

LOK SABHA DEBATES

(English Version)

(Fourteenth Session)
Sixteenth Lok Sabha



(Vol. XXX contains Nos. 11 to 20)

LOK SABHA SECRETARIAT
NEW DELHI

Price : Rs. 115.00

EDITORIAL BOARD

Snehlata Shrivastava

Secretary General
Lok Sabha

Anita B. Panda

Joint Secretary

Usha Jain

Director

J.B.S. Rawat

Additional Director

Kaveri Jeswal

Joint Director

R.K. Mair

Editor

@2018 Lok Sabha Secretariat

None of the material may be copied, reproduced, distributed, republished, downloaded, displayed, posted or transmitted in any form or by any means, including but not limited to, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of Lok Sabha Secretariat. However, the material can be displayed, copied, distributed and downloaded for personal, non-commercial use only, provided the material is not modified and all copyright and other proprietary notices contained in the material are retained.

Original English proceedings included in English Versions will be treated as authoritative and not the English translation of the speeches made in Hindi and other languages included in it. For complete authoritative version please see Original Version of Lok Sabha Debates.

CONTENTS

Sixteenth Series, Vol. XXX, Fourteenth Session, 2018/1939 (Saka)

No. 12, Friday, March 9, 2018/Phalguna 18, 1939 (Saka)

SUBJECT	COLUMNS
ANNOUNCEMENT BY THE SPEAKER	
Welcome to Parliamentary Delegation from the Republic of Korea.....	1
OBITUARY REFERENCES.....	1-2
ORAL ANSWER TO QUESTION	
Starred Question No. 201.....	3-10
WRITTEN ANSWERS TO QUESTIONS	
Starred Question Nos. 202 to 220.....	9-64
Unstarred Question Nos. 2301 to 2530.....	65-679
PAPERS LAID ON THE TABLE.....	680-698
STANDING COMMITTEE ON EXTERNAL AFFAIRS	
21st Report.....	698
STANDING COMMITTEE ON FINANCE	
57th to 61st Reports.....	698-699
STANDING COMMITTEE ON FOOD, CONSUMER AFFAIRS AND PUBLIC DISTRIBUTION	
20th and 21st Reports.....	699
STANDING COMMITTEE ON URBAN DEVELOPMENT	
22nd Report.....	700
STANDING COMMITTEE ON HUMAN RESOURCE DEVELOPMENT	
304th and 305th Reports.....	700
BUSINESS OF THE HOUSE.....	700-706
ANNEXURE-I	
Member-wise Index to Starred Questions.....	707-708
Member-wise Index to Unstarred Questions.....	708-718
ANNEXURE-II	
Ministry-wise Index to Starred Questions.....	719-720
Ministry-wise Index to Unstarred Questions.....	719-720

OFFICERS OF LOK SABHA

THE SPEAKER

Shrimati Sumitra Mahajan

THE DEPUTY SPEAKER

Dr. M. Thambidurai

PANEL OF CHAIRPERSONS

Shri Arjun Charan Sethi

Shri Hukmdeo Narayan Yadav

Shri Anandrao Adsul

Shri Pralhad Joshi

Dr. Ratna De (Nag)

Shri Ramen Deka

Shri Konakalla Narayana Rao

Shri K.H. Muniyappa

Dr. P. Venugopal

SECRETARY GENERAL

Shrimati Snehlata Shrivastava

LOK SABHA DEBATES

LOK SABHA

Friday, March 9, 2018/Phalguna 18, 1939 (Saka)

The Lok Sabha met at Eleven of the Clock

[MADAM SPEAKER *in the Chair*]

ANNOUNCEMENT BY THE SPEAKER

Welcome to Parliamentary Delegation from the Republic of Korea

[English]

HON. SPEAKER: Hon. Members, at the outset, I have to make an announcement.

On behalf of the hon. Members of the House, I have great pleasure in welcoming H.E. Mr. Chung Sye Kyun, Speaker of the National Assembly of the Republic of Korea and Members of the Parliamentary Delegation from the Republic of Korea who are on a visit to India as our honoured guests.

They arrived in India on Thursday, the 8th March, 2018. They are now seated in the Special Box. During their stay in India, they will also visit Agra. We wish them a happy and fruitful stay in our country. Through them, we convey our greetings and best wishes to the Parliament, the Government, and the friendly people of the Republic of Korea.

11.02 hrs.

[Translation]

OBITUARY REFERENCES

HON. SPEAKER: Hon. Members, I have to inform the House about the sad demise of three former Members of Parliament, Shrimati Shyama Singh, Shri Bhanu Kumar Shastri and Shri Prabodh Panda.

Shrimati Shyama Singh was the member of 15th Lok Sabha from the Aurangabad Parliamentary

Constituency of Bihar. She was the member of the committee on Human Resource Development and committee on Empowerment of Women.

Shrimati Singh was an active social worker who worked for the upliftment of the deprived sections of the society.

Shrimati Shyama Singh died on 11th September, 2017 at the age of 75 years in Delhi.

Shri Bhanu Kumar Shastri was the member of 6th Lok Sabha from the Udaipur Parliamentary Constituency of Rajasthan.

Sh. Shastri was the member of the committee on Public Undertakings and committee on Absence of Members from the sittings of the House.

Sh. Shastri was also the member of the legislative assembly of Rajasthan from 1972 to 1976.

Sh. Bhanu Kumar Shastri died on 24th February, 2018 at the age of 92 in Udaipur, Rajasthan.

Sh. Prabodh Panda was the member from 13th to 15th Lok Sabha from the Medinipur Parliamentary Constituency of West Bengal.

Sh. Panda was the Member of the Committee on estimates and committee on Private Members' Bills and Resolutions.

Sh. Panda was also a writer and had written several books in Bangla.

Sh. Prabodh Panda, died on 27th February, 2018 at the age of 72 in Kolkata, West Bengal.

We express our deep condolences on the death of our former colleagues and believe that the House is with me in expressing our condolences to the bereaved families.

Now, the House will observe silence for a short while in the honour of the departed souls.

11.03 hrs.

(The Members then stood in silence for a short while)

...(Interruptions)

[Translation]

HON. SPEAKER: Now, uproar has begun again after silence.

...(Interruptions)

11.05 hrs.

(At this stage, Prof. A.S.R. Naik, Shrimati V. Sathyabama, Shri Jayadev Galla, Shri Y.S. Avinash Reddy and some other Hon. Members came and stood on the floor near the Table)

...(Interruptions)

11.06 hrs.

ORAL ANSWER TO QUESTION

[Translation]

HON. SPEAKER: Sh. Jitendra Chaudhary - Not present.

...(Interruptions)

HON. SPEAKER: Dr. Anshul Verma - Not present.

...(Interruptions)

HON. SPEAKER: Hon. Minister.

...(Interruptions)

ORAL ANSWER TO QUESTION

[English]

Deaths of Children

@*201. SHRI JITENDRA CHAUDHURY:
DR. ANSHUL VERMA:

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

(a) whether the Government run hospitals are well equipped with all the required infrastructure and if so, the details thereof, State-wise including Uttar Pradesh;

(b) whether a number of children have died due

@Since both the Members were not present, the Hon. Speaker asked the Hon. Minister to lay the reply.

to lack of proper medical facilities in Government hospitals in the country and if so, the details thereof indicating the number of children died during 2016-17, State/UT-wise including Gorakhpur in Uttar Pradesh;

(c) the main cause behind the deaths of children during the said period along with the action taken by the Government in this regard;

(d) the details of funds sanctioned, released and utilised by the States/UTs for the development of infrastructure therein during each of the last three years, State/ UT-wise; and

(e) the number of hospitals upgraded/modernised in the country, State/UT-wise including Uttar Pradesh along with the steps taken/being taken by the Government to further improve the functioning of these hospitals?

[Translation]

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (e) A Statement is laid on the Table of the House.

Statement

Public Health and hospitals being a state subject, under National Health Mission (NHM), Ministry of Health & Family Welfare is providing technical and financial support for infrastructure strengthening and up-gradation, equipment procurement and maintenance based on the Program Implementation Plans received from States/ UTs. Since inception of National Health Mission, approvals for new construction of 32,497 health facilities and renovation/up-gradation works of 39,324 health facilities has been given. The detail of funds approved and utilized by the States/UTs for the development of infrastructure during each of the last three years, State/ UT-wise is placed at Annexure.

Reducing child mortality (Under 5 Mortality Rate) is one of the main objectives of National Health Mission. During 1990-2015, the child mortality in the county declined by 66% in comparison to global decline of 55%. As per information received from states, there are no such incidents reported where a large number of children died due to lack of proper medical facilities in Government

hospitals in the country, including Gorakhpur in Uttar Pradesh.

In order to address child mortality, various interventions are implemented under NHM. These interventions includes Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY), entitlements under Janani Shishu Suraksha Karyakaram (JSSK), LaQshaya initiative for all government facilities with high case load to bring about reorganization of labour room to ensure respectful maternity care and enable adherence to quality standards clinical protocols in labour room, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies, Home Based Newborn Care (HBNC) provided by ASHAs to improve child rearing practices, Mothers' Absolute Affection programme (MAA) to promote early initiation and exclusive breastfeeding for first six months, Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, and promote use of ORS and Zinc for management of

diarrhoea in children.

Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles.

Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons. Measles Rubella Campaign is being undertaken in select States for children from 9 months to 15 years of age with the aim of eliminating Measles by 2020.

Besides this, Government of India is also implementing Rashtriya Bal Swasthya Karyakram (RBSK) which provides child health screening and early interventions services including free surgery for defects, diseases, deficiencies and delays so as to improve the quality of survival and to reduce out of pocket expenditure of families.

Annexure

State/UTs wise State Program Implementation Plan-Approval & Utilization under Hospital Strengthening and New Constructions/ Renovation and Setting up from the F.Y. 2014-15 to 2016-17 under National Health Mission (NHM)

(Rs. in crore)

Sl. No.	State	2014-15		2015-16		2016-17	
		Approval	Exp	Approval	Exp	Approval	Exp
1	2	3	4	5	6	7	8
A. High Focus States							
1	Bihar	80.73	39.87	53.32	41.22	124.05	45.02
2	Chhattisgarh	48.79	104.63	29.48	121.65	39.71	121.48
3	Himachal Pradesh	6.55	8.72	37.22	31.25	38.49	38.56
4	Jammu and Kashmir	118.77	123.77	49.97	65.38	27.06	37.73
5	Jharkhand	36.58	29.03	24.21	47.29	48.62	0.29
6	Madhya Pradesh	58.83	72.94	115.74	187.14	205.12	176.38
7	Odisha	150.88	191.65	162.95	184.55	289.99	180.01
8	Rajasthan	298.31	236.11	312.14	276.29	297.15	192.98
9	Uttar Pradesh	68.92	353.94	541.76	587.02	305.55	566.41

1	2	3	4	5	6	7	8
10	Uttarakhand	14.57	15.49	2.94	12.29	16.55	3.22
	Sub Total	882.94	1176.17	1329.73	1554.08	1392.29	1362.06

B. NE States

11	Arunachal Pradesh	20.24	8.45	25.42	55.91	17.91	38.02
12	Assam	158.99	81.01	169.71	185.24	135.70	115.16
13	Manipur	9.50	19.12	7.64	12.34	17.09	3.89
14	Meghalaya	15.42	15.84	26.85	19.59	6.51	21.03
15	Mizoram	1.44	0.00	2.12	0.76	0.03	0.97
16	Nagaland	6.82	1.90	7.65	0.10	1.18	3.82
17	Sikkim	3.45	3.38	4.77	1.87	1.61	3.72
18	Tripura	21.62	30.06	4.59	5.70	10.10	11.76
	Sub Total	237.46	159.74	248.75	281.51	190.11	198.36

C. Non-High Focus States

19	Andhra Pradesh	106.32	120.70	104.40	74.57	12.43	65.03
20	Goa	1.66	0.08	0.19	0.02	0.07	0.02
21	Gujarat	103.78	53.91	76.23	117.96	0.05	114.30
22	Haryana	9.05	5.18	8.81	0.85	2.37	6.09
23	Karnataka	105.33	91.07	84.09	85.88	116.14	33.74
24	Kerala	51.56	32.69	46.32	48.84	35.23	37.22
25	Maharashtra	139.30	64.30	174.40	82.39	93.12	76.84
26	Punjab	8.43	27.50	38.19	43.05	30.00	45.35
27	Tamil Nadu	216.82	474.92	149.25	208.70	137.73	215.21
28	Telangana	90.97	60.67	22.50	24.60	9.01	13.03
29	West Bengal	81.73	84.04	46.55	145.13	14.78	131.59
	Sub Total	914.96	1015.05	750.92	831.99	450.93	738.42

D. Small States/UTs

30	Andaman and Nicobar Islands	0.25	0.92	0.45	0.00	1.84	0.65
31	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00
32	Dadra and Nagar Haveli	0.00	0.00	0.13	0.00	0.00	0.00
33	Daman and Diu	0.03	0.01	0.05	0.01	0.05	0.00

1	2	3	4	5	6	7	8
34	Delhi	60.77	64.51	3.00	16.68	35.00	3.06
35	Lakshadweep	0.00	0.00	0.00	0.00	0.04	0.00
36	Puducherry	0.09	0.05	0.05	0.06	0.00	0.07
	Sub Total	61.14	65.49	3.68	16.75	36.92	3.78
	Grand Total	2096.51	2416.46	2333.07	2684.33	2070.25	2302.63

Note: Above mentioned Utilization figures are as reported by States/UTs and include expenditure against Central Release, State share & unspent balances.

SHRI ASHWINI KUMAR CHOUBEY: Hon. Speaker, the Child Health Programme under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A), strategy of National Health Mission (NHM) comprehensively integrates those programmes that improve the child health and nutrition status and addresses the factors contributing to the under-five mortality and malnutrition.

According to the child health indicator, the under-five mortality rate is 39 at present. Under NHP target is to bring it down to 23 by 2025. Neo-natal mortality rate (within first 4 weeks) is 24 and it is targeted to be brought down to 16 by 2025. Infant Mortality Rate (within 1 year) is 34 and it is targeted to be brought down to 28 by 2019.

The current status of the deaths shows that the estimated number of under five deaths in 2016 is 96 lakhs as compared to the 10.8 lakhs deaths occurred in 2015. Out of total number of under-five deaths 8.4 lakhs deaths occurred in the first year after the birth and 5.9 lakhs deaths occurred in the first month after birth. ...(*Interruptions*)

WRITTEN ANSWERS TO QUESTIONS

[*English*]

Medical Termination of Pregnancy

*202. DR. SANJAY JAISWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is considering to review and strengthen the Medical Termination of Pregnancy (MTP) (Amendment) Bill, 2014, if so, the details

thereof and the reasons therefor along with the steps taken and the timeline set in this regard;

(b) whether the Government is also considering to treat advanced pregnancies of minor rape victims and those of women with fetal abnormalities as exceptions to the strengthened MTP Act of 1971 and if so, the details thereof; and

(c) the details of initiatives taken by the Government regarding the Supreme Court directives to set up State medical boards to expedite action in abortion cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The Ministry of Health & Family Welfare conducted extensive consultative process (initiated in 2006) with experts representing Central Ministries and Departments including AYUSH, NGOs, academic institutions, State Governments, professional associations including Federation of Obstetric & Gynaecological Societies (FOGSI) and Indian Nursing Council (INC), civil society representatives and lawyers, with the objective of proposing suitable amendments. Inputs were also sought from National Commission for Women (NCW) and the Ministry of Law and Justice.

Following the inter-ministerial consultations, the draft Medical Termination of Pregnancy (MTP) (Amendment) Bill, 2014 was placed in public domain for comments. Taking into account both the public opinion and the recommendations from the deliberations, the proposed MTP (Amendment) Bill, 2016 has been drafted.

(b) The proposed amendments to MTP Act 1971 focuses on improving the scope of legal access to MTP

for special category of women which includes survivors of rape, victims of incest, single women (unmarried/divorced/widowed to be established on the basis of self-certification of woman), and other vulnerable women (differently-abled women).

The upper gestational limit for termination of pregnancy for survivors of rape has been proposed to be increased from 20 weeks to 24 weeks. For pregnancies diagnosed with substantial fetal abnormalities, it has been proposed that no upper gestation limit would apply for termination.

(c) As per the directions of the Hon'ble Supreme Court, State/UT Governments have been asked to constitute Permanent Medical Boards in each State for urgent examination of cases referred to by the Hon'ble District Courts, High Courts and Supreme Court for MTP beyond 20 weeks so that immediate opinion can be given and urgent action can be taken.

[*Translation*]

National Parks

*203. SHRI MANSHANKAR NINAMA:
DR. RAMESH POKHRIYAL NISHANK:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of the expenditure incurred by the Government for conservation of National „ Parks during each of the last three years, State/UT-wise;

(b) the amount of revenue earned from National Parks through tourism during the said period, State/UT and year-wise; and

(c) the steps taken by the Government to protect and conserve National Parks and promote tourism in

such parks in the country?

THE MINISTER OF SCIENCE AND TECHNOLOGY, MINISTER OF EARTH SCIENCES AND MINISTER OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. HARSH VARDHAN): (a) The details of financial assistance provided by the Ministry of Environment, Forest and Climate Change to State/Union Territories under the Centrally Sponsored Scheme of 'Integrated Development of Wildlife Habitats', which inter-alia, includes IDWH, Project Tiger and Project Elephant, during the last three years, for conservation of National Parks, is given in the enclosed Statement-I, II and III.

(b) Management of National Parks including tourism activities is the mandate of the respective State/ Union Territory Governments. The State/Union Territory wise details of revenue earned from National Parks through Tourism is not collated at the level of Ministry of Environment, Forest and Climate Change.

(c) The Ministry of Environment, Forest and Climate Change provides financial assistance to the State/ Union Territory Governments under the Centrally Sponsored Scheme of 'Integrated Development of Wildlife Habitats', which inter-alia, includes IDWH, Project Tiger and Project Elephant, for protection and conservation of National Parks.

Concerned State/UT Governments prepare Management Plans which also incorporates tourism, ensuring better conservation and protection of National Parks.

The National Tiger Conservation Authority has issued guidelines, namely, 'The National Tiger Conservation Authority (Normative Standards for Tourism activities and Project Tiger) Guidelines, 2012' with respect to tourism.

Statement-I

Details of funds released to State/ UT Governments under IDWH

				(Rs. in lakhs)
Sl. No.	Name of States/UTs	2014-15	2015-16	2016-17
1	2	3	4	5
1	Andaman and Nicobar Islands	00	100.00	118.49
2	Andhra Pradesh	63.31	0	0

1	2	3	4	5
3	Arunachal Pradesh	00	304.02	256.8107
4	Assam	149.11	87.10	0
5	Bihar	85.249	108.011	100.576
6	Chandigarh	0	0	26.06514
7	Chhattisgarh	482.087	213.409	278.9453
8	Goa	00	00	0
9	Gujarat	634.94	395.798	497.604
10	Haryana	14.71	99.33	124.6572
11	Himachal Pradesh	430.345	431.837	280.31
12	Jammu and Kashmir	506.761	354.00	336.50626
13	Jharkhand	101.12	18.62	0
14	Karnataka	483.7769	262.13	325.52
15	Kerala	818.491	967.386	1928.42
16	Madhya Pradesh	371.354	394.565	322.265
17	Maharashtra	402.723	277.94	% 497.35
18	Manipur	129.192	248.919	340.032
19	Meghalaya	44.87	38.3902	55.23
20	Mizoram	131.54134	94.55	1234.95
21	Nagaland	85.155	235.48	357.846
22	Odisha	350.3229	246.8365	279.65
23	Puducherry CR	12.00	0	0
24	Rajasthan	367.296	314.788	453.87878
25	Sikkim	169.15643	290.32635	145.52
26	Tamil Nadu	280.626	113.261	0
27	Telangana	0	0	0
28	Uttar Pradesh	224.899	235.05	250.956
29	Uttarakhand	141.116	188.318	545.30576
30	West Bengal	108.847	100.934	237.66
31	MEE Dehradun	0	0	0
Total		6588.99857	6120.99905	8994.54814

Statement-II*Details of funds released to State/ UT Governments under Project Tiger*

(Rs. in Lakhs)

Sl. No.	State	2014-15	2015-16	2016-17
1	2	3	4	5
1	Andhra Pradesh	184.141	0.00000	173.48600
2	Arunachal Pradesh	658.4260	429.53900	597.28900.
3	Assam	1509.389	1425.41300	1510.92100
4	Bihar	317.096	223.55051.	487.83800
5	Chhattisgarh	609.827	398.94500	626.56700
6	Jharkhand	199.08	47.98470	323.76200
7	Karnataka	1565.7726	1378.19440	3203.61440
8	Kerala	517.5351	396.60100	780.23100
9	Madhya Pradesh	4335.1182	1421.00700	12885.59790
10	Maharashtra	3425.5241	3923.07890	8229.71800
11	Mizoram	232.1896	187.98450	301.54800
12	Odisha	707.3885	544.80052	917.16700
13'	Rajasthan	627.192	1257.80800	381.30200
14	Tamil Nadu	864.316	1950.17128	949.86900
15	Telangana	-	214.81920	239.25900
16	Uttarakhand	391.19	683.98538	1023.40300
17'	Uttar Pradesh	760.9283	624.54630	1057.04500
18	West Bengal	596.8825	376.50781	536.14070
	Total	17,502.000	15,484.9365	34,224.7580

Statement-III*Details of funds released to State/ UT Governments under Project Elephant*

(Rs. in lakhs)

Sl. No.	State/UTs	2014-15	2015-16	2016-17
1	2	3	4	5
1	Andhra Pradesh	13.523	-	13.62282
2	Arunachal Pradesh	97.714	61.206	100.062

1	2	3	4	5
3	Assam	236.664	-	275.6668
4	Chhattisgarh	43.7456	21.91	61.1624
5	Jharkhand	88.4256	53.453	95.7704
6	Karnataka	225.319	181.054	254.80
7	Kerala	236.72	204.54	429.8712
8	Maharashtra	38.202	8.062	14.335
9	Meghalaya	118.838	81.387	130.266
10	Nagaland	44.8132	15.44	20.3143
11	Odisha	153.35	105.63	284.0342
12	Tamil Nadu	251.208	160.533	25.80
13	Tripura	6.03	26.10932	22.464
14	Uttar Pradesh	5.16	15.33	14.174
15	Uttarakhand	103.908	82.61	175.4576
16	West Bengal	103.814	105.174	101.45
17	Haryana	-	10.00	-
18	Bihar	-	3.008	16.2904
19	Rajasthan	-	-	15.84
20	Punjab	-	-	1.825
21	Madhya Pradesh	-	-	6.8442
22	Manipur	-	-	-
	Total	1767.4344	1135.44632	2060.05032

[English]

Restructuring of Tax Regime

*204. SHRI E.T. MOHAMMED BASHEER: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes to restructure the tax regime by giving more incentives to the tax payers; and

(b) if so, the details thereof?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) and (b) **Direct Tax**

Currently there is no such proposal under consideration of the Government to restructure the tax regime by giving more incentive to the tax payers. However, the Finance Bill, 2018, which contains tax proposal, has already been presented in the Lok Sabha on 1st of February, 2018. Further, Central Government has constituted a Task force to draft appropriate direct tax legislation. The terms of reference of said Task Force are as under:-

1. The direct tax system prevalent in various countries;
2. The international best practices; and
3. The economic needs of the country

Indirect Tax

A major restructuring of indirect tax system has been already undertaken in the current year by introduction of GST.

[Translation]

Rashtriya Mahila Kosh

*205. SHRI KRUPAL BALAJI TUMANE: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the present annual funds earmarked for Rashtriya Mahila Kosh (RMK);

(b) whether the Government proposes to enhance the allocation to RMK and if so, the details thereof;

(c) whether it is proposed to include the States/ Union Territories in the implementation of this scheme and its activities;

(d) if so, the details thereof and if not, the reasons therefor; and

(e) the action being taken for smooth implementation of RMK related schemes in such areas where there is absence of some medium and micro level financing institutions, non-governmental organisations, cooperatives etc.?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) to (e) Rashtriya Mahila Kosh (RMK), a society registered under the Societies Registration Act, 1860, was set up by the Government of India in 1993 as a national level organisation under the Ministry of Women and Child Development to provide micro-credit to poor women for various livelihood support and income generating activities at concessional terms to bring about their socio-economic development. The existing corpus of Rashtriya Mahila Kosh is Rs.100 Crore. Annual funds are not earmarked for RMK by Government of India.

RMK scheme does not envisage direct involvement of States/ Union Territories. RMK provides loan through the Intermediary Micro-financing Organisations like Non Governmental Organisations / Voluntary Organisations,

State Women Development Corporations, State Government Agencies.

RMK had revised its loan guidelines to facilitate loaning so that the needy women / women entrepreneurs can avail loan from RMK in hassle free and transparent manner. The quasi-formal delivery mechanism, simple procedure, in-built flexibility and concessional rates of interest are some of the hallmarks of RMK loans being extended to women / women entrepreneurs.

RMK is taking necessary action to create awareness across the country by giving advertisements in the leading newspapers including newspapers published in vernacular languages. RMK is also making video spot and radio jingles for spreading awareness among women/ women entrepreneurs for smooth implementation of its schemes.

[English]

Global Hunger Index

206. SHRI M.B. RAJESH:
DR. KIRIT SOMAIYA:

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

(a) whether the Government has taken note of India's ranking in the Global Hunger Index (GHI) and if so, the details thereof;

(b) whether as per the report, a fifth of Indian children below five are underweight and a third of them under height and if so, the details thereof;

(c) whether malnutrition has been a major contributing factor to the poor ranking of India in GHI and if so, the details thereof;

(d) whether India lags behind its South Asian neighbours in nutritional levels of children and if so, the comparative details thereof along with the reasons for such lagging; and

(e) the steps taken by the Government to address the issue of malnutrition and health condition of children?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) As per the Global Hunger Index, 2017, India has a rank of 100 out of 119 countries.

(b) As per the report, 21% Children are Wasted. The report also states that there is improvement in the prevalence of Stunting among children in the country, which is 38% as per 2015-16 data, and has decreased in each of the reference periods in the report.

(c) The position of the country in GHI is dependent on four component indicators namely undernourishment, child wasting, child stunting and child mortality which are used to arrive at the GHI scores.

(d) Among the South Asian nations, Pakistan and Afghanistan lag behind India in nutritional levels of children.

(e) Government is implementing several schemes and programs, i.e., Anganwadi Services, Scheme for Adolescent Girls and Pradhan Mantri Matru Vandana Yojna under the Umbrella Integrated Child Development Services Scheme as direct targeted interventions to address the problem of malnutrition in the country.

Apart from the above schemes, recently, the Government has set up National Nutrition Mission (NNM) for improving the nutritional indicators of children and pregnant women and lactating mothers.

As a result of the concerted efforts of the Government, the level of malnutrition among women and children has reduced in the country as is evident from the recent report of National Family Health Survey (NFHS) - 4 (2015-16), which shows reduction from the previous NFHS-3 levels.

Study on Cancer Patients

*207. KUNWAR HARIBANSH SINGH:
SHRI SUDHEER GUPTA:

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

(a) the survival rate of various types of cancer patients in the country;

(b) whether as per the Lancet study, the survival rate of cancer patients including breast cancer is still low in India as compared to advanced countries;

(c) if so, the details thereof along with the salient

features of the study and the reasons for low survival rate of cancer patients in India;

(d) the other points highlighted about India in the said study; and

(e) whether the Government has launched any awareness programmes or healthcare schemes for the prevention of cancer and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) According to an article "Global surveillance of trends in cancer survival 2000-14 (CONCORD-3): published in LANCET, there are differences in survival rates across countries. The study estimates 5-year survival for breast cancer as 88.2% in Canada, 68.78% in Thailand, 76.5 % in Poland and 66.1% in India.

However, the coverage of Population in the study is reported to vary from higher coverage in European Countries while it is reported to cover about 0.1% of population in India. The study has indicated various reasons for variations in survival rate of cancer. The study also impress upon the need of Population Based Cancer Registries (PBCRs) to evaluate both the impact of cancer prevention strategies and the effectiveness of health systems for all patients diagnosed with cancer.

The cancer survival rate is generally believed to depend upon amongst others, stage at diagnosis, stage of initiation of treatment, type and site of cancer, correct and complete treatment. Cancer can be diagnosed and treated at various levels in the Health care system.

National Centre for Disease Informatics and Research (NCDIR), an institute under Indian Council of Medical Research (ICMR) is implementing National Cancer Registry Program. As reported by ICMR, estimated incidence and mortality for three years is given in the enclosed Statement-I and II respectively. NCDIR has also initiated a project on "Population Based Cancer Survival on Cancers of Breast, Cervix and Head & Neck" across 28 PBCRs.

(e) Central Government supplements the efforts of the State Government for improving healthcare including

prevention, diagnosis and treatment of Cancer. The objectives of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) being implemented under National Health Mission (NHM) for interventions upto district level include awareness generation for Cancer prevention, opportunistic screening, early detection and referral to an appropriate level institution for treatment. The focus is on three types of cancer namely breast, cervical and oral cancer.

A population level initiative of prevention, control and screening for common NCDs (diabetes, hypertension and cancer viz. oral, breast and cervical) has been rolled out in over 150 districts of the country in 2017-18 under NHM, as a part of comprehensive primary healthcare. The screening activity will generate awareness on risk factors of common NCDs including cancer.

The Government of India is implementing "Strengthening of Tertiary Care for Cancer facilities" Scheme under NPCDCS to assist to establish/set up State Cancer Institutes (SCI) and Tertiary Care Cancer Centres (TCCC) in different parts of the country. Oncology in its various aspects has focus in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY). Setting up of National Cancer Institute at Jhajjar (Haryana) and 2nd campus of Chittranjan National Cancer Institute, Kolkata has also been approved. All these will enhance the capacity for prevention and treatment of cancer in the country. Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacies have been set up by HLL Lifecare Ltd., a Government of India CPSE to make available drugs for cancer inter-alia at discounted prices to the patients.

Statement-I

Estimated Incidence of cancer cases in India, State/UT wise - All sites - (2014 to 2016) - Both sexes

States	2014	2015	2016
1	2	3	4
Jammu and Kashmir	14115	14864	15652
Himachal Pradesh	7425	7722	8029

	2	3	4
Punjab	30002	31214	32474
Chandigarh	1162	1217	1274
Uttaranchal	11240	11796	12381
Haryana	27933	29240	30611
Delhi	18356	19168	20015
Rajasthan	75642	79160	82836
Uttar Pradesh	222615	233659	245231
Bihar	117603	123949	130628
Sikkim	467	473	479
Arunachal Pradesh	1231	1252	1272
Nagaland	1288	1294	1300
Manipur	2836	2916	2998
Mizoram	1585	1618	1652
Tripura	2139	2169	2199
Meghalaya	3184	3246	3311
Assam	31124	31474	31825
West Bengal	99339	103532	107906
Jharkhand	37031	38947	40959
Odisha	45736	47666	49674
Chhattisgarh	28738	30239	31817
Madhya Pradesh	81034	85078	89315
Gujarat	66952	70171	73551
Daman and Diu	339	385	440
Dadra and Nagar Haveli	421	457	497
Maharashtra	122256	127390	132726
Telangana	38494	40177	41939
Andhra Pradesh	53570	55776	58072
Karnataka	67237	70302	73511

1	2	3	4
Goa	1587	1655	1726
Lakshadweep	77	82	89
Kerala	37550	39672	42004
Tamil Nadu	76091	78512	80999
Puducherry	1428	1510	1596
Andaman and Nicobar Islands	402	415	429
Total	1328229	1388397	1451417

Statement-II

Estimated Mortality of cancer cases in India, State / UT wise- All sites - (2014 to 2016) - Both sexes

States	2014	2015	2016
1	2	3	4
Jammu and Kashmir	7144	7525	7925
Himachal Pradesh	3742	3893	4048
Punjab	15171	15784	16423
Chandigarh	590	618	646
Uttaranchal	5667	5949	6245
Haryana	14135	14797	15491
Delhi	9290	9699	10127
Rajasthan	38202	39985	41848
Uttar Pradesh	112514	118115	123985
Bihar	59431	62651	66040
Sikkim	236	240	242
Arunachal Pradesh	628	638	649
Nagaland	662	665	667
Manipur	1419	1460	1500
Mizoram	808	824	841
Tripura	1094	1109	1125

1	2	3	4
Meghalaya	1644	1676	1710
Assam	15853	16029	16206
West Bengal	50110	52231	54443
Jharkhand	18683	19653	20671
Odisha	23043	24019	25035
Chhattisgarh	14472	15231	16030
Madhya Pradesh	40917	42964	45110
Gujarat	33832	35466	37182
Daman and Diu	176	200	229
Dadra and Nagar Haveli	215	233	254
Maharashtra	61732	64332	67035
Telangana	19385	20235	21126
Andhra Pradesh	26970	28082	29244
Karnataka	33881	35430	37052
Goa	799	834	870
Lakshadweep	39	42	45
Kerala	18827	19892	21062
Tamil Nadu	38310	39537	40796
Puducherry	717	759	802
Andaman and Nicobar Islands	203	210	217
Total	670541	701007	732921

[*Translation*]

Donation of Blood by Card Holder

*208. SHRI HARISHCHANDRA CHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is considering to allow the holder of blood donation card to donate blood on his card along with family, to others in need of blood on humanitarian grounds;

(b) if so, the details thereof; and

(c) the details of the persons for whom the holder of blood donation card can obtain blood at present?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Government has no policy regarding issue of blood donation cards.

(b) and (c) Does not arise.

Fee Structure of MBBS Course

*209. SHRI RAVINDER KUSHAWAHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the fees being charged by various private medical colleges for MBBS course are different in various States of the country;

(b) if so, the details thereof;

(c) whether the Government is likely to take any steps to bring uniformity in fee structure of MBBS course across the country; and

(d) if so, the details thereof along with the time by which it is likely to be done and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) In the case of Government medical colleges, the respective State Governments are responsible for fixation of fee and in the case of private unaided medical colleges, the fee structure is decided by the Committee set up by the respective State Government under the Chairmanship of a retired High Court Judge in pursuance of the directions of the Hon'ble Supreme Court of India. It is for the Committee to decide whether the fee proposed by an Institute is justified and the fee fixed by the Committee is binding on the Institute.

[English]

Beds in AIIMS Trauma Centre

*210. SHRI RAJEEV SATAV:
SHRIMATI SUPRIYA SULE:

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

(a) the number of beds available for patients in the All India Institute of Medical Sciences (AIIMS) Trauma Centre, Delhi in a day;

(b) whether the Government is aware that a large number of serious patients are not getting bed and refused admission in the said Centre;

(c) if so, the number of patients registered during the last three years in AIIMS Trauma Centre and the number of patients referred to other hospitals due to non-availability of beds;

(d) the corrective steps taken by the Government to increase the number of beds in the Trauma Centre; and

(e) whether the Government has approved expansion plan for AIIMS Trauma Centre, if so, the details thereof and the time by which the expansion plan is likely to be completed and operationalized?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) 215 Beds are available for patients in the All India Institute of Medical Sciences (AIIMS) Trauma Centre, Delhi.

(b) Admission to the inpatient ward is based on availability of beds and patients are admitted as per need/acuity of care as decided by triage protocol. In case of non-availability of beds, patients are referred to other hospitals in Delhi with similar trauma & emergency care facilities only after stabilization of patient.

(c) The details of patients registered during the last three years in AIIMS Trauma Centre and patients referred to other hospitals are as under:

Year	Casualty Attendance	Total Admission	Referred to other hospital
2015	67044	5192	2183
2016	69551	5373	3017
2017	72819	6572	3310

(d) and (e) Construction work for Vertical expansion of Trauma Centre with a provision of 77 Beds with Modular ICU has been completed.

[*Translation*]

Setting up of Cancer Institutes

*211. SHRIMATI KAMLA DEVI PAATLE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the main features of the policy/ guidelines regarding the setting up of cancer institutes in the country;

(b) whether the Government is implementing schemes for the setting up/ upgradation of national/State cancer institutes;

(c) if so, the details thereof;

(d) whether the Government has received proposals from various States including Chhattisgarh for setting up of cancer institutes in their respective States; and

(e) if so, the details thereof along with their present status, State-wise and the reaction of the Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (e) The Government of India is implementing a scheme for strengthening of Tertiary Care Cancer facilities under National Programme for Prevention and

Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). Under the scheme, assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country. The maximum permissible assistance for SCI is Rs.120 crores and for TCCC is Rs.45 crores, which includes State share of 40%, except for North-Eastern and Himalayan States where the State share is 10%. The broad objective of the scheme is to develop capacity for tertiary care for cancer in different parts of the country. Upto 30% of the cost of proposal can be utilized for construction. Support is also provided for radio therapy equipment, diagnostic equipment, surgical equipment, enhancement of indoor patient care facility for cancer and such other purposes relevant for diagnosis, treatment and care of cancer.

The details of proposals received from various States including Chhattisgarh under the said scheme from 2014-15 onwards are enclosed as Statement. The proposals for setting of 15 SCIs and 19 TCCCs are approved, the details of which are given in the enclosed Statement-II.

Setting up of National Cancer Institute (NCI), Jhajjar under aegis of AIIMS, New Delhi has been approved. NCI will be the nodal institution for all activities related to cancer in the country.

Statement-I

List of proposals for SCI and TCCC received under Strengthening of Tertiary Care Cancer scheme of NPCDCS.

