किया और आईपीडी (अंतरंग रोगी विभाग) में 58,056 रोगियों का उपचार किया।

(ख): वर्ष 2024-25 के दौरान, बिहार राज्य के उन रोगियों की संख्या, जिन्होंने उपचार के लिए एम्स, दिल्ली का दौरा किया, निम्नानुसार है:

ओपीडी		आईपीडी
नए रोगी	फोलो-आप वाले रोगी	रोगी
1,58,983	3,24,421	45,333

(ग) से (ङ): वर्तमान वर्ष में, एम्स पटना ने किडनी प्रतिरोपण, लिवर प्रतिरोपण और कॉर्निया प्रतिरोपण सुविधा-केंद्र शुरू किए गए हैं। इस संस्थान में विभिन्न सुविधा का विस्तार चरणबद्ध तरीके से किया जा रहा है।

ESTABLISHMENT OF BAR COUNCILS IN NORTH EASTERN REGION

2292. DR. INDRA HANG SUBBA:

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

- (a) the number of Bar Councils functional in North Eastern Region (NER) along with the details thereof; and
- (b) whether the Government has plans to enable Bar Councils in each State High Courts in the NER, 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 Section 3 of the Advocates Act, 1961, the Bar Councils has been constituted for States including those in the North Eastern Region (NER).

- (i) The Bar Council of Arunachal Pradesh, Assam, Mizoram and Nagaland – is a common State Bar Council constituted under Section 3(1)(b). As informed by the Bar Council of India, the State of Sikkim also falls under the jurisdiction of the Bar Council of Arunachal Pradesh, Assam, Mizoram and Nagaland, and no separate Bar Council has been constituted for the State of Sikkim.

(ii) As per Section 3(1)(a) of the Advocates Act, 1961 State Bar Councils for the States of Meghalaya, Manipur and Tripura have also been constituted.

A total of four (04) Bar Councils are functional in the North Eastern Region (NER).

(b): Presently, there is no proposal pending with the Government for enabling constitution of separate State Bar Councils for each High Courts in the North Eastern Region (NER).

AIR QUALITY HEALTH HAZARDS

2293. SHRIMATI JYOTSNA CHARANDAS MAHANT:

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

- (a) whether the Government is aware of the rising incidence of respiratory illnesses, skin diseases and occupational lung disorders such as pneumoconiosis among residents and mine-workers in coal-mining districts, particularly in Korba, Chhattisgarh, where air-quality levels have frequently crossed hazardous thresholds as highlighted in recent national pollution bulletins (Korba air samples had PM_{2.5} concentrations ranged from about 150.3 to 1,699.2 $\mu\text{g}/\text{m}^3$ — i.e., 2.5 to 28.3 times higher than the Indian standard of 60 $\mu\text{g}/\text{m}^3$) and if so, the details thereof;
- (b) whether the Government has conducted any updated epidemiological or environmental-health assessment in coal-belt regions during the last two

years, especially after the recent Central Pollution Control Board alerts and if so, the details thereof; and

(c) the steps being taken by the Government to strengthen district-level public health infrastructure in Korba under National Health Mission?

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

(a) to (c): Air pollution is one of the factors affecting respiratory ailments and associated diseases. Health is impacted by several factors, including food habits, occupational habits, socioeconomic status, medical history, immunity, heredity, etc., of the individuals apart from the environment. Health is primarily the responsibility of State Government. The 2015 amendment to the Mines and Minerals (Development and Regulations) Act 1957 mandated the creation of District Mineral Foundations in all mining affected Districts to work for the welfare of affected people and areas as prescribed by State Governments.

As per Central Pollution Control Board (CPCB), Ambient Air Quality Monitoring Network in Korba consists of 3 manual and 2 continuous ambient air quality monitoring stations. The city-wise good and bad days as provided by CPCB are observed in Korba.

Health is a State subject, the responsibility of strengthening public healthcare system lies with the respective State/ Union Territory Governments. Under National Health Mission, Ministry of Health and Family Welfare provides technical and financial support to States/UTs for strengthening their healthcare

systems based on the proposals submitted by them in their Program Implementation Plans.

INDIA IN GLOBAL CLIMATE DIPLOMACY FORUMS

2294. SHRI YADUVEER WADIYAR:

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

- (a) the details of recent initiatives led by India in global climate diplomacy forums, including data related to the launch of international renewable energy partnerships aimed at achieving net-zero by 2070;
- (b) the steps taken to strengthen cooperation with the Global South on sustainable development goals and climate resilience; and
- (c) the manner in which India's diplomatic efforts have contributed to mobilizing climate finance and technology transfer to developing countries, enhancing India's global leadership in climate action?

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): Climate change is a global collective action problem and requires international cooperation for its solution. India is a Party to the United Nations Framework Convention on Climate Change (UNFCCC) and Paris Agreement. India's actions on climate change takes into account the principles of UNFCCC, in particular, the principle of equity and common but differentiated

responsibilities and respective capabilities (CBDR-RC) in the light of national circumstances.

India has been at the forefront of global climate action, actively participating in and leading various international initiatives to combat climate change which inter-alia include Global Biofuels Alliance, International Solar Alliance, One Sun One World One Grid, Coalition for Disaster Resilient Infrastructure, Infrastructure for Resilient Island States, Leadership Group for Industry Transition, Green Credit Initiative, Mission Innovation and Mission LiFE.

Development cooperation has been an important component of India's engagement with partner countries. Government of India, as part of its engagement with Global South, has undertaken a number of development projects which focus inter-alia on sustainable development goals and climate resilience. Development assistance is primarily carried out through Lines of Credit (LoC), Concessional Finance Scheme (CFS), and Grant-in-Aid projects.

India continues to play a constructive role in climate negotiations at UNFCCC and has been advocating for the mobilization of climate finance and technology from developed country Parties to developing country Parties. India has consistently called for the scaling up of new, additional, and concessional climate finance at the required scale, while emphasizing that climate technologies must remain accessible, affordable, and free from restrictive intellectual property barriers.

MODERNISATION OF PHARMA PSUs

2295. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

- (a) the number of pharma PSUs in the country;
- (b) whether the Government has implemented any schemes to modernise and revitalise pharma PSUs to make them more competitive, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government proposes disinvestment of any pharma PSUs, if so, the details thereof and the reasons for the same;
- (d) the total budget allocation and actual spending on pharma PSUs during the last three years; and
- (e) the reasons for the low allocation and underspending?

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): There are five Central Public Sector Enterprises (CPSEs) under the Department of Pharmaceuticals, namely, Indian Drugs and Pharmaceuticals Limited (IDPL), Rajasthan Drugs and Pharmaceuticals Limited (RDPL), Hindustan Antibiotics Limited (HAL), Bengal Chemicals and Pharmaceuticals Limited (BCPL) and Karnataka Antibiotics and Pharmaceutical Limited (KAPL).
- (b) and (c): IDPL, BCPL and HAL were declared sick and formally referred to the Board for Industrial and Financial Reconstruction in the years 1992, 1993 and 1997 respectively. The revival/rehabilitation packages of IDPL, HAL and BCPL

had failed to achieve desired results. These CPSEs had been incurring substantial and continuous losses due to issues related to management, cost competition, shortage of raw materials, low utilisation of capacity, huge operational losses, etc. Against this backdrop, Cabinet/CCEA approved closure / strategic sale of these CPSEs. Pursuant to the same, Government has initiated steps towards closure of IDPL, transfer of Government of India stake in RDPL to the State Government of Rajasthan and strategic sale / disinvestment / asset monetisation in respect of HAL, KAPL and BCPL.

While no scheme has been implemented to modernise and revitalise these CPSEs to make them more competitive, measures taken by them to improve their production capacity and the remedial steps taken by them to settle their statutory liabilities are given in the enclosed **Statement**.

(d) and (e): Year-wise details of budgetary allocation and expenditure provided to IDPL, for its closure, over the last three financial years and the present financial year are as under:

(In crore ₹)

	Budgetary allocation			Expenditure		
Financial year	Loan	Grant	Total	Loan	Grant	Total
2022-23	4.00	0	4.00	2.11	0	2.11
2023-24	0	356.44	356.44	0	356.44	356.44
2024-25	39.00	0	39.00	39.00	0	39.00
2025-26 (as on 11.12.2025)	0	0	0	0	0	0
Total	43.00	356.44	399.44	41.11	356.44	397.55

No budgetary support has been provided during the aforesaid years to the other CPSEs. Budgetary allocation has been low on account of the decisions

taken regarding their closure / strategic sale. The expenditure against the budgetary allocation has been nearly full (99.52%).

STATEMENT

Measures taken by pharmaceutical CPSEs under the Department of Pharmaceuticals to improve their production capacity and the remedial steps taken by them to settle their statutory liabilities:

BCPL, KAPL and HAL have undertaken multiple measures to improve the production capacity for essential medicines, including upgrade of manufacturing facilities, enhancement of production lines and adoption of latest technologies, along with initiatives for meeting the requirements relating to good manufacturing practices under Schedule-M to the Drugs Rules, 1945. They have also strengthened marketing and distribution networks, and improved coordination with Central and State procurement agencies to ensure enhanced utilisation of capacity and sustained contribution to national availability of essential medicines.

Remedial steps taken include settlement of long pending statutory liabilities of HAL:

- (i) HAL had liability of ₹2.28 crore (principal plus interest) towards the Indian Railways for railway siding facilities at HAL, which has been settled through payment of only the principal amount of ₹15 lakh.
- (ii) HAL had liability of more than ₹10 crore (principal plus interest) towards CISF for their services offered to HAL till 2015. This liability has been settled through payment of only the principal amount, *i.e.*, ₹ 2.81 crore.

- (iii) There was an amnesty scheme for settlement of pending sales tax / VAT dues. HAL, utilising this scheme, has settled pending tax arrears of sales tax / VAT of ₹1.78 crore.
- (iv) There was another amnesty scheme for settlement of pending Bombay Sales Tax dues (BST) and CST. The total liability of HAL for BST/CST was ₹87.82 crore, which has been settled at ₹7.16 crore.

FUNCTIONAL CRECHES UNDER VARIOUS SCHEMES

2296. SHRI SACHITHANANTHAM R.:

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

- (a) the number of functional creches available under various central schemes, State-wise;
- (b) whether this number is adequate to meet the needs of working women in urban and rural areas, if so, the details thereof; and
- (c) the details of the steps being taken to expand creche coverage in rural and urban areas to benefit working women?

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

(a) to (c): The Ministry of women and Child Development has introduced Palna Scheme under the Samarthya Vertical of Umbrella Mission Shakti for all States and UTs w.e.f. 01 April 2022, to provide day care facilities and protection to children.

Government's sustained initiatives on education, skilling and employment of women have resulted in increased opportunities for their employment, and more and more women are now in gainful employment, working within or outside their homes. Lack of proper day-care services is, often, a deterrent for women to go out and work. Hence, there is an urgent need for improved quality and reach of day care services/crèches for working women amongst all socio-economic groups both in the organized and unorganized sectors.

To address these difficulties faced by the working mothers in giving due child care and protection to their children, day-care crèche facilities are being provided through Palna Scheme. Crèche services formalise the child care responsibilities hitherto considered as part of domestic work. Formalization of care work supports the “decent work campaign” to achieve the Sustainable Development Goal 8 – Decent work and economic growth. This will also enable more mothers, who will be free from unpaid child-care responsibilities, to take up gainful employment.

Anganwadi centres are the world's largest childcare institutions dedicated to providing essential care and support to children ensuring delivery of care facilities till the last mile. In a first of its kind approach, Ministry has extended the services of childcare through Anganwadi cum Crèche (AWCC). This will ensure whole day childcare support ensuring their well-being in a safe and secure environment. Anganwadi cum Crèche initiative aims to increase ‘women work force participation’ in the economy. The objective of *Palna* Scheme is to provide quality crèche facility in safe and secure environment for children (from ages 6

months – 6 years), nutritional support, health and cognitive development of children, growth monitoring and immunization. Crèche facilities under Palna are provided to all mothers, irrespective of their employment status.

Palna is a demand driven Scheme and the States/UTs are encouraged to send proposals for opening more Anganwadi-cum-Creches (AWCCs) in the Programme Approval Board (PAB) meetings which are held with the State Governments and UT Administrations annually. In the PAB meetings, proposed AWCCs are approved and it is emphasized to operationalize the approved AWCCs.

Till date 2,820 Anganwadi-cum-Creches (AWCCs) have become functional across the Country. The State/UT-wise operational Anganwadi-cum-Creches (AWCCs) under the Palna Scheme is given in the enclosed **Statement**.

STATEMENT

State/UT-wise details of operational Anganwadi-cum-Creches (AWCCs)

Sl. No	State/UT	Operational AWCCs
1	Andaman and Nicobar Islands	7
2	Arunachal Pradesh	43
3	Assam	50
4	Bihar	85
5	Chandigarh	210
6	Chhattisgarh	205
7	Delhi	502
8	Goa	9
9	Haryana	290
10	Jharkhand	80
11	Kerala	129
12	Ladakh	6
13	Meghalaya	84
14	Mizoram	200

15	Nagaland	270
16	Puducherry	9
17	Punjab	144
18	Sikkim	25
19	Telangana	8
20	Dadra and Nagar Haveli and Daman and Diu	68
21	Tripura	114
22	Uttarakhand	34
23	Karnataka	248
	Total	2,820

ESTABLISHMENT OF DISTRICT SESSIONS COURTS

2297. SHRI DAGGUMALLA PRASADA RAO:

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

- (a) the details regarding the number of newly formed districts in Andhra Pradesh where Sessions Courts have not yet been established;
- (b) the details regarding proposals received from the State Government for setting up Sessions Courts in these new districts, along with the status of approval and timelines for establishment;
- (c) the details regarding the funds sanctioned, released and utilised for the establishment of Sessions Courts in Andhra Pradesh during the last five years, district-wise; and
- (d) whether the Government has identified any infrastructural, administrative or judicial constraints delaying the operationalisation of Sessions Courts in the newly formed 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 (d): In terms of Article 235 of the Constitution, 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. As per information provided by the High Court of Andhra Pradesh, Amaravati, there are Thirteen (13) newly formed Districts in the State of Andhra Pradesh, which are as under:-

S.No	Name of the District	Headquarters
1.	Sri Satya Sai	Puttaparthi
2.	Annamaya	Rayachoti
3.	Tirupathi	Tirupathi
4.	Kakinada	Kakinada
5.	Konaseema	Amalapuram
6.	Alluri Sita Rama Raju	Paderu
7.	Palnadu	Narasaraopet
8.	Bapatla	Bapatla
9.	NTR	Vijaywada
10.	Nandyal	Nandyal
11.	Parvathipuram Manyam	Parvathipuram
12.	West Godavari	Bhimavaram
13.	Anakapalli	Anakapalli

The matter relating to bifurcation of Judicial Districts co-terminus with the newly constituted Revenue Districts and the establishment of Courts, including Session Courts in these districts is to be decided by the High Court of Andhra Pradesh in consultation with the State Government.

The Central Government however, has been implementing Centrally Sponsored Scheme (CSS) to augment the resources of the State for Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts since 1993-94 in the prescribed fund sharing pattern between the Centre and States/UTs. For Andhra Pradesh, fund sharing pattern is 60:40 between Centre and State. Total Central assistance of an amount of Rs.286.37 crore (as on 31.10.2025) has been provided to the State of Andhra Pradesh since inception of the Scheme, out of which Rs.126.73 crore has been provided since FY 2014-15 under the Centrally Sponsored Scheme (CSS) for Development of Infrastructure Facilities for the Judiciary in District and Subordinate Courts.

बुनियादी स्वास्थ्य सेवाओं का अभाव

2298. श्री छोटेलाल:

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

(क) क्या रॉबर्ट्सगंज और सोनभद्र लोक सभा संसदीय निर्वाचन क्षेत्रों की अनेक ग्राम पंचायतें/ब्लॉक आधारभूत स्वास्थ्य सेवाओं से वंचित हैं और इन क्षेत्रों के प्राथमिक स्वास्थ्य केंद्रों में पर्याप्त औषधियों की उपलब्धता और चिकित्सकों का अभाव है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ग) उक्त निर्वाचन क्षेत्रों में सम्पूर्ण स्वास्थ्य सेवाएँ कब तक उपलब्ध कराए जाने की संभावना है?

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

(क) और (ख): जन स्वास्थ्य और अस्पताल राज्य का विषय होने के कारण, राज्य सरकार का प्राथमिक उत्तरदायित्व है कि वह आवश्यकतानुसार पर्याप्त संख्या में स्वास्थ्य सुविधा-केंद्र स्थापित करे। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राज्यों/संघ राज्य क्षेत्रों को उनके संसाधन-सीमा के भीतर, कार्यक्रम कार्यान्वयन योजना में प्राप्त प्रस्तावों के आधार पर उप-स्वास्थ्य केंद्र, प्राथमिक स्वास्थ्य केंद्र और सामुदायिक स्वास्थ्य केंद्र जैसे नए स्वास्थ्य सुविधा-केंद्र स्थापित करने सहित, उनकी स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है।

उत्तरप्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, रॉबर्ट्सगंज और सोनभद्र लोकसभा क्षेत्रों के सभी ग्राम पंचायतों/ब्लॉकों में बुनियादी स्वास्थ्य सेवाएं उपलब्ध हैं। रॉबर्ट्सगंज लोकसभा क्षेत्र में एक स्वायत्त राज्य चिकित्सा महाविद्यालय स्थापित किया गया है, जिसमें जिला संयुक्त अस्पताल और एमसीएच विंग शामिल हैं। यहां कुल 10 सामुदायिक स्वास्थ्य केंद्र हैं जिनमें 45 डॉक्टर कार्यरत हैं। इसके अलावा, रॉबर्ट्सगंज लोकसभा क्षेत्र में 45 प्राथमिक स्वास्थ्य केंद्र कार्यशील हैं जिनमें 46 डॉक्टर कार्यरत हैं। सोनभद्र जिले में भी 45 प्राथमिक स्वास्थ्य केंद्रों में 46 डॉक्टर उपलब्ध हैं। दोनों लोकसभा क्षेत्रों के सभी सामुदायिक स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों में पर्याप्त दवाएं उपलब्ध हैं।

(ग): स्वास्थ्य राज्य का विषय होने के कारण, जन स्वास्थ्य सुविधा-केन्द्रों में अवसंरचना विकास, साथ ही एचआरएच का प्रबंधन और तैनाती, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) का नियोजन और कार्यान्वयन राज्य सरकार के अधिकार-क्षेत्र में आता है। राज्य सरकार निर्धारित मानदंडों और अपनी आवश्यकता के अनुसार नए सीएचसी और पीएचसी का प्रस्ताव कर सकती है। भारत सरकार जांच के बाद राज्यों/संघ राज्य क्षेत्रों को उनके संसाधनों के दायरे में उनके द्वारा प्रस्तावित राष्ट्रीय स्वास्थ्य मिशन (पीआईपी), पीएम-एबीएचआईएम, 15वें वित्त आयोग के तहत संस्वीकृति दे सकती है।

उत्तर प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, लेवल-1 डॉक्टरों के स्वीकृत 3620 पदों की तुलना में वर्तमान में 5324 डॉक्टर लेवल-1 पर तैनात हैं, जिनमें से 1704 डॉक्टर अतिरिक्त हैं। इसके अलावा, वर्ष 2022 में 231 (लेवल-II) स्पेशलिस्ट डॉक्टरों की नियुक्ति की गई है और वर्ष 2024 में 343 स्पेशलिटी /सुपर-स्पेशलिटी डॉक्टरों की नियुक्ति की गई है। राज्य के लोगों को बेहतर चिकित्सा सुविधाएं प्रदान करने के उद्देश्य से, सरकार ने राज्य चिकित्सा और स्वास्थ्य सेवा संवर्ग के चिकित्सा अधिकारियों की सेवानिवृत्ति आयु 62 वर्ष से बढ़ाकर 65 वर्ष करने को मंजूरी दी है। सामान्य/विशेषज्ञ चिकित्सा अधिकारियों की नियुक्ति भी समय-समय पर पुनःतैनाती, वॉक-इन इंटरव्यू, एनएचएम संविदा/रिवर्स बिडिंग आदि के माध्यम से की जाती है।

प्रमुख तथा गैर-प्रमुख बंदरगाह

2299. श्री अरुण गोविल:

श्री दामोदर अग्रवाल:

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

- (क) देश के प्रमुख तथा गैर-प्रमुख बंदरगाहों की राजस्थान और उत्तर प्रदेश सहित राज्य-वार और श्रेणीवार संख्या कितनी है;
- (ख) सरकार द्वारा देशभर में निर्मित शुष्क बंदरगाहों की राजस्थान और उत्तर प्रदेश सहित राज्य-वार संख्या कितनी है;
- (ग) देश में सरकार द्वारा शुष्क/अंतर्देशीय बंदरगाहों की स्थापना के लिए पात्रता मानदंड क्या हैं;
- (घ) क्या सरकार देशभर में उद्योगों को बढ़ावा देने के उद्देश्य से नए शुष्क /अंतर्देशीय बंदरगाह निर्माण करने की योजना बना रही है; और
- (ङ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क): देश में 12 प्रचालनरत महापत्तन और 217 गैर- महापत्तन (जिनमें से 68 कार्गो हैंडलिंग करते हैं) हैं। इनका ब्यौरा संलग्न **विवरण-I** में दिया गया है। राजस्थान और उत्तर प्रदेश राज्यों में कोई महापत्तन या गैर- महापत्तन नहीं है।

(ख): सीमा शुल्क अधिनियम, 1962 की धारा 7(1) (कक) के अंतर्गत 134 अंतर्देशीय कंटेनर डिपो (आईसीडी, जिन्हें सामान्यतः ड्राई पोर्ट कहा जाता है) अधिसूचित किए गए हैं। राजस्थान और उत्तर प्रदेश हेतु प्रविष्टियों सहित राज्य- वार सूची संलग्न **विवरण-II** में दिया गया है।

(ग): आईसीडी की स्थापना के लिए पात्रता मानदंड दिनांक 5.11.2020 के परिपत्र सं. 50/ 2020- कस्टम्स के पैरा 4 में दिए गए हैं। (**विवरण-III** में संलग्न है।)

(घ) और (ङ): आईसीडी/ ड्राई पोर्ट आमतौर पर निजी लॉजिस्टिक्स प्रचालकों अथवा राज्य या केंद्रीय उपक्रमों द्वारा स्थापित किए जाते हैं। ऐसी एक्जिम लॉजिस्टिक्स सुविधाएं स्थापित करने के आवेदनों पर केंद्रीय अप्रत्यक्ष कर और सीमा- शुल्क बोर्ड (सीबीआईसी) द्वारा जारी दिनांक 5.11.2020 के परिपत्र सं. 50/2020- कस्टम्स के अनुसार, विचार किया जाता है। अंतर्देशीय कंटेनर डिपो/ कंटेनर फ्रेट स्टेशन/ एयर फ्रेट स्टेशन स्थापित करने की नीति और दिशा- निर्देशों के अंतर्गत एक अंतर- मंत्रालयी समिति, जिसकी प्रत्येक तिमाही बैठक आयोजित की जाती है, ऐसी सुविधाओं की वर्तमान उपलब्धता, उनकी क्षमता और वर्तमान उपयोग, व्यापार सृजन, आयात- निर्यात संभाव्यता और नई सुविधाओं की आवश्यकता जैसे तथ्यों के आधार पर इन प्रस्तावों पर उपयुक्त निर्णय लेती है।

विवरण-I

कार्यात्मक महापत्तनों की सूची

क्रम सं.	पत्तन	राज्य
1	श्यामा प्रसाद मुखर्जी पत्तन प्राधिकरण	पश्चिम बंगाल
2	पारादीप पत्तन प्राधिकरण	ओडिशा
3	विशाखापट्टनम पत्तन प्राधिकरण	आंध्र प्रदेश
4	चैन्ने पत्तन प्राधिकरण	तमिलनाडु
5	कामराजार पत्तन पत्तन प्राधिकरण	तमिलनाडु

6	वी. ओ. चिदंबरनार पत्तन प्राधिकरण	तमिलनाडु
7	कोचीन पत्तन प्राधिकरण	केरल
8	नव मंगलूर पत्तन प्राधिकरण	कर्नाटक
9	मुरगांव पत्तन प्राधिकरण	गोवा
10	जवाहरलाल नेहरू पत्तन प्राधिकरण	महाराष्ट्र
11	मुंबई पत्तन प्राधिकरण	महाराष्ट्र
12	दीनदयाल पत्तन प्राधिकरण	गुजरात

विवरण -II

अधिसूचित किए गए अंतर्देशीय कंटेनर डिपो (आईसीडी) की राज्य- वार सूची

क्रम सं.	अंतर्देशीय कंटेनर डिपो	राज्य/ संघ राज्य क्षेत्र
1	अनापार्थी	आंध्र प्रदेश
	चिराला	
	हैदराबाद	
	काकीनाडा	
	करेडू	
	राष्ट्रीपालेम	
	प्रकाशम जिले का चिमकुर्थी गांव (चिमकुर्थी मंडल)	
	तालुक एडलापाडू, गुंटूर जिले में मारिपलेम गांव	
	ग्राम थिम्मापार, जिला महबूबनगर	
2	अमीनगांव (गुवाहाटी)	असम
2क	बिहटा	बिहार
3	पटपड़गंज	दिल्ली
	तुगलकाबाद	
4	अहमदाबाद	गुजरात
	बड़ौदा	
	कपाद्र(सूरत)	
	सचिन (सूरत)	
	राजकोट	
	ग्राम वलवाड़ा, तालुका बुरगांव, जिला वलसाड	
	अंकलेश्वर	
	गांधीनगर	
	कटारग्राम, चौरयासी (सूरत)	
	ग्राम मिथिरोहर, गांधीधाम	
	ग्राम तुम्ब, तालुका उम्बरगांव, जिला वलसाड	
	ग्राम सचना, वीरमगाम, जिला अहमदाबाद	
	वीरमगाम, गांव भोजवा, तालुका वीरमगाम, जिला अहमदाबाद (गुजरात)	
	गाँव वरनामा, तालुका जिला वडोदरा	
	तालुका मालिया, जिला मोरबी	
	गांवदहेज, तालुकावागरा, जिला, भरुच	

	विरोचननगर, अहमदाबाद	
4क	वेरना	गोवा
	बल्ली	
5	बाबरपुर	हरियाणा
	फरीदाबाद	
	रेवाड़ी	
	गढ़ी हरसरु जंक्शन (गुड़गांव के पास)	
	कुंडली (सोनीपत)	
	पटली, गुड़गांव	
	गांव- पंची गुजारन- जिला सोनीपत	
	गाँव जनोली-भगोला, तहसील पालवाल	
	गाँव जट्टीपुर, समलखा के निकट, पानीपत	
	गांव बरही, गन्नौर, जिला सोनीपत	
	धीरपुर, कुरुक्षेत्र	
5क	जमशेदपुर	झारखंड
5ख	बारी ब्राह्मण, जम्मू	जम्मू और कश्मीर
	बैंगलोर	
	मैसूर	
6	हसन	कर्नाटक
	वेमगल औद्योगिक क्षेत्र, कूर्गल गांव, कोलार तालुक और कोलार जिला	
6क	अरौर	केरल
	ग्राम नाट्टकोम, जिला कोट्टायम, केरल	
	मथिलाकम (थिश्शूर)	
	कन्नूर	
6ख	बालासोर	ओडिशा
	कलिंगनगर	
	झारसुगुडा	
	जाजपुर	
7	अमृतसर	पंजाब
	भटिंडा	
	जालंधर	
	लुधियाना	
	डप्पर (डेरा बस्सी)	
8	मालनपुर (ग्वालियर)	मध्यप्रदेश
	पीथमपुर	
	रायपुर	
	मंडीदीप, जिला रायसेन	
	धन्नाड राऊ, जिला इंदौर	
	रतलाम	
	पोवरखेड़ा, जिला होशंगाबाद	
	गाँव तीही, तहसील-डॉ. अम्बेडकर नगर (महू), जिला इंदौर	
	गाँव खेड़ा, पीथमपुर	
9	जलगांव	महाराष्ट्र
	नागपुर	
	नासिक	

	दिघी (पुणे)	
	वालुज (औरंगाबाद)	
	वंजनवाडी और मालीवाडा (औरंगाबाद)	
	मिराज	
	भुसावल	
	ग्राम पलास्पे, पनवेल, जिला रायगढ़, महाराष्ट्र	
	पनवेल तालुका, जिला रायगढ़ में अजीवली गांव	
	जनोरी, तालुका-डिंडोरी, नासिक जिला	
	तलेगांव, जिला पुणे	
	वर्धा	
	महागांव (ठाणे)	
	गाँव भंभोली, तालुका खेड, जिला पुणे	
	जालना	
10	भीलवाडा	राजस्थान
	भिवाडी	
	जयपुर	
	जोधपुर	
	कोटा	
	उदयपुर	
	रावठा रोड, कोटा	
	मंडावरिया(किशनगढ़),जिला अजमेर	
	हिडौन शहर, जिला करौली	
	काठूवास और मांढण गांव, जिला अलवर	
	धानक्या	
	किशनगढ़	
11	कोयंबटूर	तमिलनाडु
	मदुरै	
	सलेम	
	सिंगानल्लुर	
	तिरुपुर	
	पुल्लिचप्पल्लम गांव, वनूर तालुक	
	करूर	
	मेलापक्कम, अरक्कोनम	
	कोयंबटूर	
	अंतर्देशीय कंटेनर डिपो, तूतीकोरिन	
	इरुगुर गांव, जिला कोयंबटूर	
	एसआईपीसीओटी औद्योगिक पार्क, इरुंगडुकोडुई, कट्टरामबक्कम गांव, श्रीपेरुम्बुदुर तालुक, कांचीपुरम जिला	
	टेंडियारपेट (टीएनपीएम), चेन्नई	
	होसुर	
12	आगरा	उत्तर प्रदेश
	कानपुर	
	मेरठ	
	मुरादाबाद	
	सहारनपुर	
	वाराणसी	

	नोएडा विशेष आर्थिक क्षेत्र	
	सूरजपुर (ग्रेटर नोएडा)	
	दादरी, ग्रेटर नोएडा	
	भदोही जिला, संत रवि दास नगर	
	लोनी, जिला गाजियाबाद	
	माधोसिंह (रेलवे स्टेशन के पास), जिला संत रवि दास नगर	
	मोदीनगर, जिला गाजियाबाद	
	खुर्जा, जिला बुलंदशहर	
	दलपतपुर, मुरादाबाद	
13	फाल्टा विशेष आर्थिक क्षेत्र	पश्चिम बंगाल
	एक्सपोर्ट प्रमोशन इंडस्ट्रियल पार्क, दुर्गापुर में अंतर्देशीय कंटेनर डिपो	
	ग्राम डाब ग्राम, तहसील भक्तिनगर, जिला जलपाईगुड़ी	
14	बट्टी-जिला सोलन	हिमाचल प्रदेश
15	पतनगर, जिला उधम सिंह नगर	उत्तराखंड
	काशीपुर जिला यू.एस.नगर	

विवरण-III**Circular No. 50/2020**

F. No. 394/29/2020-Cus (AS)
 Government of India
 Ministry of Finance
 Department of Revenue
 Anti-Smuggling Unit (CBIC)

Room No. 512, 5th Floor, Hudco Vishala Building,
 R. K. Puram, New Delhi. **Dated 05.11.2020**

To,

All Principal Chief/Chief Commissioners of Customs,
 All Principal Chief/Chief Commissioners of Customs(P),
 All Principal Chief/Chief Commissioners of Customs & CGST,
 Webmaster, CBIC.

Madam/Sir,

**Subject: Policy and Guidelines for setting up of Inland Container Depots (ICDs),
 Container Freight Stations (CFSs) and Air Freight Stations (AFSs)-Reg.**

1. Introduction

1.1. An Inter-Ministerial Committee (IMC) was constituted in 1992 to act as a single window for clearance of proposals to set up Inland Container Depots (ICDs), Container Freight Stations (CFSs) and Air Freight Stations (AFSs). The Ministry of Commerce and Industry Guidelines, 1992 prescribed the requirements for setting up of the ICDs and CFSs. The subsequent guidelines issued by the Department of Commerce (DoC) and Central Board of Indirect Taxes and Customs (CBIC) set the rules for establishment & functioning of these facilities. The matters relating to setting up of ICDs/CFSs/AFSs were brought under CBIC in 2018. Accordingly, the Board had reconstituted the Inter-Ministerial Committee vide order issued under F.No. 434/04/2018-Cus.IV dated 20.06.2018.

1.2. In the last two decades, both the cargo volumes and capacities of ICDs/CFSs have increased manifold. A few key initiatives transforming the manner of trade in recent years, such as implementation of the Authorized Economic operator (AEO) programme, rising penetration of the Direct Port Delivery (DPD) and Direct Port Entry (DPE) initiatives, Self-Sealing (RFID seals), Self-Assessment, Electronic Cargo Tracking System (ECTS) and RMS based facilitation have completely changed the operation of Export-Import logistics. The CBIC is also targeting higher DPD, DPE numbers with minimum but more effective Customs interventions aided by technological measures.

1.3. Similarly, physical infrastructure has undergone exponential improvements with the development of expressways, national highways connecting ports to hinterland. Many new private ports & terminals within the existing ports have come up on both Western and Eastern coasts of the country. The operationalisation of Western and Eastern Dedicated Freight Corridors is near future is expected to completely change the dynamics of cargo movement.

1.4. At present, majority of CFSs are located up to 50 kms away from the port and are concentrated in high numbers in the western and southern India. ICDs on the other hand are concentrated in the northern hinterland. Similarly, the traffic across ICDs is also not distributed evenly, only 25 ICDs cater 83% of the total volume (in terms of Shipping Bills and Bills of Entries).

1.5. Therefore, on account of plethora of changes in the policy, technology landscape and the logistics ecosystem over the time, there is a need for revising the policies and procedure for setting up of new ICDs/CFSs/AFSs to meet the requirement of the changing paradigm and the aspirations of the trade.

1.6. Accordingly, the new policy:

- i. takes into account the present capacity, future growth potential and regional imbalances and also addresses the need for bringing uniformity, transparency and seamless approval process;
- ii. addresses the identified regulatory and logistics concerns associated with the hard and soft infrastructure of ICDs/CFSs/AFSs in India;
- iii. establishes a framework of functional requirements pertaining to the design and operation of dry ports, as well as establish certain processes to enable sustainable growth of the sector; and
- iv. aims to lay down appropriate institutional, administrative and regulatory frameworks for development and smooth operation of ICDs/CFSs/AFSs, including procedures for regulatory inspection and the execution of applicable customs control and formalities.

2. Distinction between ICD, CFS and AFS

2.1 Inland Container Depot (ICD) :

2.1.1. An off seaport (or port) facility having such fixed installations or otherwise, equipment, machinery etc. providing services for handling / clearance of laden import, export containers for home use, warehousing, temporary admissions, re-export etc under customs control and with storage facility for customs bonded or non-bonded cargo.

2.1.2. An ICD is a "self-contained Customs station" like a port or air cargo unit where filing of Customs manifests, Bills of Entries, Shipping Bills and other declarations, assessment and all the activities related to clearance of goods for home use, warehousing, temporary admissions, re-export, temporary storage for onward transit and outright export, transshipment, etc., take place. An ICD would have its own automated system with a separate station code (such as INTKD 6, INSNF6 etc.) being allotted by Ministry of Commerce and with in-built capacity to enter examination reports and enable assessment of documents, processing of manifest, amendments, etc.

2.2. Container Freight Station

2.2.1. An off seaport (or port) facility having such fixed installations or otherwise, equipment, machinery etc. Providing services for handling / clearance of laden import, export containers for home use, warehousing, temporary admissions, re-export etc under customs control and with storage facility for customs bonded or non-bonded cargo.

2.2.2. Though by definition, both ICD and CFS are similar, a CFS is only a Customs area notified under section 8 of the Customs Act, 1962, located in the jurisdiction of a Commissioner of Customs exercising control over a specified Customs port, airport, LCS/ICD while an ICD is notified under section 7 of the Customs Act, 1962. A CFS cannot have an independent existence and has to be linked to a Customs station within the jurisdiction of the Commissioner of Customs. It is an extension of a Customs port set up with the main objective of decongestion. In a CFS only a part of the Customs processes mainly the examination of goods is normally carried out by Customs besides stuffing/de-stuffing of containers and aggregation/ segregation of cargo. Thus, Custom's functions relating to processing of manifest, import/ export declarations and assessment of Bill of Entry/Shipping Bill are performed in the Custom House/Custom Office that exercises jurisdiction over the parent port/airport/ICD/LCS to which the said CFS is attached. In the case of Customs Stations having facility of automated processing of documents, terminals are provided at such CFSs for recording the result of examination, etc. In some CFSs, extension Service Centers are available for filing documents, amendments etc. However, the assessment of the documents etc. is carried out centrally.

2.2.3. An ICD may also have several CFSs attached to it within the jurisdiction of the Commissioner of Customs just as in the case of a port.

2.3. Air Freight Station (AFS)

2.3.1. An off-airport common user facility equipped with fixed installations of minimum requirement and offering services for handling and temporary storage of import and export cargo etc.

2.3.2. While CFS handles maritime cargo, an AFS is meant to handle air cargo.

2.4. Important centers of activity relating to ICDs/CFSs/AFSs

2.4.1. Rail Siding (in case of a rail-based terminal): The place where container trains are received, dispatched and handled in a terminal. Similarly, the containers are loaded on and unloaded from rail wagons at the siding through overhead cranes and / or other lifting equipment.

2.4.2. Container Yard: Container yard occupies the largest area in the ICD/CFS. It is stacking area where the export containers are aggregated prior to dispatch to port, import containers are stored till Customs clearance and where empty containers await onward movement. Likewise, some stacking areas are earmarked for keeping special containers such as refrigerated, hazardous, overweight/over-length etc.

2.4.3. Warehouse: Public warehouse appointed under section 57 or private warehouse licensed under section 58 is a covered space/shed where export cargo is received and import cargo stored/delivered; containers are stuffed/stripped or reworked; LCL exports are consolidated and import LCLs are unpacked; and cargo is physically examined by Customs. Export and import consignments are generally handled either at separate areas in a warehouse or in different nominated warehouses/sheds.

2.4.4 Gate Complex: The gate complex regulates the entry and exits of road vehicles carrying cargo and containers through the terminal. It is place where documentation, security and container inspection procedures are undertaken.

3. Functions and benefits of ICDs/CFSs/AFSs

3.1. The primary functions of ICD/CFS/AFS include receipt and dispatch/delivery of cargo, stuffing and stripping of containers, transit operations by rail/road to and from serving ports; customs clearance, consolidation and desegregation of loose Container Load (LCL) cargo, temporary storage of cargo and containers, reworking of containers; and maintenance and repair of container units.

3.2. ICD/CFS/AFS, *inter alia*, offer the following benefits to the trade, namely, serving as concentration points for long distance cargo movement and transit facility, making available customs clearance facility available near the centers of production and consumption free movement of cargo at gateway ports and decongesting the ports, reducing the costs of transport, inventory, demurrage and level of pilferage; enabling intermodal transshipments & repositioning of containers for shipping lines.

4. Criteria for new ICDs/CFSs/AFSs

4.1. Geographical Criteria for approvals

4.1.1. It has been seen in the past that the tendency of developers to set up facilities in few selected areas led not only to proliferation at those centers but also has resulted in investments being made near big cities/ports, far from the manufacturing/exporting units. Moreover, such distorted penetration results in higher costs for inland units apart from creating manpower issues for the departments.

4.1.2. Therefore, it has been decided to group the country in three types of areas for the purposes of opening of new ICDs/CFSs as under following:

- **Green Zone:** States low on ICD/CFS infrastructure. These will be open for proposals (Himachal Pradesh, Bihar, Jharkhand, West Bengal, Sikkim, Assam, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura, Meghalaya and Telengana and Union territories of Jammu and Kashmir and Ladakh);
- **Blue Zone:** States where the proposals can be accepted only for specific trade generating locations with no existing facilities or with over utilized facilities (Uttarakhand, Uttar Pradesh, Chattisgarh, Odisha, Andhra Pradesh, Goa, Karnataka and Kerala and Union Territories of Pudhucherry, Diu and Daman); and
- **Red Zone:** The identified states have adequate ICD/CFS infrastructure. These may be closed for any new CFSs development indefinitely. However, in exceptional cases

IMC may approve the setting up of ICDs in trade generating locations with high export & import potential and need of new facilities (all the states and union territories not listed in Green and Blue Zones).

4.1.3. *Distance of ICD from ports* - Rail transport is price competitive with road transport when the lead distance is more than 200 kms. Rail connected ICDs are favored at hinterland locations with lead distances up to 1,500 kms in north India. The development of ICDs within 200 kms of a connecting/Nearest serving seaport shall be discouraged. The measure is expected to further encourage DPD & DPE movement between hinterland & ports. For calculation of distance, the chargeable route by rail and shortest road (National Highway / State Highway) from serving port shall be considered. This rule shall be applicable across all geographical zones.

4.1.4. *Distance between ICDs* - No Greenfield ICD shall be permitted to be established within 100kms distance from existing ICD. Distance will be referred as chargeable railways route (both directions) between ICDs and shortest road distance (National Highway / State Highway, both directions) in case of road linked ICD. This rule shall be applicable across all Geographical zones.

4.1.5. *Development in States with low Logistics Infrastructure* - To support infrastructure development in states with limited logistics infrastructure, priority should be given to identifying and promoting ICD/CFS/AFS facilities where presence of such facilities is limited. These are clustered in Green Zone as proposed above. IMC can give relaxation on Distance rules in Green Zone.

4.1.6. *National Logistics Action Plan/Policy* - The approval and notification of all new ICD/CFS, including existing and new MMLPs will be processed in consonance with the national logistics action plan/policy.

4.1.7. *Inland National Waterways* - Development of ICDs based on Inland National Waterways as mode of transportation will be encouraged with relaxation being given on Geographical Zone & Distance rules.

4.1.8. *Railways Freight Corridors* - Approval of Greenfield ICDs directly along/Linked with DFCs (Eastern & Western DFCs and any new operationalized railways freight corridor) will be accorded with no more than one ICD directly connected with these corridors within chargeable distance of 100 kms in both directions. It is expected that some of existing ICDs will get connected directly to freight corridors and while some will operate in Hub & Spoke model in future. With priority of increasing utilization of Freight corridors as they operationalize and lowering the logistics costs, IMC can accord approvals to these facilities in any zone while maintaining distance rules on the corridors.

4.1.9. *Exceptions* - IMC can approve creation of additional facilities near existing ICDs (all 3 zones) if the demand exceeds the existing capacity of ICDs/CFSs in trade generating location/area. This can be determined by analyzing the existing utilization of ICDs in designated trade generating location/area.

4.1.10. In no case a new CFS shall be set up which is linked to an ICD. Only CFSs connected to ports in the permissible Zones (as mentioned above) shall be allowed after considering existing capacity and utilization parameters.

4.1.11. AFSs are relatively new to India, hence, in the case of AFSs, the IMC while considering the application, will only take into account the demand-supply gap and take appropriate decision.

4.2. Volume

4.2.1. The facility must be economically viable to manage and attractive to the users, to the railways for full train load movements; to other transport operators; seaports; shipping lines; freight forwarders etc. and must operate at certain minimum amount of traffic. The applicants must therefore study carefully the viability of the project from the point of view of the TEU traffic availability.

4.2.2. In the time of growing international trade, the creation of any infrastructure facility must commensurate with the generation of demand in actual terms. This is particularly important as such facilities have a long gestation period for being fully operationalized. Accordingly, the minimum threshold performance shall be 7200 TEUs/consignments¹ per year (two way) for an ICD and 1200 TEUs/consignments per year (two way) for a CFS. However, no such threshold performance is prescribed for an AFS.

4.3. Land

4.3.1. The minimum area requirement is seven hectare for ICD having minimum area of four hectares as Customs Notified Area and minimum one hectare nominated for DPD & DPE nominated space. For states in Green Zone, ICD with three hectares for customs notified area and one hectare for DPD & DPE may be considered. The minimum area requirement shall be two hectare for a CFS. For AFS 1000 Sq. meters of covered area each for imports and exports respectively shall be made available.

4.3.2. *Ownership of Land* - The applicant must have the legal rights over the land which is proposed for ICD/CFS construction. If the land is not owned and the land is leased, the lease agreement with lessor must be for period of 30 years. Change of Land Use certificate, wherever required shall accompany the application and land should be free from acquisition proceeding at date of application. The land parcels should be contiguous with only exception for setting up non-bonded storage facility.

4.4. Other Criteria

4.4.1. *Legal entity* - The applicant must be a legal entity in India under applicable law. The entity must possess a valid GST registration and should have been operating for a minimum period of three years.

4.4.2. *Prior experience* - The applicant must have prior experience of operating as CCSP or should have other trans-border logistics experience such as logistics service provider including customs brokers, transporters, freight forwarders, shipping lines and port terminal operators.

¹ Consignments here refers to Shipping Bill/ Bill of Entry

5. Application and Approval Procedures

5.1. Setting up of new ICD/CFS/AFS

5.1.1. The application for setting up of new ICD/CFS/AFS shall be submitted to the Member (Customs), CBIC, Office of the Commissioner (RI&I), 5th floor, Hudco Vishala Building, Bhikaji Cama Place, New Delhi 110066, email: mgt.valavan@nic.in, in the format provided in **Annexure-I**. Application shall also accompany a Detailed Project Report (DPR) in format provided in **Annexure-II**. The application should be submitted in six copies with one advance copy to jurisdictional Commissioner of Customs for his recommendation on feasibility and five copies to Member (Customs), CBIC. No application fee will be charged from the applicants. Without waiting for the report from jurisdictional Commissioner, the other copies of the application shall be sent by office of the Commissioner (RI&I) to all the members of IMC for their comments.

5.1.2. Applicants shall familiarize themselves with statutory Customs requirements in relation to bonding, transit bond, security, insurance, other necessary procedural requirements and cost recovery charges payable before filing the application.

5.1.3. The jurisdictional Commissioner of Customs, upon receipt of the advance copy, will examine the feasibility of the proposal and send his recommendations, along with reasons thereof, to Member (Customs), CBIC, within 30 days of receipt of the application. The recommendations of jurisdictional Commissioner shall take into account manpower availability, existing ICD/ CFS capacity and its utilization, future projections, reduction in logistics cost and the impact on local trade stakeholders of the new proposed facility in lines with policy. The jurisdictional Commissioner shall do his own analysis based on historical data and existing facilities working in the vicinity. The jurisdictional Commissioner while forwarding his recommendation shall make a categorical statement whether an application merits consideration or rejection.

5.1.4. On receipt of the proposal, the members of the IMC will furnish their comments within 30 days.

5.1.5. Proposals for setting up ICD/CFS/AFS will be considered on merits by the IMC. Normally, the IMC meetings will be held twice in a year. The committee may approve or refuse to grant approval for setting up of ICD/CFS/AFS. The recommendations of the jurisdictional Commissioner will be a relevant factor but not necessarily binding on the IMC. The IMC can independently decide about approval/rejection of any project based on the valid considerations. The applicant shall not make any investment before obtaining the approval from IMC. The "in-principle" approval from the jurisdictional Customs Commissioner regarding the feasibility of the proposed facility shall not be considered as final. Any investment made by the prospective developer before the approval of IMC shall be at the risk of developer and as a result would not constitute a relevant factor for approval of the facility.

5.1.6. On approval of a proposal, a Letter of Intent (LOI) will be issued to the applicant with conditions as may be considered necessary, which will enable applicant to initiate steps to create infrastructure. The applicant would be required to set up the

infrastructure within one year from the date of approval.

5.1.7. The LOI will have a validity of 12 months. It will be further extendable by a maximum of 12 months once only. Only in exceptional cases, IMC would further extend it by 6 months in one go for maximum 2 terms. Therefore, no extension after this time will be provided and proposal will be deemed as rejected. Once rejected, new proposal must be submitted afresh.

5.1.8. The IMC has right to suspend or revoke the approval granted in the following cases:

- i. on breach of any conditions of applicable law or contained herein; or
- ii. the setting up/continuance of the ICD/CFS/AFS would be prejudicial to public interest; or
- iii. if the ICD/CFS/AFS entity or any of its promoters is convicted of an offence under the provision of any Act in force.

5.2. Applications for other purposes

5.2.1. *Change of CFS to ICD and vice versa and notification of AFS in Existing ICD* - When a CFS operator wants to upgrade the facility to ICD or convert the ICD to CFS, he shall approach the IMC for approval for such a change. Such applications shall be processed in the similar manner as that of a new facility.

5.2.2. *Change in Ownership* - Jurisdictional Commissioner of Customs can approve the change of custodian of existing facilities under section 45 of the Customs Act, 1962 and the change may be informed to the Commissioner (RI&I). There will be no need to approach IMC for change in ownership provided the residual entity meets turnover and other requirements established within the framework of this policy. However, any pre-condition prescribed in this policy which the original developer is required to fulfill, shall be met by the new owner as well. The new owner shall ensure and confirm that all the liabilities under the Customs Act, 1962 and regulations thereof, payable by the existing operator are duly discharged before such change of ownership.

5.2.3. *Change in Location* - For change of location of an existing facility, the operator of the facility shall approach IMC. If the new location is in the same locality of the existing cluster of CFSs/AFSs, and serves to the same gateway port, the IMC after consulting the jurisdictional Commissioner of Customs, may approve such request. However, in case such change of location involves substantial geographical change (outside existing District or involves change of port to which the CFS serves), it should be treated as closure of the existing facility and setting up of a new facility.

6. Post Approval Obligations

6.1. Operationalising the facility

6.1.1. The applicant shall take all necessary actions to operationalise the facility within the validity period of the LOI. The applicant must put up the required infrastructure and

meet the regulatory requirements in compliance with applicable law to become functional. The Check list for various requirements is given at the **Annexure-III**.

6.1.2. The applicant, after receipt of LOI, shall send monthly progress report to jurisdictional Commissioner of Customs in the proforma as may be prescribed by him. Failure to submit progress report would have an adverse effect in cases where extension is to be sought. Non-compliance to send reports shall be a valid ground for rejection of request for extension.

6.1.3. After development of infrastructure as per requirements, applicant shall apply to CBIC for notification of facility as ICD or AFS under Section 7(aa) of Customs Act, 1962 through the jurisdictional Commissioner of Customs.

6.1.4. Further, applicant will approach jurisdictional Commissioner of Customs to issue notifications under section 8 of the Customs Act 1962 for approving landing place and specifying limits of Customs area and under Section 45(1) of the Customs Act, 1962 for declaration as "Custodian".

6.1.5. These notifications will be issued only if the Board or the jurisdictional Commissioner of Customs, as the case may be, is fully satisfied with the readiness of the facility and fulfillment of compliances under the Handling of Cargo in Customs Areas Regulations (HCCAR), 2009.

6.1.6. Further, after the issuance of LOI and before the issuance of the notifications as mentioned above, the jurisdictional Commissioner of Customs shall coordinate with the Directorate General of Human Resource Development (DGHRD) for creating the required numbers of cost recovery posts.

6.1.7. The jurisdictional Commissioner of Customs while forwarding the recommendation for issuance of notification shall:

- a. satisfy himself about the readiness of the facility including fulfillment of the requirements listed at Annexure-III;
- b. ensure that the required number of cost recovery posts are created; and
- c. confirm that once the facility is notified the Commissionerate will be able to deploy the officers.

6.2. Regulatory and other compliances

6.2.1. The facility operator who is appointed as custodian of the goods meant for import and export shall be required to comply with provisions of the Customs Act, 1962, rules and regulations thereof and circulars/instructions issued from time to time by the Board in relation to the custody, storage, handling and disposal of cargo including the Handling of Cargo in Customs Area Regulations, 2009.