Sl. No.	States/UTs	Tertiary Care Cancer Centre (TCCC)	State Cancer Institute (SCI)
1	2	3	4
1.	Andhra Pradesh	ACSR Government Medical College, Nellore	Kurnool Medical College, Kurnool
2.	Assam	Assam Medical College, Dibrugarh	Gauhati Medical College & Hospital, Guwahati
3.	Arunachal Pradesh	Government Hospital, Naharlagun	-
4	Bihar	1. Dharbhanga Medical College, Dharbhanga 2. Jawaharlal Nehru Medical College, Bhagalpur	Indira Gandhi Institute of Medical Sciences (RCC), Patna

1	2	3	4
5.	Chhattisgarh	Central Hospital, SECL, Manendragarh, District Koriya	Chhattisgarh Institute of Medical Sciences, Bilaspur
6.	Delhi	Lok Nayak Hospital (Maulana Azad Medical College)	-
7.	Gujarat	1. Pandit Deen Dayal Upadhyay Medical College, Rajkot 2. Government Medical College and SSG Hospital, Vadodara	Gujarat Cancer Research Institute (RCC), Ahmedabad
8.	Goa	Goa Medical College, Panaji, Goa.	-
9.	Haryana	Civil Hospital, Ambala Cantt	-
10.	Himachal Pradesh	1. Indira Gandhi Medical College (RCC) Shimla 2. Lal Bahadur Shastri Govt. Medical College & Hospital, Mandi	
11.	Jammu and Kashmir	1. District Hospital, Kishtwar 2. District Hospital, Udhampur 3. District Hospital, Kupwara,	1. Government Medical College (RCC)Jammu 2. Sher-I-Kashmir Institute of Medical Sciences (RCC), Srinagar.
12.	Jharkhand	MGM Medical College, Jamshedpur	Rajendra Institute of Medical Sciences, Ranchi
13.	Karnataka	1. Mandya Institute of Medical Sciences, Mandya 2. Gulbarga Institute of Medical Sciences, Guibarga	Kidwai Memorial Institute of Oncology (RCC), Bangaluru
14.	Kerala	Govt. Medical College, Kozhikode	Regional Cancer Centre, Thiruvananthapuram
15.	Madhya Pradesh	1. G. R. Medical College, Gwalior 2. District Hospital, Vidisha	Netaji Subhas Chandra Bose Medical College, Jabalpur.
16.	Maharashtra	1. Vivekanand Medical Foundation & Research Centre, Latur 2. Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	Government Medical College, Aurangabad
17.	Manipur	Regional Institute of Medical Sciences (RIMS), Imphal	-
18.	Nagaland	District Hospital, Kohima	-

1	2	3	4
19.	Mizoram	Civil Hospital Aizawl	-
20.	Odisha	1. Burla Medical College (Dist. Sambalpur) 2. M.K.C.G. Medical College Hospital, Berhampur 3. District Hospital, Bhawanipatna, District Kalahandi	Regional Cancer Centre, Cuttack
21.	Punjab	1. District Hospital, Hoshiarpur 2. District Hospital, Fazilka	Government Medical College, Amritsar
22.	Rajasthan	1. S. P. Medical College, Bikaner 2. Govt. Medical College/District Hospital, Jhalawar	SMS Medical College, Jaipur
23.	Sikkim	Multispecialty Hospital at Sichey, Sikkim	-
24.	Tamil Nadu	-	Cancer Institute (RCC) Adyar, Chennai
25.	Telangana	-	M.N.J. Institute of Oncology (RCC), Hyderabad
26.	Tripura	-	Cancer Hospital (RCC), Agartala
27.	Uttar Pradesh	1. Sanjay Gandhi Institute of Medical Sciences, Lucknow 2. Jawaharlal Nehru Medical College, AMU, Aligarh 3. Government Medical College, Jhansi 4. Institute of Medical Sciences (BHU) Varanasi	Kamla Nehru Memorial Hospital (RCC), Allahabad
28.	Uttarakhand	Himalayan Institute of Medical Sciences, Dehradun	Government Medical College, Haldwani
29.	West Bengal	1. Government Medical College, Burdwan 2. Murshidabad Medical College & Hospitals 3. Sagore Dutta Memorial Medical College and Hospital, Kolkata	
Total		43	20

Statement-II

Funds released for State Cancer Institutes (SCI) & Tertiary Care Cancer Centres (TCCCs) under Strengthening of Tertiary Care Cancer facilities under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)- (as on 28.02.2018)

Sl. No.	State	State Cancer Institute	Tertiary Care Cancer Centre	Amount Released (Rs. in Crore)					Total
				2014-15	2015-16	2016-17	2017-18	2017-18	
1	2	3	4	5	6	7	8	9	
1	Karnataka	Kidwai Memorial Institute of Oncology (RCC), Bangalore	-	67.50	-	-	-	-	67.50
2	-	-	Mandya Institute of Medical Sciences	-	17.257	-	-	-	17.257
3	Kerala	-	Government Medical College, Kozhikode	25.03	-	-	-	-	25.03
4	-	Regional Cancer Centre, Thiruvananthapuram	-	-	-	46.957	-	-	46.957
5	Tripura	Cancer Hospital (RCC), Agartala	-	55.00	-	-	-	-	55.00
6	Gujarat	Gujarat Cancer Research Institute, Ahmedabad	-	67.50	-	-	-	-	67.50
7	West Bengal	Government Medical College, Burdwan	-	22.24	-	-	-	-	22.24
8	-	Murshidabad Medical College and Hospital, Berhampore, Murshidabad	-	-	-	10.9793	-	-	10.9793
9	-	-	Sagore Dutta Memorial Medical College and Hospital, Kolkata	-	-	-	20.25	-	20.25
10	Jammu and Kashmir	Sher-i-Kashmir Institute of Medical Sciences, Srinagar	-	47.25	-	-	-	-	47.25

11	Tamil Nadu	Cancer Institute (RCC), Adyar, Chennai	-	67.38	-	-	67.38
12	Himachal Pradesh	-	Indira Gandhi Medical College, Shimla	-	14.87	-	14.87
13	Bihar	Indira Gandhi Institute of Medical Sciences, Patna	-	33.06	-	-	33.06
14	Mizoram	-	Civil Hospital, Aizawl	-	14.64	-	14.64
15	Uttar Pradesh	-	Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow	-	11.43	-	11.43
16	Rajasthan	-	S P Medical College, Bikaner	-	17.123	-	17.123
17	-	SMS Medical College, Jaipur	-	-	40.6683	-	40.6683
18	-	-	Jhalawar Medical College & Hospital, Jhalawar	-	-	19.755	19.755
19	Telangana	MNJ Institute of Oncology & RCC, Hyderabad	-	18.12	-	-	18.12
20	Punjab	Government Medical College, Amritsar	-	-	51.58	-	51.58
21	-	Civil Hospital, Fazilka	-	-	20.119	-	20.119
22	Delhi	-	Lok Nayak Hospital	-	25.40	4.47	29.87
23	Odisha	Acharya Harihar Regional Cancer Centre, Cuttack	-	-	35.829	-	35.829
24	Nagaland	-	District Hospital, Kohima	-	5.4998	-	13.23
					4.6702		
					3.06		

1	2	3	4	5	6	7	8	9
25	Haryana	-	Civil Hospital, Ambala Cantt	-	-	9.2253	2.925	12.1503
26.	Maharashtra	-	Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur	-	-	15.3196	4.8564	20.176
27.			Government Medical College, Aurangabad	-	-	-	43.515	43.515
28.			Vivekanand Foundation & Research Centre, Latur	-	-	-	20.25	20.25
29.	Assam		Gauhati Medical College & Hospital, Guwahati	-	-	08.43	30.00	38.43
30.	Madhya Pradesh		G.R. Medical College, Gwalior	-	-	-	18.90	18.90
31.	Jharkhand		Rajendra Institute of Medical Sciences, Ranchi	-	-	-	22.95	22.95
32.	Andhra Pradesh		Kurnool Medical College, Kurnool	-	-	-	54.00	54.00
33	Goa		Goa Medical College, Panaji	-	-	-	8.3519	8.3519
34	Sikkim		Multispecialty Hospital at Sochyang (Sichey), near Gangtok, Sikkim	-	-	-	1.34	1.34
Total		15	19	351.90	126.50	277.7375	251.5633	1007.7008

*[English]***E-Way Bill System**

*212. SHRI B. SRIRAMULU:
SHRIMATI ANJU BALA:

Will the Minister of FINANCE be pleased to state:

(a) whether several policy changes have been recommended in the implementation of the Goods and Services Tax (GST) by the GST Council in its recent meetings and if so, the details thereof;

(b) whether the Government has rolled out the nationwide e-way bill system for inter-State movement of goods on trial basis from 1 February, 2018 and if so, the details thereof;

(c) whether small manufacturers, traders and transporters have raised concerns that unless radio-frequency identification or global positioning system is made mandatory in vehicles and human intervention is removed, the e-way bill system may cause inordinate delays while delivering goods; and

(d) if so, the remedial steps taken by the Government in this regard?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) Yes Madam. Based on the representations received from the trade and industry, the GST Council has recommended several policy changes for constant improvement of the GST law/ and procedures which include filing of a monthly summary return till 31st March, 2018, deferring the implementation of the national e-way bill system for inter-State and intra-State movement of goods.

(b) Yes Madam. The Government, on the recommendations of the GST Council, appointed the 1st day of February, 2018, as the date from which the provisions of the e-way bill rules shall come into force for inter-State movement of goods. However, in view of the difficulties faced by the trade in generating the e-way bill due to initial technological glitches, it was decided by the GST Council to extend the trial phase for generation of e-way bills, both for inter-State and intra-State movement of goods.

(c) and (d) No Madam. The e-way bill rules provide the option for a person-in-charge of a conveyance to carry a copy of the e-way bill in physical form or the e-way bill number in electronic form or mapped to a Radio Frequency Identification Device embedded on to the conveyance in such manner as may be notified by the Commissioner. Further, in case a vehicle has been intercepted and detained for a period exceeding thirty minutes, the transporter may upload the said information in the specified form on the common portal.

Death of Wild Animals

*213. SHRI GAURAV GOGOI:
SHRI JYOTIRADITYA M. SCINDIA:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Wildlife Protection Society of India (WPSI) has recently revealed that a large number of leopards, lions and other wild animals have died in the past few months across the country;

(b) if so, the details of wild animals killed/died in the past six months along with the reasons therefor;

(c) whether the State Governments/ Wildlife Sanctuary Protection Authorities have proved completely ineffective in protecting wild animals from poaching etc.;

(d) if so, the details thereof; and

(e) the concrete plans formulated by the Union Government in consultation with State Governments to provide adequate protection to wild animals across the country?

THE MINISTER OF SCIENCE AND TECHNOLOGY, MINISTER OF EARTH SCIENCES AND MINISTER OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. HARSH VARDHAN): (a) and (b) The Ministry is aware of death of wild animals including leopards in various parts of the country. The death of wild animals is attributed to various factors like ageing, diseases, infighting, poaching etc.

The management and protection of wildlife is primarily the responsibility of the concerned State/ Union Territory Governments. Information on death of wild

animals in the States/Union Territories is not collated in the Ministry.

(c) No, Sir. Due to the effective management and enforcement of the State Forest Department, the population of several wild animals like tigers, lions, rhinos and elephant have increased.

(d) Does not arise.

(e) The measures taken by the Union Government for protection of wild animal includes:

- i. Government of India provides financial assistance to all State/Union territory Governments under the various Centrally Sponsored Schemes for conservation and management of wildlife in the country. Details of funds released under these schemes viz. 'Integrated Development of Wildlife Habitats',

'Project Tiger' and 'Project Elephant' during the last three years is enclosed as Statement-I, II and III.

- ii. Government of India has also provided necessary advisories for management of Human-Wildlife conflict in States/UTs.
- iii. Government of India has launched third 'National Wildlife Action Plan (2017-2031)' in consultation with State Governments and wildlife experts which envisages various priority action points for conservation and protection of wildlife. The Action Plan is divided into 17 Chapters like protection, control of poaching and illegal trade in wildlife, wildlife health and human-wildlife conflict mitigation etc.

Statement-I

Details of funds released to State/ UT Governments under IDWH

		(Rs. in lakhs)		
Sl. No.	Name of States/UTs	2014-15	2015-16	2016-17
1	2	3	4	5
1	Andaman and Nicobar Islands	00	100.00	118.49
2	Andhra Pradesh	63.31	0	0
3	Arunachal Pradesh	00	304.02	256.8107
4	Assam	149.11	87.10	0
5	Bihar	85.249	108.011	100.576
6	Chandigarh	0	0	26.06514
7	Chhattisgarh	482.087	213.409	278.9453
8	Goa	00	00	0
9	Gujarat	634.94	395.798	497.604
10	Haryana	14.71	99.33	124;6572
11	Himachal Pradesh	430.345	431.837	280.31
12	Jammu and Kashmir	506.761	354.00	336.50626
13	Jharkhand	101.12	18.62	0

1	2	3	4	5
14	Karnataka	483.7769	262.13	325.52
15	Kerala	818.491	967.386	1928.42
16	Madhya Pradesh	371.354	394.565	322.265
17	Maharashtra	402.723	277.94	497.35
18	Manipur	129.192	248.919	340.032
19	Meghalaya	44.87	38.3902	55.23
20	Mizoram	131.54134	94.55	1234.95
21	Nagaland	85.155	235.48	357.846
22	Odisha	350.3229	246.8365	279.65
23	Puducherry CR	12.00	0	0
24	Rajasthan	367.296	314.788	453.87878
25	Sikkim	169.15643	290.32635	145.52
26	Tamil Nadu	280.626	113.261	0
27	Uttar Pradesh	224.899	235.05	250.956
28	Uttarakhand	141.116	188.318	545.30576
29	West Bengal	108.847	100.934	237.66
	Total	6588.99857	6120.99905	8994.54814

Statement-II*Details of funds released to Sfete/ UT Governments under Project Tiger*

(Rs. in Lakhs)

Sl. No.	State	2014-15	2015-16	2016-17
1	2	3	4	5
1	Andhra Pradesh	184.141	0.00000	173.48600
2	Arunachal Pradesh	658.4260	429.53900	597.28900
3	Assam	1509.389	1425.41300	1510.92100
4	Bihar	317.096	223.55051	487.83800
5	Chhattisgarh	609.827	398.94500	626.56700
6	Jharkhand	199.08	47.98470	323.76200
7	Karnataka	1565.7726	1378.19440	3203.61440

1	2	3	4	5
8	Kerala	517.5351	396.60100	780.23100
9	Madhya Pradesh	4335.1182	1421.00700	12885.59790
10	Maharashtra	3425.5241	3923.07890	8229.71800
11	Mizoram	232.1896	187.98450	301.54800
12	Odisha	707.3885	544.80052	917.16700
13	Rajasthan	627.192	1257.80800	381.30200
14	Tamil Nadu	864.316	1950.17128	949.86900
15	Telangana	-	214.81920	239.25900
16	Uttarakhand	391.19	683.98538	1023.40300
17	Uttar Pradesh	760.9283	624.54630	1057.04500
18	West Bengal	596.8825	376.50781	536.14070
	Total	17,502.000	15,484.9365	34,224.7580

Statement-III*Details of funds released to State/ UT Governments under Project Elephant*

(Rs. in lakhs)

Sl. No.	State/UTs	2014-15	2015-16	2016-17
1	2	3	4	5
1	Andhra Pradesh	13.523	-	13.62282
2	Arunachal Pradesh	97.714	61.206	100.062
3	Assam	236.664	-	275.6668
4	Chhattisgarh	43.7456	21.91	61.1624
5	Jharkhand	88.4256	53.453	95.7704
6	Karnataka	225.319	181.054	254.80
7	Kerala	236.72	204.54	429.8712
8	Maharashtra	38.202	8.062	14.335
9	Meghalaya	118.838	81.387	130.266
10	Nagaland	44.8132	15.44	20.3143
11	Odisha	153.35	105.63	284.0342
12	Tamil Nadu	251.208	160.533	25.80

1	2	3	4	5
13	Tripura	6.03	26.10932	22.464
14	Uttar Pradesh	5.16	15.33	14.174
15	Uttarakhand	103.908	82.61	175.4576
16	West Bengal	103.814	105.174	101.45
17	Haryana	-	10.00	-
18	Bihar	-	3.008	16.2904
19	Rajasthan	-	-	15.84
20	Punjab	-	-	1.825
21	Madhya Pradesh	-	-	6.8442
22	Manipur	-	-	-
Total		1767.4344	1135.44632	2060.05032

[*Translation*]

Rural Posting for MBBS Graduates

*214. SHRI RAMESH CHANDER KAUSHIK:
SHRI VISHNU DAYAL RAM:

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

(a) whether the Government proposes to introduce a condition/norm for those willing to take admission in Government medical colleges that during their internship, they will serve for a minimum of one year in rural and remote areas where there are no medical professionals;

(b) if so, the details thereof;

(c) whether the Government also proposes to make one year rural posting mandatory for MBBS graduates who seek admission in Post Graduate course;

(d) if so, the details thereof; and

(e) the time by which the said norm is likely to be put in force in Government medical colleges?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Graduate Medical Education

Regulations, 1997 prescribe that every medical student after passing the final MBBS examination will undergo one year compulsory rotating internship. Out of this one year internship, 6 months to be devoted to learning tertiary care in teaching hospital/district hospital, 3 months of secondary care in a small District or Taluka Hospital/Community Health Centre and 3 months in Primary Health Care out of which 2 months should be in Primary Health Programme at the Community level. One month of primary care training may be in the form of preceptorship with a practicing family physician or voluntary agency or other primary health care provider.

(c) to (e) The issue of compulsory- rural posting for the MBBS Graduates seeking *admission in Post Graduate courses has been left to the State Governments who are the principal employers of doctors. However, to encourage doctors working in remote and difficult areas, the MCI with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:-

(i) 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who has served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the

Medical Officers shall serve for two more years in remote and/or difficult areas; and

- (ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Further, under NHM, financial incentives are also provided to MBBS as well as PG doctors for serving in the rural areas. These incentives are over and above the salaries of the doctors concerned. The Central Government has also requested the State/UTs to come up with suitable HR policy in health to attract and retain doctors in Government services.

Coastal Zone Management Plans

- *215. SHRIMATI BHAVANA GAWALI:
SHRI ARVIND SAWANT:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether finalisation of the Coastal Zone Management Plans (CZMPs) has suffered an inordinate delay;

(b) if so, the details thereof and thereasons therefor;

(c) whether any meeting has been heldwith the States concerned for resolving the said issue and if so, the details thereof;

(d) whether the National Green Tribunal has given any directions to the Government in this regard; and

(e) if so, the details thereof?

THE MINISTER OF SCIENCE AND TECHNOLOGY, MINISTER OF EARTH SCIENCES AND MINISTER OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. HARSH VARDHAN): (a) to (e) The Coastal Zone Management Plans were required to be formulated in accordance with the CRZ Regulation Notification, 2011, within a period of two years. The progress of preparation of these plans and reasons for delay have been reviewed periodically during meetings with the Coastal States and Union Territories including issues related to demarcation

of High Tide Line, Low Tide Line, Ecological Sensitive Areas, ground truthing exercise etc. The National Green Tribunal has directed for expeditious finalisation and approval of the new Coastal Zone Management Plans by 31.07.2018. The validity of the Coastal Zone Management Plans formulated in accordance with the earlier Coastal Regulation Zone Notification, has been extended upto 31.07.2018.

[English]

SCAMS IN BANKING SECTOR

- *216. SHRI MUTHAMSETTI SRINIVASA RAO
(AVANTHI):
SHRI RAM MOHAN NAIDU KINJARAPU:

Will the Minister of FINANCE be pleased to state:

(a) whether scams in the banking sector keep hitting the Indian economy quite often, including the latest case of the Punjab National Bank (PNB) and if so, the reasons for the scams;

(b) whether the officials of Hong Kong branches of Indian lenders including Allahabad Bank, State Bank of India, Union Bank of India, UCO Bank and Axis Bank are part of the entire Punjab National Bank fraud which continued for seven years and if so, the details thereof;

(c) the number of Letters of Undertaking (LoU) issued to the businessmen involved in PNB scam from 2011-14 and subsequently from 2014 to January 2017 and the reasons for inactiveness of the internal/external auditors for the last seven years in this regard;

(d) whether as per guidelines, the tenure for the encashment of LoUs for the gems and jewellery sector is usually of 90 days and not 365 days, if so, the details thereof and the reasons for such deviation from the usual practice being missed from the minds of officials worldng at the Hong Kong branches of other lenders along with the action taken by the Government against such delinquent officials; and

(e) the details of the steps taken by the Government to stem the rot in the banking system and for strict enforcement for appraisal of exposures of all kinds in the banking system of the country?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) to (e) The Reserve Bank of India (RBI) Master Circular on Frauds observes that frauds are committed by unscrupulous borrowers by various methods including, inter alia, fraudulent discount of instruments, fraudulent disposal of pledged/hypothecated stocks, fund diversion, criminal neglect and mala fide managerial failure on the part of borrowers. The Master Circular also refers to certain other methods, which include forged instruments, manipulated account books, fictitious accounts, unauthorised credit facilities, fraudulent foreign exchange transactions, exploitation of "multiple banking arrangement", and deficiency on the part of third parties with role in credit sanction/disbursement.

In respect of involvement of officials of Hong Kong branches of Indian lenders, the Central Bureau of Investigation (CBI) has stated that investigation in this regard is in progress.

With regard to the number of LoUs issued to those involved in the PNB case, CBI has stated that the matter is under investigation.

As per RBI Master Direction on External Commercial Borrowings, Trade Credit, Borrowing and Lending in Foreign Currency by Authorised Dealers et al, the maturity-period for trade credit for non-capital goods is up to one year from the date of shipment or the operating cycle whichever is less. As per RBI Master Direction on Import of Goods & Services, Suppliers' and Buyers' credit (trade credit) including the usance period of Letters of Credit opened for import of gold in any form, including jewellery made of gold/precious metals or/and. studded with diamonds/semi-precious/precious stones, should not exceed 90 days from the date of shipment. The Master Direction further provides that for import of other precious metals, platinum/palladium/rhodium/silver / rough, cut and polished diamonds / precious and semi-precious" stones, the period of Suppliers' and Buyers' credit (trade credit) including the usance period of Letters of Credit opened for import of platinum, palladium, rhodium and silver and rough, cut and polished diamonds, precious and semi-precious stones should not exceed 90 days from the date of shipment. As regards the issue of observance of tenure

guidelines for encashment of LoUs for the gems and jewellery sector, as per CBI inputs, the matter is under investigation.

RBI has issued instructions mandating banks to implement, within stipulated deadlines, prescribed measures for strengthening the SWIFT operating environment in banks. Further, it has constituted an Expert Committee under the chairmanship of Shri Y. H. Malegam to look into, inter alia, factors leading to increasing incidence of frauds in banks and the measures (including information technology interventions) needed to curb and prevent it, and the role and effectiveness of various types of audits conducted in banks in mitigating the incidence of such frauds.

Government has issued an advisory to Public Sector Banks (PSBs) to take immediate action as per extant legal/regulatory framework to ensure that such/similar fraudulent activity (as reported by PNB) is not prevalent in the bajnk. They have also been asked to ensure that robust systems and procedures are in place for confirming due approvals, necessary applications/documents and entry in the bank's system in respect of all Letters of Undertakings/Comfort and SWIFT messages, and ensuring scrutiny and reconciliation of Nostro accounts, and to take all necessary steps to safeguard against occurrence of such frauds. Government has further advised PSBs to collectively prepare a report for effective management of operational risks, including technology risk, so as to safeguard against occurrence of frauds. Government has also asked PSBs to examine all accounts exceeding lis. 50 crore, if classified as Non-Performing Asset (NPA), from the angle of possible fraud. For clean lending, banks would ensure strict role segregation, online processing, clean consortium lending arrangements, Stressed Asset Management verticals for stringent recovery, and clean post-sanction follow-up for loans above Rs. 250 crore.

Generic Medicines

*217. SHRI GEORGE BAKER:
PROF. RICHARD HAY:

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

(a) the number of generic medical stores available/opened across the country to provide generic

medicines, State/UT-wise including West Bengal, Gujarat, Kerala and Maharashtra;

(b) whether there is any gap between the commonly used medicines and their availability as generic medicines in the medical stores, if so, the details thereof along with the list of such commonly used medicines and their availability in the medical stores and the reasons therefor along with the action taken/being taken by the Government in this regard;

(c) whether there is any shortage of most prescribed generic drugs at the outlets opened specially at Government Hospitals across the country including West Bengal, if so, the details thereof and the reasons therefor;

(d) whether the Government has issued guidelines to the hospitals/doctors to prescribe the generic drugs to the patients and if so, the details thereof; and

(e) whether the Government has received any complaint regarding violation of these guidelines from any of the States, if so, the details thereof and the action taken by the Government thereon?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) As on 05.03.2018, under Pradhan Mantri Bhartiya janaushadhi Pariyojana (PMBJP), 3214 Kendras have been opened in 33 States/Union Territories of the Country and are functional in order to make available quality generic medicines at affordable prices to all. A State/UT-wise list of 3214 functional PMBJP Kendras, including in West Bengal, Gujarat, Kerala and Maharashtra, is enclosed as Statement.

Under 'Pradhan Mantri Bhartiya Janaushadhi Priyojna' (PMBJP), the product basket of the scheme now covers more than 700 medicines and 154 surgicals & consumables covering all major therapeutic groups such as Analgesics, Antipyretics, Anti-allergies, Anti-infectives, Anti-diabetic, Cardiovasculars, Anti-cancers, Gastro-intestinal medicines, Diuretics, etc. 666 medicines and 81 surgicals are available for supply under Pradhan Mantri Bhartiya Janaushadhi Priyojna.

There are no reports of any gap between commonly

used medicines and their availability in the medical stores of the Government. There is no report indicating shortage of most prescribed generic drugs at the outlets opened at Central Government Hospitals in Delhi.

(d) Medical Council of India (MCI) has notified an amendment in Clause 1.5 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, which stipulates that "Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs". Medical Council of India vide its Circulars dated 21.04.2017, 22.11.2012 and 18.01.2013, has reiterated that all physicians should prescribe drugs with Generic names. Director, CGHS has vide Office Memorandum dated 08.09.2017, issued instructions to all CGHS Wellness Centres to ensure that prescription is only by generic name wherever generic drugs are available.

(e) The MCI or the appropriate State Medical Councils have been empowered to take disciplinary action against a doctor for violation of the provisions of the aforesaid Regulations. As and when complaints are received against the violation of these, such complaints are referred by MCI to the concerned State Medical Councils where the doctors/medical practitioners are registered for appropriate action.

Statement

State/UT-wise list of functional PMBJP Kendras

Sl. No.	State/Union Territory	Number of functional PMBJP Kendras
1	2	3
1.	Punjab	76
2.	Delhi	41
3.	Haryana	69
4.	Uttar Pradesh	501
5.	Uttarakhand	97
6.	Madhya Pradesh	68
7.	Tripura	24

1	2	3
8.	Mizoram	8
9.	Andhra Pradesh	132
10.	Gujarat	280
11.	Karnataka	272
12.	Rajasthan	89
13.	Maharashtra	215
14.	Odisha	72
15.	Chandigarh	5
16.	Jammu and Kashmir	33
17.	Himachal Pradesh	28
18.	Jharkhand	46
19.	Bihar	95
20.	Kerala	323
21.	Chhattisgarh	195
22.	Arunachal Pradesh	24
23.	Telangana	77
24.	Tamil Nadu	274
25.	Assam	51
26.	West Bengal	47
27.	Nagaland	11
28.	Manipur	36
29.	Dadar & Nagar Haveli	7
30.	Puducherry	11

Losses Incurred by PSBs

*218. SHRI ASHWINI KUMAR:
SHRI BHARAT SINGH:

Will the Minister of FINANCE be pleased to state:

(a) whether incidents of frauds caused by individuals/shell companies to the Public Sector Banks (PSB's) including the Punjab National Bank (PNB) are increasing and if so, the details thereof;

(b) the details of incidents which came to light recently indicating the names of the banks, amount involved and the steps taken by the Government to recover the money;

(c) the details of losses incurred by PSB's during the last three years due to such frauds/scams and the amount misappropriated, year/bank-wise;

(d) the measures taken by the Reserve Bank of India (RBI) and the Government to prevent such frauds/scams in the wake of development in PNB; and

(e) the details of action taken/initiated by the agencies concerned in the detected cases during the said period against the officials and other involved therein?

THE MINISTER OF FINANCE AND MINISTER OF CORPORATE AFFAIRS (SHRI ARUN JAITLEY): (a) to (e) per RBI inputs, the year/bank-wise details of frauds reported by PSBs in the last three financial years, where the amount involved is Rupees one lakh or more, are enclosed as Statement.

Information regarding incidence of frauds caused by individuals / shell companies to Public Sector Banks is not centrally maintained.

As per Reserve Bank of India (RBI) inputs, Punjab National Bank (PNB) reported fraudulent issuance of Letters of Undertaking / Foreign Letters of Credit for payments of import bills, amounting to Rs. 12,645.97 crore, to RBI through its Fraud Monitoring Reporting System.

RBI has taken a number of measures to prevent and control frauds. These include the following:

- (i) a framework for dealing with loan frauds of Rs. 50 crore and above, under which banks classify potential fraud accounts as red-flagged accounts based on observation/evaluation of early warning signals, and take timebound action;
- (ii) an online searchable database of frauds reported by banks, in the form of Central Fraud Registry, as a tool of timely identification,

control and mitigation of fraud risk and for carrying out due diligence during credit sanction process;

- (iii) issuance of caution advices by RBI, detailing names of fraudsters and their modus operandi; and
- (iv) re-verification of title deeds in respect of all credit exposures of Rs. 5 crore and above by banks, as mandated by RBI.

RBI has issued instructions mandating banks to implement, within stipulated deadlines, prescribed measures for strengthening the SWIFT operating environment in banks. Further, it has constituted an Expert Committee under the chairmanship of Shri Y. H. Malegam to look into, inter alia, factors leading to increasing incidence of frauds in banks and the measures (including information technology interventions) needed to curb and prevent it, and the role and effectiveness of various types of audits conducted in banks in mitigating the incidence of such frauds.

Government has issued an advisory to nationalised banks to take immediate action as per extant legal/regulatory framework to ensure that such/similar fraudulent activity (as reported by PNB) is not prevalent in the bank. They have also been asked to ensure that robust systems and procedures are in place for confirming due approvals, necessary applications/documents and entry in the bank's system in respect of all Letters of Undertakings/Comfort and SWIFT messages, and ensuring scrutiny and reconciliation of Nostro accounts, and to take all necessary steps to safeguard against occurrence of such frauds. Government has further advised nationalised banks to

collectively prepare a report for effective management of operational risks, including technology risk, so as to safeguard against occurrence of frauds. Government has also asked nationalised banks to examine all accounts exceeding Rs. 50 crore, if classified as Non-Performing Asset (NPA), from the angle of possible fraud.

Central Bureau of Investigation (CBI) has registered two cases relating to the matter and has made several arrests. On the basis of FIRs registered by CBI, Directorate of Enforcement (ED) has filed two cases under the provisions of the Prevention of Money Laundering Act, 2002 and conducted searches at various locations and seized movable properties and attached immovable properties. Further, mutual funds and bank accounts have been frozen. Letter of Request to 13 countries have been issued by the court seeking details of properties, bank accounts of companies, etc. ED has moved the court for obtaining non-bailable warrants against accused persons. Further investigation is in progress.

Ministry of Corporate Affairs has apprised that it has ordered investigation into the affairs of 107 companies and 7 Limited Liability Partnerships (LLPs) belonging to Nirav Modi and Mehul Choksi Groups, to be carried out by the Serious Fraud Investigation Office. The Ministry has also filed a petition/application against the individuals, groups and their entities belonging to Nirav Modi and Mehul Choksi Groups before National Company Law Tribunal, Mumbai Bench and the tribunal has passed an injunction against all the respondents and other companies, LLPs, trusts and individuals from removal, transfer or disposal of funds, assets and properties of the individuals until further orders.

Statement

Reported cases of fraud involving amount of Rs. 1 lakh and above

Public Sector Bank	2014-15		2015-16		2016-17	
	No. of cases	Amount involved (in crore Rs.)	No. of cases	Amount involved (in crore Rs.)	No. of cases	Amount involved (in crore Rs.)
1	2	3	4	5	6	7
Allahabad Bank	47	76	23	291	60	895
Andhra Bank	52	511	44	250	64	246

1	2	3	4	5	6	7
Bank of Baroda	303	1,226	255	1,668	224	1,165
Bank of India	131	92	156	1,218	162	2,774
Bank of Maharashtra	50	239	45	1,308	75	425
Canara Bank	114	176'	94	1,590	119	610
Central Bank of India	214	2,150	167	177	146	868
Corporation Bank	73	1,222	135	1,322	83	694
Dena Bank	41	400	21	71	43	468
IDBI Bank Limited	56	558	129	262	107	1,137
Indian Bank	95	91	87	138	79	480
Indian Overseas Bank	138	576	109	598	95	1,372
Oriental Bank of Commerce	127	765	114	807	56	163
Punjab & Sind Bank	30	39	12	132	16	179
Punjab National Bank	180	2,310	131	353	158	2,808
State Bank of Bikaner & Jaipur	41	462	48	148	38	133
State Bank of Hyderabad	31	69	34	674	38	112
State Bank of India	651	1,619	562	1,896	544	2,422
State Bank of Mysore	97	91	67	22	92	280
State Bank of Patiala	39	290	40	413	47	36
State Bank of Travancore	34	236	19	139	44	57
Syndicate Bank	208	793	178	1,641	166	376
UCO Bank	87	1,411	85	248	59	695
Union Bank of India	111	370	146	1,298	111	921
United Bank of India	128	680	67 143	30	84	
Vijaya Bank	35	352	21	105	58	133
BharatiyaMahila Bank Ltd.	4	1				
Total	3,113	16,803	2,789	16,910	2718	19,533

Source: Reserve Bank of India

Pradhan Mantri Matru Vandana Yojana

219. SHRI DINESH TRIVEDI:

SHRIMATI MAUSAM NOOR:

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

(a) whether the Pradhan Mantri Matru Vandana Yojana (PMMVY) has diluted the rights of women as the benefits under the programme is conditional and restricted to one child per woman, thereby rendering a large number of women out of its purview and benefits;

(b) if so, the details thereof and the reasons for

restricting the benefits under the scheme only for the first birth and the low amount of cash incentive/cash transfer thereunder;

(c) whether the PMMVY has been held up by several delays and administrative complications and if so, the details thereof;

(d) whether the Government has also reduced the allocation to the scheme in the Budget 2018, if so, the details thereof and the reasons therefor; and

(e) whether the Government proposes to provide cash incentives for medical care and nutritional support to the women beneficiaries under the scheme and if so, the details thereof?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI):

(a) and (b) No, Madam. The Government has approved Pan-India implementation of Pradhan Mantri Matru Vandana Yojana (PMMVY), a new Centrally Sponsored Conditional Cash Transfer Scheme, on 17.05.2017 for implementation across the country with effect from 01.01.2017. The maternity benefit under PMMVY is available to the eligible beneficiaries for first living child of family. Normally, the first pregnancy of a woman exposes her to new kinds of challenges and stress factors. Hence, the scheme provides support to the mother for the safe delivery and immunization of her first child. Under the scheme Rs.5,000/- are provided to the eligible beneficiary in three installments. The eligible beneficiary also receives the remaining cash incentive as per approved norms towards maternity benefit under Janani Suraksha Yojana (JSY) after institutional delivery so that on an average, a woman gets Rs.6,000/-.

(c) No, Madam. The Government has approved Pan-India implementation of Pradhan Mantri Matru Vandana Yojana (PMMVY) on 17.05.2017 for implementation across the country with effect from 01.01.2017. The implementation guidelines of the scheme and Pradhan Mantri Matru Vandana Yojana-Common Application Software (PMMVY-CAS) has been launched on 01.09.2017. So far, more than 14 lakhs beneficiaries have been enrolled for receiving maternity benefit on web-based dedicated MIS software PMMVY-CAS.

4,34,970 beneficiaries have been made the payment under the scheme as on 01.03.2018.

(d) The proposed allocation for the financial year 2018-19 is Rs.2400.00 crore against Rs.2449.00 crore as approved by the Government. However, the budgeted allocation for 2018-19 is sufficient for implementation of the scheme as substantial amount will be available in ESCROW accounts of the State Governments/UT Administrations from the allocation of previous year.

(e) Under PMMVY, cash incentive is provided to eligible beneficiary as partial compensation for the wage loss so that the beneficiary can take adequate rest before and after delivery of her first child and the cash incentive provided would lead to improved health seeking behaviour amongst the Pregnant Women and Lactating Mothers.

Food and Medicine Mission

*220. SHRI PARBHUBHAI NAGARBHAI VASAVA:
SHRI ANIL SHIROLE:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government is preparing any scheme to launch Food and Medicine Mission across the country especially in schools, colleges and universities;

(b) if so, the details thereof including the States which are to be covered initially under the Mission and the reasons therefor;

(c) the details of the amount earmarked/sanctioned for the said purpose; and

(d) the time by which the said mission is likely to be started along with the target fixed under the Mission?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (d) There is no such proposal with the Central Government to launch Food and Medicine Mission across the country.

*[Translation]***Study on Infant Deaths**

2301. SHRI SHER SINGH GHUBAYA:
 DR. RAVINDRA KUMAR RAY:
 PROF. CHINTAMANI MALVIYA:

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

(a) whether the Indian Council of Medical Research (ICMR) has any proposal to conduct a study through Anganwadi and ASHA workers to find out the exact reason of infant deaths; and

(b) if so, the time by which such a proposal is likely to be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) No.

(b) Does not arise.

Healthcare Facilities to BPL Students

2302. SHRI GOPAL SHETTY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any scheme/ proposal under which the students belonging to BPL category studying in Corporation and Panchayati institutions can be provided health check up facilities twice a year; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Under National Health Mission, the Government of India is implementing Rashtriya Bal Swasthya Karyakram (RBSK), for screening of children from 0-18 years of age for 4 D's i.e. defects, Deficiencies, specific diseases and development delays.

Under this programme children enrolled in Government and Government aided schools from class 1st to class 12th are screened once a year through dedicated mobile teams placed in various blocks of the country and children in the age group 0-6 years are screened twice a year. Children identified with these

conditions are provided free treatment including surgery under National Health Mission.

*[English]***Genetically Modified Crops**

2303. SHRI BAIJAYANT JAY PANDA: Will the Minister for ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government is reviewing the regulatory framework for Genetically Modified crops and if so, the details thereof;

(b) the steps being taken on managing the prospects and effects in relation to the cultivation of Genetically Modified Food Crops;

(c) whether the Government has proposal to set up the framework; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) In India, there is a well-established regulatory framework for approval of Genetically Modified (GM) Crops as per "Rules for the Manufacture / Use / Import/ Export and Storage of Hazardous Microorganisms, Genetically Engineered Organisms or Cells", 1989 established under the Environment (Protection) Act, 1986. Review of regulatory framework for the purpose of streamlining processes is an on-going process and is undertaken from time to time. Evaluation of each application of GM crop is done on a case-to-case basis after a thorough examination of health, environment, food and feed safety assessment studies undertaken in a systematic and scientific manner as per prescribed guidelines, manuals and standard operating procedures stipulated by various regulatory agencies from time to time. The data generated by the applicants is reviewed at every step in the development process of GM crops by various statutory committees, such as Institutional Biosafety Committee, Review Committee on Genetic Manipulation and Genetic Engineering Appraisal Committee.