6.2.2. The operator shall comply with the laws relating to Indian Railways (for safety of siding and smooth rake operations in the facility), labor, environment (including the laws

relating to the storage of hazardous goods, legal metrology (certification for installed weighing instruments including weight bridges etc.) food safety (certification of facility by FSSAI for storage) etc.

6.2.3. The operator shall also comply with the circulars/instructions issued by the Board on cost recovery charges from time to time for the officers deployed. The payment of cost recovery charges for the officers and staff deployed and exemption from such payment shall be governed by the extant rules, policy and circulars in this regard.

6.2.4. No alteration of the plan of the ICD / CFS shall be made without the concurrence of the jurisdictional Commissioner of Customs. Further, no reduction in minimum prescribed physical area shall be allowed.

6.2.5. For Rail linked ICDs, investors will be required to provide at their own cost all infrastructure facilities including land, track, and maintenance of assets including track, rolling stock, etc. as per extant railway rules applicable to such sidings. The cost of the railway staff would be governed as per the prevailing Indian Railways policy.

6.2.6. The custodians should strictly follow any guidelines/directions issued on account of *force-majeure* of Government of India from time to time.

6.3. Record keeping handling, receipt and storage

6.3.1. For the proper discharge of duties, the custodian shall execute a Bond covering the value of the goods stored in the ICD/CFS with the Assistant/Deputy Commissioner of Customs. The custodian shall ensure that all goods held in the ICD/CFS are adequately covered as per extant circulars issued by the Board.

6.3.2. The custodian shall provide safe, secure and spacious place for loading, unloading and storage of the cargo.

6.3.3. The custodian shall also provide sufficient modern handling equipments in operating condition for handling the cargo in the notified area.

6.3.4. The custodian shall be responsible for the proper receipt, handling, storage and shall be accountable for the loss of imported goods after the landing and before clearance, and also for goods meant for export/transshipment. They shall also maintain proper records of all such goods including the records of goods which are cleared with the permission of the Customs or disposed of, under section 48 of the Customs Act 1962 or otherwise. Further, custodians shall share available data with the Government Departments/Agencies ensuring reasonable commercial and individual privacy.

6.3.5. If any imported goods are pilfered or lost after unloading in the customs area while in the custody of the custodian, then in terms of provisions of section 45(3) of the Customs Act 1962, they shall be liable to pay the duty on such pilfered goods.

6.4. Infrastructure and other facilities

6.4.1. The custodian shall also take steps to bring about necessary improvements in the infrastructural facilities and other amenities required to be provided to the trade and to Customs staff, as may be necessitated from time to time, consequent upon the growth in the volume of Import and Export Trade handled at the ICD/CFS.

6.4.2. In case the custodian wants to sublet any of the functions inside the customs area or connected with the customs area, the same should be done with prior approval of the Commissioner of Customs and the custodian shall remain responsible for the omissions and commissions of the said agency.

6.5. Performance Monitoring

6.5.1 The Commissioner of Customs shall ensure that annual audit/inspection of the notified facilities are conducted in terms of the circulars/ instructions issued in this regard.

6.5.2 The jurisdictional Commissioner of Customs shall, based on the findings of the annual inspection report or otherwise, take necessary remedial action including penal action, for any contravention, under the Customs Act, 1962 read with HCCAR, 2009. It may be noted that each violation shall be treated as separate for the purpose of initiating penal actions.

6.5.3 The jurisdictional Commissionerates must list out functional, non-functional and approved count of ICDs on their websites, latest figures of volume handled, Infrastructure profiles, compliance with HCCAR 2009 rules to be maintained on month on month basis on the Commissionerate's web-portal.

7. Term, renewal and de-notification of the facility

7.1. The duration of the award for the operation of the facility shall be governed by HCCAR 2009 unless otherwise mentioned in any other guidelines. The applicant shall get the award renewed by the jurisdictional Commissioner of Customs.

7.2. At the time of renewal, the jurisdictional Commissioner of Customs shall satisfy himself about the functioning of the facility including the minimum volume projected at the time of initial proposal.

7.3. The ICDs not meeting the minimum prescribed threshold performance for four consecutive financial years will be considered for de-notification by the Board based on the recommendation of the jurisdictional Commissioner of Customs. As regards CFSs, jurisdictional Commissioner can de-notify the facility if it failed to meet the prescribed minimum threshold performance for four consecutive financial years. In the case of AFSSs, the Board may analyze the performance of the facility and may consider the de-notification wherever necessary, based on the recommendation of the Jurisdictional Commissioner of Customs.

7.4. The jurisdictional Commissioners of Customs can order for closure of a facility when requested by a custodian. Such requests should be approved within 6 months subject to clearance of dues of Cost Recovery Charges, disposal of detained/Seized cargo & cases against CCSP if any. Jurisdictional Commissioner will take no dues certificate thereafter commissioner may de-notify any CFS/AFS and in the case of ICD he shall forward the proposal for de-notification to the Board.

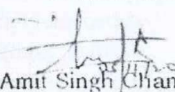
8. Scope and applicability

The policy and guidelines prescribed here will be applicable to all the new proposals that are submitted to IMC after the date of issue of this circular. The proposals already submitted but are yet to be considered by the IMC shall also be governed by these guidelines. As regards the existing facilities and the proposals for which Letter of Intent has already been issued but the facilities are yet to commence their operations, shall also be governed by these guidelines to the extent to which they are applicable (such as post approval obligations, term, renewal and de-notification etc). The proposals which have been approved by IMC will be scrutinized under old policy.

9. The above guidelines may be circulated among the stakeholders and public and the field formations may be sensitized suitably.

10. Any difficulties in the implementation of these guidelines may be brought to the notice of the Board immediately.

Yours faithfully,


(Amit Singh Chandel)
OSD (Anti-Smuggling)

Annexure-I
(to the CBIC Circular No. 50/2020)

Format of Application for Setting up of an Inland Container Depot/Container Freight Station/Air Freight Station

Note: Five Copies shall be submitted to the Member (Customs), CBIC, Office of the Commissioner (RI&I), 5th floor, Hudco Vishala Building, Bhikaji Cama Place, New Delhi 110066, email: mgt.valavan@nic.in; one advance copy shall be submitted to the jurisdictional Commissioner of Customs.

Name of the Entity:	
Entity Type:	<u>Public Ltd. /Pvt. Ltd. /Individual</u>
Registered Office Address:	
Authorized Economic Operator-Logistics Operator Status Holder	Yes/No (If yes, please provide details)
Application for (Mark whichever applicable)	☐ ICD ☐ CFS ☐ AFS ☐ CFS to ICD ☐ Change of location of an existing ICD/CFS/AFS
Geographical Zone of Facility ² (Mark whichever applicable)	☐ Green ☐ Blue ☐ Red
State of facility proposed	
District of facility proposed	
Nearest ICD/CFS/AFS with distance from proposed facility.	
Concerned Customs Zone	
Has proposal been rejected earlier	Yes /No
If yes, when	DD/MM/YYYY
If the proposal has been rejected earlier, whether the instant proposal brings out any fresh facts for	Yes/No

² Refer para 4.1.2 of the Circular

consideration of IMC? (Details to be furnished separately)	
Date of submission of Advance Copy of application to jurisdictional Commissioner of Customs	
Whether detailed Project Report enclosed with the application	Yes/No
Details of other documents submitted (if any)	1. 2. 3.
Contact details of Authorized Signatory	Name: E-Mail: Contact No:
Declaration (strike out whatever not applicable): 1. I, S/o....., the authorised signatory of..... hereby certify that the content of this application is true and correct. 2. Neither me, my entity nor the promoter has been convicted of any offence by any court in India or abroad 3. I undertake to comply with the Customs Act, 1962, the regulations and circulars issued from time to time therein relating to functioning of ICD/CFS/AFS. 4. I confirm that the previous owner of the facility has no amount payable to the Commissioner of Customs,.....pending as on this date.	
Place: Date:	Signature of Authorized Signatory

Annexure-II
(to CBIC Circular No. 50/2020)

Instruction for submission of the Detailed Project Report for setting up of ICD/CFS/AFS

(Note: The details shall be supported by relevant documents wherever necessary)

1. General Instructions

- i. A power of attorney from the Board of Directors of the entity in favor of the signing authority (who signs all documents related to the demonstration of commitment, including this DPR) should be furnished.
- ii. Container figures in this DPR should be quoted in TEUs and all financials should be quoted in INR.
- iii. All pages of the DPR should be initialed by the signing authority of the applicant.
- iv. The Inter-Ministerial Committee (IMC) reserves all rights to check the veracity of the supporting documents. This includes the right to call for original documents at any point in the appraisal process.
- v. IMC also reserves the right to ask for clarifications and/or additional documents/information, providing of which within the specified timelines would be binding on the applicants.
- vi. All data points used in the DPR should be supported by reliable sources (cited in footnotes on same page) and copies of the relevant source page be appended to the document.
- vii. For data points generated by primary research, copies of survey forms should be appended to the document.
- viii. All assumptions used in the document should be supported by detailed justification and source for data as applicable.

2. Details of Applicant Entity

- i. Registration details with RoC, details of registered office and corporate office etc.
- ii. Registration with various tax authorities (GST, PAN etc.).
- iii. Memorandum of Association.
- iv. Articles of Association.
- v. Constitution of the Board of Directors (including brief bios of each director, the roles envisaged for each of them).
- vi. Capability statement of the Applicant.
- vii. Details of Similar projects executed in last 3 Financial years.
- viii. Copy of Balance sheets for last 3 financial years.
- ix. Undertaking on Rs. 100/- Non-Judicial Stamp in terms of HCCAR, 2009.

3. Background and Broad Project Rationale

- i. Provide details of the project, including:
 - a. High level capacity creation and capital outlay.
 - b. Technology & Automation proposed for cargo/container handling and IT systems.

- c. Target hinterland/trade generating location.
 - d. Market segment proposed to be addressed.
 - e. Business Activities & Specific Services Offered.
- ii. Write up on how the proposed project will enhance the export import logistics Infrastructure in country.
- iii. Write up on how project aims to lower cost of logistics for target location.
- iv. Write up on how the proposed project plans reduction of dwell time of containers in its premises.
- v. Stakeholder analysis (including investors, Export & Import Industries, traders, cross-border trade, logistics ecosystem, and affected population).
- vi. Plan for traffic management and decongestion of approach roads for ICD/CFS/AFS.

4. Overview of Business Landscape

Overview of business environment with analysis (such as PESTLE/SWOT).

5. Traffic Assessment

- i. Location: Proposed location should be defined in detail covering following aspects:
 - a. Location identification details.
 - b. Distance from nearest State/National highway.
 - c. Nearest serving Railway station/Railhead from which connectivity is proposed.
 - d. Distance from ports. (Shortest railways rationalized route for containers).
 - e. Mapping of nearest ICDs in 100 kms distance from Road & Rail.
 - f. Area of land and land available for future expansion.
 - g. Status of land (Owned or leased).
- ii. Hinterland Mapping: Identify Primary & Secondary Hinterland and include their detailed profile. Each of trade generating location should have enough potential along with geographical proximity to proposed dry port location. Location geographical maps with indicative hinterlands should be clearly depicted in this section. Existing facilities catering to these hinterlands should also be mapped.
- iii. Commodity wise data: Potential traffic should be also provided with Commodity wise segregation for both primary and secondary hinterland. For these, preferred mode of transportation, competing ICDs, percentage of containerization, DPD & DPE percentage should be captured.
- iv. Primary Survey: It is to be conducted in the areas mapped as hinterlands/trade generating locations to obtain insights from the stakeholders. Stakeholders should include industries in region, chambers of commerce, EXIM associations and other trade bodies, ICDs & CFS in region, forwarders, Customs Brokers, District Industrial Centers of State government, local transporters. Survey should be combination of structured and unstructured questionnaires to obtain better understanding of cargo flow patterns (inflow & outflow) of various commodities from targeted

hinterland.

- v. Open Market potential and target market potential: Post survey, indicative figures for open market potential, volume distributions across other competitors and target market potential should be clearly depicted and should be realistic based on facts/historical data.
- vi. Traffic Forecast: Capture growth drivers for traffic, forecast traffic based on commodity profiles and growth potential for EXIM trade that reflects ground realities. Forecast should be provided for 10 years or expected pay back period whichever is less. Alternate traffic forecasts should also be worked out based on different scenarios.
- vii. Logistics Cost Analysis: Traffic study should provide cost savings in per metric ton comparison which will be derived after setting up of facility. This study should be done at commodity level to each gateway port connection separately.

6. Project Execution/Implementation Strategy

- i. Creation of Infrastructure and strategy for securing/ implementing the same. Plans for Land/site development, Planned Railway Connectivity, Application under Private Freight terminal, Approach Road etc.
- ii. Project management framework and philosophy.
- iii. Cost & Time overrun contingency measures.
- iv. Planning Considerations of Port Facilities requirements specified by policy.
- v. Selection of Cargo Handling Equipment.
- vi. Project Phasing (Quarterly activity plan supported by detailed Gantt Charts) including major milestones.
- vii. Key Activities by quarter.
- viii. Organization Structure proposed (with details of management team and role of partners) up to three levels (starting with CEO). Also append the profiles of the personnel proposed as well as the roles and responsibilities of each.
- ix. Details of permissions, clearances and fulfillment of other statutory requirements for the projects, accompanied by a detailed note on plans for fulfillment of each.

7. Project Financials

- i. Capital cost estimation.
- ii. Operating and maintenance costs.
- iii. Financial indicators (NPV, IRR, Breakeven period by volumes).
- iv. Tariff plan & considerations.

8. Risk Impact Analysis

- i. Project Financial Viability and Going Concern viability analysis and details.
- ii. Business Sustainability Plan.
- iii. Risk Analysis (financial and business) for ICD, along with financial impact estimation of risk factors (upside and downside) like shift of trade, Increase in Rail freight etc.
- iv. Risk Mitigation Plan including costs associated with the individual plans.
- v. Detailed estimation of risk due to cost or time overruns for project implementation and mitigation plans for the same.

9. Environmental Impact Assessment

- i. Details regarding the Environment impact assessment including Mitigation, Monitoring, and Risk Assessment should be provided.
- ii. Details of proposed environment protection measures like management of runoff water from port premises by installing rainwater harvesting infrastructure, plan for generation of renewable energy by means of installation of solar panels on Warehouse, Admin building should be enclosed.
- iii. Mitigation measures for wastewater generated from container repair and washing activities especially of tank containers/ containers carrying hazardous commodities activities should be provided.

Annexure-III
(to CBIC Circular No. 50/2020)

Checklist for the infrastructural requirements and regulations compliance

1. **Design and lay-out:** The design and layout should be the most modern state-of-art equipped with mechanical/electrical facilities of international standards. Key to a good lay-out is the smooth flow of containers, cargo and vehicles through the ICD/CFS. The design and layout should consider initial volume of business, estimated volume in 10 years' horizon and the type of facilities traders would require. ICD /CFS facility shall have covered and open storage areas separated for import, export and transshipment, and for perishable goods, high-value cargoes and dangerous cargoes, including hazardous substances.
2. Port's layout defines the physical location of main facilities required to efficiently handle the incoming and outgoing traffic. Flexibility should be built in layout so that it can accommodate future changes and new development opportunities. Further, layout should offer flexibility to accommodate infrastructure requirements for supporting new reforms by CBIC.
3. All designs and construction shall detail and be compliant with rules of HCAAR, 2009 regarding the following but not limited to, wall specifications, transit/bonded warehouse, entry and exit gates, demarcated area for hazardous goods, lighting through high masts, demarcated areas for export and import, storage for fumigation and post fumigation and storage area for auction cargo.
4. **PGA office & Laboratory space:** Office and laboratory space for PGAs shall be provided at no cost to reduce the dwell time of export & imports. No charges including office rent, electricity charges should be billed to Public Government Agencies (PGA's) for their deployment. Alternatively, in case of a group of ICDs located in proximity of each other, a common testing facility may be considered for cost rationalization.
5. **Rail Linkage:** In case of rail linked ICDs, rail infrastructure provided inside a container depot should allow receipt and dispatch of full-length unit container trains running between a single origin and a single destination, without requiring to be broken up or remarshaled outside the ICD/CFS. Container Yard (CY) should be designed around rail access and not the reverse. Loading and unloading of trains would ideally take place in centrally located sidings comprising at least three tracks -loading, unloading and locomotive release. For a reach-stacker served facility, container stacks at the CY shall be located on either side of the tracks (to allow for separation of import and export containers and for loading and unloading on both sides at a time). Rail loading/unloading tracks shall be centrally located, permitting the operation of handling equipment on either side. The layout described above is only indicative of best practice. Additionally, all operational and other requirements as per extant rules of Indian Railways need to be complied with.

6. **Access Road/ Connection with State Highways or National Highways:** An

approach road of indicative 15 meters width with proper drainage on each side will be provided for the gate complex. If the entry & exit gates of the ICD are planned in vicinity of each other, then additional space to enable smooth flow of traffic will be factored into the design. Road connections to ICD/CFS will be via slip roads off local or national highway system. Road connections should be suitable for container and break-bulk trucks conveying containers or break-bulk cargo between cargo sources and the ICD/CFS port.

7. **Design of access junctions:** Access junctions are locations at which ICD site access roads meets the main roads. The design should cater for unhindered traffic flow even at peak capacity of the ICD.
8. **CFS & Customs Examination Area:** A critical function of CFS is to pack and unpack cargo into and from containers which are moved to and from the a. Keeping this in mind CFS facilities should be designed with container bays facing a raised loading/unloading platform on one side and truck loading/ unloading bays on the other. Containers can be packed and unpacked by forklift trucks while still on their trailers. Similarly, break-bulk trucks can be loaded and unloaded from raised platform by smaller forklifts (having two-three-ton capacity). Area required for CFS may be calculated on basis of some proportion of loaded import and export containers in the CY moving through CFS. The customs examination area should be clearly marked, and no examination shall be permitted outside the marked area. The examination area shall be covered under a 24X7 CCTV surveillance system with strict access control.
9. **DPD & DPE Area:** Separate area for DPD & DPE containers as per land requirements of this policy should be provided in ICD. The nominated DPD & DPE area should have separate entry/exit gates with clear demarcation from customs notified area. Further, DPD & DPE traffic should not impact the regular ICD operations.
10. **Truck Circulation Area:** Efficient operation of ICD depends on unimpeded, circulation of trucks throughout the ICD area. An exception to this design requirement is an intersection with rail access line, which needs to be protected by automatic level crossing barriers and warning devices. Internal roads shall be constructed with indicative width of 15 meters, to allow handling equipment and trucks to pass safely.
11. **Storage of Hazardous goods in warehouses:** Hazardous goods warehouses must be sealed from all directions, i.e. in relation to the soil and groundwater, as well as in relation to the atmosphere. Leakages, for instance, are diverted into sumps from which the fluids can be removed by external pumps.
12. **Storage of containers with Hazardous goods in yard:** Storage space for minimum 50 TEUs should be marked, this yard location should have unhindered transportation access, round the clock monitoring, fire hydrant facility, fixed firefighting equipment & sensors to cater for gas leakage and fire detection capabilities. All regulatory approvals from State Pollution Control Board should be in place before handling, storage & Transportation of Hazardous goods within ICD premises.
13. **Fumigation and post fumigated storage sites:** Fumigation and post fumigation

storage sites shall be provided to enable Plant Quarantine authorities to carry out necessary checks for both imported / export goods.

14. **Marked Container repair yards& tank container cleaning stations:** The allied services of container repair stations, tank container cleaning stations should be clearly marked in the yard plan.

15. **Provision of space for installation of Container/Cargo scanners:** The custodian shall provide adequate and suitable land for installation of the scanner if necessary in future.

16. **Parking Space:** Ample parking space for trailers shall be provided in facility so that no road congestion is reported even at peak designed capacity of the ICD.

17. **Authorized Economic Operators (AEO) facilities:** Designated lanes /Priority at Entry/Exit gates, prioritized Cargo handling & Warehousing operations should be provided to AEO's. Special counter should be created in EXIM transactions cell for AEOs by Custodians. Further, AEO customer care representative should be appointed and displayed by Custodians.

18. **Gender Specific Facilities:** Custodians should create gender mainstreaming infrastructure including special Exim counters for female customs brokers/traders, separate workplace, customer care cells, essential utilities, restrooms etc.

19. **Other essential infrastructure requirements**

19.1. **Weighbridges:** Static weighbridges above 60 MT capacity should be installed in all facilities. These should always be remain calibrated & certified by respective states Weight & Measurement department.

19.2. **Fire Fighting Equipment:** Adequate firefighting equipment (Fire extinguishers/Water Hydrants) should be provided across customs notified area including Warehouse, CFS area, yard and entry/exit gates, weighbridges, container yard area, CFS area and at administrative building.

19.3. **High Masts:** Adequate numbers of 30 meters high mast lighting tower with LED flood light should be installed. The LED should have minimum lumen level of 20 lux in the ground up to 50 meters from center of high mast. Beam angle of luminaries/ lamps positioning must be suitable to cover illumination in ground as well as stored containers in the yard up to 16 meters high.

19.4. **Yard Paving:** Yard paving must utilize Pavement Quality Concrete grade of M40 or dry lean concrete with M30/M50 blocks or higher specification.

19.5. **CCTV Coverage:** The CCTV network should at minimum cover the ICD entry/ exit gates, warehouse gates, warehouse storage area, admin building entry points, commercial transaction area, container storage yard area and e-sealing work zones. CCTV equipment must have night vision recording capabilities. The system should have minimum capability to record & hold data for three months and 24x7 hours access and remote

monitoring facility shall be provided to Customs in addition to access within admin building of the ICD.

19.6. *Security Deployment:* The entry and exit gates, warehouses, admin building, Container yard to be adequately manned 24X7 as per the satisfaction of presiding customs authority.

19.7. *IT Infrastructure:* All IT infrastructure shall be provided and upgraded by custodians as prescribed by DG Systems.

19.8. *Custodian systems:* All container and cargo handling operations should be initiated and recorded through IT systems. All existing facilities shall be migrated to automated systems which will cover yard management, rail side operations, warehouse management. The system should be audit compliant and any information should be available to customs for minimum period of one year. No operational events e.g. job order generation shall be done manually. Custodians should digitize all its operations wherever possible with Government of India or its authorized e-platform like PCS 1x, while maintaining its commercial privacy.

19.9. *Container location:* All ICDs & CFSs shall have a container location tracking system and accurate information availability to all stakeholders through electronic or smart phone application interface. All events of physical movement of container shall be recorded and accessible to customs officer via such electronic interface.

19.10. *Access control:* Entry to the customs notified area shall be controlled by KYC based/ RFID enabled tags for all authorized personnel including customs, custodians, manual workmen, vehicle drivers etc. Entry/ exit data should always be electronically available to customs authorities.

19.11. *Handling equipment:* An applicant should propose most modern handling equipment for loading, unloading of containers from rail flats, chassis, their stacking, movement, cargo handling, stuffing/ de-stuffing, etc. Equipment must have a minimum residual life of 8 years duly certified by the Original Equipment Manufacturer or a recognized inspection agency.

19.12. For handling scrap cargo, provision of a compact track loader of reputed make in good working condition and equipped with a telescopic spreader for operations in both 20 ft and 40 ft boxes should be ensured.

19.13. An additional unit of equipment should be provided when the throughput exceeds 8,000 TEUs per annum or its multiples for lift truck-based operations. Terminals resorting to purely chassis-based operations do not require dedicated box handling equipment. However, chassis-based operations should be restricted to CFSs proposed to be set up near ports.

20. **Safety:** The design must prevent leakage into the environment in the event of an accident. It shall have provision for emergency services to reach the scene of the accident in an unhindered and safe manner. The roof, walls, foundations and doors must be resistant to fire and the stored substances must be separated by permanently installed

isolating bulkheads. Equipment must at the minimum cater for forced ventilation, fixed fire extinguishers, smoke and gas detection systems as well as explosion-proof devices.

21. **Air Freight Station:** AFS can be an independent unit or can exist within ICDs customs notified warehouse area. Detailed guidelines in respect of setting up of AFS facilities, have been issued by the Ministry of Civil Aviation and the same shall be complied with.

22. Equipment in respect of AFS shall be as indicated in the detailed guidelines for AFS as issued by Ministry of Civil Aviation.

स्वास्थ्य मेला

2300. श्री हरीभाई पटेल:

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

(क) क्या सरकार देश में बीमारियों और संक्रमणों के बारे में जन-जागरूकता बढ़ाने के लिए राज्य सरकारों के सहयोग से स्वास्थ्य मेलों का आयोजन करती है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(ख) क्या सरकार ने इसी उद्देश्य से हाल में देश में स्वास्थ्य मेलों का आयोजन किया है तथा ऐसे और मेलों का आयोजन करने जा रही है और यदि हाँ, तो राज्य-वार 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): नेशनल हेल्थ मिशन (एनएचएम) के तहत, राज्यों/संघ-राज्य क्षेत्रों को उनकी स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए सहायता दी जाती है, जिसमें कार्यक्रम कार्यान्वयन योजना (पीआईपी) में उनके प्रस्ताव के आधार पर संसदीय क्षेत्रों में सामुदायिक भागीदारी और जन जागरूकता को प्रोत्साहित करने के लिए स्वास्थ्य मेलों के आयोजन के लिए सहायता शामिल है। एनएचएम के तहत राज्यों/ संघ-राज्य क्षेत्रों को यथा-अनुमोदित स्वास्थ्य मेलों सहित अनुमोदित कार्यकलापों के लिए एकमुश्त राशि जारी की जाती है।

सितंबर 2023 से, राज्यों/ संघ-राज्य क्षेत्रों द्वारा 'आयुष्मान भव' अभियान के तहत आयुष्मान आरोग्य मंदिर (एएएम) और सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में साप्ताहिक आयुष्मान मेलों का आयोजन किया जा रहा है, जिसका उद्देश्य स्वास्थ्य सेवाएं प्रदान करना है। इस संवेग को आगे बढ़ाने के लिए, वित्त वर्ष 2024-25 से, इन मेलों को मासिक निर्धारित दिवस की संपर्क सेवाओं, अर्थात् आयुष्मान आरोग्य शिविर के ज़रिए संस्थागत रूप दिया गया है। सीएचसी/प्राथमिक स्वास्थ्य केंद्र (पीएचसी) स्तर तक विशेषज्ञ सेवाओं, जैसे- स्त्री रोग विशेषज्ञ, बाल रोग विशेषज्ञ, शल्य चिकित्सक, एनेस्थेसिस्ट, नेत्र रोग विशेषज्ञ, ईएनटी विशेषज्ञ, त्वचा रोग विशेषज्ञ, मनोचिकित्सक, दंत चिकित्सक

आदि की उपलब्धता ने स्वास्थ्य सेवा में महत्वपूर्ण प्रभाव डाला है। आहार में विविधता और पोषण, व्यक्तिगत स्वच्छता जिसमें मासिक धर्म स्वच्छता भी शामिल है, इस प्रकार के आरोग्य कार्यक्रमों पर भी ध्यान दिया जा रहा है।

राज्यों/ संघ-राज्य क्षेत्रों द्वारा एएएम पोर्टल पर दी गई जानकारी के अनुसार, 1 अप्रैल, 2024 से 30 नवंबर, 2025 तक एएएम में 28.69 लाख से ज्यादा स्वास्थ्य मेलों को आयोजन किया गया, जिनमें कुल 15.71 करोड़ लोग शामिल हुए। एएएम में आयोजित स्वास्थ्य मेलों का राज्य/ संघ-राज्य क्षेत्र -वार ब्यौरा **विवरण** के रूप में संलग्न है। इसके अतिरिक्त, आयुष्मान शिविर पोर्टल के अनुसार, 1 अप्रैल, 2024 से 30 नवंबर, 2025 तक 43,345 सीएचसी शिविर आयोजित किए गए, जिनमें कुल 1.78 करोड़ लोग शामिल हुए।

इस मंत्रालय ने महिला और बाल विकास मंत्रालय के साथ मिलकर 17 सितंबर, 2025 से 2 अक्टूबर, 2025 तक देशव्यापी अभियान "स्वस्थ नारी, सशक्त परिवार अभियान" शुरू किया है, जिसमें महिलाओं, किशोरियों और बच्चों के स्वास्थ्य और पोषण पर ध्यान दिया गया है। इसका उद्देश्य एनसीडी का शीघ्र पता करना, अनिवार्य स्वास्थ्य सेवाओं तक पहुंच बढ़ाना और परिवारों को एक सुदृढ़ और स्वस्थ भारत के लिए स्वस्थ जीवन शैली अपनाने हेतु सशक्त बनाना है। देश भर के सभी एएएम, सीएचसी और जिला अस्पतालों (डीएच) में मेडिकल कॉलेजों, केंद्र सरकार के संस्थानों और प्राइवेट संगठनों की सक्रिय भागीदारी से स्क्रीनिंग और विशेषज्ञ कैंप लगाए गए। इस अभियान के दौरान, 19 लाख से ज्यादा स्वास्थ्य कैंप लगाए गए, जिसमें देश भर से लगभग 11 करोड़ नागरिकों ने भाग लिया।

विवरण

एएएम में राज्य/ संघ-राज्य क्षेत्र-वार आयोजित स्वास्थ्य मेलों की संख्या

क्र.सं.	राज्य/ संघ-राज्य क्षेत्र का नाम	आयोजित और रिपोर्ट किए गए स्वास्थ्य मेलों की संख्या (30.11.2025 तक)
1	अंडमान और निकोबार द्वीप समूह	201
2	आंध्र प्रदेश	272829
3	अरुणाचल प्रदेश	3799
4	असम	18954
5	बिहार	84094

6	चंडीगढ़	1529
7	छत्तीसगढ़	334355
8	दिल्ली	7
9	डीएनएच और डीडी	2024
10	गोवा	2406
11	गुजरात	190816
12	हरियाणा	83153
13	हिमाचल प्रदेश	17005
14	जम्मू और कश्मीर	47411
15	झारखंड	27326
16	कर्नाटक	359731
17	केरल	95037
18	लद्दाख	5632
19	लक्षद्वीप	14
20	मध्य प्रदेश	174221
21	महाराष्ट्र	173204
22	मणिपुर	2298
23	मेघालय	5030
24	मिजोरम	608
25	नगालैंड	2111
26	ओडिशा	87239
27	पुदुचेरी	2708
28	पंजाब	1659
29	राजस्थान	202924
30	सिक्किम	2183
31	तमिलनाडु	177523
32	तेलंगाना	100515
33	त्रिपुरा	13662
34	उत्तर प्रदेश	296915
35	उत्तराखंड	80007
36	पश्चिम बंगाल	38
कुल		2869168

माननीय अध्यक्ष : सभा की कार्यवाही आज 12 बजे तक के लिए स्थगित की जाती है ।

11.06 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs

The Lok Sabha re-assembled at Twelve of the Clock.

(Shri Jagdambika Pal in the Chair)

... (Interruptions)

HON. CHAIRPERSON: Please be seated. You are quite aware about the proceedings.

... (Interruptions)

माननीय सभापति : माननीय सदस्यगण, माननीय अध्यक्ष जी को कई माननीय सदस्यों के द्वारा कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। माननीय अध्यक्ष जी ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

श्री बी. मणिकम टैगोर (विरुधुनगर) : सर, एयर पॉल्यूशन के लिए नोटिस दिया था।... (व्यवधान)

डॉ. मोहम्मद जावेद (किशनगंज) : सर, कभी तो बोलने का मौका दीजिए।... (व्यवधान)

माननीय सभापति: क्या आप अपने लीडर को बोलने देना चाहते हैं?

... (व्यवधान)

HON. CHAIRPERSON: Are you interested? Do you want him to speak?

SHRI B. MANICKAM TAGORE : Yes, Sir.

12.01 hrs

PAPERS LAID ON THE TABLE

माननीय सभापति : अब पत्र सभा पटल पर रखे जाएंगे।

आइटम नंबर 2, श्री अर्जुन राम मेघवाल जी।

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): Sir, I beg to lay on the Table:-

(1) A copy of the Annual Report (Hindi and English versions) of the Indian

Law Institute, New Delhi, for the year 2024-2025, along with Audited Accounts.

- (2) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Law Institute, New Delhi, for the year 2024-2025.

[Placed in Library, See No. LT5496/18/25]

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : सभापति महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ :-

- (1) (एक) भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT5497/18/25]

- (2) (एक) राष्ट्रीय होम्योपैथी आयोग, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय होम्योपैथी आयोग, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT5498/18/25]

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल) : सभापति महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ :-

(1) कंपनी अधिनियम, 2013 की धारा 394 की उपधारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

- (क) (एक) प्रोजेक्ट्स एंड डेवलपमेंट इंडिया लिमिटेड, नोएडा के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण।
- (दो) प्रोजेक्ट्स एंड डेवलपमेंट इंडिया लिमिटेड, नोएडा का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे और उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियां।

[Placed in Library, See No. LT5499/18/25]

- (ख) (एक) एचआईएल (इंडिया) लिमिटेड, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण।
- (दो) एचआईएल (इंडिया) लिमिटेड, नई दिल्ली का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे और उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियां।

[Placed in Library, See No. LT5500/18/25]

- (ग) (एक) हिंदुस्तान ऑर्गेनिक केमिकल्स लिमिटेड, एर्नाकुलम के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण।
- (दो) हिंदुस्तान ऑर्गेनिक केमिकल्स लिमिटेड, एर्नाकुलम का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे और उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियां।

[Placed in Library, See No. LT5501/18/25]

- (2) (एक) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, अहमदाबाद के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित खाते।

- (दो) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, अहमदाबाद के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT5502/18/25]

- (3) (एक) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, हैदराबाद के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, हैदराबाद के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT5503/18/25]

- (4) (एक) नई दिल्ली क्षय रोग केन्द्र, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित खाते।
- (दो) नई दिल्ली क्षय रोग केन्द्र, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT5504/18/25]

- (5) (एक) राष्ट्रीय आयुर्विज्ञान अकादमी (भारत), नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय आयुर्विज्ञान अकादमी (भारत), नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT5505/18/25]

- (6) (एक) राष्ट्रीय क्षय एवं श्वसन रोग संस्थान, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय क्षय और श्वसन रोग संस्थान, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT5506/18/25]

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): Sir, on behalf of Shri Kirti Vardhan Singh, I beg to lay on the Table:-

- (1) A copy of the Passports (Amendment) Rules, 2025 (Hindi and English versions) published in Notification No. G.S.R. 156(E) in Gazette of India dated 28th February, 2025 under sub-section (3) of Section 24 of the Passports Act, 1967.
- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT5507/18/25]

**THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND
WATERWAYS (SHRI SHANTANU THAKUR):** Sir, I beg to lay on the table:-

- (1) (i) A copy of the Annual Administration Report (Hindi and English versions) of the V.O. Chidambaranar Port Trust, Tuticorin, for

the year 2024-2025, along with Audited Accounts.

- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the V.O. Chidambaranar Port Trust, Tuticorin, for the year 2024-2025.

[Placed in Library, See No. LT5508/18/25]

- (2) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Mumbai Port Authority Pension Fund Trust, Mumbai, for the year 2024-2025, along with Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Mumbai Port Authority Pension Fund Trust, Mumbai, for the year 2024-2025.

[Placed in Library, See No. LT5509/18/25]

- (3) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Cochin Port Authority, Cochin, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Cochin Port Authority, Cochin, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Cochin Port Authority, Cochin, for the year 2024-2025.
- (iv) A copy of the Review (Hindi and English versions) by the Government of the working of the Cochin Port Authority,

Cochin, for the year 2024-2025.

[Placed in Library, See No. LT5510/18/25]

- (4) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Jawaharlal Nehru Port Authority, Mumbai, for the year 2024-2025, along with Audited Accounts.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Jawaharlal Nehru Port Authority, Mumbai, for the year 2024-2025.

[Placed in Library, See No. LT5511/18/25]

- (5) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Paradip Port Authority, Paradip, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Paradip Port Authority, Paradip, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Paradip Port Authority, Paradip, for the year 2024-2025.
- (iv) A copy of the Review (Hindi and English versions) by the Government of the working of the Paradip Port Authority, Paradip, for the year 2024-2025.

[Placed in Library, See No. LT5512/18/25]

- (6) (i) A copy of the Annual Administration Report (Hindi and English

versions) of the New Mangalore Port Authority, New Mangalore, for the year 2024-2025, along with Audited Accounts.

- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the New Mangalore Port Authority, New Mangalore, for the year 2024-2025.

[Placed in Library, See No. LT5513/18/25]

- (7) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Deendayal Port Authority, Kandla, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Deendayal Port Authority, Kandla, for the year 2024-2025, together with Audit Report thereon.
- (iii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the Deendayal Port Authority, Kandla, for the year 2024-2025.
- (iv) A copy of the Review (Hindi and English versions) by the Government of the working of the Deendayal Port Authority, Kandla, for the year 2024-2025.

[Placed in Library, See No. LT5514/18/25]

- (8) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Maritime University, Chennai, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of

the Indian Maritime University, Chennai, 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 Maritime University, Chennai, for the year 2024-2025.

[Placed in Library, See No. LT5515/18/25]

- (9) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013: -

- (a)
 - (i) Statement regarding Review by the Government of the working of the Kamarajar Port Limited, Chennai, for the year 2024-2025.
 - (ii) Annual Report of the Kamarajar Port Limited, Chennai, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5516/18/25]

- (b)
 - (i) Statement regarding Review by the Government of the working of the Sagarmala Finance Corporation Limited, New Delhi, for the year 2024-2025.
 - (ii) Annual Report of the Sagarmala Finance Corporation Limited, New Delhi, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5517/18/25]

- (c) (i) Review by the Government of the working of the Shipping Corporation of India Limited, Mumbai, for the year 2024-2025.
- (ii) Annual Report of the Shipping Corporation of India Limited, Mumbai, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5518/18/25]

- (d) (i) Review by the Government of the working of the Shipping Corporation of India Land and Assets Limited, Mumbai, for the year 2024-2025.
- (ii) Annual Report of the Shipping Corporation of India Land and Assets Limited, Mumbai, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5519/18/25]

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY

SETH): Sir, I beg to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Manohar Parrikar Institute for Defence Studies and Analysis, New Delhi, 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 Manohar Parrikar Institute for Defence Studies and Analysis, New Delhi, for the year 2024-

2025.

[Placed in Library, See No. LT5520/18/25]

(2) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013: -

- (a) (i) Review by the Government of the working of the Mishra Dhatu Nigam Limited, Hyderabad, for the year 2024-2025.
- (ii) Annual Report of the Mishra Dhatu Nigam Limited, Hyderabad, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5521/18/25]

- (b) (i) Statement regarding Review by the Government of the working of the BEML Land Assets Limited, Bengaluru, for the year 2024-2025.
- (ii) Annual Report of the BEML Land Assets Limited, Bengaluru, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5522/18/25]

- (c) (i) Review by the Government of the working of the BEML Limited, Bangalore, for the year 2024-2025.
- (ii) Annual Report of the BEML Limited, Bangalore, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5523/18/25]

- (d) (i) Review by the Government of the working of the Hindustan Aeronautics Limited, Bengaluru, for the year 2024-2025.
- (ii) Annual Report of the Hindustan Aeronautics Limited, Bengaluru, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5524/18/25]

- (e) (i) Review by the Government of the working of the India Optel Limited, Dehradun, for the year 2024-2025.
- (ii) Annual Report of the India Optel Limited, Dehradun, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5525/18/25]

- (3) A copy of the Memorandum of Understanding (Hindi and English versions) between the Hindustan Aeronautics Limited and the Department of Defence Production, Ministry of Defence, for the year 2025-2026.

[Placed in Library, See No. LT5526/18/25]

**THE MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES; AND
MINISTER OF STATE IN THE MINISTRY OF STEEL (SHRI BHUPATHI RAJU
SRINIVASA VARMA):** Sir, I beg to lay on the Table a copy each of the following papers (Hindi and English versions):-

- (1) Memorandum of Understanding between the MSTC Limited and the Ministry of Steel for the year 2025-2026.
- (2) Memorandum of Understanding between the MECON Limited and the Ministry of Steel for the year 2025-2026.
- (3) Memorandum of Understanding between the MOIL Limited and the Ministry of Steel for the year 2025-2026.
- (4) Memorandum of Understanding between the Steel Authority of India Limited and Ministry of Steel for the year 2025-2026.
- (5) Memorandum of Understanding between the NMDC Limited and the Ministry of Steel for the year 2025-2026.

[Placed in Library, See No. LT5527/18/25]

- (6) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013: -
 - (a) (i) Review by the Government of the working of the KIOCL Limited, Bengaluru, for the year 2024-2025.
 - (ii) Annual Report of the KIOCL Limited, Bengaluru, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5528/18/25]

- (b) (i) Statement regarding Review by the Government of the working of the MOIL Limited, Nagpur, for the year 2024-2025.
- (ii) Annual Report of the MOIL Limited, Nagpur, for the year 2024-2025, along with Audited Accounts and comments of the

Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5529/18/25]

- (c) (i) Review by the Government of the working of the MSTC Limited, Kolkata, for the year 2024-2025.
- (ii) Annual Report of the MSTC Limited, Kolkata, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5530/18/25]

- (d) (i) Review by the Government of the working of the MECON Limited, Ranchi, for the year 2024-2025.
- (ii) Annual Report of the MECON Limited, Ranchi, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5531/18/25]

- (e) (i) Review by the Government of the working of the NMDC Steel Limited, Bastar, for the year 2024-2025.
- (ii) Annual Report of the NMDC Steel Limited, Bastar, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5532/18/25]

- (f) (i) Review by the Government of the working of the NMDC Limited, Hyderabad, for the year 2024-2025.
- (ii) Annual Report of the NMDC Limited, Hyderabad, for the year

2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5533/18/25]

- (g) (i) Review by the Government of the working of the Bisra Stone Lime Company Limited, Bhubaneswar, for the year 2024-2025.
- (ii) Annual Report of the Bisra Stone Lime Company Limited, Bhubaneswar, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5534/18/25]

- (h) (i) Review by the Government of the working of the Eastern Investment Limited, Bhubaneswar, for the year 2024-2025.
- (ii) Annual Report of the Eastern Investment Limited, Bhubaneswar, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5535/18/25]

- (i) (i) Review by the Government of the working of the Steel Authority of India Limited, New Delhi, for the year 2024-2025.
- (ii) Annual Report of the Steel Authority of India Limited, New Delhi, for the year 2024-2025, along with Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT5536/18/25]

**THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND
MINISTER OF STATE IN THE MINISTRY OF TEXTILES (SHRI PABITRA
MARGHERITA):** Sir, I beg to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Council for Cultural Relations, New Delhi, for the year 2024-2025.
- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Indian Council for Cultural Relations, New Delhi, 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 Council for Cultural Relations, New Delhi, for the year 2024-2025.

[Placed in Library, See No. LT5537/18/25]

- (2) (i) A copy of the Annual Accounts (Hindi and English versions) of the South Asian University, New Delhi, for the year ended 31st December, 2024, together with Audit Report thereon.
- (ii) A copy of the Review (Hindi and English versions) by the Government on the Audited Accounts of the South Asian University, New Delhi, for the year ended 31st December, 2024.

[Placed in Library, See No. LT5538/18/25]

12.03 hrs

STANDING COMMITTEE ON COMMUNICATIONS AND
INFORMATION TECHNOLOGY

Statements

डॉ. निशिकान्त दुबे (गोड्डा) : सभापति महोदय, मैं संचार सूचना और प्रौद्योगिकी संबंधी स्थायी समिति (2025-26) के निम्नलिखित विवरण (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ:-

- (1) डाक विभाग, संचार मंत्रालय से संबंधित 'अनुदानों की मांगें (2024-25)' के बारे में समिति के दूसरे प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी बारहवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई- कार्रवाई को दर्शाने वाला विवरण।
- (2) सूचना और प्रसारण मंत्रालय से संबंधित 'अनुदानों की मांगें (2024-25)' के बारे में समिति के तीसरे प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी तेरहवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई-कार्रवाई को दर्शाने वाला विवरण।
- (3) इलेक्ट्रॉनिकी और सूचना प्रौद्योगिकी मंत्रालय से संबंधित 'अनुदानों की मांगें (2024-25)' के बारे में समिति के चौथे प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी चौदहवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई- कार्रवाई को दर्शाने वाला विवरण।
- (4) दूरसंचार विभाग, संचार मंत्रालय से संबंधित 'अनुदानों की मांगें (2024-25)' के बारे में

में समिति के पांचवें प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी पंद्रहवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई-कार्रवाई को दर्शाने वाला विवरण ।

- (5) दूरसंचार विभाग, संचार मंत्रालय से संबंधित 'अनुदानों की मांगें (2025-26)' के बारे में समिति के आठवें प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी सोलहवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई-कार्रवाई को दर्शाने वाला विवरण ।
- (6) इलेक्ट्रॉनिकी और सूचना प्रौद्योगिकी मंत्रालय से संबंधित 'अनुदानों की मांगें (2025-26)' के बारे में समिति के नौवें प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी सत्रहवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई-कार्रवाई को दर्शाने वाला विवरण ।
- (7) डाक विभाग, संचार मंत्रालय से संबंधित 'अनुदानों की मांगें (2025-26)' के बारे में समिति के दसवें प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी अठारहवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई-कार्रवाई को दर्शाने वाला विवरण ।
- (8) सूचना और प्रसारण मंत्रालय से संबंधित 'अनुदानों की मांगें (2025-26)' के बारे में समिति के ग्यारहवें प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी उन्नीसवें प्रतिवेदन के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा की-गई-

कार्रवाई को दर्शाने वाला विवरण ।

12.04 hrs

STANDING COMMITTEE ON HOUSING AND URBAN AFFAIRS

7th Report

SHRI MAGUNTA SREENIVASULU REDDY (ONGOLE): Sir, I rise to present the Seventh Report (Hindi and English versions) of the Standing Committee on Housing and Urban Affairs (2025-26) on the subject, 'Review of Atal Mission for Rejuvenation and Urban Transformation (AMRUT) with special emphasis on Urban Drinking Water' relating to the Ministry of Housing and Urban Affairs.

12.05 hrs

STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT

Statements

SHRI BHASKAR MURLIDHAR BHAGARE (DINDORI): Hon. Chairperson Sir, I rise to lay the following Final Action Taken Statements (Hindi and English versions) of the Standing Committee on Social Justice and Empowerment (2025-26) :-

- (1) Statement showing the Final Action Taken by the Government on the Observations/Recommendations contained in the Fifty-third Report on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their Forty-fourth Report (Seventeenth Lok Sabha) on 'Demands for Grants (2023-24)'

relating to the Ministry of Tribal Affairs.

- (2) Statement showing the Final Action Taken by the Government on the Observations/Recommendations contained in the Fifty-fourth Report on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their Forty-seventh Report (Seventeenth Lok Sabha) on 'Demands for Grants (2023-24)' relating to the Ministry of Minority Affairs.

12.05½ hrs

**STANDING COMMITTEE ON SCIENCE AND TECHNOLOGY,
ENVIRONMENT, FORESTS AND CLIMATE CHANGE**

401st to 404th Reports

SHRIMATI HIMADRI SINGH (SHAHDOL): Sir, I rise to lay the following Reports (Hindi and English versions) of the Standing Committee on Science and Technology, Environment, Forests and Climate Change:-

- (1) 401st Report on Air Pollution in Delhi NCR and steps taken by various agencies for its mitigation.
- (2) 402nd Report on Water Pollution in Delhi NCR and steps taken by various agencies for its mitigation.
- (3) 403rd Report on Review of the functioning of CSIR-Central Scientific Instruments Organization (CSIR-CSIO) and CSIR-Institute of Genomics & Integrative Biology (CSIR -IGIB).
- (4) 404th Report on Review of the functioning of Tata Memorial Centre

(TMC), Bhabha Atomic Research Centre (BARC) and Nuclear Power Corporation of India Limited (NPCIL).

12.06 hrs

STATEMENTS BY MINISTERS

(i) Status of implementation of the recommendations contained in the 156th and 162nd Reports of the Standing Committee on Health and Family Welfare on 'Review of National Ayush Mission' pertaining to the Ministry of Ayush*

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : सभापति महोदय, मैं आयुष मंत्रालय से संबंधित 'राष्ट्रीय आयुष मिशन की समीक्षा के बारे में स्वास्थ्य और परिवार कल्याण संबंधी स्थायी समिति के 156वें और 162वें प्रतिवेदनों में अंतर्विष्ट सिफारिशों के कार्यान्वयन की स्थिति के बारे में एक वक्तव्य सभा पटल पर रखता हूँ ।

12.06½ hrs

(ii) Status of implementation of the recommendations contained in the 8th Report of the Standing Committee on Coal, Mines and Steel (2024-25) on 'Steel Scrap Recycling Policy' pertaining to the Ministry of Steel*

THE MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES; AND MINISTER OF STATE IN THE MINISTRY OF STEEL (SHRI BHUPATHI RAJU SRINIVASA VARMA): Respected Chairman Sir, with your permission, I rise to lay a statement (Hindi and English versions) regarding the status of

* Laid on the Table and also placed in Library, See No. LT5494 /18/25 and 5495 /18/25 respectively.

implementation of the recommendations contained in the 8th Report of the Standing Committee on Coal, Mines and Steel (2024-25) on 'Steel Scrap Recycling Policy' pertaining to the Ministry of Steel.

12.07 hrs

(iii) 'Withdrawal from Contingency Fund of India during Financial Year 2025-26 to meet essential payment obligations relating to imported urea'*

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA): Sir, I rise to lay a statement regarding 'Withdrawal from Contingency Fund of India during Financial Year 2025-26 to meet essential payment obligations relating to imported urea'.

12.07½ hrs

MOTION RE: REPORT OF SELECT COMMITTEE ON THE JAN VISHWAS (AMENDMENT OF PROVISIONS) BILL, 2025 – EXTENSION OF TIME

SHRI TEJASVI SURYA (BANGALORE SOUTH): Sir, I beg to move the following motion:-

“That this House do extend time for the presentation of the Report of the Select Committee on the Jan Vishwas (Amendment of Provisions) Bill, 2025’ upto the last day of the

* Laid on the Table and also placed in Library, See No. LT 5495A /18/25.

First Part of the Budget Session, 2026”.

माननीय सभापति : प्रश्न यह है :

“कि यह सभा जन विश्वास (उपबंधों का संशोधन) विधेयक, 2025 संबंधी प्रवर समिति के प्रतिवेदन को प्रस्तुत किये जाने के लिए समय को बजट सत्र 2026 के पहले भाग के अंतिम दिन तक बढ़ाती है।”

प्रस्ताव स्वीकृत हुआ।

माननीय सभापति : अब शून्य काल।

... (व्यवधान)

SHRI K. C. VENUGOPAL (ALAPPUZHA): Sir, we would like to raise a very serious issue. ... (*Interruptions*)

HON. CHAIRPERSON: What is your issue?

SHRI K. C. VENUGOPAL : Sir, the LoP has to intervene.

HON. CHAIRPERSON: Shri Rahul Gandhi ji.

12.08 hrs

SUBMISSION BY MEMBER

Re: Air Pollution in Major Cities of the Country

SHRI RAHUL GANDHI (RAE BARELI): Hon. Chairperson Sir, thank you for letting me raise this issue of pollution in our major cities. Most of our major cities are living under a blanket of poisonous air. Millions of children are developing lung disease, and their future is being destroyed. People are developing cancer, and older individuals are struggling to breathe.

This is an interesting issue because I am certain that there will be full

agreement between the Government and us on this matter. This is not an ideological issue. Everybody in this House would agree that air pollution and the damage it is doing to our people is something we would like to cooperate on.