Xeno Transplantation of Human Organs

2304. SHRI SISIR KUMAR ADHIKARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes for xeno-transplantation of organs/or cells into human body and if so, the details thereof;

(b) whether the research on such transplantation on non-humans is going on and if so, the details thereof; and

(c) the details of report on xenografts in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) No.

(b) and (c) Does not arise.

Direct Benefit Transfer for LPG

2305. SHRI B. SENGUTTUVAN: Will the Minister of FINANCE be pleased to state:

(a) whether the National Payments Corporation of India (NPCI) has identified the Bank Accounts of all beneficiaries for Direct Benefit Transfer for LPG (DBTL), if so, the details thereof;

(b) whether the identification of DBTL beneficiaries is based only on Aadhaar Card or other modes are also taken into consideration in view of the judgement of the Supreme Court that not having an Aadhaar Card would not disentitle a person to any social benefit, if so, the details thereof; and

(c) whether the NPCI would start to directly transfer funds to the bank accounts of beneficiaries in lieu of the goods received through the PDS, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (c) There are two types of LPG customers receiving subsidy in their bank accounts namely, Aadhar Transfer Compliant (ATC) and Bank Transfer Compliant (BTC). ATC customers are required to link/submit Aadhar with desired bank

account. Once their bank updates the Aadhar information with National Payment Corporation of India (NPCI) they receive subsidies in their bank account through Aadhar Enabled payment Bridge(AEPB). BTC customers submit their desired bank account details at LPG distributorship and can avail subsidy in their desired bank account. As per Aadhar (Target Delivery of Financial and Other Subsidies, Benefits and Services Act, 2016), under Section 7 for use of Aadhar, all LPG consumers are advised to link Aadhar number to their LPG consumer number by 31.03.2018, except for the consumers residing in the States of Jammu and Kashmir, Assam and Meghalaya.

Till the time Aadhar is assigned to the individual, LPG subsidy shall be given to the individual based on the following alternate and viable means of identification

- i. Bank Photo passbook and
- ii. Aadhar enrolment ID slip if has enrolled, otherwise his voter ID card or ration card or kisan photo passbook or passport or driver license along with the copy of his request made for Aadhar enrolment.
- iii. Undertaking, that he is not availing LPG subsidy under some other consumer name of any Oil Marketing Company.

NPCI does not maintain bank account details like account number, IFSC code etc. of the beneficiaries. The NPCI mapper contains Aadhaar number along with Institution Identification Number (UN) of the bank where the beneficiary has seeded his Aadhaar number. The role of NPCI is limited to routing the payment instructions issued by the Government to concerned bank.

[Translation]

Status of Stand-Up India and MUDRA Scheme

2306. SHRI KUNWAR PUSHPEDRA SINGH CHANDEL: Will the Minister of FINANCE be pleased to state:

(a) the extant status of Stand-up India programme and MUDRA Scheme;

(b) the details of the allocation made under these programmes/schemes, State/UT-wise including Bundelkhand region in Uttar Pradesh;

(c) whether the Government has taken cognizance of certain incidents of turning down of loan applications by the banks/ financial institutions for these schemes and; if so, the details thereof; and

(d) the measures being taken by the Government to ease the loan process?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Under Stand-up India Scheme (SUPI), total number of loans extended as on 04.03.2018 since inception of the scheme is 54947.

Under Pradhan Mantri Mudra Yojana (PMMY), over 11.39 crore loans have been extended for an amount of over Rs 5.09 lakh crore till 02.03.2018 since inception of the scheme.

(b) There is no allocation of funds under these schemes, as loans under the scheme are extended by Member Lending Institutions (MLIs) as per commercial parameters.

(c) Government have been receiving complaints with regard to implementation of these schemes from time to time including turning down of loan application by the banks. These are redressed in coordination with the respective banks. Details of such complaints relating to denial of loans are not maintained centrally.

(d) The Government has taken various steps towards effective implementation of these schemes and easing the loan process. These, inter alia, include provision for online applications through www.udyamimitra.com and www.standupmitra.in, intensive publicity campaigns, simplification of application forms, Credit Guarantee Scheme, refinance facility, nomination of Mudra Nodal Officers, weekly video conferences to monitor the progress etc.

[English]

GST on Solar Equipments

2307. SHRI GUTHA SUKENDER REDDY: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has received any representation from the Solar Equipment manufacturers

regarding levy of Goods and Services Tax (GST) at a concessional rate of five per cent on the solar equipment and if so, the details thereof;

(b) whether the Government has taken any decision on the said demand; and

(c) if so, the details thereof including the stand of the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) Representations received from various stake holders of solar sector have been considered and based on the recommendations of the GST Council, 5% concessional GST rate has been prescribed for Solar water heater & system and the following renewable energy plants / devices & parts for their manufacture, falling under chapters 84, 85 or 94, namely:-

- i. Solar power based devices;
- ii. Solar power generating system;
- iii. Solar lantern / solar lamp; and
- iv. Photo voltaic cells, whether or not assembled in modules or made up into panels

Swachh Bharat Kosh

2308. SHRI PRATHAP SIMHA: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the objective of the Government to set up Swachh Bharat Kosh (SBK) has been set up to attract Corporate Social Responsibility (CSR) funds from corporate sector and contributions from individuals and philanthropists to achieve the objective of Clean India/ Swachh Bharat by the year 2019 and if so, the details thereof;

(b) whether all donations towards SBK are eligible for deduction of 100 per cent from the total Income Tax and if so, the details thereof;

(c) whether corporate/companies are also contributing immensely to Swachh Bharat Mission as part of their CSR efforts, if so, the details thereof during the last three years along with the amount of contribution received in 2015, 2016 and 2017 upto December, 2017 under SBK; and

(d) the details of projects/activities and funds released from SBK, year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) Swachh Bharat Kosh (SBK) is included under Schedule VII of the Companies Act, 2013 (the 'Act'), as an activity for companies to contribute towards Corporate Social Responsibility(CSR) under the provision of Section 135 of the Act. The total contribution to 'Swachh Bharat Kosh' as part of CSR expenditure as reported by the companies for the years 2014-15 and 2015-16 and 2016-17 as per the filings made on MCA21 registry upto 30.11.2017, is Rs. 94.52 crore, Rs. 323.24 and Rs. 89.35 crore respectively.

(b) No specific Tax Exemption has been provided for contribution by the companies under CSR towards SBK.

(c) and (d) As per the provisions of the Act, contribution towards SBK is covered as a permissible CSR activity. The details of projects/activities and funds released from SBK, year-wise is not maintained by this Ministry.

GM Mustard

2309. SHRI ADHIR RANJAN CHOWDHURY: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether Genetic Engineering Appraisal Committee (GEAC) has declared that GM mustard had passed the prescribed tests and if so, the details thereof;

(b) whether GEAC has recommended the commercial use of GM mustard in a submission to the environment ministry and if so, the details thereof;

(c) if so, whether an evaluation of GEAC has been made of the benefits of higher productivity vis-a-vis the risks to health and local varieties; and

(d) if so, the details thereof?

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

(DR. MAHESH SHARMA): (a) to (d) The Genetic Engineering Appraisal Committee (GEAC) had recommended the commercial release of genetically modified (GM) Mustard in its 133rd meeting. This was based on the review of biosafety dossier of GM Mustard which included test on environment, health, food and feed safety. The sub-committee of the GEAC did the assessment about the productivity vis-a-vis the risk to health and local variety.

However, pursuant to receipt of several representations on various aspects related to environment, health, risk to local varieties, etc, the Government has referred the application to the GEAC for re-examination.

Stalled Projects

2310. DR. PRITAM GOPINATH MUNDE: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has wasted about Rs. 1,14,000 Crore of capital on stalled but which are in reality abandoned projects;

(b) if so, the details thereof and the response of the Government thereto;

(c) whether 500 companies that had invested in abandoned projects are facing bankruptcy proceedings and will have their remaining assets sold off at a fraction of their value in the next few years;

(d) if so, the details thereof;

(e) whether demonetization and the Goods and Services Tax (GST) have affected the Indian industry and killed off a large part of the unorganized sector; and

(f) if so, the details thereof and the reaction of the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (d) As per Project Monitoring Group (PMG), which functions with primary focus on expediting the approvals for clearances from Central and State Authorities for setting up of projects, there is no prescribed criterion for classifying a project as a stalled project. Further, PMG does not distinguish between a 'stalled' or an 'under implementation'

project in accepting a project for resolution of its issues. Since its inception in June, 2013, PMG has accepted 902 projects with anticipated investment of Rs. 37.66 lakh crore (as on 06.03.2018) for resolution of bottlenecks/delays in project implementation thereby expediting implementation of projects.

Data on Stalled/ Abandoned projects is not maintained centrally.

(e) and (f) In order to address the problems faced by borrowers due to withdrawal of legal tender of Specified Bank Notes (SBNs), RBI vide circular dated November 21, 2016, had provided an additional period of 60 days beyond what is applicable for the concerned regulated entity (RE), for recognition of certain categories of loan accounts as substandard. Further, in terms of circular dated December 28, 2016 additional 30 days (in addition to above-mentioned 60 days) have been allowed beyond what is applicable for the concerned regulated entity (RE) for recognition of certain categories of loan accounts as substandard. REs were also permitted to defer the down grade of an account that was standard as on November 1, 2016, but would have become NPA for any reason during the period November 1, 2016 to December 31, 2016, by 90 days from the date of such downgrade in such categories of loans. The aforesaid circulars were issued with a view to provide a temporary relief to the said categories of loans. Further, post introduction of GST, RBI released a circular dated February 07, 2018 granting relaxations to banks and NBFCs (Non-Banking Financial Company) in asset classification of loan accounts of MSME entities whose cash flows have been impacted adversely while transitioning to GST regime.

World Wetland Day

2311. SHRI MOHAN BHAI KALYANJI BHAI KUNDARIYA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the World Wetland Day was organised in Gujarat recently;

(b) if so, the details thereof and the activities undertaken thereunder in the State;

(c) the details of locations identified under RAMSAR convention in the State;

(d) whether any steps have been taken to conserve and revive wetlands in the State; and

(e) if so, the details thereof and the success achieved therein?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) As per information provided by Government of Gujarat, World Wetlands Day (WWD) was celebrated on 02-02-2018 in Porbandar based on theme 'Wetlands for a Sustainable Urban Future' selected by the RAMSAR Convention on Wetlands. The programme was attended by 300 participants including students, State Government officials and other stakeholders. Under the programme various activities were organized, which included speeches by Experts covering importance of wetlands, ecological services and Wetlands (Conservation and Management) Rules, 2017 and participants were also given hands on information in the field regarding identification of wetland birds, soil & water parameters and zooplankton & phytoplankton, etc while visiting Bird sanctuary.

As a part of World Wetlands Day celebrations, two days Wetland Workshop was organized on "Plankton and Wetland Invertebrates - A Food base for Water birds" on 31-01-2018 and 01-02-2018 in Porbandar, which was attended by 170 participants from Universities, Forest department, Non Governmental Organisations (NGOs) and related Government departments. World Wetlands Day was also celebrated at three identified wetlands namely Nalsarovar in Surendranagar district, Thol in Ahmedabad district and Wadhvana in Vadodara district, which was attended by students, NGOs and Eco clubs working in the field of wetland conservation.

(c) Nalsarovar Bird Sanctuary in Ahmedabad and Surendranagar districts, having an area of 120.8 sq. km area, has been designated as Ramsar site in 2012 under the Ramsar Convention on Wetlands.

(d) and (e) Ministry has identified 8 wetlands viz. Nalsarovar, Great Rann of Katchh, Thol Bird Sanctuary, Khijadiya Bird Sanctuary, Little Rann of Katchh, Pariej, Wadhvana and Nanikakrad from Gujarat for conservation

and management under the scheme of National Plan for Conservation of Aquatic Ecosystems (NPCA). Under the scheme of NPCA financial assistance is provided to concerned State Government on cost sharing basis for undertaking various activities covered like interception, diversion and treatment of waste water, shore line protection, lake front development, de-silting, bioremediation, catchment area treatment, lake beautification, survey & demarcation, bio-fencing, fisheries development, weed control, biodiversity conservation, education and awareness creation, community participation, etc. So far, an amount of Rs. 7.37 crore has been released to Government of Gujarat for conservation and management of Nalsarovar, Thol Bird Sanctuary, Khijadiya Bird Sanctuary, Pariej, Wadhvana and Nanikakrad in Gujarat.

For holistic conservation and management of wetlands in Gujarat, State Wetland Authority has been constituted under the chairmanship of Hon'ble Minister of Forests. All the 8 identified wetlands have been declared as Protected Areas and one wetland viz. Chharidhund as Conservation Reserve by the State. These wetlands are managed as per the prescriptions of management plan. Various activities undertaken for conservation and management of these wetlands include periodical removal of weed and scum, establishing small islands and breeding ground, construction of mounds for birds, regulation of tourists, diversion of sewerage and effluent etc., This has resulted in arresting the degradation of wetlands to large extent and protection has given a boost in the revival of wetland and enhancement in birds population in State.

Exclusion of IDBI from Capital Infusion

2312. SHRI ASADUDDIN OWAIISI: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has sanctioned Rs.22915 crore to 13 PSUs including SBI and excluding IDBI;

(b) if so, the details thereof and the reasons for sanctioning these funds to banks;

(c) whether this step has been taken under its recapitalisation drive to enable banks lend more and if so, the details thereof;

(d) the reasons for not allocating such fund to IDBI; and

(e) the extent to which the banking sector is likely to be strengthened in the country after the drive?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (e) During the current financial year, an amount of Rs. 1,861 crore was infused in IDBI Bank. Subsequently, with a view to supplementing the efforts of PSBs for meeting regulatory capital norms and augmenting growth capital, Government announced in October 2017, recapitalisation of PSBs to the tune of Rs. 2,11,000 crore over the current and next financial years, comprising of capital infusion by the Government of Rs. 1,53,139 crore and the balance through raising of capital by PSBs. As follow-up to the announcement, Government, has made necessary budgetary provision and announced allocation of Rs. 88,139 crore for capital infusion in 20 PSBs in the remainder of the current financial year, including Rs. 10,610 crore for IDBI Bank. Against this allocation, Rs. 7,750 crore capital has been infused in seven PSBs, including Rs. 2,729 crore in IDBI Bank. For the next financial year, budgetary provision had been made for infusion of Rs. 65,000 crore in PSBs.

Nutritional Support to School Girls

2313. SHRI J.J.T. NATTERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any scheme to provide nutritional support, motivate out of school girls to go back to formal schooling or skill training under its non-nutrition component;

(b) if so, the details thereof;

(c) whether the scheme also provides nutritional support equipped with information on health, hygiene and guidance on existing public services; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d)

- The Government is implementing scheme for adolescent girls to improve the nutritional and

health status of out of school adolescents girls age 11-14 years, where nutrition support @ Rs. 9,5 per beneficiary per day for 300 days in a year is provided. Beside this, micronutrient supplementation is also provided to out of school girls by weekly Iron and Folic Acid (IFA) supplementation for control of iron deficiency anemia. National Deworming Days (NDD) are also conducted across the country twice a year covering out of school girls in which Albendazole tablets are administered for de-worming and further nutrition promotion.

- A total of 81.41 lakh out of School girls (6-19 yrs) were administered Albendazole during August 2017 round and 55.24 lakhs out of school adolescent girls were reported to be provided with weekly IFA supplementation in 2017-18 (as of February). Besides this, information on health and hygiene is provided to out of school girls under Rasthriya Kishore Swasthya Karyakram (RKSK) through peer education programme.

Bellandur Lake

2314. PROF. SAUGATA ROY:

SHRI TEJ PRATAP SINGH YADAV:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the National Green Tribunal has directed to take time bound action plan to save Bellandur Lake and other natural water bodies of the country;

(b) if so, the details thereof;

(c) the number of natural water bodies and lakes monitored by the Government for its protection, State/UT-wise;

(d) the steps taken to protect them from encroachments and severe pollutions; and

(e) if so, the details thereof and steps taken for conservation of lakes and their protection from encroachments and severe pollutants?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY

OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Yes. The Hon'ble National Green Tribunal (NGT) vide Order dated 05.01.2018 had directed the State Government of Karnataka to place on record a comprehensive Chart and Action Plan giving squarely status of activity and timelines for achieving the objectives and the agencies responsible for it in order to free the water bodies (Agara Lake, Bellandur Lake and Varthur Lake) from the menace of continuing pollution.

Further, Hon'ble NGT vide Order dated 29.01.2018 has inter-alia, directed the State Government of Karnataka for a pilot study to be carried out of the life cycle of macrophytes and water hyacinth/grass and the biological removal/eradication of such macrophytes by the Indian Institute of Sciences, Bangalore. In the meanwhile, physical removal of these macrophytes from the said lake shall be carried out at regular intervals and compliance report shall be placed before the Tribunal every month. The Karnataka State Pollution Control Board was directed to initiate action for issuance of direction to the said 99 apartment projects to install modular STPs in lieu of STPs, which can be placed in the available free space particularly the basements of such buildings and do not pose any structural threats to the structure of such projects. The State Government of Karnataka was directed to prepare a comprehensive Action Plan (with the timelines as in the case of Bellandur Lake) as regards Agara Lake and Varthur Lake and place it before the Hon'ble NGT, within three weeks, so as to ensure that rejuvenation or remediation of all these three lakes shall proceed simultaneously in a holistic manner. Action Plan regarding municipal solid waste in catchment area shall also be placed before the Hon'ble NGT. Strict vigil shall be maintained regarding discharge of the industrial pollutants/effluents so as to ensure that no such pollution meets the catchment area of this lake.

(c) Central Pollution Control Board (CPCB) is monitoring the water quality of aquatic resources at 3,000 locations including 540 Rivers'at 1,533 locations and Lake, Pond & tanks at 420 locations in association with State Pollution Control Boards/Pollution Control Committees throughout the country. State/UT-wise breakup is provided in the enclosed Statement.

(d) and (e) CPCB monitors the ambient water quality in natural environment under the provisions of The Water (Prevention and Control of Pollution) Act, 1974. The provisions of Water Act, 1974 are being implemented to control pollution in aquatic resources by consent management to regulate discharge of effluents and enforcement of standards in respect of polluting sources.

For conservation and management of identified lakes and wetlands in the country in a holistic manner, this Ministry is currently implementing a scheme namely, National Plan for Conservation of Aquatic Eco-systems (NPCA) on cost sharing basis between Central Government and respective State Governments. The various activities covered under the scheme include interception, diversion and treatment of wastewater,

shoreline protection, lake front development, insitu cleaning i.e. desilting & dewatering, storm water management, bioremediation, catchment area treatment, lake beautification, survey & demarcation, biofencing, fisheries; development, weed control, biodiversity conservation, education and awareness creation, community participation, etc.

Further, MoEF&CC had notified the Wetlands (Conservation and Management) Rules, 2010 to regulate various activities within the wetlands. The prohibited activities include reclamation of wetlands, setting up of new industries and expansion of existing industries, solid waste dumping, discharge of untreated sewage, effluents etc. The Wetlands (Conservation and Management) Rules, 2017 also prohibit the said activities.

Statement

State wise number of monitoring locations under NWMP programme

State/UT	Canal	Drain	Lake	Pond	River	Creek	STP	Tank	Water Treatment Plant (Raw Water)	Well	Grand Total
1	2	3	4	5	6	7	8	9	10	11	12
Andhra Pradesh	3	3	2		24					18	50
Arunachal Pradesh					29						29
Assam			2	26	85			1		50	164
Bihar			2	2	96					70	170
Chandigarh		3	1							7	11
Chhattisgarh			1	1	29					8	39
Dadra and Nagar Haveli					5					6	11
Daman and Diu					7					6	13
Delhi	2	9	4		4				6	67	92
Goa	3		8		28	1				10	50
Gujarat	2		21	2	53	3	1			83	165
Haryana	12		3		8				2		25
Himachal Pradesh		4	5		81					41	131

1	2	3	4	5	6	7	8	9	10	11	12
Jammu and Kashmir			25		45					12	82
Jharkhand			4	1	40						45
Karnataka			40		80			82		1	203
Kerala	3		16	2	73					34	128
Lakshadweep				1						15	16
Madhya Pradesh			20	12	109					47	188
Maharashtra		10			156	34				50	250
Manipur	1		5	13	41					10	70
Meghalaya			7		40					7	54
Mizoram			1	2	32			1		20	56
Nagaland			2		16					10	28
Odisha	9		7	8	127	4				48	203
Puducherry			2		6					19	27
Punjab		7	3	3	38					22	73
Rajasthan	3		16		17					87	123
Sikkim					14						14
Tamil Nadu			8		45					2	55
Telangana		13	13	10	30			10		14	90
Tripura	5		3	5	29					21	63
Uttar Pradesh	1		2	2	75				2	40	122
Uttarakhand	4		2		30		3			19	58
West Bengal	2		10		41					49	102
Grand Total	50	49	235	90	1,533	42	3	95	10	893	3,000

[*Translation*]

Vanishing Companies

2315. SHRI ASHOK MAHADEORAO NETE: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether between the years 1993-94 and 1994-95 when there was boom in the capital market, many companies brought their public issues in capital market and as a result maximum investors put their money

in those issues but some of the companies disappeared from the market by making money from investors through public issues;

(b) if so, the details of the companies which have disappeared from the market;

(c) whether the Government searched such disappeared companies and took any action against them; and

(d) if so, the details thereof as on date?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) Yes, Madam.

(b) to (d) Details of such companies categorised as vanishing companies and watch list companies which had made public issue during the period 1993-94 and 1994-95 are enclosed as Statement. Registrar of

Companies (ROCs) of the various States have reported that prosecutions under section 62/63, 68 & 628 of the Companies Act, 1956, have been initiated against all those companies including filing of FIR under section 403, 406, 415, 418, 420 & 424 of Indian Penal Code. Prosecutions for non-filing of statutory returns and non-maintenance of Registered Office address have also been filed against all those companies which are still under the vanishing companies list.

Statement

Sl. No.	Name of the ROC	Name of the Company
1	2	3
1.	West Bengal	1. Grapco Mining and Company Limited. 2. Asian Vegpro Industries Limited 3. Kiev Finance Limited 4. Oriental Remedies and Herbals Limited 5. Quality Pharmaceuticals Private Limited. 6. SSK Fiscal Services Limited 7. Saket Extrusions Limited 8. Western India Industries Limited.
2.	Odisha	1. Universal Vita Alimentare Limited
3.	Bihar	1. Bodh Gaya Ceramics Limited 2. Shree Vaishnavi Dyeing & Printings Limited 3. Ambuja Zinc Limited Watch List Company 4. Cilson Organic Limited
4.	Delhi	1. Hoffland investment Limited 2. Simplex Holdings Limited 3. Star Electronics Limited 4. Zed Investment Limited 5. Vermani Steel Strips Limited (dissolved through winding up) 6. Star Exim Limited (dissolved through winding up) Watch List Company 7. Kedia Infotech Limited

1	2	3
5.	Kanpur	1. Rizvi Exports Limited 2. Vidiani Agrotech Industries Limited 3. Shefali Papers Limited 4. Sidhartha Pharmaceuticals Limited 5. Danin Leathers Limited (In Liqn.)
6.	Chandigarh	1. Carewell Hygiene Products Limited 2. Sukhchain Cements Limited 3. Hindustan Tools and Forgings Limited (In Liqin.) 4. Hallmark Drugs and Chemicals Limited 5. Seema Industries Limited (In Liqin.)
7.	Gujarat	1. Bhawna Steel Cast Ltd. 2. Spil Finance Ltd. 3. Growth Agro Industries Ltd. 4. Kesar Greenfield International Ltd. 5. Naturo-Pest Ltd. 6. Aashi Industries Ltd. 7. Manav Pharma Ltd. 8. Genuine Comodities Development Co. Ltd. 9. Lyons Industrial Enterprises Ltd. 10. Sushil Packaging (India) Ltd. 11. Shree Yaax Pharma and Cosmetics Ltd. 12. Marine Cargo Co. Ltd. 13. Protect Circuit Breakers Ltd. 14. Protech Switch Gears Ltd. 15. Topline Shoes Ltd. 16. Nuline Classware Ltd. (Subsequently changes to Pur Opale Creation Ltd.) 17. Nisu Fincp Ltd.
8.	Gwalior	1. M/s. Sterling Kalk Sand Bricks Ltd. 2. M/s. South Asian Mushrooms Ltd.

1	2	3
9.	Chennai	<ol style="list-style-type: none"> 1. M/s. Nagarjuna Jiyo Industries Ltd. 2. M/s. Crest World Marine Ltd. 3. M/s. Novel Finance (India) Ltd. 4. M/s. Amigo Exports Ltd. 5. M/s. MA Capital Market Services Ltd.
10.	Bangalore	<ol style="list-style-type: none"> 1. Ocean Knits Limited 2. Ready Foods Limited Watch List Companies 3. Win Farm Agro Industries Limited 4. Suraj Stone Corporation Limited 5. Raghoji Cements and manufacturing company Limited 6. Acme Spinners Limited 7. Vision Technology India Limited(Name changed as Vision Cinemas Limited)
11.	Hyderabad	<ol style="list-style-type: none"> 1. Deccan Petroleum Products Limited 2. Canara Credit Limited 3. Aquadev India Limited 4. Rank Industries Limited
12.	Mumbai	<ol style="list-style-type: none"> 1. M/s Hitesh Textile Mills Limited 2. M/s Real Time Fin-lease Limited 3. M/s Sparkle Foods Limited 4. M/s Ichalkaranji Soya Limited 5. M/s Caldyn Aircon Limited 6. M/s Global Exhibitions Limited 7. M/s Vipul Securities Limited 8. M/s Rusoday and Company Limited

Rotavirus Vaccine

2316. SHRIMATI RAMA DEVI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government had launched Rotavirus vaccine in the year 2016 to prevent Rotavirus Diarrhoea;

(b) if so, the details thereof;

(c) the extent to which Rotavirus Diarrhoea has been prevented by using Rotavirus vaccine; and

(d) the reaction of the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes, the Government had launched Rotavirus vaccine in the year 2016 to prevent Rotavirus Diarrhoea.

(b) Rotavirus vaccine has been introduced in 9 states namely Himachal Pradesh, Haryana, Odisha, Andhra Pradesh, Madhya Pradesh, Rajasthan, Assam, Tripura and Tamil Nadu.

(c) and (d) Rotavirus vaccine has been administered to about 1.41 crores children across these nine states (as on February 2018).

In India as per available scientific data Rotavirus diarrhoea causes about 78,000 deaths, 8.72 lakh hospitalization and about 32.7 lakh outpatient visits each year in children under 5 years of age.

[*English*]

GST Exemption to Hospital Food

2317. SHRI R. GOPALKRISHNAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government plans to exempt the food served to patients by hospitals from the ambit of Goods and Services Tax (GST);

(b) if so, the details thereof and if not, the reasons therefor; and

(c) the details of GST exemption provided to various such philanthropic and noble services post-GST?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Healthcare services as defined in the relevant notification are exempt from GST. Food supplied to the in-patients as advised by the doctor/nutritionists is not taxable provided it is a part of composite supply of healthcare service.

(c) Services by an entity registered under section 12AA of the Income-tax Act, 1961 (43 of 1961) by way of charitable activities is exempt from GST under SI. No. 1 of Notification No. 12/2017- Central Tax (Rate) dated 28th June, 2017.

Charitable activity has been defined in the above notification as activities relating to:

- (i) public health by way of:
 - (A) care or counseling of

- (I) terminally ill persons or persons with severe physical or mental disability;

- (II) persons afflicted with HIV or AIDS;

- (III) persons addicted to a dependence-forming substance such as narcotics drugs or alcohol; or

- (B) public awareness of preventive health, family planning or prevention of HIV infection;

- (ii) advancement of religion, spirituality or yoga;

- (iii) advancement of educational programmes or skill development relating to:

- (A) abandoned, orphaned or homeless children;

- (B) physically or mentally abused and traumatized persons;

- (C) prisoners; or

- (D) persons over the age of 65 years residing in a rural area;

- (iv) preservation of environment including watershed, forests and wildlife.

[*Translation*]

Hospital Manual

2318. SHRI RAJESH KUMAR DIWAKER:
SHRI DEVJI M. PATEL:
SHRI CHANDU LAL SAHU:
SHRI SUNIL KUMAR SINGH:

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

(a) whether the Hospital Manual 60 and 61 has the provision mandating each hospital to designate one complaint redressal officer and keep a complaint box for complaints;

(b) if so, whether this hospital manual is being fully implemented in all the hospitals of the country including Uttar Pradesh, Rajasthan and Jharkhand; and

(c) if not, the action taken by the Government against such hospitals which have not implemented this manual and the details thereof, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per the Hospital Manual (Chapter XIII) issued by the Directorate General of Health Services, Ministry of Health and Family Welfare, published on 4th June, 2002, a Grievance Redressal Officer is also to be designated in every hospital for effective grievance redressal of the patients. Further, the manual prescribes that a number of Complaint Boxes are to be placed at strategic locations of hospitals for collection of complaints from the patients and their relatives.

(b) and (c) 'Health' being a state subject, no such information is maintained centrally. As far as three Central Government Hospitals in Delhi viz. Safdarjung, Dr. Ram Manohar Lohia and Lady Hardinge Medical College & Associated Hospitals are concerned, effective Grievance Redressal machinery, is in place. All the grievances received in these hospitals are being dealt in a time-bound manner for speedy redressal.

[English]

Decisions of National Green Tribunal

2319. SHRI VIRENDER KASHYAP: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether due to certain decisions taken by the National Green Tribunal (NGT) many activities have been stopped in States thereby hampering the economic development therein;

(b) if so, the details thereof;

(c) whether in Himachal Pradesh tourism has been badly hampered due to NGT actions; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The National Green Tribunal (NGT) adjudicates cases relating to environmental protection and conservation of forests and other natural resources including enforcement of any legal right relating to environment and giving relief and compensation for

damages to persons and property and for matters connected therewith or incidental thereto. The Tribunal, while passing any order or decision or award, is guided by the principles of sustainable development, the precautionary principle and the polluter pays principle. In its directions the NGT seeks to promote economic development with environmental well-being to ensure that economic development is consistent with long term sustainable development.

(c) and (d) NGT issues appropriate orders on the basis of facts and circumstances presented before it, wherever there is any deviation from law, applying well established principles for sustainable development. NGT has not passed orders badly hampering tourism in Himachal Pradesh.

Study on Jaundice and Sugar Patients

2320. SHRI PRAHLAD SINGH PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there has been a constant increase in the number of Jaundice and Sugar patients, if so, the details thereof;

(b) whether the All India Institute of Medical Sciences have conducted any study about Jaundice and Sugar ailment with the assistance of Indian Council of Medical Research or any foreign technique;

(c) if so, the outcome thereof; and

(d) the other necessary steps taken by the Government to provide sufficient medical facilities to Jaundice and Sugar patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes, as per report of International Diabetes Federation, 2015, 69.2 million people were estimated as Diabetes Mellitus in 2015, which is projected to rise to 101.2 million by 2040.

(b) and (c) The All India Institute for Medical Sciences (AIIMS) Indian Council of Medical Research (ICMR) have undertaken India Diabetes Study called ICMR INDIAB, which has found 8.6% population in 15 States/Union Territories as Diabetic.

(d) Under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and

Stroke (NPCDCS), apart from free/affordable testing of diabetic subject, at all levels, from Primary Health Centres to Govt. Hospitals, education on Healthy life-style and healthy diet, is being imparted.

Refusal of Repayment by Wilful Defaulters

2321. SHRI RAM CHARITRA NISHAD: Will the Minister of FINANCE be pleased to state:

(a) whether the banks are witnessing surge in wilful defaulters refusing repayment obligations despite having the capacity to honour the commitments and if so, the details thereof;

(b) whether the wilful defaults in banks have crossed Rs. 1 lakh crore mark; and

(c) if so, the steps taken by the Government to realize the repayment from these wilful defaulters?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As per data reported by Public Sector Banks (PSBs), as on 31.12.2017, the total number of wilful defaulters was 9,063, which represents a marginal increase of 1.66% during the first nine months of the current financial year.

(b) The amount involved for PSBs is reported as Rs. 1,10,050 crore.

(c) RBI has issued a Master Circular providing for guidelines on, penal measures and criminal action against, mechanism for identification of, and reporting to RBI on wilful defaulters. Further, the Securities and Exchange Board of India has issued regulations barring companies with wilful defaulters as promoters/directors from accessing capital markets to raise funds, and amendment has been effected to the Insolvency and Bankruptcy Code, 2016 for barring wilful defaulters from participating in the resolution process. As per data reported by PSBs, as on 31.12.2017, they have registered 2,108 FIRs against wilful defaulters, filed 8,462 suits for recovery from wilful defaulters, and initiated action under the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002 in respect of 6,962 cases of wilful defaulters.

Intra-Familial Abuse

2322. SHRIMATI POONAM MAHAJAN: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the number of cases filed against parents accused of incest during each of the last three years and the current year, State/UT-wise;

(b) whether it is a fact that no legislative prohibition exists against the granting of custody or visitation rights to fathers committing sexual offence pending conviction in a criminal trial, if so, the details thereof and the reaction of the Government thereto;

(c) the time-frame by which the Government is expected to prepare guidelines to debar custodial rights and visitation claims of an offending parent accused of incest; and

(d) the steps taken by the Government to prevent intra-familial abuse?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) National Crime Record Bureau (NCRB) has reported that no such specific information is maintained by the Bureau. However, a total of 3328, 3167 and 3891 cases reported under category of rape cases in which offenders were known to the victim during 2014, 2015 and 2016 respectively. The State/UTs wise details of the cases is enclosed as Statement.

(b) As per Section 36 of the Protection of Children from Sexual Offences (POCSO) Act, 2012, the special court shall ensure that the child is not exposed in any way to the accused at the time of recording of the evidence. Also, Rule 4 of the POCSO Act, 2012 ensures that a child has to be produced before the Child Welfare Committee (CWC), if the police receives information under Section 19 of the Act and there is apprehension that the offence has been committed or is likely to be committed by a person living in the same or shared household with the child with a request for detailed assessment by the CWC. After examination, CWC determines within three days whether the child needs to be taken out of the custody of his family or shared household and placed in a children's home or a shelter home.

(c) In view of (b) above, question does not arise.

(d) The Government has taken various steps to create awareness against Sexual Abuse of children through advertisement, electronic media, print media and by holding Conferences, seminars etc.

Statement

Rape Cases in which Offences were Known to the Victim during 2014-2016

Sl. No.	State/UT	2014			2015			2016					
		No of Cases Registered	Cases in which Offenders were Grand-father Father Brother Son	Cases in which Offenders were other family member	Cases in which Offenders were Grand-father Father Brother Son	Cases in which Offenders were other family member	Cases in which Offenders were Grand-father Father Brother Son	Cases in which Offenders were other family member	Cases in which Offenders were Grand-father Father Brother Son				
1	Andhra Pradesh	97	1	35	61	114	4	56	54	79	6	29	44
2	Arunachal Pradesh	6	6	0	0	13	1	2	10	18	2	9	7
3	Assam	53	21	1	31	2	2	0	0	41	9	12	20
4	Bihar	84	4	36	44	0	0	0	0	127	0	5	122
5	Chhattisgarh	0	0	0	0	175	19	63	93	97	21	29	47
6	Goa	9	3	3	3	9	4	3	2	15	3	5	7
7	Gujarat	105	11	19	75	63	2	20	41	72	12	21	39
8	Haryana	100	22	31	47	121	3	61	57	88	25	19	44
9	Himachal Pradesh	45	24	5	16	26	12	9	5	10	6	2	2
10	Jammu and Kashmir	27	0	6	21	16	0	1	15	12	1	0	11
11	Jharkhand	101	6	21	74	82	2	17	63	80	0	6	74
12	Karnataka	194	7	54	133	67	13	24	30	142	16	39	87
13	Kerala	158	62	37	59	208	70	66	72	210	73	63	74
14	Madhya Pradesh	477	59	115	303	377	26	78	273	300	35	108	157
15	Maharashtra	435	94	122	219	401	69	70	262	358	96	111	151

	PHALGUNA 18,1939 (Saka)																
	Written Answers																to Questions
16	Manipur	0	0	0	0	6	4	1	1	1	11	1	3	7			
17	Meghalaya	10	7	1	2	7	1	5	1	76	37	20	19				
18	Mizoram	29	21	3	5	15	6	4	5	10	4	3	3				
19	Nagaland	3	2	0	1	0	0	0	0	6	3	2	1				
20	Odisha	71	8	16	47	124	.0	51	73	0	0	0	0				
21	Punjab	133	13	62	58	73	12	30	31	81	16	26	39				
22	Rajasthan	352	59	52	241	330	98	64	168	555	147	139	269				
23	Sikkim	4	2	1	1	1	1	0	0	4	1	1	2				
24	Tamil Nadu	85	5	10	70	46	1	5	40	54	0	9	45				
25	Telangana	103	1	39	63	201	0	73	128	283	1	127	155				
26	Tripura	10	2	5	3	19	0	7	12	22	0	7	15				
27	Uttar Pradesh	0	0	0	0	272	43	59	170	622	27	154	441				
28	Uttarakhand	0	0	0	0	21	1	5	15	3	2	1	0				
29	West Bengal	173	19	72	82	60	6	19	35	122	28	0	94				
	TOTAL STATE(S)	2864	459	746	1659	2849	400	793	1656	3498	572	950	1976				
30	Andaman and Nicobar Islands	11	4	4	3	5	0	3	2	4	0	2	2				
31	Chandigarh	8	4	0	4	11	5	1	5	10	2	1	7				
32	Dadra and Nagar Haveli	1	0	0	1	0	0	0	0	0	0	0	0				
33	Daman and Diu	0	0	0	0	0	0	0	0	0	0	0	0				
34	Delhi ut	443	140	123	180	299	80	94	125	375	56	131	188				
35	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0				
36	Puducherry	1	0	0	1	3	3	0	0	4	0	3	1				
	Total UT(s)	464	148	127	189	318	88	98	132	393	58	137	198				

Population of Tigers

2323. SHRI NALIN KUMAR KATEEL:
SHRI G.M. SIDDESHWARA:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

- (a) the total number of population of tigers in the country during the last three years, State/UT-wise;
- (b) whether the total number of tigers has increased during the last few years and if so, the details thereof State/UT-wise;
- (c) the details of methodologies adopted for tiger census;
- (d) whether any accurate methodologies and scientific techniques have been adopted for the above census and if so, the details thereof;
- (e) the total number of incidents of killing and poaching of tigers reported from various States during the last three years; and
- (f) whether the Government has put any appropriate mechanism in place to check such incidents and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) As per the assessment of Status of Tigers, Co-predators and Prey, 2014 using the refined / state-of-the art methodology, the tiger number has shown a 30% increase countrywide / with an estimated, number of 2226 (range 1945-2491) as compared to the 2010 estimation of 1706 (range 1520-1909 tigers). The country level tiger estimation using the refined / state-of-the art methodology is done once in four years. The details of tiger estimation pertaining to tiger landscapes in the country for the years 2010 and 2014 are enclosed as Statement-I. The population of tigers, reserve-wise, is enclosed as Statement-II.