I think, it is important that the Government develops a plan for how to get rid of air pollution in our cities. We are more than happy to cooperate with the Government on developing such a plan. There are not many issues these days that the Government and the entire Opposition can agree on.

I think it is a very good idea.(*Interruptions*)

HON. CHAIRPERSON : You have rightly said it. But during 'Zero Hour', there is time constraint. If you want to bring in some resolution under any appropriate Rule, the hon. Speaker will allow a debate on this subject.

....(*Interruptions*)

HON. CHAIRPERSON: Kindly make it brief.

SHRI RAHUL GANDHI: Let me put it in brief.

I think this is one issue where we, the Government and the Opposition, instead of fighting all the time can show the country that we can also plan and work together to solve something that is critical. The Government should have a discussion on this subject in Parliament. We should all have a discussion in Parliament. We should try not to make it a discussion where we are abusing you, and you are abusing us. I think we should make it a discussion where we are participating, we are showing to the country that on this fundamental issue there is agreement, and the best minds are going to be put into place to solve this issue.

It would be good if we have a detailed discussion, and then the Prime Minister puts in place a plan for each city, a methodical, systematic plan on how within the next five or 10 years, maybe we cannot resolve the problem, we are going to impact the problem and make life for our people easier. Thank you.

THE MINISTER OF PARLIAMENTARY AFFAIRS; AND MINISTER OF MINORITY AFFAIRS (SHRI KIREN RIJJU): The hon. Leader of the Opposition, Rahul Gandhi ji has made a statement in the form of a suggestion. The Members of the Congress and other parties, including Members from the Government side have also raised this issue in the Business Advisory Committee. The Government from day one had made its position very clear that the Government is ready to discuss all important matters and find out a solution, taking along the suggestions from all the Members, including the principal Opposition party led by Rahul Gandhi ji. So, the matter was placed in the Business Advisory Committee.

As we have discussed about the election reforms, including Special Intensive Revision under various laws, various rules, we will see how we can take up this discussion.(*Interruptions*)

SHRI K. C. VENUGOPAL: This matter can be discussed under Rule 193.(*Interruptions*)

HON. CHAIRPERSON: Hon. Member, the hon. Minister is responding. The matter has been raised in 'Zero Hour'. The Government is ready to discuss it.

....(*Interruptions*)

SHRI KIREN RIJJU: The Government is always prepared to have a discussion

under any Rule. But only the point that I want to make clear is that since the matter was brought in the Business Advisory Council, let us see how we can structure the discussion. Then, we will be ready to take up this matter. Thank you.

SHRI RAHUL GANDHI: I think a good idea would be that we frame the discussion not on us saying what you have not done, and not on you saying what we have not done, but simply saying that what we are going to do for the people in India in future, what the steps are that we need to take. I would say that it would be an interesting experiment to see, if instead of you blaming us and we blaming you, we can try and say on this one issue, where there is no disagreement, let us just talk about the future of the people.(Interruptions)

HON. CHAIRPERSON: It is not a question of any blame game. I think the Minister of Parliamentary Affairs has also responded. If you have come up with this matter in BAC, the BAC will take a decision under the leadership of the hon. Speaker.

....(Interruptions)

12.13 hrs

MATTERS OF PUBLIC IMPORTANCE

माननीय सभापति : श्री असादुद्दीन ओवैसी जी ।

... (व्यवधान)

श्री असादुद्दीन ओवैसी (हैदराबाद) : बहुत-बहुत शुक्रिया सर । मैं आपके जरिए... (व्यवधान)

माननीय सभापति : संसदीय कार्य मंत्री जी ने कहा बहुत गंभीरता से अच्छा विषय उठाया है, उन्होंने उस पर रिस्पांस किया है । ऐसा नहीं है कि कोई दूसरी बात कही हो । आपने भी ठीक कहा, उन्होंने

भी ठीक कहा है।

... (व्यवधान)

माननीय सभापति : नहीं, उन्होंने बिल्कुल ठीक कहा है।

श्री असादुद्दीन ओवैसी: इस हुकूमत से इस बात का मुतालवा करता हूँ कि कौमी, अरबी और उर्दू की जामिया मुल्क की मुख्तलिफ रियासतों में कायम किए जाएं। महोतरम चेयरमैन साहब, अरबी और उर्दू महज एक जुबान नहीं हैं, बल्कि ये हमारे इस मुल्क की एक अजीम तहजीब-ए-विरसा भी हैं। अकवाम-ए-मुत्तहिदा कि छह ऑफिशियल लैंग्वेजज़ में अरबी को माना गया और यह हमारी सॉफ्ट पावर के लिए और अरब दुनिया से ताल्लुकात को फरोग देने के लिए हमारी तहज़ीबी डिप्लोमेसी में एक बहुत बड़ा रोल अदा करता है। चेयरमैन साहब, दूसरी तरफ उर्दू को हमारी आठवीं शेड्यूल में 22 ऑफिशियल लैंग्वेजज़ में जगह दी गयी है। यह जुबान इस मुल्क में पैदा हुई है। इस जुबान ने अंग्रेजों की आजादी के खिलाफ इंकलाब जिंदाबाद का नारा दिया। मुंशी प्रेमचंद की किताब सोजे वतन पर अंग्रेजों ने पाबंदी लगायी थी महज इसलिए कि उसमें मुल्क की हुब्ब-उल-वतनी का जिक्र किया गया था।

सर, आप जानते हैं कि इस मुल्क में उर्दू बोलने वालों की तादाद कम हो रही है। इसलिए मैं हुकूमत से इस बात का मुतालबा करता हूँ कि अरबी और उर्दू तालीम के फरोग के लिए मुल्क की मुख्तलिफ रियासतों में अच्छे इंफ्रास्ट्रक्चर के साथ एक जामिया को कायम किया जाए। हुकूमत को यह समझना चाहिए और जानना भी चाहिए कि मेरे शहर हैदराबाद में 1918 में दैरातुल मारिफ ने भगवद् गीता को अरबी में तर्जुमा किया था। अलबरूनी ने 11वीं सदी में उस वक्त महाभारत के चंद हिस्सों को अरबी में तर्जुमा किया था। यह बहुत जरूरी है, ताकि तालिमी लिसानी को फरोग दे सके।

सर, मैं अपनी बात को खत्म करता हूँ। आप उर्दू शायरी को जानते हैं, जोश ने उर्दू के बारे में एक शेर कहा था—

नदी का मोड़ चश्मा-ए-शिरीन का ज़ेरो बम,

चादर ए शबे नजूम की शबनम का रखते नम
 मोती की आब गुल की महक मह ए नौ का खम
 इन सब के इम्तिज़ाज़ से पैदा हुई है तू
 कितने हसीन उफक से हवेदा हुई है तू
 लहजा मिला है कि नमक ख्वार हूं तेरा
 सुहबते-जुबान में है कि बीमार हूं तेरा ।

मैं उम्मीद करता हूं कि हुकूमत इस बात पर गौर करेगी और हैदराबाद में जो मौलाना आज़ाद
 उर्दू यूनिवर्सिटी है, उसकी भी तरक्की करेगी और उसका मुयस्सर करेगी । बहुत शुक्रिया ।

[جناب اسدالدین اویسی (حیدرآباد) بہت بہت شکریہ سر، میں آپ کے ذریعہ
 (مداخلت) - میں اس حکومت سے اس بات کا مطالبہ کرتا ہوں کہ قومی، عربی،
 اور اردو کی جامعہ ملک کی مختلف ریاستوں میں قائم کیا جائے۔ محترم چیرمین
 صاحب، عربی اور اردو محض ایک زبان نہیں ہے، بلکہ یہ ہمارے ملک کی
 ایک عظیم تہذیب کا ورثہ ہے۔ اقوام متحدہ کی 6 آفیشیل لینگویجز میں عربی
 کو مانا گیا ہے اور یہ ہماری سافٹ پاور کے لئے اور عرب دنیا سے تعلقات کو
 فروغ دینے کے لئے ہماری تہذیبی ڈپلومیسی میں ایک بہت بڑا رول ادا کرتا
 ہے۔ چیرمین صاحب، دوسری طرف اردو کو ہماری آٹھویں شیڈیول میں 22
 آفیشیل لینگویجز میں جگہ دی گئی ہے۔ یہ زبان اس ملک میں پیدا ہوئی ہے۔ اس
 زبان نے انگریزوں کی آزادی کے خلاف انقلاب زندہ باد کا نعرہ دیا۔ منشی پریم
 چند کی کتاب سوز وطن پر انگریزوں نے پابندی لگائی تھی محض اس لئے کہ
 اس میں ملک کی حب الوطنی کا ذکر کیا گیا تھا۔

سر، آپ جانتے ہیں کہ اس ملک میں اردو بولنے والوں کی تعداد کم ہو
 رہی ہے۔ اس لئے میں حکومت سے اس بات کا مطالبہ کرتا ہوں کہ عربی اور

اردو تعلیم کے فروغ کے لئے ملک کی مختلف ریاستوں میں اچھے انفراسٹرکچر کے ساتھ ایک جامعہ کو قائم کیا جائے۔ حکومت کو یہ سمجھنا چاہئے اور جاننا بھی چاہئے کہ میرے شہر حیدرآباد میں 1918 میں دارالعلوم معارف نے بھگود گیتا کو عربی میں ترجمہ کیا تھا۔ البرونی نے 11ویں صدی میں اس وقت مہابھارت کے چند حصوں کو عربی میں ترجمہ کیا تھا۔ یہ بہت ضروری ہے، تاکہ تعلیمی لسانی کو فروغ دے سکیں۔

سر، میں اپنی بات کو ختم کرتا ہوں۔ آپ اردو شاعری کو جانتے ہیں،

جوش نے اردو کے بارے میں ایک شعر کہا تھا

ندی کا موڑ، چشمہ شیریں کا زیر و بم

چادر شبِ نجوم کی، شبنم کا رختِ نم

موتی کی آب، گل کی مہک، ماہِ نو کا خم

ان سب کے امتزاج سے پیدا ہوئی ہے تو

کتنے حسین افق سے ہویدا ہوئی ہے تو

لہجہ ملیح ہے کہ نمک خوار ہوں ترا

صحت زبان میں ہے کہ بیمار ہوں ترا

میں امید کرتا ہوں کہ حکومت اس بات پر غور کرے گی اور حیدرآباد میں جو

مولانا آزاد اردو یونیورسٹی ہے، اس کی بھی ترقی کرے گی۔ بہت بہت شکریہ [

SHRI PRABHAKAR REDDY VEMIREDDY (NELLORE): Thank you, hon.

Chairperson Sir, for giving me an opportunity to raise a matter of deep concern to lakhs of fishing families in Andhra Pradesh.

Sir, Andhra Pradesh, with a coastline of 974 kilometres, has the second longest coastline. Our main economy is with these fishermen families. As the

whole country knows - this blue economy you can say - most of the aqua and marine products are from Andhra Pradesh. Most of them are exported out of the country. There is an issue regarding this in Andhra Pradesh.

Actually, fishermen in Juvvaladinne and Isukapalli in Nellore district have faced repeated intrusions by mechanised steel boats from Puducherry and Tamil Nadu, which enter Andhra Pradesh waters, destroy nets worth lakhs, seize their catch, and cause frequent conflicts resulting in severe financial loss and insecurity for the traditional fishermen of Andhra Pradesh.

Sir, because of these pressures, many of our traditional fishermen now aspire to shift towards deep sea fishing, where they can operate safely and productively. But the current subsidy framework under the Pradhan Mantri Matsya Sampada Yojana makes this transition extremely difficult. The unit cost of a deep sea vessel is Rs.120 lakh, with a subsidy of Rs.72 lakh for SC and ST fishermen, and only Rs.48 lakh for OBC fishermen. For most traditional families, this cost is simply beyond reach. As a result, even after the inauguration of the Juvvaladinne Fishing Harbour, which the Andhra Pradesh Government has constructed, there are not enough deep sea boats to utilise the harbour fully. Fishermen are, instead, seeking support for medium-sized boats costing around Rs.60 lakh, which are easier to operate and maintain. Due to the financial impact of these vessels, they are not able to buy these boats which Tamil Nadu and Puducherry people are affording, and it costs about Rs.120 lakh, which create a lot of damage to our fishermen community.

HON. CHAIRPERSON: Kindly put your demand. What is your demand?

SHRI PRABHAKAR REDDY VEMIREDDY: Sir, I am concluding. Sir, I would request the Government to establish a joint inter-State coordination mechanism to continuously monitor boundary zones, prevent illegal entry of mechanised boats, and ensure real time protection of traditional fishermen.

Now, I will move to financial assistance and target support. Special financial packages must be provided to Andhra Pradesh's fishing community, particularly to support the transition towards deep sea fishing as the current fleet strength is insufficient to compete with neighbouring States. They do not have steel boats which the neighbouring States are using.

Andhra Pradesh's fishermen are hard working and vital to India's marine economy. They deserve safety, fair access to waters, better infrastructure, and a realistic pathway to deep sea fishing. I therefore urge the hon. Minister of Fisheries to take urgent steps to address cross-border fishing intrusions and revise vessel subsidy norms for Andhra Pradesh's fishermen.

माननीय सभापति : माननीय इकरा चौधरी जी - उपस्थित नहीं ।

श्रीमती भारती पारधी ।

श्रीमती भारती पारधी (बालाघाट) : धन्यवाद सभापति महोदय । मैं आज इस सदन में अपने संसदीय क्षेत्र बालाघाट-सिवनी की अद्वितीय प्राकृतिक धरोहर और विशेष रूप से सिवनी, जो विश्व प्रसिद्ध बाल नायक मोगली की कर्मभूमि रही है, को पर्यटन के एक प्रमुख केंद्र के रूप में विकसित करने के मुद्दे पर आपका ध्यान आकृष्ट करना चाहती हूँ ।

सभापति महोदय, सिवनी का पेंच नेशनल पार्क पेंच नदी के तटवर्ती वन क्षेत्र और 'द जंगल बुक' की प्रेरणा स्थली होने के कारण राष्ट्रीय ही नहीं, अंतरराष्ट्रीय पहचान रखता है । दूसरी ओर, बालाघाट में स्थित कान्हा राष्ट्रीय उद्यान जिसे बाघों का हार्ड ग्राउंड और बारासिंघा की नर्सरी के

रूप में भी जाना जाता है, जो मध्य भारत की पारिस्थितिकी व्यवस्था को मजबूत आधार प्रदान करता है। साथ ही, सिवनी के मुंडारा गाँव में देश की पवित्र नदी वेंगंगा का उद्गम, यह नदी जीवंत कान्हा-पेंच कॉरिडोर का लगभग अधिकतम क्षेत्र निर्मित करती है, जो वन्यजीव संरक्षण और उससे जुड़े पर्यटन के लिए अत्यंत महत्वपूर्ण है।

महोदय जी, मेरा आग्रह है कि सिवनी, पेंच और कान्हा को विशेष 'टूरिज़्म ज़ोन' घोषित किया जाए। इससे पर्यटन को गति मिलेगी, तथा कान्हा के बिरवा एयर स्ट्रिप और पेंच के सुकतरा एयर स्ट्रिप के संचालन से क्षेत्र में रोजगार व विकास के नए आयाम खुलेंगे और पर्यटक आसानी से इन क्षेत्रों का अनुभव कर सकेंगे। इसलिए मेरी यह मांग मैं आपके समक्ष रखना चाहती हूँ। धन्यवाद

माननीय सभापति : श्री गुरजीत सिंह औजला जी।

***SHRI GURJEET SINGH AUJLA (AMRITSAR):** Thanks, Hon'ble Chairperson sir, I would like to draw your attention towards Amritsar Railway Station. First of all, I convey my thanks to Hon'ble Railway Minister Ashwini Vaishnav ji and Bittu sahib that my 8 years old demand for providing land for Patti-Makhu rail line has been fulfilled. Actually, this land was to be provided by the state government but I had been insisting that owing to paucity of funds with the state government, the Central government should provide funds for this purpose which has now been fulfilled.

Now, my demand is that Amritsar is a tourist attraction visited by devotees and traders and keeping in view the religious importance of the place, a new railway station needs to be provided. Piyush Goyal ji had informed this House that the proposal for the new Railway station has been cleared but the flaws

* English translation of the speech originally delivered in Punjabi.

pointed by me in its design have still not been addressed. I, therefore, appeal to Sh Ashwini Vaishnav ji that the new station should be provided at the earliest. I am of the opinion that in order to promote this station, a tourist circuit should be prepared. A new rail line between Sultanpur Lodhi and Sri Goindwal sahib should be laid and a DEMU train should be introduced connecting Sultanpur Lodhi, Goindwal sahib, Tarantaran sahib, Amritsar sahib and Dera Baba Nanak which will benefit all the local students and labour class of the area. Also, in order to augment this circuit, the Beas-Kadian rail line should also be linked and in this way, Amritsar-Beas-Kadian-Amritsar may also become a circuit. At the time of war and also during Corona period, our tourism industry is adversely affected. I am of opinion that after the completion of this project, we would be able to establish a medical city in the coming times.

माननीय सभापति : जीरो आवर में एक ही विषय उठाया जाता है और आप कई विषयों का समावेश कर रहे हैं ।

श्री गुरजीत सिंह औजला : सर, इसके लिए रेलवे स्टेशन तो नया होना ही चाहिए । साथ में यह सर्किट भी कंप्लीट होना चाहिए । आपका बहुत-बहुत धन्यवाद ।

DR. RABINDRA NARAYAN BEHERA (JAJPUR): Thank you, Chairperson Sir, for giving me this opportunity to put my views in 'Zero Hour'.

I am talking about my constituency Jajpur. Jajpur was the ancient capital of Utkal in the past. It is famous for Buddhism and ancient monuments. It is also famous for textiles and handloom products.

Sir, I am talking about Tussar production. In the area of Sukinda, lot of Tussar production is there. There is a village, namely, Gopalpur. It is my village.

In ancient times, Chaitanya Prabhu visited Odisha and their community got settled on the banks of River Brahmani. Gopalpur is famous for Tussar sarees. They are preparing beautiful sarees, *utris* and other related products of Tussar.

My question to the hon. Minister of Textiles and Handlooms is whether the Government has any proposal for branding and capacity-building of weavers engaged in the profession of Tussar weaving in Jaipur District? My second question is regarding the steps taken or being taken in this regard. Is there any proposal by the Government to establish a Textile and Handloom Park in Gopalpur and Rasulpur blocks of Jaipur District. That is my question to the hon. Minister. Thank you, Sir, for giving me this opportunity.

सुश्री सयानी घोष (जादवपुर) : सभापति महोदय, मुझे सदन में यह बताते हुए गर्व महसूस हो रहा है कि West Bengal has witnessed remarkable growth in tourism sector and according to the India Tourism Data Compendium, 2025, West Bengal received 31 lakh international tourists in 2024. A 14.8 per cent rise from previous year makes it the second highest recipient of foreign tourists in the country after Maharashtra. ममता बनर्जी जी के नेतृत्व में आज बंगाल टूरिज्म सेक्टर में लीड कर रहा है। केन्द्र के डेटा के अनुसार Kolkata is one of the safest city. It is women-friendly, vegan-friendly and pocket-friendly. आज कल्चर से लेकर क्विजीन तक, हेरिटेज से लेकर फेस्टिवल तक बंगाल विदेशी पर्यटकों के लिए फेवरेट टूरिस्ट डेस्टिनेशन बन चुका है। पर इसके बावजूद आज भी कोलकाता के नेताजी सुभाष चन्द्र बोस इंटरनेशनल एयरपोर्ट से यूएस और यूरोप के लिए डायरेक्ट फ्लाइट नहीं है। आज लोगों को अमेरिका और लंदन वाया दिल्ली, वाया मुंबई, वाया बंगलुरु वाया दोहा-दुबई आना-जाना पड़ता है।

सर, दस-दस घंटे का ले-ओवर रहता है। The entire travel itinerary becomes

expensive, tedious and very difficult for the passengers. सर, कोलकाता एयरपोर्ट पर टेक्निकल ऑपरेशन्स के लिए बेलुगा एक्सएल जैसी एयरबस लैंड कर गई जो देश के किसी अन्य एयरपोर्ट पर लैंड नहीं कर पाई, तो infrastructure-wise, Kolkata airport is absolutely ready to accommodate and operate international flights.

सभापति महोदय जी, मैंने पहले भी इस मुद्दे को सदन में उठाया था, लेकिन सरकार का बंगाल के प्रति इतना सद्भाव और प्रेम है कि बंगाल से रिलेटेड कोई भी जरूरी मुद्दा संज्ञान में नहीं लेती है।...(व्यवधान)

HON. CHAIRPERSON : Your demands are now well taken.

SUSHRI SAYANI GHOSH : That is why, this is the second time मैं आपके माध्यम से यही विनती करती हूँ कि कोलकाता से अमेरिका, लंदन, यू.के. और यू.एस. के लिए डायरेक्ट फ्लाइट्स का बंदोबस्त किया जाए।

HON. CHAIRPERSON: You have already made your point.

सुश्री सयानी घोष : सर, कोलकाता एयरपोर्ट को टूली रिकॉग्निशन ऑफ इंटरनेशनल एयरपोर्ट दिया जाए। जिस तरह से डेली पैसेंजर्स बंगाल में करते हैं, ऐसे फॉरेन ट्रेवलर्स भी कर पाएं। सरकार इस चीज का संज्ञान ले और इसे निश्चित करे।

SHRI KODIKUNNIL SURESH : Sir, I wish to raise an urgent matter of grave public concern regarding the ongoing crisis in the Employees' Provident Fund (EPF) system, which is severely affecting lakhs of workers across the country. Sir, recent developments, policy ambiguities and delays in processing settlements have created widespread anxiety among employees, particularly those from the unorganised and the low-income sectors who depend on EPF as their primary social security.

Hon. Chairperson, Sir, over the past months, beneficiaries have

reported prolonged delays in the claim settlements, technical glitches on the EPFO portal and the unexplained rejections of withdrawal applications. Many employees, retired workers and dependents are unable to access their rightful savings at a time when household expenses, medical needs and loan liabilities are rising sharply.

Chairperson, Sir, additionally, the lack of clarity surrounding interest crediting timeline, the slow roll-out of the Unified Member Portal and unresolved disputes related to the higher pension option under the Supreme Court judgment have intensified confusion. Several pensioners are still awaiting confirmation or adjustment of their pension amounts, leaving them financially vulnerable.

At a time when the economy is already burdening the working class with inflation, unemployment, and wage stagnation, such disruptions in the Provident Fund system amounts to an unjust denial of earned benefits of workers. ...

(Interruptions)

HON. CHAIRPERSON: What is your demand from the Government? Just mention your demand.

... *(Interruptions)*

SHRI KODIKUNNIL SURESH: Sir, I am mentioning it after a couple of sentences. ... *(Interruptions)*

The EPF is not a Government's grant. It is the hard-earned savings accumulated over decades and any delay or mismanagement deeply harms the social security of millions of families.

Therefore, I would urge the hon. Minister of Labour and Employment to

immediately address the procedural delays and technical failures affecting EPF withdrawals and pension processing; issue a clear public clarification on interest crediting and the status of the higher pension scheme; and ensure accountability within EPFO to prevent recurrence of such distress. ... (*Interruptions*) This matter requires immediate attention of the House as it concerns the financial security and dignity of crores of workers across India.

Thank you, Chairperson Sir. ... (*Interruptions*)

***SHRI KALIPADA SAREN KHERWAL (JHARGRAM):** Honorable Chairperson Sir, Greetings (Johar-Namaskar). Today I am raising an important issue in this August House and I am thankful to you for giving me this opportunity. Recently, the Central Government had proposed to set up 85 Navodaya Vidyalaya across the nation. It is a matter of great joy, as promotion of education is our responsibility. But, unfortunately, out of 85 not even a single Navodaya Vidyalaya has been established in West Bengal. Last year, it was discussed that 28 Navodaya Vidyalaya had to be set up in West Bengal, out of which only two had been worked upon, one of them is in my constituency Jhargram, and other one is in East Bardhaman. We are all aware that Navodalaya Vidyalaya produces bright students, who are also doing well in the field of education, sports, and culture. Along with this, they are also capable of achieving success in the exams conducted at national level. Therefore, through you, I would like to request the Central Government to keep aside the political discrimination and

* English translation of the speech originally delivered in Santhali.

would ask that West Bengal should also get their deserving shares out of the proposed 85 Navodaya Vidyalaya across India. Moreover, the proposal to set up Navodaya Vidyalaya in Jhargram should also be expedited at the earliest. Thank you.

SHRI B. MANICKAM TAGORE (VIRUDHUNAGAR): Sir, I am here to raise an important matter concerning MGNREGS related to Tamil Nadu and other States.

The Union Government has failed to release thousands of crores of rupees due to the States under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). This includes pending liabilities under both wage component as well as material component resulting in non-payment of wages to rural workers for several months; accumulation of unpaid material bills, pushing small vendors, SHGs, and rural suppliers into debt; severe financial distress in village Panchayats, which are unable to implement basic development works; audit objections and recovery proceedings being initiated against State officials for delays being entirely caused by the Union Government's non-release of funds; and disruption of the statutory guarantee of 100-days of work, violating the core objective of the MGNREGA.

In Tamil Nadu alone over Rs. 2,000 crore remains pending for many months despite repeated requests from the State Government. Similar crisis has been reported from several other States.

This non-release of funds has paralysed rural development activities, undermined Panchayati Raj Institutions, and caused widespread suffering for lakhs of poor families who depend on MGNREGS wages for survival.

This is an unprecedented, man-made crisis. It strikes at the federal structure, violates statutory obligations under MGNREGA, and inflicts economic hardship on the most vulnerable citizens of our country.

Today, when we are speaking here, at Jantar Mantar, all the officials from Clerk to BDOs etc. from across India are protesting for releasing this fund. I request the hon. Minister to meet those demonstrating staff who are the backbone of this whole rural development structure. The hon. Minister of Rural Development must meet them and address their grievances.

This Government is against the MGNREGS. Mr. Modi, since beginning, has always been against MGNREGS because this Scheme was brought by the UPA Government, guided by Mrs. Sonia Gandhi ji. This Scheme must be protected and anger of Mr. Modi against the poor must stop. Thank you.

HON. CHAIRPERSON : But it is a demand-driven Scheme. If the States will submit the utilization certificate and raise the demand, the Government of India will release funds.

श्री सनातन पांडेय (बलिया) : सभापति जी, मैं आपका ध्यान लोकसभा क्षेत्र बलिया में रेल के विषय की तरफ आकर्षित करना चाहता हूँ। जब देश आजाद हुआ, तब देश की आबादी लगभग 40 करोड़ के करीब थी। उस समय बलिया में ताजपुर रेलवे स्टेशन को स्टेशन का दर्जा प्राप्त था और गाजीपुर, बलिया के रेवती रेलवे स्टेशनों को भी स्टेशन का दर्जा प्राप्त था। आज हमारी आबादी 140 करोड़ हो गई है और देश की आजादी के इतने सालों बाद इन स्टेशनों को रेल स्टेशनों का दर्जा न देकर रेलवे हॉल्ट का दर्जा दे दिया गया है। मैं मांग करता हूँ कि देश की आबादी कोरोना काल में घटी नहीं है और आज देश की आबादी 140 करोड़ है। जनपद बलिया के रेवती स्टेशन और जनपद गाजीपुर के ताजपुर स्टेशन, जो हॉल्ट के रूप में हैं, इन्हें पुनः रेलवे स्टेशनों का दर्जा दिया जाए। वहां टिकट

काटने की सुविधा प्रदान की जाए। एक ट्रेन बलिया होकर मेहरधाम को जाती है। यह ट्रेन कोरोना काल से पहले इसूपुर मोहंगाबाद और करीमदीन पुर में रुकती थी। कोरोना के बाद इस ट्रेन का स्टोपेज करीमदीन पुर और इसूपुर में बंद कर दिया गया है। मैं आपके माध्यम से रेल मंत्री जी से मांग करता हूँ कि कोरोना काल से पहले कमाना एक्सप्रेस जो इसूपुर और करीमदीन पुर में रुकती थी, उसके दोबारा ठहराव की व्यवस्था आपके स्तर से दी जाए।

माननीय सभापति : सनातन पांडेय जी, आपका विषय उत्तर प्रदेश के बारे में अलग विषय था। यदि आप विषय बदलते हैं, तो चेयर से अनुमति ले लिया कीजिए।

श्री सनातन पांडेय : सभापति जी, मैंने लिखकर दे दिया था।

माननीय सभापति : ठीक है।

श्री दारोगा प्रसाद सरोज जी।

श्री दारोगा प्रसाद सरोज (लालगंज) : सभापति जी, मैं आपके माध्यम से केंद्र सरकार और उत्तर प्रदेश सरकार, दोनों का ध्यान अपने संसदीय क्षेत्र लालगंज और जनपद आजमगढ़ और बलिया, गाजीपुर, मऊ की अत्यंत गंभीर समस्या की तरफ दिलाना चाहता हूँ।

महोदय, विगत माह में मेरे क्षेत्र में धान की फसल अतिवृष्टि के कारण व्यापक स्तर पर नष्ट हो गई। किसान भाइयों ने बहुत मेहनत से फसल तैयार की थी, लेकिन लगातार अतिवृष्टि ने उनकी मेहनत पर पानी फेर दिया। इतना ही नहीं, वर्षा के बाद जो धान खड़ा था, उसे भी सैनिक नामक कीट ने काटकर जमीन पर फैला दिया, जिससे हजारों किसानों की आजीविका पर गंभीर संकट आ गया है। सबसे चिंताजनक बात यह है कि अब तक न ही केंद्र सरकार की ओर से और न ही राज्य सरकार की ओर से किसी प्रकार की अनुदान राहत पैकेज की घोषणा नहीं की गई है। किसान पूरी तरह टूट चुका है। उनके सामने अगली बुआई का संकट भी खड़ा है। उन्नतशील बीज समय पर उपलब्ध नहीं हो पाए हैं और अतिवृष्टि के कारण गेहूं की बुआई भी बाधित है। अतः ऐसे समय में मेरी मांग है कि इस प्राकृतिक आपदा से हुए नुकसान का तुरंत सर्वेक्षण कराया जाए। केंद्र और राज्य सरकारें मिलकर प्रभावित किसानों को समुचित और त्वरित मुआवजा दें। आगामी रबी फसल के

लिए उन्नतशील बीज की उपलब्धता सुनिश्चित की जाए ताकि किसान पुनः खड़ा हो सके। किसान हमारे देश का अन्नदाता है। यदि वह संकट में है तो प्रदेश और देश दोनों संकट में हैं। इस मुद्दे को तत्काल गंभीरता से लेते हुए राहत कार्य सुनिश्चित किया जाए।

श्री छोटेलाल (रॉबर्ट्सगंज): धन्यवाद सभापति जी। आज लोक महत्व के मुद्दे के तहत मैं वन अधिकार कानून के विषय को उठाना चाहता हूँ। हमारे संसदीय क्षेत्र रॉबर्ट्सगंज, सोनभद्र, चंदौली, चकिया, नवगढ़, वन विभाग द्वारा, रेंजर्स द्वारा गरीबों, आदिवासियों का घर गिराया जा रहा है। पुश्तैनी वन की जमीन, वन अधिकार के तहत पट्टा नहीं दिया गया, उल्टे उन्हें मार-पीट कर भगाया जा रहा है तथा कहा जा रहा है कि – ‘जमीन छोड़कर भाग जाओ, वरना मुकदमे में फंसा देंगे।’ वन अधिकार कानून के तहत सोनभद्र में गरीबों, दलितों, आदिवासियों को नियमानुसार पट्टा नहीं दिया जा रहा है एवं वन अधिकार कानून का उल्लंघन किया जा रहा है। वन अधिकार कानून के तहत आदिवासियों को कब्जे के आधार पर ज्यादा से ज्यादा जमीन पट्टे के रूप में दी जाए और फिर से री-सर्वे कराकर सभी आदिवासियों को पट्टा दिया जाए, यह मेरी आपसे मांग है। माननीय श्रद्धेय स्वर्गीय मुलायम सिंह जी जब उत्तर प्रदेश के मंत्री थे, तब कांग्रेस पार्टी से बात करके वर्ष 2006 में वन अधिकार कानून लाया गया था ताकि आदिवासियों, गरीबों, दलितों को वन अधिकार के तहत पट्टा मिलेगा। आज उल्टे उन्हें मार-पीट कर भगाया जा रहा है, जेल में डाला जा रहा है तथा जो अन्य गरीब लोग हैं, उनसे पिछले 75 सालों का रिकॉर्ड मांगा जा रहा है। अंतः इसमें संशोधन किया जाए। धन्यवाद।

DR. RICKY A. J. SYNGKON (SHILLONG): Mr. Chairperson, before I raise a matter of public interest, I would kindly request you to permit me to speak on another subject, because the subject I had mentioned earlier was already addressed by me yesterday. So, I humbly ask you to allow me to speak on this very important issue.

Sir, through you, I wish to draw the attention of the Ministry of Education to the state of affairs in one of the oldest central universities of Northeast, namely

the North Eastern Hill University. For 392 days, the present Vice-Chancellor has been absent from the University, yet he continues to draw his salary. It is further unfortunate that this Vice-Chancellor, Prof. P.S. Shukla, continues to interfere in the day-to-day functioning of the university, causing immense distress to the institution. Therefore, through you, I demand that this Vice-Chancellor be removed immediately.

I would also like to bring to the notice of this House that an inquiry team was constituted by the Ministry of Education. It has been a year, yet the inquiry report has still not been submitted, and I urge upon the concerned Ministry to place the report before this House. For the welfare of this great university, I strongly demand that the Government should remove this incompetent Vice-Chancellor and appoint a new one so that the university may emerge from its present crisis and continue to focus on teaching and research for the benefit and well-being of all its stakeholders. Thank you very much.

SHRI YADUVEER WADIYAR (MYSORE): Hon. Chairperson, Sir, I had brought to the attention of this august House in the last Session the complete failing of law and order in our State of Karnataka. We have had incidents where police stations have been attacked and it has gone unchecked. We have had multiple incidents where there has been stone-pelting on Ganesha processions. There has been a big drug bust that happened in my own city with an MDA manufacturing incident which not our State police, but outside police came and uncovered. This is having a direct impact on local economies, particularly in Hampi which of course is our cultural centre and inspiration today for the entirety

of Karnataka's heritage. The alarming decline of nearly 80 per cent in foreign tourism in Hampi over the last year has caused serious harm to local businesses there. I would urge the Ministries concerned to develop integrated tourism infrastructure that strengthens on-ground safety and security mechanisms in and around these tourist sites and also the essential infrastructure that comes with it. Sanitation, connectivity, accommodation, emergency response services also need to be strengthened within the same framework. Additionally, local communities can be engaged to build a responsible and inclusive tourism ecosystem. Such immediate action will definitely help as we have lost much of our confidence in the State's ability, especially concerning law and order and the multiple incidents which are causing direct harm to local economy. The Centre's urgent intervention in this matter will be much appreciated. Thank you.

श्री तनुज पुनिया (बाराबंकी) : महोदय, आपने मुझे शून्यकाल में बोलने का अवसर दिया, इसके लिए आपका बहुत-बहुत धन्यवाद।

महोदय, मैं आपके माध्यम से खरबूजे की खेती करने वाले किसानों की पीड़ा को आज सदन में रखना चाहता हूँ। हमारे क्षेत्र बाराबंकी और आसपास के क्षेत्रों में खरबूजे की खेती बहुत भारी संख्या में किसान करते हैं। उनकी समस्या यह है कि एक जो सबसे मीठा खरबूजा आता है, वह ताइवानी वैरायटी का आता है। यहां दिल्ली तक आता है, जिसे लोग मीठा खरबूजा कहते हैं। वे कहते हैं कि मीठा वाला खरबूजा लेकर आना। वह खरबूजा ताइवानी वैरायटी का होता है। उसमें ताइवानी बीज की आवश्यकता होती है। पिछले से पिछले वर्ष लगभग तीन क्विंटल से ज्यादा ताइवानी बीज की खपत केवल बाराबंकी में हुई थी, लेकिन इस वर्ष क्योंकि 1,06,000 रुपये प्रति किलो का यह बीज मिलता है और इसकी ब्लैक मार्केटिंग हो रही थी। लगभग 1.5 लाख रुपये से लेकर पौने दो लाख रुपये और दो लाख रुपये प्रति किलो तक भी यह बीज ब्लैक में बेचा गया।

प्रशासन का मैं धन्यवाद देता हूँ कि उन्होंने रेड की, ब्लैक मार्केटिंग खत्म करवायी, लेकिन जो प्राइवेट कंपनी इस बीज को बेच रही थी, वह पूरे बाराबंकी से विदड़ा कर गई और उसने एक क्विंटल से ज्यादा बीज एमआरपी रेट पर नहीं बेचा। जो ब्लैक मार्केटिंग में दो लाख रुपये तक देने को तैयार था, वह बीज उसी को मिल रहा था। उसके बाद भी नकली बीज मिलने की बहुत शिकायतें आयीं। उसके बाद पहली बार पिछले वर्ष देखा गया कि एक नया विल्ट वायरस होता है। वह खरबूजे की फसल में लगा और पूरी की पूरी फसल बर्बाद हो गयी। उसे फ्यूजेरियम विल्ट वायरस कहते हैं। इसमें किसानों को बहुत ज्यादा नुकसान हुआ। सरकार से बोला गया कि इसमें कुछ मुआवजा या बीमा की राशि किसानों को दी जाए, लेकिन उन्होंने नीतिगत विषय बताकर इसे खारिज कर दिया।

महोदय, मेरा आपके माध्यम से माननीय मंत्री जी से यह निवेदन है कि खरबूजे और तरबूज की खेती करने वाले किसानों को बीमा और मुआवजे के दायरे में लाया जाए ताकि आने वाले समय में इनको परेशानी न हो। जो प्राइवेट कंपनी इस ताड़वानी बीज को या जो भी जरूरत का बीज है, उस बीज को सही रेट पर, अपने एमआरपी पर, जितनी किसान को जरूरत हो, उतना देने का कोई प्रावधान करे। आपका बहुत-बहुत धन्यवाद।

माननीय सभापति : श्री गणेश सिंह - उपस्थित नहीं।

श्री प्रदीप पुरोहित जी।

श्री प्रदीप पुरोहित (बारगढ़) : महोदय, धन्यवाद।

महोदय, मैं अपने संसदीय क्षेत्र ओडिशा के झारसुगुड़ा जिले में बड़े औद्योगिक प्रतिष्ठानों जैसे वेदांता, रूंगटा, भूषण पावर एंड स्टील, एमएसपी मेटालिक्स और अल्ट्राटेक द्वारा किए जा रहे गंभीर पर्यावरणीय उल्लंघनों एवं श्रमिक कानूनों के खुलेआम हनन की ओर सरकार का ध्यान आकर्षित करना चाहता हूँ।

झारसुगुड़ा को ओडिशा का पावर हाउस कहा जाता है, परंतु आज यह क्षेत्र अत्यधिक वायु प्रदूषण, दूषित जल स्रोत और तेजी से गिरते भू-जल स्तर के कारण गंभीर जन स्वास्थ्य संकट का केंद्र बन चुका है। स्थानीय नागरिकों, जन-प्रतिनिधियों और संगठनों द्वारा निरंतर शिकायत के

बावजूद न राज्य और न ही केंद्रीय प्रदूषण नियंत्रण बोर्ड इस पर प्रभावी कार्रवाई कर पाए हैं। नागरिकों के गंभीर आरोप हैं कि कुछ अधिकारियों और उद्योगपतियों के बीच मिली-भगत के चलते निरीक्षण औपचारिकता भर रह गया है और उद्योग मनमाने तरीके से पर्यावरण मानकों का उल्लंघन कर रहे हैं। इसके अतिरिक्त इन उद्योगों में बड़ी संख्या में बाहरी राज्यों और जिले के श्रमिकों को बिना पंजीकरण, बिना वैधानिक अनुमति और बिना सुरक्षा मानकों के लगाया जा रहा है, जो श्रम कानून और इंटर स्टेट माइग्रेंट वर्कर्स एक्ट का स्पष्ट उल्लंघन है। स्थानीय मजदूरों की भागीदारी न्यूनतम स्तर पर है, जिससे स्थानीय युवाओं के रोजगार अधिकार गंभीर रूप से प्रभावित हो रहे हैं। कई इलाकों में श्रमिकों को बिना सुरक्षा उपकरण के खतरनाक वातावरण में काम करने को मजबूर किया जा रहा है। इन परिस्थितियों में प्रदूषण, धूल, दूषित जल और श्रम कानून उल्लंघन से बच्चों, बुजुर्गों तथा ग्रामीण समुदाय पर गंभीर स्वास्थ्य प्रभाव पड़े हैं।

अतः मैं केंद्र सरकार से आग्रह करता हूँ कि वरिष्ठ अधिकारियों की एक उच्च स्तरीय जांच समिति गठित कर पर्यावरण एवं श्रम कानून उल्लंघन की व्यापक जांच करायी जाए और दोषी उद्योगों पर कठोर कार्रवाई सुनिश्चित की जाए। धन्यवाद।

माननीय सभापति : श्रीमती मंजू शर्मा जी।

श्रीमती मंजू शर्मा (जयपुर) : सभापति महोदय, धन्यवाद।

मैं आपके माध्यम से सदन का ध्यान एक अति महत्वपूर्ण विषय की ओर आकर्षित करना चाहती हूँ। देश में चारागाह की भूमि, वन भूमि, नगरपालिका भूमि, नगर निगम की भूमि, विकास प्राधिकरण की भूमि और अन्य विभागों की भूमियां कब्जाधारियों ने अपने कब्जे में लेकर अनऑथराइज्ड कॉलोनियां काट दी हैं, जिन पर लोगों ने मकान भी बना लिए हैं। मेरा आपके माध्यम से माननीय मंत्री जी से अनुरोध है कि देश में ऐसी कितनी भूमि है और राजस्थान की राजधानी जयपुर में इस प्रकार की कितनी भूमि है, जिन पर अतिक्रमणकारियों ने कब्जा करके पट्टे काटकर कॉलोनियां बसा दी हैं। सरकार द्वारा अपनी भूमि को चिह्नित कर अतिक्रमणकारियों से बचाना चाहिए, ताकि वह भूमि जनहित के काम में आ सके और इसमें जो व्यक्ति अपने जीवन भर की पूंजी लगाकर

अपना मकान खरीदते हैं, जमीन खरीदते हैं, इससे उनको बचाया जा सके, क्योंकि बाद में बहुत परेशानियां आती हैं।

मेरी आपके माध्यम से सरकार से मांग है कि राज्य की भूमि हो या केंद्र की भूमि हो, सरकार को अपने संरक्षण में लेनी चाहिए। बहुत-बहुत धन्यवाद।

माननीय सभापति : डॉ. रानी श्रीकुमार।

***DR. RANI SRIKUMAR (TENKASI):** Hon Chairperson Sir, Vanakkam. During the last four and half years since the day our Hon “Dravidian Model” Chief Minister of Tamil Nadu Shri. M. K. Stalin came to power, several schemes have been formulated for the Hindu Religious and Endowment Department. Till Today, holy consecration (Kumbabishekam) has been organized in more than 3935 temples of Tamil Nadu. As many as 8024 acres of temple land have been protected by the State Government from encroachers and encroachments. For up-gradation and renovation work in 352 ancient temples, approximately Rs. 560 crore has been allocated by the State government of Tamil Nadu. Another achievement is that Car festivals which have not been organized for the last 150 years has been organized by the present Government of Tamil Nadu. Every year approximately Rs.120 crore has been allocated for providing free food (Annadanam) in temples which has benefited approximately 3 Crore and 65 lakh devotees. Hon. Chairman Sir, Hon. Chief Minister of Tamil Nadu has devised several schemes with a view of ensuring the people of Tamil Nadu to worship and follow their religious practices peacefully and with freedom. This is the

* English translation of the speech originally delivered in Tamil.

practice which we even follow today. Nobody should teach us on how to worship our God of Tamil, Lord Murugan and what are the associated rituals. There is peace and tranquility prevailing in Tamil Nadu. In this scenario, some communal forces are trying to spread false propaganda for dividing the people and to make it a land of riots by disturbing its peace and tranquility. This will never be acceptable for the people of Tamil Nadu. Our Hon. Chief Minister has been implementing several schemes in a secular manner. Will these schemes be implemented in other states by the Union government, getting inspiration from the functioning Tamil Nadu? Hon. Chairperson Sir, Can you emulate Tamil Nadu?

HON. CHAIRPERSON : You have already made your point.

Now, Shri K. C. Venugopal ji.

... (*Interruptions*)

HON. CHAIRPERSON: During 'Zero Hour', you are well aware of it.

... (*Interruptions*)

HON. CHAIRPERSON: Kindly conclude.

DR. RANI SRIKUMAR : *I want to categorically state that if Lord Muruga smiles at Tirupparankundram and the sound of his laughter will be echoed not only in Tiruttani but also in Delhi. Tamil Nadu will fight against communal forces. Tamil Nadu will definitely win.*

SHRI K. C. VENUGOPAL (ALAPPUZHA): Hon. Chairperson Sir, thank you for

..... English translation of this part of speech was originally delivered in Tamil.

giving me this opportunity.

Sir, I wish to invite the attention of this august House to one of the important meetings which had happened 100 years ago. Two great souls of our country, Mahatma Gandhi ji and Sree Narayana Gurudev, met in Sivagiri on 12th March, 1925. That was a great meeting. The meeting of Mahatma Gandhi ji with Sree Narayana Gurudev at Sivagiri created a big impact not only on the entire Kerala society but on the South Indian society.

Sir, Gandhi ji travelled to Sivagiri during the Vaikom Satyagraha, a struggle against caste discrimination. There, he met Sree Narayana Guru, who had already shaken the foundations of caste inequality with his message: 'One Caste, One Religion, One God for Man'.

One caste one religion one god for humans this is what Sree Narayana Guru told us.

Hon. Chairperson, Sir, this meeting was simple, but it was powerful. Two great minds sat together and spoke about the biggest questions of their time – untouchability, equality, education, dignity, and non-violence. Their conversation became a turning point in India's fight for social justice. When Gandhi ji asked whether the scriptures justified untouchability, Guru clearly said: "No." When Gandhi ji spoke of different castes, Guru replied with a beautiful truth:

"Leaves may be of different sizes, but they all taste the same."

It is a simple line but a complete rejection of caste superiority. It touched Gandhi ji deeply and changed the way India looked at equality.

..... English translation of this part of speech was originally delivered in Malayalam.

Sir, Gandhi ji spent the night at Sivagiri. He saw children of all castes studying together, praying together, and growing together. He said it was one of the greatest privileges of his life to meet and learn from him.

HON. CHAIRPERSON: Kindly conclude. What is your demand?

SHRI K. C. VENUGOPAL : Sir, I have only one or two points to make.

Sir, this meeting was not just a moment in history; it was India's moral compass. It told us that freedom means nothing without equality and that social reform is as important as political independence.

Sir, my request to the Government is, they should honour this historic centenary by issuing a commemorative postage stamp and a commemorative coin marking the Gandhi-Sree Narayana Guru meeting.

Sir, as Gurudevan has said:

*This is an ideal country where the people live in brotherhood without the discrimination of caste and religion.

In reality the philosophy of Gurudeva which influenced Kerala as well as South India is still prevalent in Kerala. Sir, so what I want to convey is that a coin and a stamp should be issued by the government to commemorate the meeting between Sree Narayana Guru, the hero of renaissance in Kerala and Mahatma Gandhi who lead Indian Independence movement.*

HON. CHAIRPERSON: Thank you. Your point is already very well taken.

Now, Shri Anurag Singh Thakur ji

... (*Interruptions*)

SHRI K. C. VENUGOPAL : *Sir, through you, I request the Central Government to take decision regarding the same.*

* * English translation of this part of speech was originally delivered in Malayalam.

13.00 hrs

SHRI ANURAG SINGH THAKUR (HAMIRPUR): Thank you, hon. Chairperson Sir. I would like to raise a very important issue where one State in India has become a symbol of '*anti-Sanatan Dharma*'. Their Ministers are making statements against *Sanatan Dharma*. They objected when the hon. Prime Minister was doing his duty for the Ram Temple.

At that time, the temple doors were shut, and people were forced to approach the Court to reach the temple. Even now, the Madurai Bench of the Madras High Court has strongly come down on the Tamil Nadu Government, accusing officials of deliberately ignoring its order on lighting the '*Karthigai Deepam*' lamp at Madurai's Thirupparankundram Temple.

Sir, there are *lathis* for the devotees. Hindus are *lathi* charged despite the Court order, they are not allowed to light the lamp ... (*Interruptions*)

HON. CHAIRPERSON: I have given adequate opportunity to your party Members also. Now, he was allowed to raise his issue, you cannot disturb like this. If I have given the permission to Shri Anurag Thakur

... (*Interruptions*)

SHRI ANURAG SINGH THAKUR : Sir, the order is breached, the contempt has been committed ... (*Interruptions*)

13.01 hrs

At this stage, Dr. Kalanidhi Veeraswamy, Dr. T. Sumathy alias Thamizhachi Thangapandian and some other hon. Members came and stood on the floor near the Table.

माननीय सभापति : सभा की कार्यवाही दो बजे तक के लिए स्थगित की जाती है।

13.02 hrs

The Lok Sabha then adjourned till Fourteen of the Clock.

14.02 hrs

The Lok Sabha re-assembled at Two minutes past Fourteen of the Clock.