(c) and (d) The All India Tiger Estimation, 2014 was a refinement over the 2006 and 2010 exercise, wherein robust spatially explicit capture recapture protocols using joint models have been employed. The method is peer reviewed in both national and international fora and has been published in an international scientific journal. The national assessment 2018 is being conducted by the

National Tiger Conservation Authority in collaboration with the State Forest Departments, Wildlife Institute of India and National level Non Governmental Organisations, using the same methodology.

(e) and (f) For the three year period, 2015 to 2017, 49 cases of tiger poaching and 40 cases of tiger body part seizures have been reported by the States. To check such incidents, following / steps have been taken by the Government of India / National Tiger Conservation Authority:

I. Measures for strengthening protection and monitoring of tigers:-

- Providing assistance to States under the Centrally Sponsored Scheme of "Project Tiger" for protection, infrastructure and antipoaching operations (including deployment of Tiger Protection Force and Special Tiger Protection Force)
- Providing grant through NTCA for patrolling in tiger rich sensitive forest areas outside tiger reserves
- Alerting the States as and when required
- Disseminating of real time information of backward / forward linkages relating to poachers / wildlife criminals.
- Advising the States for combing forest floor to check snares / traps
- Performing supervisory field visits through the National Tiger Conservation Authority and its regional offices
- Using information technology for improved surveillance (e-Eye system) using thermal cameras
- Launching tiger reserve level monitoring using camera trap to keep a photo ID database of individual tigers
- Preparing a national database of individual tiger photo captures to establish linkage with body parts seized or dead tigers
- Assisting States to deploy local workforce in a big way for protection to complement the efforts of field staff [In all,

approximately 25 lakh mandays are generated annually with 50% central assistance amounting to around Rs. 25 crpres (excluding matching 50% share given by States) under Project Tiger. Many local tribes constitute such local workforce (besides non-tribals), eg. Baigas, Gonds in Madhya Pradesh, Gonds in Maharashtra, Chenchus in Andhra Pradesh, Sholigas in Karnataka, Gujjars in Uttarakhand and Irulas in Tamil Nadu to name a few].

- Initiative taken for collaboration of National Tiger Conservation Authority and Wildlife Crime Control Bureau towards an online tiger / wildlife crime tracking / reporting system in tiger reserves and to coordinate with INTERPOL for checking trans-border trade of wildlife products.
- Insurance / Corpus Fund for staff of Kaziranga Tiger Reserve.
- Motivating tiger reserve administration / tiger States to ensure conviction of criminals through pursuance of cases in different courts.
- Bilateral co-operation with neighbouring countries like Nepal, Bangladesh and Bhutan besides Russia.
- Sharing of information on seizure of body parts including skin of tigers among tiger

-range countries to ascertain source area. India has already made a proposal in this regard in CITES CoP-T7 in Johannesburg which was agreed by member countries.

2. **Security Plan:-**

The National Tiger Conservation Authority along with TRAFFIC India had prepared generic guidelines for formulating security plan for each tiger reserve which is operationalized in the overarching Tiger Conservation Plan which is legally mandated under section 38 V of the Wildlife (Protection) Act, 1972.

3. **Security Audit:-**

The National Tiger Conservation Authority has developed a framework for carrying out the assessment of the security threats and for formulating site specific security plan which is now being carried out in 25 different tiger reserves in Phase-I.

4. **M-STRIPES:-**

This is an android application which has three distinct modules namely Patrol module, Ecological module and Conflict module. The Patrol module inter-alia is a mechanism to ensure accountability of front line staff vis-a-vis antipoaching efforts and is useful for the tiger reserve management to strengthen the protection measures.

Statement-I

Details of tiger estimation pertaining to tiger landscapes in the country, for the years 2010 and 2014

State	Tiger Population		
	2010	2014	Increase/Decrease/ Stable
1	2	3	4
<i>Shivalik-Gangetic Plain Landscape Complex</i>			
Uttarakhand	227(199-256)	340	Increase
Uttar Pradesh	118(113-124)	117	Stable
Bihar	8(-)	28	Increase

1	2	3	4
Shivalik Gangetk	353 (320-388)	485 (427-543)	Increase
<i>Central Indian Landscape Complex and Eastern Ghats Landscape Complex</i>			
Andhra Pradesh (including Telangana)	72 (65-79)	68	Stable
Chhattisgarh	26 (24-27)	46	Increase
Madhya Pradesh	257 (213-301)	308	Increase
Maharashtra	169(155-183)	190	Increase
Odisha	32 (20-44)	28	Stable
Rajasthan	36 (35-37)	45	Increase
Jharkhand	10(6-14)	3+	Decrease*
Central India	601 (518-685)	688 (596-780)	Increase
<i>Western Ghats Landscape Complex</i>			
Karnataka	300 (280-320)	406	Increase
Kerala	71 (67-75)	136	Increase
Tamil Nadu	163 (153-173)	229	Increase
Goa	-	5	Increase
Western Ghats	534 (500-568)	776 (685-861)	Increase
<i>North Eastern Hills and Brahmaputra Flood Plains</i>			
Assam	143 (113-173)	167	Increase
Arunachal Pradesh	-	28*	Increase
Mizoram	5	3+	Stable
North West Bengal	-	3	**
North East Hills, and Brahmaputra	148 (118-178)	201 (174-212)	Increase
Sunderbans	70 (64-90)	76 (92-96)	Stable
Total	1706(1520-1909)	2226 (1945-2491)	Increase*

+ From scat DNA

• From camera trap data and scat DNA

* Much of the tiger occupied areas could not be surveyed owing to naalx problem

** Tiger estimation was not done in the year 2010

Statement-II*Population of tigers, reserve-wise, as per Status of Tigers, Co-predators and Prey in India, 2014*

Tiger Reserve	State	Tiger Population	Lower SE Limit	Upper SE Limit
1	2	3	4	5
Achanakmar	Chhattisgarh	11	10	12
Anamalai	Tamil Nadu	13	11	14
Bandhavgarh	Madhya Pradesh	63	55	71
Bandipur	Karnataka	120	107	134
Bhadra	Karnataka	22	20	25
Biligiri Ranganatha Temple	Karnataka	68	60	75
Bor	Maharashtra	5	3	6
Buxa*	West Bengal	2	2	2
Corbett	Uttarakhand	215	169	261
Dampa*	Mizoram	3	3	3
Dandeli-Anshi	Karnataka	5	3	6
Dudhwa	Uttar Pradesh	58	46	69
Indravati	Chhattisgarh	12	11	13
Kalakad Mundanthurai	Tamil Nadu	10	9	11
Kanha	Madhya Pradesh	80	71	90
Kaziranga	Assam	103	91	115
Manas	Assam	11	9	12
Melghat	Maharashtra	25	21	30
Mudumalai	Tamil Nadu	89	79	99
Nagarahole	Karnataka	101	90	113
Nagarjunasagar Srisailem	Andhra Pradesh	54	40	67
Namdapha	Arunachal Pradesh	11	5	11
Nameri	Assam	5	4	5
Nawegoan-Nagzira	Maharashtra	7	4	10
Pakke	Arunachal Pradesh	7	6	8
Palamau*	Jharkhand	3	3	3

1	2	3	4	5
Panna	Madhya Pradesh	17	17	17
Parambikulam	Kerala	19	17	21
Pench	Madhya Pradesh	43	36	49
Pench	Maharashtra	35	28	42
Periyar	Kerala	20	18	22
Pilibhit	Uttar Pradesh	25	19	30
Ranthambhore	Rajasthan	37	30	41
Sahyadri*	Maharashtra	7	7	7
Sanjay-Dubri	Madhya Pradesh	8	7	10
Sariska	Rajasthan	9	9	9
Sathyamangalam	Tamil Nadu	72	64	80
Satkosia	Odisha	3	2	4
Satpura	Madhya Pradesh	26	22	30
Similipal	Odisha	17	14	19
Sunderban	West Etengal	68	57	86
Tadoba-Andhari	Maharashtra	51	44	58
Udanti-Sitanadi	Chhattisgarh	4	3	4
Valmiki	Bihar	22	17	26
Total	1586	1343	1820	

* Minimum number of tigers recorded through scat DNA, in these cases a standard error on their estimate was not possible.

Loans Writtenoff by SCBs

2324. SHRI RAJAN VICHARE: Will the Minister of FINANCE be pleased to state:

(a) whether all the Scheduled Commercial Banks (SCBs) wrote off Rupees 2,25,180 crore" of bad loans cumulatively in the five year period ended March 2016 and if so, the details thereof;

(b) whether these write-offs are just technical in nature and an exercise to clean up the balance sheets as these banks can continue to retain the right to recovery from these written off accounts and if so, the details thereof; and

(c) whether the Government is considering to bring in newer mechanisms to deal with these big loans and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As per Reserve Bank of India (RBI) guidelines and policy approved by Bank Boards, non-performing loans, including, inter-alia, those in respect of which full provisioning has been made on completion of four years are removed from the balance-sheet of the bank concerned by way of write-off. As per Reserve Bank of India (RBI) data on global operations, based on annual

returns of Scheduled Commercial Banks (SCBs), the total amount of write-off (including compromise), for the five-year period ended March 2016, was Rs. 2,30,287 crore.

(b) Writing-off of non-performing assets is a regular exercise conducted by banks to clean up their balance sheet, and achieving taxation efficiency. Writing off of loans is done, inter-alia, for tax benefit and capital optimisation. Borrowers of such written off loans continue to be liable for repayment. Recovery of dues takes place on ongoing basis under legal mechanisms, which include, inter-alia, the Securitization and Reconstruction of Financial Assets and Enforcement of Security Interest Act, Debts Recovery Tribunals and Lok Adalats. Therefore, write-off does not benefit borrowers.

(c) RBI has recently introduced a revised framework for resolution of stressed assets, replacing various restructuring schemes to enable transparent and time-bound resolution of high-value stressed accounts. As per this, Resolution Plan needs to be implemented within 180 days. In case of non-implementation lenders shall file insolvency application. Further, in case of restructuring or change in ownership, independent credit evaluation of residual debt of credit rating agencies is required. In addition, under the Public Sector Banks (PSBs) Reforms Agenda announced by the Government in January 2018, PSBs have committed, inter-alia, to ensure for clean lending, strict segregation of roles for appraisal, monitoring and recovery, online processing of loans, clean consortium lending arrangements, Stressed Asset Management verticals for stringent recovery, and clean post-sanction follow-up for loans above Rs. 250 crore.

Strengthening of SFIO

2325. SHRI OM BIRLA:

SHRI RADHESHYAM BISWAS:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) the details of the total sanctioned staff and officers posts in the Serious Fraud Investigation Office (SFIO) during the last three years and the current year;

(b) whether there has been an increase in the cases of Companies Act violations and the white collar

crimes in the past three years wherein the help of SFIO has been taken by the Government and if so, the details thereof;

(c) the number of such cases initiated by the Government on such companies during this and last three years and the progress made therein;

(d) whether there is a shortage of staff and officials in the SFIO due to which the office is not able to perform its functions properly and if so, the details thereof; and

(e) the details of amount sanctioned/allotted to and utilised by SFIO during the above mentioned period?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) The sanctioned posts in Serious Fraud Investigation Office (SFIO) have been as under:-

Financial Year	Total sanctioned posts
2014-15	132
2015-16	132
2016-17	133
2017-18	133

(b) and (c) Number of cases of investigation assigned to SFIO by the Ministry is as under:-

Financial Year	Number of cases
2014-15	71
2015-16	184
2016-17	111
2017-18 (till 28.02.2018)	208

(d) Against 133 sanctioned posts, total 66 posts are presently filled up.

In addition to the above, a total of 35 experts of various fields are presently engaged as consultants.

(e) The details of funds allocated and utilized by SFIO in the last three years, and the current year, are as under:-

Financial Year	BE (Rs. in Crore)	RE (Rs. in Crore)	Expenditure (Rs. in Crore)
2014-15	9.66	10.73	9.84
2015-16	11.56	10.50	10.18
2016-17	13.50	15.18	14.53
2017-18 (till 01.03.2018)	17.37	18.66	13.83

[Translation]

ATM Coverage

2326. SHRI JUGAL KISHORE: Will the Minister of FINANCE be pleased to state:

(a) whether the Government plans to permit more ATM transactions and to install ATM in post offices across the country;

(b) if so, the details thereof;

(c) whether ATM coverage in rural areas of Kashmir is lower than the urban areas of Jammu and Kashmir;

(d) if so, the details thereof; and

(e) the effective steps taken or being taken to extend ATM coverage in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As per Reserve Bank of India (RBI) circular dated 14.8.2014, at least three ATM transactions per month are allowed free, for saving bank account-holder of one bank at the ATMs of other banks in six metro centres. At the locations other than six metro centres, saving bank account-holders of one bank are mandatorily provided with five free transactions per month at the ATMs of other banks. Beyond the prescribed minimum ATM transactions as advised by RBI, banks may decide on number of free ATM transactions.

Department of Posts apprised that it has installed 993 interoperable ATMs under its IT Modernization Project.

(c) and (d) As informed by State Level Bankers Committee (SLBC), Jammu and Kashmir out of total 2446

ATMs of Scheduled Commercial Banks (excluding Bandhan Bank, Small Finance Banks and Payment Banks) and Cooperative Banks, 1177 (48%) ATMs are in rural and semi urban area, as on 31.12.2017.

(e) SLBC, Jammu and Kashmir has informed that banks are laying lot of emphasis on coverage of rural areas as far as ATM deployment is concerned. To supplement the efforts of banks in providing banking services to people in the unbanked / under-banked areas, RBI has permitted non-bank entities to install and operate ATMs, known as White Label ATMs (WLAs), with greater focus on Tier III (population 20,000 to 49,999) to Tier VI centres (population less than 5000).

Panchgavya

2327. DR. BANSHILAL MAHATO: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government has conducted any study/research regarding the products/medicines manufactured from cow urine/cow dung including Panchgavya;

(b) if so, the details and findings thereof;

(c) whether the Government has taken any steps to create a market for products/medicines manufactured from cow urine/cow dung and to promote them;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) and (b) The Central Council for Research in Ayurvedic Sciences (CCRAS) an autonomous body functioning under the Ministry of AYUSH has conducted a scientific study (safety/ toxicity and biological activity) on Panchgavya Ghrita an Ayurvedic formulation in which Cow urine is one of the ingredients.

Further, Council of Scientific & Industrial Research (CSIR) under the Ministry of Science & Technology has also conducted research in related subject areas. The constituent laboratories of CSIR, namely CSIR-Central Institute of Medicinal & Aromatic Plants (CSIRT CIMAP),

Lucknow and CSIR-National Environmental Engineering Research Institute (CSIR-NEERI), Nagpur on cow urine which is one of the component of Panchgavya, in collaboration ' with Go Vigyan Anusandhan Kendra, Nagpur. Research on the bio-enhancing properties of cow urine distillate (Go-mutra) on anti-infective and anti-cancer agents was carried out by CSIR-CIMAP. The pharmaceutical composition containing cow urine distillates as an anti-oxidant was studied at CSIR-NEERI. The research was based on Redistilled Cow's Urine Distillate (RCUD). CSIR-National Botanical Research Institute (CSIR-NBRI) has undertaken basic research on three ingredients of Panchgavya namely Godugdha (milk), Gomaya (dung), and Gomutra (urine).

(c) At present, no such proposal is under consideration.

(d) and (e) Does not arise in view of answer to part (c) above.

[English]

Promotion of AYUSH

2328. SHRI HARIOM SINGH RATHORE: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government is attempting to develop and promote India as a global hub for treatment of diseases through AYUSH;

(b) if so, the details thereof; and

(c) the key policy initiatives adopted by the Government for popularizing AYUSH treatments in India?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) and (b) Yes. The Ministry of AYUSH undertakes various measures to develop and promote India as global hub for treatment of diseases through AYUSH systems.

The measures taken are below:

(i) Signing of Country to Country Memoranda of Understanding (MoUs) on Cooperation in the field of Traditional Medicine;

(ii) Setting up of AYUSH Academic Chairs in Foreign Universities/Institutes;

(iii) Signing of MoUs for 'Undertaking Collaborative Research' to enhance the acceptability of AYUSH systems at International level;

(iv) Setting up of AYUSH Information Cells in the premises of the Indian Missions/ICCR Cultural Centres for dissemination of authentic information;

(v) Organization / participation in International exhibitions/conferences/ workshops/ seminars/ road shows/ trade fairs, etc. to create awareness amongst the local population;

(vi) Providing incentives to AYUSH drug manufacturers/ entrepreneurs/ AYUSH institutions, etc. for

(a) participating in International exhibitions/ conferences/ workshops/ seminars/ road shows/ trade fairs, etc. for generating awareness amongst the participating public about the AYUSH systems of medicine and;

(b) registration of AYUSH products with regulatory authorities of the foreign countries.

In addition to these, the external therapies like Thokkanam (Physical Manipulation. Therapy), Fomentation (Ottadam), Leech Therapy (Attai viduthal), Fumigation (Vethu) etc., and varmam (Pressure manipulation therapy) is widely provided globally in health care system. Further, in order to establish and propagate the special therapies of Siddha system of medicine and treatment in Malaysia, a module for Varmam treatment has been developed and provided to Govt. of Malaysia by Central Council for research in Siddha (CCRS), an autonomous body under the Ministry of AYUSH.

(c) To popularise AYUSH treatment in India, the details of the policy initiatives of the Government are as under:

- (i) Implementation of National AYUSH Mission (NAM) which envisages better access to AYLTS services; strengthening of AYUSH educational institutions, facilitate the enforcement of quality control of Ayurveda, Siddha and Unani & Homoeopathy (ASU &H) drugs and sustainable availability of ASU & H raw-materials by promotion of medicinal plants cultivation in the States/UTs.
- (ii) Provision of quality standards of ASU&H drugs to promote safe use of AYUSH medicines.
- (iii) Organization of Arogya Fairs / Melas, Conference, Exhibitions, Seminars, Workshops, Symposium and also publicity through electronic multimedia, print media campaigning for awareness amongst the citizens all over the country.
- (iv) Providing of financial assistance to the various research organizations for conducting the research in AYUSH system of Medicine.
- (v) Celebration of each stream of AYUSW on a specified date, viz. Ayurveda day, Yoga day, Unani day, Siddha day and Homoeopathy day.
- (vi) National level Institutes under different systems of AYUSH are being established in different parts of the country to promote the AYUSH based research as well as to provide AYUSH health services at tertiary level.

GST on Hearing Implant Accessories

2329. DR. SHASHI THAROOR: Will the Minister of FINANCE be pleased to state:

(a) whether the cochlear implant accessories are covered within the definition of "Assistive devices" as mentioned in Serial Number 257 of Schedule IV of the GST Rates, as they have not been separately enumerated in List-III appended to the schedule, if so, the details thereof;

(b) if not, the rate of GST applicable on cochlear implant accessories;

(c) whether the Government considers exempting these products from taxation in view of the fact that cochlear implant accessories and cochlear implants are essential for those who have hearing difficulties; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) The artificial electronic ear also called as Cochlear implant attracts 5% concessional GST rate [CGST of 2.5% under S. No. 257 of Schedule I of the notification No. 1/2017-Central Tax (Rate) dated 28.06.2017 and corresponding SGST of 2.5%]. The accessories of cochlear implants will attract the applicable GST rates.

(c) and (d) At present, there is no proposal to exempt the accessories of cochlear implants from GST.

Domestic Capital Investment

2330. SHRI SANKAR PRASAD DATTA: Will the Minister of FINANCE be pleased to state:

(a) the details of total domestic capital investment and foreign capital investment separately during the last three years;

(b) whether the Government has plans to encourage domestic capital investments and if so, the details thereof;

(c) the measures taken or proposed to be taken by the Government to increase domestic capital investment; and

(d) whether adequate steps have been taken to strengthen economic credentials and make India strongest economics of the world and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) The details on Gross Capital Formation of the economy for the last three years are as under:-

Year	2014-15	2015-16	2016-17
Gross Capital Formation At current prices	41,79,779	44,42,347	46,71,426
(in Rs. Crore) At constant (2011-12) prices	36,59,763	39,24,530	40,84,802

The details of FDI inflow reported during the last three years are as under:-

Year	2014-15	2015-16	2016-17
FDI Inflow (in US\$ billions)	45.15	55.56	60.08

(b) to (d) Government has taken various initiatives to boost investment and growth of the economy which, inter-alia, include; fillip to manufacturing, concrete measures for transport and power sectors as well as other urban and rural infrastructure, comprehensive reforms in the foreign Direct Investment (FDI) policy and special package for textile industry. Initiatives and various facilitation measures under flagship programmes like Make-in-India, Start-up India, Stand-up India, Skill India and Digital India would improve the attractiveness and competitiveness of India globally and would help to develop a fresh investment cycle. The government has also launched a phased program for bank recapitalization, which entails infusion of capital to the public sector banks, to encourage banks to enhance lending. The Insolvency and Bankruptcy Code has been enacted and the National Company Law Tribunal established to achieve insolvency resolution in a time bound manner. The introduction of the Goods and Services Tax (GST) has provided a significant opportunity to improve growth momentum by reducing barriers to trade, business and related economic activities.

Budget 2018-19 included various measures to provide a push to the economy, which among others, include major push to infrastructure via higher allocation to rail & road sector, reduced corporate tax rate of 25 per cent for companies with turnover up to Rs. 250 crore which is expected to help 99 per cent of MSMEs, formulation of a policy on Gold, monetization of CPSE assets and using Fintech for enabling access to finance for MSMEs, among others. Government also announced various measures in the Budget 2017-18 to promote growth in the economy which includes push to infrastructure development by giving infrastructure status to affordable housing, higher allocation to highway

construction, and focus on coastal connectivity and launch of the Bharatmala Pariyojana for highways development.

National Pharmaceutical Policy, 2017

2331. SHRIMATI RAKSHATAI KHADSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government proposes any measures for uniform implementation of provisions of Drugs and Cosmetic Act and the rules throughout the country through Drug Technical Advisory Board (DTAB);

(b) if so, the details thereof;

(c) whether DCGI has suggested a policy for inclusion of some major issues to be considered in drafting the National Pharmaceutical Policy (NPP), 2017; and

(d) if so, the details of the issues suggested for inclusion in NPP, 2017?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Drug Technical Advisory Board (DTAB) in its 77th meeting held on 16.06.2017, agreed to various recommendations of Drugs Consultative Committee (DCC) held on 16.06.2017 such as minimum experience for Licensing Authorities, creation of Intelligence cell at each State, deputation of State regulatory officials to the Central regulatory system & vice versa, cadre restructuring in Drugs Controlling Authorities etc., for uniform implementation of the provisions of Drugs and Cosmetic Act, 1940 and Rules, 1945.

(c) and (d) Draft National Pharmaceutical Policy 2017 has been issued by the Department of Pharmaceuticals. Drugs Controller General (India) [DCG (I)] has not suggested any policy to the Department of

Pharmaceuticals for inclusion of any issues to be considered in drafting the National Pharmaceutical Policy (NPP), 2017.

Diversion of Forest Land

2332. SHRI DILIPKUMAR MANSUKHLAL GANDHI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether his Ministry has received any proposal from National Highways Authority of India seeking revision of diversion of forest land for widening of NH61 (Old NH222) Project between Ahmednagar bypass to KharwandiKasar section of NH-61 (Old NH222) from Km. 232.00 to 284.00 in District Ahmednagar State of Maharashtra;

(b) if so, the details thereof; and

(c) whether the Government has taken any decision on the matter and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) No Madam.

(b) and (c) Does not arise.

[Translation]

Economic Growth

2333. SHRI KAUSHALENDRA KUMAR: Will the Minister of FINANCE be pleased to state:

(a) whether there is a need for bringing economic growth to at least 12-14 per cent for creating employment opportunities and alleviating poverty in the country; and

(b) if so, the details of measures being taken to bring the present growth rate of approximately 7.5 per cent to 12.14 per cent in the next several years and the measures being taken to improve the same and particularly the agricultural growth rate?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) To precisely estimate the level of growth required to create

employment opportunities and alleviating poverty may be difficult. Generally, other things remaining the same, higher growth rate tends to increase employment opportunities and results in poverty alleviation, although one to one correspondence may not be there.

(b) The agenda of promoting economic growth has been the utmost priority of the Government. The Government of India has taken various initiatives to boost the growth of the economy which, inter-alia, include; fillip to manufacturing, concrete measures for transport and power sectors as well as other urban and rural infrastructure, comprehensive reforms in the foreign direct investment policy and special package for textile industry. The Government has launched a phased programme for bank recapitalization. This entails infusion of capital to the public sector banks, which is expected to encourage banks to enhance lending. The Insolvency and Bankruptcy Code was enacted to achieve insolvency resolution in a time bound manner. To implement the Code, the National Company Law Tribunal was established. The introduction of the Goods and Services Tax (GST) has provided a significant opportunity to improve growth momentum by reducing barriers to trade, business and related economic activities. Government had announced various measures in the Budget 2017-18 to promote growth in the economy which, among others, includes push to infrastructure development by giving infrastructure status to affordable housing, higher allocation to highway construction, and focus on coastal connectivity. For highways development the Bharatmala Pariyojana has been launched.

The Budget 2018-19 particularly focused on rural economy via emphasis on rural housing, rural infrastructure and emphasis on job creation. The programmes/schemes such as Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Deendayal Antyodaya Yojana -National Rural Livelihoods Mission, National Urban Livelihoods Mission, Swachh Bharat Mission, National Social Assistance Programme, Pradhan Mantri Awas Yojana, Pradhan Mantri Jan-Dhan Yojana, Skill India, Make in India, MUDRA, etc. are being implemented to provide direct and indirect boost on GDP growth and create employment opportunities.

To accelerate agricultural growth rates Government has been steadily increasing the volume of institutional

credit for agriculture sector, planning to create better market for agriculture produce, developing and upgrading rural haats into Gramin Agricultural Markets, etc. In addition, schemes such as Pradhan Mantri Fasal Bima Yojana, Pradhan Mantri Krishi Sinchai Yojana, Soil Health Card, etc. are being implemented to improve agricultural productivity and to reduce production risks in agriculture. The Budget 2018-19 has also focused on strengthening agriculture sector by keeping the Minimum Support Price (MSP) of unannounced kharif crops at least one and half times of their production cost.

[English]

Air Pollution Abatement Programme

2334. DR. HEENA VIJAYKUMAR GAVIT:

SHRI RAJEEV SATAV:

SHRI DHANANJAY MAHADIK:

SHRI P.R. SUNDARAM:

DR. J. JAYAVARDHAN:

SHRI MOHITE PATIL VIJAYSINH

SHANKARRAO:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has decided to launch dedicated air pollution abatement programme, if so, the details thereof and the aims and objectives thereto;

(b) the number of cities to be covered under this programme;

(c) the criteria fixed by the Government to select cities for this programme;

(d) whether the Government has set any target to reduce pollution level in these cities and if so, the details thereof; and

(e) the other steps taken by the Government to achieve the target fixed under National Clean Air Programme?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) The government has formulated National Clean Air Programme (NCAP) as a

long term time bound national level strategy to tackle the increasing air pollution problem across the country in comprehensive manner. The overall objective is comprehensive management plan for prevention, control and abatement of air pollution besides augmenting and evolving effective ambient air quality monitoring network across the country. The NCAP focuses on collaborative and participatory approach comprising all sources of pollution and coordination between relevant Central Ministries, State Governments, local bodies and other stakeholders.

(b) and (c) Hundred (100) non-attainment cities have been selected for implementation of NCAP. These non-attainment cities have been identified by Central Pollution Control Board (CPCB) on the basis of ambient air quality data obtained (2011-2015) under National Air Quality Monitoring Programme (NAMP) and in which the prescribed National Ambient Air Quality Standards (NAAQS) are violated continuously for five years.

(d) and (e) In addition to formulation of city section action plans, the NCAP has many additional peripheral components viz. Technical Assessment Cell, sharing of international best practices, awareness and capacity building, source apportionment studies, plantation drive etc to support the time bound implementation of these action plans.

Retirement Age of Doctors

2335. DR. P. VENUGOPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any proposal to raise the retirement age of doctors working in health set ups under various Ministries and departments, other than doctors of the CGHS from 62 to 65 years; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Government has approved the enhancement of age of superannuation of doctors other than Central Health Service (CHS) to 65 years issued vide this Ministry's Office Memorandum dated 30.09.2017.

Further, Ministry of Personnel, Public Grievances and Pensions, Department of Personnel and Training vide Notification dated 16.01.2018, Government has amended clause (bb) in rule 56 of the Fundamental Rules, 1922 enhancing the age of superannuation of the following cadres of doctors to 65 years:

- (1) General Duty Medical Officers and Specialists included in Teaching, Non-Teaching and Public Health sub-cadres of Central Health Service;
- (2) AYUSH doctors;
- (3) Civilian doctors under Directorate General of Armed Forces Medical Services;
- (4) Medical officers of Indian Ordnance Factories Health Services;
- (5) Dental doctors working under Ministry of Health and Family Welfare;
- (6) Doctors of Indian Railways Medical Service and dental doctors under Ministry of Railways; and
- (7) Doctors of General Duty Medical Officers sub-cadre of Central Armed Police Forces and Assam Rifles and Specialist Medical officers of Central Armed Police Forces and Assam Rifles.

[Translation]

Ayurveda Hospitals in Rented Buildings

2336. SHRI BHAIRON PRASAD MISHRA: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) the places in Uttar Pradesh where Government ayurvedic hospitals are being run in rented buildings;

(b) whether the Government has decided to shift the said hospitals from all such rented buildings and if so, the details thereof; and

(c) whether the people of that region will face inconvenience due to the said decision, if so, the details thereof and the contemplation done in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (c) Public health is a State subject and the running of Government Ayurvedic hospitals in the States are under the domain of respective Government. However, as per the information received from the State of Uttar Pradesh, the places where Government Ayurvedic hospitals are being run in rented buildings is given in the enclosed Statement. Further, State Government of Uttar Pradesh has decided to shift the rural AYUSH hospitals including Ayurvedic hospitals which are being run in rented building to nearby Primary Health Centers. Thus, the public will get treatment of different systems of medicine including Ayurveda under one roof.

Statement

List of Ayurvedic Hospital running in rented building in the State of Uttar Pradesh

Sl. No.	District	No. of Hospital
1	2	3
1.	Agra	7
2.	Aligarh	5
3.	Allahabad	8
4.	Ambedkar Nagar	29
5.	Amethi	7
6.	Amroha	4
7.	Auraiya	5
8.	Azamgarh	25
9.	Badaun	4
10.	Bagpat	4
11.	Bahraich	12
12.	Ballia	35
13.	Balrampur	17
14.	Banda	7
15.	Barabanki	11
16.	Bareilly	5

1	2	3	1	2	3
17.	Basti	15	47.	Lakhimpur Kheri	15
18.	Bijnor	5	48.	Lalitpur	10
19.	Bulandshahr	21	49.	Lucknow	23
20.	Chandauli	8	50.	Maharajganj	11
21.	Chitrakoot	4	51.	Mahoba	2
22.	Devaria	19	52.	Mainpuri	1
23.	Etah	3	53.	Mathura	5
24.	Etawah	4	54.	Mau	13
25.	Faizabad	11	55.	Meerut	8
26.	Farrukhabad	0	56.	Mirzapur	21
27.	Fatehpur	6	57.	Moradabad	8
28.	Firozabad	2	58.	Muzaffarnagar	8
29.	Gautam Buddha Nagar	8	59.	Pilibhit	17
30.	Ghaziabad	7	60.	Pratapgarh	25
31.	Ghazipur	19	61.	Raebareli	15
32.	Gonda	14	62.	Rampur	4
33.	Goraldipur	26	63.	Saharanpur	9
34.	Hamirpur	6	64.	Sambhal	4
35.	Hapur	2	65.	Sant Kabir Magar	8
36.	Hardoi	12	66.	Bhadohi	1
37.	Hathras		67.	Shahjahanpur	28
38.	Jalaun	14	68.	Shanili	2
39.	Jaunpur	18	69.	Shravasti	3
40.	Jhansi	8	70.	Siddharthnagar	24
41.	Kannauj	2	71.	Sitapur	12
42.	Kanpur Deliat	5	72.	Sonbhadra	4
43.	Kanpur Najjar	10	73.	Sultanpur	13
44.	Kasgang	6	74.	Unnao	15
45.	Kaushambi	1	75.	Varanasi	11
46.	Kushinagar	9		Total	772

Shortage of Staff in PHCs/CHCs

2337. KUMARI SUSHMITA DEV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the number of Primary Health Centres (PHCs) and Community Health Centres (CHCs) running in the country under National Rural Health Mission (NRHM) as on date, State/ UT-wise;

(b) the percentage of population covered by PHCs and CHCs services;

(c) whether there is an acute shortage of Doctors, lab technicians, nursing staff, pharmacists and mother health workers in PHCs and CHCs in the country including Churu district of Rajasthan and if so, the details thereof;

(d) whether people in rural areas are unable to get proper medical facility due to absence of doctors from duty and if so, the details thereof and the reasons therefor;

(e) the steps taken/proposed to be taken to fill the above vacant posts to ensure adequate healthcare facility in rural areas; and

(f) the steps taken to set up PHCs and CHCs all over the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) As per Rural Health Statistics (RHS) 2017, the number of Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the country under National Rural Health Mission (NRHM) State/ UT-wise is given in the enclosed Statement-I. These PHCs & CHCs cover the entire rural population.

(c) and (d) Public health and hospitals being a State subject, The shortage of Doctors/staff in PHCs and CHCs varies from State to State depending upon their policies and context. However, as per Rural Health Statistics (RHS) 2017, there is a shortage of Doctors, lab technicians, nursing staff, pharmacists and other health workers in PHCs and CHCs in the country including Rajasthan as per enclosed Statement-II.

As stated above, public health being a State subject, the primary responsibility to provide health care services lies within the jurisdiction of the respective State/UT

Governments, including availability of Doctors, lab technicians, nursing staff, pharmacists and other health workers in PHCs and CHCs, ensuring presence of doctors on duty in health facilities and all administrative and personnel matters pertaining to health human resource. However, under National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engagement of doctors/staff on contractual basis, based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

(e) and (f) To fill the vacant posts to ensure adequate healthcare facility in rural areas this Ministry encourage the doctors to work in remote and difficult areas, the Post Graduate Medical Education Regulations, 2000 has also been amended to provide:

- 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas; and,
- Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Other steps taken to help produce more doctors / specialists include:

- (i) Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.
- (ii) relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.
- (iii) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

(iv) Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country.

(v) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.

The States are also advised from time to time to fill up the vacant posts and formulate rational HR policies.

As stated above, health being a State subject, primary responsibility to provide health care services lies within the jurisdiction of the respective State/UT Governments, including setting up PHCs and CHCs. However, under National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for setting up PHCs and CHCs based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Statement-I

Number of PHCs & CHCs Functioning

Sl. No.	State/UT	(As on 31st March 2017)	
		PHCs	CHCs
1	2	3	4
1	Andhra Pradesh	1147	193
2	Arunachal Pradesh	143	63
3	Assam	1014	158
4	Bihar	1899	150
5	Chhattisgarh	785	169
6	Goa	24	4
7	Gujarat	1392	363
8	Haryana	366	112
9	Himachal Pradesh	538	89
10	Jammu and Kashmir	637	84
11	Jharkhand	297	188

1	2	3	4
12	Karnataka	2359	206
13	Kerala	849	232
14	Madhya Pradesh	1171	309
15	Maharashtra	1814	360
16	Manipur	85	17
17	Meghalaya	109	27
18	Mizoram	57	9
19	Nagaland	126	21
20	Odisha	1280	370
21	Punjab	432	151
22	Rajasthan	2079	579
23	Sikkim	24	2
24	Tamil Nadu	1362	385
25	Telangana	689	114
26	Tripura	93	21
27	Uttarakhand	257	60
28	Uttar Pradesh	3621	822
29	West Bengal	914	349
30	Andaman and Nicobar Islands	22	4
31	Chandigarh	3	2
32	Dadra and Nagar Haveli	9	2
33	Daman and Diu	4	2
34	Delhi	5	0
35	Lakshadweep	4	3
36	Puducherry	40	4
All India		25650	5624

Statement-II*Doctors+ at Primary Health Centres*

(As on 31st March, 2017)

Sl. No.	State/UT	Required1 [R]	Sanctioned [S]	In Position [P]	Vacant [S-P]	Shortfall [R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	1147	1952	1644	308	*
2	Arunachal Pradesh	143	NA	122	NA	21
3	Assam	1014	NA	1048	NA	*
4	Bihar #	1899	2078	1786	292	113
5	Chhattisgarh	785	798	341	457	444
6	Goa	24	48	56	*	*
7	Gujarat	1392	1769	1229	540	163
8	Haryana	366	687	429	258	*
9	Himachal Pradesh	538	636	492	144	46
10	Jammu and Kashmir	637	1347	704	643	*
11	Jharkhand	297	569	331	238	*
12	Karnataka	2359	2359	2136	223	223
13	Kerala	849	1120	1169	*	*
14	Madhya Pradesh	1171	1771	954	817	217
15	Maharashtra	1814	3009	2929	80	*
16	Manipur	85	238	194	44	*
17	Meghalaya ##	109	128	112	16	*
18	Mizoram ###	57	152	56	96	1
19	Nagaland	126	108	122	*	4
20	Odisha	1280	1285	940	345	340
21	Punjab	432	593	568	25	*
22	Rajasthan	2079	2664	2382	282	*
23	Sikkim	24	NA	30	NA	*
24	Tamil Nadu	1362	2927	2759	168	*
25	Telangana	689	1318	966	352	*
26	Tripura	93	0	156	*	*

1	2	3	4	5	6	7
27	Uttarakhand	257	386	215	171	42
28	Uttar Pradesh	3621	4509	2209	2300	1412
29	West Bengal	914	1390	918	472	*
30	Andaman and Nicobar Islands	22	42	34	8	*
31	Chandigarh	3	0	3	*	0
32	Dadra and Nagar Haveli	9	15	8	7	1
33	Daman and Diu	4	3	7	*	*
34	Delhi	5	21	21	0	*
35	Lakshadweep	4	8	8	0	*
36	Puducherry	40	38	46	*	*
All India2/ Total		25650	33968	27124	8286	3027

Notes: # Sanctioned data for year 2011 used# Sanctioned data for year 2015 used

Sanctioned data for year 2013-14 used

NA: Not Available.