(Shrimati Sandhya Ray in the Chair)

14.03 hrs**MATTERS UNDER RULE 377**

माननीय सभापति : श्री मुकेश राजपूत जी - उपस्थित नहीं ।

श्री के.सुधाकर जी - उपस्थित नहीं ।

डॉ. राजेश मिश्रा जी - उपस्थित नहीं ।

श्री मुकेश राजपूत जी ।

(i) Regarding expansion and development of Mohammadabad Air strip in Farrukhabad into a full fledged Airport

श्री मुकेश राजपूत (फर्रुखाबाद) : मैं माननीय नागर विमानन उड्डयन मंत्री जी से अनुरोध करना चाहता हूँ कि मेरे लोकसभा क्षेत्र फर्रुखाबाद मोहम्मदाबाद में स्थित हवाई पट्टी का विस्तार कर हवाई अड्डा के रूप विकसित किया जाए । फर्रुखाबाद में इसी हवाई पट्टी से लगभग 5 किलोमीटर की दूरी पर खिमरेपुर पर औद्योगिक क्षेत्र है जहां पर बहुराष्ट्रीय कम्पनियां निवेश कर रही हैं । इसी हवाई पट्टी से 8 किलोमीटर दूर बाबा नीम करोली धाम एवं हवाई पट्टी से ही लगभग 12 किलोमीटर की दूरी पर बौद्ध तीर्थ स्थल संकिसा है, जो कि अंतर्राष्ट्रीय बौद्ध परिपथ का हिस्सा है । इसके अलावा फर्रुखाबाद आलू एवं मक्का उत्पादन का विश्वस्तरीय हब है तथा कपड़ों पर ब्लॉक प्रिंटिंग और ज़रदोज़ी का विश्व प्रसिद्ध कार्य होता है । व्यापारिक एवं धार्मिक हब होने के कारण फर्रुखाबाद में देश-विदेश से व्यापारियों एवं श्रद्धालुओं का आवागमन लगा रहता है, लेकिन सुविधाओं का अभाव है । इस हवाई पट्टी को हवाई अड्डे के रूप में विकसित होने से व्यापारियों, श्रद्धालुओं को सुविधा होगी । मेरा पुनः माननीय मंत्री जी से आग्रह है कि फर्रुखाबाद के मोहम्मदाबाद स्थित हवाई पट्टी को हवाई अड्डे के रूप में विकसित करने का कष्ट करें ताकि फर्रुखाबाद विकास के पथ की ओर बढ़ सके ।

माननीय सभापति : श्री ज्ञानेश्वर पाटील जी – उपस्थित नहीं ।

श्री गजेन्द्र सिंह पटेल जी – उपस्थित नहीं ।

श्री विष्णु दयाल राम जी – उपस्थित नहीं ।

श्री अजय भट्ट जी – उपस्थित नहीं ।

श्री बलभद्र माझी जी – उपस्थित नहीं ।

श्री रामवीर सिंह बिधूड़ी जी – उपस्थित नहीं ।

(ii) Need to set up Trauma Centres at Ekma and Bhagwanpur Hat in Saran and Siwan districts of Bihar

श्री जनार्दन सिंह सीग्रीवाल (महाराजगंज) : सभापति महोदया, महाराजगंज लोकसभा, बिहार मेरा संसदीय क्षेत्र है। मेरे क्षेत्र के अंतर्गत राष्ट्रीय राजमार्ग संख्या - 531 (NH-531) के किनारे जिला-सारण (छपरा) में एकमा तथा राष्ट्रीय राजमार्ग संख्या - 331 (NH-331) के किनारे जिला-सिवान में भगवानपुर हाट स्थित है। यह दोनों स्थल मेरे संसदीय क्षेत्र का अतिव्यस्ततम बाजार है। उपर्युक्त राष्ट्रीय राजमार्गों पर प्रतिदिन हजारों-हजार की संख्या में अनेकों प्रकार के वाहनों का आवागमन होता है। इस परिस्थिति में आए दिन कई छोटी-बड़ी दुर्घटनाएं होती रहती हैं। जिसमें तत्काल उचित उपचार के अभाव में कई दुर्घटनाग्रस्त व्यक्तियों की मृत्यु भी हो जाती है, क्योंकि दुर्घटनाग्रस्त व्यक्तियों के इलाज हेतु ट्रॉमा सेंटर जैसे कोई अस्पताल की सुविधा नहीं है। अतः भारत सरकार के स्वास्थ्य मंत्री जी से मेरा आग्रह है कि मेरे संसदीय क्षेत्र के एन-एच 531 के किनारे एकमा एवं एन-एच 331 के किनारे भगवानपुर हाट में एक-एक ट्रॉमा सेंटर स्थापित किया जाए, ताकि आए दिन दुर्घटनाओं में अति गंभीर रूप से घायल मरीजों का तत्काल उचित उपचार करवाकर उनका जीवन बचाया जा सके।

माननीय सभापति : श्रीमती कलाबेन मोहनभाई देलकर जी – उपस्थित नहीं ।

श्री लुम्बा राम जी – उपस्थित नहीं ।

श्री मितेश पटेल (बकाभाई) जी – उपस्थित नहीं ।

श्री राजमोहन उन्नीथन जी – उपस्थित नहीं ।

श्री उम्मेदा राम बेनीवाल जी – उपस्थित नहीं ।

श्री वामसि कृष्णा गदाम जी – उपस्थित नहीं ।

(iii) Need for new train services between Jind and Gohana in Haryana to Ringas in Rajasthan

श्री सतपाल ब्रह्मचारी (सोनीपत) : सभापति महोदया, मैं आपका ध्यान हरियाणा के जींद एवं गोहाना क्षेत्र से राजस्थान के रींगस तक ट्रेन सेवा प्रारंभ किए जाने की अत्यंत आवश्यक मांग की ओर आकर्षित करना चाहता हूँ। वर्तमान में इन क्षेत्रों के यात्रियों को धार्मिक यात्राओं, शिक्षा, व्यापार तथा रोजगार के उद्देश्य से राजस्थान विशेषकर रींगस, खाटू श्याम जी, सीकर एवं जयपुर की यात्रा हेतु लंबी दूरी सड़क मार्ग से करनी पड़ती है। रेल सेवा उपलब्ध न होने से यात्रियों को अतिरिक्त समय, अधिक किराए और असुविधा का सामना करना पड़ रहा है। यह क्षेत्र धार्मिक व पर्यटन दृष्टि से अत्यंत महत्वपूर्ण है और प्रतिवर्ष लाखों श्रद्धालु एवं पर्यटक श्री खाटू श्याम जी धाम के लिए आते हैं। यदि जींद-गोहाना-रींगस के बीच ट्रेन सेवा शुरू की जाती है तो यह न केवल जनता के लिए सहूलियत देगी, बल्कि क्षेत्रीय आर्थिक एवं सामाजिक विकास को भी गति मिलेगी। अतः मेरी विनम्र प्रार्थना है कि रेलवे मंत्रालय इस मांग पर सहानुभूतिपूर्वक विचार करते हुए जींद और गोहाना से रींगस के लिए नई रेल सेवा प्रारंभ करने अथवा उपलब्ध ट्रेनों का विस्तार करने की कृपा करे।

(iv) Need to include Nawalgarh Railway Station in Jhunjhunu, Rajasthan under Amrit Bharat Station Scheme

श्री बृजेन्द्र सिंह ओला (झुंझुनू) : माननीय सभापति महोदया, नवलगढ़ रेलवे स्टेशन मेरे संसदीय क्षेत्र झुंझुनू सहित शेखावाटी क्षेत्र का हैरिटेज सिटी रेलवे स्टेशन है। इसका धार्मिक, सांस्कृतिक एवं पर्यटन की दृष्टि से विशेष महत्व है। लोहारगल में अस्थि विसर्जन हेतु प्रतिवर्ष बड़ी संख्या में श्रद्धालु आते हैं। साथ ही लोहारगल मेला, मालकेतु परिक्रमा, रामदेवजी का लखी मेला जैसे प्रमुख आयोजन यहाँ लाखों श्रद्धालुओं और देश-विदेश से आने वाले पर्यटकों को आकर्षित करते हैं।

महोदया, नवलगढ़ तेजी से सीमेंट निर्माण हब के रूप में विकसित हो रहा है, जिससे भविष्य में इस क्षेत्र में यात्री एवं माल-परिवहन दोनों की आवश्यकता और बढ़ेगी। बावजूद वर्तमान में नवलगढ़ स्टेशन पर आधारभूत सुविधाओं का अभाव है। यहाँ दो प्लेटफॉर्म हैं और एक प्लेटफार्म से दूसरे प्लेटफॉर्म जाने के लिए फुट ओवरब्रिज नहीं है। यात्री पटरियों को पार करके एक से दूसरे प्लेटफॉर्म पर जाते हैं। इस स्टेशन का प्लेटफॉर्म लंबी ट्रेनों के लिए भी छोटा है।

अतः महोदया मेरा भारत सरकार से आग्रह है कि वह नवलगढ़ रेलवे स्टेशन को तत्काल अमृत भारत स्टेशन योजना में शामिल कर इसे हैरिटेज लुक प्रदान करते हुए, इसका पुनर्विकास किया जाए। ताकि क्षेत्र की आम जनता, श्रद्धालुओं, पर्यटकों और व्यापारियों को उपयुक्त रेल सुविधाओं का सुरक्षित और बेहतर तरीके से लाभ मिल सके।

माननीय सभापति : श्री मुरारी लाल मीना जी- उपस्थित नहीं।

श्री देवेश शाक्य जी।

(v) Need to declare State Highway No. 31 and MDR 86 in Uttar Pradesh as National Highways along with their upgradation to four-laning roads

श्री देवेश शाक्य (एटा) : मैं आपके माध्यम से सरकार का ध्यान अपनी संसदीय निर्वाचन-क्षेत्र की दो अत्यंत महत्वपूर्ण सड़कों—'एटा-टूंडला राज्य राजमार्ग संख्या 31' तथा 'एम.डी.आर. 86W / अतरौली-कासगंज मार्ग'—की अत्यंत जर्जर और असुरक्षित स्थिति की ओर आकर्षित करना चाहता हूँ। पिछले तीन-चार वर्षों में इन दोनों मार्गों पर सड़क दुर्घटनाओं में उल्लेखनीय वृद्धि हुई है, जिसमें कई नागरिकों की मृत्यु हुई है तथा बड़ी संख्या में लोग गंभीर रूप से घायल हुए हैं। इन मार्गों पर भारी वाहनों की निरंतर आवाजाही, संकरी चौड़ाई, टूटे किनारे, गड्ढे, अपर्याप्त प्रकाश व्यवस्था और आवश्यक सुरक्षा चिन्हों का अभाव—ये सभी कारण मिलकर दुर्घटनाओं की गंभीर स्थिति उत्पन्न कर रहे हैं। बरसात के समय यह स्थिति और अधिक भयावह हो जाती है। 'MDR 86W' का महत्व इस कारण और बढ़ जाता है कि यह मार्ग 'पनईठी में राष्ट्रीय राजमार्ग संख्या 34 (NH-34)' से जुड़ता है, जिससे क्षेत्रीय कनेक्टिविटी, परिवहन दबाव और व्यापारिक गतिशीलता में लगातार वृद्धि हुई है।

इस बढ़ते ट्रैफिक को संभालने के लिए वर्तमान संरचना बिल्कुल अपर्याप्त हो चुकी है।

अतः मैं सरकार से आग्रह करता हूँ कि इन दोनों मार्गों का 'तत्काल सर्वेक्षण', 'फोर-लेनिंग' तथा आवश्यकतानुसार इन्हें 'राष्ट्रीय राजमार्ग घोषित' करने पर गंभीरतापूर्वक विचार किया जाए, ताकि जन-सुरक्षा सुनिश्चित हो सके।

माननीय सभापति : श्री लालजी वर्मा - उपस्थित नहीं।

श्री खलीलुर रहमान - उपस्थित नहीं।

श्रीमती बाग मिताली - उपस्थित नहीं।

डॉ. कलानिधि वीरास्वामी जी।

(vi) Need for expansion of runway and augmentation of other infrastructure at Salem Airport in Tamil Nadu

DR. KALANIDHI VEERASWAMY (CHENNAI NORTH): The Salem Airport in Tamil Nadu currently has a runway length of 1800 metres, which restricts the operation of larger aircraft and limits the number of direct flights to major metropolitan cities. With the recent surge in passenger traffic and increased economic activities in the Salem region—including industrial development, educational institutions, and growing tourism—the existing infrastructure is proving inadequate. There is a strong and growing demand from the public and local stakeholders for the expansion of the Salem Airport runway to 3000 metres, which would enable the airport to handle larger aircraft, improve regional connectivity, and promote economic development. I, therefore, urge the Union Ministry of Civil Aviation to consider this matter on priority and take necessary steps for the expansion of the runway and related infrastructure at Salem Airport.

(vii) Need to set up a Central Armed Police Force (CAPF) training centre in Uttarandhra region of Andhra Pradesh

***SHRI APPALANAIDU KALISSETTI (VIZIANAGARAM):** I wish to draw the attention of the Government to an urgent matter concerning the welfare of thousands of serving and retired personnel of the CAPF belonging to the Uttarandhra region, particularly Srikakulam and Vizianagaram districts. This belt has a proud and longstanding tradition of sending youth to serve in the BSF, CRPF, CISF, ITBP, SSB and Assam Rifles. From the agency mandals of Vizianagaram to the coastal areas of Srikakulam, every village has contributed brave men and women to the nation's internal security. It is estimated that nearly one lakh CAPF families reside in Srikakulam district alone, and a substantial number in Vizianagaram, especially around Cheepurupalli, Bobbili and Parvathipuram. Despite this distinguished service record, the region lacks essential CAPF infrastructure. Families must travel to distant cities for welfare services such as medical care, pension and grievance redressal, educational support, and access to KPKB canteen facilities. I urge the Ministry of Home Affairs to establish CAPF training centres, divisional or sector offices, and Separated Family Accommodation (SFA) quarters at key railway-linked locations including Ichchapuram, Sompeta, Palasa, Naupada, Srikakulam Road, Cheepurupalli, and Vizianagaram. This will provide timely support to CAPF families and encourage local youth aspiring to serve the nation.

* English translation of the speech originally delivered in Telugu.

माननीय सभापति : श्री संजय हरिभाऊ जाधव - उपस्थित नहीं ।

श्री ई. टी. मोहम्मद बशीर - उपस्थित नहीं ।

श्री राजकुमार रोत - उपस्थित नहीं ।

श्री सुनील दत्तात्रेय तटकरे - उपस्थित नहीं ।

(viii) Need to provide compensation as per new land acquisition policy to the people whose lands have been acquired for establishment of power plant in Musamudi and Bhumka villages in Madhya Pradesh

डॉ. राजेश मिश्रा (सीधी) : सभापति महोदया, मेसर्स आर्यन पॉवर जनरेशन प्राइवेट लिमिटेड कंपनी को पॉवर प्लांट स्थापित करने हेतु ग्राम मूसामूड़ी के 374 खातेदारों की निजी भूमि और मध्य प्रदेश शासन की एकड़ भूमि अर्जित की गयी। इसी प्रकार ग्राम भुमका के 137 खातेदारों की निजी भूमियाँ मध्य प्रदेश शासन की भूमि का अर्जन किया गया। दोनों ग्रामों के कुल 511 खातेदारों की कुल 935.42 एकड़ एवं दोनों ग्रामों के मध्य प्रदेश शासन की कुल 133.00 एकड़। खातेदारों और मध्य प्रदेश शासन की भूमि को मिला कर कुल 1068.42 एकड़ भूमि का अर्जन किया गया, इस अर्जन को किये हुए भी लगभग 15 वर्ष हो गए हैं। अर्जित की गयी भूमि में से लगभग 650 एकड़ भूमि आदिवासी परिवार की है, लगभग 75 एकड़ भूमि पिछड़े वर्ग के परिवारों की है तथा लगभग 250 एकड़ भूमि सामान्य वर्ग (जो अन्य गांव के निवासी हैं) के परिवारों की है। मेरा अनुरोध है कि यदि अधिकतम किसानों ने मुआवजा राशि नहीं ली है तो अधिग्रहण की कार्यवाही पुनः नए कानून के अनुसार करनी होगी। अतः नए कानून के अनुसार कार्यवाही करने के आदेश जारी किए जाएं। यदि उक्त कंपनी उद्योग को स्थापित करने में असफल हो रही है तो किसानों को वह जमीन वापस दे दी जाए।

(ix) Need to reduce the size of Blocks for efficient administration in Uttarakhand

श्री अजय भट्ट (नैनीताल-ऊधमसिंह नगर) : मैं आपका ध्यान उत्तराखंड की भौगोलिक और विषम पर्वतीय परिस्थितियों की ओर आकर्षित करना चाहता हूँ। राज्य में अनेक विकास खंडों की दूरी

अत्यधिक लंबी है, जिसके कारण आम नागरिकों को विकास खंड मुख्यालयों तक पहुँचने में कठिनाइयाँ होती हैं तथा वे समय पर सरकारी योजनाओं एवं सेवाओं का लाभ नहीं ले पाते। इन परिस्थितियों को देखते हुए उत्तराखंड में विकास खंडों का आकार छोटा किए जाने तथा उनकी संख्या बढ़ाए जाने की अत्यंत आवश्यकता है। हम सभी भारत के पूर्व प्रधानमंत्री के आभारी हैं, जिनके नेतृत्व में उत्तराखंड को विशेष राज्य का दर्जा प्रदान किया गया। विकास खंडों का निर्माण केंद्र सरकार के अधीन है। अतः मैं उत्तराखंड राज्य के द्रुत गति से विकास के लिए विकास खंडों को और छोटा किए जाने एवं उनकी संख्या बढ़ाने की मांग करता हूँ, ताकि विकास कार्य धरातल पर और तेजी से तथा प्रभावी रूप से पहुंच सके।

(x) Regarding extension of AIIMS, Delhi by using vacant NTPC land lying in Badarpur, Delhi

श्री रामवीर सिंह बिधूड़ी (दक्षिण दिल्ली) : अखिल भारतीय आयुर्विज्ञान संस्थान दिल्ली ही नहीं बल्कि देश का सबसे बड़ा और प्रतिष्ठित अस्पताल है, लेकिन इस अस्पताल को अब जमीन की कमी के कारण अनेक समस्याओं का सामना करना पड़ रहा है। यहां तक कि अस्पताल में कई विभागों के लिए अब स्थान उपलब्ध नहीं है। लोगों को एम्स में इलाज के लिए सालों इंतजार करना पड़ता है। अस्पताल मरीजों की इस भीड़ को झेलने में भी असमर्थ हो चुका है। एक तरफ तो एम्स में जमीन का अभाव है और दूसरी तरफ बदरपुर में एनटीपीसी के बंद हो चुके पावर हाउस की 393 एकड़ से ज्यादा जमीन सरकार के पास उपलब्ध है। मेरा सुझाव है कि इस जमीन पर एम्स का विस्तार किया जाए और यहां अस्पताल खोला जाए। इस जमीन पर एम्स का विस्तार करने से यहां के लाखों लोगों को स्वास्थ्य सेवाएं उपलब्ध हो जाएंगी और एम्स की जमीन की समस्या का भी निवारण हो जाएगा।

(xi) Regarding various railway related issues in Rajasthan

श्री लुम्बाराम चौधरी (जालौर) : जयपुर-जोधपुर एक्सप्रेस (22977- 78) दैनिक एक्सप्रेस को जालौर स्टेशन तक विस्तार किया जाए। 2- जालौर से पुणे तक नई और नियमित रेल सेवा प्रारंभ किया

जाए 3- चैन्नई भगत की कोठी एक्सप्रेस (20625-26) को ठहराव मोदरान स्टेशन पर दिया जाए । 4- भीनमाल शहर के जसवंतपुरा रेलवे क्रासिंग पर रेल ओवर ब्रिज अथवा अंडर ब्रिज का निर्माण किया जाए । 5- 22421/22422 सालासर एक्सप्रेस एवं 22483 /22484 जोधपुर गाँधीधाम दोनों गाड़ियों को मर्जर कर गाँधीधाम से दिल्ली वाया समदडी भीलडी नई रेल सेवा का संचालन किया जाए । 6- समदडभ भीलडी रेल खण्ड पर मारवाड रतनपुर रेलवे स्टेशन के पास आवागमन हेतु अण्डरपास का निर्माण किया जाए । 7- रानीवाडा रेलवे स्टेशन को अमृत भारत स्टेशन योजना के अंतर्गत विकसित किया जाए । 8- कोयम्बटूर-हिसार एक्सप्रेस 22475-76 के फेरों में बढ़ोतरी की जाए 9- ईरोड-बाड़मेर समर स्पेशल रेल सेवा को पुनः प्रारंभ किया जाए । 10 - काकीनाडा से जोधपुर वाया समदडी भीलडी नई रेल सेवा प्रारंभ किया जाए । 11- बाड़मेर यशवंतपुर एसी एक्सप्रेस 14805/14806 को सप्ताह में सातों दिन चलाया जाए तथा 14805/14806 एवं 22497/22498 ट्रेनों का ठहराव तिपटुर TTR रेलवे स्टेशन पर दिया जाए ।

(xii) Need to address the grave situation arising from Silicosis, a disease caused by dust emissions from stone and marble industry in Dausa and other parts of Rajasthan

श्री मुरारी लाल मीना (दौसा) : मैं राजस्थान सहित दौसा में तेजी से फैल रही एक भयावह स्वास्थ्य त्रासदी की ओर सरकार का ध्यान आकर्षित करना चाहता हूँ। सिलिकोसिस, जो पत्थर एवं मार्बल उद्योग की धूल से होने वाली घातक बीमारी है, राज्य में हजारों परिवारों के लिए धीमी मौत का कारण बन चुकी है। यह बीमारी टीबी से भी अधिक खतरनाक है। संसद भवन या देश की ऐतिहासिक इमारतें, इनमें प्रयोग होने वाला लाल पत्थर और मार्बल राजस्थान की मिट्टी का ही योगदान है, लेकिन यही उद्योग श्रमिकों/ग्रामीणों के लिए जानलेवा साबित हो रहा है। दौसा के सिकंदरा, सिकराय, गीजगढ़ और मानपुर क्षेत्रों में बड़ी संख्या में ग्रामीण सिलिका धूल के संपर्क में रहने के कारण सिलिकोसिस का शिकार हो रहे हैं। फेफड़े पूरी तरह क्षतिग्रस्त हो जाते हैं और मरीज मौत और जीवन के बीच लम्बी लड़ाई लड़ने पर मजबूर हो जाते हैं। सिकराय उपखंड में सैकड़ों लोग

ऑक्सीजन सिलेंडरों के सहारे जीवित हैं, जिनका दैनिक खर्च 600–700 रुपये तक है, जो साधारण परिवार की सामर्थ्य से बाहर है। अतः आवश्यक है कि सरकार त्वरित सर्वे, वित्तीय राहत, पुनर्वास केंद्र, सब्सिडी पर ऑक्सीजन और एक राष्ट्रीय कार्यक्रम के माध्यम से इस गंभीर स्थिति में तुरंत हस्तक्षेप करे, ताकि पीड़ित परिवारों को जीवन जीने का अधिकार मिले।

माननीय सभापति : जो माननीय सदस्य आज अपने नियम 377 के अधीन मामलों* को सदन में नहीं उठा सके हैं, वे उनको सभा पटल पर रख सकते हैं।

(xiii) Need to develop Chikkaballapur in Karnataka as a tourist destination under PRASHAD and Swadesh Darshan 2.0 Schemes

DR. K. SUDHAKAR (CHIKKBALLAPUR): Chikkaballapur and the surrounding regions stands today at the threshold of a remarkable opportunity. Blessed with sacred heritage sites such as the revered Sri Bhoga Nandeeshwara Temple, the spiritually uplifting Nandi Hills, the ancient Papagni Mutt, Subramanya Swamy Temple, and the neighbouring mystical Antharagange caves, Chikkaballapur and neighbouring regions are naturally poised to become one of India's finest religious tourism destinations. Chintamani Taluk is a treasure trove of prehistoric sites. The rock paintings are believed to date back to the Neolithic period, roughly 10,000 years ago. Yet, despite attracting lakhs of pilgrims and visitors, the true potential of these treasures remains largely untapped. What we need now is a visionary push. With support under schemes like PRASHAD and Swadesh Darshan 2.0, we can build modern amenities, strengthen last-mile connectivity, create digital information centres, improve sanitation and safety infrastructure, and develop environmentally sustainable facilities that respect the

* Treated as laid on the Table.

sanctity of these sites. Enhanced facilities will generate employment, empower local communities, and support our artisans and farmers. Rural tourism especially village and farm tourism has huge potential in Chikkaballapur. I request the Government of India to support and make the region a model domestic and global tourism destination.

(xiv) Need for special relief package for farmers affected by natural calamities in Khandwa Parliamentary Constituency, Madhya Pradesh

श्री ज्ञानेश्वर पाटील (खण्डवा) : मैं अत्यंत महत्वपूर्ण और संवेदनशील विषय पर सरकार ध्यान आकर्षित करना चाहता हूँ। जिसने मेरे संसदीय क्षेत्र खण्डवा के मेहनती अन्नदाताओं को बुरी तरह प्रभावित किया है। हाल ही में हुई अतिवृष्टि, भयंकर आंधी और तूफान ने किसानों की खड़ी फसलों को व्यापक रूप से बर्बाद कर दिया है। यह प्राकृतिक आपदा किसानों के लिए सिर्फ आर्थिक नुकसान नहीं, बल्कि उनके भविष्य पर एक बड़ा आघात है। सोयाबीन की फसलें पीली पड़ चुकी हैं, मक्का और ज्वार के दाने गल गए हैं, और सबसे बड़ा नुकसान केले, मिर्च और प्याज जैसी फसलों को हुआ है। कई किसान जिन्होंने बैंक से कर्ज लेकर खेती की थी, वे अब गहन संकट में हैं। हमारी मध्य प्रदेश की राज्य सरकार अपनी ओर से किसानों की सहायता कर रही है लेकिन वह पर्याप्त नहीं है। मैं सरकार से निवेदन करना चाहूंगा कि NDRF के मानदंडों से हटकर, मेरे संसदीय क्षेत्र खण्डवा के प्रभावित किसानों को तत्काल राहत देने के लिए कोई विशेष आर्थिक पैकेज आवंटित करने पर विचार किया जाये। मानक मुआवजा राशि किसानों के वास्तविक नुकसान की भरपाई के लिए अपर्याप्त है। मैं कृषि एवं किसान कल्याण मंत्री जी से मांग करता हूँ कि इन अन्नदाताओं के प्रति संवेदनशीलता दिखाते हुए, उन्हें संकट से उबारने के लिए ठोस और त्वरित कार्रवाई की जाए।

(xv) Need to expedite action on Khandwa-Alirajpur Rail Line Project in Madhya Pradesh

श्री गजेन्द्र सिंह पटेल (खरगौन) : मैं माननीय रेल मंत्री महोदय का ध्यान खण्डवा-अलीराजपुर नई रेल लाइन परियोजना की ओर आकर्षित करना चाहता हूँ। मध्य प्रदेश का यह पूरा अंचल, विशेषकर निमाड़ और आदिवासी बहुल क्षेत्र, लंबे समय से बेहतर रेल संपर्क की प्रतीक्षा कर रहा है। प्राकृतिक संसाधनों से समृद्ध होने के बावजूद रेल सुविधा के अभाव में यहाँ की जनता शिक्षा, स्वास्थ्य, रोजगार, विपणन और आर्थिक प्रगति जैसे मूलभूत अवसरों से वंचित है। खण्डवा-अलीराजपुर रेल लाइन इस क्षेत्र के लिए विकास का नया मार्ग सिद्ध होगी। यह आदिवासी समुदाय के उत्थान, ग्रामीण अर्थव्यवस्था, कृषि उत्पादों के विपणन, पर्यटन, औद्योगिक निवेश और सामाजिक सुविधाओं के विस्तार को गति देगी। साथ ही खण्डवा-इंदौर, दाहोद-राजगढ़, झाबुआ, बड़वानी, धार तथा आसपास के जिलों को भी प्रत्यक्ष लाभ मिलेगा। यह परियोजना वर्षों से जनता की अपेक्षाओं में शामिल है, किंतु सर्वेक्षण एवं DPR की प्रगति को लेकर स्पष्ट जानकारी उपलब्ध नहीं है। अतः मैं रेल मंत्री महोदय से आग्रह करता हूँ कि सर्वे एवं DPR की वर्तमान स्थिति तथा पूर्ण चरणों की जानकारी दें तथा सर्वे, भूमि अधिग्रहण, बजट प्रावधान और निर्माण की संभावित समय-सीमा स्पष्ट करें। अतः निवेदन है कि इस महत्वपूर्ण परियोजना पर शीघ्र व सकारात्मक कार्रवाई कर सदन को अवगत कराया जाए।

(xvi) Need to expedite completion of Son-Kanhar Pipeline Irrigation Project in Garhwa district of Jharkhand

श्री विष्णु दयाल राम (पलामू) : केंद्र सरकार द्वारा वर्ष 2017 में ₹1276 करोड़ रुपये की लागत से गढ़वा जिले की भूमि को सिंचित करने के लिये सोन-कनहर पाइप लाइन सिंचाई परियोजना स्वीकृत की गयी थी। राज्य सरकार की उदासीनता के कारण इस परियोजना का निर्माण कार्य विलम्ब से वर्ष 2019 में L&T कंपनी के द्वारा शुरू किया गया एवं मार्च 2022 तक कार्य को पूर्ण करना था जो समय पर नहीं हो पाने के कारण कम्पनी को कार्य का विस्तार करते हुए 30 जून 2026 तक का समय

दिया गया है। परंतु अभी भी कुछ स्थानों पर पम्प हाउस बनाने हेतु वन विभाग से NOC निर्गत नहीं होने के कारण कम्पनी के द्वारा अभी तक कार्य को पूर्ण नहीं किया गया है। साथ ही साथ उक्त कम्पनी का लगभग 400 करोड़ रुपए का बिल भुगतान हेतु लम्बित है। स्वभाविक रूप से उस कम्पनी द्वारा कार्य की गति धीमी कर दी गयी है, जिसके कारण सिंचाई परियोजना का लाभ जनता को नहीं मिल पा रहा है। इस परियोजना से गढ़वा जिले की 22 हजार हेक्टेयर भूमि सिंचित होगी। मैं, जल शक्ति एवं वन एवं पर्यावरण मंत्रालय, भारत सरकार से माँग करता हूँ कि उक्त परियोजना को अविलंब पूर्ण कराने की कृपा की जाए।

(xvii) Need to establish soil testing laboratories at Panchayat level in Odisha to give impetus to Soil Health Card Scheme in the State

SHRI BALABHADRA MAJHI (NABARANGPUR): The Soil Health Card Scheme is a very noble initiative of the Government. However, it has been observed that in Odisha, hardly 30% of soil samples have been tested since the scheme was launched in 2015. During the last 10 years, ideally, all fields should have been tested at least three times. The main reason for this shortfall is the inadequate number of soil-testing laboratories. It is not possible to achieve the objectives of the scheme unless soil testing laboratories are established at the Panchayat level. I urge the Government to take necessary steps to establish these laboratories at the earliest.

(xviii) Need to accord approval for development of Airstrip and Helipad in Anand district, Gujarat

श्री मितेश पटेल (बकाभाई) (आणंद) : मैं अपने संसदीय क्षेत्र आणंद, गुजरात में हवाई पट्टी और हेलीपेड के विकास की आवश्यकता की ओर माननीय नागरिक उड्डयन मंत्री का ध्यान आकर्षित करना चाहता हूँ। आणंद श्वेत क्रांति की जन्मभूमि तथा भारत रत्न सरदार पटेल की कर्मभूमि है।

अमूल यहां प्रतिदिन 3 करोड़ लीटर दूध का संचालन करता है और 36 लाख किसानों से जुड़ा हुआ है। NDDB का मुख्यालय भी यहीं स्थित है। लगभग 50,000 छात्र यहां शिक्षा प्राप्त करते हैं तथा प्रतिवर्ष 2.5 लाख से अधिक प्रवासी भारतीयों का आवागमन होता रहता है। 40 किमी के दायरे में लगभग 25 लाख की जनसंख्या निवास करती है। यहाँ हवाई पट्टी और हेलीपेड की स्थापना से एयर एम्बुलेंस सेवा को मजबूती, डेयरी निर्यात में तेजी, शैक्षणिक संस्थानों को प्रत्यक्ष संपर्क और भारत रत्न सरदार वल्लभभाई पटेल की भूमि करमसद में पर्यटन को बढ़ावा मिलेगा। यदि भारत सरकार और नागरिक उड्डयन मंत्रालय हवाई पट्टी और हेलीपेड को मंजूरी प्रदान करते हैं, तो भविष्य में आणंद जिले में पायलट ट्रेनिंग, सिम्युलेटर ट्रेनिंग तथा ड्रोन प्रशिक्षण भी संभव हो सकेगा।

(xix) Need to release revised pension and arrears to EPF pensioners as per the judgment of Supreme Court

SHRI RAJMOHAN UNNITHAN (KASARAGOD): I wish to highlight a matter of urgent public concern impacting lakhs of retired employees nationwide, including thousands in my Parliamentary Constituency of Kasaragod. On 4 November 2022, the Hon'ble Supreme Court upheld the right of EPF members to receive pension based on their actual salary. However, the Employees' Provident Fund Organisation has failed to implement this judgment in letter and spirit. In fact, EPFO has adopted the pro-rata method to reduce pension, directly contradicting the Ministry of Labour's own directions and the Supreme Court's clear mandate of calculating pension on the average of the last 60 months' salary. Because of this, more than 17.5 lakh pensioners are still waiting for their rightful higher pension after paying huge arrears. In Kasaragod, a large number of Gulf-returned workers and senior citizens are receiving pensions lower than even state welfare pensions, leading to severe hardship.

The Himachal Pradesh High Court has already termed EPFO's action as unjustified and bordering on contempt. I urge the Government to immediately withdraw the pro-rata formula, ensure full compliance with the Supreme Court judgment, and release the revised pension and arrears without delay.

(xx) Need for adherence to environmental norms in the course of setting up of solar power plants in Barmer, Jaisalmer and Balotra regions in Rajasthan

श्री उम्मेदा राम बेनीवाल (बाड़मेर) : मैं सरकार का ध्यान राजस्थान के बाड़मेर, जैसलमेर और बालोतरा में बड़े पैमाने पर स्थापित की जा रही सौर परियोजनाओं के कारण हो रही पर्यावरणीय क्षति की ओर आकर्षित करना चाहता हूँ। इन परियोजनाओं के लिए खेजड़ी जैसे महत्वपूर्ण वृक्षों की असंगठित कटाई की जा रही है, जिससे थार मरुस्थलीय पारिस्थितिकी तंत्र गंभीर असंतुलन का सामना कर रहा है। कुछ स्थानों पर वृक्षों को जलाए जाने जाने की घटनाएँ भी सामने आई हैं, जो पर्यावरणीय मानकों का उल्लंघन है। परिणामस्वरूप प्रभावित क्षेत्रों में जैव-विविधता में कमी, वन्यजीव आवासों का क्षरण, तापमान में लगभग 5°C तक वृद्धि, भू-जल पुनर्भरण में गिरावट तथा कृषि-आधारित आजीविकाओं पर संकट उत्पन्न हुआ है। नवीनीकरणीय ऊर्जा का विकास महत्वपूर्ण है, परंतु यह स्थानीय पारिस्थितिकी और समुदायों के नुकसान की कीमत पर नहीं होना चाहिए। अतः मैं माननीय मंत्री से आग्रह करता हूँ कि सौर परियोजनाओं की कड़ी निगरानी सुनिश्चित की जाए, अवैध वृक्ष कटाई पर रोक लगाई जाए, और पारदर्शी पर्यावरण अनुपालन तंत्र लागू किया जाए। साथ ही सौर परियोजना क्षेत्र में 25% क्षेत्रफल में वृक्षारोपण अनिवार्य किया जाए तथा कृषि भूमि का उपयोग न करते हुए केवल गैर-खेती योग्य भूमि पर परियोजनाओं को स्थापित किया जाए, जिससे थार मरुस्थल की रक्षा हो सके।

(xxi) Need for establishment of AIIMS in Peddapalle Parliamentary Constituency in Telangana

SHRI VAMSI KRISHNA GADDAM (PEDDAPALLE): I rise to draw the Government to the urgent need for establishing an All India Institute of Medical Sciences in Peddapalle Parliamentary Constituency, Telangana. At present, AIIMS Bibinagar is the only AIIMS in the State, and it predominantly serves the Hyderabad region. The people of North Telangana, especially the districts of Peddapalli, Karimnagar, Mancherial, Jagtial and adjoining rural and tribal areas, have to travel long distances for advanced medical treatment, causing delays in care and imposing heavy financial burdens on poor families. Peddapalle is strategically and centrally located within North Telangana, with good rail and road connectivity, making it an ideal hub to serve multiple districts. The region also has adequate availability of suitable land for such a national-level institution. Establishing AIIMS at Peddapalle will ensure timely access to tertiary healthcare for lakhs of people, significantly decongest major hospitals in Hyderabad and strengthen critical specialties in the region. Further, an AIIMS in Peddapalle will act as a catalyst for regional development by generating employment, improving medical education and boosting allied infrastructure. I therefore urge the Government to sanction and establish AIIMS in Peddapalle in the larger interest of equitable healthcare and balanced regional growth in Telangana.

(xxii) Regarding setting up of a Kendriya Vidyalaya in Ambedkar Nagar, Uttar Pradesh

श्री लालजी वर्मा (अम्बेडकर नगर) : जिला अम्बेडकर नगर उत्तर प्रदेश में राजकीय मेडिकल

कालेज, एन0टी0पी0सी0, रेलवे एवं आदि विभागों में कार्यरत कर्मचारियों एवं आम जनता के बच्चों की शिक्षा के लिए महत्वपूर्ण शिक्षण का अभाव है जिसके कारण उक्त संस्थानों में कार्यरत कर्मचारियों को अपने बच्चों के लिए शिक्षा प्राप्त करने में कठिनाई का सामना करना पड़ता है। सरकार से उपरोक्त समस्या के निदान हेतु जनपद अम्बेडकर नगर में एक केन्द्रीय विद्यालय स्थापित करने की मांग करता हूँ।

(xxiii) Need to release funds due to West Bengal under MGNREGS and resume operation of work under the scheme

SHRIMATI BAG MITALI (ARAMBAG): The Mahatma Gandhi National Rural Employment Guarantee Scheme has been forced to not achieve its objective in West Bengal. Work for nearly 59 lakh beneficiaries has been stopped. All this because Union Government continues to owe the State more than Rs 43,000 crore. Calcutta High Court, in its recent judgment, directed the Union Government to resume MGNREGS operations in West Bengal by 1 August 2025. Despite this clear order, the Union Government has neither restored the scheme nor released the funds due to the state's workers. Instead, it filed a petition before the Supreme Court challenging the High Court's order. A petition that was ultimately dismissed. However, it is with extreme disappointment, that till date, the Government of India has not released the withheld payments nor taken steps to restart the programme in the State. In total, the Union Government's outstanding dues across various commitments amount to nearly Rs 2 lakh crore. Depriving States of their rightful dues, shatters the foundations of cooperative federalism and the very ethos of the Constitution. Thus, I request the Union Government to restart MGNREGS and disburse the amount owed at

the earliest.

(xxiv) Need for establishment of modern hospital for beedi workers in Jangipur and Murshidabad in West Bengal along with budgetary allocation for Beedi Workers Welfare Fund

SHRI KHALILUR RAHAMAN (JANGIPUR): I wish to bring the attention of the Government to the extreme deprivation faced by approximately 1.1 million beedi workers in the Jangipur and Murshidabad districts. Despite being among the largest beedi-worker belts in the country, these workers— most of whom are women— continue to be deprived of basic amenities, even though their hard labour contributes significantly to the national exchequer through GST and other taxes. My Parliamentary Constituency does not have even a single functional hospital dedicated to beedi workers, leaving this vast population without access to the most basic medical facilities. Thousands of families still live in dilapidated houses under unsanitary conditions, yet the housing scheme under the Beedi Workers' Welfare Fund remains largely ineffective. Furthermore, the student scholarship scheme exists only on paper. Most children of beedi-worker families are unable to access these scholarships due to the absence of application-assistance centres in Suti, Samsheganj, Raghunathganj, and Farakka. I strongly urge the Central Government to establish a modern 50-bed hospital for beedi workers in Jangipur; sanction the construction of at least 10,000 houses in Murshidabad district within the next two years; ensure 100% scholarship coverage for the children of beedi workers by setting up block-level facilitation centres; significantly increase the budgetary allocation for the Beedi Workers'

Welfare Fund so that the intended benefits genuinely reach the beneficiaries. These are not special concessions; they are the rightful entitlements of these workers— entitlements denied to them for far too long. I sincerely hope that the Government will take immediate cognisance of this serious matter and act without delay.

14.27 hrs**MATTERS OF PUBLIC IMPORTANCE -Contd**

माननीय सभापति : माननीय सदस्यगण, शून्य काल के कुछ विषय रह गए थे। कुछ माननीय सदस्य बोलना चाहते थे। सुश्री प्रणिती सुशीलकुमार शिंदे -

सुश्री प्रणिती सुशीलकुमार शिंदे (शोलापुर) : मैडम चेयरपर्सन, आपका बहुत-बहुत धन्यवाद। मैं शून्य काल के तहत आपसे यह कहना चाहती हूँ कि मेरी कांस्टीट्यूंसी पंढरपुर में वखारी गांव हैं।

Hon. Chairperson, in my constituency, at a village called Wakhri, sugarcane farmers have been on a hunger strike for the last five days. This hunger strike is going on very intensely and seriously. The sugar factories near Kolhapur have decided to pay farmers Rs. 3200 to Rs. 3600, to farmers but the sugar factories near Solapur are paying only Rs. 2800 per tonne to the sugarcane farmers. On the one hand, inflation has increased and a bag of fertilizer is being sold for Rs. 2000, due to which the farmers have become indebted. I request the Central Government to procure the sugarcane at the rate of Rs. 3500 per tone and milk at the rate of Rs. 50. Kindly Also withdraw the cases filed against the farmers.

Thank you.

SHRIMATI RACHNA BANERJEE (HOOGHLY): Thank you so much, Madam for giving me this opportunity. I stand here to raise a very important issue regarding pending dues for my State of West Bengal. The Union Government owes over Rs.19,000 crore to the State of West Bengal under Samagra Shiksha

... English translation of this part of speech was originally delivered in Marathi.

Abhiyan alone. Overall dues under various schemes amount to a staggering Rs.2 lakh crore.

Madam, till date, no official reasons have been given for the unilateral stoppage of funds from the Union Government. I want to ask this. If the States are required to bear 40 per cent of the financial burden of the scheme, then why does the prefix "PM" need to come?

Moreover, I want to know how can the Union Government stop funds for the different schemes altogether. Even the Parliamentary Standing Committee on Education stated that withholding funds for the pre-existing Sarva Shiksha Abhiyan for not adopting PM-SHRI scheme is wrong. The Education Minister and Education Secretary of West Bengal both have issued multiple letters to the Union Education Ministry. However, no funds have been released yet.

It is extremely disheartening that even after having a MoS from West Bengal, the Minister has not released a single penny for West Bengal under the scheme. I would request BJP and the MoS to stand for *Maa, Mati, Manush*, and accept the vision of Mamata Banerjee, our Chief Minister, and give West Bengal the respect it deserves. Thank you so much. Jai Bangla!

DR. ANGOMCHA BIMOL AKOIJAM (INNER MANIPUR): Thank you, Madam Chairperson. I want to draw the attention of the House to a commemoration that we have today in Imphal, Manipur. Our hon. President Murmu Ji is also taking part. This is the commemoration of what we call in Manipuri, Nupi Lan, which was a women's resistance against the colonial forces for creating an artificial famine in the State of Manipur in 1939. This was the second time the women of

Manipur stood up against the feudal and colonial system. The first one was in 1904, which is called the First War of Women in Manipur. I want to pay my respect to all those women in this country and the rest of the world who have resisted against the colonial feudal system.

* Let the strength of the mothers be bestowed upon to their children.

Thank you so much, Chairperson.*

..... English translation of this part of speech was originally delivered in Manipuri.

14.32 hrs**DEMANDS FOR SUPPLEMENTARY GRANTS (2025- 26)- FIRST BATCH**

माननीय सभापति : माननीय सदस्यगण, अब सभा में अनुदानों की अनुपूरक मांगें - प्रथम बैच - 2025-26 को चर्चा व मतदान के लिए लिया जाएगा ।

अनुदानों की अनुपूरक मांगों पर कई कटौती प्रस्ताव परिचालित किए गए हैं । जो माननीय सदस्य अपने कटौती प्रस्ताव प्रस्तुत करना चाहते हैं, वे 15 मिनट के भीतर सभा पटल पर पर्ची भेज दें, जिसमें उन कटौती प्रस्तावों की संख्या लिखी हो, जिन्हें वे प्रस्तुत करना चाहते हैं ।

इस प्रकार प्रस्तुत किए गए कटौती प्रस्तावों को दर्शाने वाली सूची कुछ समय पश्चात् नोटिस बोर्ड पर प्रदर्शित की जाएगी । यदि माननीय सदस्य उस सूची में कोई विसंगति पाते हैं तो वे कृपया इसकी सूचना तत्काल सभा पटल पर मौजूद अधिकारी को दे दें ।

प्रस्ताव प्रस्तुत हुआ :

“कि अनुदानों की अनुपूरक मांगों की सूची के स्तम्भ 2 में मांग संख्या 1, 3, 4, 6, 7, 10, 11, 13, 15 से 21, 23 से 30, 32, 35 से 38, 43 से 55, 58 से 66, 68, 69, 71, 72, 74, 76 से 79, 82, 85 से 89, 94 से 99 और 101 के सामने दर्शाए गए मांग शीर्षों के संबंध में 31 मार्च, 2026 को समाप्त होने वाले वर्ष के दौरान संदाय के क्रम में होने वाले खर्चों की अदायगी करने हेतु अनुदानों की अनुपूरक मांगों की सूची के स्तम्भ 3 में दर्शायी गई राजस्व लेखा तथा पूंजी लेखा संबंधी राशियों से अनधिक संबंधित अनुपूरक राशियां भारत की संचित निधि में से राष्ट्रपति को दी जाएं ।”

लोक सभा की स्वीकृति के लिए प्रस्तुत वर्ष 2025-2026
की अनुदानों की अनुपूरक मांगों के प्रथम बैच की सूची
List of Supplementary Demands for Grants- First Batch for 2025-2026
submitted to the Vote of the House

संख्या और मांग का शीर्षक No. and Title of the Demand		सभा की स्वीकृति के लिए प्रस्तुत अनुदानों की मांगों की राशि Amount of Demand for Grant submitted to the Vote of the House		
1	2	राजस्व Revenue ₹	पूंजी Capital ₹	जोड़ Total ₹
1 कृषि एवं किसान कल्याण विभाग	1. Department of Agriculture and Farmers Welfare	3,00,000	...	3,00,000
3 परमाणु ऊर्जा	3. Atomic Energy	2,00,000	3,00,000	5,00,000
4 आयुष मंत्रालय	4. Ministry of Ayush	2,00,000	1,00,000	3,00,000
6 उर्वरक विभाग	6. Department of Fertilisers	31063.09,00,000	3,10,00,000	31066,19,00,000
7 औषध विभाग	7. Department of Pharmaceuticals	...	1,00,000	1,00,000
10 वाणिज्य विभाग	10. Department of Commerce	226,96,00,000	1,00,000	226,97,00,000
11 उद्योग संवर्धन एवं आंतरिक व्यापार विभाग	11. Department for Promotion of Industry and Internal Trade	3,00,000	1,00,000	4,00,000
13 दूरसंचार विभाग	13. Department of Telecommunications	4,00,000	38543,32,00,000	38543,36,00,000
15 खाद्य एवं सार्वजनिक वितरण विभाग	15. Department of Food and Public Distribution	1,00,000	5,36,00,000	5,37,00,000
16 सहकारिता मंत्रालय	16. Ministry of Cooperation	1,00,000	53,00,000	54,00,000
17 कॉरपोरेट कार्य मंत्रालय	17. Ministry of Corporate Affairs	25,00,00,000	...	25,00,00,000
18 संस्कृति मंत्रालय	18. Ministry of Culture	5,09,00,000	1,00,000	5,10,00,000
19 रक्षा मंत्रालय (सिविल)	19. Ministry of Defence (Civil)	1,00,000	10,00,00,000	10,01,00,000
20 रक्षा सेवाएँ (राजस्व)	20. Defence Services (Revenue)	1,00,000	...	1,00,000
21 रक्षा सेवाओं पर पूंजी परियोजना	21. Capital Outlay on Defence Services	...	4103.03,00,000	4103.03,00,000
23 उत्तर-पूर्वी क्षेत्र विकास मंत्रालय	23. Ministry of Development of North Eastern Region	1,00,000	1,00,000	2,00,000
24 पृथ्वी विज्ञान मंत्रालय	24. Ministry of Earth Sciences	130,88,00,000	...	130,88,00,000
25 स्कूल शिक्षा एवं साक्षरता विभाग	25. Department of School Education and Literacy	2,00,000	...	2,00,000
26 उच्चतर शिक्षा विभाग	26. Department of Higher Education	1303,73,00,000	...	1303,73,00,000
27 इलेक्ट्रॉनिक्स और सूचना प्रौद्योगिकी मंत्रालय	27. Ministry of Electronics and Information Technology	1,00,000	...	1,00,000
28 पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय	28. Ministry of Environment, Forests and Climate Change	3,00,000	38,40,00,000	38,43,00,000
29 विदेश मंत्रालय	29. Ministry of External Affairs	1235,63,00,000	3,00,000	1235,66,00,000
30 आर्थिक कार्य विभाग	30. Department of Economic Affairs	1646,66,00,000	4194,26,00,000	5840,92,00,000
32 वित्तीय सेवाएँ विभाग	32. Department of Financial Services	521,83,00,000	...	521,83,00,000
35 राजस्व विभाग	35. Department of Revenue	1,00,000	...	1,00,000
36 प्रत्यक्ष कर	36. Direct Taxes	1192,23,00,000	639,40,00,000	1831,63,00,000
37 अप्रत्यक्ष कर	37. Indirect Taxes	...	605,68,00,000	605,68,00,000
38 भारतीय लेखा परीक्षा और लेखा विभाग	38. Indian Audit and Accounts Department	...	353,06,00,000	353,06,00,000
43 मत्स्यपालन विभाग	43. Department of Fisheries	1,00,000	...	1,00,000
44 पशुपालन एवं डेयरी विभाग	44. Department of Animal Husbandry and Dairying	361,12,00,000	66,32,00,000	427,44,00,000
45 खाद्य प्रसंस्करण उद्योग मंत्रालय	45. Ministry of Food Processing Industries	2,00,000	...	2,00,000
46 स्वास्थ्य और परिवार कल्याण विभाग	46. Department of Health and Family Welfare	2,00,000	...	2,00,000
47 स्वास्थ्य अनुसंधान विभाग	47. Department of Health Research	26,95,00,000	21,00,000	27,16,00,000
48 भारी उद्योग मंत्रालय	48. Ministry of Heavy Industries	1,00,000	...	1,00,000
49 गृह मंत्रालय	49. Ministry of Home Affairs	2719,84,00,000	20,00,00,000	2739,84,00,000
50 मंत्रिमंडल	50. Cabinet	37,30,00,000	1,00,000	37,31,00,000
51 पुलिस	51. Police	400,00,00,000	1,00,000	400,01,00,000

2

1	2	3		
		राजस्व Revenue ₹	पूंजी Capital ₹	जोड़ Total ₹
52 अंडमान एवं निकोबार द्वीप	52. Andaman and Nicobar Islands	1050,41,00,000	4,00,000	1050,45,00,000
53 चंडीगढ़	53. Chandigarh	1,00,000	...	1,00,000
54 दादरा और नगर हवेली तथा दमन और दीव	54. Dadra and Nagar Haveli and Daman and Diu	4,00,000	7,00,000	11,00,000
55 लद्दाख	55. Ladakh	2519,51,00,000	168,78,00,000	2688,29,00,000
58 जम्मू और कश्मीर को अंतरण	58. Transfers to Jammu and Kashmir	340,15,00,000	...	340,15,00,000
59 पुडुचेरी को अंतरण	59. Transfers to Puducherry	85,68,00,000	...	85,68,00,000
60 आवासन और शहरी कार्य मंत्रालय	60. Ministry of Housing and Urban Affairs	6,00,000	1,00,000	7,00,000
61 सूचना और प्रसारण मंत्रालय	61. Ministry of Information and Broadcasting	1,00,000	17,26,00,000	17,27,00,000
62 जल संसाधन, नदी विकास और गंगा संरक्षण विभाग	62. Department of Water Resources, River Development and Ganga Rejuvenation	4,00,000	2,00,000	6,00,000
63 पेयजल और स्वच्छता विभाग	63. Department of Drinking Water and Sanitation	1,00,000	...	1,00,000
64 श्रम और रोजगार मंत्रालय	64. Ministry of Labour and Employment	1,00,000	...	1,00,000
65 विधि और न्याय	65. Law and Justice	1,00,000	629,81,00,000	629,82,00,000
66 निर्वाचन आयोग	66. Election Commission	45,61,00,000	12,50,00,000	58,11,00,000
68 सूक्ष्म, लघु और मध्यम उद्यम मंत्रालय	68. Ministry of Micro, Small and Medium Enterprises	1,00,000	200,00,00,000	200,01,00,000
69 खान मंत्रालय	69. Ministry of Mines	...	66,46,00,000	66,46,00,000
71 नवीन और नवीकरणीय ऊर्जा मंत्रालय	71. Ministry of New and Renewable Energy	2,00,000	...	2,00,000
72 पंचायती राज मंत्रालय	72. Ministry of Panchayati Raj	1,00,000	...	1,00,000
74 कार्मिक, लोक शिकायत और पेंशन मंत्रालय	74. Ministry of Personnel, Public Grievances and Pensions	1,00,000	...	1,00,000
76 पेट्रोलियम और प्राकृतिक गैस मंत्रालय	76. Ministry of Petroleum and Natural Gas	14692,44,00,000	1,00,000	14692,45,00,000
77 योजना मंत्रालय	77. Ministry of Planning	2,00,000	1,00,000	3,00,000
78 पत्तन पोत परिवहन और जलमार्ग मंत्रालय	78. Ministry of Ports, Shipping and Waterways	2,00,000	...	2,00,000
79 विद्युत मंत्रालय	79. Ministry of Power	2,00,000	...	2,00,000
82 राज्य सभा	82. Rajya Sabha	65,97,00,000	1,28,00,000	67,25,00,000
85 रेल मंत्रालय	85. Ministry of Railways	...	8,35,00,000	8,35,00,000
86 सड़क परिवहन और राजमार्ग मंत्रालय	86. Ministry of Road Transport and Highways	...	18837,00,00,000	18837,00,00,000
87 ग्रामीण विकास मंत्रालय	87. Department of Rural Development	4,00,000	...	4,00,000
88 भूमि संसाधन विभाग	88. Department of Land Resources	2,00,000	...	2,00,000
89 विज्ञान और प्रौद्योगिकी विभाग	89. Department of Science and Technology	676,29,00,000	...	676,29,00,000
94 दिव्यांगजन सशक्तिकरण विभाग	94. Department of Empowerment of Persons with Disabilities	16,60,00,000	...	16,60,00,000
95 अंतरिक्ष विभाग	95. Department of Space	1,00,000	1,00,000	2,00,000
96 सांख्यिकी और कार्यक्रम मंत्रालय	96. Ministry of Statistics and Programme Implementation	65,62,00,000	14,61,00,000	80,23,00,000
97 इस्पात मंत्रालय	97. Ministry of Steel	1585,00,00,000	22,00,00,000	1607,00,00,000
98 वस्त्र मंत्रालय	98. Ministry of Textiles	1,00,000	...	1,00,000
99 पर्यटन मंत्रालय	99. Ministry of Tourism	1,00,000	...	1,00,000
101 महिला और बाल विकास मंत्रालय	101. Ministry of Women and Child Development	1,00,000	56,00,000	57,00,000
कुल	Total	62040,31,00,000	68561,59,00,000	130601,90,00,000

माननीय सभापति : श्री दीपेन्द्र सिंह हुड्डा जी ।

श्री दीपेन्द्र सिंह हुड्डा (रोहतक) : सभापति महोदया, इससे पहले कि मैं सप्लीमेंट्री डिमांड्स के विषय पर अपनी कुछ बात रखूं, उसके पहले अर्थव्यवस्था की मौजूदा हालत पर कुछ कहना चाहूंगा । मैं वित्त मंत्री जी से यह कहकर शुरू करूंगा कि माननीय वित्त मंत्री जी आपकी फाइलों में गांव का मौसम गुलाबी है, मगर ये आंकड़े असत्य हैं और दावा किताबी है । सरकार बड़े जोर-शोर से कह रही है कि पिछले क्वार्टर में इतनी ग्रोथ हुई, इत्यादि । जो ग्रोथ का आंकड़ा दिया गया है, जो विकास दर दी गई है, वह कितनी विश्वसनीय है? सबसे पहले तो इसी पर प्रश्न उठ रहे हैं और ये प्रश्न केवल हमारे देश में ही नहीं, बल्कि पूरे विश्व में उठ रहे हैं । आईएमएफ ने मात्र 15 दिन पहले ही सरकार की अकाउंटिंग को “सी” ग्रेड देने का कार्य किया । यानी कि आईएमएफ प्रश्नचिन्ह उठा रहा है कि सरकार कैसे अकाउंटिंग करके यह विकास दर देश के सामने रख रही है? आईएमएफ ही नहीं, देश के बहुत से अर्थशास्त्रियों ने कई बार इसे पॉइंट आउट किया । जो नई सीरीज एनएसओ आई है, यह इनकम ग्रोथ के आधार पर विकास दर देश के सामने रखती है, जबकि एक्सपेंडीचर ग्रोथ के आधार पर होना चाहिए । अगर यूएस कनवेंशन देखें, अमेरिकी इकोनॉमी और बाकी कई अर्थव्यवस्थाओं में एक्सपेंडीचर ग्रोथ के हिसाब से होता है ।

अगर इस क्वार्टर में भी एक्सपेंडिचर ग्रोथ के हिसाब से अपनी इकोनॉमी का ग्रोथ रेट देखें तो 6.1 प्रतिशत होना चाहिए । आपने बहरहाल दूसरे तरीके से कैलकुलेट किया है । अगर हम आपकी बात मानें, आपके दिए आंकड़ें मानें और नई सीरीज के आंकड़े मानें तो भी इस विकास दर पर प्रश्न चिह्न लगता है क्योंकि यूपीए के दस वर्षों में औसतन अर्थव्यवस्था की विकास दर 8.1 प्रतिशत थी । आपके द्वारा दिए गए आंकड़ों के अनुसार 11 वर्षों में औसत दर 5.75 प्रतिशत तक पहुंची है । क्या यह हर्षोल्लास की बात है?