+: Allopathic Doctors

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs

*: Surplus.

1 One per Primary Health Centre

Total Specialists at CHCs

Total Specialists [Surgeons, OB&GY, Physicians & Paediatricians]

(As on 31st March, 2017)

Sl. No.	State/UT	Required1	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	772	533	348	185	424
2	Arunachal Pradesh	252	NA	4	NA	248
3	Assam	632	NA	139	NA	493
4	Bihar	600	NA	82	NA	518
5	Chhattisgarh	676	620	59	561	617
6	Goa	16	5	4	1	12
7	Gujarat	1452	611	92	519	1360
8	Haryana	448	74	16	58	432
9	Himachal Pradesh	356	NA	12	NA	344

1	2	3	4	5	6	7
10	Jammu and Kashmir	336	344	191	153	145
11	Jharkhand	752	424	75	349	677
12	Karnataka	824	824	498	326	326
13	Kerala	928	30	40	*	888
14	Madhya Pradesh	1236	1236	180	1056	1056
15	Maharashtra	1440	823	508	315	932
16	Manipur	68	4	3	1	65
17	Meghalaya	108	3	13	*	95
18	Mizoram	36	33	0	33	36
19	Nagaland	84	NA	8	NA	76
20	Odisha	1480	884	318	566	1162
21	Punjab	604	593	203	390	401
22	Rajasthan	2316	1593	497	1096	1819
23	Sikkim	8	NA	1	NA	7
24	Tamil Nadu	1540	NA	78	NA	1462
25	Telangana	456	284	125	159	331
26	Tripura	84	0	0	0	84
27	Uttarakhand	240	200	41	159	199
28	Uttar Pradesh	3288	2099	484	1615	2804
29	West Bengal	1396	669	117	552	1279
30	Andaman and Nicobar Islands	16	9	0	9	16
31	Chandigarh	8	9	15	*	*
32	Dadra and Nagar Haveli	8	0	0	0	8
33	Daman and Diu	8	2	0	2	8
34	Delhi	0	0	0	0	0
35	Lakshadweep	12	0	0	0	12
36	Puducherry	16	4	5	*	11
All India ^{2/} Total		22496	11910	4156	8105	18347

Notes:

NA: Not Available.

1 Four per Community Health Centre

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/ UTs

*: Surplus.

2 For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, are excluded

Laboratory Technicians at PHCs & CHCs

(As on 31st March, 2017)

Sl. No.	State/UT	Required ¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	1340	1174	779	395	561
2	Arunachal Pradesh	206	NA	123	NA	83
3	Assam #	1172	860	1202	*	*
4	Bihar	2049	683	611	72	1438
5	Chhattisgarh	954	956	727	229	227
6	Goa	28	45	41	4	*
7	Gujarat	1755	1756	1704	52	51
8	Haryana	478	549	367	182	111
9	Himachal Pradesh	627	300	160	140	467
10	Jammu and Kashmir	721	826	796	30	*
11	Jharkhand ##	485	515	250	265	235
12	Karnataka	2565	1790	1532	258	1033
13	Kerala	1081	324	365	*	716
14	Madhya Pradesh	1480	1808	1378	430	102
15	Maharashtra	2174	1474	1308	166	866
16	Manipur	102	102	70	32	32
17	Meghalaya ###	136	118	162	*	*
18	Mizoram ^	66	92	82	10	*
19	Nagaland	147	72	73	*	74
20	Odisha	1650	461	547	*	1103
21	Punjab	583	616	582	34	1
22	Rajasthan	2658	3571	1996	1575	662
23	Sikkim	26	NA	21	NA	5
24	Tamil Nadu	1747	2132	1395	737	352
25	Telangana	803	811	640	171	163
26	Tripura	114	0	91	*	23
27	Uttarakhand	317	106	65	41	252

1	2	3	4	5	6	7
28	Uttar Pradesh	4443	1331	963	368	3480
29	West Bengal	1263	1360	803	557	460
30	Andaman and Nicobar Islands	26	23	19	4	7
31	Chandigarh ^^	5	8	22	*	*
32	Dadra and Nagar Haveli	11	7	17	*	*
33	Daman and Diu	6	4	6	*	0
34	Delhi	5	5	4	1	1
35	Lakshadweep	7	13	13	0	*
36	Puducherry	44	10	38	*	6
All India/Total		31274	23902	18952	5753	12511

Notes: # Sanctioned data for year 2013 used

Sanctioned data for year 2016 used

Sanctioned data for year 2015 used

^ Total 92 Lab. Technicians sanctioned in the State

^^ Sanctioned data for 2013-14 used

1 One per each Primary Health Centre and Community Health Centre

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs

*: Surplus.

Pharmacists at PHCs & CHCs

(As on 31st March, 2017)

Sl. No.	State/UT	Required1	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	1340	1355	994	361	346
2	Arunachal Pradesh	206	NA	89	NA	117
3	Assam #	1172	1284	1384	*	*
4	Bihar ##	2049	989	287	702	1762
5	Chhattisgarh	954	1086	887	199	67
6	Goa	28	53	51	2	*
7	Gujarat	1755	1792	1665	127	90
8	Haryana	478	563	419	144	59
9	Himachal Pradesh	627	594	394	200	233
10	Jammu and Kashmir	721	1137	737	400	*
11	Jharkhand ##	485	515	238	277	247

1	2	3	4	5	6	7
12	Karnataka	2565	2674	2523	151	42
13	Kerala	1081	1036	1102	*	*
14	Madhya Pradesh	1480	1905	1687	218	*
15	Maharashtra	2174	2355	2082	273	92
16	Manipur	102	145	152	*	*
17	Meghalaya ###	136	135	166	*	*
18	Mizoram ^	66	99	59	40	7
19	Nagaland	147	135	101	34	46
20	Odisha	1650	1781	1691	90	*
21	Punjab	583	841	779	62	*
22	Rajasthan	2658	1240	623	617	2035
23	Sikkim	26	NA	10	NA	16
24	Tamil Nadu	1747	1789	1391	398	356
25	Telangana	803	928	814	114	*
26	Tripura	114	0	148	*	*
27	Uttarakhand	317	325	307	18	10
28	Uttar Pradesh	4443	2952	2883	69	1560
29	West Bengal	1263	1458	1381	77	*
30	Andaman and Nicobar Islands	26	53	49	4	*
31	Chandigarh ^^	5	16	21	*	*
32	Dadra and Nagar Haveli	11	10	12	*	*
33	Daman and Diu	6	5	7	*	*
34	Delhi	5	7	7	0	*
35	Lakshadweep	7	16	16	0	*
36	Puducherry	44	42	37	5	7
All India/Total		31274	29315	25193	4582	7092

Notes: # Sanctioned data for the year 2013 used

Sanctioned data for the year 2016 used

Sanctioned data for the year 2015 used

^^ Sanctioned data for the year 2013-14 used

^ Total 99 Pharmacists sanctioned in the State

1 One per each Primary Health Centre and Community Health Centre

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

*: Surplus.

NA: Not Available.

Health Worker [Female] / ANM at Sub Centres & PHCs

(As on 31st March, 2017)

Sl. No.	State/UT	Required ¹ [R1]	Sanctioned [S]	In Position [P]	Vacant [S-P]	Shortfall ¹ [R1-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	8605	14317	12073	2244	*
2	Arunachal Pradesh	455	NA	481	NA	*
3	Assam #	5635	5962	9056	*	*
4	Bihar	11848	NA	23390	NA	*
5	Chhattisgarh	5971	5983	6834	*	*
6	Goa	238	259	195	64	43
7	Gujarat	10474	10549	8859	1690	1615
8	Haryana	2955	5108	4432	676	*
9	Himachal Pradesh	2621	2246	1786	460	835
10	Jammu and Kashmir	3604	4886	4737	149	*
11	Jharkhand	4145	3957	7933	*	*
12	Karnataka	11740	9919	7152	2767	4588
13	Kerala	6229	7929	7950	*	*
14	Madhya Pradesh	10363	13720	11546	2174	*
15	Maharashtra	12394	18636	12135	6501	259
16	Manipur	506	1065	923	142	*
17	Meghalaya #	545	1118	1075	43	*
18	Mizoram ##	427	405	640	*	*
19	Nagaland ###	522	539	569	*	*
20	Odisha	7968	6688	8084	*	*
21	Punjab	3382	5190	4893	297	*
22	Rajasthan	16485	21623	16211	5412	274
23	Sikkim \$	171	219	196	23	*
24	Tamil Nadu	10074	10074	7957	2117	2117
25	Telangana	5486	9655	7848	1807	*
26	Tripura #	1080	476	720	*	360
27	Uttarakhand	2104	2186	2083	103	21

1	2	3	4	5	6	7
28	Uttar Pradesh	24142	27449	31716	*	*
29	West Bengal	11283	20500	18449	2051	*
30	Andaman and Nicobar Islands	145	350	336	14	*
31	Chandigarh	20	24	39	*	*
32	Dadra and Nagar Haveli	80	36	90	*	*
33	Daman and Diu	30	45	46	*	*
34	Delhi	15	40	33	7	*
35	Lakshadweep	18	47	51	*	*
36	Puducherry	121	188	189	*	*
All India/ Total		181881	211388	220707	28741	10112

Notes:

NA - Not Available

Sanctioned data for 2015 used

Sanctioned data for 2016 used

Total 405 number of ANMs sanctioned in the State

\$ Sanctioned data for year 2011 used

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

*: Surplus.

1 Requirement based on norm of one ANM per each existing Sub Centre & PHC

Health Assistants [Female] / LHV at PHCs

(As on 31st March, 2017)

Sl. No.	State/UT	Required ¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	1147	1264	1143	121	4
2	Arunachal Pradesh	143	NA	6	NA	137
3	Assam\$	1014	379	308	71	706
4	Bihar#	1899	850	95	755	1804
5	Chhattisgarh	785	800	640	160	145
6	Goa	24	16	9	7	15
7	Gujarat	1392	1771	1218	553	174
8	Haryana	366	337	273	64	93
9	Himachal Pradesh	538	146	0	146	538
10	Jammu and Kashmir	637	154	99	55	538

1	2	3	4	5	6	7
11	Jharkhand ##	297	327	16	311	281
12	Karnataka	2359	1449	1089	360	1270
13	Kerala	849	13	13	0	836
14	Madhya Pradesh	1171	1171	963	208	208
15	Maharashtra	1814	2392	1801	591	13
16	Manipur	85	75	59	16	26
17	Meghalaya ###	109	67	72	*	37
18	Mizoram ^	57	85	19	66	38
19	Nagaland	126	13	24	*	102
20	Odisha ##	1280	1162	559	603	721
21	Punjab	432	489	502	*	*
22	Rajasthan	2079	2070	1106	964	973
23	Sikkim #	24	24	12	12	12
24	Tamil Nadu	1362	1362	991	371	371
25	Telangana	689	1111	944	167	*
26	Tripura	93	0	33	*	60
27	Uttarakhand	257	192	155	37	102
28	Uttar Pradesh	3621	3781	1916	1865	1705
29	West Bengal	914	200	157	43	757
30	Andaman and Nicobar Islands	22	20	20	0	2
31	Chandigarh	3	0	3	*	0
32	Dadra and Nagar Haveli	9	0	0	0	9
33	Daman and Diu	4	0	0	0	4
34	Delhi	5	14	9	5	*
35	Lakshadweep	4	1	1	0	3
36	Puducherry	40	13	12	1	28
All India/2 Total		25650	21748	14267	7552	11712

Notes: * Surplus

Sanctioned data for year 2011 used

Sanctioned data for year 2016 used

Sanctioned data for year 2015 used

^ Sanctioned data for year 2013-14 used

\$ Sanctioned and In position data used for the year 2015 & 2016 respectively

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs

1 One per Primary Health Centre

2 For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded

NA: Not Available.

Health Assistant [Male] at PHCs

(As on 31st March, 2017)

Sl. No.	State/UT	Required1 [R]	Sanctioned [S]	In Position [P]	Vacant [S-P]	Shortfall [R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	1147	0	0	0	1147
2	Arunachal Pradesh	143	NA	81	NA	62
3	Assam	1014	NA	106	NA	908
4	Bihar #	1899	649	212	437	1687
5	Chhattisgarh	785	588	425	163	360
6	Goa	24	0	0	0	24
7	Gujarat	1392	1473	933	540	459
8	Haryana	366	206	153	53	213
9	Himachal Pradesh	538	108	46	62	492
10	Jammu and Kashmir	637	50	26	24	611
11	Jharkhand ##	297	327	33	294	264
12	Karnataka	2359	5861	3252	2609	*
13	Kerala	849	2186	2186	0	*
14	Madhya Pradesh	1171	1171	543	628	628
15	Maharashtra	1814	1722	1620	102	194
16	Manipur ###	85	74	65	9	20
17	Meghalaya ^	109	81	83	*	26
18	Mizoram ^	57	86	22	64	35
19	Nagaland ###	126	0	53	*	73
20	Odisha	1280	0	0	0	1280
21	Punjab	432	407	268	139	164
22	Rajasthan	2079	119	34	85	2045
23	Sikkim	24	NA	1	NA	23
24	Tamil Nadu	1362	1489	1036	453	326
25	Telangana	689	0	0	0	689
26	Tripura	93	0	23	*	70
27	Uttarakhand	257	66	13	53	244

1	2	3	4	5	6	7
28	Uttar Pradesh	3621	5757	954	4803	2667
29	West Bengal	914	286	73	213	841
30	Andaman and Nicobar Islands	22	11	11	0	11
31	Chandigarh	3	NA	0	NA	3
32	Dadra and Nagar Haveli	9	0	0	0	9
33	Daman and Diu	4	2	2	0	2
34	Delhi	5	0	0	0	5
35	Lakshadweep	4	0	0	0	4
36	Puducherry	40	34	34	0	6
All India2/ Total		25650	22753	12288	10731	15592

Notes:

NA: Not Available.

Sanctioned data for year 2011 used

Sanctioned data for year 2016 used

Data for year 2015 used

^ Sanctioned data for year 2015 used

^^ Sanctioned data for year 2013-14 used

\$ Data used for year 2016

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs
*: Surplus.

1 One per Primary Health Centre

2 For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded

*[Translation]***Proposal for Construction of Anganwadi Centres**

2338. SHRI ARJUN LAL MEENA: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the State of Rajasthan has sent any proposal to the Union Government for the construction of Anganwadi Centres in urban areas;
- (b) if so, the details thereof; and
- (c) the action taken by the Government thereon?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) Yes Madam. However, under the revised scope of Anganwadi Services,

implemented from 1st December, 2017, the central assistance for construction of new Anganwadi buildings has been discontinued.

*[English]***NIMHANS Mental Health Survey**

2339. SHRI GOKARAJU GANGA RAJU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that India is currently facing a possible mental health epidemic and according to NIMHANS's mental health survey, which shows that 10 per cent of Indians have mental health problems;
- (b) if so, the details thereof;
- (c) the corrective measures taken/ proposed to be taken by the Government for providing treatment facilities to those suffering from mental disorders;

(d) whether it is also true that there is an acute shortage of mental health professionals in the country;

(e) if so, the reasons therefor; and

(f) whether any goal has been set to control the disease by 2022 and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) As per the National Mental Health Survey conducted by the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore in 12 States, the prevalence of mental disorders including common mental disorders, severe mental disorders, and alcohol and substance use disorders (excluding tobacco use disorder) in adults over the age of 18 years is about 10.6%.

(c) To address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) since 1982. Under this Programme, the Government is supporting implementation of the District Mental Health Programme (DMHP) in 517 districts of the country for detection, management and treatment of mental disorders/illness. During the 12th Five Year Plan the DMHP has been restructured to include additional components like suicide prevention services, work place stress management, life skills training and counseling in schools and colleges. Support is also provided for Central/ State Mental Health Authorities, Research and Training and for Information, Education and Communication (IEC) activities etc.

(d) and (e) The estimated requirement and availability of mental health professionals in the country is as under:

Manpower	Requirement	Availability
Psychiatrist	13500	3827*
Clinical Psychologists	20250	898
Psychiatric Social Workers	37000	850
Psychiatric Nurses	3000	1500

* as on 1.1.2015

In order to increase the number of mental health professionals in the country, the Government, under the

NMHP, is implementing manpower development schemes for establishment of Centres of Excellence and strengthening/ establishment of Post Graduate (PG) Departments in mental health specialties. Till date, support has been provided for establishment of 24 Centres of Excellence and strengthening/ establishment of 46 Post Graduate (PG) Departments in mental health specialties in the country.

(f) No such goal has been set to control the disease by 2022.

Climate Change Treaty Ratification Instrument

2340. SHRI S.P. MUDDAHANUME GOWDA:
SHRI B.V. NAIK:

Will the Minister of ENVIRONMENT,, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of Climate Change Treaty ratification instrument submitted by the Government;

(b) whether the Government has finalized year-wise roadmap for the energy requirements based on energy sources;

(c) if so, the details thereof and if not, the reasons therefor;

(d) whether the cost of energy for the consumers is going to rise because of the treaty; and

(e) if so, the details thereof and the steps taken/ being taken to protect the interests of consumers?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) India ratified United Nations Framework Convention on Climate Change (UNFCCC) on 1st November 1993. Under the Convention, India ratified Kyoto Protocol on 26th August 2002; Doha Amendment to the Kyoto Protocol on 8th August 2017; and Paris Agreement on 2nd October 2016.

(b) and (c) Energy requirement in the country is projected from time to time and steps are taken to meet demand from various sources. India has target of achieving 175 GW installed capacity of renewable energy by 2022

which includes 100 GW from solar, 60 GW from wind, 10 GW from biomass and 5 GW from small hydro, power for all by 2022, 10% reduction of oil and gas import dependence by 2022 from 2014-15 levels and provision of clean cooking fuels, etc. NITI Aayog has also made projections on country's requirements and released a report on India's Renewable Electricity Roadmap 2030. Further, Central Electricity Authority has worked out projections on electric energy requirement (utilities) for the years 2018-19 to the year 2026-27 in their 19th Electric Power Survey Report, 2017.

(d) and (e) The cost of energy for consumers is determined by the rapidly changing market forces. The compliance to climate change treaty requires greater emphasis on renewable energy. The cost of renewable energy in India has come down significantly in recent years.

Environmental Projects

2341. DR. P.K. BIJU: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government encourages Non-Governmental Organisations (NGOs) for participation in environmental projects and to spread environmental awareness in the country;

(b) if so, the details thereof and the criteria fixed for NGOs for the purpose;

(c) the details of the NGOs in the country receiving grants under various schemes under his Ministry during the last three years and the current year, State/UT-wise;

(d) the details of schemes along with the amount sanctioned against each of these schemes during the said period, State/UT-wise; and

(e) whether cases of irregularities regarding misuse of funds have been reported and if so, the details thereof along with the action taken thereon?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Yes Madam.

(b) The grants for environmental projects under various Schemes are sanctioned as per guidelines of respective Schemes dealt by this Ministry. The projects are selected on merit basis. The salient features of the Grants-in-Aid Scheme for Voluntary agencies/NGOs being implemented by this Ministry are as under:-

- (i) Research and Development Scheme: To generate information and knowledge required for developing policies, strategies, action plans from outcomes of R&D projects.
- (ii) Clean Technology Scheme: To minimize the generation of waste streams in the production processes and utilize waste from other consumption goods and production processes.
- (iii) Centre of Excellence Scheme: To provide selective support to the Universities reputed institutions including NGOs and other scientific and technological institutions to develop into advanced centres in a particular subject.
- (iv) National Environment Awareness Scheme: Financial assistance to NGOs, schools, colleges, etc. for generating awareness and action oriented activities.
- (v) Wildlife Crime Control Bureau Scheme: Intelligence gathering and dissemination for coordinated efforts for inter state wildlife crime control, coordination with national/international agencies and capacity building for the above activities.
- (vi) Environmental Information System (ENVIS) Scheme: A comprehensive web-enabled, content based interactive, information network spread across ENVIS Hubs and Resource Partners (RPs) who are also engaged in expanding the Green Skill Development Programme (GSDP), a new initiative of the Ministry.
- (vii) National Mission on Himalayan Studies: To support the sustenance and enhancement of the ecological, natural, cultural and socio-economic capital assets and values of the Indian Himalayan Region.

(viii) Integrated Eco-development Research Programme: to provide extra mural funds to different Universities/Institutions/NGOs/Voluntary Agencies for support of location specific R&D activities in the Indian Himalayan Region.

(ix) Animal Welfare Scheme: To provide financial assistance to NGOs/Animal Welfare Organisations for establishment and

maintenance of shelter houses/sterilization and immunization of stray dogs/providing animals rescue vehicles/providing relief to animals affected during natural calamities.

(c) and (d) Details of grants released to Non Governmental Organisations (NGOs)/ Voluntary Agencies, Scheme-wise and State/UT-wise are enclosed Statement.

(e) Nil.

Statement

Details of Grants released to NGOs under Research & Development Scheme (R&D) from 2014-2015, 2015-16, 2016-17 and 2017-18

Sl. No.	State	Name of NGO receiving Grants	Funds released during last three years and current year (in Rs.)			
			2014-15	2015-16	2016-17	2017-18
1.	Uttarakhand	Centre for Ecology Development & Research, Dehradun	7,54,000	-	5,53,880	3,55,240
2.	Karnataka	Institute of Ayurveda and Integrative Medicine, FRLHT, 74/2, Jarakabande Kavak, Attur PO, Via Yelkahanka, Bangalore.	3,85,000	-	6,28,000	-
3.	Maharashtra	M.E.S, Abasaheb Garware College, Karve Road, Pune	6,94,500	6,82,000	5,34,600	-
4.	Tamil Nadu	Loyola College, Chennai	-	47,14,160	-	-
5.	Tamil Nadu	Jamal Mohammad College, Tiruchirappalli	-	1,52,500	-	-
6.	Tamil Nadu	Kalasalingam University	-	-	16,14,000	-
7.	Delhi	* Global Development Foundation, 140, Rosewood Aparments, Sector 13, Dwarka	-	6,00,000	-	-
8.	Delhi	WWF-India, 172-B, Lodhi Estate	-	8,00,000	-	-
9.	Uttarakhand	Graphic Era University, Dehradun	-	-	27,42,730	-
10.	Tamil Nadu	Karunya University, Coimbatore	-	-	18,26,500	-
11.	Tamil Nadu	Amrita Vishwa Vidyapeetham, Coimbatore	-	-	1,32,339	-
12.	West Bengal	Community for Social Work, Shyam Nagar	-	1,90,290	26,39,570	13,16,458
13.	Tamil Nadu	C.P.R. Environmental Education 1 Centre, Eldmas Road, Chennai	4,13,000	4,01,000	2,69,000	

*Details of Grants released to NGOs under Clean Technology Scheme (CT) from
2014-2015, 2015-16, 2016-17 and 2017-18*

Sl. No.	State	Name of NGO receiving Grants	Funds released during last three years and current year (in Rs.)			
			2014-16	2016-16	2016-17	2017-18
1.	Maharashtra	M/S Inventa Infrastructure Pvt. Ltd., Mumbai	30,00,000	-	-	-
2.	Uttar Pradesh	NEER Foundation, Meerut	13,75,000	-	-	-
3.	Uttar Pradesh	M/s Continental Carbon India Ltd., Ghaziabad	70,00,000	-	-	-
4.	Tamil Nadu	M/s Indian Leather Foundation (ILIFO), Chennai	40,00,000	-	-	-
5.	Delhi	Alchemist Technology Pvt. Ltd.	-	9,39,000	-	-
6.	Telangana	Zenith Energy Pvt. Ltd., Hyderabad	-	30,00,000	-	-
7.	Telangana	Sweetech Environs Pvt. Ltd., Secundrabad.	-	-	40,00,000	-

*Details of Grants released to NGOs under Centre of Excellence(CoE) Scheme from
2014-2015, 2015-16, 2016-17 and 2017-18*

Sl. No.	State	Name of N60 receiving Grants	Funds released during last three years and current year (in Rs.)			
			2014-15	2015-16	2016-17	2017-18
1.	Gujarat	Centre for Environment Education, Ahmedabad	11,49,72,000	9,20,50,000	9,09,75,000	-
2.	Tamil Nadu	C.P.R. Environmental Education Centre (CPREEC)	1,61,00,000	1,85,15,000	1,91,00,000	-
3.	Tamil Nadu	Salim Ali Centre for Ornithology and Natural History(SACON)	4,00,00,000	4,27,58,000	6,58,00,000	8,53,00,000
4.	Karnataka	Foundation for Revitalisation of Local Health Traditions (FRLHT), Bengaluru	3,73,35,354	1,35,50,000		

*Details of Grants released to NGOs under National Environment Awareness Scheme (NEAC) from
2014-2015, 2015-16, 2016-17 and 2017-18*

Sl. No.	State	Name of NGO receiving Grants	Funds released during last three years and current year On Rs.)			
			2014-15	2015-16	2016-17	2017-18
1	2	3	4	5	6	7
1.	Uttar Pradesh & Delhi	Indian Environmental Society, Western UP & Delhi	-	71,00,000	-	-
2.	Uttar Pradesh	Shohratgarh Environment Society	-	76,64,502	-	-

1	2	3	4	5	6	7
3.	Rajasthan	Consumer Unity & Trust Society (CUTS)	-	29,23,373	-	-
4.	Bihar	Rural Youth Coordination Centre (RYCC)	-	91,10,000	-	-
5.	Odisha	Animal Welfare Society	-	52,03,555	-	-
6.	West Bengal	Federation of Societies for Environmental Protection (FOSEP) Darjeeling including Siliguri	-	34,50,000	-	-
7.	West Bengal	School of Fundamental Research Foundation West Bengal	-	61,77,129	-	-
8.	Tamil Nadu	CP. Ramaswamy Aiyar Foundation CPRAF	40,81,000	-	-	-
9.	Maharashtra	BAIF Development Research Foundation, Pune	98,87,475	-	-	-
10.	Puducherry	C.P.R. Environmental Education Centre (CPREEC)	-	7,16,000	-	-
11.	Andhra Pradesh	Sri Swarupa Nistha Ashrama Philosophical Welfare Society (SNAPS)	49,56,000	-	-	-
12.	Jharkhand	Baif institute for Rural Vocations and Advancement (BIRVA)	-	29,31,155	-	-
13.	Andhra Pradesh	Deccan Development Society (DDS) Hyderabad	-	32,59,000	-	-
14.	Chhattisgarh	Jan Kalian Parishad	-	11,63,000	-	-
15.	Gujarat	Vikram Sarabhai Centre for Development Interaction	-	83,54,000	-	-
16.	Assam	Assam Science Society	-	58,41,019	-	-
17.	Kerala	Centre for Environment & Development (CED)	-	34,22,525	-	-
18.	Tamil Nadu	Tamil Nadu Peace Trust	-	28,72,000	-	-
19.	Jammu and Kashmir	The NGOs Coordination Federation, Srinagar	-	30,15,000	-	-
21.	Jammu and Kashmir	World Wide Fund for Nature-India-WWF (Jammu)	49,72,104	-	-	-
22.	Karnakata	Karnataka Rajya Vijnana Parishad, KRVP	20,99,592	-	-	-

*Details of Grants released to NGOs under Wildlife Crime Control Bureau Scheme (WLCCB)
from 2014-2015, 2015-16, 2016-17 and 2017-18*

Sl. No.	State	Name of NGO receiving Grants	Funds released during last three years and current year (in Rs.)			
			2014-15	2015-16	2016-17	2017-18
1.	Tamil Nadu	Centre for Herpetology, Madras Crocodile, Bank Trust, Post Bag 4, Mamallapuram.	-	-	77,066	-
2.	Delhi	Inspire Network for Environment S 212, 2nd Floor, Panchsheel Park	-	-	1,52,530	-
3.	Rajasthan	Birds of Prey, Wildlife Conservation of India and Public Welfare Society, Jaipur.	3,65,500	1,82,750	-	-
4.	Tamil Nadu	Care Earth Trust, No 15 (old no 8) 2nd Main Road, Thillaiganganagar, Chennai.	5, 51,178	-	1,99,952	-
5.	Maharashtra	Bombay Natural History Society, Hornbill House, Salim Ali Chowk, Shaheed Bhagat Singh Road, Mumbai.	3,42,262	2,43,900	-	-
6.	Maharashtra	Wildlife Research and Conservation Society, Flat No. 1 A, shriyog Society 127/3 Sus Road, Pashan Pune.	-	-	8,49,850	-

*Details of Grants released to NGOs under Environmental Information System Scheme (ENVIS)
from 2014-2015, 2015-16, 2016-17 and 2017-18*

Sl. No.	State	Name of NGO receiving Grants	Funds released during last three years and current year (in Rs.)			
			2014-16	2015-16	2016-17	2017-18
1	2	3	4	5	6	7
1.	Bihar	Asian Development Research Institute	-	-	-	14,64,744
2.	Delhi	Centre for Media Studies	12,80,268	13,00,536	13,46,806	2,90,201
3.	Delhi	Indian Environmental Society	36,61,726	34,85,453	31,86,761	46,52,277
4.	Delhi	National Solid Waste Association of India	15,57,687	13,00,536	-	-
5.	Delhi	Society for Development Alternatives	2,19,903	40,00,000	12,00,000	6,59,707
6.	Delhi	Sulabh International Institute of Health and Hygiene	12,80,268	13,00,536	15,15,754	2,90,201
7.	Delhi	The Energy and Resources Institute	13,67,268	13,54,536	14,14,381	16,47,868

1	2	3	4	5	6	7
8.	Delhi	World Wide Fund for Nature - India	16,19,641	14,84,036	16,74,891	20,29,184
9.	Gujarat	Centre for Environment Education	12,90,547	4,05,945	10,30,102	-
10.	Gujarat	Consumer Education and Research Centre	12,35,484	9,54,000	10,59,413	16,46,393
11.	Karnataka	Foundation for Revitalization of Local Health Traditions	12,78,113	12,44,481	15,12,596	16,57,807
12.	Maharashtra	Bombay Natural History Society	12,81,268	13,54,536	14,35,754	2,90,201
13.	Maharashtra	Indian Centre for Plastics in the Environment, Mumbai	12,59,712	12,40,541	14,25,764	2,90,201
14.	Nagaland	Nagaland Institute of Health, Environment and Social Welfare	13,59,677	13,00,536	13,88,618.	2,90,201
15.	Tamil Nadu	C. P. R. Environmental Education Centre	12,72,057	12,95,476	13,45,088	16,94,647
16.	Tamil Nadu	Salim Ali Centre for Ornithology and Natural History	9,16,869	12,99,233	14,47,972	6,26,201

Details of Grants released to NGOs under National Mission on Himalayan Studies Scheme (NMHS) from 2014-2015, 2015-16, 2016-17 and 2017-18

Sl. No.	State	Name of NGO receiving Grants	Funds released during last three years and current year (in Rs.)			
			2014-16	2015-16	2016-17	2017-18
1	2	3	4	5	6	7
1.	Uttarakhand	Central Himalayan Environment Association (CHEA), Nainital, Uttarakhand State (all across IHR)	-	-	6,41,00,000	-
2.	Karnataka	Ashoka Trust for Research in Ecology and the Environment (ATREE), Srirampura, Bangalore (all across IHR)	-	-	1,75,00,000	-
3.	Delhi	IUCN, New Delhi (all across IHR)	-	-	5,36,00,000	-
4.	Delhi	Integrated Mountain Initiative [(MI), New Delhi (all across IHR)]	-	-	94,00,000	-
5.	Uttarakhand	Uttarakhand Seva Nidhi, Almora, Uttarakhand State (all across IHR)	-	-	95,00,000	-
6.	Delhi	IRADe, New Delhi (all across IHR)	-	-	1,28,00,000	-
7.	Manipur	FEEDS, Manipur State	-	-	2,23,00,000	-

1	2	3	4	5	6	7
8.	Himachal Pradesh	Himalayan Research Group (HRG), Himachal Pradesh	-	-	87,00,000	-
9.	Uttarakhand	SIMAR, Dewal, Uttarakhand	-	-	28,00,000	-
10.	Uttarakhand	GAURAS, Pauri, Uttarakhand	-	-	34,00,000	-

Details of Grants released to NGOs under Integrated Eco-development Research Programme (IERP) Scheme from 2014-2015, 2015-18, 2016-17 and 2017-18

Sl. No.	State	Name of NGO receiving Grants	Funds released during last three years and current year (in Rs.)			
			2014-15	2015-16	2016-17	2017-18
1	2	3	4	5	6	7
1.	Uttarakhand	Central Himalayan Environment Association (CHEA), Nainitai, Uttarakhand	4,94,000	3,43,273	4,41,200	-
2.	Uttarakhand	Yuva Kalyan Vikas Samiti, Matela, Kosi, Almora, Uttarakhand.	-	1,89,000	-	-
3.	Uttarakhand	Shyam Smriti Van Paryavaran Avam Jan Kalyan Samiti, Bhatwari Road, Uttarkashi	-	1,89,048	-	-
4.	Delhi	Chief Co-ordinator, SANCHAR, B-6/1, Second Floor, Commercial Centre, Safdarjung Enclave, New Delhi.	-	1,57,700	-	-
5.	Uttarakhand	Himalayan Institute for Environment, Ecology and Development (HIFEED), Ranichauri, Tehri Garhwal, Uttarakhand.	-	3,31,406	-	-
6.	Uttarakhand	Green Hills Trust, Kranti Kuteer, East Pokharkhali, Almora	-	3,06,000	-	-
7.	Uttarakhand	HIFEED, Ranichauri, Tehri Garhwal, Uttarakhand.	-	9,83,000	-	-
8.	Uttarakhand	Parvatiya Vikas Evam Shodh Samiti (PVSS), Bageshwar	-	2,51,000	-	-
9.	Uttarakhand	Parvaris Samajik Kalyan Samiti, NTD, Almora	-	3,21,000	-	-
10.	Uttarakhand	Human India, Srikot, Sringar Pauri Garhwal	-	6,14,000	-	-
11.	West Bengal	Darjeeling Society of Education, Research and Development, 3B Kutchery Road, Darjeeling	-	4,40,000	-	-

1	2	3	4	5	6	7
12.	Himachal Pradesh	Management division, IIRD complex, Sanjauli, Shimla	-	1,46,000	-	-
12	Himachal Pradesh	Himalayan Research Group (HRG) Shimla, Umesh Bhavan, Chotta Shimla	-	5,90,000	-	-
14	Uttrakhand	HARC, Indira Nagar, Dehradun	-	-	6,42,000	-
15	Uttrakhand	Lok Prabandh Vikas Sanstha, Sunoli, Almora	-	-	3,40,000	-
16.	Uttrakhand	Centre for business and entrepreneurial Development, Vasant Vihar, Dehradun	-	-	3,72,000	-
17.	Assam	WWF-India, Game Village, Vasistha, Guwahati	-	-	4,45,400	-

[*Translation*]

Cases under NCLT

2342. COL. SONARAM CHOUDHARY: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether cases against many big companies of the country are under consideration of the National Company Law Tribunal (NCLT) and if so, the details thereof; and

(b) whether merger/under acquisition of companies has occurred because of financial crunch due to bank loan during the last four years and the current financial year and if so, the details of its effect on prices?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) A total of 9,073 cases are under consideration in NCLT as on 31.01.2018, including 1,630 cases of Merger and Amalgamation, 2,511 cases of insolvency and 4,932 cases under various other sections of Companies Act, 2013. Companies which are party in these cases have not been categorized as big or small companies.

(b) Merger and acquisition of companies takes place due to variety of reasons. However, no specific data related to financial crunch due to bank loan is maintained.

Time Limit on Currencies of Larger Denominations

2343. SHRI MANSUKHBHAI DHANJIBHAI VASAVA: SHRI GUTHA SUKENDER REDDY:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government is considering to set any time limit on currencies of larger denominations;

(b) if so, the details thereof;

(c) the reasons for the said time limit and the reaction of the Government thereto;

(d) whether the Government is planning to withdraw the 2000 rupee note in the near future; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) No, Madam.

(b) and (c) Doesn't arise.

(d) No, Madam.

(e) Doesn't arise.

[*English*]

DBT

2344. SHRI ARKA KESHARI DEO: Will the Minister of FINANCE be pleased to state:

(a) whether the Direct Benefit Transfer (DBT) of subsidy of various social schemes of the Government into beneficiaries account has saved a large amount of Government money during the last four years; and

(b) if so, the approximate amount of money the Government has save due to the aadhaar link bank account of the beneficiaries during the said period?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Direct Benefit Transfer (DBT) is a Government's major reform initiative to re-engineer the existing delivery processes, ensuring better and timely delivery of benefits using Information & Communication Technology (ICT). Ministries/ Departments have reported savings in social schemes, due to better targeting of beneficiary, curbing of pilferage by de-duplication and elimination of ghost beneficiaries etc.

Wildlife Clearance for River Inter-Linking Project

2345. SHRIMATI KOTHAPALLI GEETHA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether India's first inter-State river inter-linking project was initiated by the National Board for Wildlife;

(b) if so, the details thereof;

(c) whether the wildlife clearance would pave the way for the forest clearance and environment clearance process; and

(d) if so, the details and present status thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) Standing Committee of National Board for Wildlife does not initiate any development project. However, the Wildlife Clearance is required mandatorily for projects inside the Sanctuary and National Park in addition to the Environmental Clearance / Forest Clearance as the case may be. For ESZ / default ESZ (10 km. from the boundary of Sanctuary

and National Park when ESZ is not notified) Wildlife Clearance is required as a condition of Environmental Clearance.

Registration/Renewal of Health Cards

2346. SHRI T.G. VENKATESH BABU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any proposal to do away with the offline process for registration/renewal of the health cards;

(b) if so, the details thereof; and

(c) the time by which the above proposal is likely to be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) Under Rashtriya Swasthya Bima Yojana (RSBY), a smart card is issued to the beneficiaries for availing the benefits of the scheme in offline mode.

In the Budget speech of 2018-19, the Government has announced to launch a flagship National Health Protection Scheme (NHPS) providing coverage upto Rs. 5 lakh per family per year for secondary and tertiary hospitalization. Once NHPS is launched, RSBY will be subsumed in it. The contours of the proposed scheme are yet to be finalized.