महोदया, सरकार कह रही है हमारी विकास दर रिकॉर्ड हुई है । विकास दर रिकॉर्ड नहीं हुई है, रिकॉर्ड कुछ और बने हैं और 78 सालों के रिकॉर्ड लुढ़के हैं । मैं 78 साल यानी आठ दशकों के आठ रिकॉर्ड बताना चाहता हूं जो आपकी अर्थव्यवस्था की मौजूदा रिपोर्ट कार्ड आपके सामने पेश

करेंगे। 78 वर्षों में अगर हमारी मुद्रा या करेंसी सबसे निम्नतर स्तर पर पहुंची है तो वित्त मंत्री जी आपके इस कार्यकाल में पहुंची है। मैं देख रहा था, आपका बयान आया कि रुपया इतना नहीं गिरा जितना डॉलर मजबूत हो गया। हम हरियाणा से आते हैं, कुश्ती खेलते हैं, यह तो वही बात हो गई कि दो पहलवान आपस में लड़े और जो हारा उसके पिता ने कहा कि मेरा बेटा नहीं हारा, दूसरा ज्यादा मजबूत था इसलिए हारा है। डॉलर मजबूत हुआ है, मैं यह भी आपको बताना चाहता हूं कि एशिया की बाकी करेंसियों, इंडोनेशिया का रुपया, फिलीपींस का पीसो आदि की तुलना में आपके समय में रुपया वर्स्ट परफार्मिंग करेंसी साबित हुआ है। आपका पहला रिकॉर्ड यह बना है।

महोदया, आपको करंट एकाउंट डेफिसिट यानी व्यापार का घाटा की दूसरे रिकॉर्ड की बधाई हो। कितना निर्यात है और कितना आयात है, इसमें अगर 78 सालों में एक महीने का सबसे ज्यादा करंट एकाउंट डेफिसिट रिकॉर्ड किया गया है तो वह इस साल के अक्टूबर में 41.7 बिलियन डॉलर रिकॉर्ड किया गया है। आपने 78 सालों में दूसरा रिकॉर्ड बनाने का काम किया है। यही नहीं, आज 1.3 प्रतिशत जीडीपी का करंट एकाउंट डेफिसिट है, जो कि अनुमानित अगले वर्ष बढ़कर 1.7 प्रतिशत होने जा रहा है।

महोदया, आपने 78 सालों में तीसरा रिकॉर्ड इनइक्वेलिटी यानी गरीब और अमीर के बीच के अंतर का बनाया है। कल प्रकाशित रिपोर्ट के अनुसार इस देश के एक प्रतिशत सबसे अमीर नागरिकों के हाथ में देश की 40 प्रतिशत सम्पत्ति और 65 प्रतिशत आय है। यह गरीब और अमीर में असमानता का 78 सालों का ही नहीं, बल्कि 100 साल का रिकॉर्ड है। वर्ष 1922 से अर्थशास्त्री इन आंकड़ों पर ध्यान दे रहे हैं। आपने 100 साल का अमीर और गरीब के बीच अंतर का नया रिकॉर्ड बनाया है।

महोदया, पंकज चौधरी जी, एमओएस यहां उपस्थित हैं, उनके द्वारा राज्य सभा में उत्तर दिया गया है। हम उनको बधाई देते हैं कि आपकी पार्टी में उनकी पदोन्नति होने जा रही है। उन्होंने राज्य सभा में उत्तर दिया कि पिछले दस सालों में 16 लाख करोड़ रुपये राइट ऑफ हो गए। किसका राइट ऑफ हुआ? कॉर्पोरेट का राइट ऑफ हुआ या किसान का हुआ? यह सब जानते हैं। यूपीए

के समय हमने 78 हजार करोड़ रुपये किसान की एक साथ कर्ज माफी की थी। आपके समय में पिछले दस सालों 16 लाख करोड़ रुपये राइट ऑफ हुए, 78 सालों में यह चौथा रिकॉर्ड बना।

महोदया, अब पांचवें रिकॉर्ड की बात आती है। हमारे देश की अर्थव्यवस्था में इतनी मोनोपोली और डुओपोली प्राइवेट सैक्टर को कभी नहीं मिली, जितनी आपकी सरकार के समय में मिली है। आज हम क्या देख रहे हैं? आपने हवाई चप्पल से हवाई जहाज तक का सपना दिखाया। हमारी सरकार के समय में एविएशन सैक्टर में जेट, किंगफिशर, स्पाइसजेट, एयर एशिया, विस्तारा, गो एयर में कम्पीटिशन था। लेकिन अब क्या है? 65 प्रतिशत मार्केट शेयर अकेले इंडिगो का है और 26 प्रतिशत एयर इंडिया का है, इस तरह से दोनों के मिलाकर 91 परसेंट मार्केट शेयर हो गए। अगर दोनों आपस में बात करके रेट तय कर लें तो हमारे देश के हवाई यात्रियों के पास कहीं पेटिशन का मौका नहीं होगा। इसी को डुओपोली और मोनोपोली कहते हैं। यह केवल एक सैक्टर तक सीमित नहीं है। टेलीकॉम सैक्टर में हमारी सरकार के समय में डोकोमो, युनिनॉर, एयरसेल, आइडिया, वोडाफोन, आइडिया, जीओ और एयरटेल थे, लेकिन अब सब समाप्त हो गया, केवल दो कंपनियां रह गई हैं, जिओ और एयरटेल। अगर दोनों का मिलाकर मार्केट शेयर देखें तो टेलीकॉम का 80 प्रतिशत मार्केट शेयर केवल जिओ और एयरटेल के पास है। अगर ये दोनों आपस में तय कर लें तो कन्ज्यूमर के पास कहीं और जाने का रास्ता नहीं है।

वित्त मंत्री जी मैं आपको एक उदाहरण देना चाहता हूँ। हम देखते हैं कि जो बड़ी-बड़ी कैपिटलिस्ट इकोनॉमीज़ हैं, जैसे अमेरिका में हर सेक्टर में डुओपॉली और मोनोपॉली को रोकने के लिए कंज्यूमर के हक में कानून है कि 30 प्रतिशत से ज्यादा किसी सेक्टर में किसी एक कंपनी का मार्केट शेयर नहीं हो सकता है। वहाँ एयरलाइंस और टेलीकॉम आदि सारे सेक्टर्स में तीस प्रतिशत मैक्सिमम शेयर है। यदि इससे ज्यादा होता है, तो वे उसे रोकते हैं। हमारे यहाँ ऐसा कुछ नहीं है। कई ऐसे सेक्टर्स हैं, जहाँ तीस प्रतिशत से ज्यादा एक ही कंपनी का शेयर है। कार्गो में 30 प्रतिशत से ज्यादा अडानी का, कंटेनर में 50 प्रतिशत से ज्यादा अडानी का, एयरपोर्ट में 30 प्रतिशत से ज्यादा अडानी का, सिविल एविएशन और टेलीकॉम के बारे में मैंने आपको बता ही दिया है। साथ

ही मीडिया में, मैं समझता हूँ कि रिलायंस और अडानी, सारी मीडिया उनके ही पास है। मोनोपॉलीज़ और डुओपॉलीज़ का भी रिकॉर्ड बना है। देश के 78 साल में ऐसी कंपनियों के हाथ में अलग-अलग सेक्टर्स कभी नहीं गए।

छठा रिकॉर्ड अनइंप्लॉयमेंट पैटर्न का है। अनइंप्लॉयमेंट पैटर्न पिछले कई दशकों से एक संदर्भ में एक ही दिशा में जा रहा था। वह संदर्भ था कि लोग मैन्युफैक्चरिंग सेक्टर्स में जा रहे थे और कृषि क्षेत्र से आ रहे थे। एग्रीकल्चरल सेक्टर में हमारी वर्कफोर्स की संख्या घट रही थी और मैन्युफैक्चरिंग सेक्टर में बढ़ रही थी। आपकी सरकार में पिछले तीन वर्षों में यह ट्रेंड चेंज हो गया है। अगर पिछले तीन वर्षों में देखें, तो मैन्युफैक्चरिंग सेक्टर में जहाँ वर्ष 2014 में यूपीए के टर्म में 12.8 प्रतिशत लोग मैन्युफैक्चरिंग सेक्टर में काम करते थे, आज वे घटकर 11.5 प्रतिशत ही मैन्युफैक्चरिंग सेक्टर में रह गए हैं। कृषि क्षेत्र में वर्ष 2014 में 42 प्रतिशत लोग थे, जो कि आज बढ़कर 46 प्रतिशत हो गए हैं। यानी कि यह ट्रेंड बदल गया और लोग मैन्युफैक्चरिंग और सर्विस सेक्टर से वापस कृषि क्षेत्र में जा रहे हैं। मैं समझता हूँ कि यह हमारे देश के लिए बहुत चिंताजनक ट्रेंड है, जो कि आप मैन्युफैक्चरिंग सेक्टर को बढ़ाने की बात कर रहे हैं। 78 वर्षों में आपने जो रिकॉर्ड बनाए हैं, उनमें से मैंने छः रिकॉर्ड बताए।

सातवाँ रिकॉर्ड डैट के बारे में है। आज तक कभी भी देश की सरकार और प्रदेश की सरकारें सभी को मिलाकर इतना कर्ज नहीं चढ़ा। गाँव-देहात में एक कहावत होती है कि कर्ज लो और घी पियो, बाद की चिंता किसको करनी है, जब ऊपर पहुँच जाएँगे। जो कर्ज लेकर घी पीते हैं, उनका क्या हाल होता है, सब अर्थव्यवस्थाओं का पता है। आपके समय इतना डैट हो गया है। आज मौजूदा स्थिति यह है कि स्टेट्स और सेंटर को मिलाकर हमारे देश में टोटल डैट जीडीपी का 82 प्रतिशत है। जितनी भी हमारी समकक्षीय अर्थव्यवस्थाएँ हैं, जो कि डेवलपिंग नेशंस हैं या पर कैपिटा इनकम के हिसाब से समकक्षीय हैं, जैसे- फिलीपींस, वियतनाम, इंडोनेशिया, बांग्लादेश, श्रीलंका, पाकिस्तान, साउथ अफ्रीका, ब्राजील, अर्जेंटीना आदि किसी में भी 30-40 प्रतिशत से ज्यादा डैट नहीं है। अगर अमेरिका, जापान आदि की बात करें, तो डेवलप्ड इकोनॉमीज़ में इतना डैट होता है,

क्योंकि वे इकोनॉमीज़ एक स्तर तक पहुँच जाती हैं। ये जो डैट है, आप रीसेंटली किस बात के लिए डैट ले रहे हैं? चुनाव जीतने के लिए डैट ले रहे हैं। आप कर्ज ले रहे हैं और चुनाव जीतने के लिए कर्ज ले रहे हैं। बिहार में आपने क्या किया?

मैं हरियाणा के बारे में बताना चाहता हूँ। वर्ष 2024 के चुनाव से एक साल पहले हरियाणा में कुल मिलाकर 8.6 लाख बीपीएल कार्ड थे। चुनाव के लिए आपने बीपीएल कार्ड्स की संख्या बढ़ाकर 52 लाख कर दी। हरियाणा के 2 करोड़ 53 लाख मतदाताओं में से 2 करोड़ लोग बीपीएल बन गए। चुनाव के समय हरियाणा की 75 प्रतिशत आबादी आपने बिलो द पॉवर्टी लाइन डिक्लेयर कर दी। चार-पाँच महीनों तक उन्हें राशन दिया, बीपीएल की सारी सुविधाएँ दीं और चुनाव के एक साल बाद आपने इनमें से आधे राशन कार्ड काट दिए। न तो इतनी तेजी से हरियाणा में गरीबी आई और न ही उसी रफ्तार से अमीरी आई। चाहे हरियाणा का उदाहरण हो या बिहार में 10 हजार रुपये देने की बात हो, आप कर्ज लेते जा रहे हैं। आपने देश के कर्ज का रिकॉर्ड बना दिया।

आठवाँ रिकॉर्ड प्रदूषण के बारे में है। देश के इतिहास में कभी इतना प्रदूषण नहीं हुआ, जितना कि वित्त मंत्री जी आपकी सरकार में हुआ। मैंने केवल आठ ही रिकॉर्ड बताए हैं, क्योंकि देश की आजादी के बाद आठ दशक ही हुए हैं, लेकिन आपने बहुत से रिकॉर्ड बनाए हैं। कुल मिलाकर आज अर्थव्यवस्था में बहुत फॉल्टलाइन्स हैं। आपकी अर्थव्यवस्था में प्राइवेट इन्वेस्टमेंट और प्राइवेट कैपिटल फॉर्मेशन जितना मजबूत होना चाहिए, वह उतना नहीं है।

सरकार पब्लिक स्पेंडिंग के हिसाब से अर्थव्यवस्था को ग्रोथ रेट की ओर ले जाने का प्रयास कर रही है, लेकिन पब्लिक स्पेंडिंग के लिए आप कर्ज ले रहे हैं। यह हमारी अर्थव्यवस्था का एक नया मॉडल हो गया है।

आप आउटकम्स और ऑप्टिक्स में ऑप्टिक्स को चुन रहे हैं। आप नारे दे रहे हैं- 'स्टार्ट अप इंडिया।' लेकिन स्टार्ट अप इंडिया की यह हकीकत है कि इस वर्ष स्टार्ट अप्स समाप्त हो गये हैं। इस तरह से, 'स्टार्ट अप इंडिया' नहीं, बल्कि शट डाउन इंडिया हो गया है। आप नारा दे रहे हैं- 'मेक इन इंडिया।' लेकिन मैन्युफैक्चरिंग में एम्प्लॉयमेंट घट रही है। आप कोरिया, वियतनाम, चाइना

में जाकर पूछिए, जहाँ से प्रोडक्ट्स इंडियन मार्केट में आ रहे हैं। अभी 'मेड फॉर इंडिया' का नारा चल रहा है। इसलिए मैं समझता हूँ कि हमारी अर्थव्यवस्था की स्थिति उसी तरह की है। आपने नोटबंदी के समय जो किया उसके बाद से हकीकत यह है, मैं इस तरह से कह सकता हूँ कि कोई नौसिखिया मैकेनिक या मिस्त्री अगर कोई मोटर खोल दे, तो उसके बाद उसे उसको बांधना न आए। आज अर्थव्यवस्था की वैसी ही स्थिति दिखाई दे रही है। इस तरह से, देश की अर्थव्यवस्था अनर्थ व्यवस्था की तरफ बढ़ गई है। वित्त मंत्री जी, यह हमारा मानना है।

अब मैं डिमांड्स फॉर ग्रांट्स के कुछ सेक्टर्स की तरफ आता हूँ। डिमांड्स फॉर ग्रांट्स में भी जो क्रिटिकल सेक्टर्स हैं, वैसे हम देख रहे हैं कि ग्रोथ रेट में एक और कमी आई है, क्रिटिकल सेक्टर्स में कोई ग्रोथ रेट नहीं है। माइनिंग में कोई ग्रोथ रेट नहीं दिखाई दे रही है, मैनुफैक्चरिंग में कोई ग्रोथ रेट नहीं दिखाई दे रही है। मगर आपकी सरकार में जो क्रिटिकल विभाग हैं, उनमें आपकी सरकार की जो सिफारिश है, आप उसी को नहीं मान रहे हैं।

हेल्थ सेक्टर में, नैशनल हेल्थ पॉलिसी की एक सिफारिश है कि जीडीपी का ढाई प्रतिशत हेल्थ सेक्टर को दिया जाए। आपने हेल्थ के लिए 1.4 प्रतिशत बजट में रखा है। शिक्षा के क्षेत्र में, नैशनल एजुकेशन पॉलिसी के तहत कहा गया है कि जीडीपी का मिनिमम 6 प्रतिशत एजुकेशन सेक्टर को दिया जाए, लेकिन आप इसमें 4.5 प्रतिशत पर ही संतुष्ट हैं। आर एंड डी के क्षेत्र में, किसी भी देश को आगे ले जाने का जो स्वप्न होता है, नैशनल साइंस टेक्नोलॉजी एंड इनोवेशन पॉलिसी में आपकी सरकार कह रही है कि बाकी देशों को देखते हुए, इसमें जीडीपी का मिनिमम 2 प्रतिशत खर्च किया जाए। लेकिन इसमें भी आप 0.6 प्रतिशत से ही संतुष्ट हैं।

डिफेंस सेक्टर में, स्टैंडिंग कमेटी ऑफ डिफेंस यह रिपोर्ट दे रही है कि जीडीपी का मिनिमम 3 प्रतिशत डिफेंस को दिया जाए। मगर आपकी सरकार डिफेंस के लिए जीडीपी का 1.9 प्रतिशत बजट दे रही है। मैं डिफेंस सेक्टर के बारे में थोड़ा और खोलकर कहना चाहूंगा क्योंकि हमने अभी 'ऑपरेशन सिन्दूर' देखा। हमने देखा कि कैसे पाकिस्तान और चीन ने एक होकर हमारे देश के खिलाफ काम किया। लेकिन हमारे देश की फौजों ने पराक्रम से उनकी चुनौतियों का सामना किया

और उनको हराने का काम किया। मगर वे दोनों एक होकर चल रहे हैं।

मैं कहना चाहूंगा कि वर्ष 1962 के बाद, मैं यह सदन के संज्ञान में लाना चाहूंगा कि वर्ष 1962 के बाद, जीडीपी के सबसे कम प्रतिशत में डिफेंस का बजट दिया गया है, जो पिछले साल जीडीपी का केवल 1.9 प्रतिशत दिया गया। वर्ष 1962 से डिफेंस का बजट हमेशा जीडीपी का 2 प्रतिशत रहा है।

किरेन जी, यह स्टैंडिंग कमेटी की रिपोर्ट है, वर्ष 2013-14 में जीडीपी का 2.5 प्रतिशत हम डिफेंस पर खर्च कर रहे थे। यह धीरे-धीरे से घटकर 2 प्रतिशत हुआ और अब 1.9 प्रतिशत पर है। इसमें एक चिंता की बात यह भी है कि केवल डिफेंस के बजट में ही गिरावट आयी है, ऐसा नहीं है, बल्कि इसमें कैपिटल आउटलो 30 प्रतिशत से भी कम है। मॉडर्नाइजेशन के लिए जितना बजट चाहिए, उतना बजट नहीं है। रिपोर्ट कार्ड हम क्या दें? एयर चीफ मार्शल ए.पी. सिंह ने कहा कि टाइमलाइन एक बहुत बड़ा इश्यू है। कोई प्रोजेक्ट समय पर पूरा नहीं हो पाता है। हमारी सरकार को इसे देखना ही पड़ेगा। हम कोई ऐसा प्रॉमिस क्यों करते हैं, जिसे पूरा ही न कर पाएं। डेप्युटी चीफ ऑफ आर्मी स्टाफ राहुल सिंह ने कहा कि जो इक्विप्मेंट्स जनवरी में डिलीवर होने थे, वे आज तक नहीं हुए। अगर वे डिलीवर हो जाते, तो 'ऑपरेशन सिन्दूर' में कहानी कुछ और होती। उन्होंने यह पब्लिक फोरम पर कहा और आप डिफेंस का बजट घटा रहे हैं।

डिफेंस बजट के मामले में, मैं एक और बात कहना चाहूंगा। आप इसमें अग्निवीर योजना ले आए, जिसमें हमारे देश की फौज को कितना नुकसान हुआ, आप इसका अंदाजा लगा सकते हैं।

इसके साथ ही, मैं यह भी बताना चाहूंगा कि आपने एयरफोर्स मॉडर्नाइजेशन का बजट भी घटा दिया है। आज एयरफोर्स को 60 स्क्वाड्रन्स की जरूरत है। मगर यूपीए सरकार के समय 42 स्क्वाड्रन्स थी, आज उनकी संख्या घटकर 31 रह गई है। एक स्क्वाड्रन में 18 से 24 हवाई जहाज होते हैं। आज कई स्क्वाड्रन्स में जगुआर जैसे जहाज हैं। दुनिया के तमाम मुल्कों में इस जहाज को रिटायर कर दिया गया है। नाइजीरिया, अर्मेनिया, फ्रांस, जर्मनी और दक्षिण अफ्रीका इत्यादि देशों में जगुआर जहाज थे, उनको रिटायर कर दिया गया है। अभी हमारे देश में 60 की बजाय 31

स्क्वाड्रन्स हैं, लेकिन आपने जगुआर जहाज को रिटायर नहीं किया है। इस साल तीन जगुआर जहाज क्रैश हुए हैं, जिनमें से दो क्रैशेज में हरियाणा के जांबाज पायलट्स ने अपनी शहादतें दी हैं। हम उनको नमन करते हैं। जब मैंने उनके परिवार वालों से बात की, तब उनके परिवार वालों की जुबान पर एक ही बात थी कि आप सरकार से आग्रह करिए कि वह एयरफोर्स मॉडर्नाइजेशन की तरफ बढ़े। वह नए एयरक्रॉफ्ट्स लाए, इसमें हम आपका समर्थन करेंगे, लेकिन आपने एयरफोर्स मॉडर्नाइजेशन के बजट में कटौती कर दी है। डिफेंस के बजट में भी कटौती कर दी है और आप फौज के पराक्रम का नाम लेते हैं।

दूसरा, मैं कृषि क्षेत्र के बारे में कुछ कहना चाहूंगा। कृषि क्षेत्र में एमएसपी का एक बड़ा प्रश्न है। यूपीए सरकार के समय एमएसपी में धान और गेहूं में औसतन प्रतिवर्ष 12 और 13 प्रतिशत की बढ़ोतरी हुई थी। चाहे उड़द हो या मूंग दाल हो, उसमें औसतन प्रतिवर्ष 20 और 22 प्रतिशत की बढ़ोतरी हुई थी। एनडीए या आपकी सरकार के पिछले 11 वर्षों के कार्यकाल में अनाज में औसतन बढ़ोतरी 12-13 प्रतिशत थी और दाल में औसतन 20-22 प्रतिशत बढ़ोतरी थी, वह घटकर पांच और छः प्रतिशत हो गई है। धान में प्रतिवर्ष छः प्रतिशत और गेहूं में प्रतिवर्ष पांच प्रतिशत कटौती हुई है। इसी तरीके से दालों में छः और आठ प्रतिशत कटौती हुई है। अगर हम इसको महंगाई दर से सब्सट्यूट करें, तो आप यह मानिए कहीं न कहीं यह न के बराबर है। आप जो एमएसपी घोषित कर रहे हैं, वह किसानों को नहीं मिल रही है।

आपने इस साल धान पर 2,390 रुपये की न्यूनतम समर्थन मूल्य (एमएसपी) घोषित की है। आप हरियाणा की मंडियों में जाकर देखिए, धान 1,500 से 2,000 रुपये प्रति क्विंटल मिल रहा है, जो एमएसपी से कम है। आपने इस वर्ष बाजरा में न्यूनतम समर्थन मूल्य 2,250 रुपये प्रति क्विंटल किया है, मगर बाजरा 1,800 या 1,900 रुपये प्रति क्विंटल बिका है। कई जगहों पर बाजरे में एमएसपी भी नहीं मिली है। आपने कपास में 8,100 रुपये प्रति क्विंटल की एमएसपी घोषित की थी, मगर मंडियों में 6,500 या 7,200 रुपये प्रति क्विंटल यानी किसान एमएसपी से कम मूल्य पर कपास बेचने के लिए मजबूर हुआ है। आज एमएसपी नहीं मिल रही है। यूपीए सरकार के समय

जितना दाम बढ़ा था, आप प्रतिवर्ष उससे आधे से भी कम मूल्य दे रहे हैं। आप उसका जितना दाम बढ़ाकर घोषित भी कर रहे हैं, कितने किसानों को एमएसपी मिल रही है? आपको हरियाणा और पूरे देश का किसान उसके बारे में बता देगा।

आपने अनुदानों की अनुपूरक मांगों में कहा है कि हम खाद देंगे। मैं एक और बात कहना चाहूंगा। आप 'आत्मनिर्भर भारत' की बात करते हैं। मैं कपास की बात बता रहा हूँ। आपने इस वर्ष कपास में 11 प्रतिशत की आयात ड्यूटी खत्म कर दी है। कपास विदेश से आ रहा है। हमारे देश में कपास पैदावार करने वाले किसानों को न्यूनतम समर्थन मूल्य भी नहीं मिल रहा है। आप ये 'आत्मनिर्भर भारत' का मॉडल देश के सामने रख रहे हैं। इसी तरीके से खाद की बात है। मैं लगातार पूरे देश और हरियाणा में देख रहा हूँ कि खाद थानों में बिक रही है। हरियाणा में खाद पाने के लिए लाइन लगती है। वहां कभी लाठी चार्ज होता है, सरकार किसान के हाथ पर एक मोहर लगाती है कि वह लाइन में लगा हुआ है। मैं समझता हूँ कि यह ठीक नहीं है।

एक बात किसान और मजदूर की बात है। हमारे एक साथी ने लोक सभा में एक आतारांकित प्रश्न पूछा था, इस हफ्ते उस प्रश्न का उत्तर मिला है। उस प्रश्न के अनुसार मनरेगा की क्या स्थिति है? मैंने किसान की बात की है। मैं मजदूर की भी बात बताऊंगा। मनरेगा की क्या स्थिति है? आप उसका अंदाजा लगाइए। आज हरियाणा में 8,00,000 मजदूरों ने मनरेगा में रजिस्टर कराया हुआ है। मगर पिछले वर्ष मात्र 2,100 मजदूरों को 100 दिन का काम मनरेगा के तहत मिला है। आप अंदाजा लगाइए कि यह स्थिति है।

तीसरा, अब मैं खेल जगत के बारे में कुछ कहना चाहूंगा। श्री किरन रिजिजू जी, खेल मंत्री रह चुके हैं, वह भी मेरी बात सुनें। इसमें बड़ी विडंबना है। आपने 'खेलो इंडिया' में 3,500 करोड़ रुपये का बजट रखा है। उस बजट में कुल मिलाकर हरियाणा को 80 करोड़ रुपये मिले हैं, पूरे देश की तुलना में सबसे कम बजट मिला है। 'खेलो इंडिया' के तहत गुजरात को 600 करोड़ रुपये का सबसे अधिक बजट मिला है। देश में जिस प्रदेश के खिलाड़ी सबसे ज्यादा मेडल्स जीतते हैं, ओलंपिक, एशियाई, कॉमनवेल्थ गेम्स में हरियाणा के 50 प्रतिशत खिलाड़ी मेडल्स जीतते हैं। 'खेलो

इंडिया' में सबसे कम बजट उनके लिए हैं और आपने सबसे ज्यादा बजट गुजरात को दिया है। कॉमनवेल्थ गेम्स गुजरात में होंगे। अहमदाबाद में लाखों-करोड़ रुपये खर्च किए जाएंगे। अब तो गृह मंत्री जी कह रहे हैं कि वहां ओलंपिक गेम्स भी कराएंगे।

मेरी सरकार से मांग है कि हरियाणा को इसके को-होस्ट के रूप में लिया जाए। भूपेन्द्र यादव जी यहां मौजूद हैं। यह मैं उनसे भी कहना चाहता हूं। धर्मेन्द्र जी भी हरियाणा के प्रभारी रहे हैं। उन्हें भी हरियाणा के बारे में पता है। आपको हरियाणा को कम से कम को-होस्ट बनाना चाहिए, बल्कि उससे तो होस्ट कराना चाहिए था ताकि लाखों-करोड़ों के खर्च में से कुछ खर्च हरियाणा के खेल इंफ्रास्ट्रक्चर पर भी हो। आपने देखा होगा कि बास्केट बॉल कोर्ट के अंदर हमारे खिलाड़ियों की जान तक जा रही है। खेल ढांचे की यह दुर्दशा है। ऐसा करने से आने वाले समय में आप हरियाणा के खेल ढांचे में इतना निवेश करेंगे कि हरियाणा, जो आज पूरे देश के 50 प्रतिशत मेडल्स लेकर आता है, आने वाले समय में हरियाणा के खिलाड़ी देश का गौरव और बढ़ाने का काम करेंगे। यह मेरी मांग है।

मुझे अन्य बहुत सारी बातें भी रखनी थीं, मगर मैं अपनी बात को समाप्त करते हुए यह कहना चाहूंगा कि मुझे याद है कि वर्ष 2014 में जब एनडीए सरकार का पहला वर्ष था और स्वर्गीय माननीय अरुण जेटली जी वित्त मंत्री थे। मुझे उनके पहले बजट की स्पीच याद है। उनकी उस समय की बजट स्पीच मुझे इसलिए याद है, क्योंकि उस समय विपक्ष की तरफ से मैंने ही बजट स्पीच पर इनिशिएट किया था। अपनी बजट स्पीच में उन्होंने कहा था – 'Economy is ready to take off'. तब एवरेज ग्रोथ आठ प्रतिशत थी, जो अब घटकर साढ़े पांच प्रतिशत पर आ गई है। Ready to take off यानी हमारी अर्थव्यवस्था यूपीए के बंधनों से मुक्त हो चुकी है और अब टेक ऑफ की तरफ जा रही है। अब 11-12 सालों में वह टेक ऑफ हुआ या जहाज अभी रनवे पर ही खड़ा है, वह एयरपोर्ट्स पर हमारे यात्रियों ने देख लिया है कि क्या स्थिति बनी है। ... (व्यवधान)

वित्त मंत्री जी, मुझे पूरा विश्वास है कि आप इन विषयों पर ध्यान देंगे। आपका बहुत-बहुत धन्यवाद।

माननीय सभापति : माननीय मंत्री जी ।

संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरें रिजिजू) : हम लोग ध्यान से सुन रहे थे । वर्ष 2005 में उनका जो पहला भाषण था, मैंने वह भी सुना है । ... (व्यवधान)

आपने एग्रीकल्चर पर बोला है । एग्रीकल्चर पर बोलते-बोलते मुझे याद आया कि उस समय सुषमा स्वराज जी लीडर ऑफ अपोजीशन थीं । उन्होंने आपको एक ज्ञान दिया था, मुझे वह याद आ गया । आप तैयारी करके नहीं आए हैं । आप सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स पर न बोलकर, बजट की चर्चा, जो पहले ही हो चुकी है, उस पर बोले हैं । यह सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स है, आप इस पर नहीं बोले हैं । खेल के बारे में मेरी रिक्वेस्ट है कि आप खिलाड़ियों में झगड़ा मत करवाइए । खेल बहुत आगे बढ़ रहे हैं, खेलो इंडिया कार्यक्रम चल रहा है और सब कुछ ठीक चल रहा है । आप झगड़ा मत लगाइए ।... (व्यवधान)

CUT MOTIONS

DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN (CHENNAI SOUTH): I beg to move:

(TOKEN)

**THAT THE DEMAND FOR A SUPPLEMENTARY
GRANT OF A SUM NOT EXCEEDING 26
RS.1303,73,00,000 IN RESPECT OF
DEPARTMENT OF HIGHER EDUCATION (PAGE
27) BE REDUCED BY RS.100.**

Need to provide more funds for strengthening
higher education system at the State-level. (1)

Need to check implementation of a centralized digital
framework in respect of linguistic diversity and State

autonomy in higher education under the “Pradhan Mantri One Nation One Subscription (PM-ONOS)” scheme. (2)

Need to provide more funds and ensure equitable distribution of funds across State universities *vis-a-vis* centrally-controlled World Class Institutions. (3)

THAT THE DEMAND FOR A SUPPLEMENTARY GRANT OF A SUM NOT EXCEEDING RS.7,00,000 OF MINISTRY OF HOUSING AND URBAN AFFAIRS (PAGE 60) BE REDUCED BY RS.100.

60

Need to address persistent concerns about inequitable funding under the Smart Cities Mission, where cities of different States including Tamil Nadu have repeatedly reported delays in approvals, shortfalls in releases and restrictions placed by the Union on project flexibility. (4)

Need to ensure adequate allocations for rental housing, slum redevelopment and low-cost housing projects. (5)

Need to prioritise Electric Vehicle (EV) infrastructure grants for cities across the country including Chennai which is one of India’s largest EV manufacturing hubs. (6)

**THAT THE DEMAND FOR A SUPPLEMENTARY
GRANT OF A SUM NOT EXCEEDING RS.6,00,000 62
OF DEPARTMENT OF WATER RESOURCES,
RIVER DEVELOPMENT AND GANGA
REJUVENATION (PAGE 64) BE REDUCED BY
RS. 100.**

Need to address the delays on the Godavari–
Cauvery interlinking project which is crucial for Tamil
Nadu's long-term water security. (7)

Need to address Tamil Nadu's long-standing
concerns on equitable water sharing of inter-state
rivers to ensure compliance by upper riparian States.
(8)

Need for targeted allocations to modernize Tamil
Nadu's irrigation systems, particularly the Cauvery
delta's ageing canal network. (9)

Need to allocate funds for rejuvenation of Cauvery,
Vaigai and Thamirabarani rivers. (10)

**THAT THE DEMAND FOR A SUPPLEMENTARY
GRANT OF A SUM NOT EXCEEDING RS.1,00,000 63
DEPARTMENT OF DRINKING WATER AND
SANITATION (PAGE 67) BE REDUCED BY RS.100.**

Need to provide sufficient funds under the Jal

Jeevan Mission to states like Tamil Nadu which has consistently exceeded national performance benchmarks but continues to face delayed release of central funds. (11)

SUSHRI S. JOTHIMANI (KARUR): I beg to move:

(TOKEN)

THAT THE DEMAND FOR A SUPPLEMENTARY GRANT OF A SUM NOT EXCEEDING RS. 1303,73,00,000 OF DEPARTMENT OF HIGHER EDUCATION (PAGE 27) BE REDUCED BY RS. 100. 26

Need to establish a 'Innovation and Startup Capacity Grant' to be disbursed directly by world class Central Universities to their affiliated technical colleges especially Tier 2 and Tier 3 colleges. (14)

THAT THE DEMAND FOR A SUPPLEMENTARY GRANT OF A SUM NOT EXCEEDING RS. 2,00,000 OF DEPARTMENT OF HEALTH AND FAMILY WELFARE (PAGE 44) BE REDUCED BY RS. 100. 46

Need for mandatory inclusion of high-cost Outpatient Treatment (OPD) for chronic and catastrophic diseases under the Ayushman Bharat scheme. (19)

THAT THE DEMAND FOR A SUPPLEMENTARY GRANT OF A SUM NOT EXCEEDING RS. 27,16,00,000 OF DEPARTMENT OF HEALTH RESEARCH (PAGE 45) BE REDUCED BY RS. 100.

47

Need for a dedicated and adequately funded national research initiative to systematically study the direct correlation between environmental carcinogens (air pollution, contaminated water, industrial effluents) and the increasing incidence of cancer in various regions of India. (20)

माननीय सभापति : माननीय सदस्य - श्री जगदम्बिका पाल जी ।

... (व्यवधान)

श्री जगदम्बिका पाल (डुमरियागंज) : सभापति महोदया, मैं आपका अत्यंत आभारी हूं कि आपने मुझे माननीय वित्त मंत्री जी द्वारा प्रस्तुत हमारे सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स, जो वर्ष 2025-26 का फर्स्ट बैच है, उस विधेयक पर बोलने का अवसर दिया है । ... (व्यवधान) मैं कुछ कहूँ, उसके पहले संसदीय कार्य मंत्री श्री किरन रिजिजू जी ने कह दिया है कि यह सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स है, लेकिन हमारे हुड्डा जी निश्चित तौर से सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स पर कम बोले हैं और बजट पर ज्यादा बोले हैं । इसीलिए उन्होंने कहा कि मैं इसे सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स के पहले बोलना चाहता हूँ । निश्चित तौर से, आखिर इस सदन के माध्यम से उन्होंने जो बात उठाई है और वह उस पक्ष की तरफ से कही जाए, तो कम से कम वह तथ्यात्मक होनी चाहिए और सही भी होनी चाहिए ।

महोदया, उन्होंने कहा है कि इंटरनेशनल मॉनेटरी फंड (आईएमएफ) ने भारत की इस इकॉनमी या उसके ग्रोथ के बारे में की आलोचना की है, तो मैं कहना चाहता हूँ कि जो बात आप कह रहे हैं कि आईएमएफ ने, जिसकी रिपोर्ट में 'सी' ग्रेडिंग है, शायद वह 'सी' ग्रेडिंग किसी विकास दर या किसी डेटा की विश्वसनीयता पर सवाल नहीं उठाता है । इनकी सरकार में वर्ष 2011 और वर्ष

2012 में जो बेस इयर था, वह ग्रेडिंग उसमें थी। मैं चुनौती के साथ यह कहना चाहता हूँ कि इंटरनेशनल मॉनेटरी फंड ने कहा है कि आज इन्फ्लेशन के मामले में, गवर्नमेंट के फाइनेंस के मामले में और एक्सटर्नल सेक्टर के मामले में भारत को 'बी' ग्रेड मिला है, जो चाइना और ब्राजील के बराबर है, जिसकी बात दुनिया करती हैं। ... (व्यवधान) यह मैं चुनौती देकर कह रहा हूँ।

15.00 hrs

आज भारत को बी-ग्रेड मिला है। चीन, जिसका उदाहरण उनके नेता सबसे ज्यादा देते हैं। जब ऑपरेशन सिंदूर भी होगा, तो उनके एंबेसडर के साथ बैठेंगे, चीन की तारीफ़ भी करेंगे। आज ये भी तारीफ़ कर रहे थे कि चीन और पाकिस्तान एक हो गया है, लेकिन मैं कह सकता हूँ कि आज जो भारत की इकॉनॉमी है, it is becoming the fastest growing economy.

आज नरेंद्र मोदी जी के नेतृत्व में आप इकॉनॉमी की बात करते हैं। आज कोई इकॉनॉमिक स्लोडाउन नहीं है। हुड्डा जी, आप जाइए मत। जिस समय आपकी सरकार थी, उस समय मनमोहन सिंह जी प्रधानमंत्री थे, तो वर्ड्स थे कि इस देश में पॉलिसी पैरालिसिस हो गया था। वह उस नीति की पंगुता थी। जो लोग एफडीआई ला रहे थे, फॉरेन इन्वेस्टमेंट कर रहे थे, लेकिन पॉलिसी पैरालिसिस अब डिस्कस नहीं हो रहा है। अब एफ़.डी.आई. का इन्वेस्टमेंट वापस नहीं जा रहा है। मैं कहना चाहता हूँ कि जिस तरह कांग्रेस/यूपीए सरकार में इकॉनॉमिक स्लोडाउन और पॉलिसी पैरालिसिस के कारण एफ़.डी.आई. वापस जा रही थी, आज भारत इकॉनॉमिक एक्सीलरेशन की तरफ है। इसलिए आज इंडिया की फाइनेंशियल ईयर की विकास दर 8.2 परसेंट ग्रोथ रेट है, जो दुनिया में सबसे तेज़ है, नंबर एक पर है।

आज आप इंडिया की जीडीपी की बात कर रहे हैं, तो मैं चुनौती के साथ कहना चाहता हूँ कि इंडिया की ग्रोथ रेट 8.2 प्रतिशत है। आप यू.एस.ए. की बात करते हैं और आपने कहा कि वहां की इकॉनॉमी डीओ पॉलिसी और मोनो पॉलिसी के खिलाफ कानून बनाने का अधिकार है। ... (व्यवधान) धर्मेन्द्र जी आप मेरी बात सुनिए। आप कहते हैं कि मोनोपॉली के खिलाफ कानून बनाने की बात करते हैं। आज इंडिया की 8.2 परसेंट ग्रोथ रेट है, लेकिन यूएसए की जीडीपी केवल 3.8

परसेंट है। यह मैं जिम्मेदारी के साथ कह सकता हूँ। चीन की जीडीपी 5.2 परसेंट, रूस की 1.1 परसेंट पर है। आज दुनिया के जो चार बड़े देश हैं, उनमें यूएसए, चीन, रूस हैं। अगर रूस 1.1 परसेंट पर है, चीन 5.2 परसेंट पर है, यूएसए 3.8 परसेंट है, तो भारत की जीडीपी 8.2 परसेंट है। इसके लिए मैं नरेंद्र मोदी जी के नेतृत्व की सराहना करता हूँ।

फाइनेंशियल ईयर 2026 का यह क्वार्टर 8.1 परसेंट है। मैं कह रहा हूँ कि आज सप्लीमेंट्री डिमांड फॉर ग्रान्ट्स इसलिए आई हैं, क्योंकि इसका कारण है। आज हमने इसमें कठोर वित्तीय अनुशासन किया है, समावेशी विकास किया है। जो मोदी जी की पार्ट-3 सरकार है, वह एक निर्णायक और परिणामकारी सरकार है। हुड्डा जी, मैं कहना चाहता हूँ कि यह आईएमएफ ने नहीं कहा है। मैं चुनौती के साथ कहता हूँ कि आईएमएफ ने ही, जिसके नाम का आप उल्लेख कर रहे हैं, उसी ने भारत की ग्रोथ की तारीफ़ की है। आईएमएफ खुद कह रहा है कि भारत फाइनेंशियल ईयर, 2026 में 6.5 की रेट से बढ़ेगा। प्राइवेट इन्वेस्टमेंट, स्टेबल माइक्रो-इकॉनॉमी दुनिया की सबसे मजबूत होगी। यह आईएमएफ की रिपोर्ट है। यह फाइनेंशियल सिस्टम की वजह से मजबूत है। यह कहना कि भारत का डेटा गलत है। आप एक तरफ आईएमएफ का उल्लेख करेंगे और फिर उसके नाम से आप कहेंगे कि आईएमएफ आलोचना कर रहा है। यह आईएमएफ की ही तारीफ़ है।

मैं कहता हूँ कि अगर आप वास्तविक ग्रोथ देखना चाहते हैं, तो कम से कम आईएमएफ की रिपोर्ट पढ़ लेते, तभी बोलते। आज आप आईएमएफ का हवाला देकर देश के सामने गलत तस्वीर खींचना चाहते हैं, वह टिक नहीं सकती है। भारत ने क्वार्टर-1 में 7.8 परसेंट की ग्रोथ रेट पाई गई है और क्वार्टर-2 में 8.2 परसेंट की ग्रोथ है। अभी पुतिन भारत आए थे और उन्होंने तारीफ़ की। रूस के राष्ट्रपति ने तारीफ़ की है। आज जो कह रहे थे कि भारत और रूस की इकॉनॉमी डैड हो जाएगी, लेकिन ऐसे पश्चिमी देश के राष्ट्रपति भी फिर से भारत के प्रधानमंत्री के साथ बात कर रहे हैं। इससे साबित हो गया है कि पूरी दुनिया भारत के साथ रिश्ता रखना चाहती है और उसके साथ ट्रेड में आना चाहती है। मैं इसलिए कह रहा हूँ कि यह 6 महीने की रिपोर्ट है, इसी पर सवाल है।

मैं एक बात पूछना चाहता हूँ कि प्रधान मंत्री श्री राजीव गांधी जी ने क्या कहा था? राजीव

गांधी जी कहते थे कि हम 100 पैसा यहां से भेजते हैं और गांव में बेनिफिशियरी को 15 पैसा पहुंचता है। यह मेरा कहना नहीं है, यह हमारे तत्कालीन प्रधानमंत्री आदरणीय राजीव गांधी जी का कहना था। उस समय 100 रुपये भेजते थे, तो 15 रुपये पहुंचते थे और एक रुपया भेजते थे, तो 15 पैसा पहुंचता था। आज नरेंद्र मोदी 100 रुपये भेजते हैं, तो 100 रुपये लाभार्थी के पास पहुंच रहा है। मैं यह बात जिम्मेदारी के साथ कहना चाहता हूं। ... (व्यवधान) आज जिस आईएमएफ का हवाला दे रहे हैं और धर्मेन्द्र जी आप भी इस बात को कोट करते थे। राजीव गांधी जी की बात आप भी और अखिलेश यादव जी भी कोट करते थे। वे खुद ही कहते हैं कि हम पैसा भेजते हैं, लेकिन पैसा पहुंचता नहीं है। यह मिडिल मैन की वजह से है।

उस मिडिलमैन, बिचौलियों को दूर कर डायरेक्ट बेनिफिट ट्रांसफर स्कीम दुनिया में पहली बार भारत में लागू करके बिचौलियों को हटाकर सरकार से पैसा सीधे उनके खातों में जाएगा। चाहे वह महिला के खाते में जाए, चाहे पुरुष के खाते में जाए, चाहे प्रधानमंत्री किसान सम्मान निधि हो, चाहे उज्ज्वला योजना हो या जो भी स्कीम्स हों। मैं आज यह कहना चाहता हूं कि कलानिधि जी वह आईएमएफ की ही रिपोर्ट है। यह मामूली बात है, देश वर्ष 1947 में आजाद हुआ और 11 वर्षों में आप कह रहे हैं बीपीएल, गरीबी रेखा में डाल दिया। आज पूरा विश्व आश्चर्यचकित है, मोदी जी जहां दुनिया के अन्तर्राष्ट्रीय मंचों पर जाते हैं, चाहे यूनाइटेड नेशन में जाएं, जी-20 में जाएं, चाहे सार्क में जाएं, चाहे दाओस के सम्मेलन में जाएं, चाहे ब्रिक्स में जाएं या किसी सम्मेलन में जाते हैं, तो दुनिया पूछती है कि भाई पिछले दस वर्षों में आपने भारत में 25 करोड़ गरीब लोगों को गरीबी रेखा में से कैसे निकाला? आज वे बीपीएल से एपीएल में पहुंचे हैं।... (व्यवधान) आनंद जी, कुछ अपना ज्ञान वर्धन कीजिए, कुछ समझिए, ज्ञान वर्धन करने की कोशिश कीजिए। आखिर क्या आज सप्लीमेंट्री डिमांड्स फॉर ग्रांट पहली बार आयी हैं? धर्मेन्द्र जी, 15वीं लोक सभा में भी थे, जब कांग्रेस-यूपीए की सरकार थी, तब भी सप्लीमेंट्री ग्रांट्स आती थीं, डिमांड फॉर ग्रांट्स आती थीं। अंतर क्या है? उस समय जब डिमांड्स फॉर ग्रांट्स आती थीं, तो वह जो एक्चुअल बजट में नहीं होता था और उसको फोर्स ही नहीं करते थे। यह एक फायनेंसियल प्रक्रिया है कि सरकार उसको