Linking of Aadhaar with Pan Cards

2347. SHRI VINCENT H. PALA:

SHRI K. PARASURAMAN:

Will the Minister of FINANCE be pleased to state:

(a) the number of account holders having their Aadhaar linked with PAN Cards and bank account as on date;

(b) whether there exists any security features with regard to Aadhaar linked financial transactions;

(c) if so, the details thereof and if not, the reasons therefor;

(d) the measures taken by the Government to ensure that such sensitive data is not leaked from organizations handling this data; and

(e) whether the targets of 15,300 branches of private and Public Sector Banks to open Aadhaar enrolment and updation centres within their premises have been met, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As per the latest available information as on 05.03.2018, number of Aadhaar cards linked with PAN is 16,65,82,421. Further, as on 02.03.2018, 8779.65 Lakhs Current Accounts and Savings Accounts have been linked with Aadhaar.

(b) Yes, there are number of security features with regard to Aadhaar linked financial transactions as mentioned in response to part c in detail.

(c) Aadhaar linked financial transactions pass through multi-entity model such as, Bank (AUA- Authentication User Agency), NPCI (ASA- Authentication Service Agency) & UIDAI (Authenticate n/Biometric Data Custodian).

Security features as laid down by UIDAI are adhered by each entity for example:

- i. Biometric/authentication data is encrypted using PKI (Public Key Infrastructure). Only, authentication success or failure message is conveyed back to the user.
- ii. The connectivity between bank, NPCI and UIDAI is also through secured encrypted private network.
- iii. UIDAI has issued number of security guidelines, circulars and registered device security specification for AUA, ASA and Technology Solution Provider to comply.

(d) Sharing of information or seeding of Aadhaar information with the authorised agencies is governed as per the provisions of the Aadhaar Act 2016. Section 29 (1) of the Aadhaar Act 2016 read together with Regulation 3(1) of the Aadhaar (Sharing of information) Regulations, 2016 categorically states that no core biometric information, collected or created under the Aadhaar Act, shall be shared with anyone for any reason whatsoever; or used for any purpose other than generation of Aadhaar

numbers and authentication under the Act. Also, Regulation 4(1) of the Aadhaar (Sharing of information) Regulations, 2016 provides that core biometric information collected or captured by a requesting entity from Aadhaar number holder at the time of authentication shall not be shared for any reason whatsoever. Further, Section 30 of the Aadhaar Act, 2016 applies the rigours of the IT Act, 2000 and the rules thereunder whereby Biometric Information is deemed to be Sensitive personal information. Additionally, Chapter VII of the Act lays down monetary penalties and imprisonment for unauthorized sharing of residents' identity information. Any violation to the provisions of The Aadhaar Act is a criminal offence.

(e) As per the latest information available as on 02.03.2018, total of 6811 Aadhaar enrolment/upc at centres are operational in bank branches.

Conservation and Protection of Forests

2348. SHRI M. CHANDRAKASI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has received feedback from various stakeholders on the level of conservation and protection of forests in the country;

(b) the mechanism adopted to ascertain non-inhabitation/encroachment of forest lands, particularly reserved forests by tribal people or criminals;

(c) whether the Government has any proposal to get all protected and other kinds of forests rid of human habitations within the forest areas in a time bound manner, if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) The Ministry has not received any specific feedback from various stakeholders on the level of conservation and protection of forests in the country.

(b) The forest officials of State/Jnion Territory (UT) Forest Departments having jurisdiction of the forest

area concerned, demarcate forest boundaries, erect boundary pillars and undertakes frequent patrolling to ascertain any encroachment of forest lands. The State/UT Forest Departments deal the encroachment issues in forest areas as per the provisions of Indian Forest Act, 1927, Wildlife (Protection) Act, 1972, various acts of State/UT Governments and the rules and regulations made there under.

(c) and (d) Under the Centrally Sponsored Scheme of 'Integrated Development of Wildlife Habitat' and 'Project Tiger', there already exist a provision of voluntary GryA relocation of people residing inside Wildlife Sanctuaries/ National Parks and Tiger Reserves as per the options given below:

Option I - Payment of the entire package amount (Rs. 10 lakhs per family) to the family in case the family opts so, without involving any rehabilitation and relocation process by the Forest Department.

Option II - Carrying out relocation and rehabilitation of village from protected area and tiger reserve by the Forest Department.

The payment of relocation of villages under the scheme is carried out as per the option given by the villagers.

[Translation]

Pollution Controlling Centres

2349. SHRI ALOK SANJAR: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Central Pollution Control Board has any monitoring mechanism with regard to the functioning of pollution controlling centres in Delhi;

(b) if so, the details thereof;

(c) whether there is any proposal to use any modern technique in this regard;

(d) the number of pollution control centres inspected during the last two years in Delhi and the number of centres found involved in irregularities; and

(e) the action taken against the centres which were found involved in irregularities?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Transport Department, Government of National Capital Territory, Delhi is responsible for monitoring the performance of equipments, calibration and manpower at the Pollution Control Centres (PCCs). Central Pollution Control Board, Delhi conducts random audit of these PCCs every year in respect of testing facility available, code of practice, procedure followed, technical skill of operator, instrument calibration and reliability of Pollution Under Control (PUC) Certificates issued. The observations, recorded during auditing of PCCs, are forwarded to Transport Commissioner, Department of Transport, Delhi for necessary action.

(c) Ministry of Road, Transport and Highways has issued draft notification GSR 196 (E) dated 28.02.2018 for the linking of PUC with VAHAN database for proper implementation of PUC regime.

(d) and (e) CPCB audited 68 PCCs during last 02 years and irregularities were found in 24 of these PCCs. The audit reports have been sent to Transport Commissioner, Department of Transport, Delhi for taking necessary action.

Medicine for Mosquito-Borne Diseases

2350. SHRI RAHUL KASWAN: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government has developed any new medicine for mosquito-borne diseases such as Dengue and Chikungunya;

(b) if so, the details thereof and if not, the reasons therefor;

(c) whether the Government is considering to establish Yoga University and de-addiction centres in the country;

(d) if so, the details thereof, State/ UT-wise including Rajasthan; and

(e) the time by which these universities and de-addiction centres are likely to be established?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) The Central Council for Research in Ayurvedic Sciences (CCRAS) an autonomous body functioning under the Ministry of AYUSH has taken up development of a coded drug namely "AYUSH PJ-7" for Dengue through systematic process of drug development.

(b) A preclinical study including quality control and safety studies have been completed and clinical study entitled 'Evaluation of Add on Efficacy & Safety of An Ayurvedic Formulation in the Management of Dengue Fever & Prevention of its complications' has been undertaken.

(c) to (e) There is no proposal with the Central Government to set up any Yoga University. Ayurvedic de-addiction OPD and Counselling facility has been set up at Regional Ayurveda Research Institute for Metabolic Disorders, Bengaluru in association with another CCRAS Institute, Advanced Centre for Ayurveda in Mental Health & Neurosciences, Bengaluru and also National Institute of Mental Health and Neurosciences Bengaluru. The different techniques of Yoga are widely used for de-addiction and rehabilitation of drugs users in de-addiction centres. The practices used are mainly the Shatkriyas, Asanas, Pranayamas and Meditation. However, Ministry of AYUSH has not set up specific de-addiction centres or formulated any guidelines in regard to de-addiction centres.

Consumption of Tobacco Products

2351. SHRI RAMDAS C. TADAS:

SHRI CHANDRA PRAKASH JOSHI:

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

(a) the number of deaths due to consumption of tobacco products during each of the last three years;

(b) the details thereof, State-wise including Rajasthan;

(c) the measures taken by the Government to make the people aware about the injurious effects of tobacco at present;

(d) the funds allocated for the schemes during the last three years;

(e) whether the Government has received any information regarding violation of Government policies in this regard; and

(f) if so, the action being taken by the Government?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) No such specific data is available with this Ministry. However, as per the "Report on Tobacco Control in India" published in 2004, about 8-9 lakhs deaths per year are attributable to tobacco related diseases.

(c) The National Tobacco Control Programme (NTCP) was launched by this Ministry in 2007-08 with one of the objectives to create awareness among people about the harmful effects of tobacco consumption.

Government of India notified rules to regulate films and TV programmes depicting scenes of tobacco usage to spread awareness. Such films and TV programmes are statutorily required to run anti-tobacco health spots, disclaimers and static health warnings.

Further, to spread awareness on adverse impact of consumption of tobacco products, the size of specified health warnings on packages of tobacco and tobacco products has been increased to 85% w.e.f. 1st April, 2016.

The Ministry started National Toll-free Helpline in 2008, with a primary aim to report violations under various provisions of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA, 2003). In addition, this Helpline provides information on harmful effects of consumption of tobacco, and on how to quit tobacco use, including after-effects of quitting tobacco.

The Ministry also started National Tobacco Quitline to provide tobacco cessation services to the community and has launched a pan-India "mCessation" initiative to reach out to tobacco users who are willing to quit tobacco use and to support them towards successful quitting through text-messaging via mobile phones.

The stakeholders are being made aware on a regular basis about the adverse effects of tobacco usage on health through various anti-tobacco campaigns via different mode of communication.

(d) The funds allocated under NTCP for 2014-15, 2015-16 & 2016-17 are Rs. 80.68 crore, Rs. 101.30 crore & Rs. 134.80 crore, respectively.

(e) and (f) It is evident from the Quarterly Reports received under COTPA, 2003 from States/Union Territories that there is violation of various provisions under it and accordingly action is being taken through imposing fine on violators.

[English]

e-Waste

2352. DR. KULAMANI SAMAL: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether increasing amount of e-waste has posed a bigger threat for the country from the view point of pollution;

(b) if so, the details thereof;

(c) the amount of e-waste that has been generated during last three years and the current year and the steps taken by the Government to reduce or dismantle it in order to address the problems of pollution; and

(d) the total capacity for recycling of e-waste along with the dumped/not recycled e-waste in the country at present?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The country's economic growth, rise in per capita income, and technological innovations coupled with high obsolescence rate of electronic and electrical equipments has resulted in increase in the rate of generation of e-waste. The toxic constituents such as Lead, Mercury, Cadmium, Hexavalent Chromium, Polybrominated biphenyls and Polybrominated diphenyl ethers are used in the manufacturing of electronic

devices. Disposal of e-waste from such electronic devices, without processing it in an environmentally sound manner, may affect the human health and environment including soil and ground water.

(c) and (d) So far, comprehensive inventorization of e-waste generation in the country has not been done. However, Central Pollution Control Board (CPCB) in 2005 estimated 1.47 lakh ton of e-waste in the country, and simultaneously had projected 8.0 lakh ton of e-waste generation in the year 2010. As per the United Nations University report, "The Global E-Waste Monitor 2017", 20 lakh ton of e-waste generation was reported in the country in 2016. For safe disposal of e-waste there are 178 dismantling/recycling units with a capacity of 4,41,085.6 metric tonnes per annum. In order to ensure safe disposal of e-waste the Government has revised E-waste (Management & Handling) Rules, 2011 comprehensively and notified E-Waste (Management) Rules in March, 2016. The provisions of these Rules include extended producers responsibility, setting up of producer responsibility organizations and e-waste exchange to facilitate collection and recycling, assigning specific responsibility to bulk consumers of electronic products for safe disposal, providing for economic incentives for collection of electronic waste, and other measures which include responsibility of producers of electronic and electrical products for collection and channelizing of electronic waste. The Rules provide for simplified permission process for setting up of dismantling and recycling facilities through single authorization based on Standard Operating Procedures (SoP) prescribed by CPCB. State Governments have been entrusted with the responsibility for earmarking industrial space for e-waste dismantling and recycling facilities, and to undertake industrial skill development and establish measures for safety and health of workers engaged in dismantling and recycling facilities of e-waste.

CCI Action on Online Search Engine

2353. DR. C. GOPALAKRISHNAN:

SHRI P. NAGARAJAN:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Competition Commission of India

(CCI) has recently imposed a fine of Rs.136 crore on internet search engine for its unfair business practices in the local market for online research and if so, the details thereof;

(b) whether the said company has paid the fine amount to the Union Government;

(c) if so, the details thereof and if not, the reasons therefor; and

(d) whether any other companies/corporates/Multi National Companies were also charged/fined by CCI for such unfair business practices in India during the last three years and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) The Competition Commission of India (CCI), vide order dated 31.01.2018 in two cases registered separately namely Matrimony-Corn Ltd. v. Google LLP & Ors [No.07/2012] and Consumer Unity & Trust Society (CUTS) v. Google LLC & Ors [No.30/2012], has held Google to be dominant in the market for online general search and online search advertising markets. The Commission imposed penalty of Rs.135.86 Crore on Google for anti-competitive behaviour for abuse of dominance.

(b) and (c) Google was directed by the Commission to deposit the penalty amount within a period of 60 days from the receipt of the order. The order was served upon Google on 08.02.2018.

(d) No other companies/corporates/Multi-National Companies have been charged/fined by the CCI for such unfair business practices in India during the last three years.

Treatment of Doctors in Rural Areas

2354. ADV. JOICE GEORGE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per health survey report private doctors are the most important single source of treatment in both rural and urban areas;

(b) if so, the details thereof, State/UTwise;

(c) whether the number of people reporting sick is more in urban India compared to rural areas, if so, the details thereof;

(d) whether the Government has noted that a much higher portion of people have no interest in taking any treatment for various ailments, if so, the details thereof; and

(e) the steps taken by the Government to improve healthcare facilities in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Yes. According to NSS Report No. 574: Health in India based on National Sample Survey 71st round (January 2014 - June 2014) conducted by National Sample Survey Office(NSSO), more than 70% (72 percent in the rural areas and 79 percent in the urban areas) spells of ailment were treated in the private sector (consisting of private doctors, nursing homes, private hospitals, charitable institutions).

State/UT wise percent distribution of spells of ailment treated over levels of care are given in the enclosed Statement-I.

(c) Yes, according to above NSS Report, 89 persons per 1000 persons in rural areas and 118 persons per 1000 persons in urban areas reported any ailment during last 15 days preceding the date of survey.

The details are given in the enclosed Statement-II.

(d) Above NSS reports also reveals that around 4.1% Male and 4.0% Female in rural areas and 2.8% Male and 2.5% Female in urban people did not take/ receive any treatment for various ailments.

The details are given in the enclosed Statement-III.

(e) Public health and hospitals are state subject, however, under National Health Mission (NHM), support is provided to the States/UTs to strengthen their health care system based on the requirements proposed by them under Programme Implementation Plans. NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. The main

programmatic components include Health System Strengthening in rural and urban areas, Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) interventions and control of Communicable and Non-Communicable Diseases. The recent initiatives taken include the following:

- Launching of Pradhan Mantri National Dialysis Services Programme.
- Launching of Mother's Absolute Affection (MAA) Programme.
- Launching of Pradhan Mantri Surakshit Matritva Abhiyan.
- Introduction of Rubella vaccine- it has been introduced in Universal Immunization Programme as Measles-Rubella combination vaccine to provide protection against congenital birth defects caused by Rubella infection.
- Free Drugs Service Initiative.
- Free Diagnostics Service Initiative.
- Launching of "Mission Parivar Vikas" in high focus districts having higher total fertility rate (TFR) in the country.
- Launch of Kayakalp- an initiative for Award to Public Health Facilities.
- Expansion of basket of choices, to include new contraceptives like Injectable contraceptive, Centchroman and Progestogen Only Pills (POP).
- Launching of a universal population based screening programme for early detection, management and control of common non-communicable diseases such as hypertension, diabetes, and cancers (breast, cervix and oral).
- Swachh Swasth Sarvatra (SSS), a joint initiative of the Ministry of Health & Family Welfare (MoHFW) and the Ministry of Drinking Water and Sanitation (MoDWS) to leverage the achievements of the two Ministries for convergence of the interventions to maximise the health gains.

Further, In General Budget 2018-19, Government has announced two major initiatives in health sector, as part of Ayushman Bharat programme. These are Health and Wellness Centres to provide comprehensive health care, including for non-communicable diseases and maternal and child health services and National Health Protection Scheme to cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization.

Statement-I

Percentage distribution of spells of ailment treated on medical advice over levels of care in each State/UT

State/UT	Rural					Urban				
	HSC/PHC and others*	Public hospitals	Private doctor	Private hospitals	All	HSC/PHC and others*	Public hospitals	Private doctor	Private hospitals	All
1	2	3	4	5	6	7	8	9	10	11
Andhra Pradesh	5.8	9.8	29.1	55.4	100	2.6	9.7	27.2	60.5	100
Arunachal Pradesh	71.4	28	0.5	0.1	100	6.6	87.2	1.4	4.8	100
Assam	53.8	30.4	15.1	0.6	100	19.8	24.5	44.3	11.5	100
Bihar	6.2	7.8	75.9	10.2	100	1.6	10.7	80.7	7	100

1	2	3	4	5	6	7	8	9	10	11
Chhattisgarh	22.4	8.1	60.3	9.2	100	8.3	7.4	66.6	17.7	100
Delhi	0	22.3	74	3.7	100	9.2	10.9	71.6	8.3	100
Goa	1.2	19.5	62.4	17	100	4.3	26.3	54	15.3	100
Gujarat	13.2	10.5	48.1	28.2	100	4.4	10.6	58.3	26.8	100
Haryana	5	5.6	59.6	29.8	100	0.3	8.1	70.9	20.6	100
Himachal Pradesh	5.3	38	40	16.7	100	4.1	75.3	13.9	6.8	100
Jammu and Kashmir	4.8	43.6	50.2	1.4	100	2.4	38.6	58.1	1	100
Jharkhand	10.3	21.8	60.7	7.2	100	0.3	14.4	64.5	20.9	100
Karnataka	6.3	19.7	47.8	26.2	100	0	11.4	42.6	42.9	100
Kerala	15.3	21	33.8	30	100	5.5	25.6	37.5	31.4	100
Madhya Pradesh	6.9	22.5	58.9	11.7	100	4.9	19	59.6	16.4	100
Maharashtra	10.4	9.8	60.3	19.5	100	3.5	11	64.8	20.7	100
Manipur	17.5	32.6	32.7	17.3	100	0	66	34	0	100
Meghalaya	78.3	5.5	15.9	0.3	100	0.8	13	68.5	17.7	100
Mizoram	83.5	3.2	12.1	1.2	100	19.4	24.2	49.7	6.7	100
Nagaland	45.4	37.7	16	0.9	100	22	33.3	29.4	15.4	100
Odisha	49.7	25.8	23.6	1	100	21.7	32.7	38.3	7.3	100
Punjab	5.7	11.1	55	282	100	2.8	19.8	59.7	17.7	100
Rajasthan	19.2	24.7	44.3	11.8	100	3.2	25.8	50.3	20.6	100
Sikkim	87.6	8.4	0.5	3.5	100	0	45	38.2	16.8	100

Percentage distribution of spells of ailment treated on medical advice over levels of care in each State/UT

State/UT	Rural					Urban				
	HSC/PHC and others*	Public hospitals	Private doctor	Private hospitals	All	HSC/PHC and others*	Public hospitals	Private doctor	Private hospitals	All
1	2	3	4	5	6	7	8	9	10	11
Tamil Nadu	11.4	30.9	18.8	38.9	100	3.6	25	26.6	44.8	100
Telangana	8	10.6	41.9	39.5	100	1.2	7.5	29.2	62.1	100
Tripura	31.7	31.8	34.1	2.5	100	13.5	27.7	50.4	8.3	100

1	2	3	4	5	6	7	8	9	10	11
Uttar Pradesh	5	9.5	75.5	10.1	100	3.9	12.2	71.4	12.6	100
Uttarakhand ^	12.9	44.5	22.1	20.5	100	0.4	25.3	62.1	12.3	100
West Bengal	7.1	15.5-	74.6	2.9	100	2.9	11.9	82	3.2	100
Andaman and Nicobar Islands	64.6	10.5	24.5	0.5	100	21.2	49.7	14.5	14.6	100
Chandigarh	7.6	27.2	63.9	1.2	100	9.2	31.5	58.3	1	100
Dadra and Nagar Haveli	33.5	9.8	10.6	46.2	100	13.9	46.7	14.5	24.9	100
Daman and Diu	23.4	2.4	10	64.2	100	1.6	1.3	40.6	56.4	100
Lakshadweep	47.7	36.3	0	16	100	1.2	70.1	3.8	24.9	100
Puducherry	0.2	18.1	65.6	16.2	100	0.3	48.6	4.6	46.5	100
all	11.5	16.8	50.7	21	100	3.9	17.3	50	28.8	100

* includes ANM (Auxiliary Nurse Midwife)/ ASHA (Accredited Social Health Activist/ AWW(Anganwadi worker)/dispensary/ CHC (Community Health Centre)/ MMU (Mobile Medical Unit)

IISC: Health Sub-Centre:

PHC: Primary Health Centre.

Statement-II

Number (per 1000) of persons reported ailment during last 15 days

Sector	Ailment	Male	Female	All
1	2	3	4	5
Rural	Short duration	44	54	49
	Chronic	36	45	40
	Any	80	99	89
Urban	Short duration	45	56	51
	Chronic	56	79	67
	Any	101	135	118

Note: Ailments for long-duration (30 days or more) are referred as chronic ailments with a 15 day reference period, rest are short-duration ailments.

Statement-III

Percentage of spells of ailment for which no treatment was received

State/UT	Rural		Urban	
	Male	Female	Male	Female
1	2	3	4	5
Andhra Pradesh	1.1	4	0.1	1.3
Arunachal Pradesh	4.8	3.8	0	35.1

1	2	3	4	5
Assam	0.6	1.4	0	0
Bihar	2.3	3.5	0.3	0.6
Chhattisgarh	0.1	7	0.1	0.1
Delhi	0	0	0	0.2
Goa	0	1.9	6.2	0
Gujarat	19.7	21.5	11.1	11.3
Haryana	2.9	0.3	0.7	3.4
Himachal Pradesh	0.6	4.3	0.8	0.7
Jammu and Kashmir	0	0	0	0
Jharkhand	2.4	17.5	5.8	1.4
Karnataka	1.9	0.3	4.2	2
Kerala	4	2.1	6.6	2.9
Madhya Pradesh	3.9	5.7	0.3	1.6
Maharashtra	5.4	5	0.6	1.3
Manipur	0	0	0	0
Meghalaya	1.2	12.2	0	0.2
Mizoram	0	0	0	0
Nagaland	0	0.8	0	0
Odisha	1.3	2.6	2.2	0.4
Punjab	0	0	0	0
Rajasthan	1.7	1.7	7.6	0.5
Sikkim	0	0	0	0
Tamil Nadu	5.1	2.3	1.5	2.3
Telangana	0.7	0	0	0
Tripura	0	0.5	0	0
Uttar Pradesh	5.2	1.7	1.1	1.6
Uttarakhand	1.8	1.8	0	0
West Bengal	5.1	6.5	1.7	4.2
Andaman and Nicobar Islands	4.7	5.8	14.8	1.7

1	2	3	4	5
Chandigarh	0.5	0.3	0	0
Dadra and Nagar Haveli	10.3	17.3	0	0.3
Daman and Diu	0	0	0	0
Lakshadweep	0	0	6.6	16.4
Puducherry	0	0	0	0
All	4.1	4	2.8	2.5

Gestational Diabetes Mellitus

2355. SHRI B.V. NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the capacity within the healthcare system for testing and providing care on Gestational Diabetes Mellitus (GDM) and lack of awareness about the same are causes of concern, if so, the steps taken in this regard;

(b) whether most women are still not routinely tested for GDM, thus contributing to high maternal and new born morbidity and mortality and if so, the necessary steps taken in this regard;

(c) whether it is also a fact that a woman with GDM has five times higher risk of developing type -2 diabetes five years after her pregnancy and nine times thereafter; and

(d) if so, the corrective steps taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Government of India has released Guidelines on Diagnosis and Management of Gestational Diabetes Mellitus (GDM) in pregnant women in November 2014 and revised Guidelines in February 2018. As per the guidelines, universal GDM testing has been included in the essential ante-natal care package for all pregnant women.

- States have started implementing these guidelines and based on the proposal received from states in their Annual Project Implementation Plan (PIP), funds are being

released to states towards screening and management of GDM including training. Monitoring and review of implementation is done on regular basis.

- National level orientation workshop on revised GDM guidelines for State level programme managers was conducted in February 2018. State officers were oriented on universal screening and management of pregnant women for GDM. Further, resource package for capacity building of field level functionaries along with state and district level planning were shared.

(c) WHO Global Report on Diabetes says that Gestational diabetes (GDM) is a condition that occurs in pregnancy and carries long-term risk of type 2 diabetes. As per research study by Kim et al. titled gestational diabetes and the incidence of type 2 diabetes: the cumulative incidence of diabetes ranged from 2.6% - 70% in studies that examined women from 6 weeks postpartum to 28 years. Further, they showed that this incidence increased markedly in the first 5 years after delivery and appeared to plateau after 10 years.

As per another study published by Thomas A. Buchanan in Nature Reviews Endocrinology volume 8, Women who are diagnosed with GDM are at high risk of developing diabetes mellitus later in life. An estimated - 10% of women with GDM have diabetes mellitus soon after delivery. The rest appear to develop diabetes mellitus at rates of 20-60% within 5-10 years after pregnancy in the absence of specific interventions to reduce their risk of diabetes mellitus.

(d) All GDM positive women are screened for diabetes after 6 weeks of delivery.

If normal, women are advised to get annual screening for diabetes mellitus and counseled about life style and dietary modification and regular exercise.

If they test positive, women are linked with Non Communicable Disease programme for further management.

Clubbing of GST Slabs

2356. SHRI KOTHA PRABHAKAR REDDY:
SHRI Y.S. AVINASH REDDY:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government is considering to club the Goods and Services Tax (GST) slabs as per the demands of the public;

(b) if so, the details thereof; and

(c) the details of the slabs which are going to be clubbed to reduce the burden of GST on the general public and traders?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The Government notifies the GST rate on supply of goods and services based on the recommendation of the GST Council. At present there is no such proposal under consideration.

(b) Does not arise in view of (a) above.

(c) Does not arise in view of (a) above.

[*Translation*]

Trade Friendly GST

2357. SHRI VIJAY KUMAR HANSDAK:
SHRI HARISHCHANDRA CHAVAN:

Will the Minister of FINANCE be pleased to state:

(a) whether the Goods and Services Tax (GST) collections are declining and if so, the reasons therefor; and

(b) the efforts made by the Government to ease

the GST norms and make it trade friendly and the success achieved so far as a result thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The month-wise details of Central Goods and Services Tax (CGST), State Goods and Services Tax (SGST), Integrated Goods and Services Tax (IGST) and Cess collected by the Government since July 1, 2017 is as follows:

(Amount in Rs. Crores)

Month	Collection
August, 2017	93,590
September, 2017	93,029
October, 2017	95,132
November, 2017	85,931
December, 2017	83,716
January, 2018	88,929
February, 2018	88,047

(b) Based on representations and feedback received from various stakeholders, the GST Council has recommended the following changes in the GST norms and procedures to make it more trade friendly:

- i. Increase in the aggregate annual turnover threshold for eligibility under the composition scheme from Rs. 75 lakh to Rs. one crore for 27 States (including Jammu and Kashmir and Uttarakhand).
- ii. Increase in the aggregate annual turnover threshold for eligibility under the Composition scheme from Rs. 50 lakh to Rs. 75 lakh for Special Category States (as specified in sub-clause (g) of clause (4) of article 279A of the Constitution) other than Jammu and Kashmir and Uttarakhand.
- iii. Taxpayers having annual turnover of up to Rs. 1.5 crore in the previous year provided with an option to file quarterly Returns.
- iv. Registered persons making supply of goods to make payment of tax on issuance of invoice

- and not at the time when advances are received.
- v. Suspension of the application of reverse charge mechanism under Section 9(4) of the CGST/SGST Acts, 2017 and Section 5(4) of the IGST Act, 2017 till 31 March, 2018 for all categories of registered persons.
 - vi. Uniform rate of tax @1% under composition scheme for manufacturers and traders. The turnover of taxable goods to be considered for eligibility for the Composition scheme for traders.
 - vii. Supply of exempted services by composition taxpayer will be allowed and the same will not be taken into account while computing the aggregate turnover.
 - viii. Amount of late fee payable for delayed filing of return in Form GSTR-3B by a taxpayer whose tax liability for the month was 'Nil' reduced to Rs.20/- per day (Rs.10/- per day each under CGST & SGST Acts) subject to maximum Rs.5000/- each under Act from October, 2017.
 - ix. The amount of late fee payable for delayed filing of return in Form GSTR-3B by other taxpayers reduced to Rs. 50/- per day (Rs. 25/- per day each under CGST & SGST Acts) subject to maximum Rs.5000/- each under Act from October, 2017.
 - x. Continuing the filing of the return in FORM GSTR-3B till March, 2018.

As a result of the sustained efforts made by the Government to make GST trade friendly, the implementation of GST in the country has been smooth so far AYUSH Clinics

[English]

AYUSH Clinics

2358. SHRI C. MAHENDRAN: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

- (a) whether the Government is planning to set up

stand alone AYUSH clinics alongside other departments of medicine within hospitals and promote a system of "inclusion" that enables patients to choose alternative treatments;

- (b) if so, the details thereof:

- (c) the number of such clinics established, State/UT-wise;

- (d) whether the Government is facing several barriers to the integration of AYUSH with modern healthcare systems; and

- (e) if so, the details thereof and the corrective measures taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (c) Public health being a State subject, the primary responsibility to provide health care services lies with the respective State/UT Governments. However, under the National Health Mission (NHM), technical and financial support is provided to States/UTs for strengthening their healthcare systems, including for mainstreaming of AYUSH through co-located facilities and availing the services of AYUSH practitioners on contractual basis based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. The support for AYUSH infrastructure, equipment / furniture and medicines are provided by Ministry of AYUSH under Centrally Sponsored Scheme of National AYUSH Mission (NAM). As per Management Information System (MIS) Reports of NHM as on 30.09.2017, 7962 PHCs, 2732 CHCs and 472 DHs have been located with AYUSH systems.

- (d) and (e) The National Policy on Indian Systems of Medicine & Homoeopathy - 2002, envisages integration of AYUSH systems of medicine with the Healthcare Delivery System. Mainstreaming of AYUSH is one of the strategies in National Health Mission (NHM) which seeks to provide accessible, affordable and quality health care in order to improve the existing health care delivery system. Further, National Health Policy 2017 also envisages mainstreaming of AYUSH into health care delivery. Under National AYUSH Mission, various activities

like promotion of quality AYUSH Education for producing qualified AYUSH practitioners, opening of integrated AYUSH Hospitals in different Districts of the Country strengthening of quality control of AYUSH drugs and promoting cultivation of medicinal herbs are being supported and encouraged through respective States/UTs.

The successful mainstreaming of AYUSH depends upon the commitment of respective State/UT Governments.

Tackling Stubble Burning

2359. SHRIMATI SANTOSH AHLAWAT: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether recently the Government has approved a Regional Project to Tackle Stubble Burning under National Adaptation Fund for Climate Change (NAFCC);

(b) if so, the details thereof;

(c) the States covered under the said programme and the role of the State Government in it; and

(d) the details of budgetary allocation made for this project?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Government has approved a Project titled "Climate Resilience Building among Farmers through Crop Residue Management" under National Adaptation Fund on Climate Change to tackle stubble burning, inter-alia, through in-situ management of crop residue, diversification of cropping pattern, setting up of fodder banks and capacity buildings of farmers.

(c) The States covered under the project are Haryana, Punjab, Rajasthan and Uttar Pradesh. The role of these States is to implement, monitor and evaluate the above-mentioned project activities in their respective jurisdictions and as per the detailed project report.

(d) The project has been approved at total cost of Rs. 120.66 crore for a period of three years.

All India Bank of India Employees Association

2360. DR. UDIT RAJ: Will the Minister of FINANCE be pleased to state:

(a) whether his Ministry is aware that All India Bank of India SC/ST, OBC Employees Association has been denied quarterly meeting with the management despite the decision by his Ministry categorically stating that majority associations should have right of holding quarterly meeting with the management at zonal and the regional level both;

(b) if so, the details thereof along with the reasons therefor;

(c) whether the quarterly meeting has been denied due to bias attitude of the officers, if so, the details thereof; and

(d) the time by which the All India Bank of India SC/ST, OBC Employees Association is likely to get its due right restored?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) Bank of India is holding Quarterly Meetings with All India Bank of India SC/ST/OBC Employees' Association which enjoys majority at National level as per the guidelines issued by Government of India. All the Public Sector Banks (PSBs) were directed to hold quarterly meetings with Bank's Chief Executive, both at National and Zonal/Circle office level (where rosters are maintained). In case there is more than one association, meeting may be held with one Association only representing the interest of SC/ST Employees which enjoys the majority following of employees of these categories at National level.

However, in case there is no central (Bank level) majority association, the association at Circle Level which claims the majority status, may be requested to submit the list of members and whichever association has the largest numbers may be recognized as representative association. Similar procedure is applicable for OBC Bank Employees Welfare Associations also.

Bank is holding quarterly meeting with All India Bank of India SC/ST/OBC Employees' Association as per applicable guidelines without any bias.

Government Decision to Restrict Lenders

2361. SHRI G. HARI: Will the Minister of FINANCE be pleased to state:

(a) whether the banking sector is likely to suffer a loss of Rs. 3,800 crore a year following the Government's decision to restrict lenders from levying transaction fees and other charges to bare minimum which are inadequate to meet costs, if so, the details thereof;

(b) whether for OFF-US transactions, the aggregate annual loss for card transactions at Point of Sale (PoS) terminals is around Rs. 4,700 crore, if so, the details thereof; and

(c) whether the net revenue gain per annum would be around Rs. 900 crore and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Fixation of transaction fees and other charges by banks is done as per guidelines issued by Reserve Bank of India (RBI). As per extant instructions, Scheduled Commercial Banks may decide the service charges for various type of services rendered by them as per their Board approved policy. While fixing service charges, banks are to ensure that the charges are reasonable and not out of the line with the average cost of providing these services.

(b) and (c) On consultation, Reserve Bank of India, Indian Banks' Association (IBA) and National Payments Corporation of India (NPCI) have apprised that such information is not available. To promote digital payment transactions, Ministry of Electronics and Information Technology (MeitY), has decided to reimburse the Merchant Discount Rate (MDR) charges for all digital transactions using debit cards, BHIM-UPI and BHIM Aadhaar Pay and of value less than or equal to Rs. 2,000. This subsidization has been made applicable from 1.1.2018 to 31.12.2019.

Protection of Kolleru Lake

2362. SHRI Y.S. AVINASH REDDY: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the State Government of Andhra Pradesh has submitted a report to his Ministry requesting

to solve the problems being faced in the protection of Kolleru Lake in the State;

(b) if so, the details thereof;

(c) whether his Ministry has taken any decision on the matter and if so, the details thereof; and

(d) the steps being taken to protect the lake and solve the environmental problems at the earliest?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) As per the information provided by the State Government of Andhra Pradesh, no such report has been submitted by them to this Ministry. However, this Ministry had constituted a Working Group to solve the environmental problems faced in the protection of Kolleru Lake.

Various steps have been taken for protection of Kolleru Lake, which inter-alia, include:

- The Government of Andhra Pradesh had issued an Order in 1999 declaring an area of 308 square kilometres, out of total area of 901 square kilometres of Kolleru Lake, as Kolleru Wildlife Sanctuary, under the provisions of the Wild Life (Protection) Act, 1972.
- Various conservation activities like establishment of 6 check posts, 5 base camps & one striking force, erection of 230 nos. of artificial perching stands, augmentation of water in fragile locations, desilting of drains falling into lake, creation of mounds, education and awareness, setting up of environmental education centre, etc. have been undertaken for conservation of Kolleru Lake by the State Government.
- Kolleru Lake, a Ramsar site in Andhra Pradesh, is one of the 115 wetlands identified for conservation and management under the scheme of National Plan for Conservation of Aquatic Ecosystems (N PC A). So far, an amount of Rs.249.57 lakh has been released

by the Ministry to the Government of Andhra Pradesh under the NPCA to Kolleru Lake for conservation activities like eco-development, eco tourism, removal of weeds, catchment area treatment, monitoring, public awareness, etc.

- Being a Ramsar site, the Wetlands (Conservation and Management) Rules, 2010 were applicable to Kolleru Lake. Similarly, the Wetlands (Conservation and Management) Rules, 2017 are also applicable to Kolleru Lake.

SBI NPAs

2363. SHRI K. PARASURAMAN: Will the Minister of FINANCE be pleased to state:

(a) whether the Government is having any roadmap to reduce the Non-Performing Assets (NPAs) or bad loans of the State Bank of India (SBI) which is worth Rs. 20,339 crore in 2016-17 the highest among all Public Sector Banks; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As per Reserve Bank of India (RBI) guidelines and policy approved by Bank Boards, non-performing loans, including, inter-alia, those in respect of which full provisioning has been made on completion of four years are removed from the balance-sheet of the bank concerned by way of write-off. As per Reserve Bank of India (RBI) data on global operations, an amount of Rs. 20,339 crore was written-off (including through compromise) by SBI in the financial year 2016-17. This is 24.9% of the amount written off by all Public Sector Banks (PSBs) in 2016-17, which is marginally lower than SBFs share in the total business of PSBs (26.3%, as per PSB data).

Writing off of loans is done, inter-alia, for tax benefit and capital optimisation. Borrowers of such written off loans continue to be liable for repayment. Recovery of dues takes place on ongoing basis under legal mechanisms, which include, inter-alia, the Securitization and Reconstruction of Financial Assets and Enforcement

of Security Interest Act, Debts Recovery Tribunals and Lok Adalats. Therefore, write-off does not benefit borrowers.

(b) SBI has apprised that it has two-fold strategy for controlling fresh slippages and resolution of existing NPAs. First, for controlling fresh accretion, it has set up account tracking centres, early diagnosis to develop appropriate strategies for time bound action and regular follow-up. Secondly, for resolution of NPAs, SBI has initiated legal action against defaulting borrowers, resolution under the Insolvency and Bankruptcy Code, e-auction for better price realisation, engagement with strategic investors for takeover of stressed assets, and persuasion of large corporate borrowers under stress to sell non-core assets and raise equity.

Sub-Centres in Public Health System

2364. SHRI PARTHA PRATIM RAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the existing sub-centres are sufficient to serve the public health system in the country;

(b) if so, the details thereof along with the number of sub-centres presently functioning in the country, State/UT-wise;

(c) whether there are any job charts for Health Assistant (Female), ANM and ASHA workers of a sub-centre and if so, the details thereof; and

(d) whether the Government has any plan to increase the honorarium of ASHA workers and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) There is some shortfall in some States/UTs in the number of sub-centres in the country. The number of sub-centres presently functioning in the country along with shortfall, State/UT-wise is given in the enclosed Statement-I.

(c) Roles and responsibilities/job charts have been prepared for service providers at the sub-center - including ANM. The IPHS Guidelines for sub-centres (Revised 2012) lays down the roles and responsibilities

of ANMs, which are available at <http://www.nhm.gov.in/nhm/nrhm/guidelines/indian-public-health-standards.html>. In addition, prototype job charts and weekly work plans have also been provided in the Ministry of Health and Family Welfare 'Guidebook for enhancing performance of Multi-purpose worker (Female) 2014' which is available at '[http://nhsrcindia.org/category-detail/policy-and-guidelines/ODY='](http://nhsrcindia.org/category-detail/policy-and-guidelines/ODY=)

ASHA is a community level voluntary health worker, who is trained and supported to play a set of healthcare support roles in her community. The roles and responsibilities of ASHA as per the ASHA Guidelines released by the GoI are given in the enclosed Statement-II.

(d) ASHAs are envisaged as Voluntary Health activists who received only task/activity based incentives and no deductions are made at national level.

The incentives to ASHAs finalized at the national

level are regularly reviewed by the Government and activities for which ASHAs would get incentives are expanded from time to time. In 2013, ASHA incentives were enhanced for many activities and new incentives for routine and recurring activities were introduced to ensure that ASHAs get at least Rs 1000/- per month. Thereafter, the Mission Steering Group of NHM approved incentives for ASHAs at the rate of Rs.100 for notification if the suspect referred is diagnosed to be TB patient by MO/Lab in 2014, Rs 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds Indoor Residual Spray, in 2015 and Rs. 150/case for escorting or facilitating beneficiary to the health facility for the Post Abortion IUCD insertion, in 2017.

Many States are also paying fixed monthly honorarium out of their State Budget. List of State specific ASHA incentives/ fixed honorarium are given in the enclosed Statement-III.

Statement-I

Shortfall In Sub-Centres As Per 2011 Population In India (As on 31st March, 2017)

Sl. No.	State/UT	Total Population in Rural Areas	Tribal Population in Rural Areas	Sub Centres			
				Required	In Position	Shortfall	%Shortfall
1	2	3	4	5	6	7	8
1	Andhra Pradesh	34776389	2293102	7261	7458	*	*
2	Arunachal Pradesh	1066358	789846	318	312	6	2
3	Assam	26807034	3665405	5850	4621	1229	21
4	Bihar	92341436	1270851	18637	9949	8688	47
5	Chhattisgarh	19607961	7231082	4885	5186	*	*
6	Goa	551731	87639	122	214	*	
7	Gujarat	34694609	8021848	8008	9082	*	
8	Haryana	16509359	0	3301	2589	712	22
9	Himachal Pradesh	6176050	374392	1285	2083	*	*
10	Jammu and Kashmir	9108060	1406833	2009	2967	*	*

1	2	3	4	5	6	7	8
11	Jharkhand	25055073	7868150	6060	3848	2212	37
12	Karnataka	37469335	3429791	7951	9381	*	*
13	Kerala	17471135	433092	3551	5380	*	*
14	Madhya Pradesh	52557404	14276874	12415	9192	3223	26
15	Maharashtra	61556074	9006077	13512	10580	2932	22
16	Manipur	2021640	791126	509	421	88	17
17	Meghalaya	2371439	2136891	759	436	323	43
18	Mizoram	525435	507467	172	370	*	*
19	Nagaland	1407536	1306838	455	396	59	13
20	Odisha	34970562	8994967	8193	6688	1505	18
21	Punjab	17344192	0	3468	2950	518	15
22	Rajasthan	51500352	8693123	11459	14406	*	*
23	Sikkim	456999	167146	113	147	*	*
24	Tamil Nadu	37229590	660280	7533	8712	*	*
25	Telangana	21585313	2939027	4708	4797	*	*
26	Tripura	2712464	1117566	691	987	*	*
27	Uttarakhand	7036954	264819	1442	1847	*	*
28	Uttar Pradesh	155317278	1031076	31200	20521	10679	34
29	West Bengal	62183113	4855115	13083	10369	2714	21
30	Andaman and Nicobar Islands	237093	26715	50	123	*	*
31	Chandigarh	28991	0	5	17	*	*
32	Dadra and Nagar Haveli	183114	150944	56	71	-15	-27
33	Daman and Diu	60396	7617	13	26	*	*
34	Delhi	419042	0	83	10	73	88
35	Lakshadweep	14141	13463	4	14	*	*
36	Puducherry	395200	0	79	81	*	*
All India/ Total		833748852	93819162	179240	156231	34946	19

Notes: The requirement is calculated using the prescribed norms on the basis of rural population from Census, 2011. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states.

*: Surplus

Statement-II*Roles and Responsibilities of an ASHA*

The roles and responsibilities of an ASHA include the functions of a healthcare facilitator, a service provider and a health activist. Broadly her functions involve providing preventive, promotive and basic curative care in a role complementary to other health functionaries; educating and mobilizing communities particularly those belonging to marginalized communities, for adopting behaviours related to better health and create awareness on social determinants, enhancing better utilization of health services; participation in health campaigns and enabling people to claim health entitlements.

Her roles and responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services and the need for timely use of health services.
- She will counsel women and families on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.
- ASHA will mobilize the community and facilitate people's access to health and health related services available at the village/sub-centre/primary health centres, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.
- She will work with the Village Health, Sanitation and Nutrition Committee to develop a comprehensive village health plan, and promote convergent action by the committee on social determinants of health. In support

with VHSNC, ASHAs will assist and mobilize the community for action against gender based violence.

- She will arrange escort/accompany pregnant women & children requiring treatment/admission to the nearest pre- identified health facility i.e. Primary Health Centre/Community Health Centre/First Referral Unit (PHC/CHC/FRU).
- ASHA will provide community level curative care for minor ailments such as diarrhoea, fevers, care for the normal and sick newborn, childhood illnesses and first aid. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme. She will also act as a depot holder for essential health products appropriate to local community needs. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India. These will be updated from time to time, States can add to the list as appropriate.
- The ASHA's role as a care provider can be enhanced based on state needs. States can explore the possibility of graded training to the ASHA to provide palliative care, screening for non-communicable diseases, childhood disability, mental health, geriatric care and others.
- The ASHA will provide information on about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centres/Primary Health Centre. She will promote construction of household toilets under Total Sanitation Campaign.

The ASHA will fulfill her role through five activities:

1. Home Visits: For up to two hours every day, for at least four or five days a week, the ASHA should visit the families living in her allotted

area, with first priority being accorded to marginalized families. Home visits are intended for health promotion and preventive care. They are important not only for the services that ASHA provides for reproductive, maternal, newborn and child health interventions, but also for non-communicable diseases, disability, and mental health. The ASHA should prioritize homes where there is a pregnant woman, newborn, child below two years of age, or a malnourished child. Home visits to these households should take place at least once in a month. Where there is a new born in the house, a series of six visits or more becomes essential.

2. Attending the Village Health and Nutrition Day (VHND): The ASHA should promote attendance at the monthly Village Health and Nutrition Day by those who need Aganwadi or Auxiliary Nurse Midwife (ANM) services and help with counselling, health education and access to services.
3. Visits to the health facility: This usually involves accompanying a pregnant woman, sick child, or some member of the community needing facility based care. The ASHA is expected to attend the monthly review meeting held at the PHC.
4. Holding village level meeting: As a member or member secretary of the Village Health, Sanitation and Nutrition Committee (VHSNC), the ASHA is expected to help convene the monthly meeting of the VHSNC and provide leadership and guidance to its functioning. These meetings are supplemented with additional habitation level meetings if necessary, for providing health education to the community.
5. Maintain records: Maintaining records which help her in organizing her work and help her to plan better for the health of the people.

Statement-III

Other State Specific Incentives for ASHAs

1. Chhattisgarh gives 50% of matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis
2. Haryana (Rs. 1000/month)
3. Kerala (Rs.1500/month, Rajasthan (Rs. 1600/month through ICDS),
4. Karnataka (Rs. 3500/month - recently introduced replacing the top up incentive)
5. Sikkim (Rs. 3000/month)
6. Meghalaya and Tripura provide 100% matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis.
7. West Bengal (Rs. 2000/month).
8. Recently states of Gujarat, Telangana and Uttrakhand have also introduced incentives from state funds but modalities of payment are not available.

[Translation]

Committee on Functioning of Child Rights Scheme

2365. SHRI LAKHAN LAL SAHU: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the Government has constituted any monitoring Committee for proper functioning of the Child Rights Scheme in the country;
- (b) if so, the details thereof indicating the number of reports submitted by the said Committee till date; and
- (c) the action taken/proposed to be taken by the Government on the said reports?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) No Madam.

(b) and (c) In view of (a) above, question does not arise.

[English]

Cervical Cancer Vaccine

2366. ADV. NARENDRA KESHAV SAWAIKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government have taken a decision against introduction of the cervical cancer vaccine in the public health programme, if so, the details thereof and reasons for such a decision;

(b) whether it is a fact that the World Health Organisation (WHO) has opined that India is a fit case for the vaccine as cervical cancer kills more women in the country than other maternal mortality causes;

(c) if so, whether the Government proposes to review its earlier stand on the matter and if so, the details thereof;

(d) whether the Government proposes to include the Human Papilloma Virus (HPV) vaccine in the National Immunisation Programme, if so, the details thereof and if not, the reasons therefor;

(e) whether an expert group constituted by the ICMR last year has recommended HPV vaccination for girls between 9 to 13, inline with the WHO's recommendation; and

(f) if so, the reaction of the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (f) The death due to cervical cancer and maternal mortality causes are not comparable. However a publication 'Why the time is right to tackle breast and cervical cancer in low-resource settings' published in 'Bulletin of the World Health Organization' states that while in the past maternal deaths dominated, reproductive mortality in low and middle-income countries, in most countries of Asia and Latin America and some countries of Africa, deaths due to the complications of pregnancy are now outnumbered by deaths from breast or cervical cancer.

As informed by Indian Council of Medical Research, an expert group has recommended HPV vaccination for girls of 9-13 age group.

National Technical Advisory Group on Immunization (NTAGI) is India's apex technical advisory body to make recommendations for inclusion of any new vaccine in country's UIP. NTAGI considers key factors like diseases epidemiology, clinical characteristics, economic considerations, vaccine and immunization characteristics and other public health considerations before making recommendations for any new vaccine introduction. Till date, HPV vaccine has not been recommended by NTAGI for inclusion in UIP.

The Government is implementing National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all States, where in cervical cancer is one of focus area. A population based initiative to prevent, control and screen NCDs, wherein Cervical cancer interventions are included, has also been initiated under National Health Mission.

Kerala Bank

2367. SHRI MULLAPPALLY RAMACHANDRAN: Will the Minister of FINANCE be pleased to state:

(a) whether State Government of Kerala has submitted any proposal before the Reserve Bank of India (RBI) to set up Kerala Bank by merging district cooperative banks in Kerala;

(b) if so, the details thereof and the decision taken by the RBI in this regard;

(c) whether the Government is aware that such a move would destroy the very principles and structure of cooperative sector in the States; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) Reserve Bank of India (RBI) has reported that Government of Kerala has proposed to amalgamate all 14 District Central Cooperative Banks (DCCBs) in the State of Kerala with Kerala State Cooperative Bank and has sought approval of RBI in the matter. State Government of Kerala

would take a decision in the matter based on advice of RBI.

Converting all Externally Aided Projects

2368. SHRI KANWAR SINGH TANWAR: Will the Minister of FINANCE be pleased to state:

(a) the details of funds or grants released for various projects in Uttar Pradesh during the last two years under the special assistance measures announced for the State of Uttar Pradesh;

(b) whether the State Government is urging for converting all Externally Aided Projects (EAPs) as NABARD projects;

(c) if so, the details thereof and the response of Government thereto; and

(d) the action taken to release funds/ grants for expediting the pending projects under the Central Assistance?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) An amount of Rs. 307.58 crore was released in 2015-16 under Demand No. 32 'Special Assistance'. An amount of Rs. 80 crore was released in 2016-17 under Demand No. 37 'Special Assistance'. Details of various projects are as follows:

(Rs. in crore)		
Year	Projects/Schemes	Amount
2015-16	BRGF (Bundelkhand Package)	264.84
	Development of Water sources for Arsenic and Fluoride affected areas	13.39
	Crime and Criminal Tracking Network System	29.35
2016-17	BRGF (Bundelkhand Package)	80.00

(b) and (c) No, the State Government of Uttar Pradesh has not submitted any proposal in this regard.

(d) Following the recommendations of 14th Finance Commission for biggest ever increase from 32%

to 42% in States' share in divisible pool of Central taxes and duties, various schemes for providing Central Assistance to States stand subsumed in larger devolution.

Global Burden Disease-2016

2369. SHRI JAYADEV GALLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware of the recently released Global Burden Disease-2016 data which shows that India accounts for the highest number of deaths of children below five years and if so, the details thereof; and

(b) the necessary steps taken/being taken by the Government for early detection, treatment and creation of awareness about such diseases in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per the Global Burden Disease-2016 data published by Lancet, an estimate of 4.9 million children under the age of five years died globally. The highest rate of mortality was noted in Sub-Saharan Africa region with Under-five Morudity Rate (U5MR) of 77/1000 live births. The U5MR for India is 39/1000 live births. However, an absolute numbers, India accounts for highest number of deaths of under-five children (0.9 million), because of the largest birth cohort.

(b) Under National Health Mission, the following steps have been taken by the Government of India for early detection, treatment and creation of awareness about such diseases in the Country:

- (1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
- (2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent

Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Stillbirth Rate", by 2030.

- (3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Mothers' Absolute Affection (MAA) programme for improving breastfeeding practices (Initial Breastfeeding within one hour. Exclusive Breastfeeding up to six months and complementary feeding up to two years) through mass media campaigns and capacity building of health care providers in health facilities as well as in communities. Nutritional Rehabilitation Centres (NRCs) have also been established across the country for management of severe acute malnourished children with medical complications.
- (4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. "Mission Indradhanush" was launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons. Measles Rubella Campaign is being undertaken in select States for children from 9 months to 15 years of age with the aim of eliminating Measles by 2020.
- (5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays and early intervention services has been operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- (7) Some other important interventions are Iron and Folic Acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.
- (8) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote healthy practices and create awareness to generate demand and improve service uptake.
- (9) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.
- (10) Low performing districts have been identified as High Priority Districts (HPDs) which entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused supportive supervisions and encouragement to adopt innovative

approaches to address their peculiar health challenges.

Additional Loan for Payment of Insurance Premium Payments

2370. SHRI RAM TAHAL CHOUDHARY: Will the Minister of FINANCE be pleased to state:

(a) whether the Reserve Bank of India (RBI) has issued any circular allowing banks to consider requests of home loan borrowers for additional loan to meet their insurance premium payments;

(b) if so, the details thereof;

(c) whether the State Bank of India (SBI) has been considering requests of home loan borrowers for additional loan for insurance premiums payments; and

(d) if so, the details of the RBI circular based on which the decision is likely to be made along with the time line fixed for its implementation?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) No Madam.

(b) Does not arise in view of (a) above.

(c) and (d) State Bank of India (SBI) has a personal loan product called "Suraksha" which is an optional product available to all home loan applicants who opt for funding life Insurance premium under Credit Linked Group Life Insurance Policy. RBI has not issued any circular in this regard and hence the issue of fixation of a timeline for implementation does not arise.

CCTV Cameras in Government Hospitals

2371. SHRI RAMSINH RATHWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether CCTV cameras have been installed in most of the Government hospitals in the country, if so, the details thereof;

(b) whether most of these CCTV cameras are not working; and

(c) if so, the details thereof and the action taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) 'Health' being a State subject, such information is not centrally maintained.

However, as far as three Central Government Hospitals in Delhi, namely Safdarjung Hospital (SJH), Dr. RML Hospital (RML) and Lady Hardinge Medical College (LHMC) & Associated Hospitals are concerned, CCTV cameras have been installed in all these hospitals as per details given under:

Name of the Hospital	No. of CCTV Camera Installed	Functional/Non-Functional Status
SJH	156	All in working condition
RML	121	All working satisfactorily except for 01 camera
LHMC	174	147 functional and 27 non-functional

Repair and maintenance of hospital infrastructure and equipment are a continuous process and are done as and when the need arises.

Customised Data on Corporates

2372. SHRI ANTO ANTONY:
SHRIMATI ANJU BALA:
SHRI B. SRIRAMULU:
SHRI TEJ PRATAP SINGH YADAV:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) the details of percentage of Corporate Social Responsibility (CSR) funds spent during the year 2017 in the country including Uttar Pradesh and Karnataka;

(b) whether the Government has recently launched CSR Data portal and the Corporate Data Portal;

(c) if so, the details thereof along with their salient features and the kinds of information available on these portals and their access modes, etc.;

(d) whether many such portals lost its value due to lack of best practices in portal management like timely

updates, accuracy of data, easy access, availability of data in various formats etc. and if so, the details of steps taken by the Government in this regard; and

(e) the details of steps taken by the Government to ensure best global practices adopted in the management of these portals?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) The details of percentage of Corporate Social Responsibility (CSR) funds spent during the year 2017 in the country including Uttar Pradesh and Karnataka are given in the enclosed Statement.

(b) to (e) The National CSR Data Portal and the Corporate Data Portal were launched on 19.01.2018 to promote corporate transparency and accountability to public at large and can be accessed at www.csr.gov.in and www.mcacdm.nic.in.

The salient features of the National CSR Data Portal inter-alia are: (i) CSR spend company-wise, sector-wise, project-wise, state & district-wise (ii) individual company search.

The salient features of the Corporate Data Portal inter-alia are: (i) dissemination of data filed on MCA21 registry (ii) to generate pre-defined reports (iii) financial and non-financial information of companies etc. These Portals are updated time to time as and when the companies file their Annual Financial Statements in the MCA21 registry.

Statement

State/UT-Wise CSR Expenditure during FY 2016-17

CSR Expenditure (In Rs. Crores)

Sl. No.	State/ UT	2016-17	% age
1	2	3	4
1	Andaman and Nicobar Islands	0.07	0.001
2	Andhra Pradesh	101.69	2.155
3	Arunachal Pradesh	7.98	0.169

1	2	3	4
4	Assam	38.28	0.811
5	Bihar	36.90	0.782
6	Chandigarh	4.17	0.088
7	Chhattisgarh	14.85	0.315
8	Dadar & Nagar Haveli	1.65	0.035
9	Daman and Diu	0.83	0.018
10	Delhi	229.87	4.871
11	Goa	10.54	0.223
12	Gujarat	152.04	3.222
13	Haryana	107.87	2.286
14	Himachal Pradesh	10.57	0.224
15	Jammu and Kashmir	27.83	0.590
16	Jharkhand	24.24	0.514
17	Karnataka	202.71	4.296
18	Kerala	50.94	1.079
19	Lakshadweep	0.00	0.000
20	Madhya Pradesh	213.48	4.524
21	Maharashtra	702.37	14.884
22	Manipur	6.03	0.128
23	Meghalaya	2.99	0.063
24	Mizoram	0.08	0.002
25	Nagaland	0.45	0.010
26	Odisha	191.43	4.057
27	Puducherry	3.71	0.079
28	Punjab	20.17	0.427
29	Rajasthan	84.99	1.801
30	Sikkim	2.12	0.045
31	Tamil Nadu	202.53	4.292
32	Telangana	64.56	1.368

1	2	3	4
33	Tripura	0.60	0.013
34	Uttar Pradesh	120.34	2.550
35	Uttarakhand	30.74	0.651
36	West Bengal	121.12	2.567
37	Pan India*	1928.26	40.862
Grand Total		4719.00	100.000

* Companies either did not specify the names of States or indicated more than one State where projects were undertaken.

Budget Allocations to Karnataka

2373. SHRI SHIV KUMAR UDASI: Will the Minister of FINANCE be pleased to state:

(a) the details of budget allocated for Karnataka under different heads by the Union Government, head-wise; and

(i) Karnataka's share in Central Taxes and Duties as per RE 2017-18.

Corporation Tax	Income Tax	Central GST	Integrated GST	Customs	Union Excise Duty	Service Tax	Total
9721.29	8208.64	4382.52	3204.74	2339.62	2423.45	1471.73	31751.99

(ii) Finance Commission recommended grants allocation for the year 2017-18

State Disaster Response Fund	Urban Local Bodies Grant	Rural Local Bodies Grant	Total
228.75	1159.19	1810.55	3198.49

(b) States' share in Central taxes and duties are untied fund and utilisation thereof is monitored by the Central Government. However, Finance Commission recommended grants are being released on the basis of the recommendations of nodal ministries. These nodal ministries alongwith State Level Executive Committee monitors utilisation of these grants. The Budget of States is finalised by them independently.

GST Help Centres for MSMEs

2374. SHRI RAVNEET SINGH: Will the Minister of FINANCE be pleased to state:

(b) the details of progress made in utilization thereof and any help/assistance given by the Central Government to the State for preparing budget dates?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) Union Government provides for States' Shares in Central Taxes and Duties; and for Finance Commission recommended grants (accepted by the Union Government) in Demand No. - 40 'Transfer to States'. In addition, funds are transferred to State Governments, including Karnataka, under different Centrally Sponsored Schemes by respective line Ministries as per extant scheme guidelines. However, State-wise allocations in respect of schemes run by various Central Government Ministries / Departments are not reflected in the Union Budget. Details of Karnataka's share in Central Taxes and Duties and Finance Commission recommended grants for the financial year 2017-18 are as under:

(a) whether the Government has created any Goods and Services Tax (GST) help centres to help the Micro, Small and Medium Enterprises (MSMEs) in their process of filing GST returns and creating way bills and if so, the details thereof;

(b) whether a large number of MSMEs are facing huge challenges with regard to incorrect data being reflected in the system despite filing correct information and if so, the details thereof;

(c) whether the Government would make it easy for MSMEs to file, review and edit the incorrect information reflecting in the system and if so, the details thereof; and

(d) whether the Government has valued the decrease in number of micro and mall industries involved in the textile industry post implementation of GST as a result of being unable to cope up with the requirements of the new regime and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Yes Madam. The Central Board of Excise and Customs (CBEC) has set up a national call centre to reply to queries which is functional round the clock. The tax payer can raise a query via toll free phone number 18001200232 or by sending an email to cbecmitra.he pdesk@icegate.gov.in. Further, GST Seva Kendras (Facilitation Centres) have been set up in all the field formations to guide and educate the taxpayers. A helpdesk has been set up by the Goods and Services Tax Network (GSTN) to cater to the queries/grievances of all tax payers regarding GST software which is functional for 16 hours from 08:00 a.m. till midnight. Tax payers can call the helpdesk on the assigned call-in number 0120-4888999. Grievances can also be sent to the Grievance Redressal Portal for GST (www.selfservice.gstsystem.in).

(b) No Madam.

(c) Yes Madam. Numerous steps have taken to ensure filing, reviewing and editing information filled in various forms is done easily which include providing preview and edit facilities while filling the returns and other forms.

(d) No Madam.

NPA Cases under Tribunals

2375. SHRI DEEPENDER SINGH HOODA: Will the Minister of FINANCE be pleased to state:

(a) the details of amount and percentage of gross Non-Performing Assets (NPAs) against total advances of each of the public and Private Sector Banks as of March, 2018;

(b) the details of the top ten sectors which have the highest gross NPAs as against total advances as of March, 2018;

(c) the total number of companies cases pending

in Debt Recovery Tribunals (DRTs) and in Debt Recovery Appellate Tribunals (DRATs) during the years 2014-2018 along with the number of people employed year-wise/Tribunal-wise;

(d) the total number of cases disposed by DRTs and DRATs in the years 2014-2018, year-wise; and

(e) the details of the total number of companies cases pending in the National Company Law Tribunal (NCLT) and the National Company Appellate Tribunals (NCAT) as of December 2018, the number of companies which are Micro, Small and Medium Enterprises and number of people Tribunal-wise?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The details for gross NPAs and total advances as of March 2018 are not known. As per Reserve Bank of India (RBI) data on domestic operations, the details of gross Non-Performing Assets (NPAs) and gross NPA to gross advances ratio of the Public and Private Sector Banks, as on 31.12.2017, are given in the enclosed Statement-I.

(b) The details for gross NPAs as of March 2018 are not known. As per RBI data on domestic operations, sector-wise details of gross NPA and gross NPA to gross advances ratio for Scheduled Commercial Banks, as on 31.12.2017, are enclosed as Statement-II.

(c) and (d) As per data reported by DRTs and DRATs, the year-wise details of total number of cases (including cases of companies) disposed of by and pending in DRTs during financial years 2014-15 to 2017-18 (till December 2017) and in DRATs during calendar year 2014 to 2017 (till August 2017) are given in the enclosed Statement-III. As per data reported by DRTs and DRATs, the tribunal-wise numbers of DRAT Chairpersons, DRT Presiding Officers and other administrative staff in position are given in the enclosed Statement-IV.

(e) Details as of December 2018 are not known. As per data received from the Ministry of Corporate Affairs, as on 31.12.2017, 8,457 cases in NCLTs and 264 cases in NCLATs were pending. The Ministry has informed that separate information in respect of Micro, Small and Medium enterprises is not maintained.

Statement-I

The details of gross NPAs and gross NPA to gross advances ratio of the public and private sector banks as on 31.12.2017

Amounts in crore Rs.

As on 31.12.2017

Bank	Bank Group	Gross NPAs	Gross NPAs to Gross Advances Ratio (%)
1	2	3	4
Allahabad Bank	Public Sector Bank	23,120	15.46
Andhra Bank	Public Sector Bank	21,599	14.26
Axis Bank Limited	Private Sector Bank	19,247	5.12
Bandhan Bank Limited	Private Sector Bank	386	1.67
Bank of Baroda	Public Sector Bank	41,649	13.22
Bank of India	Public Sector Bank	43,474	15.49
Bank of Maharashtra	Public Sector Bank	18,128	19.05
Canara Bank	Public Sector Bank	37,794	10.58
Catholic Syrian Bank Ltd	Private Sector Bank	746	7.64
Central Bank of India	Public Sector Bank	32,491	18.08
City Union Bank Limited	Private Sector Bank	860	3.3
Corporation Bank	Public Sector Bank	21,818	15.92
DCB Bank Limited	Private Sector Bank	354	1.89
Dena Bank	Public Sector Bank	14,169	19.56
Federal Bank Ltd	Private Sector Bank	2,161	2.59
HDFC Bank Ltd.	Private Sector Bank	8,042	1.31
ICICI Bank Limited	Private Sector Bank	33,849	7.5
IDBI Bank Limited	Public Sector Bank	44,542	24
IDFC Bank Limited	Private Sector Bank	2,777	5.62
Indian Bank	Public Sector Bank	9,385	6.4
Indian Overseas Bank	Public Sector Bank	31,724	22.74
IndusInd Bank Ltd	Private Sector Bank	1,499	1.2

1	2	3	4
Jammu and Kashmir Bank Ltd	Private Sector Bank	6,232	10.08
Karnataka Bank Ltd	Private Sector Bank	1,784	3.97
Kamr Vysya Bank Ltd	Private Sector Bank	2,663	5.94
Kotak Mahindra Bank Ltd.	Private Sector Bank	3,715	2.34
Lakshmi Vilas Bank Ltd	Private Sector Bank	1,427	5.66
Nainital Bank Ltd	Private Sector Bank	172	4.98
Oriental Bank of Commerce	Public Sector Bank	27,551	16.95
Punjab and Sind Bank	Public Sector Bank	7,040	10.95
Punjab National Bank	Public Sector Bank	55,200	12.88
RBL Bank Limited	Private Sector Bank	580	1.6
South Indian Bank Ltd	Private Sector Bank	1,775	3.4
State Bank of India and erstwhile Associates	Public Sector Bank	2,01,560	12.34
Syndicate Bank	Public Sector Bank	19,184	10.91
Tamilnad Mercantile Bank Ltd	Private Sector Bank	1,355	6.1
The Dhanalakshmi Bank Ltd	Private Sector Bank	446	6.96
UCO Bank	Public Sector Bank	24,308	23.29
Union Bank of India	Public Sector Bank	38,047	13.54
United Bank of India	Public Sector Bank	13,721	20.1
Vijaya Bank	Public Sector Bank	6,829	6.17
Yes Bank Ltd.	Private Sector Bank	2,974	1.83

Source: RBI (Dec-17, Provisional Data)

Statement-II			1	2	3
<i>Sector-wise Gross NPA and Gross NPA to Gross Advances ratios for Scheduled Commercial Banks, as on 31.12.2017</i>					
Sector	Gross NPA	Gross NPA to Gross Advances Ratio	Other Non-food Credit	14,986	9.61%
			Agriculture & Allied Activities	69,600	6.53%
			Services	1,10,520	5.77%
			Retail Loans	36,630	2.01%
1	2	3	Source: RBI domestic operations (Dec-17, Provisional Data)		
Industry	6,09,222	20.41%			

Statement-III*Debts Recovery Tribunals*

Financial Year	No. of cases disposed of	No. of cases pending
1	2	3
2014-15	12,321	63,932
2015-16	17,639	73,249
2016-17	25,031	78,961
2017-18	14,916	86,514
	(till 31.12.2017)	(as on 31.12.2017)

Source: DRTs

Debts Recovery Appellate Tribunals

Calendar Year	No. of cases disposed of	No. of cases pending
2014	5,579	3,354
2015	2,286	3,832
2016	1,312	4,256
2017	2,633	3,535
	(till 31.8.2017)	(as on 31.12.2017)

Source: DRATs

Statement-IV*Tribunal-wise numbers of DRAT Chairpersons, DRT Presiding Officers and other administrative staff in position*

Sl. No.	Name of DRT	Presiding Officers and other administrative staff in position*
1	2	3
1	Ahmedabad -1	23
2	Ahmedabad -2	26
3	Allahabad	27
4	Aurangabad	22

1	2	3
5	Bangalore	25
6	Chandigarh -1	22
7	Chandigarh -2	21
8	Chennai -1	28
9	Chennai -2	27
10	Chennai -3	26
11	Coimbatore	26
12	Cuttack	27
13	Delhi -1	25
14	Delhi -2	28
15	Delhi -3	27
16	Ernakulam	25
17	Guwahati	25
18	Hyderabad	25
19	Jabalpur	24
20	Jaipur	24
21	Kolkata -1	24
22	Kolkata- 2	26
23	Kolkata -3	25
24	Lucknow	28
25	Madurai	23
26	Mumbai -1	28
27	Mumbai -2	24
28	Mumbai -3	23
29	Nagpur	20
30	Patna	24
31	Pune	24
32	Ranchi	25
33	Visakhapatnam	24

1	2	3
34	Hyderabad- 2	27
35	Siliguri	29
36	Chandigarh -3	23
37	Bangalore- 2	25
38	Dehradun	15
39	Ernakulam -2	22
Sl. No.	Name of DRAT	Chairpersons and other administrative staff in position*
1	Allahabad	14
2	Delhi	14
3	Chennai	13
4	Mumbai	12
5	Kolkata	16
	Total for DRTs and DRATs	1031

* Including posts filled through outsourcing

Source: DRTs/DRATs

Pending Proposals for Anganwadi Centres

2376. SHRI DEVUSINH CHAUHAN: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the State of Gujarat has requested to the Government to grant approval for 1043 (630 AWCs and 413 Mini AWCs) pending Anganwadi Centres in the State;

(b) if so, the details thereof; and

(c) the reaction of the Government on the said proposal and the time by which it is likely to be accorded approval?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) No such proposal has been received from Government of Gujarat in the

recent past. However, earlier Government of Gujarat had requested for additional Anganwadi Centres (AWCs) and 892 AWCs (including Mini-AWCs) were sanctioned to the State of Gujarat in 2014-15.

As all the 14 lakh AWCs/Mini-AWCs/Anganwadi-on-Demand (AoDs) approved by the Government of India under 3rd phase of expansion of Integrated Child Development Services (ICDS) Scheme have already been allocated to the States/UTs (including Gujarat), there is no Anganwadi Centre available for sanction. This Ministry had issued guidelines on 1st December, 2014, authorizing the States/UTs to relocate the AWCs as per requirement and subject to fulfilment of prescribed conditions.

[Translation]

National Commission for Human Resource in AYUSH

2377. SHRI HARINARAYAN RAJBHAR: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) the present status regarding setting up of National Commission for Human Resource in AYUSH for the objective of simplifying and making education sector effective in Indian System of Medicines;

(b) the medical and research facilities created for scientific legal validation of AYUSH System of Medicine, State/UTwise including Uttar Pradesh;

(c) the steps taken by the Government to incorporate Ayurvedic and Naturopathy in school curriculum with an objective to provide basic knowledge of the said system to the students; and

(d) the number of AYUSH villages establish as envisaged by the Government for AYUSH related activities in healthcare system across the country?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) At present, there is no proposal for setting up of National Commission for Human Resource in AYUSH. However, a Committee under the Chairmanship of Vice

Chairman, NITI Aayog, Additional Principal Secretary to Prime Minister, Chief Executive Officer (CEO) NITI Aayog and Secretary, Ministry of AYUSH as members has been set up to examine the working of the regulatory bodies namely, Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) and their governing legislations namely, Indian Medicine Central Council Act 1970 and Homoeopathy Central Council Act 1973 respectively for suggesting suitable reforms. Accordingly, the Committee after extensive deliberations has recommended the creation of National Commission for Indian Systems of Medicine and Homoeopathy on the

lines of proposed National Medical Commission.

(b) The medical and research facilities created for scientific legal validation of AYUSH System of Medicine, State/UT-wise including Uttar Pradesh are given in the enclosed Statement.

(c) Ayurveda and Naturopathy have not been incorporated in school curriculum as on date.

(d) Under Centrally Sponsored Scheme of National AYUSH Mission (NAM), financial assistance has been provided for 275 units of AYUSH Gram across the country since inception of NAM.