सप्लीमेंट्री में लाती है, लेकिन उस समय एक वे के रूप में ही लाते थे कि हमको यह खर्चा चाहिए, हमको यह खर्चा चाहिए। आज 1.3 लाख करोड़ की जो हम सप्लीमेंट्री डिमांड फॉर ग्रांट ला रहे हैं, उसमें 31 परसेंट ही केवल नगद व्यय ले रहे हैं, 69 परसेंट, हमारा जो वित्तीय अनुशासन है, डिपार्टमेंट की जो सेविंग्स होंगी उस सेविंग से हम सप्लीमेंट्री ला रहे हैं, यह पहली बार इतिहास बनाने का काम कर रहे हैं। आप सोचिए कि 69 परसेंट... (व्यवधान) आप पूरी बात सुन लीजिए, तब आप कोई प्रश्न पूछेंगे, मैं उत्तर दे दूंगा। इसलिए मैं कहना चाहता हूँ कि जो सप्लीमेंट्री डिमांड फॉर ग्रांट हैं, इसके पीछे क्यों हैं? मैं कहता हूँ कि आप किसान की बात करते हैं और हमने किसान के लिए सप्लीमेंट्री लिया है। अगर मांगा है तो किसलिए मांगा है? ओझला साहब एक्सपेंडिचर के लिए नहीं मांगा है। हम उसको निवेश समझते हैं। आप समझते होंगे कि अगर किसानों पर पैसा खर्च करना सरकार का खर्चा है, लेकिन मोदी की सरकार समझती है कि किसान पर पैसा खर्च कर रहे हैं तो वह भारत का निवेश है। इसीलिए मैं कहना चाहूंगा कि अभी हुड्डा साहब उर्वरक की बात कह रहे थे वर्ष 2025-26 के मूल बजट में केवल किसानों की सब्सिडी के लिए एक लाख सड़सठ हजार आठ सौ सत्तासी करोड़ का प्रावधान किया था। यह किसानों की सब्सिडी के लिए था और आज एलाइड सेक्टर्स मिलाकर एक लाख इकहत्तर हजार करोड़ रुपये का प्रावधान था और हमने सप्लीमेंट्री डिमांड्स फॉर ग्रांट्स में फर्टिलाइजर के लिए 31 हजार 66 थे, जिसमें 19 करोड़ लिए हैं। यह फर्टिलाइजर के लिए है। अगर किसान को फर्टिलाइजर के लिए सब्सिडी देनी है, तो उस फर्टिलाइजर की सब्सिडी अगर हम दे रहे हैं, तो उसका नतीजा भी है कि यह जो हम दे रहे हैं आज उसी का नतीजा है कि वर्ष 2015-16 में जब आपकी सरकार थी, तो उस समय 251.54 मीट्रिक टन खाद्यान हुआ था और आज वर्ष 2024-25 में 2 लाख 51 हजार मीट्रिक टन से 3 लाख 57 हजार मीट्रिक टन पैदावार बढ़ी है, जो दुनिया में ऐतिहासिक है। आज आप देख रहे हैं कि पिछले साल की तुलना में हमारा खाद्यान 8 परसेंट बढ़ गया है, तो आज यह देन इसलिए है कि हम किसानों को खाद पर सब्सिडी दे रहे हैं। आज यह देन इसलिए है कि जो किसान गांव में रहता है, स्मॉल फॉर्मर्स, मार्जिनल फॉर्मर्स, सभापति महोदया, आप भी गांव से आती हैं, उन किसानों के पास सिंचाई का पैसा नहीं

रहता है, उनके पास पेस्टिसाइड खरीदने का पैसा नहीं रहता है, उनके पास कीटनाशक दवाओं के लिए पैसा नहीं रहता है। दुनिया में पहली बार कोई सरकार आयी है, जिसने प्रधानमंत्री किसान सम्मान के नाम पर छह हजार रूपया किसानों को देने का काम किया है, लागत देने का काम किया है।

इसलिए आज खेती पर लागत कम हो रही है। आज खेती पर लागत कम हो रही है और उत्पादन ज्यादा हो रहा है। आज हम फर्टिलाइजर्स पर सब्सिडी दे रहे हैं, हो सकता है कि आप इसकी आलोचना करें, लेकिन हमें संतोष है। हम जो पैसा सब्सिडी पर दे रहे हैं, यह किसानों के लिए इनवैस्टमेंट है, उनके लिए निवेश है। उनकी क्षमता से देश की खाद्य सुरक्षा हो, वह अपने आप में एक मजबूती का प्रतीक है। कृषि मंत्रालय ने अभी वर्ष 2024-25 का नवीन आंकड़ा जारी किया है। उसमें 357.73 मिलियन टन का खाद्यान्न उत्पादन हुआ है, जबकि इनके जमाने में 251.54 मिलियन टन हुआ था।

हम लोग दलहन, तिलहन के लिए इसी सदन में रोज कहते थे कि आप एक्सपोर्ट कर रहे हैं, पल्सेस एक्सपोर्ट कर रहे हैं, ऑयलसीड एक्सपोर्ट कर रहे हैं। वर्ष 2023-24 में तिलहन का उत्पादन 39.76 मिलियन टन हुआ था, पिछले साल जहां 39.67 मिलियन टन तिलहन पैदा हुआ था, वही वर्ष 2024-25 में 43 मिलियन टन की पैदावार हुई है और यह इस देश के किसान के कारण हुई है। यह जो वृद्धि हो रही है, प्रधान मंत्री मोदी जी का जो ऑयलसीड का मिशन है, यह उसकी सफलता का प्रतीक है। अगर दालों में आत्मनिर्भरता होती है, तो उस दिशा में यह कितनी बड़ी सफलता है।

ये डॉ. स्वामीनाथन की बात करते थे। स्वामीनाथन आयोग तो आपने ही बनाया था कि कृषि की आय को कैसे दुगुना किया जाए। इसके लिए आपने वर्ष 2005 में स्वामीनाथन आयोग बनाया था। आपने कृषि आय के लिए उनको कहा और उन्होंने रिपोर्ट दे दी। कांग्रेस, यूपीए की सरकार ने डॉ. स्वामीनाथन की रिपोर्ट ठंडे बस्ते में डाल दी। मैं देश के किसानों की तरफ से धन्यवाद देना चाहता हूं कि देश का जनादेश नरेन्द्र मोदी जी को मिला और उन्होंने डॉ. स्वामीनाथन की रिपोर्ट को

देश में लागू करने का काम किया है, जिससे आज देश के किसानों को फायदा हो रहा है। उन्होंने तय किया कि हम देश के किसानों को जो मिनिमम सपोर्ट प्राइस देंगे, उनका जो उत्पादन मूल्य होगा, वह उससे डेढ़ गुना होगा और उनको आज तो उनके उत्पादन मूल्य से दोगुना मिल रहा है। यह स्वाभाविक है कि यह डॉ. स्वामीनाथन की रिपोर्ट की देन है।

मैं कहना चाहता हूँ कि जो सप्लीमेंट्री डिमांड्स हैं, यह कोई अतिरिक्त बोझ नहीं है। यह कोई दस्तावेज नहीं है। यह किसानों को इम्पावर्ड करने और सशक्तीकरण करने का बिल है। इसलिए मैं आपसे कहूँगा कि इसे सर्वसम्मति से पारित करें। इस बिल का यह उद्देश्य है कि किसानों के उत्पादन की लागत में कमी आए। किसानों की आय बढ़ाना हमारा काम है और सरकार की तरफ से फर्टिलाइजर्स को सुनिश्चित कराना हमारा काम है। अगर हम इसके लिए कृत संकल्प हो रहे हैं तो मुझे लगता है कि ये इस बात पर बधाई नहीं देंगे। मैं सबसे पहले कहता हूँ, किसान ने खाद्य की सुरक्षा व्यवस्था में जिस तरह से काम किया है, इस देश का जो सेंट्रल पूल होता है, जुलाई, 2025 में उस पूल में 377.83 लाख टन चावल है, 358.78 लाख टन गेहूँ है। सेंट्रल पूल में गेहूँ और चावल का इतना बड़ा भंडार कभी नहीं रहा है, जो आज नरेन्द्र मोदी जी की सरकार में है। जो निर्धारित मानक है, यह उससे कई गुना ज्यादा है और यही भंडार काम आ रहा है। इनको यही इकोनॉमिक्स समझ में नहीं आ रही है। नेशनल फूड सिक्योरिटी एक्ट के अंतर्गत प्रधान मंत्री जी किस तरह से 81 करोड़ लोगों को कोविड के जमाने से 5 किलो खाद्यान्न परिवार के प्रत्येक व्यक्ति को दे रहे हैं। आज तक इनको यह इकोनॉमिक्स समझ में नहीं आई। क्योंकि भारत सरकार ने एक तरह से गेहूँ और चावल का अपार भंडार रखा है, इसलिए हम यह लगातार दे रहे हैं। लोग कहते थे कि कोविड के कारण यह दे रहे हैं, चुनाव के लिए दे रहे हैं और नेशनल फूड सिक्योरिटी एक्ट खत्म हो जाएगा। आज 6 साल हो गए हैं, वर्ष 2019 से आज वर्ष 2025 हो गया है, आज भी गांव में किसी जाति, बिरादरी, गरीब या जो भी लोग हैं, सबको 5 किलो खाद्यान्न प्रति व्यक्ति के हिसाब से उनके परिवार को मिल रहा है। अगले पांच सालों के लिए इस पर 11.80 लाख करोड़ रुपये सरकार व्यय करेगी। मैं समझता हूँ कि हुड्डा जी को इस पर बधाई देनी चाहिए थी, क्योंकि वह खुद हरियाणा से किसान परिवार से आते

हैं। यह सबसे बड़ी फूड सिक्योरिटी है और दुनिया में इतनी बड़ी कोई फूड सिक्योरिटी नहीं है, जो गरीब व कमजोर वर्गों के जीवन में स्थिरता और गरिमा लाती है।

मैं पशुपालन की बात करना चाहता हूँ। मैं सप्लीमेंट्री डिमांड्स पर ही बात कर रहा हूँ, मैं इधर-उधर कहीं नहीं जा रहा हूँ।

आज पशुपालन और ग्रामीण अवस्था में भारत का वास्तविक अधिकार सेरीकल्चर है, हॉर्टीकल्चर है, एग्रीकल्चर है, एनिमल हसबैंडरी है, फिशरीज़ है, जिसको ब्लू रिवोल्यूशन कहते हैं, जिसको जीरो आवर में उठाया जा रहा था। मैं कह रहा हूँ कि आज पशुपालन हो, डेयरी हो, ग्रामीण अर्थव्यवस्था हो, उसको मजबूत करने के लिए इस सप्लीमेंट्री में, इस डिमांड फॉर ग्रांट्स में हम नेशनल लाइवस्टॉक मिशन, ब्रीड इम्प्रूवमेंट इंस्टीट्यूट और भारत के दूध उत्पादन के लिए राष्ट्रीय गोकुल मिशन ले रहे हैं। हम नेशनल लाइवस्टॉक मिशन के लिए 361 करोड़ रुपये, ब्रीड इम्प्रूवमेंट और दूध उत्पादन के लिए 146.30 करोड़ रुपये ले रहे हैं। वर्ष 2014-15 दूध का उत्पादन 146.36 मिलियन टन था। वर्ष 2023-24 में यह बढ़कर 239.30 मिलियन टन हो चुका है। इस तरह 63.50 प्रतिशत दूध के उत्पादन में बढ़ोतरी हुई है। आज मैं कहना चाहता हूँ कि दुनिया में भारत सबसे बड़ा दूध का उत्पादक हो गया है। इसके लिए मैं बधाई देना चाहता हूँ, क्योंकि इसके लिए नीतियां हैं। यह नेशनल लाइवस्टॉक मिशन, राष्ट्रीय गोकुल मिशन, जो भारत सरकार में मोदी जी के नेतृत्व में चले ब्रीड के इम्प्रूवमेंट के लिए हैं कि जानवरों की ब्रीड का इम्प्रूवमेंट कैसे हो, उसके लिए चले। इसी नाते आज मवेशियों की उत्पादकता में 27.39 प्रतिशत की वृद्धि हुई है।

जहां तक अभी ऊर्जा सुरक्षा की बात हो रही है, भले ही इनको न लगता हो, क्योंकि इन्हें अहसास नहीं है, पर मोदी जी ने गरीबी देखी है। उन्होंने देखा है कि महिलाओं को ईंधन में काम करने में, लकड़ी के चूल्हे पर काम करने में कठिनाई होती है। जब वे एक वक्त का खाना पकाती थीं, तो 400 सिगरेट का धुंआ जाता था। आज उन्होंने उस कष्ट को देखा, बचपन में अपनी मां को देखा, अपने परिवार को देखा। इसलिए आज उन्होंने तय किया कि दुनिया में जो गरीब है, आखिर उसका क्या गुनाह है? गांव में या सुदूर अंचल में रहने वाले को भी क्लीन एनर्जी मिले, उसको अपना भोजन

चूल्हा, कंड़ा, लकड़ी पर न बनाना पड़े, उसके लिए उज्ज्वला योजना लागू करके, उसको भी एक स्वच्छ ईंधन देने का काम किया है, तो आज मुझे लगता है कि इन योजनाओं के लिए यदि हम डिमांड ऑफ सप्लीमेंट्री ग्रांट्स में पैसा मांग रहे हैं, तो आपको तो तारीफ करनी चाहिए। हमारी उज्ज्वला 2.0 योजना हुई, जिसमें मूल बजट में 12,100 करोड़ रुपये की सब्सिडी निर्धारित थी। अब पीएम उज्ज्वला योजना में उसकी जो बढ़ती हुई सफलता है, जो ग्रामीण और शहरी, लाखों परिवारों की आवश्यकता है, यदि उसको ध्यान में रखते हुए अपने देश के गांवों में रहने वाली वे गरीब महिलाएं, जिनके घर में आज तक यह चूल्हा नहीं पहुंचा था, यह फ्री सिलेंडर नहीं पहुंचा था, अगर वह गैस का चूल्हा और सिलेंडर दे रहे हैं और उसके लिए हम सप्लीमेंट्री मांग रहे हैं, तो मुझे लगता है कि आज देश की करोड़ों महिलाएं इसका स्वागत करेंगी, जो हमारे प्रधान मंत्री मोदी जी के नेतृत्व में वित्त मंत्री निर्मला सीतारमण जी लेकर आई हैं। इसके लिए हमने सप्लीमेंट्री डिमांड्स में 14,692 करोड़ रुपये मांगे हैं कि 14,692.45 करोड़ रुपये की अतिरिक्त राशि का प्रबंध किया जाए। इसमें जो नकद व्यय होगा, वह 9,473.44 करोड़ रुपये का होगा। दुनिया में कोई इतनी बड़ी योजना नहीं होगी। पीएम उज्ज्वला योजना में करीब 11 करोड़ महिलाओं के घरों में धुआं रहित रसोई का प्रबंध किया गया है। इसकी सराहना आज केवल हम या हमारी सरकार ही नहीं कर रही है। डब्ल्यूएचओ ने कहा कि जो भारत में प्रधान मंत्री मोदी जी ने पीएम उज्ज्वला योजना लागू की है, इससे बड़ी मेजर हैल्थ इंटरवेन्शन पूरी दुनिया में कोई नहीं है। वह तो पूरी दुनिया का मूल्यांकन करता है। मैं केवल भारत की तुलना नहीं कर रहा हूं। मैं अपने साउथ-ईस्ट एशिया के मुल्कों, जैसे पाकिस्तान, बांग्लादेश, श्रीलंका, नेपाल से इसकी तुलना नहीं कर रहा हूं।

सभापति महोदया, मैं पूरी दुनिया की बात कर रहा हूं कि आज डब्ल्यूएचओ कह रहा है कि यह दुनिया में सबसे बड़ा मेजर हैल्थ इंटरवेन्शन है। आज इंटरनेशनल एनर्जी एजेंसी क्या कहती है? वह सबसे बड़ी इंटरनेशनल एनर्जी एजेंसी है। वह कहती है कि इस योजना से इतना बड़ा सोशल और इकॉनॉमिक एचीवमेंट आया है, जो आज सीधे लाभार्थियों के घरों में गया है। महिलाओं का स्वास्थ्य सुधरा है। आप स्वास्थ्य की बात करते हैं। इसकी वजह से सबसे बड़ा रिवोल्यूशन आया

है। जो महिलाएं एनिमिक होती थीं, अस्थमा की मरीज होती थीं, केवल इसलिए कि वे गीली लकड़ियों से अपने बच्चों, अपने सुहाग के लिए खाना बनाने के लिए चिमनियों की तरह से अपने कलेजे से लकड़ी जलाने की कोशिश करती थीं। इससे उनका चेहरा लाल हो जाता था और उनके सीने में परेशानी होती थी। आज उन महिलाओं का स्वास्थ्य सुधरा है।

जैसे पहले बड़ों के घरों में गैस का चूल्हा होता था, आज ये एक-एक गरीब के घरों में पहुंचा है। ये 11 करोड़ लोगों के घरों में पहुंचा है। पहले महिलाएं गांवों से जंगल में इंधन जुटाने के बाहर जाती थीं। वहां से वे लकड़ियां चुन कर लाती थीं। उनको घरों से बाहर जाने में दिक्कतें होती थीं। इससे उन्हें समय में बचत हुई है। अब उनको इंधन जुटाने के लिए बाहर नहीं जाना पड़ता है। इससे महिलाओं की सुरक्षा और गरिमा में निश्चित रूप से वृद्धि हुई है। इसलिए मैं एलपीजी सब्सिडी के लिए कहता हूं कि यह केवल आर्थिक प्रावधान नहीं है बल्कि यह महिलाओं की गरिमा, सुरक्षा और उनके न्याय का संवैधानिक विस्तार हुआ है। पीएसयूज, जो ऑयल मार्केटिंग कंपनिज हैं, उनके जो अंडर-रिकवरीज हैं, उनको समेकित करके वितरण व्यवस्था को स्थिरता प्रदान किया गया है। इसलिए वैश्विक ऊर्जा के इतने उतार-चढ़ाव के बीच भारत की ऊर्जा को बढ़ाने के लिए यह आवश्यक कदम है।

ऑपरेशन सिंदूर की बात कही गई है। देश की आजादी के बाद आज डिफेंस में क्या रेवोल्यूशन आया है, इसके बारे में हुड्डा जी नहीं कह रहे हैं। वे वर्ष 2005 के बारे में कह रहे हैं। रिजिजू जी ने इस पर बयान दिया है। मैं उनके ज्ञान के लिए कह रहा हूं कि आज रक्षा मंत्रालय का बजट 4,91,732 करोड़ रुपए है। आज देश में सर्वाधिक बजट रक्षा बजट का है। आज हम उसमें और सप्लिमेंट्री मांग रहे हैं। हम 4,577 करोड़ रुपए अतिरिक्त मांग रहे हैं। यह भी हमारे वित्तीय अनुशासन और रणनीति के लिए है। मैं दस वर्षों के बारे में एक लाइन में जवाब दे दूंगा जिससे केवल आप ही नहीं बल्कि पूरा देश इस बात से सहमत होगा। आज भारत के रक्षा मंत्रालय ने मोदी जी के नेतृत्व में रक्षा उत्पादन में इतिहास रच दिया है। वर्ष 2014 की तुलना में आज डिफेंस प्रोडक्शन में 174 प्रतिशत की बढ़ोतरी हुई है। फाइनेंशियल ईयर 2024-25 में 1.54 लाख करोड़ रुपए का

डिफेंस में उत्पादन हो रहा है। कुछ सालों पहले तक हम हाई एलटिच्यूड का जूता भी बाहर से मंगाते थे। हम बैग्स मंगाते थे। हमारे यहां कैरी बैग्स नहीं थे। आप गोले-बारूद की बात छोड़ दीजिए। यह कहा जाता था कि यह चार दिनों के लिए है। हम विदेशों पर बहुत डिपेंडेंट थे। आज हम पहली बार नरेन्द्र मोदी जी के नेतृत्व में रक्षा क्षेत्र में आत्मनिर्भर हो रहे हैं। आज आप निर्यात को ले लीजिए। आप हिट एंड रन करके चले जाएंगे। वर्ष 2014 में आपका रक्षा निर्यात कितना था? वह एक हजार करोड़ रुपए का भी नहीं था लेकिन आज हम 23,622 करोड़ रुपए का एक्सपोर्ट कर रहे हैं। पहले हम ये इम्पोर्ट करते थे। हम डिफेंस के सारे इक्विपमेंट्स बाहर से मंगाते थे। यहां हमारे रक्षा राज्य मंत्री जी बैठे हैं, वे भी इंटरवीन करेंगे। आज हम ये इम्पोर्ट नहीं कर रहे हैं, बल्कि हम 23,622 करोड़ रुपए का एक्सपोर्ट कर रहे हैं। हमारी सरकार ने वर्ष 2029 तक का लक्ष्य रखा है कि हम रक्षा उत्पादन 23 हजार करोड़ रुपए से बढ़ा कर तीन लाख करोड़ रुपए करेंगे और इसमें से 50 हजार करोड़ रुपए का निर्यात होगा।

आप भारतीय नौसेना की बात करेंगे। भारतीय नौसेना की शक्ति बढ़ाने के लिए आईएनएस माहे है। प्रधान मंत्री जी पिछले दिनों वहां गए थे। नए स्वदेशी पनडुब्बियों की बात, उन्नत प्रणालियों की बात और आप ऑपरेशन सिंदूर के बारे में कह रहे हैं। पूरी दुनिया ने भारतीय सेना के शौर्य का लोहा मान लिया है। राहुल गांधी भारतीय सेना से हिसाब मांग रहे थे, जिस समय भारतीय सेना और एयरफोर्स पाकिस्तान में घुस कर नौ-नौ आतंकवादी ठिकानों को नेस्तानाबूद कर रहे थे, तबाह कर रहे थे। इससे पूरी दुनिया के लोग आश्चर्यचकित थे। उस समय आप हमसे हिसाब मांग रहे थे। आज उस ऑपरेशन सिंदूर की सफलता को पूरी दुनिया ने देखा है, उस समुद्री क्षमता की ऊचाईयों, स्काई रूट, इनफिनिटी कैम्पस, लिप इंजन एमआरओ फैसिलिटीज और एयरो स्पेस के रेडीनेस को देखा है। मैं बहुत विस्तार में नहीं जाना चाहता हूं। वर्ष 2019 में भारत विश्व के उन चुनिंदा शक्तियों में शामिल हुआ है, जो अंतरिक्ष में भी एंटी सैटेलाइट की क्षमता रखते हैं। भारत भी उन देशों में पहुंच गया है।... (व्यवधान) अभी शुरुआत है। हुड्डा जी नोट करिएगा। आप राहुल या प्रियंका से कह दीजिएगा, वे इसका जवाब देंगे।

आज भारत एंटी सैटेलाइट स्पेस में दुनिया के चुनिंदा देशों में से एक हो गया है। भारत की लैंड, भारत की सी, भारत के एयर स्पेस, चारों आयामों में हमारा सुरक्षा ढांचा और सुदृढ़ हुआ है।

आप वर्ष 2025-26 की बात करते हैं, आपने शिक्षा की बात ही नहीं की, हम शिक्षा के ऊपर कहना चाहते हैं। शिक्षा में कितना बड़ा रिवोल्यूशन आया। वर्ष 2025-26 में सरकार ने शिक्षा को रणनीतिक प्राथमिकता रखा था। आपने बजट की बात की इसलिए मैं पहले बजट की बात करता हूँ और फिर सप्लीमेंटरी डिमांड की बात करूंगा। मूल बजट में एक 1 लाख 28 हजार 650 करोड़ रुपये का प्रावधान किया गया है। ... (व्यवधान)

श्री धर्मेन्द्र यादव (आज़मगढ़) : सभापति महोदया, प्राइमरी स्कूल तो चलवा नहीं पा रहे हैं।

श्री जगदम्बिका पाल : सभापति महोदया, यह देख लीजिए, कितना महत्वपूर्ण है। आज सप्लीमेंटरी डिमांड किसलिए मांग रहे हैं? आज धर्मेन्द्र जी सप्लीमेंटरी डिमांड मांग इसलिए रहे हैं।

माननीय सभापति: माननीय सदस्य, जब आपका अवसर आएगा, तब अपनी बात रखिएगा।

श्री जगदम्बिका पाल : सभापति महोदया, आज हम सप्लीमेंटरी डिमांड वन नेशन, वन सब्सक्रिप्शन और वर्ल्ड क्लास इंस्टीट्यूशन एजुकेशन के लिए मांग रहे हैं। भारत हायर एजुकेशन में दुनिया में कहीं नहीं था। आज उसको आगे बढ़ाने के लिए वन नेशनल वन, सब्सक्रिप्शन के लिए 2023 करोड़ रुपये मांग रहे हैं, वर्ल्ड क्लास इंस्टीट्यूशन के लिए 274 करोड़ रुपये मांग रहे हैं।

यह शिक्षा पर व्यय नहीं है, यह राष्ट्र की भविष्य की पूंजी है। आज पीएम ओएनवनएस में क्रांतिकारी मॉडल आया है। आज आप देखिए, हम कहाँ हैं? वर्ष 2010 में जो भारत वैज्ञानिक जर्नल निकलते थे, उसमें हम विश्व में सातवें स्थान पर थे, आज 2020 में हम दुनिया में तीसरे स्थान पर हैं, हमारे साइंटिस्ट के जर्नल निकल रहे हैं। यूएस वर्ल्ड यूनिवर्सिटी की रैंकिंग में कोई भी यूनिवर्सिटी नहीं थी, न कोई आईआईटी था। आज मैं बड़ी जिम्मेदारी के साथ कहना चाहता हूँ कि नरेन्द्र मोदी के नेतृत्व में 2025 में भारत के 54 भारतीय विश्वविद्यालय और 12 आईआईटी वर्ल्ड की रैंकिंग में शामिल हैं। इसके लिए मैं नरेन्द्र मोदी जी को बधाई देता हूँ।

वैश्विक मंचों पर भारत आज उच्च शिक्षा अपना प्रभाव बढ़ा रहा है। डिमांड फॉर ग्रांट्स में

किस तरह वन नेशन, वन सब्सक्रिप्शन हो और वर्ल्ड क्लास इंस्टीट्यूशन हो, यह हमारी सरकार की नीतियों का परिणाम है। आज भारत में शोधन और नवाचार में तेजी से उभर रहा है। वर्ल्ड क्लास इंस्टीट्यूशन ऐसे नहीं बनते हैं। वर्ल्ड क्लास इंस्टीट्यूशन के लिए एक इंटरनेशनल पैरामीटर्स होता है, इसके अंतर्राष्ट्रीय मानक होते हैं। उस अंतर्राष्ट्रीय मानक में जब हमारा इंस्टीट्यूशन उनके साथ एट-पार आएगा, तब वर्ल्ड क्लास इंस्टीट्यूशन उसकी रैंकिंग करते हैं।

अभी तक हम शिक्षा में कहीं नहीं थे। शिक्षा में इंटरनेशनल पैरामीटर्स को कम्पीट करके हमारे देश के एजुकेशन इंस्टीट्यूशन इंटरनेशनल लेवल पर एट-पार हों, उनकी रैंकिंग हों, उसके लिए एक-दो पैसा नहीं, 6199 करोड़ रुपये नरेन्द्र मोदी की सरकार ने खर्च किया है। तभी जाकर वर्ल्ड क्लास इंस्टीट्यूशन बन रहे हैं। भारत को एक पावरफुल एकेडमिक हाउस बनाने की कोशिश हो रही है।

हम लोग पहले अमेरिका और इंग्लैंड पढ़ने जाते थे। आज हम एकेडमिक पावर हाउस बनाना चाहते हैं। इसका श्रेय देश के वैज्ञानिकों और प्रोफेसर्स का है। सरकार ने बजट दिया, सरकार ने गाइडेंस दिया। आपने कोविड में देखा, प्रधानमंत्री जी खुद लेबोरेटरीज में गए, जहां दुनिया में किसी वायरस की दवा नहीं बनती थी, पहली बार दुनिया में हमने कोविड के एक नहीं दो-दो इंजेक्शन बनाए हैं। इसके लिए वैज्ञानिकों को बधाई दीजिए। पिछले दिनों प्रधानमंत्री जी ने चाहे विज्ञान का क्षेत्र हो, अनुसंधान का क्षेत्र हो, नवाचार का क्षेत्र हो, भारत आज उस ग्लोबल इनोवेशन इंडेक्स में एशिया का सबसे प्रमुख नवाचार कर्ता बन चुका है।

सभापति महोदया, समय का अभाव है इसलिए मैं शिक्षा का विषय छोड़कर विदेश नीति की बात करना चाहता हूं। इसी सदन में चाबहार पोर्ट की चिंता होती थी कि यदि अफगानिस्तान और पाकिस्तान रास्ता बंद कर दें तो भारत का पूरी दुनिया के साथ पानी द्वारा सम्पर्क कट जाएगा। हमने बजट 20517 करोड़ रुपये का किया है और सप्लिमेंटरी डिमांड भी 542 करोड़ रुपये की ले रहे हैं। जो चाबहार पोर्ट है, मारिशस हो, पेरिसिफिक आइसलैंड हो, इन देशों के साथ और पूरे सेंट्रल एशिया के साथ पूरे साल हमारा ट्रेड होता है, इसलिए हम सप्लिमेंटरी डिमांड्स ले रहे हैं। केवल आलोचना करने के लिए आप आलोचना करेंगे, यह उचित नहीं है। आज प्रधान मंत्री मोदी जी के

नेतृत्व में भारत किस तरह से हिंद महासागर क्षेत्र में अपनी पकड़ बनाए हुए है। आज केवल प्रधान मंत्री जी ही विश्व के नेता नहीं बन रहे हैं, बल्कि भारत भी हिंद महासागर क्षेत्र का नैसर्गिक नेता बन रहा है।

महोदया, विकास की बात, कूटनीति की बात, सुरक्षा की बात हो, सरकार हर चीज में बैलेंस रख रही है और तीनों का संतुलन भारत के हाथ में है।

माननीय सभापति : जगदम्बिका पाल जी, आप अपनी बात समाप्त कीजिए।

श्री जगदम्बिका पाल : महोदया, मैं केवल एक मिनट का समय और लूंगा। जब टैरिफ लगा तो तमाम अर्थशास्त्रियों ने कहा कि इस टैरिफ का व्यापक असर पड़ेगा और इससे भारत की इकोनॉमी पर असर पड़ेगा लेकिन हम प्रधान मंत्री जी को धन्यवाद देंगे कि उन्होंने इस विषय पर कभी कोई प्रतिक्रिया व्यक्त नहीं की। जिस तरह से हमारी सरकार ने एक्सपोर्ट करना शुरू किया, नए बाजार खोलना शुरू किया, उसमें सबसे महत्वपूर्ण उपलब्धि भारत और यूनाइटेड किंगडम की, जो फ्री ट्रेड एग्रीमेंट हो चुका है, मैं उसके लिए प्रधान मंत्री नरेन्द्र मोदी जी को बधाई देना चाहूंगा। यह समझौता केवल भारत और यूनाइटेड किंगडम का फ्री ट्रेड का नहीं होगा, यह समझौता भारतीय सीमाओं के लिए होगा, कृषि निर्यात के लिए होगा, डिजीटल के लिए होगा, हमारी सरकार की सबसे बड़ी चिंता एमएसपी के लिए होगी और पूरी दुनिया में भारत का नया बाजार खुलेगा। आज केवल यूके के साथ ही फ्री ट्रेड एग्रीमेंट नहीं हो रहा है, अनेक देश हैं जैसे अफ्रीका, यूरोपियन कंट्रीज आदि हैं और जो वोकल फॉर लोकल था, आज हमारी ऊर्जा से जो सम्प्रभुता आई है और हमने टैरिफ के बावजूद भी शेयर बाजार विश्व स्तर पर ले गए हैं। वैश्विक अस्थिरता के बावजूद भी प्रधान मंत्री जी के कारण भारत का वोकल फॉर लोकल लोकल टू ग्लोबल बन चुका है।

महोदया, समय की बाध्यता के कारण मैं सभी विभागों की बात नहीं कर पा रहा हूं लेकिन मैं जानता हूं कि मोदी जी की यह तीसरी सरकार केवल सरकार चलाने के लिए ही नहीं है, यह भारत को विश्व के शिखर पर ले जाने की है। धन्यवाद।

15.34 hrs**PRIVATE MEMBERS' RESOLUTION****Re: Appropriate Measures to Regulate Airfare in the Country – Contd.**

माननीय सभापति : आइटम नम्बर-21, प्रो. वर्षा एकनाथ गायकवाड ।

प्रो. वर्षा एकनाथ गायकवाड (मुम्बई उत्तर-मध्य) : सभापति महोदया, माननीय सदस्य शफी परम्बिल द्वारा दिए गए प्रस्ताव के बारे में मैं समर्थन देने हेतु बोलने के लिए खड़ी हुई हूँ। मैं अपनी बात चार पंक्तियों के साथ शुरू करना चाहती हूँ।

“हवा में उड़ान है, पर जमीन हाल बेहाल है,

टूटी सीटों के साथ सेवा खुद ही एक सवाल है,

किराया है आसमान पर, टैक्सों की भरमार है

विकसित भारत का सपना दिखाती, मोदी सरकार है।”

जमीनी सच्चाई आप देखेंगे, तो वह बिल्कुल अलग है, जिसे मैं आज आपके सामने रखना चाहती हूँ। आज हवाई यात्रा आम नागरिक की सुविधा के लिए नहीं, बल्कि उनके शोषण का बहुत बड़ा साधन हो गई है। प्रधान मंत्री जी कहते हैं- ‘उड़े देश का आम नागरिक’ लेकिन सच्चाई यह है कि आज की स्थिति में लुटे देश का आम नागरिक और उड़े भाजपा के मित्र। एयरलाइंस में आज महालूट मची हुई है। एक टिकट जब आम आदमी पहले खरीदने जाता था, तो सोचता था कि 5 या 6 हजार का टिकट होगा, लेकिन वही टिकट आज लगभग 25 से 30 हजार रुपये तक पहुँच गया है। क्या यही उड़ान है या उड़ान से ऊँची लूट चल रही है? आज अगर एयरलाइंस के टिकट की बात करें, तरह-तरह के हिडेन चार्जस जोड़े जाते हैं। जैसे बैंक बिना बताए पैसों की कटौती करती है, वैसे ही एयरलाइंस टिकट के साथ हिडेन चार्जस लगाती है। यूडीएफ, एसएफ, फ्यूल सरचार्ज जैसे नामों पर जनता को ठगा जा रहा है। मेरा सुझाव है कि एयरपोर्ट अथॉरिटी ऑफ इंडिया का नाम बदलकर अडानी एंड संस रख दिया जाए, क्योंकि सब उन्हीं को सौंपा जा रहा है। देश की संपत्ति को टैक्स-फ्री डोनेशन के नाम पर देने का काम हो रहा है। अडानी एयरपोर्ट और यूजर फीस के बारे में बढ़ोत्तरी

हो गई है। मैं बताना चाहती हूँ कि दिसम्बर, 2025 के टीडीसेट फैसले के बाद अडानी कंपनी को महाल ने अपने घाटे को पूरा करने के लिए अंतर्राष्ट्रीय यात्रियों पर लगने वाली यूडीएफ, जो पहले 175 रुपये थी, उसे बढ़ाकर 3,856 रुपये करने का प्रस्ताव दिया है। यह जो बढ़ोत्तरी हो रही है, उसे रोकने के लिए सरकार कोई बात नहीं कर रही है। निजी कंपनियों की मनमानी चलने लगी है। सरकार मुंबई जैसे अंतर्राष्ट्रीय एयरपोर्ट को सबसे महंगा एयरपोर्ट बनाने में लगी हुई है।

महोदया, महाराष्ट्र के पर्यटन पर बड़े पैमाने पर इसका असर होने वाला है। कहां 175 रुपये और कहां 3,856 रुपये। यूजर डेवलपमेंट के नाम पर अडानी कंपनी इतना ज्यादा पैसा चार्ज कर रही है। मुंबई के एयरपोर्ट्स के बारे में सरकार बात कर रही है। मैं बताना चाहूंगी कि नवी मुंबई में एक नए एयरपोर्ट की स्थापना हुई है, जिसका नाम एनएमआई है। वहां उड़ान भरने वाली एकमात्र बड़ी एयरलाइन इंडिगो है। डीजीसीआई ने क्रू की कमी व रद्दीकरण के कारण इंडिगो के स्पेशल ऑडिट का आदेश दिया है। नवी मुंबई एयरपोर्ट में यदि केवल एक एयरलाइन की सेवा होगी और वह सेवा देने में विफल रही, तो क्या मंत्रालय के पास एयरपोर्ट चालू रखने हेतु कोई प्लान-बी है? क्या उद्घाटन के बाद वह एयरपोर्ट घोस्ट टर्मिनल बन जाएगा?

महोदया, सरकार द्वारा उड़ान योजना में 120 नए डेस्टिनेशन्स और अगले 10 सालों में 4 करोड़ यात्रियों को जोड़े जाने का लक्ष्य है, लेकिन कैग की वर्ष 2023 की रिपोर्ट के अनुसार 774 में केवल 403 रूट्स यानी 52 प्रतिशत रूट्स अभी शुरू ही नहीं हुए हैं। 371 रूट्स में से आप केवल 112 रूट्स की कम्प्लीशन अवधि पूरी करके केवल 54 रूट्स यानी 7 टका 3 सालों में चालू कर पाए हैं। यह सच्चाई है। सरकार ऐसी कई नीतियां लाकर उड़ान रूट स्थापित करने की बात कर रही है। जो रूट्स पहले से बनाए गए हैं, वे अभी तक चालू नहीं हुए हैं। इस प्रकार से तो रूट्स बनाने की बात चल रही है, उनको पुनर्जीवित करने की बात चल रही है। वायबिलिटी गैप, ऑपरेशन की बात जो चल रही है, वह कैसे हो सकती है, यह बड़ा सवाल है। एक जमाने में किंग फिशर को किंग ऑफ गुड टाइम्स कहा जाता था, लेकिन उसे आज किंग ऑफ बैड टाइम्स कहा जाता है। आज लगभग 20 एयरलाइंस बंद हो गई हैं। जेट एयरवेज़, गो फर्स्ट, किंगफिशर, एयर सहारा, जेट लाइन,

एयर डेक्कन, एयर एशिया इंडिया, एयर मंत्रा जैसी कई एयरलाइंस के नामों की पूरी लिस्ट मेरे पास है। लगभग 20 कंपनियां बंद हो चुकी हैं।

कुछ कंपनियां मर्ज हो चुकी हैं। आज एयरलाइन्स की ऐसी हालत हो गई है। आज मेजोरिटी जो एयरलाइन्स में चल रही हैं, वह एयर इंडिया, विस्तारा, इंडिगो और अकासा एयर की हैं। इन्हीं पर हमारी सम्पूर्ण एयरलाइन्स पूरी तरह से निर्भर है। इसकी वजह से जो मोनोपोली हुई है, वह ग्राहकों, यात्रियों को भुगतना पड़ रहा है। इसका असर हमने पिछले 6-7 दिन पहले देखा कि किस तरह से लोग एयरपोर्ट पर परेशान थे। लोगों के पास खाना नहीं था, उनको पीने के लिए पानी नहीं मिल रहा था। वे अपने घर पर सुरक्षित जाएंगे या नहीं जाएंगे, इस बात की कोई सुरक्षा नहीं थी। उनसे कोई संवाद नहीं कर रहा था। न तो एयरपोर्ट अथॉरिटी संवाद कर रही थी, न ही एविएशन मिनिस्ट्री कोई संवाद कर रही थी और न ही वहां के एयरलाइन्स के लोग उनसे संवाद कर रहे थे। यह इतनी बड़ी समस्या मोनोपोली की वजह से लोगों को सहनी पड़ी है। लोग अपने घर तक नहीं पहुँच पाये। कुछ लोग अस्पताल में जाना चाहते थे, कुछ लोगों का एडमिशन था, वे अपने गंतव्य स्थान तक नहीं पहुँच पाये। यह इतनी बड़ी समस्या लोगों को इसलिए झेलनी पड़ी, क्योंकि यह मोनोपोली चल रही है।

मैं एक नई चीज बोलना चाहती हूँ कि अगर आप एयरपोर्ट पर 5 मिनट देर से पहुँचते हैं तो एयरलाइन्स कहती है कि आप नहीं जा सकते हैं। आप चेक-इन नहीं कर सकते हैं। अगर एयरलाइन्स खुद लेट हो जाए तो उनके ऊपर कोई चार्ज नहीं होता है। मैं अपने यहां के मुम्बई एयरपोर्ट की बात कर रही हूँ। हमारे यहां एयरपोर्ट पर इतनी महँगाई हो गई है कि चाहे पानी की बोतल लो, समोसा लो, चाय लो, वड़ापाव लो, यह सब बहुत महँगा हो गया है। मेरा मंत्री महोदय से यह कहना है। पहले वह जीवीके का एयरपोर्ट था, कभी उन्होंने एयरपोर्ट विजिट किया होगा, जब से मुम्बई का एयरपोर्ट अडानी एयरपोर्ट हो गया है, वे कभी वहां जाकर उसे देखकर आये हैं, मैं यह उनसे पूछना चाहती हूँ। छोटी-छोटी जगहों पर, कार्नर पर भी छोटी-छोटी शॉप्स दी गई हैं। आज लोगों को मुम्बई एयरपोर्ट पर चलने के लिए जगह नहीं है। ये शॉप क्यों दिए गए हैं, इन शॉप्स का जो रेंट है, यह सबसे बड़ा

इसका कॉज है। वहां रेंट बहुत ज्यादा है। अगर 22 से 40 वर्ग मीटर की कोई शॉप है, तो उसके लिए जो रेवेन्यू शेयर है, जिसे अडानी लेते हैं, वह 28 से 38 परसेंट का लेते हैं। यह मुझे यहां जानबूझकर कहना है। पहले कैसे होता था, जब जीवीके के पास एयरपोर्ट था, जीवीके सिर्फ रेंट लेता था। ये रेंट भी लेते हैं और रेंट के बाद रेवेन्यू शेयर भी लेते हैं। इतना ही नहीं, अगर उनके साथ आप किसी शॉप को ऑपरेट करने के लिए जॉइंट वेंचर करोगे तो मैं बताना चाहती हूँ कि अडानी कंपनी उसका 60 परसेंट शेयर लेगी और 40 परसेंट शेयर वहां के टेनेन्ट लेंगे। मैं आपके माध्यम से मंत्री महोदय से पूछना चाहती हूँ कि यह इस तरह से क्यों है? अगर 35 रुपये का एक वड़ापाव देते हो, अगर आपने बिल नहीं दिया तो आपको 30 हजार रुपये की पेनॉल्टी भरनी है। ऐसा क्यों है, ऐसा इसलिए है, क्योंकि उसका 50 से 60 टका शेयर अडानी को जाता है। वे रेवेन्यू का निर्णय लेते हैं। वे रेंट का निर्णय लेते हैं। एयरपोर्ट किसका है? मेरा आपके माध्यम से यह सवाल माननीय मंत्री जी से है।

मैं और चीजें भी रखना चाहती हूँ। एयरपोर्ट पर पार्किंग के रेट क्या हैं? 6 दिन लोग तकलीफ में थे। आपने लोगों से पार्किंग शुल्क वसूल किया। बाकी एयरलाइन्स ने तो अपने टिकट के प्राइज बढ़ा दिए। जो गाड़ियां पार्किंग में लगी थीं, लोगों को पता नहीं था कि हम जायेंगे या नहीं जायेंगे। मैं आपको बताना चाहती हूँ कि 8 मिनट से लेकर एक घंटे तक, अगर आप प्राइवेट वाहन से जाते हैं तो उसका 160 रुपया लेते हैं। एक से दो घंटे वाहन को पार्क करते हैं तो 370 रुपये लेते हैं। तीन घंटे से लेकर चार घंटे तक 400 रुपया लेते हैं। मेरा सवाल है कि आप इतना पार्किंग शुल्क क्यों ले रहे हैं? 6 घंटे के बाद आप हजार रुपया तक ले रहे हैं। आप अडानी के लिए इतना पार्किंग शुल्क ले रहे हैं। हमारा यह सवाल है कि गरीब लोगों के लिए यह व्यवस्था रखी गई है या अमीरों के लिए रखी गई है या किसी एक दोस्त को मदद करने के लिए मुम्बई एयरपोर्ट काम कर रहा है। एक उड़ान नहीं हो रही है। आपका बराबर व्यवस्थापन नहीं है।

महोदया, मैं आपके माध्यम से अपने निर्वाचन क्षेत्र के कुछ सवाल माननीय मंत्री महोदय से पूछना चाहती हूँ। उनको पता है, क्योंकि पहले भी मैंने ये सवाल बहुत बार उनसे जाकर मिलकर कहे हैं। मैं जहां का प्रतिनिधित्व करती हूँ, वहां पर मुम्बई एयरपोर्ट का रनवे है और वह फ्लाईंग जोन

है। मैं बताना चाहती हूँ कि हमारे वहाँ पर इमारतें हैं। वहाँ पर 18 लाख लोग रहते हैं। उस फ्लाइंग जोन में नगरपालिका के 25 वार्ड हैं। आज वहाँ पर 70 साल से बिल्डिंग्स हैं। आज वे बिल्डिंग्स कमजोर हो गई हैं। वहाँ बुजुर्ग लोग रहते हैं। उनमें लिफ्ट नहीं है। उन्हें चलना पड़ता है। आज वहाँ पर ऊँचाई क्षेत्र पर प्रतिबंध की वजह से, सुरक्षा के कारण से अगर आप देखोगे, क्योंकि हवाई अड्डे के निकट जोन में है, वह फनल जोन है, वहाँ पर डेवलपमेंट नहीं कर सकते हैं। आज वहाँ लोग अपनी जान हथेली पर लेकर रह रहे हैं। यह तोड़ो, वह तोड़ो, यह करो, वह करो, सब लोगों को तकलीफ देने का काम चल रहा है। मैं बार-बार मंत्री महोदय से मिली, मैंने उनको कहा कि आप धारावी डेवलपमेंट के लिए अडानी जी को इतना सब कुछ दे रहे हैं, उनको आपने जमीनें दे दीं, आपने मालवाड़ी दे दी, आपने कुर्ला दे दी, आपने देवनार का डंपिंग ग्राउंड दे दिया, उनके लिए एफएसएआर पॉलिसी बनायी, उनके लिए टीडीआर पॉलिसी बनायी। आप कम से कम गरीब लोगों के लिए कुछ तो कीजिए।

जो लोग वहाँ पर 70 साल से रह रहे हैं। राज्य सरकार के साथ बैठकर कुछ पॉलिसी तय कीजिए। दुर्भाग्यवश आज तक उनकी कोई पॉलिसी तय नहीं हुई। लोग अपनी जान हथेली पर लेकर वहाँ पर बैठ रहे हैं। मैं आपके माध्यम से यह कहना चाहती हूँ कि इनकी जिम्मेदारी होनी चाहिए और लोगों को सुरक्षित वातावरण देने के लिए केंद्र सरकार और राज्य सरकार साथ बैठे और लोगों के लिए पॉलिसी बनाएं, यह मेरा आपके माध्यम से निवेदन है।

सभापति महोदया, मैं एक दूसरा विषय लाना चाहती हूँ। एक बार मंत्री महोदय ने कहा था, वहाँ के जो कर्मचारी हैं, आपको मालूम होगा कि एयर इंडिया को किसने लिया है? इसको टाटा ने लिया है। उस पर कैसे व्यवहार हुआ, इस पर एक दिन भाषण करना पड़ेगा कि यह कितने करोड़ में गया। 18 हजार करोड़ का आपने कितना कम किया, कितनी बड़ी प्रॉपर्टी आपने 18 हजार करोड़ रुपये में दे दी। मैं वहाँ के कर्मचारियों की बात करना चाहती हूँ। आपके कर्मचारी सरकारी थे, आपने किसी प्राइवेट संस्था को दे दिया। आज ऐसी परिस्थिति है। मैं बार-बार मंत्री महोदय से मिली, मैंने कहा कि वहाँ एयर इंडिया कॉलोनी है। पहले ये एयरपोर्ट जीवीके के पास था। 185 एकड़ की लैंड

है। यह एयरपोर्ट जीवीके के पास था, जीवीके ने उनसे बात की और कहा कि हम यहीं घर बनाकर देंगे, लेकिन फिर यह चेंज हो गया। यहां अडानी जी आ गए। हमारी मुंबई की जमीनों पर अडानी जी का बहुत ध्यान है। हमने आधी मुंबई 07/12 उतारा उनके नाम पर की है। उन्होंने कहा कि इस जमीन पर जो कर्मचारी हैं, उनकी जमीन हमें खाली करवाकर दीजिए। फिर सरकार लग गई। मिहाल लग गई और मिहाल ने लोगों को इतनी तकलीफ दी। वहां पर तीन हजार लोग रहते थे। एक के बाद एक नोटिस दिए। सफाई कर्मचारी बंद किए, लाइट बंद की, पानी बंद किया, तो लोग कोर्ट में गए। वे पानी लेकर आए, बिजली लेकर आए, सफाई कर्मचारी लेकर आए।

महोदया, वे इतने में ही नहीं रुके। उन्होंने पे-स्केल बंद किया, उनको जाने के लिए ट्रेवलिंग की सुविधा मिलती थी, वह बंद किया। वॉलंटरी रिटायरमेंट देने की बात की। उनका पीएफ बंद कर दिया। महोदया, उनका इंक्रीमेंट बंद कर दिया, उनकी सैलेरी बंद कर दी, ताकि वहां के लोग जा सकें। वहां पर आज 160 लोग लड़ रहे हैं। वे हाईकोर्ट से लेकर सुप्रीम कोर्ट तक गए। मेरी मंत्री महोदय से विनती है कि वहां पर रहने वाले लोग आपके कर्मचारी हैं, उनमें सरकारी अधिकारी हैं, उनके लिए आप थोड़ी तो सहानुभूति रखिए। उनके बच्चों की 10वीं की परीक्षा होने वाली है। आपने उनको कहा कि वह जगह छोड़ दें। कम से कम आप लोगों पर इतनी तो मेहरबानी कीजिए कि मार्च-अप्रैल की परीक्षा देने के बाद उन्हें शिफ्ट कर दीजिए। आपके कर्मचारियों को आपने रास्ते पर छोड़ दिया। आपने एयरपोर्ट के लिए उनको सब कुछ दे दिया।

सभापति महोदया, मैं नम्रता से आपसे कहना चाहती हूं कि हमारे एयरपोर्ट के बगल का रास्ता भी उनके पास चला गया। एयरपोर्ट के बगल की जमीन भी चली गई, कॉलोनी भी चली गई। आपने एयरपोर्ट के अंदर भी उन्हें बिठाया। आप जो नवी मुंबई का एयरपोर्ट बनाने वाले हो, आप मुझे बताइए कि क्या वहां पर एक ही एयरलाइन चल रही है, तो वह कैसे चलेगी और बाद में इस जमीन का क्या होगा।

महोदया, मुंबई की जमीन से ज्यादा मुंबई के नागरिक बहुत महत्वपूर्ण हैं। जमीन तो हमारे लिए जरूरी है, लेकिन नागरिक भी बहुत जरूरी है, लेकिन जो एयरलाइन्स के माध्यम से बड़ा

भ्रष्टाचार चल रहा है, लोगों को जो तकलीफें सहनी पड़ रही हैं, चाहे वे कर्मचारी हों, चाहे वे नागरिक हों, चाहे वे यात्री हों, इसके लिए जिम्मेदार कौन है? इसके लिए जिम्मेदार सरकार है। मैं यहां से यही कहना चाहती हूँ। अगर आप हमारे लोगों को तकलीफें देंगे, आप मुंबई के लिए समझ रहे हैं कि मुंबई को कोई भी सुविधा नहीं देंगे, तो महोदया ऐसा नहीं चलेगा। मैं आज अपने मुद्दे के माध्यम से आपके सामने एक चीज रखना चाहती हूँ कि यह सरकार क्या कर रही है? यह किसके कहने पर चल रही है? आप लोगों के बारे में सोचना ही नहीं चाहते, आप लोगों के बारे में समझना ही नहीं चाहते।

महोदया, मुझे आपसे कहना है कि मैंने जो सभी मुद्दे रखे, इनके बारे में मैं पहले भी मंत्री महोदय से मिली हूँ। मैंने उनसे पहले भी इस मामले में बात की है। आज एयरलाइन्स की क्या हालत हो गई है। पहले 20 एयरलाइन्स होती थीं। पहले आप देखते थे, ये एयरलाइन्स हैं, वह एयरलाइन्स है, आज क्या है?

महोदया, मैं एक फ्लाइट में बैठी थी, आप भी कभी बैठी होंगी। मुझे मुंबई से गोरखपुर जाना था। मैं फ्लाइट देखकर डर गई। मैं स्पाइस जेट की जिस फ्लाइट में बैठी थी, उसमें एम-सील लगा हुआ था, तो मैं जब तक वहां उतरूंगी, तो सुरक्षित उतरूंगी कि नहीं? आप कितने लोगों के लिए ये रिस्क ले रहे हो। हमारा कहना यह है कि आपकी सबसे बड़ी प्राथमिकता क्या होनी चाहिए? लोगों को अच्छी सेवा देना, लोगों को वहां अच्छी क्वालिटी का वातावरण देना, अच्छा खाना देना, सुविधा देना, उनसे बात करना, लेकिन दुर्भाग्यवश ये इन सभी में फेल हो गए हैं और इंडिगो ने एक बार वापस साबित कर दिया। यह जो मोनोपोली है, एक एयरपोर्ट की पॉलिसी थी और आपने छह एयरपोर्ट दे दिए। आपने एक आदमी के लिए एयरपोर्ट पॉलिसी भी बदल ली और एक आदमी को छह एयरपोर्ट दे दिए।

इसलिए मेरा कहना यह है कि मोनोपोली पॉलिसी के माध्यम से जो यात्रियों को तकलीफें हुईं, इसके लिए उन्होंने भले ही अधिवेशन में हमसे बात की और सब बताया, लेकिन इन्हें जनता से माफी मांगनी चाहिए और जनता के सामने नतमस्तक होकर आने वाले दिनों में इनको यह बंद करना चाहिए। मेरा यहां से यही कहना है। धन्यवाद।

श्री रमाशंकर विद्यार्थी राजभर (सलेमपुर) : सभापति महोदया, आपकी बहुत कृपा कि एक बहुत ही महत्वपूर्ण संकल्प पर आपने मुझे बोलने का अवसर दिया।

महोदया, जब देश बहुत तेजी से आगे बढ़ रहा हो और देश में सबसे तेज चलने वाली जहाज की यह हालत हो तो बाकी देश की क्या हालत होगी, इसे आप समझ सकती हैं। मैं एक दूसरी बात कहना चाहता हूँ। अगर अभी दिल्ली की कोई घटना हो और 100-200 आदमी उस मामले को उठाएं तो वह राष्ट्रीय चैनलों की खबर बन जाती है। गांवों में हजारों लोगों द्वारा उठायी गयी अगर कोई समस्या हो तो वह अखबारों के किसी कोने में छपती है।

महोदया, ठीक उसी तरह से जहाज अवसर प्राप्त और बहुत ही आवश्यक जरूरतों को पूरा करने के लिए हमारे देश का एक बड़ा संसाधन है। अगर इसकी यह हालत है तो सदन में चर्चा करनी ही चाहिए, क्योंकि गरीब आदमी अपनी समस्याओं को उतनी जल्दी नहीं उठा सकता है। गरीब आदमी को उतनी समझ नहीं, मध्यम वर्ग को फुर्सत नहीं और जो धनाढ्य हैं, उनको जरूरत नहीं है।

महोदया, मैं दो-तीन चीजें कह कर अपनी बात को खत्म करूंगा। आज मैं इस सदन में एक गंभीर, राष्ट्रीय और आम आदमी को प्रभावित करने वाला मुद्दा उठाता हूँ। वह मुद्दा भारत के विमानन क्षेत्र की गंभीर समस्याएं हैं। इसके कारण यात्री परिवार, व्यापार और रोजमर्रा की जिंदगी पर प्रभाव पड़ता है। हम सभी जानते हैं कि गृह और विदेश यात्रा केवल सुविधा नहीं, बल्कि आज की गति वाली अर्थव्यवस्था की आवश्यकता है। आज हमारे देश में उस सुविधा का अनियंत्रित, मनमाने और यात्रियों की जेबों को लूटने जैसा स्वरूप सामने आ रहा है। अब तो इस मुद्दे पर सदन में चर्चा जरूर होनी चाहिए। हवाई किराये में मनमाने और असमान्य उछाल है। ये आंकड़े बोल रहे हैं।

महोदया, हाल की एक घटना हुई। इस घटना में इंडिगो संकट के दौरान टिकटों की कीमत तीन से दस गुना तक बढ़ गई। अपने ही देश में कुछ मार्गों पर किराया 90 हजार रुपये तक पहुंच गया यह मैं घरेलू उड़ान की बात कर रहा हूँ। इसी दौरान सरकार को आपातकालीन रूप से नियम लागू करना पड़ा और किराया 7,500 रुपये से 18,000 रुपये तक अधिकतम सीमा तय करनी पड़ी,

ताकि यात्रियों का शोषण रोका जा सके। अब सवाल यह उठता है कि सरकार ने जो किराया तय किया, उस किराये पर उड़ानें कितनी हुईं, कितने यात्रियों ने यात्रा की, यह मंत्री जी को देखना चाहिए।

महोदया, सरकार ने किराये के बारे में जो सुझाव दिया, उसमें 500 किलोमीटर से 750 किलोमीटर तक 12,000 हजार रुपये, 1000 किलोमीटर से लेकर 1500 किलोमीटर तक 15,000 हजार रुपये और 1500 किलोमीटर से आगे तक की दूरी के लिए 18,000 हजार रुपये किराया तय किया गया।

महोदया, यह चार्ट नीति का एक आधार हो सकता है, जिसमें आम यात्रियों को मनमाने दामों से सुरक्षा मिले, न कि वे महंगे किरायों के एटीएम की तरह देखा जाए। क्या आपदा, त्योहार और सुरक्षा परिस्थितियों में किराया वृद्धि न्यायसंगत है? हमारा उद्देश्य यह होना चाहिए कि आपदा या देश सेवा के समय निजी कंपनियां लाभ को प्राथमिकता दें, सुरक्षा या नागरिकता के हित को नहीं, क्या हम यही चाहते हैं? कुंभ मेले के दौरान क्या हुआ था? हमारे जो साथी स्नान करने के लिए इलाहाबाद गए होंगे, उनको पता होगा। उस समय लूट मची हुई थी। कुंभ मेले के दौरान जैसे लगा कि खूब बाजार आ गया, इनका जितना किराया वसूल सको, उतना वसूल करो। चलिए, वह तो हमारे त्योहार का समय था। महाकुंभ 2025 में प्रयागराज के लिए हवाई टिकटों में भारी उछाल हुआ। कभी-कभी साढ़े पांच गुना तक यात्रियों को भारी बोझ का सामना करना पड़ा।

महोदया, खुशी का काल छोड़ दीजिए, त्योहार का समय छोड़ दीजिए, विपत्ति काल में भी ये कंपनियां लूट मचाए हुई थीं। उस समय क्या हुआ था? जब पहलगाम हमला हुआ, उसके बाद हवाई किराये में गिरावट के बावजूद टिकट का दाम तेजी से बढ़ गया।

उस समय अफरा-तफरी मच गई। क्या हमारी कंपनियां केवल पैसा कमाने की जिम्मेदारी निभाएंगी? देश के प्रति कोई जिम्मेदारी नहीं निभाएंगी? पहलगाम आतंकी हमले के बाद सरकार ने निर्देश दिया था कि एयरलाइंस किराया न बढ़ाएं, लेकिन कई एयरलाइंस ने उन निर्देशों के बाद भी ऊंचे किराए दिखाए, जिससे यात्रियों को आर्थिक बोझ उठाना पड़ा। इसकी सरकार ने क्या समीक्षा

की? कितने यात्री उड़े, कितनी कंपनियों ने किराया छोड़ा? समीक्षा हुई, नहीं हुई। अगर हम आपदा प्रबंधन के समय मानवीय मूल्यों, यात्रियों की सुरक्षा और नागरिकता के अधिकारों को प्राथमिकता न दें, तो हमारी विमानन नीति घरेलू कारोबार का साधन बनकर रह जाएगी, न कि जनता के अधिकारों की रक्षा के लिए। यहाँ रुडी जी हैं कि नहीं, ये जहाज उड़ाते हैं, जानते हैं। हम सब जानते हैं कि जब जहाज आसमान में होता है, उस समय केवल मैसेज ही हमारी जान को बचाता है और संचालन करता है।

महोदया, आपको बता दूँ कि इस क्षेत्र में इतने कम कर्मचारी हैं, लेकिन एएआई को कर्मचारियों की कमी नहीं दिखती है। अरे जान से खिलवाड़ होगी, दुबे जी मैं आपको बता दूँ कि एएआई कर्मचारियों की यह हालत है कि एक-एक कर्मचारी तीन-तीन टाइम ओवर-टाइम कर रहा है। एएआई में कर्मचारियों की इतनी कमी है। मैं यहाँ उसके एक कर्मचारी का नाम उद्धृत नहीं करूँगा। एक कर्मचारी ने बताया कि हम लोग किस तरह जहाज उड़ा रहे हैं, हम लोग ही जान रहे हैं। लगभग 5,500 पद आज भी खाली हैं, लेकिन वह भरे नहीं गए हैं। एक-एक कर्मचारी जो जहाज उड़ाते हैं, जो सिग्नल देते हैं, तीन-तीन टाइम ओवरटाइम कर रहे हैं, तो हमारी जान की कैसे सुरक्षा होगी? क्या हम इसकी समीक्षा नहीं करेंगे? हम सभी जानते हैं कि देश के कई एयरपोर्ट्स विशेष रूप से व्यस्त मौसमों और आपातकालीन समय में एएआई कर्मियों की कमी से जूझते हैं।

महोदया, कंट्रोल टावरों में स्टाफ शॉर्टेज रहेगा। रनवे सुरक्षा और हवाई अड्डा ग्राउंड हैंडलिंग में कर्मचारियों की कमी से न केवल उड़ानों में देरी बढ़ती है, बल्कि नियमों के समय पर पालन में भी समस्या होती है। यह सिर्फ एक विमानन संचालन की समस्या नहीं है, बल्कि यह राष्ट्रीय सुरक्षा, यात्री सुरक्षा और नागरिक अधिकारों में कमी की ओर इशारा करता है। एकाधिकार और निष्पक्ष बाजार नियंत्रण क्यों जरूरी है?

महोदया, मैं आपको बता दूँ कि जितने एयरलाइंस हैं, सारे एयरलाइंस में बड़ी-बड़ी दुकानें हैं। हमारे भारत का संविधान कहता है, डीओपीटी कहता है। पूरे एयरलाइंस में घूमिए। मैं एक दिन दिल्ली एयरपोर्ट पर घूम रहा था। बताइए कि क्या एयरलाइंस डीओपीटी के नियमों का पालन करता

है? एक भी दुकान के आवंटन में एससी, एसटी, ओबीसी को कोई दुकान आवंटित नहीं होती है। ... (व्यवधान) मंत्री जी, इसे देखना चाहिए। आजकल सारी एयरलाइंस में चाहे लोडिंग के कर्मचारी हों, चाहे ड्राइवर हों, ये सब के सब आउटसोर्सिंग से भरे गए हैं। उन आउटसोर्सिंग में भी एससी, एसटी और ओबीसी की कोई गणना नहीं होती है और कोई महत्व नहीं दिया जाता है।

महोदया, आज भारत में कुछ एयरलाइंस का बाजार में बहुत बड़ा हिस्सा है। जब एक या कुछ कंपनियों के हाथ में संचालन का इतना नियंत्रण हो कि वे तालमेल में किराया तय कर सकें, तब वहाँ प्रतिस्पर्धा नहीं, बल्कि ओवरप्राइसिंग का खतरा बन जाता है।

महोदया, सुप्रीम कोर्ट ने भी भारत में टिकट मूल्य निर्धारण को लेकर सरकार में एयरलाइंस को नोटिस दिया कि ये नियम पारदर्शी और यात्रियों के हितैषी कैसे होंगे? मेरा सुझाव है कि एयरलाइंस मील के आधार पर किराये का पालन अनिवार्य करें। माननीय मंत्री जी एएआई स्टाफ की भरपूर संख्या में तैनाती करें, ताकि ऑपरेशन सरलतापूर्वक हो। किसी भी आपदा, त्योहार या भीड़ वाले आयोजन में किराये के मुनाफे को प्राथमिकता न दी जाए।

महोदया, डीजीसीए के पास मार्ग विशिष्ट और घटना उत्तरदायी मूल्य नियंत्रण हो। नागरिकों के जेब की सुरक्षा का अधिकार हो।

16.00 hrs

सभापति महोदया, हमारी मांग सीधी और निष्पक्ष है। विमानन नीति केवल कारोबार नहीं है। यह हर भारतीय की यात्रा की सुरक्षा, साधारण समय की जवाबदेही तथा आर्थिक न्याय का हिस्सा है। इस सदन में मैं माननीय मंत्री जी से यह कहना चाहता हूँ कि लोग इतना किराया देकर हवाई जहाज का उपयोग तुरंत पहुंचने के लिए करते हैं और कभी-कभी मुश्किल समय में जैसे हार्ट अटैक हो जाए, ब्रेन हेमरेज हो जाए तो उस समय हवाई जहाज का उपयोग करना पड़ता है। जब हमारे यहां पर कभी कोई घटना हो जाती है जैसे माँ की मौत हो गई, पिता की मौत हो गई तो हम तुरंत हवाई जहाज का टिकट करवाते हैं, जिससे जल्दी से जल्दी घर पहुंच सकें।

सभापति महोदया, मैं आपके माध्यम से मंत्री महोदय जी से कहना चाहता हूँ कि एयरपोर्ट्स

के लिए पैसा दिया जाता है। भगवान बुद्ध की धरती, कुशीनगर में एयरपोर्ट बना। मैं हर मंच तथा मीटिंग्स में पत्र लिखता रहा, लेकिन कुछ नहीं हुआ। हम गोरखपुर एयरपोर्ट से हवाई जहाज चला रहे हैं, लेकिन जो बना हुआ एयरपोर्ट, जो भगवान बुद्ध की धरती को पूरी दुनिया से जोड़ता है, वह एयरपोर्ट आज तक चालू नहीं हुआ है। यह हो क्या रहा है? भारत सरकार और मंत्रालय ने पैसा लगाकर, किसानों से जमीन लेकर एयरपोर्ट बनाया, भवन बनाया और फिर उसमें डेवलपर्स आ गए। अब जब डेवलपर्स आ गए तो लखनऊ के एयरपोर्ट का नाम जो चौधरी चरण सिंह एयरपोर्ट था, अब उसमें अडाणी एयरपोर्ट जोड़ दिया गया है।

हमारे वहां पर दान की प्रथा थी। वहां पर विद्यालय के लिए बाबा देवरहा के नाम से दो लोगों ने जमीन दान दी और उनके नाम से विद्यालय खुल गया। हमारे वहां पर दान की परंपरा रही है। जो व्यक्ति जमीन दान देता है, उसके नाम से उस विद्यालय का या संस्था का नाम रख दिया जाता है, लेकिन यहां पर क्या हुआ? एक पैसा भी दान नहीं दिया गया। डेवलपर्स आए और अडाणी चौधरी चरण सिंह एयरपोर्ट नाम लिख दिया गया। इस बात को कौन देखेगा? इसलिए ये जो खामियां हैं, इन खामियों को आप दुरुस्त कीजिए।

16.02 hrs

(Kumari Selja in the Chair)

आज लूट मची हुई है। सवाल यह है कि कानूनविद्, अवसर प्राप्त लोग और पढ़े-लिखे लोग 80 परसेंट यात्रा हवाई जहाज से करते हैं, लेकिन उनके सामने एयरलाइन्स इतनी बड़ी लूट कर रही है। इस पर क्या कार्रवाई नहीं होनी चाहिए? बस में 10 रुपये का टिकट लेंगे तो यहां से वहां जाने का निश्चित किराया होता है। अगर ट्रेन से आप दिल्ली से देवरिया जा रहे हैं, दिल्ली से बलिया जा रहे हैं तो निश्चित किराया है, लेकिन जहाज में किराया निश्चित नहीं है। आज लगभग 70 से 80 परसेंट हवाई जहाज और रूट पर कब्जा एक ही एयरलाइन ने कर लिया है और बाकी एयरलाइन्स को और मुनाफा करने वाले रूट दे दिए गए हैं। उसका परिणाम आपके सामने है कि कुछ दिनों पहले बच्चे, महिला और पुरुष एयरपोर्ट पर सीआईएसएफ के जवानों से लड़ रहे थे। मामूली कर्मचारी मांग कर रहा था और मालिक एसी कमरों में बैठे हुए थे। उनके कर्मचारी और यात्रियों के बीच झगड़ा हो रहा

था। इसलिए यह बहुत महत्वपूर्ण संकल्प है।

सभापति महोदया, मेरी आपके माध्यम से यह मांग है कि आपका उद्योगपतियों को देश के हवाले करने का जो मंसूबा है, ऐसा मत कीजिए। हमने सपना देखा था कि हवाई चप्पल पहनने वाला भी हवाई जहाज से उड़ेगा, लेकिन हवाई चप्पल वाला तो दूर, आज लाखों के सूट-बूट पहनने वाले लोग भी दूर हो गए हैं। यह स्थिति हो गई है। इसलिए मैं आपसे कहना चाहता हूँ कि आप यह जान लीजिए कि पैसे के बल पर सरकारें बन सकती हैं, लेकिन एक दिन वह भी आएगा, जब पैसे बांटने वाले यह जान लेंगे कि हम पैसा बांटकर रमाशंकर राजभर को मुख्य मंत्री बना सकते हैं तो क्यों न हम ही मुख्य मंत्री बन जाएं और जब वह दिन आएगा तो लोकतंत्र खत्म हो जाएगा। लोकतंत्र नहीं बचेगा। इसलिए उद्योगपतियों को एक सीमा में रखा जाए।

मैं सरकार से यही गुजारिश करते हुए अपनी वाणी को विराम देता हूँ।

जय हिंद।

SHRI ARUN NEHRU (PERAMBALUR): Madam, thank you for the opportunity. We are at a very critical point in the growth of this country. For that, the structural changes started from 1991 onwards made by the stalwarts who were able to get our country going. I thank them first, I salute them first. But today we are discussing a very important topic of air connectivity and the related infrastructure. I will put my points across in ten basic segments.

The first important segment is the issue in the last ten years which has actually come to us in the last two weeks. All of us have been invariably inconvenienced because of those policies which have happened here. The policies were drafted with very good intention. The intention was to have very low fares and get more people on board, get people from point A to point B faster. Now what had happened is there was market concentration. A lot of

Members have read about market concentration and its risk. Now, market concentration is risky, irrespective of its being a capitalist or a socialist society.

India's air market is dominated by two players, and unfortunately, some of the policies that helped us get this connectivity actually have various tags - the largest number of aircraft orders, the largest number of people getting airborne, the largest number of growth in terms of air traffic - and we have got good numbers to show this to the world. But where has this got us to?

The leading carrier is in 60 per cent of the routes. That is the only carrier. So, imagine if you are the only carrier, the pricing power or the domination power in terms of seat availability or the slot timings is one segment on the soft part. On the hard part, landing part where the airline operator, in spite of spending large amounts of money, is actually left to deal with only one airport operator. Hence, there are a lot of inefficiencies which actually seep finally into customer service in terms of pricing power to the consumers and in terms of the overall airport infrastructure that is available in our country.

The second point is which the Government actually did it right. Two years ago, they published the flight safety rules for the support crew and the flight rotation which is actually very well-intentioned and a good cause. It happened two years ago. Now, there are a number of reminders sent. I believe that. I have read in the newspapers that the hon. Minister along with the Department have taken a lot of efforts to remind the airlines to actually get ready for that implementation. In the last three weeks, we have seen that the carriers actually did not care even a bit about these rules coming into impact, and what they did

was even more atrocious. They had invariably said 'No' to those rules and they had large scale cancellation in order to force or have an impact or have a feel of forcing the Government to actually reverse those rules. The Government did not reverse the rules, but what had happened was it relaxed the rules for some time, so that they can cope up back again.

Now, we have two things here. We had a Government that clearly told all the operators, gave enough time, but where the operators lack, actually the Government had to go back even for two months. Even if it is two months, it is two months. A duly elected Government had enough time. I think they subverted the power of the Government and its people because of the dominant power. So, I want the Government to note that just creating efficiency of scale can actually come as bite back in terms of policy implementation and in terms of pricing power. So, your intention to actually give better pricing to the consumers is actually coming to haunt you in terms of giving preferential treatment to these market powers.

Now, one of the side effect of such powers is that the regulatory framework has wide regulatory framework. I mean we have got great people manning the airport authority, manning the research departments of air traffic controls. Because of such market power that the players have, the regulatory environment actually has turned reactive in the last five years or even six years or more. The Department had to constantly monitor airfares. Why is the Department supposed to monitor airfares? It was not the policy of the Government. The policy of the Government is very clear.

They want the market to determine prices. But look at where letting the market decide prices has taken us. Time and again, the Department has been forced to react asking airlines to cap fares and issuing regular orders. What happens is this: regulatory creep sets in. Proper regulations cannot be formed in a timely manner. Every year, rules have to be changed to accommodate market participants.

A side effect of having scale is actually weak competition. Look at the US, the most capitalist state. It has just four airlines with market shares ranging from 35 per cent to 22 per cent. This setup creates enough competition, enough scale, and allows the Government to stick to market principles, ultimately getting the best prices for consumers.

So, I hope the Government recognises that providing regulated scale actually helps, rather than giving the market a completely free hand where abuse is almost inevitable. We have seen this over the past three weeks. The intention was to keep prices low, but carriers tweaked the system.

Take, for instance, a flagship programme that has been misused by operators: the UDAN Scheme, which is an excellent initiative aimed at connecting far-flung areas. That is its principal aim. Take Tamil Nadu as an example. There ATRs operate continuously, with about seven services to each city every hour. With UDAN's incentives, the break-even point for ATR operators is filling 50 seats. Filling 80 seats is profitable. But the same route using larger jet aircraft with 186 seats has a break-even of approximately 110 seats.

So, you have an unfair situation for the consumer. They must use a

turboprop to make the route profitable, even though the Government's aim was to connect remote areas. The request is simple: focus the UDAN Scheme on far-flung regions, like the Northeast, where air service and pricing are genuinely needed and not well-connected markets, which carriers exploit to gouge prices. In fact, jet-engine fares are cheaper than turboprops. Many hon. Members have used turboprops to reach last-mile destinations. I request the Department to assess the scheme's effectiveness on the non-commercial routes it was intended for.

The fifth point is infrastructure development. For whatever reasons, policies have a very high entry point. Of course, the Government wants proper, well-funded airport operators capable of tapping global markets. But this has led to a skewed situation.

HON. CHAIRPERSON: Hon. Members, I must inform you that five hours have already been spent discussing this Resolution, almost exhausting the allotted time. Since three more Members wish to speak, the House needs to extend time. If the House agrees, the time for discussion may be extended by one hour.

SEVERAL HON. MEMBERS: Yes.

HON. CHAIRPERSON: Thank you. The time is extended by one hour.

SHRI ARUN NEHRU: Madam, I was speaking about infrastructure delays and uneven regional development. Some metro areas, especially in Southern India, have more airports, where travel volumes are higher compared to certain regions. From the Government's perspective, a high entry point ensures operators have sufficient liquidity and positive cash flows, especially if they tap

global markets, which have very high standards.

However, a side effect is high entry fees. Almost 25 per cent of ticket costs go into taxes and airport fees. While the Government is right to support airport operators, this high entry point has the opposite effect. It prevents ticket prices from being affordable. A good policy review, opening access to new players, would help more than concentrating operations among very few players.

Now, talking about the passenger experience, anybody who experiences Indigo would know this. I am sorry to name the airline, but anybody who is going through a dominant airline would know their service levels. If it is a 'no', it is a 'no'. It is actually not service. It is because we have no choice. Now, it is because of this that there is so much of pricing power, and they have a very dominant practice of going on. One of the newspapers actually mentioned that as a matter of fact, there is a lot of increase in the sale of BP tablets, if we actually take festival seasons. That is co-related to increase in air-traffic.

My another point is the financial health of airlines. One of the subset of the dominant powers is actually because of the dominant airlines. I have two points about Trichy alone. I am quoting example of Trichy because it is a tier-II city and a non-metro city and most of us here belong to tier-II and tier-III cities. Establishing a hub-and-spoke model, where every flight has to go to Chennai and then come back rather than interconnectivity, is actually increasing the cost. I request the Minister to actually have a differentiation of it and a more efficient hub-and-spoke model.

The last point which I want to mention is that we have very less MROs in

the country, that is maintenance, repair and overhaul facilities. We have enough land in tier-II cities and only the tier-I cities has MROs. In the tier-I cities, it is still very expensive. So, I request, through you, Madam, that the Minister should consider actually opening up more MROs and hence improving the facility of the country.

Thank you for the opportunity, Madam.

PROF. SOUGATA RAY (DUM DUM): Madam, I thank the hon. Member Shri Shafi Parambil for having brought this Resolution. I think, today, the Ministry of Civil Aviation has become a lame duck Ministry. Up till the time Air India was with the Government, it had some width. Now, the Ministry of Civil Aviation only controls the safety and other matters. It has no control on the fares. Now this matter has been repeatedly raised in this House by Members from Kerala. A large number of expatriates are there in the Gulf and they come to India at the time of Christmas. At the time of Christmas, etc., the migrant workers in the Gulf who are wage-earners, face tremendous difficulties. Sometimes the fares are so high that they have to spend a year's salary on to and fro tickets. It has been raised, but the Government has done nothing to mitigate their suffering.

Now, this problem has been highlighted during this Indigo crisis. In Indigo crisis the Government appeared to be absolutely ineffective. Everyday, hundreds and thousands of passengers were stranded at the airports and flights were cancelled. Their luggages piled up. So far, they have said that the DGCA has issued a Show Cause Notice to Indigo. The DGCA people are sitting at the headquarters but so far no punishment has been given to Indigo people, either

Rahul Bhatia or their foreigner CEOs. This is the most unfortunate state of affairs. The Government is a mute spectator to the sufferings of the passengers.

Now, the gulf problem, that was mentioned, mainly affected those coming from Dubai and middle-eastern countries. But this time, the internal passenger fares went through the roof – upto Rs. 1 lakh.

SHRI K. C. VENUGOPAL (ALAPPUZHA): The DTL Rules were relaxed during this crisis only for Indigo. And that has been done by DGCA only. Now, we do not understand that. If you are relaxing the DTL Rules for Indigo, why do you not relax it for Air India or for other airlines? The DTL Rules have only been relaxed for Indigo.

Basically, the pilots are asking for a judicial inquiry. The Government is very clear on this. Why is the Government running away from a judicial inquiry? The pilots themselves told us. This is clearly a scam. Are you going to take any action?

वस्त्र मंत्री (श्री गिरिराज सिंह): माननीया सभापति महोदया, ये आपस में बातें कर रहे हैं ।...
(व्यवधान)

PROF. SOUGATA RAY: I fully support what Mr. Venugopal says that there is a scam involving the Indigo and the Government of India. You will notice it if you see the list of contributors to various political parties released by the Supreme Court. How much money Indigo has paid to the BJP for the favours rendered?
... (*Interruptions*) What is illegal?

HON. CHAIRPERSON: We will take a look into this.

... (*Interruptions*)

माननीय सभापति : अब बोल दिया है। आप बैठ जाइए। आप भी चेयर पर बैठते हैं। हम रिकॉर्ड देख लेंगे।

... (व्यवधान)

डॉ. निशिकान्त दुबे (गोड्डा) : यह आरोप लगा रहे हैं।... (व्यवधान)

श्री जगदम्बिका पाल : यह बिना तथ्य के आरोप लगा रहे हैं।... (व्यवधान)

HON. CHAIRPERSON: You do not have to worry.

... (Interruptions)

सुश्री सयानी घोष : अरे, बैठ जाइए, बैठने में क्या दिक्कत है?... (व्यवधान)

माननीय सभापति : इतना नाराज मत होइए।

... (व्यवधान)

सुश्री सयानी घोष : इतना नाराज मत होइए सर।

माननीय सभापति : हम रिकॉर्ड देख लेंगे।

... (व्यवधान)

सुश्री सयानी घोष : सत्ता में हैं, तो सुनना पड़ेगा।... (व्यवधान)

माननीय सभापति : हम इसे रिकॉर्ड में देख लेंगे।

... (व्यवधान)

प्रो. सौगत राय : मैडम, मैंने पार्टी का नाम बोला है, निशिकान्त दुबे जी का नाम नहीं बोला है, तो इनको आपत्ति क्यों है?... (व्यवधान) कितना कोर्पोरेट डोनेशन, किससे मिला है? इसे आप हाउस के सामने रखें। इंडिगो ने कितना दिया है? हाउस के सामने रखें, नहीं तब तक हम बोलेंगे।... (व्यवधान)

डॉ. निशिकान्त दुबे : मैडम, पॉइंट ऑफ आर्डर दीजिए।

माननीय सभापति : प्राइवेट मेंबर्स बिजनेस में पॉइंट ऑफ आर्डर नहीं होता है।

... (व्यवधान)

माननीय सभापति : अगर कुछ गलत बोला है, तो वह एक्सपंज हो जाएगा।

... (व्यवधान)

PROF. SOUGATA RAY: Madam, we saw how the Government was a helpless spectator before this tremendous problem faced by the common people. ...

(Interruptions) Madam, in 1994, the ... (Interruptions)

डॉ. निशिकान्त दुबे : ये फिर से वही बोल रहे हैं। मेरे पास लिस्ट है कि टीएमसी को कितना गया, डीएमके को कितना गया?

सुश्री सयानी घोष : निशिकान्त जी, आपको तो ज्यादा ही दिया है।... (व्यवधान)

HON. CHAIRPERSON: Sougata Ray ji, please address the Chair.

... (Interruptions)

PROF. SOUGATA RAY: Madam, I am addressing the Chair.

In 1994, the deregulation of airfare was a wrong decision. At that time, it was the Congress Government. Shri Madhavrao Scindia, father of the hon. Minister Jyotiraditya M. Scindia, was the Civil Aviation Minister. They said that they are having open sky. Open sky means no regulation on airfares and no regulation on the airlines.

Now, what has happened today? In the total aviation market, Indigo of Rahul Bhatia is alone having 66 per cent. The Air India, even after its take over by the Tata, is only having 26 per cent. But during the recent crisis -- I have been travelling -- the Air India did not raise their fares like Indigo did. So, Indigo, by putting passengers in a problem, have created this terrible situation.

Madam, this House should rise up and ask why Rahul Bhatia is not in jail and why the Indigo top bosses are not in jail. So far, effective steps have not

been taken.

Now, while I speak on this, I mentioned what our colleague, Sayani Ghosh, raised today morning. She said, 'How is Kolkata being deprived'? ... *(Interruptions)* Madam, I will complete in two minutes. Kolkata airport has completed 100 years. Now, there is no direct flight to the UK or to America from Kolkata. Why is Kolkata being discriminated? It is because it is run by a Government opposed to the BJP. If you are to go to the UK or the USA, then, you have to either go to Mumbai or Delhi. Even Etihad does not have any direct flight. So, we are put into a difficulty.

Now, coming to the North-Eastern States, they are also facing this difficulty. From Silchar, Assam, there is no direct flight. People from Silchar have to come to Kolkata and then go to Delhi. This difficulty should be eased. Our Minister is a young man, enthusiastic and jovial, but clearly, he is not up to the mark in his job. Maybe, he has not been given the political authority to take action against this errant airline, as the airports have all gone to one single family - Adani. Mumbai International Airport was formerly operated by the GVK Group; now it is controlled by the Adani Group. As a Member from the SP mentioned, the Chaudhary Charan Singh International Airport in Lucknow is now the Adani Chaudhary Charan Singh Airport. So, we have given the whole aviation sector to one family, and all the plane operations are given to Mr. Rahul Bhatia of IndiGo. Why should the country suffer like this? For so long, we did not have open skies, and the people are still troubled. They should not be put to such difficulty.

That is why, I thank Shri Shafi Parambil for bringing this Motion. He has highlighted the issues, and today at least the Minister will be forced to reply. It is a very detailed Resolution, and I am very happy about the same.

Madam, we should sit up, and from your Chair, you should give a dictum that the Ministry of Civil Aviation should pull up its socks and really do something to alleviate the misery of the poor, common passengers. Thank you.

श्री जगदम्बिका पाल : सभापति महोदया, मैं आपका आभारी हूँ कि आज के वर्तमान संदर्भों में आपने एक अत्यन्त महत्वपूर्ण प्राइवेट मेंबर बिल, जो श्री शफी परम्बिल जी के द्वारा प्रस्तुत किया गया, उसके समर्थन में मुझे बोलने का अवसर दिया। इन्होंने यह बिल 26 जुलाई, 2024 को पेश किया था।

इंडिगो का पिछले दिनों जो घटनाक्रम हुआ, उसके बाद आज इस बिल का महत्व और बढ़ जाता है। जो यह प्राइवेट मेंबर बिल है, इसमें हम केवल एक निजी संकल्प पर चर्चा करने के लिए नहीं खड़े हुए हैं। जिस तरह का यह घटनाक्रम हुआ, वह अब केवल हवाई किराये का मुद्दा नहीं रह गया है। भविष्य में यह यात्रियों की सुरक्षा से जुड़ा हुआ मुद्दा है। हमारा जो एयर ट्रैफिक है, उनकी जिंदगी के साथ उनकी जिम्मेदारी होनी चाहिए, उनकी जिंदगी की हिफाजत, उनके परिवार की हिफाजत भी एक बड़ा मुद्दा है। फ्लेक्सी फेयर के नाम पर चार-पांच गुना किराया बढ़ा दिया जाता है। इसके बावजूद एयरलाइंस की जो जिम्मेदारी उन यात्रियों की सुविधाओं के लिए होनी चाहिए, वह पूरी नहीं होती है। यह देश के 140 करोड़ लोगों के अधिकारों और उनके भविष्य से जुड़ा हुआ मुद्दा है। यह जो प्रस्ताव या संकल्प आया है, वह देश के 140 करोड़ लोगों की उस आवाज को दर्द देता है।

महोदया, जब त्योहार का समय आता है, छठ का त्योहार आता है या कोई आपदा आ जाती है, तब किराए में वृद्धि हो जाती है। इस समय गरीब या मध्यम वर्ग के लिए टिकट फ्लेक्सी फेयर के नाम पर पांच या छः गुना महंगी हो जाती है, लेकिन इसकी कोई जवाबदेही नहीं है। हमने पिछले दिनों

पीएसी में बुलाया था। उसमें वेणुगोपाल जी और निशिकान्त जी मौजूद थे और इस पर काफी चर्चा हुई थी।

महोदया, डीजीसीए ने जो नियम लागू किया, उसमें पायलट्स की यात्रा के घंटे, सुविधाओं की बात है। एयरक्राफ्ट एक्ट, 1934 देश का मूल केंद्रीय विधान था जो केंद्र सरकार को रूल्स बनाने की शक्तियां देता था, उसमें किराया, शुल्क, नागरिक उड्डयन सुरक्षा की बात थी और रैगुलेशन्स के सब-रूल थे। अभी सौगत दादा ने उल्लेख किया कि वर्ष 1994 में इसे डिरेगुलेट किया गया और सब चीजों को मार्केट ड्रिवन कर दिया गया। पहले सरकार का अधिकार था कि सब चीजों को देखकर किराए पर कैप लगाया जाता था। इसी एक्ट के आधार पर सरकार ने उस समय एयरक्राफ्ट रूल्स 1937 बनाए। इसमें उन्होंने हवाई सेवाओं के लिए किराए का ढांचा बनाया। यह वही नियम था जिस पर पूरा सिस्टम टिका हुआ था। एयरक्राफ्ट रूल्स, 1937 के भाग-13 में एयर ट्रांसपोर्ट सर्विस की बात आई, लेकिन नियम 134-35 किराए और टैरिफ के मुख्य प्रावधान तक रह गया जबकि रूल 135 के सब-रूल (1) में एयरलाइन्स की लागत, सर्विस प्रोवाइडर्स की सुविधाओं और विशेषताओं का उचित लाभ और प्रचलित किराए को ध्यान में रखकर टैरिफ बनाने की आजादी थी। पहले टैरिफ के मामले में आजादी दी गई थी, लेकिन अब कोई एकाउंटेबल नहीं है। अगर कुछ लोग सर्च करने लगे तो जिसका किराया 5,000 रुपये है, सर्च करते-करते 7,000 रुपये हो जाता है और बुक करते-करते 10,000 रुपये से ऊपर हो जाता है। आखिर किस तरीके से टैरिफ को बढ़ाने की इजाजत दी जा रही है?

इस एक्ट के उपनियम-2 में था कि वेबसाइट पर प्रकाशित करना अनिवार्य होगा। रूल-53ए में टैरिफ की परिभाषा दी गई। इसमें यात्री, सामान, कार्गो की बात भी थी और दर, रेट, शुल्क और एजेंट कमीशन की शर्तें शामिल थीं। रूल-135 में मुख्य कानूनी हक था कि एयरलाइन्स टैरिफ तय करे, लेकिन अगर कुछ अनुचित पाया जाएगा तो डीजीसीए हस्तक्षेप करके संशोधन कर सकता है और रद्द करने का निर्देश दे सकता है। इसका उल्लंघन करने पर एयरक्राफ्ट रूल्स के तहत कार्रवाई भी हो सकती है। भाग-13 में शेड्यूल सेवाओं की मंजूरी दी गई और रूट्स का पैटर्न दिया गया। ये

सब आर्थिक पहलू थे जो अप्रत्यक्ष रूप से जो किराए को प्रभावित करते थे। आज किसी को भी कंपनी बना लेते हैं, सब्सिडरी कंपनी बना लेते हैं, पार्किंग का अलग शुल्क लेते हैं।

उसके बाद लोडिंग का अलग और व्हील चेयर का अलग शुल्क लेते हैं। एयरपोर्ट की सर्विसेज के नाम पर यह सब बोझ पैसेंजर पर ही आता है। किसी एयरलाइंस पर टैरिफ का बोझ नहीं आता है। जो पीएसएफ होता है या डेवलपमेंट फीस होती है, वह भी पैसेंजर पर ही आता है। आप एयरपोर्ट रन कर रहे हैं, आप प्रॉफिट कमा रहे हैं, प्रॉफिट कमाने के बाद यदि एयरपोर्ट का विस्तार करना है ... (व्यवधान)

माननीय सभापति : कृपया आप अपनी बात समाप्त कीजिए।

श्री जगदम्बिका पाल : हमें तो एक घंटा कहा गया है।

माननीय सभापति : वह आपके लिए नहीं, सभी के लिए है।

श्री जगदम्बिका पाल : अभी तो मैंने अपनी बात शुरू ही की है। केंद्र सरकार में पहली बार ऐसा हुआ है। आपने देखा, जिस तरह से यह घटना हुई, उस तरीके से हाल में डीजीसीए ने फ्लाइट ड्यूटी टाइम लिमिट लागू किया, वह क्यों किया? एफडीटीएल लागू इसलिए किया, इस सदन में बार-बार माननीय सदस्य कह रहे हैं कि 66-67 प्रतिशत एक ही एयरलाइंस का कब्जा है, अगर देश की मार्केट में उनकी सबसे बड़ी एयरलाइंस हो गई, उन्होंने 67 प्रतिशत मार्केट कैप्चर कर लिया, I would like to ask whether that airlines will be accountable for the safety, security, and facility for the passengers. Are they monarch of all the survey? Do they not have any accountability to the passengers? आप कॉमन यात्री से चलने के लिए किराया ले रहे हैं, उनसे डेवलपमेंट फी ले रहे हैं, उनसे टैक्स ले रहे हैं। पायलटों की कमी है, उसकी शैड्यूलिंग होनी चाहिए। उसकी गड़बड़ी के कारण 2 से 8 दिसम्बर 2025 के बीच में दो हजार से चार हजार उड़ानें रद्द हुई हैं। यह भारतीय एविएशन के इतिहास में शायद पहली बार इतनी बड़ी ऑपरेशनल विफलता हुई। एक दिन में 1600 उड़ानें रद्द हो गईं। यह नौबत आई कि दिल्ली, मुंबई, बेंगलूर, हैदराबाद जैसे एयरपोर्ट्स पर लोग घंटों तक फँसे रहे, शादी में नहीं पहुँच पाए, डेड-बॉडी लेकर नहीं

जा पाए। आखिर इस गंभीरता को देखते हुए प्रधानमंत्री जी ने हस्तक्षेप किया, माननीय मंत्री जी लगातार, डीजीसीए ने न केवल नोटिस दिया, बल्कि उनके खिलाफ कार्रवाई हो रही है, जाँच हो रही है। खुद माननीय मंत्री जी उससे मिलकर स्पष्टीकरण दे रहे हैं। उनके साथ संचालन, रेग्युलेशन, रोस्टिंग, पायलट प्रबंधन आदि की चर्चा हो रही है। जब इस तरीके से हो रहा है, तो आज उस पर निश्चित तौर पर कार्रवाई हुई। प्रधान मंत्री जी ने अस्थायी रूप से हस्तक्षेप किया। आज उस किराए को फ्लैक्सी फेयर के नाम पर नहीं, क्योंकि जिस तरह से रेट बढ़ गए थे, उस रेट की नौबत यह थी, उस रेट पर लोगों को लगता था कि 40 हजार रुपये, 60 हजार रुपये, 70 हजार रुपये, उस हिसाब से उन्होंने कहा कि 500 किलोमीटर का 7,500 रुपये होगा या इससे मैक्सिमम होगा। मुझे लगता है कि यह संकल्प साफ दिखाता है कि किस तरह से हमारे विमानन क्षेत्र में एक क्रांति आई है, वर्ष 2014 के बाद आप खुद भी महसूस करें कि भारत में सिविल एविएशन में उसकी माँग, उसकी अवसंरचना में, एयरपोर्ट्स में किस तरह से सुधार हुआ और किस तरह से यात्रियों की बढ़ोत्तरी हुई। वर्ष 2014 में एक सीमित कनेक्टिविटी थी और वर्ष 2024 तक यह कनेक्टिविटी बढ़कर आज उसकी इनकम 14.47 अरब डॉलर हो गई है। वर्ष 2023 में 12.21 प्रतिशत...

माननीय सभापति : कृपया आप अपनी बात समाप्त कीजिए।

श्री जगदम्बिका पाल : कृपया पाँच-दस मिनट का समय और दे दीजिए।

माननीय सभापति : नहीं। यह मुश्किल हो जाएगा। आप तो समझते ही हैं।

श्री जगदम्बिका पाल : मैं दो बातें और कहना चाहता हूँ। उड़ान स्कीम के बारे में सुन लीजिए। ...

(व्यवधान)

मणिकम टैगोर जी, वर्ष 2014 में हवाई यात्रा में 6 करोड़ की संख्या थी। आज वह 6 करोड़ से बढ़कर 14.5 करोड़ हो गई है। वर्ष 2023-24 में 22 करोड़ यात्री हो रहे हैं। इसका सीएजीआर 9.7 प्रतिशत है। घरेलू यात्रा संख्या 142 लाख है। मुझे लगता है कि आज जिस तरह से यह विस्तार हो रहा है, हम दुनिया में तीसरे नंबर पर हो गए हैं। डीजीसीए ने यह किया है, तो देश के यात्रियों की सुविधा और सुरक्षा के लिए किया है।

जिस तरह से इसमें काम किया गया है, सरकार ने तुरंत उच्चस्तरीय जाँच का आदेश दिया और कहा कि हम इसमें कोई समझौता नहीं करेंगे। पूरे देश के यात्रियों को दृष्टिगत रखते हुए, इसे शिथिल किया गया। लेकिन एफडीटीएल नियम लागू होंगे, उसकी प्लानिंग होगी और उसका जो प्रोटोकॉल है, वह भी लागू होगा।

आज जो फेयरकैप की बात होती है, रेगुलेटर की बात होती है, पैसेंजर प्रोटेक्शन की बात होती है, यह अचानक ही नहीं है। कांग्रेस की जो दशकों की नीतिगत गलतियाँ थीं,... (व्यवधान) वर्ष 1953 में आपने जो एयर कारपोरेशन एक्ट बनाया, ... (व्यवधान) महोदया, मैं कोई पॉलिटिकल बात नहीं कर रहा हूँ।... (व्यवधान)

माननीय सभापति : अब आप अपनी बात समाप्त कीजिए।

श्री जगदम्बिका पाल : पहले इंडियन एयरलाइंस और एयर इंडिया की सरकारी मोनोपॉली बना दी और उस पर सारा बोझ डाल दिया। वे घाटे में चलती गईं।... (व्यवधान) मैंने नहीं कहा, वह सौगत दादा ने कहा।... (व्यवधान) 21 मार्च, 1994 को जब हमने उसको डी-रेगुलेट कर दिया।... (व्यवधान)

माननीय सभापति : वह बात हो चुकी।

श्री जगदम्बिका पाल : सरकार में यह हुआ कि एक झटके में आपने एयरलाइंस को पूरी आजादी दे दी। यात्रियों की सुरक्षा के लिए कोई मजबूत प्रबंध नहीं किया। आज हम इस बिल के समर्थन में खड़े हैं।... (व्यवधान) इसलिए आप विरोध कर सकते हैं।

माननीय सभापति : आप अपनी बात कहिए। आप कृपया चेयर को एड्रेस कीजिए।

श्री जगदम्बिका पाल : इसलिए रूल 135 बी, जिसका प्रावधान वर्ष 2004 में हटाया गया, जो डीजीसीए को सीधे दखल करने की ताकत देता था। वर्ष 1953 में न सही रेगुलेशन था, न बाद में सही तरह से मॉनिटरिंग की गई, इसके कारण पहली बार कार्टलाइजेशन हुआ। इसलिए मैं कहा रहा हूँ कि जिस तरह से दोनों एयरलाइंस का मर्जर कर दिया गया, इससे कितना बड़ा घटा हुआ, जिसका बोझ पब्लिक एक्सचेकर पर पड़ा। यह विकल्प नहीं था। मैं अपनी आखिरी बात कहकर खत्म करता

हूँ।

इन सारी गलतियों को, सारी ऐतिहासिक भूलों को, हालांकि उस समय विकल्प था, लेकिन कांग्रेस की नीतिगत भूलों के कारण ऐसा हुआ। अगर आज तस्वीर बदली है, तो मोदी सरकार ने पहली बार एविएशन की तस्वीर बदली है। वर्ष 2014 के पहले यह एक इलीट क्लब था। अब यह आम आदमी के लिए है।... (व्यवधान) अभी डीएमके के एक सदस्य ने 'उड़ान' योजना की तारीफ की। आज रीजनल कनेक्टिविटी में 'उड़ान' के तहत वायबिलिटी गैप को मिटाकर और फंड देकर सस्ते फेयर की गारंटी दी है, ढाई हजार रुपये में 500 किलोमीटर तक यात्रा करने की गारंटी दी है और चाहे तमिलनाडु, दरभंगा, देवघर, ग्वालियर, विजयवाड़ा आदि शहर हों।... (व्यवधान)

माननीय सभापति : आपको 5 मिनट एक्स्ट्रा समय दिया जा चुका है।

श्री जगदम्बिका पाल : मैं एक मिनट में अपनी बात समाप्त कर रहा हूँ। You are so kind.

माननीय सभापति : अब आप चेयर के लिए प्रॉब्लम कर रहे हैं। आपको 5 मिनट एक्स्ट्रा दिये जा चुके हैं।

श्री जगदम्बिका पाल : मैं चाहता हूँ कि यह एक गंभीर विषय है, इसलिए जब माननीय मंत्री जी उत्तर दें, तो इन बातों को ध्यान में रखेंगे।

धन्यवाद।

श्री चंदन चौहान (बिजनौर) : माननीय सभापति महोदया, आपने मुझे हवाई किराये को विनियमित करने के उचित उपाय के संकल्प पर, जो श्री शफी परम्बिल जी के द्वारा लाया गया है, पर अपना पक्ष रखने का मौका दिया, इसके लिए मैं आपका आभार व्यक्त करता हूँ।

महोदया, कोविड-19 के बाद पूरे देश की इकोनॉमी के लिए और पर्यटन क्षेत्र के लिए, उसे दोबारा पटरी पर लाने के लिए सिविल एविएशन द्वारा लगातार कार्यक्रम चलाये गये और उन्हीं की मेहनत के अनुसार और आदरणीय प्रधानमंत्री जी के विज्ञान को आगे रखते हुए आज कहीं न कहीं इकोनॉमी भी बेहतर स्थिति में है और पर्यटन की स्थिति भी बेहतर है।

महोदया, साल भर में, 31 अक्तूबर, 2025 तक, लगभग सवा तीन लाख फ्लाइट्स और

157.08 लाख यात्रियों का संचालन करके इस सिविल एविएशन मिनिस्ट्री ने अपनी मेहनत का मुज़ाहिरा पूरे देश के सामने किया है और बढ़ती इकोनॉमी को सामने रखने का काम किया है।

महोदया, पूरे देश में उत्तर प्रदेश एक बड़ा राज्य है, मैं वहां से आता हूं। लगभग वर्ष 2017 से पहले वहां चार हवाई अड्डे हुआ करते थे। आज वहां पांच बड़े अंतर्राष्ट्रीय एयरपोर्ट्स और 21 से अधिक घरेलू एयरपोर्ट्स हैं। वहां प्रयागराज, अयोध्या, गोरखपुर, कानपुर, कुशीनगर और बनारस एयरपोर्ट्स हैं। लखनऊ में जो एयरपोर्ट बना है, उसका नाम चौधरी चरण सिंह जी के नाम पर पड़ा है। आज चौधरी चरण सिंह जी के व्यक्तित्व के रूप में उसका विस्तार हुआ है। वहां पर नए और बड़े-बड़े टर्मिनल्स देखने को मिलते हैं।

वहीं हिन्दुस्तान का सबसे बड़ा एयरपोर्ट जेवर में बन रहा है। नागरिक उड्डयन मंत्रालय सबसे बड़ी गाथा लिखने का काम कर रहा है। हमारे जांबाज मंत्री आदरणीय राममोहन नायडू जी और आदरणीय प्रधानमंत्री श्री नरेन्द्र मोदी जी के नेतृत्व में मुझे पूरा विश्वास है कि यात्रियों की सुरक्षा, बेहतर और सुविधाजनक सफर के लिए किसी भी चीज से कभी समझौता करने का काम नहीं किया जाएगा।

आज भले ही इंडिगो एयरलाइन की आपदा आई है। केन्द्र सरकार और आदरणीय मंत्री जी द्वारा जो कदम उठाए गए हैं, संकट का समय तो आया है, लेकिन निश्चित रूप से जनता के मन में पारदर्शी तौर से यह संदेश गया है। यहां कई माननीय सदस्य बोल रहे थे कि हमारे देश में और भी एयरलाइंसेज़ हैं। चाहे एयर इंडिया हो, एलाइंस एयर हो, अकाशा एयर हो, स्पाइस जेट हो, एयर इंडिया एक्सप्रेस हो, विकल्प सारे बहुत हैं। आदरणीय प्रधानमंत्री जी और माननीय मंत्री जी ने सीधा संदेश दिया है कि नागरिक उड्डयन मंत्रालय किसी भी तरह की ब्लैकमेलिंग किसी भी रूप में स्वीकार नहीं करेगा।

आदरणीय सभापति जी, फ्लेक्सी फेयर है, चाहे त्यौहारों का समय हो, आपदा का समय हो या किसी संकट का समय हो, जनता चाहती है कि डीजीसीए पारदर्शी तरीके से पूर्व की तरह टैरिफ मॉनीटरिंग करती रहे। मैं आदरणीय मंत्री जी से यह अनुरोध करूंगा कि वे पारदर्शिता से इस काम

को कराएं। जितने भी एयरक्राफ्ट रूल्स बने हैं, ये रूल्स बेहतर सुविधाएं उपलब्ध कराने के लिए बने हैं। इन नियमों में समय-समय पर चाहे बदलाव किए जाएं या उन्हें और बेहतर बनाया जाए, किसी भी रूप में यात्रियों की सुरक्षा के साथ कभी कोई समझौता न किया जाए। उन्हें सफर के दौरान बेहतर सुविधाएं मिलें, इसके लिए हमेशा सारी व्यवस्थाएं करनी चाहिए।

महोदया, कुछ चीजें व्यापार से ऊपर होती हैं। निश्चित रूप से हम नागरिक उड्डयन मंत्रालय और एयरलाइंस की पूरी व्यवस्था को केवल व्यापार के रूप में नहीं देख सकते हैं। यह एक मौलिक जिम्मेदारी है। नागरिक उड्डयन मंत्रालय बहुत से भारतीय नागरिकों के सपनों और जरूरतों को पूरा करता है। इसे हम किसी भी रूप में टैरिफ, अन्य प्रावधान या किराए की पेचीदगी में नहीं फंसा सकते हैं।

महोदया, मैं अपनी बात को समाप्त करना चाहूंगा, क्योंकि और भी माननीय सदस्यों को बोलना है। इस संकल्प पर जो विचार प्रस्तुत किए गए हैं, मैंने इस पर अपने विचार भी रखे हैं और मैंने अपनी पार्टी का भी पक्ष रखा है। मुझे आदरणीय मंत्री श्री राममोहन नायडू जी पर पूरा भरोसा है कि वे सख्त से सख्त कार्रवाई करते हुए, यात्रियों के लिए बेहतर सुविधाएं सुनिश्चित करने का काम करेंगे।

महोदया, चाहे सरसावा हो या मेरठ हो, हमारे क्षेत्र में स्मॉल स्ट्रिप्स की लगातार मांग उठती रहती है। वह कहीं न कहीं एयरलाइंस के लोड को कम करने का काम करेंगी। मुझे पूरा भरोसा है कि इन सभी संकल्पों पर विचार करते हुए आप आगे बढ़ेंगे। आज इस सदन में हमारे सभी महानुभाव इस विषय पर अपने विचार रखेंगे, उस संकल्प के साथ, मैं आदरणीय मंत्री जी और नागरिक उड्डयन मंत्रालय का समर्थन करता हूँ।

SHRI B. MANICKAM TAGORE (VIRUDHUNAGAR): Thank you, hon. Chairperson Madam, for giving me this opportunity.

I rise to support the Private Member's Bill introduced by my esteemed colleague, Shri Shafi Parambil, who has been a three-time MLA in the Kerala

Assembly and a first-time Parliamentarian, but has made a headline by bringing this Private Member's Bill which seeks to strengthen passenger rights, guarantee fair competition, and overhaul our aviation regulatory framework. The urgency of this Bill has been underscored by the severe civil aviation crisis that India has witnessed in the last fortnight.

India's largest airline, IndiGo, which carries over 60 per cent of domestic air passengers, has experienced a catastrophic operational breakdown, resulting in thousands of flight cancellations and widespread passenger suffering. At the peak of the crisis, reports indicate that over 2,000 flights were cancelled within a week, severely disrupting travel plans nationwide. On one day alone, more than 550 flights were scrapped, and in subsequent days, more cancellations followed, with refunds exceeding Rs. 7,827 crore issued to passengers. The Directorate General of Civil Aviation has even suspended four of its own Flight Operations Inspectors for oversight lapses and intensified scrutiny of the airline's compliance measures. This is one of the most severe operational breakdowns in Indian aviation history — not a minor scheduling glitch, but a crisis that stranded travellers in terminals, disrupted businesses, and forced families to cancel long-planned holiday journeys.

Madam, this is not just about an airline's internal failure. This crisis also exposes bigger structural problems. Why has the Government allowed concentrated market dominance? When one airline accounts for such a disproportionate share of domestic traffic, the entire system becomes fragile. A failure in a single carrier's operations should not grind national air travel to a halt.

Yet, it did. Why did our aviation policy allow this duopoly to emerge? Why is there no healthy competition to absorb such shocks? This Bill calls for a real structural competition, and more robust entry and survival conditions for new and smaller operators.

What role did regulatory preparation play in this crisis? The Directorate General of Civil Aviation had introduced revised pilot duty and crew rest rules, aiming to improve safety. Yet, despite a long lead time, IndiGo failed to align its crew planning, prompting cancellations numbering in thousands. If Airlines is unable to comply with foreseeable regulatory changes, where was the oversight? Should regulators not have ensured compliance well in advance, especially given the Airline's massive network? Why are passengers left to bear the consequences of systemic failure of this Government? Thousands were stranded, and many families missed urgent medical and personal commitments. Airports reported chaotic scenes and delays in communication to affected flyers. Who would compensate for the economic loss, missed opportunities, and emotional distress?

Madam, current consumer protection is inadequate and reactive, not preventive. This Bill mandates clear compensation frameworks and enforcement mechanisms. Why has the Government been slow to enforce real accountability? In response to the crisis, DGCA ordered flight schedule cuts, formed oversight teams, and suspended officials. But these are reactive, and not proactive measures. The flight cancellations soared and the airfares on alternative carriers spiked sharply, hitting ordinary passengers hard. Does our

regulatory architecture protect passengers first, or does it favour powerful operators? Why has there been no policy to ensure resilience in Indian skies? The Civil Aviation Minister rightly said that we need at least five major carriers to avoid such shocks. Yet, policy and practice have led us to a market with two dominant players. When will we adopt policies that prevent monopolistic control and ensure robust competition?

Madam, civil aviation is not just an industry; it is a connectivity that binds this nation. It affects businesses, tourism, families, and national integration. It should not collapse under the weight of avoidable operational mismanagement or regulatory laxity.

The Private Member's Bill brought by Shri Shafi Parambil seeks real consumer protection with enforceable compensation, greater market competition, stronger, independent oversight of airlines and regulators, transparency and accountability in pricing, cancellations, and refunds. This crisis is a wake-up call. Let this House unite to ensure that India's passengers are protected, India's skies are resilient, and that no single failure, whether operational or regulatory, can cripple our nation's connectivity.

I urge upon the Members to support this Resolution, not just in spirit, but also in action. Thank you.

SHRIMATI MALVIKA DEVI (KALAHANDI): Thank you very much for giving me a chance to speak on my first Private Member's Bill. First of all, I would like to say that I belong to a party which does not believe in speaking only about the negative, but always begins with the positive. Yes, the Civil Aviation Ministry was

in a crisis, but only till 2014, till Modi ji took charge and began working on it.

Aviation is a driver of economic growth, regional connectivity and social inclusiveness. UDAN is one of the most successful schemes of the Modi Government which has been launched in the past few years. If I speak about the expansion of airport infrastructure, there has been a massive increase in the number of operational airports. From 74 airports in 2014, there are 160 operational airports today.

My constituency, Kalahandi, has always been infamously known for its famine, drought and other unfortunate issues. But today, I thank everyone, especially Modi ji, for supporting the Civil Aviation Ministry and granting us our first UDAN airport at Utkela. Today, we are connected to all the districts and all the States, whether it is Bhubaneswar or Raipur. We are truly grateful to Modi ji for the UDAN scheme, where the fare is only Rs.3000. Earlier, when we travelled by car or train or any other means, we used to pay double or triple the amount.

Modi ji's vision behind this scheme is *Ude Desh Ka Aam Nagrik*, and that is why this scheme is called UDAN. Therefore, Modi ji is rightly known as the people's Prime Minister. There are about six hundred UDAN routes operationalised in the country. Passenger-friendly digital reforms have been introduced, whether it is the EGCA platform, Digi Yatra or the biometric and paperless systems.

The Government has also brought in policy and regulatory reforms like the Civil Aviation Policy and the Bharatiya Vayu Yaan Abhiyan. It has enhanced safety inspections and achieved significant international recognitions, including

ICAO recognition. All this work is being carried out by the Civil Aviation Ministry of India. I once again thank Modi ji and Ram Mohan Naidu ji.

As I said earlier, there was a crisis situation, but it was only till 2014. Recently, there have been two situations that can be considered crisis situations. One was during the COVID-19 pandemic, when on May 25, 2020, scheduled domestic flights resumed after a two-month suspension due to the COVID-19 lockdown. The Ministry imposed both upper and lower fare limits to protect passengers from exorbitant and predatory pricing by airlines. These fare bands were based on flight duration and were revised periodically through Ministry orders in 2020 and 2021. The BJP Government is for the people, by the people and of the people, the Government that works for the people.

The second situation was the emergency caused by the Indigo disruption, but again, मोदी जी की सरकार, राम मोहन नायडु की सरकार ने इसको भी हैण्डल किया और बहुत अच्छे से हैण्डल किया। हमारी सरकार वह सरकार है जो सिचुएशन को देखकर सामने खड़े होकर सॉल्यूशन ढूँढती है, न कि छुपकर बैठने वाली सरकार।

The Civil Aviation Ministry invoked its regulatory powers and capped economy class fares. Fare ceilings were fixed at Rs.7500 for routes up to 500 kilometers, Rs.12,000 for routes from 500 to 1,000 kilometers, Rs.15,000 for routes from 1,000 to 1,500 kilometers, and Rs.18,000 for routes above 1,500 kilometers. At the same time, compensation running into crores was given to the affected passengers, and the situation is still being managed diligently.

All I would like to say is that our vision under Modi ji is *Sabka Sath, Sabka Vikas*, which includes *Sabka Safar*. We acknowledge the challenges being faced

by airlines, whether they pertain to fuel costs, ATF taxes or operational expenses. But the solution cannot be placed entirely on the shoulders of passengers. Our Government has always stood with the people. Whenever the need arose, it intervened and ensured fair pricing. It has always encouraged healthy competition in the aviation sector with passenger safety as its top priority. Above all, the Government has made air travel affordable and accessible for every Indian.

I am confident that the hon. Civil Aviation Minister, Shri Ram Mohan Naidu, under the guidance of Modi ji, will address the recent issue very effectively. I reiterate that the Modi Government is of the people, for the people and by the people. Thank you.

17.00 hrs

THE MINISTER OF CIVIL AVIATION (SHRI KINJARAPU RAMMOHAN NAIDU): Thank you, Madam. It has been a very long and thorough discussion on this very important aspect of airfares in the country. It all originated by the Private Members' Business Resolution, which has been put by hon. Member Shri Shafi Paramabil Ji, on the topic of appropriate measures to regulate airfare in the country. From the number of speakers that have spoken over one-and-a-half years, this is the first Resolution that has come in this Lok Sabha. Since, on 26th of July 2024, the day it was moved, there were nine speakers who spoke. Again on 28th of March 2025, there were 14 speakers. And today, on 12th of December, we have had another eight speakers speaking on this. One thing that is evident today from all the speakers that have spoken and the emotion that

has come out is that the Government continuously speaks about how aviation today is. A matter of fact, from हवाई चप्पल से हवाई जहाज का जो नारा था वह सच है। यह इससे साबित होता है जिस भावना से सभी लोगों ने यहां अपनी बात रखी है।

Unless it is connected to the masses of the country, you do not see that kind of emotion being spoken, both by the Members on this side and by the Members on that side. So, that is an example how deeply and inclusively, under the leadership of hon. Prime Minister Narendra Modi Ji, the civil aviation is interconnected in this country. I will try to stick to the points that have been mentioned in the Resolution, which I feel is also very important to address today. The first point is to initiate appropriate measures to regulate the airfare in such a way that there is a reasonable upper limit to the maximum fare that an airline can fix on a route.

Madam, taking up this point, let me start by looking into the aspect of deregulation in the country. Some speakers have already spoken about it. The regulation starts with the Air Corporations Act of 1953. That was the time when they decided that the airfares needed to be regulated. There was a committee which was there, which was looking into all the regulations, and the capping of fares and deciding what the tariff should be. But then in 1994, it was decided that the aviation sector should be deregulated. It was deregulated, that idea that came up, and then the Air Corporations Act was repealed in 1994. The idea behind the deregulation at that time was to allow the sector to grow. Open sky was mentioned because there was so much demand and potential in the country. Considering the global way of how civil aviation was observed across

the world, all the countries who have seen exceptional growth in their own country in civil aviation, they had deregulated markets. The deregulation of markets lets the sector open up for many players to come in and it also encourages competition at the same time. When you are saying deregulation, you are letting the market dynamics flow in. You are letting the market supply and demand play its own role, so that the ultimate benefit is got by the passenger who is taking the ultimate benefit. It is with that idea that in 1994 itself deregulation has happened and from then we have seen that multiple airlines have come in and also multiple challenges for airlines. Some have gone out and new airlines have come in. But the idea still remains that if the civil aviation network, the aviation sector, needs to grow, the first and foremost thing is to keep it deregulated so that the competition survives, more players can come in.

Coming back to the whole deregulation aspect, even though I am saying that the market is deregulated, let me also come to the fact that according to the Aircraft Act that we have right now, there is power with the Central Government that in extraordinary circumstances, when there is a possibility that there is misuse of the air tariff deregulation that we have set up, the Central Government can interfere and set things right to cap the fares so that the passenger does not experience opportunistic pricing at that point of time.

One of the good examples for that would be COVID. You have seen how much of a challenge it has been during COVID for aviation on one side, and also for the passengers, because of the mismatch in supply and demand at that time. It is at that time that the Government decided to step in. Based on the timing,

the time it takes to travel from point A to point B, certain categories were created. According to the categories, the Central Government exclusively used its power to cap the fares, and it has done it. That was not the only example of when the Government has stepped in and looked after the passengers and looked after the airfares in the market. There is another example that I would like to give, which is of the Maha Kumbh. We have seen that there was an extraordinary demand from people across the country and outside the country also who wanted to go to Prayagraj at that time. And because of the sudden surge in demand and the capacity being the same as what it was before, there was a huge rise in airfares at the time. So, what the Government did at that time was to cap the fares of the airlines which were going to Prayagraj. That was the second instance.

The third instance which we have seen is of Pahalgam when the attack happened. This was a different kind of situation where people were trying to come out of Srinagar. It was at that time again, to facilitate the people and the passengers who were coming out, we observed that there was a necessity for the Government to interfere. We exclusively used the power, and we capped the fares again while keeping the market deregulation intact because the whole idea of open sky needs to be there for competition to survive. Whenever it was necessary in those extraordinary circumstances, the Government had used its power. Recently also we have seen during the Indigo crisis, where there was a capacity constraint, there were many cancellations, there were many routes where the airline was not able to operate, because of which there was a capacity

constraint. So again, it was observed that if we do not interfere, there could be a rise in airfares. Immediately we stepped in, we released an order, and this time we created categories based on the distance, and clearly communicated to the airlines that there has to be a capping in airfares. I am mentioning the point to say that because the Government has the exclusive power in extraordinary circumstances, when we feel that the airfares are rising above the normal and becoming abnormal, then we are taking up that step.

We have taken another initiative. This Ministry is continuously connected to the people, listens to the people, and takes feedback from the people. That has been the complete approach of this Government, especially under the leadership of Prime Minister, Narendra Modi ji. Alliance Air is still a Government entity. It is running ATRs across the country. It is especially running on the most important routes in the North-East area, and also many different destinations where it might not be viable for different players to come in. Government has taken it upon itself to run those routes so that the people in those areas also get connectivity. The new initiative and the new experiment we have started with Alliance Air – this was very recently in October – is ‘Fare se Fursat’. Since there is a lot of discussion on capping of fares, we wanted to see if we can cap the fares to a certain extent, what kind of benefit is being given to the consumer or the passenger, and how the viability of the airlines is. So, we have taken this special initiative, which is ‘Fare Se Fursat’, which is a pilot project for three months. Alliance Air is operating on more than 54 routes in the country. We have selected 25 routes where the demand is good. On some routes, viability may not

be good. So, we have taken up all operations of 25 routes across the country – North-East, South India, northern part of India, West–East. We have earmarked 25 routes. On these 25 routes, we have fixed up the fare for each route. This ‘Fare Se Fursat’ scheme has been going on for the last two-and-a-half months. It will go until 31st December. We want to observe if we have capped the fares, how it is benefiting the passenger because there are many other things which are involved. This is not a single-way solution where you observe that the fares are up and you cap the fares or you make them limited to a certain extent and the ultimate benefit is going to the passenger because it is not just that one travel for that passenger. There is a sector here; there is the viability of the airlines; there is an airport that is operating; and there are multiple levels in civil aviation for the passenger to go from point A and to come out at point B. There are multiple different sectors which are continuously working in tandem like a symphony so that the passengers can go from one place to another. And it is important for us to ensure this whole tandem, the whole connectivity that is there in-between, and that everything is viable in its operations. That is why, the ‘Fare Se Fursat’ scheme is there. Government is very closely observing the feedback on this scheme, and how the passengers are responding to it. Once that is done, definitely we are going to sit down, observe the feedback, and then, if necessary, consider this with the private airlines also.

We are also taking some other measures with regard to capacity constraint. I have statistics also. When we are comparing the airfares in the country with airfares in different other places, especially internationally, the rate

of growth that we have seen in the airfares is actually negative.

In relative terms, in real terms, there has been 43 per cent decrease in the airfares when you consider the Consumer Price Index also. So, if you compare with the US or China, in the US, it has decreased to 23 per cent; in China, it has decreased to 34 per cent but in India, the decrease has been up to 43 per cent in relative terms when you compare with the Consumer Price Index and the inflation that has happened. So, if you compare your own tariffs from previous years, previous decades, we have been maintaining a certain sort of level which is still affordable for the people. But in those terms also, when do you observe a rise in airfares? It is not that every day, they are rising and you see an increase in the fares.

During these festive seasons, — such as Onam or Christmas in Kerala — there is a specific demand that originates in this location for most people to travel. During that specific period, most of the people who are working in the Gulf area, want to come back and visit their families. There is a specific season when you see that there is a huge capacity that is going to be there. You can also see that those are the specific routes where the airfares are rising because of the demand that originates. Then, you see in the North India, sometimes during Durga Puja, Kolkata routes are on a search. During Diwali, the whole Northern sector is on a rise and during Chhath Puja, whoever is going to Bihar, that is on a rise. These are all specific seasons. It is not that I can cap a fare for the entire year to a certain sector because this is why market demand and market supply are very very important for us to understand. They play in such a way that they

regulate the fares on its own. We also know that there are seasons and we also know that there are capacity constraints in those seasons. We have reacted accordingly when this Kerala situation was observed. After I became the Minister, this exactly happened in September, 2024 on the Gulf and the Kerala routes. What else can we do at this time so that we can facilitate the people who want to travel and we can keep the fares at a very adjustable price? Then, we added capacity.

We have spoken to the airlines well in advance. We have said that this is a situation which is happening every year. Why do we not provide more capacity in this region so that more people can travel? This is exactly what we have done this time. More flights, which were not operating on non-viable routes across the country, were taken out and they were brought in the specific sector so that that can facilitate the demand that was created. On top of Onam, during this Kumbh Mela also, everyone wanted to travel to Prayagraj. So, we have increased the flights that are going to Prayagraj. Only capping the fare does not help, but the capacity also needs to be augmented. That is the real solution when you are seeing that these fares are rising because there is demand. It is not that you want to send that single passenger for a very adjustable price, you want to send ten passengers to that place in that during that specific time. So, capacity augmentation is something which is very much required and we have done that.

It happens in Kerala during the Onam. It happens during Diwali also which we have celebrated recently in October, 2025 and Prayagraj Kumbh Mela in January, 2025. So, we have worked out this solution when we speak with the

airlines before and consider the festive season and increase the capacity.

Madam, we also have to understand what goes into these airfares. I have talked about some of the measures that we have taken and also airfares is not a single entity. There are different charges which have gone into the airfare and one of the most important one is the aircraft fuel. ATF makes up to 40 per cent to 45 per cent of the ticket. The price that you pay is because of the ATF and the way ATF is there in the country, the State taxes on the ATF. There are multiple States who have brought it to below five per cent. We are very thankful to them. There are 26 States and Union Territories which have brought it down because they understand that even if you lose a small revenue in this taxation for the ATF, the kind of economic growth that it creates and the kind of growth aviation network creates for other industries is very very important and it is with that idea that it was being done. But there are some States which still have it at a very high percentage and it is multiple times. My predecessor Scindia ji is also here. He has written and spoken many times to the Chief Ministers. I have also taken that responsibility. I have written to Chief Ministers. Whenever I get the opportunity to meet them, I have spoken to them on this very specific issue of bringing down taxes on ATF because if you bring it down then definitely that also helps the passenger and the cause that it takes. We have done it with Bihar also. Bihar used to have 29 per cent tax ATF but in June, 2025, they have responded and they have brought it to below 4 per cent. There is one State Tamil Nadu also. Manickam ji is here.

So, I will take this opportunity, through this discussion, also to encourage

the State Government to bring it down as much as possible. It should not be four per cent or five per cent, but to bring it down to one per cent, so that this benefit of taxation is also being extended to the passenger at the end. This is about the ATF.

When it comes to the DGCA measures, DGCA is also a very important regulator for us. It also looks after the safety, and it also looks after the airlines and their operations. Now, there is a tariff sheet which is being made by the airlines to see how they are going to charge. The tariff sheet mentions the minimum fare for a certain route, maximum fare for a certain route, and they have this bucket system where through 'buckets' they see how many seats are going to be allocated at a certain price. Not many would be knowing about this, but whenever you go to the website and you purchase a ticket, there is a clear tariff sheet that is mentioned there.

But here, the airlines also used to do their own '*chhalaki*'. What they used to do? According to the law, they have to display the tariff sheet somewhere prominently. We were also doing our own monitoring, and we were checking as to where the tariff sheet was displayed. If we go to their webpage, it used to take ages to find where the tariff sheet was. It is right at the bottom and even the font size in which it was written, one can see it only if he uses a binocular. It was at that situation. Then we said, this is not the purpose for which the law has been kept. Thereafter, we have instructed them that whenever someone opens the webpage, the tariff sheet should be seen right in the front in big font so that every passenger can see it. We have brought that change, and we have monitored

that change. Now, the tariff sheet is thoroughly displayed.

But it is not only about the tariff sheet. Earlier, there was a small clause about a rule for the tariff sheet which gave an advantage to the airlines that every day they can change the tariff sheet. ऐसे होगा तो कैसे होगा? आज की टैरिफ शीट आज के लिए बन रही है। हमने आज की टिकट ले ली है। कल की टैरिफ शीट कल के लिए बन रही है। Again, it was not serving the purpose. Then, we changed the rule that was giving that measure, and we said that: "You would not change it every day and you would not change it every 24 hours. You will only change it every month so that the passenger can see it ahead of the month". In the first week of the month they have to give us the tariff sheet saying that in a sector, in this month, how much they are going to charge, and how many bucket charges they are having. So, there is everything the passenger should know as to what charges will be there. We have changed it to one month, and that is also a facility that the passenger will have.

I would encourage more passengers to look into this tariff sheet, to look at how the pricing is done, what is the minimum bucket, and what is the maximum bucket. This, we have done last year itself, and we are observing some changes because it improves the monitoring mechanism that we have on these airlines and their tariff sheets.

Further, on top of this, there is a Tariff Monitoring Unit that we have created in DGCA. Its purpose specifically is to look into what the pricing is; how the airfares are fixed; are they following the tariff sheet or not?; and are there abnormal situations that are being created? So, specifically just for tariffs, we

have created a Tariff Monitoring Unit, and it has been strengthened time and again through various measures. Earlier, it started with around 50 routes. But now we have expanded it to 78 routes. We are also taking international sectors right now to understand where and how these fares are being changed and how they are being done.

The Tariff Monitoring Unit is going to be a very important unit for us to monitor the tariffs. We are bringing in more IT tools. We are bringing in more technology so that the power of the TMU increases and they can analyze the fares in a very tech-based manner using the IT tools also. So, that is one thing that we have done, and we are also improving the capacity with which TMU works not only in the routes that are being covered, but also in the number of people that are doing it.

Then, the most important thing in the civil aviation sector, in the last 10 years, is a success story that not only I, who is part of this Government, can talk about, but everyone on both sides and all across this House can speak about. The UDAN Scheme was one of the most successful schemes not only for the country, but for people across the world that we can showcase it to.

UDAN Scheme has democratized air travel in the country. The way we have brought inclusiveness in civil aviation is because of the UDAN Scheme. There was a big number of unserved and underserved airports in the country. This was a challenge for us because there were these airlines who were looking at commercial interests. Naturally, the airlines would look at viable routes to function like the metro routes or the tier-II to metro routes. But we have been

creating airports across the country, especially in the North East and in our Union Territories where they might not be viable to function, but still they need air connectivity.

People were aspiring to have air connectivity in the country. So, that was when our hon. Prime Minister came up with this flagship Scheme of UDAN, उड़ने देश का आम नागरिक, and it has done wonders to civil aviation sector in this country. Whatever we experience, we have gone to different places now, where people would not have ever thought that they would have an airport at that location. Because of the UDAN Scheme, we were able to start an airport there. Because of UDAN Scheme, we were able to start operations there.

Today, almost 1 crore 57 lakh people have availed the benefit of UDAN. More than 3,26,000 flights have operated under the UDAN. More than 693 specific routes, which were not there before, because of UDAN Scheme, we have started that. But there are certain limitations in UDAN. The UDAN Scheme also is not just to cater to the viability or just to start new connections. UDAN Scheme is supposed to act like a spark. Wherever there is a route, which is not functional, we wanted to start the route, bring in the viability, bring in people, attach them to aviation, attach them to air travel, and let the private sector take its place. It is with this idea that the UDAN was brought in, and it was envisioned for 10 years. But I can tell you right now that in the last Budget, hon. Finance Minister, Nirmala Sitharaman ji understood the importance of this specific UDAN Scheme. Like I told you that it was only for 10 years and we were on the verge of completion of the UDAN Scheme, she has made the provision that UDAN is

going to be extended for 10 more years. This is a great thing for our civil aviation as we are trying to grow more and more in the next few years, not only in terms of expansion for the next 10 years, but she has specifically mentioned that 120 new destinations are going to be covered. That is the strength that civil aviation has in this country. How many airports do we have today? We have 164 airports. Madam, 164 airports is a vast network, but look at the capacity of the country. We are not stopping here. If we want to achieve *Viksit Bharat*, we have to connect each and every location as much as possible with civil aviation and in the next 10 years, we are going to do 120 destinations.

What is the biggest benefit UDAN has done to the country? I have talked about many of them, but one of the biggest one is that new airlines have come in. There are new airlines which many of you may not know because they operate in very specific sectors. You might not see them. Star Air is there, Fly 91 is there, India One is there. They might have very small operations. They might have a 9-seater or a 19-seater aircraft, but they are the ones which are connecting the tier-3 cities. They are of the ones which are connecting the remotest parts. You would have never seen these kind of airlines come into the country. But it is because of UDAN, they found a way to come in. Is it not what we want? This is exactly what we want - more airlines to come in, more competition to be there in the country. UDAN is specifically looking into that.

In the last 10 years, if we can see so much success in UDAN, it is because of the modifications in the UDAN which is going to facilitate far more people to come in and more competition to be there, more routes being established and

more connectivity being established. Imagine the kind of growth we can see with the new expanded UDAN in the next 10 years. Definitely I see the vision that there are going to be more and more airlines coming in the future. I can assure the House that there will be more and more airlines with the UDAN scheme also that is going to come.

I have talked about the tier-2 city connections and tier-3 city connections through UDAN and that we are going to expand. In this last 18 months of me being the Minister, we have given NOC to three new airlines also. Two new airlines have also applied for NOC. So, this is a continuous activity. We are engaging with the stakeholders. We are engaging with the market. We are creating the aspiration that if you want to be in this sector, this is the time that you start a new airline because the demand is continuously growing. This is the approach of the Government also that we need more airlines.

Not only this, I would also like the people here to understand the real bottleneck here. We are creating airports. For airlines, we have the UDAN Scheme where we are encouraging them. We are giving the viability and all that. Availability of aircrafts is a serious issue that we all need to understand. There are only certain players across the world who are making these aircrafts. If I have a lot of money to buy aircrafts, if I say today that I am going to start an airline today, I have the unlimited amount of money for me, and I want to buy 100 or 200 aircrafts I cannot have these 100 or 200 aircrafts right now today. It is because the manufacturing goes on at a pace. Every month there are certain factories that they have, there are certain assembly lines that they have, the

throughput of these shops is only that much and they are not only supplying to India. They are supplying across the world. There is a huge demand in the Gulf. There is a huge demand in Asia Pacific region and everyone is having to wait for this. India is also waiting. How many orders do we have? It is 1700 aircrafts.

About 1,700 orders are pending with Airbus, Boeing and other players. Once we get these, if these 1,700 aircraft that our airlines have ordered today actually enter our sector, then of course passengers will benefit. But the bottleneck is not within the country, not with the Government, not even with the airlines. The bottleneck is the availability of these aircraft. We have recognised that, and that is exactly why this Government has taken a stance that we are not going to wait endlessly for aircraft to be built elsewhere. We are creating a programme so that aircraft can be built within the country. We should have a 'Made in India' aircraft, and that is the vision with which this Government is moving ahead.

There is Russian Sukhoi SJ-100, which is a regional aircraft. We are in discussions with them. HAL is engaging with them. They have entered into an MoU, and they are bringing the technology here so that we can build the aircraft locally. Embraer is also a very good and efficient aircraft. We are seeing Star Air operating Embraer planes and provide good connectivity to tier-II cities. They too are trying to expand. We are in talks with Embraer as well, asking them to come to India and manufacture here so that we can build these aircraft domestically.

If there is a future demand for 1,700 aircrafts, and if we can persuade the

companies to come and build in our own country, imagine how much easier it will be for our airline operators to obtain those aircraft. We can have the aircraft built here, in our own facilities, and also reduce certain cost elements. These airlines operate on very thin margins. That is something we must understand. Look at the challenges they faced. They went through COVID-19, a time when nobody was travelling. But they still survived, they continued paying salaries, even on days when not a single flight was allowed due to the lockdown. Every airline had to go through that phase.

There are also very high leasing costs. It is not as if an airline can buy a plane outright just because it has money today. There is a different financial strategy at play not only in India, but across the world. Airlines lease aircraft. 'Leasing' means I rent a plane from someone who owns it, use it for a certain period and return it. This is the common strategy everywhere. Two or three decades ago, about 60 or 70 per cent of planes were owned by airlines and 30 per cent were leased. Today, 85 per cent of planes are leased.

So, we asked ourselves: why not address the leasing ecosystem itself? We studied the global leasing industry. Certain hubs have emerged. Ireland is a big hub because they started early because they created the required regulations. They fixed taxation issues and built a global centre for leasing. Anyone wanting to lease a plane prefers Ireland. Now, UAE has also created a hub. Singapore too has developed its own ecosystem. So why not India? This is the approach of our Hon. Prime Minister: why should we not become a global leasing hub, not only meeting our own demand but serving the entire world?

GIFT City was created with exactly this vision, that the leasing industry should flourish here. We also saw that the Cape Town Convention, which is the global compliance framework for aircraft leasing, needed to be given legal backing in India. We had no legislation supporting it. In last December, both the Houses passed the Bill, and we enacted the Cape Town Convention Act for the protection of aircraft objects. As a result, India's compliance score in the global leasing sector has improved.

Now, we are establishing presence in leasing. What does that mean? It will be easier for airline operators to lease planes. Costs will come down. More players will be interested in this. This adds to competition and it encourages more airlines to enter the market.

I also spoke about MROs. Maintenance of aircraft is another major cost. Even when we bring planes from abroad, they must be maintained. There is periodic maintenance, and maintenance for safety issues, component issues, or engine issues. Engine work is a very important part of overall aircraft maintenance. Usually, when maintenance is required, the aircraft or the engine has to go back to the original OEM in France or Germany or a European country or the USA or elsewhere. What does that mean? There is high forex expenditure. It is a huge cost for the airline just to send the aircraft or engine abroad and that cost ultimately falls on the passenger. Time is also lost. If one aircraft is taken out of service and sent abroad, it undergoes maintenance, and comes back after one or two months. During that time, the airline loses that aircraft's operational capacity in India. Therefore, we have now strengthened the MRO ecosystem

within the country.

This Government has taken this exactly with that idea, and it has improved the whole MRO situation in the country and multiple other things like the taxes around the MRO components, how you open up the airports to have MROs. I have just seen one Member also asking that you need to open up Tier-II, Tier III. We are doing it. We have created the rules, we have created legislations that we open up more MROs in the country. Very proudly I am also stating this. Recently in Hyderabad, near the GMR airport, Safran have set up shops here in the country, which is an important air engine manufacturer and many of our Airbus. They have these leap engines which are done by them. Now we do not need to send it anywhere to France etc., we can do it in our country itself. The capacity with which they have created is 300 planes per year. It is 300 engines per year, that is almost one engine every day. It is going to be maintained. Now there is lesser time for maintenance, and less cost for maintenance also. If cost for the airlines to maintain the plane is less, then, less is the cost on the passenger also. That is why MRO network is also important. MRO network is something we are clearly concentrating on.

Safran's coming to India is like a gateway. Once you see that one big player is coming in, all the other players find the confidence to come to the country and that confidence and the trust in Indian system is what this Government has created for them. We have done the leasing act.

Then, I would like to mention about flexible airspace also. Back then, the airspace used to be very restricted. From the country, there used to be a strict

norm that this is the civil aviation airspace, this is the defence airspace, this is restricted airspace. Everyone was controlling their own space. But what was there left out with civil aviation was very, very small. If there was a restricted airspace, and if it was not accessible to use the restricted airspace to go from point A to point B, it has to go all around. When it goes all around, imagine the fuel cost that it takes, the time that it takes. It was hon. Prime Minister Narendra Modi ji who made the defence, who made the intelligence, who made the civil aviation, all the technologies that are there. Everyone sits together, they collaborate, coordinate and come out with flexible airspace. So, even if it is with defence, at that time civil aviation can request that I want to use this airspace for the passengers, for the commercial purposes and they give their airspace. So, what used to take probably 30 minutes or 40 minutes over, gets covered in a very shorter time and that cuts down the cost of the plane to operate from one point to another point. That also reduced the cost. This is again playing into the fact that relatively, taking inflation and the CPI, you might even feel that why would it be that the prices are still 43 per cent lower than before. This is because of these kind of things and the interventions that we have done keep the airfares down. There are many things which are in tandem, and there is also a multi-pronged approach which is going on. So, this is why we have kept them in this thing. I have talked about many things that are there. While I say this, there is also the second point.

Now, I would move to the second point. This would not be taking much time. It has been mentioned that we should convene a joint meeting with airline

operators, representatives of the people and all other relevant stakeholders to discuss the issue of excessive airfare during the vacation seasons urgently. Accordingly, I have mentioned that we have done it in the Kerala Gulf in October 2024 itself. That is because this was placed on time and hon. Speaker from the chair has advised that you have to meet the airlines. We have taken meetings with the airlines, all the stakeholders, and we have taken it as a very proactive measure and we are doing it every month. Every month we are sitting with the airlines. We are telling them what the festive seasons could be, what could be the airfare in that specific month. We are coming out with guidelines; we are coming out with instructions to keep them at this thing.

Then the third point is to establish a quasi-judicial body to regulate and monitor the aircraft ethically and equitably. To regulate, I have said that the Government already has the power. In extraordinary circumstances, whenever it feels it is going out of bounds, then we have the power. For monitoring we have the Tariff Monitoring Unit. We are making it more powerful. We are, in fact, including it in the aircraft rules also, so that it carries a certain kind of statutory provision for it and that is going to strengthen.

With all this, the only thing that I want people to think about, is the bottleneck of the aircraft availability. Second which I want them to think about is the viability of the airlines. We all feel that these are companies who are charging a lot of money but none of them are making good money. Most of them are in losses. That is also one consideration that we have to keep in mind. The Competition Commission of India and High Court have said that the fare should

be deregulated. They have given judgments multiple times. The Competition Commission also advised that the airfare should be deregulated for competition to prevail in the industry. All this, our most important responsibility with civil aviation is safety and security, no matter how much this commercial angle, how much the pricing, everything comes. Our first priority is to take the passenger from one place to another in a safe and secure way.

So, safety and security is the topmost priority. We are building these airports not only for today but for tomorrow also. No matter how much politics or political items the Opposition tries to bring in, we are very committed to the people of this country. If it is not that, then, it would not be that three times in a row, one man would have become the Prime Minister of the country. It is because we all walk, talk, and work for the people of this country and for the common men of this country and that is going to continue, keeping intact the passengers' rights and safety and security of each and every passenger who is flying in this country and that is the commitment from the Government and from the Civil Aviation.

As I have addressed all the points, I would now request hon. Member Shri Shafi Parambil ji to withdraw his Resolution.

Thank you very much, Madam.

HON. CHAIRPERSON : Shri Shafi Parambil.

SHRI SHAFI PARAMBIL (VADAKARA): In spite of having all these measures and in spite of your claims that you have taken all these actions, I fail to understand how an airline can charge Rs. 65,000 from Srinagar to Delhi when

the Pahalgam terror incident was happening. When 26 people were brutally killed by the terrorists in Srinagar; when people sought to move out of Srinagar; when the whole country was in trouble; when it was a war-like situation; and when the country was at war, the people who intended to move out of Srinagar to come to Delhi were charged Rs. 65,000. It was just a one-way ticket. So, I seriously raised this concern.

In spite of having all these measures that you have explained and in spite of having taken all these initiatives as you have mentioned, how could they charge Rs.65,000 for an economy ticket from a traveller who is trying to move out of Srinagar in the situation of a terrorist attack? So, all these actions must not step in after the chaos has happened. We must regulate them prior to this chaos. That is what we demand through this Private Members' Resolution. That system must be in place.

Madam, like everyone of us has said, air travel is not a luxury any more. We all know that. It is a necessity now. We cannot skip away from that fact. A student who is returning to his home after college or is going to college for an exam from home; a migrant labour who is coming back home after one year or two years of hard work; a child who is coming to see his parents who are sick; and a family, who is settled abroad or working abroad with two or three children, who is coming back home for a seasoned vacation just for fifteen days or one month in a year to see their old aged parents, how can they be charged four times or five times or six times? They spend all their year's earnings just to take a ticket back home. Who must regulate this?

It is a market fluctuation. It is market driven. It is open sky. But now, we learn that it is not just an open sky. While we say that it is an open sky, but what has happened in India is that it is duo sky -- it is Indigo sky and it is Air India sky. It is 92 percentage. So, where is the foresight? Where have you gone wrong?

Madam, this is not just an Indigo crisis. I must say, this is a governance crisis also. I must say, this is a governance crisis also. It is because I have learnt that the Pilots' Association themselves have warned about these regulations initially.

17.39 hrs

(Hon. Speaker *in the Chair*)

And I have heard Members, from either side, warning the Government about the situation which may arise in a few months' time and asking to think about as to what has happened. But now, even the Pilots' Association may be off the record contacted and said that there are chances of these being pre-planned disruptions. Thousands of flights are being cancelled in a single day.

Lakhs of people stranded. Thousands of pieces of luggage are missing or delayed. Treatments delayed, functions delayed, exams delayed. Even there are UPSC-related issues. We have read so many such stories.

What was the role of the DGCA in foreseeing these things while allowing them to declare more schedules, more window schedules, and while asking them to have more pilots? What was our role in ensuring that? What was our monitoring mechanism to ensure that they had done enough? Why did we not bother to closely check whether IndiGo or any other player had prepared themselves to face the situation?

Instead, all of a sudden, and not just in December but even in November, there were hundreds of flights cancelled. We had the warning signs much earlier. We had received written letters much earlier, cutting across political lines.

Is the DGCA supposed to be a silent spectator to all these things? And after all this chaos happened, after all these troubles happened, after people paid Rs.35,000, Rs.40,000, even Rs.42,000 for one-way tickets on routes where they normally paid Rs.8,000 or Rs.9,000, only then we stepped in.

Sir, you said “extraordinary situations”, but they are trying to make these situations very normal in each and every case. That is the biggest problem. We can understand Government involving itself in an open market only in extraordinary situations. You yourself rightly mentioned this here.

माननीय अध्यक्ष : ओके ।

SHRI SHAFI PARAMBIL: I just started

माननीय अध्यक्ष : यह स्टार्ट है, तो एंड कब करोगे? नो, नो । आपके विषय से यदि कोई विषय बन रहा है, तो उस पर बोलिए ।

SHRI SHAFI PARAMBIL: It is strictly to the topic, Sir. Nothing outside the topic.

माननीय अध्यक्ष : आप इसके अलावा कुछ बोल भी नहीं सकते । यदि आप बोलेंगे भी तो मैं कैसे बोलने दूंगा ।

SHRI SHAFI PARAMBIL: I am speaking strictly to the topic, Sir.

माननीय अध्यक्ष : इसलिए टॉपिक के इधर-उधर न बोलकर टॉपिक पर बोलिए ।

SHRI SHAFI PARAMBIL : We may all have to buy tickets on our own in the future.

माननीय अध्यक्ष : टिकट तो अभी भी लेते हैं ।

SHRI SHAFI PARAMBIL: Sir, this is a very serious issue

माननीय अध्यक्ष : आप जल्दी खत्म कीजिए, छह बजने वाले हैं।

SHRI SHAFI PARAMBIL: We have time, Sir. You rightly mentioned that during the 'Mahakumbh', Delhi to Prayagraj one-way ticket was Rs. 32,000. You said you had to step in, but how could they charge like that? So, where is this agency? What is its role in enforcing these norms? What are their actions in stopping such exploitation? After charging so many people such high prices, only then we got involved. That means a regular system must be in place, not just for extraordinary situations but for the extraordinary exploitation that these airlines carried out.

माननीय अध्यक्ष : ज्योतिरादित्य सिंधिया जी क्या आप भी कुछ बोलना चाहते हैं? क्या आप भी अपने विचार व्यक्त करना चाहते हैं?

संचार मंत्री; तथा उत्तर पूर्वी क्षेत्र विकास मंत्री (श्री ज्योतिरादित्य एम. सिंधिया) : सर, अगर आप चाहते हैं, तो जरूर करेंगे।

माननीय अध्यक्ष : अच्छा इंटरेस्टिंग सब्जेक्ट है, इसलिए थोड़ा बोलिए, आप अपने विचार व्यक्त कर दीजिये।

... (व्यवधान)

SHRI SHAFI PARAMBIL: I mentioned the "Pahalgam Terror Attack." This is not a seasonal issue; this is not an IndiGo crisis. What is the justification for an airline charging Rs. 62,000 from Srinagar to Delhi when 26 people lost their lives in a terrorist attack? When everyone intended to help the nation, our own airline company was exploiting the situation.

This is a crisis exploitation. They must be penalized. ... (*Interruptions*) Sir,

I am coming to that. I do not know why you are disturbed about it. I must say that arrogance must be grounded. That arrogance of exploiting the crisis must be grounded.

माननीय अध्यक्ष: माननीय सदस्य, अब आप अपनी बात समाप्त कीजिए।

... (*Interruptions*)

SHRI SHAFI PARAMBIL: Sir, I was forced to bring this as a Private Member Resolution.

माननीय अध्यक्ष: माननीय सदस्य, अब आप अपनी बात समाप्त कीजिए। आपके विषय आ गए।

... (*Interruptions*)

SHRI SHAFI PARAMBIL: Sir, I have come from Vadakara. My constituency is Vadakara in Kerala. There are so many migrant labourers who work abroad. They work for two years at a stretch and when they try to come back home during the vacation, the charges are not just once, twice, thrice the price of a normal ticket but it skyrockets. When the fares are sky-high, our regulators hit the rock bottom. That is the major issue.

माननीय अध्यक्ष: माननीय सदस्य, यह अच्छी बात है कि आपने लोक सभा को एड्रेस किया है।

... (*Interruptions*)

SHRI SHAFI PARAMBIL: The Speaker is not allowing me to speak much. Whatever suggestions, whatever actions you have taken, you told you have initiated.

माननीय अध्यक्ष: माननीय सदस्य, आपको किसने बोलने की इजाजत दी? आप यह बोल रहे हैं कि मुझे बोलने की इजाजत नहीं दी गई।

... (व्यवधान)

SHRI SHAFI PARAMBIL: Sir, I am talking right now.

माननीय अध्यक्ष: माननीय सदस्य, आपको जितना बोलना है, आप बोलिए।

... (व्यवधान)

SHRI SHAFI PARAMBIL: In light of one of the worst operational crisis, I kindly request the hon. Minister to ensure that there is a capping for sectors or at least for kilometre-wise. There must be an upper limit. Otherwise, that will not stop because we will involve only in extraordinary situation and they will make use of that and they will continuously fleece in this thing.

माननीय अध्यक्ष: माननीय सदस्य, आप यह बात सही कह रहे हैं।

... (व्यवधान)

SHRI SHAFI PARAMBIL: Second thing, when I presented this initially also, the hon. Speaker directed the Minister to have meetings of the stakeholders. I thank you for the meetings that you had but Sir, as stakeholders, organisations from the community or from Indian Associations over there, were not invited. They are the most important stakeholders because they suffered this. We have to hear them patiently. Those people who suffer this, they must be given a patient hearing.

डॉ. निशिकान्त दुबे (गोड्डा) : महोदय, रूल 178 ... (व्यवधान)

माननीय अध्यक्ष: रूल 178 क्या है?

... (व्यवधान)

डॉ. निशिकान्त दुबे : महोदय, इसके तहत माननीय सदस्य 15 मिनट से ज्यादा नहीं बोल सकते।

यदि आप इजाजत देंगे तभी वह ज्यादा बोलेंगे।... (व्यवधान)

माननीय अध्यक्ष: मैंने उनको इजाजत दी है।

SHRI SHAFI PARAMBIL: I have my third point. About the tariff monitoring units, you said that it is already in existence. It is already into play. How about having a quasi-judicial body which can overlook into these facts, these things and which can monitor these things before the chaos happens?

Sir, there are so many issues. As the Minister rightly informed, every Member felt emotional about this issue because it is affecting a large number of people throughout the country. Millions of people are being affected for every single thing. They charge Rs. 20,000 for a ticket and then additionally, they ask for Rs. 1,500 for a seat.

I have one more point. The existing mechanism is not helping to prevent the chaos. So, my request to the hon. Minister is to establish and declare a cap at least a higher limit on the specific things about sectors.

One more thing, please ensure that our NRI community and their association can have a meeting. We can go through the embassy itself. They are not heard. Please have a meeting with them country-wise if you have time.

Thirdly, I request the hon. Minister to establish or declare a quasi-judicial body to stop this looting or this crisis exploitation for once and all.

Thank you, Speaker, Sir, for giving me this opportunity. I am a first time Member of this august House.

माननीय अध्यक्ष : आप पहली बार के सदस्य हैं, लेकिन आपने बहुत अच्छे ढंग से अपने विचार रखे हैं।

SHRI SHAFI PARAMBIL: Sir, there are so many migrant labourers in my constituency, Vadakara, who are suffering from this issue. Now, everybody has

learned that this is not just a *pravasi* issue. Everybody started feeling the heat, those who are travelling inside also.

Sir, when I met the hon. Minister, he told me about the point of call for Kannur Airport, and the development for Calicut Airport, if more airlines come to play. The hon. Minister himself told that more airlines will come to play. But, point of call facility is not being given for Kannur Airport. Apart from that, the development of Calicut Airport development is also being requested continuously to you. If such thing happens in time, more players may come and we can have a reduced price. I know who will be pressurizing this. They are pressurizing us too far away, so please involve all those things.

SHRI KINJARAPU RAMMOHAN NAIDU: Sir, whatever points the hon. Member is making now, he has made these points earlier also in the beginning of the debate when he initiated the discussion. He has mentioned all these things very clearly, and based on that I have given the reply.

One thing is that airfares have multiple aspects surrounding to it, and the Government is taking a multi-pronged approach while dealing with it. When it comes to the airfares, the capping of it, the higher limits, definitely we are revisiting it, we are seeing how they are being limited. The Government is monitoring the fares. We are discussing with the stakeholders, and airlines on how they have decided it and what it should be. The Government is continuously involved. Now, coming to the point of discussing, engaging with associations, the Ministry keeps a very, very open approach, whoever wants to discuss, let it be an association or individual. We have multiple layers within our Ministry, and

within our system. We will continuously engage with them internationally also. When it comes to having this point of call, it is a bilateral issue and it is not just a point of call that you can give it for Kannur or the entire world. It depends on which country you want to have a point of call with and how it is. They are also giving us the necessary point of call from the other country. Especially, when it comes to Kerala – he has multiple times raised this issue on various forums also and likely so, because there is a need of increasing the capacity – I would like the Member to also understand, it is not only about capping the airfares. There will be 100 seats that are available, and you want them to be at a certain price. Agreed, you are getting it, but there are 1000 people who want to travel. What about the other 900 people who cannot travel? We want the capacity to increase. I am not shying away from the fact that the airfares need to be reasonable. We also need to understand that there are more people who want to travel, that is why the demand is so high in that sector, and that is why we want more airlines to come in. I have explained how we are doing it. The hon. Member comes from Kerala. There are many people who are there; expats living across the world, especially in the Gulf. I would encourage him to reach out to his constituency. People who are there, please tell them to start one airline also, and increase the capacity. The Government is facilitating that. Thank you, Sir.

SHRI SHAFI PARAMBIL: Sir, I am withdrawing my Bill, as per the practice of the House. But, hon. Minister mentioned about 'half of the carrier empty'. Sir, throughout the season, they are charging higher fares. That is happening in

Kerala. Even when half of the carrier is empty in season, they are charging too much. They are making this as an opportunity.

माननीय अध्यक्ष : माननीय सदस्य, सदन भी मानता है कि जो-जो चीजें सदन में एड्रेस की जाती हैं, आपने भी प्रश्न काल में या कभी भी एड्रेस की हों, माननीय मंत्री जी सारे माननीय सदस्यों से उन सारे विषयों पर गंभीरता से चर्चा करते हैं। जो भी व्यक्तिगत रूप से मिलता है, उससे भी चर्चा करते हैं और सदन के अंदर भी वह कोशिश करते हैं कि माननीय सदस्यों की जो भावनाएं हैं, उन भावनाओं के अनुसार एयरलाइंस काम करे।

SHRI SHAFI PARAMBIL : Sir, let us hope that this situation does not arise in the next season also so that we do not have to discuss it again at all. Let us see what these actions might result in.

As per the practice of the House, Sir, I am withdrawing the Resolution.

माननीय अध्यक्ष: क्या सभा की यह इच्छा है कि श्री शफी परम्बिल द्वारा प्रस्तुत संकल्प को वापस लिया जाए?

Resolution was, by leave withdrawn

माननीय अध्यक्ष : सभा की कार्यवाही सोमवार दिनांक 15 दिसम्बर, 2025 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

17.56 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, December 15, 2025/Agrahayana 24, 1947 (Saka).*

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