Statement

State/UT wise list of centres under Central Council for Research in Ayurvedic Sciences (CCRAS)

Sl. No.	State/UT	Centres
1	2	3
1.	Andaman and Nicobar Islands	Regional Research Centre of Ayurveda, Port Blair -1744101
2.	Andhra Pradesh	Regional Ayurveda Research Institute for Skin disorders, Payakapuram, Vijayawada-520015
3.	Arunachal Pradesh	Regional Ayurveda Research Institute, Itanagar -791111
4.	Assam	Regional Ayurveda Research Institute for Gastro-Intestinal Disorders, Borsojai, Beltola, Guwahati-781028
5.	Bihar	Regional Ayurveda Research Institute for Infectious Diseases, D Block, Rajindra Memorial Res., Institute Building, AgamKuan, Patna-800007
6.	Delhi	Central Ayurveda Research Institute for Cardiovascular Diseases, Road No.66, Punjabi Bagh, New Delhi - 110026
	Gujarat	Regional Ayurveda Research Institute for Skin Disorders, Megani Nagar, Ahmedabad- 380016
8.	Himachal Pradesh	Regional Ayurveda Research Institute for Nutritional Disorders, Gandhi Bhawan, Mandi-175001
9.	Jammu and Kashmir	National Research Institute for Sowa-Rigpa, Old Leh Road, Leh-194101
10.	Jammu and Kashmir	Regional Ayurveda Research Institute for Urinary Disorders, JDA Housing Colony, Ban Talab, Rajender Nagar, Jammu-181123
11.	Karnataka	Advanced Centre for Ayurveda in Mental Health & Neuro-sciences, Ayurvedic Research Unit, NIMHANS, Hosur Road, Bangalore-560029
12.	Karnataka	Regional Ayurveda Research Institute for Metabolic Disorders, Govt. Central Pharmacy Annexe, Ashoka Pillar, Jayanagar, Bangalore-560011

1	2	3
13.	Kerala	National Ayurveda Research Institute for Panchakarma, Cheruthuruthy-679531
14.	Kerala	Regional Ayurveda Research Institute for Life style related Disorders, Poojapura, Trivandrum-695012
15.	Madhya Pradesh	Regional Ayurveda Research Institute for Drug Development, Amkho, Gwalior-474009
16.	Maharashtra	Regional Ayurveda Institute for Fundamental Research, Pune
17.	Maharashtra	Regional Ayurveda Research Institute for Mother and Child Health, NIT Complex, Nandanwan, Nagpur-440009
18.	Maharashtra	Raja RamdeoAnandilalPodar (RRAP) Central Ayurveda Research Institute for Cancer, RA Podar College, Worli, Mumbai-400018
19.	Nagaland	Herbal Ayurveda Research Centre, Lumami - 798601
20.	Odisha	Central Ayurveda Research Institute for Hepatobiliary Disorders, Bharatpur, Bhubaneswar-751003
21.	Punjab	Central Ayurveda Research Institute for Respiratory Disorders, MotiBagh Road, Patiala-147001
22.	Rajasthan	M.S. Regional Ayurveda Research Institute for Endocrine Disorders, Indira Colony, Bani Park, Jhotwara Road, Jaipur-302016.
23.	Sikkim	Regional Ayurveda Research Institute, Tadong, Gangtok -737102
24.	Tamil Nadu	Dr.AchantaLakshmipati Research Centre for Ayurveda, VHS Campus, TTTI Post, Chennai-600113
25.	Tamil Nadu	Captain Srinivasa Murthy Regional Ayurveda Drug Development. Institute, Chennai.
26.	Telangana	National Institute of Indian Medical Heritage, Hyderabad
27.	Uttar Pradesh	Regional Ayurveda Research Institute, Jhansi
28.	Uttar Pradesh	Regional Ayurveda Research Institute for Eye Diseases, Indira Nagar, Lucknow-226016
29.	Uttarakhand	Regional Ayurveda Research Institute, Thapla, Ranikhet- 263645, Almora
30.	West Bengal	Central Ayurveda Research Institute for Drug Development, 4 CN Block, Sector V, Bidhan Nagar, Kolkata-700091

State/UT wise list of centres under Central Council for Research in Siddha (CCRS)

Sl. No.	State /UT	Centres
1	2	3
1.	Tamil Nadu	Siddha Central Research Institute, Chennai, Tamil Nadu
2.	Tamil Nadu	Siddha Clinical Research Institute, Palayamkottai, Tamil Nadu

1	2	3
3.	Puducherry,	Siddha Regional Research Institute, Puducherry,
4.	Kerala	Siddha Regional Research Institute, Thiurvanathapuram, Kerala
5.	Delhi	Siddha clinical Research Unit, New Delhi,
6.	Karnataka	Siddha Clinical Research Unit, Bengaluru, Karnataka

State /UT wise list of centres under Central Council for Research in Homoeopathy (CCRH)

Sl. No	State/UT	Centres
1	2	3
1.	Andhra Pradesh	Clinical Research Unit (Homoeopathy), Old Maternity Hospital Campus Tirupathi -517507 Regional Research Institute (Homoeopathy), Dr. GGH Medial College Campus, Eluru Road, GUDIVADA-521 301 (AP)
2.	Telangana	Drug Standardization Unit (Homoeopathy), and extension centre, Q.U.B. 32, Room No. 4,Vikram Puri, Habsigunda, Hyderabad -500007
3.	Assam	Regional Research Institute (Homoeopathy),NEIARI, Ayurvedic Hospital Campus), Barsojai, Bhetapara,Guwahati-781028
4.	Bihar	Clinical Verification unit(Homoeopathy)Guru Govind Singh Hospital, 2nd Floor, Patna CityPatna - 800008
5.	Himachal Pradesh	Regional Research Institute (Homoeopathy), C-5, Phase 1, Sector-2, Main road New Shimla-171009
6.	Jharkhand	Clinical Research Unit (Homoeopathy), Arsunday, BoreyaRoad,P.O. Boreya, Ranchi-835240
7.	Kerala	National Homoeopathy Research Institute in Mental HealthSachivothampuram,Kottayam-686532
8.	Maharashtra	Regional Research Institute (Homoeopathy),"MTNL" Hall No.4, Shopping Centre, Sector-9,CBD Belapur,Navi Mumbai- 400614
9.	Manipur	Regional Research Institute (Homoeopathy), New Checkon, Maring Land, Opp. Trival Colony, Imphal -795001
10.	Mizoram	Clinical Research Unit (Homoeopathy), AYUSH Building, Civil Hospital, Dawrpui Aizwal, -796001
11.	Odisha	Regional Research Institute (Homoeopathy), and extension centre, CCRH Building, Marchi Kote Lane, Labanikhia Chaak, Puri -752001
12.	Rajasthan	Regional Research Institute (Homoeopathy), Dr. Madan Pratap Khuteta Rajasthan Homoeopathic Medical College & Hospital, Station Road, Jaipur -302006

1	2	3
13.	Sikkim	Clinical Research Unit (Homoeopathy), In front of Samphel Hotel, Near Sangram Bhawan, Development Area, Gangtok -737101
14.	Tamil Nadu	Clinical Research Unit (Homoeopathy), No. 19/9, Dr. Radha Krishna Nagar, Main Road, Thiruvanmiyur, Chennai 600041 Centre for Medicinal Plant Research in Homoeopathy 3/126, Indira Nagar, Emerald Post, Ooty, Nilgiri Distt-643 209
15.	Tripura	Regional Research Institute (Homoeopathy), Joykrishna Kobra Para Road, Khumulwng, Jirania, Agartala-799045
16.	Uttar Pradesh	Dr. D.P. Rastogi Central Research Institute of Homoeopathy, A-1/1, Sector-24, Noida-201301 Homoeopathic Drug Research of Institute (HDRI) and extension centre Campus of National Homoeopathic Medical College and Hospital, and extension centre 1, Viraj Khand, Gomti Nagar, Lucknow-226010 Homoeopathic treatment centre:- Banke Bihari Hospital, Vrindavan, UP
17.	West Bengal	Dr. Anjali Chatterjee Regional Research Institute of Homoeopathy 50, Rajendra Chaterjee Road, Kolkata-700035 Clinical Research Unit (Homoeopathy), Gokhel Road (Near Matri Bhandar), Arobindopally, Siliguri - 734006
18.	Andaman and Nicobar	Clinical Research Unit (Homoeopathy), M.B. 31, Middle Point, Mahatma Gandhi Road, Port Blair-744101
19.	Puducherry	Clinical Research Unit (Homoeopathy), 1st Cross, Mangalakshmi Nagar (Behind New Bus Stand), Puducherry-605013.
20.	Delhi	i. Safdarjung Hospital (New Delhi) ii. Lady Hardinge Medical College & Hospital (New Delhi) iii. Delhi Cantonment General Hospital (New Delhi) iv. Delhi State Cancer Hospital v. AYUSH well ness clinic, President Estate vi. All India Institute of Ayurveda /ii. Supreme Court, Delhi
21.	Kerala	Vinobha Niketan, Thiruvanthapuram (Kerala)

State / UT wise list of centres under Central Council for Research in Unani Medicine (CCRUM)

Sl. No.	State/U.T	Centres
1	2	3
1.	Delhi	Central Council for Research in Unani Medicine (CCRUM) Headquarters 61-65, Institutional Area, Opposite "D" Block, Janakpuri, New Delhi- 110 058
2.	Telangana	Central Research Institute of Unani Medicine Opp. ESI Hospital, A.G. Colony Road, Erragadda, Hyderabad -500 038 (Telangana)
3.	Uttar Pradesh	Central Research Institute of Unani Medicine Basaha, Kursi Road, Lucknow-226026 (U.P.)
4.	Tamil Nadu	Regional Research Institute of Unani Medicine 1, West Meda Church Street, Royapuram, Chennai - 600 013 (Tamil Nadu)
5.	Odisha	Regional Research Institute of Unani Medicine Chandbali Bypass Road, Near Rural Police Station, Bhadrak -756 100 (Odisha)
6.	Bihar	Regional Research Institute of Unani Medicine Guzari, Patna City, Patna - 800 008 (Bihar)
7.	Uttar Pradesh	Regional Research Institute of Unani Medicine Post Box No. 70, A.K. Tibbiya College Hospital (New Block) Aligarh Muslim University, Aligarh - 202 001 (U.P.)
8.	Maharashtra	Regional Research Institute of Unani Medicine J.J. Hospital Compound (Behind Eye Bank), Byculla, Mumbai -400 008 (Maharashtra)
9.	Jammu and Kashmir	Regional Research Institute of Unani Medicine University of Kashmir Campus, Hazrat Bal, Srinagar - 190 006 (Jammu and Kashmir)
10.	West Bengal	Regional Research Institute of Unani Medicine 79, Chitranjan Avenue, Kolkata - 700 073 (West Bengal)
11.	New Delhi	Regional Research Institute of Unani Medicine D-I 1/1, AbulFazal Enclave, JamiaNagar, Okhla, New Delhi -110 025
12.	Uttar Pradesh	Regional Research Centre B-501/4, G.T.B. Nagar, Opp. Dulhan Palace, Kareli, Allahabad -211 016 (U.P.)
13.	Kerala	Clinical Research Unit Kurupatil Nina Memorial. Near Panchayat Office P.O. Edathala (N) - 683 564, Alweye, Kerala
14.	Karnataka	Clinical Research Unit National Institute of Unani Medicine Kotigepaliya, Magadi Main Road, Bengaluru - 560 091
15.	Andhra Pradesh	Clinical Research Unit Dr. Abdul Haq Unani Medical College, 40/23 Park Road Kurnool - 518 001 (Andhra Pradesh)
16.	Assam	Regional Research Centre S.M. Dev Civil Hospital, Silchar - 788 001 (Cachar) Assam Extension Centre Ullaskar Dutta, Masjid Road, Karimganj - 788 710 (Assam)

1	2	3
17.	Uttar Pradesh	Clinical Research Unit (Unani)Cantonment General Hospital, SotiGanj, Begumpul, Meerut - 250 001 (U.P.)
18.	Madhya Pradesh	Clinical Research Unit (Unani)Gandhi Medical College, Bhopal - 462 001 (Madhay Pradesh)
19.	Madhya Pradesh	Clinical Research Unit (Unani)S.H. Unani Tibbiya College, Ganpati Naka, Burhanpur - 450 331 (Madhay Pradesh)
20.	Uttar Pradesh	Chemical Research UnitDepartment of Research in Unani Medicine, Near Office of Dean, Faculty of Science, Aligarh Muslim University, Aligarh - 202 001 (U.P.)
21.	New Delhi	Drug Standardisation Research Unit61-65, Institutional Area, Opposite "D" Block, Janakpuri, New Delhi - 110 058
22.	New Delhi	Hakim Ajmal Khan Institute for Literary & Historical Research in Unani Medicine(Erstwhile Literary Research Institute of Unani Medicine)Dr. M.A. Ansari Health Centre, Jamia Millia Islamia, Okhla, NewDelhi-110 025
23.	Uttar Pradesh	Drug Standardisation Research InstitutePLIM Building, Opp. 'M' Block, Sector-23, Kamla Nehru Nagar, Ghaziabad-201002 (U.P.)
24.	New Delhi	Unani Medical Centre(Extension Centre of RRIUM, New Delhi)Dr". Ram Manohar Lohia Hospital, New Delhi - 110 001
25.	New Delhi	Unani Speciality Centre (Extension Centre of RRIUM, New Delhi) DeenDayalUpadhyay Hospital, Ghantaghar, Harinagar, New Delhi- 110 064
26.	Manipur	Clinical Research Pilot Project (Unani) Ground Floor, Regional Research Institute of Homoeopathy New Checkon Road (Opp. Tribal Colony), Imphal East, Manipur - 795 001

[English]

(e) if so, the details thereof?

Treatment through AYUSH

2378. SHRI P. KUMAR: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government is encouraging people to go in for treatment through AYUSH for ensuring their wellness;

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

(c) the details of the programme formulated as per the target for imparting training to the instructors and doctors of the yoga and naturopathy centres;

(d) whether the Government has any plans to increase the number of such centres; and

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) and (b) The Central Government through Centrally Sponsored Scheme of National AYUSH Mission (NAM) provides financial assistance to the States/UTs for encouraging treatment through Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) system of medicine for the health care of the people as per the State Annual Action Plan (SAAP) received from the States/UTs.

The National AYUSH Mission (NAM) inter-alia makes provision for the following:-

- (i) Co-location of AYUSH facilities at Primary Health Centers (PHCs), Community Health Centers (CHCs) and District Hospitals (DHs).
- (ii) Up gradation of exclusive State Government AYUSH Hospitals and Dispensaries.
- (iii) Setting up of up to 50 bedded integrated AYUSH Hospital.
- (iv) Upgradation of State Government Educational Institutions.
- (v) Setting up of new State Government AYUSH Educational Institutions in the State where it is not available.
- (vi) Strengthening of State Government/ Public Sector Undertaking (PSU) Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Pharmacies and Drug Testing Laboratories (DTL).
- (vii) Cultivation and Promotion of Medicinal Plants.

The State/UT wise grant-in-aid provided for various activities Under NAM is given in the enclosed Statement.

- (c) Under the Central Sector Scheme of

Continuing Medical Education (CME) following programmes are formulated for imparting training to the instructors, teachers and doctors of AYUSH system including Yoga and Naturopathy:

- (i) 6-day specialized training for AYUSH Paramedics/Health workers/Instructors/Therapists.
- (ii) 6-day OTP (Orientation Training Programme) for Yoga/Naturopathy training for AYUSH/ Allopathy Doctors.
- (iii) 6-day CME for Yoga/Naturopathy Teachers of University Departments, institutes of repute at national level and degree colleges conducting courses in Yoga/Naturopathy.

Number of programmes formulated under the Scheme components is variable according to the proposals received from various Institutions/Colleges.

(d) and (e) Under National AYUSH Mission, increasing the number of such centres depends upon the proposals as reflected in the State Annual Action Plan (SAAP) by the State/UT Governments as per the guidelines of NAM.

Statement

State/UT wise status of releases during the years 2014-15, 2015-16, 2016-17 & 2017-18 under Centrally Sponsored Scheme of National AYUSH Mission (NAM)

Sl. No.	Name of States/ UTs	Grant-in-aid released during 2014-15	Grant-in-aid released during 2015-16	Grant-in-aid released during 2016-17	Grant-in-aid released during 2017-18	Total Grant-in-aid released
1	2	3	4	5	6	7
1	Andaman and Nicobar	0.000	151.777	394.821	302.330	848.928
2	Andhra Pradesh	309.925	1400.383	1125.531	1176.012	4011.851
3	Arunachal Pradesh	101.135	527.554	465.450	545.706	1639.845
4	Assam	668,979	1410.508	1631.649	2390.692	6101.828
5	Bihar	0.000	313.975	1752.914	0.000	2066.889
6	Chandigarh	0.000	0.000	509.320	490.520	999.840
7	Chhattisgarh	281.413	858.257	1624.737	1226.755	3991.162

1	2	3	4	5	6	7
8	Dadra and Nagar Haveli	0.000	0.000	91.797	143.403	235.200
9	Daman and Diu	0.000	0.000	113.184	0.000	113.184
10	Delhi	132,707	593.598	0.000	0.000	726.305
11	Goa	0.000	118.725	622.597	262.468	1003.790
12	Gujarat	332.392	792.693	1533.046	1274.394	3932.525
13	Haryana	213.588	579.791	1034.396	848.442	2676.217
14	Himachal Pradesh	0.000	421.480	614.212	718.927	1754.619
15	Jammu and Kashmir	226.269	792.150	769.208	992.584	2780.211
16	Jharkhand	0.000	624.723	48.011	0.000	672.734
17	Karnataka	359.116	1560.253	1241.455	2059.866	5220.690
18	Kerala	254.668	1273.778	891.204	2096.234	4515.884
19	Lakshadweep	0.000	189.223	509.729	63.747	762.699
20	Madhya Pradesh	644.940	3253.341	2645.333	3059.684	9603.298
21	Maharashtra	534.670	1282.734	529.186	1784.285	4130.875
22	Manipur	226.813	828.801	1229.987	1339.356	3624.957
23	Mizoram	134.647	405.693	603.754	693.478	1837.572
24	Meghalaya	116.270	375.119	802.743	738.254	2032.386
25	Nagaland	115.613	873.095	521.284	1516.916	3026.908
26	Odisha	471.723	1865.281	1221.301	1561.020	5119.325
27	Puducherry	60.000	144.175	170.000	200.004	574.179
28	Punjab	316.000	299.507	1317.811	1348.662	3281.980
29	Rajasthan	638.066	2819.606	2225.209	6893.256	12576.137
30	Sikkim	66.428	608.151	874.071	180.087	1728.737
31	Tamil Nadu	0.000	87.700	1980.541	2789.072	4857.313
32	Telangana	330.000	1091.463	1330.696	1055.111	3807.270
33	Tripura	238.115	472.354	334.062	1195.541	2240.072
34	Uttar Pradesh	0.000	4539.270	8466.625	6280.230	19286.125
35	Uttarakhand	284.000	621.238	1187.929	1986.097	4079.264
36	West Bengal	471.230	1924.852	1298.056	1654.645	5348.783
Total		7528.707	33101.248	41711.849	48867.778	131209.582

Post Immunisation Children Deaths

2379. SHRI P. NAGARAJAN:

DR. K. GOPAL:

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

(a) whether more than 10,600 children died in post-immunisation complications in various parts of the country during the last ten years;

(b) if so, the details thereof;

(c) whether any Committee has been constituted to enquire into the cause of death of these children;

(d) if so, the details thereof; and

(e) the total number of deaths of children registered in various States during the last ten years, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) No, it is not correct that more than 10,600 children died in post immunization complications in various parts of the country during last 10 years. As per the direct reporting of serious/severe individual Adverse Events Following Immunization cases including deaths by States/UTs to AEFI secretariat /Govt. of India about 1713 children died following immunization from 2010-11 to 2017-18 (as on 31-12-17). States/UTs wise details of numbers of deaths reported following immunization from

2010-11 to 2017-18 is given in the enclosed Statement.

While vaccines are safe, sometimes there are adverse events reported following vaccinations (as with all drugs) which may not necessarily be causally associated with Immunization. These are reported, investigated and monitored by National Adverse Events Following Immunization (AEFI) Surveillance System which is part of the Universal Immunization Programme (UIP). Every year, 39 crore (approx.) doses of various vaccines are administered to the children under Universal Immunization Program.

(c) and (d) Yes, under AEFI Surveillance System to investigate and assess any AEFI cases including cause of death, there are District AEFI Committee at district level, State AEFI Committee at State level and National AEFI Committee at National level. The members of the committee comprise of paediatricians, epidemiologists, pharmacologists, pathologists etc. and representatives from Integrated Disease Surveillance Programme (IDSP), Drug Control Department and local professional bodies like Indian Medical Association (IMA), Indian Academy of Paediatrics (IAP) etc. Most of the death cases analysed by these committee has found that they are not causally related to vaccines used in the Universal Immunization programme.

(e) The total number of children deaths reported under AEFI Surveillance System from 2010-11 till 2017-18 (as on December 17) in various States /UTs-wise is given in the enclosed Statement.

Statement

Year wise Adverse Event Following Immunization (AEFI) (only deaths) reported by States/UTs

States/UTs	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	Total deaths
1	2	3	4	5	6	7	8	9	10
Andhra Pradesh	9	19	14	4	12	19	18	6	101
Arunachal Pradesh						2	3		5
Assam	1	3	6	10	15	9	13	9	66
Bihar	7	5	7	17	28	12	73	51	200
Chandigarh	1	1		1		3		1	7

1	2	3	4	5	6	7	8	9	10
Chhattisgarh			4	2	4	9	11	4	34
Dadra and Nagar Haveli									0
Daman and Diu				1					1
Delhi			6	4	2	10	5	10	37
Goa			1	2		1	1		5
Gujarat	1	6	3	8	6	8	10	12	54
Haryana			3	8	14	12	7	4	48
Himachal Pradesh	2	1			1	3	1	2	10
Jammu and Kashmir				12	4	2	4		22
Jharkhand		9	4	4	2	4	4	2	29
Karnataka		6	7	9	9	29	16	14	90
Kerala		3	13	8	7	19	12	13	75
Madhya Pradesh	3	3	6	6	15	22	26	15	96
Maharashtra	3	12	26	15	5	23	20	10	114
Manipur						1		2	3
Meghalaya				1	2	5	4		12
Mizoram					11	2	2		15
Nagaland					1				1
Odisha	1	5	3	3	9	12	16	11	60
Puducherry									0
Punjab	1	2	4	2	1	6	2	2	20
Rajasthan		3	2	4	6	5	6	2	28
Sikkim							2		2
Tamil Nadu	2	2	5	14	14	7	18	9	71
Telangana				1	3	6	10	4	24
Tripura		2	6	3	10	4	3	1	29
Uttar Pradesh	2	27	22	26	45	60	38	33	253
Uttarakhand		1	1		1	2	1	1	7
West Bengal	4	15	23	24	31	25	42	30	194
Grand Total	37	125	166	189	258	322	368	248	1713

Source: Direct reporting by States/UTs to AEFI secretariat/Govt. of India of serious/severe individual AEFI cases (as on 31-12-17)

Funds to Andhra Pradesh

2380. SHRI J.C. DIVAKAR REDDY: Will the Minister of FINANCE be pleased to state:

(a) whether the Government of Andhra Pradesh proposes to increase the budget/funds through indirect taxes methods on the lines of Gujarat and Maharashtra as these two States are getting more funds under indirect taxes; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) No, the State Government of Andhra Pradesh has not submitted any proposal in this regard.

Nutritional Intake of Women and Children

2381. SHRI C.S. PUTTA RAJU: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether there are reports of declining nutritional intake of pregnant women and new born children among various parts of rural India and if so, the details thereof;

(b) the measures taken by the Government to increase the nutritional intake of mothers and new born children through introduction of alternative food sources other than pulses;

(c) whether food supplements based on dietary preferences have been given to them and if so, the details thereof;

(d) whether measures have been taken to collect information on nutritional levels and food intake after the shutting down of National Nutrition Monitoring Bureau; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) There has been no decline in the nutritional intake of pregnant women. Data from the National Nutrition Monitoring Bureau (NNMB) surveys

carried out by NIN in 10 States show similar nutritional intakes of pregnant women in 2006 and 2012. In fact there has been modest increase in fat intake (from 19 g/day to 23.5 g/day) and energy intake (from 1654 to 1773 Kcal/ day).

For newborn children, early and exclusive breastfeeding is recommended for optimal growth and development. As per the data of NFHS-4 (2015-16), the rate of early initiation of breastfeeding is 41.6% and the rate of exclusive breastfeeding for the first 6 months is 46.4%.

(b) and (c) Under the Anganwadi Services Scheme of the Umbrella ICDS, Supplementary Nutrition is provided to Pregnant Women, Lactating Mothers and Children from 6 months to 6 years of age as per nutritional norms provided under Schedule-II of the National Food Security Act in order to bridge the gap between the Recommended Dietary Allowance (RDA) and Average Dietary Intake (ADI). The norms recommend provision of 600 Kcal of Energy and 18-20 g Protein to Pregnant Women and Lactating Mothers. For children up to 6 months of age, the practice of early and exclusive breastfeeding is promoted.

Anganwadi Services under the umbrella ICDS is a Centrally Sponsored Scheme and States/UTs are responsible for the implementation of Scheme including provision of supplementary nutrition to children (6 months to 6 years), pregnant women and lactating mothers. The food provided under the ICDS may vary from place to place depending upon the locally available foods and the food preferences/habits of the local population.

(d) and (e) The Government is relying upon the nutritional intake data available as per the last NNMB survey conducted in 2012 till other arrangements are in place to capture the said data.

[*Translation*]

Zika Virus

2382. SHRIMATI JAYSHREEBEN PATEL:
SHRI SANJAY HARIBHAU JADHAV:

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

(a) whether according to the World Health Organisation (WHO) some cases of Zika virus have been

reported in various parts of the country including Maharashtra;

(b) if so, the details thereof along with the number of cases of Zika virus reported in the country, State/UT-wise during each of the last three years;

(c) the details of corrective measures taken by the Government in this regard; and

(d) the number of cases in which the patients have got infection by tears or sweat of the patients suffering from Zika virus along with the corrective measures taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Four cases of Zika Virus Disease has been reported in India. Three from Ahmedabad, Gujarat and one from Krishnagiri, Tamil Nadu.

Year	State/UT	No.of cases
2015	-	0
2016	Gujarat	1
2017	Gujarat	2
	Tamil Nadu	1

(c) Government of India has taken adequate measures to prevent/control Zika virus disease outbreak. The Ministry of Health & Family Welfare has been regularly reviewing the preventive measures against Zika virus. An action plan has been prepared to manage Zika virus disease and shared with all the States/UTs. Advisories have been issued to the States for intensification of vector control measures. Guidelines for integrated vector management for control of Aedes mosquito, the vector for Zika, have been issued. All these documents have also been made available on the website of the Ministry.

Integrated Disease Surveillance Programme has sensitized its State and District Rapid Response Teams. National Centre for Disease Control has been identified as the nodal agency for investigation of outbreak. All the International Airports and Sea Ports displayed signages for providing information to travellers on Zika Virus Disease. 36 laboratories have been identified and

strengthened to test Zika Virus Disease. The ICMR network of laboratories are testing pre-determined clinical samples. Child Health Division under National Health Mission is monitoring microcephaly cases through 55 identified sentinel sites. Directorate General of Health Services has developed risk communication materials. A travel advisory has been issued. National Blood Transfusion Council has re-issued its guidelines for blood donation by those who had travelled to Zika affected countries.

(d) Zika Virus disease is primarily spread by bite of infected Aedes mosquito. It can also be transmitted through body fluids such as semen (sexual route) and through blood transfusion. A pregnant women infected with Zika Virus can pass the virus to fetus during pregnancy or at time of birth. Transmission of infection through tears, saliva, sweat etc. has not been conclusively established and has been subject matter of further research.

[English]

Allocation of funds under CAMPA

2383. SHRIMATI P.K. SREEMATHI TEACHER: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the funds allocated by the State Government of Kerala under Compensatory Afforestation Fund Management and Planning Authority (CAMPA);

(b) the details of funds allocated to the State during the last five years and the current year;

(c) whether the Government has formulated any guidelines for monitoring of works carried out using the said funds; and

(d) if so, the details thereof and if not, the reasons therefore?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Total amount of Rs. 15.6558 Crores have been released from the Ad-hoc CAMPA to Kerala State CAMPA till date. An amount of Rs. 13.9049 Crores has / been released to Kerala State CAMPA during the last five years and the current year which includes Rs. 8.00 Crores in the current year;

(c) and (d) CAMPA funds released to the States can only be used for the activities included in the respective Annual Plans of Operation, which are drawn up in terms of the Guidelines for State CAMPAs, which have the approval of the Hon'ble Supreme Court of India. A multi-pronged strategy is in place for monitoring of the works undertaken under CAMPA which inter-alia include calling for, analysis, and feedback on the Quarterly Progress Reports submitted by the State CAMPAs to the Ad-hoc CAMPA, monitoring of Projects through loading of polygons of works undertaken, on the e-Green Watch portal managed by the National Informatics Centre and third party monitoring to be undertaken by independent agencies.

Cooked Meals under ICDS Scheme

2384. SHRI NANDI YELLAIAH: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government has taken note that several States/UTs, particularly Andhra Pradesh and Telangana have continued to outsource the work under Integrated Child Development Services (ICDS) scheme despite the Supreme Court orders which states that children under six years must be provided "hot cooked meals" by Village Communities or Mahila Mandals and had specifically asked States not to employ contractors for the job;

(b) if so, the details thereof along with the reaction of the Government thereto; and

(c) the measures taken by the Government for vigorous implementation of the Supreme Court orders and directions given to States/UTs, particularly Andhra Pradesh and Telangana in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) The National Food Security Act (NFSA) promulgated in 2013 mandates the nutritional requirement of pregnant women and lactating mothers and children below 6 years of age. Section 39 of the said Act provides framing of Rules by Government of India on the subject.

Schedule II of the aforesaid Act provides nutritional norms for various beneficiaries under the Anganwadi Services Scheme. As per these provisions, morning snacks and hot cooked meal is to be provided to the children between the age of 3 to 6 years and Take Home Ration is to be provided to lactating women and pregnant mothers and children between six months to three years of age.

Accordingly, Government of India notified Supplementary Nutrition (under Integrated Child Development Services Scheme) Rules, 2017 on 20th February, 2017 and copy of the same was laid on the Tables of both Houses of Parliament. As per the aforesaid Rules, nutrition is to be provided at the Anganwadi Centres (AWCs) and Take Home Ration is to be procured from Sell-Help Groups.

Since the above provisions are mandatory in nature, all the States/UTs are mandated to follow these Rules in implementing the Anganwadi Services Scheme.

Fellowship to Medical Professionals

2385. SHRI NISHIKANT DUBEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the salient features and the objectives of granting fellowships to the distinguished professionals under the National Board of Examination/National Academy of Medical Sciences;

(b) the fee and examination procedure prescribed for granting fellowships;

(c) the number of women, Scheduled Castes, Scheduled Tribes professionals granted fellowships during the last three years;

(d) whether the Government has reviewed the arbitrary system of granting fellowships to the medical professionals under this scheme; 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 (SHRI ASHWINI KUMAR CHOUBEY): (a) National Board of Examinations does not grant any fellowship to distinguished professionals,.

National Academy of Medical Sciences (NAMS) informed that the objective of these fellowships is to recognize and encourage the merit in all branches of medical sciences.

(b) No fee is prescribed for applying for fellowship. Further, the selection for granting fellowships is based on nomination / election.

(c) NAMS informed that during the last three years, 19 women are elected as fellow of the Academy. NAMS further informed that it does not maintain category wise data of its fellows as the same is not mentioned in the regulations of the Academy.

(d) and (e) The Fellowship of the Academy is done under the procedure laid-out by the NAMS to maintain the academic standard and Autonomy of the Academy.

Credibility of PSBs

2386. SHRI BHAGWANTH KHUBA: Will the Minister of FINANCE be pleased to state:

(a) whether the Public Sector Banks (PSBs) are losing their credibility due to scams and if so, the details

thereof;

(b) whether the bank employees are found involved in such scams; and

(c) if so, the details of amount/banks involved in various such scams?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) The assessment of credit worthiness of credit institutions is done by credit rating agencies registered and regulated by the Securities and Exchange Board of India. As per data available in the public domain, all PSBs have investment grade ratings, with most of them having high ratings with high degree of safety regarding timely servicing of financial obligations.

As per Reserve Bank of India inputs, bank-wise details of cases of fraud reported by PSBs, involving an amount of Rs. 1 lakh and above, for the financial year 2016-17, including the amount involved and the number of cases in which bank employees were involved, are given in the enclosed Statement.

Statement

Bank-wise details of cases of fraud reported by PSBs, involving an amount of Rs. 1 lakh and above, for the financial year 2016-17

Bank	No. of cases	Amount involved (in crore Rs.)	No. of cases wherein staff is involved
1	2	3	4
Allahabad Bank	60	895.09	11
Andhra Bank	64	245.60	10
Bank of Baroda	224	1,164.85	24
Bank of India	162	2,774.01	15
Bank of Maharashtra	75	425.02	15
Canara Bank	119	610.17	25
Central Bank of India	146	867.86	27
Corporation Bank	83	694.08	11
Dena Bank	43	468.09	6

1	2	3	4
IDBI Bank Limited	107	1,136.84	1
Indian Bank	79	480.23	6
Indian Overseas Bank	95	1,372.11	27
Oriental Bank of Commerce	56	162.77	9
Punjab & Sind Bank	16	178.78	3
Punjab National Bank	158	2,808.27	18
State Bank of Bikaner & Jaipur	38	132.87	8
State Bank of Hyderabad	38	112.16	9
State Bank of India	544	2,422.37	83
State Bank of Mysore	92	279.77	6
State Bank of Patiala	47	35.83	6
State Bank of Travancore	44	57.09	2
Syndicate Bank	166	376.23	19
UCO Bank	59	695.48	15
Union Bank of India	111	920.72	4
United Bank of India	30	83.82	5
Vijaya Bank	58	132.72	8
Bharatiya Mahila Bank Ltd.	4	0.55	0
Total	2,658	18,638.28	373

Source: Reserve Bank of India.

Medical College in Chhattisgarh

2387. SHRI ABHISHEK SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of Medical Colleges sanctioned for State of Chhattisgarh;

(b) the details of project cost for the same along with ratio of funds to be shared between State and Union Government;

(c) the amount released so far by the Union Government for the purpose; and

(d) the time by which the said projects are likely to be completed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) This Ministry administers a Centrally Sponsored Scheme for Establishment of new Medical Colleges attached with existing district/referral hospitals. 58 districts in 20 States/UT have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Under this Scheme, two districts in Chhattisgarh namely, Rajnandgaon and Sarguja have been approved to establish new medical

colleges. The total approved cost of establishment of one Medical College under the scheme is Rs.189 crore with fund sharing between the Central Government and the State Government in the ratio of 60:40. Funds to the tune of Rs. 196.80 crore have been released as central share to the State Government of Chhattisgarh for the approved districts under the Scheme. The Medical Colleges at Rajnandgaon and Sarguja are already functional. The State Government has been requested to complete the works under the Scheme by December, 2018.

[Translation]

Yoga Classes

2388. SHRI RODMAL NAGAR: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government proposes to take any concrete steps in the coming days to make yoga classes being run by State and Central Universities more

Sl. No.	Name of the University
1.	Hemwati Nandan Bahuguna Garhwal University
2.	Visva Bharati, Shantiniketan
3.	Central University of Rajasthan
4.	Central University of Kerala
5.	Indira Gandhi National Tribal University
6.	Manipur University

UGC has already sanctioned Yoga Department in Indira Gandhi National Tribal University, which is situated in Madhya Pradesh.

Also, the State Universities do not receive maintenance grants from the UGC and therefore, they do not require any approval of the UGC to start any new programmes including Yoga.

Further, the Central Council for Research in Yoga and Naturopathy (CCRYN) has recently opened 01 Out Patient Department (OPD) in Govt. Homeopathic Medical College & Hospital, Bhopal, Madhya Pradesh.

effective;

(b) if so, the details thereof;

(c) whether there is any plan to open more yoga centres in Madhya Pradesh in addition to State and Central Universities; and

(d) if so, the time by which it is likely to be done and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (d) Yoga related activities in State and Central Universities does not fall under the mandate of the Ministry of AYUSH.

However, as per the information received from University Grant Commission (UGC), Ministry of HRD, it has sanctioned full-fledged Yoga department and courses in the following Six Central Universities:-

Course Approved by UGC
B.Sc. (Yogic Science) and Ph.D. (Yogic Science)
B.Sc. (Yogic Science) and M.Sc. (Yogic Science)
M.Sc. (Yoga Therapy) and Certificate/Diploma in Yoga
Diploma in Yoga, M.A. (Yoga Therapy) and Ph.D. (Yoga)
B.Sc. (Yogic Science) and Certificate/Diploma in Yoga
B.Sc. (Yogic Science) and Certificate/Diploma in Yoga

[English]

Benefits of Schemes for Women Empowerment

2389. DR. BOORA NARSAIAH GOUD: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government has taken note of the findings of the survey conducted by the Centre for Advocacy and Research with NALSA and Delhi Legal Services Authority which indicates that marginalised women are not able to avail benefits of various Government schemes;

(b) if so, the details thereof;

(c) the details of schemes implemented by the Government along with targets fixed and achievements made thereunder during each of the last three years, scheme-wise, and State/UT-wise; and

(d) the measures taken by the Government to ensure that fruits of schemes reach the marginalized women?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) No, Madam. The Government is not aware of the survey conducted by the Centre for Advocacy and Research with NALSA and Delhi Legal Services Authority about marginalised women not able to avail benefits of various Government schemes.

(c) However the Ministry of Women and Child Development is implementing various schemes/programmes for welfare of women and children across the country, the details of the schemes are as under:

- i. **Swadhar Greh Scheme**, to provide relief and rehabilitation to destitute women and women in distress. Also, under this scheme a Widow's Home with the capacity of 1000 inmates is under construction at Vrindavan, Uttar Pradesh.
- ii. **National Creche Scheme (NCS)** to provide day care facilities to children of age group of 6 months to 6 years of working mothers and other.
- iii. **Ujjawala**, a comprehensive Scheme for prevention of trafficking and rescue, rehabilitation and re-integration of victims of trafficking and commercial sexual exploitation.
- iv. **Rashtriya Mahila Kosh (RMK)** to provide loan to Intermediary Organisation (IMOs) like NGOs for on-lending to poor women beneficiaries.
- v. **Working Women Hostels (WWH)**, for ensuring safe accommodation for women working away from their place of residence. This scheme facilitates those working women who may be single, widowed, divorced,

separated, married but whose immediate family members does not reside in the same area and those women who are under training for job. Provision of day care centre for children of the inmates of the hostel is an important aspect of the scheme.

- vi. **Pradhan Mantri Matru Vandana Yojana (PMMVY)**: This flagship programme of the Government of India launched in January 2017. It envisages providing cash incentive amounting to Rupees 5,000/- directly to the Bank/Post Office Account of Pregnant Women and Lactating Mothers in Direct Benefit Transfer Mode during pregnancy and lactation. The eligible beneficiaries would receive the Rs. 1000 as per approved norms towards Maternity Benefit under Janani Suraksha Yojana (JSY) after institutional delivery so that on an average, a women will get Rs.6,000/-.
- vii. **Scheme for Adolescent Girls (SAG)**: The scheme is being implemented in 205 selected districts across the country using the ICDS platform. The SAG scheme aims at an all-round development of adolescent girls (AGs) of 11-18 years by making them self-reliant through facilitating access to learning, health and nutrition through cost effective interventions.
- viii. **Beti Bachao Beti Padhao (BBBP)**: BBBP is a comprehensive programme to address the declining Child Sex Ratio (CSR) and related issues of disempowerment of women over a life-cycle continuum.
- ix. **Anganwadi Services**: The Anganwadi Services Scheme is one of the flagship programmes of the Government of India. This programme is for early childhood care and development. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers.
- x. **Child Protection Scheme (CPS)**: CPS aims to create a safety net of dedicated structures,

services and personnel for protection of children, especially those in difficult circumstances. The objective is to contribute to improvement in the well being of children in difficult circumstances, as well as to the reduction of vulnerabilities to situations and actions that lead to abuse, exploitation, abandonment and separation of children from their families.

The State/UT-wise details of funds released under these schemes/programmes during the last three years

and current year are given in the enclosed Statement-I to Statement-IX.

(d) The Ministry holds regular review meetings with Women and Child Development Departments of State Governments/UT Administration for effective implementation of the schemes and programmes for welfare of women and children. Regional consultations are also held to discuss issues concerning implementation of schemes. The schemes also have inbuilt monitoring mechanism to check fund utilization. The schemes are periodically reviewed for their proper and better implementation.

Statement-I

Benefits of Schemes for Women Empowerment. Funds released, State-wise and year-wise during the last three years and the current year for Swadhar Greh Scheme

(Rs. in Lakh)

Sl. No.	Name of States	2014-15	2015-16	2016-17	2017-18 (As on
1	2	3	4	5	6
1	Andhra Pradesh	93.78	48.21	124.47	156.61
2	Assam	128.91	43.47	237.56	197.03
3	Andaman and Nicobar Island	0	0	4.4	9.01
4	Arunachal Pradesh	0	0	6.54	8.11
5	Bihar	0	0	69.79	86.54
6	Chandigarh	0	0	7.27	9.01
7	Chhattisgarh	7	5.26	17.44	16.22
8	Dadra and Nagar Haveli	0	0	0	0
9	Daman and Diu	0	0	0	0
10	Delhi	0	0	14	18.02
11	Gujarat	19.2	7.58	40.5	37.86
12	Goa	0	0	4.36	5.4
13	Haryana	0	0	4.36	9.77
14	Himachal Pradesh	0	0	0	0
15	Jharkhand	28.58	6.46	24.41	18.32
16	Jammu and Kashmir	5.99	17.74	40	32.45
17	Karnataka	268.04	67.94	461.95	560.73
18	Kerala	20.79	0	52.36	43.27
19	Lakshadweep	0	0	0	0

1	2	3	4	5	6
20	Madhya Pradesh	76.12	50.77	95.91	89.99
21	Maharashtra	279.06	35.89	576.88	438.36
22	Mizoram	2.51	2.48	16.72	16.22
23	Manipur	106.63	47.76	284.07	189.83
24	Meghalaya	0	0	0	0
25	Nagaland	0	0	6.54	8.11
26	Odisha	104.86	269.16	723.85	521.43
27	Punjab	0	0	10.52	10.81
28	Puducherry	0	0	7.27	9.01
29	Rajasthan	23.35	9.13	68.4	98.59
30	Sikkim	0	0	6.54	8.11
31	Tamil Nadu	38.53	12.48	247.22	280.07
32	Telangana	74.85	63.24	134.61	177.88
33	Tripura	0	0	26.17	32.45
34	Uttar Pradesh	247.03	1490.9	383.43	595.34
35	Uttarkhand	60.91	3.63	69.93	92.33
36	West Bengal	74.18	154.48	18.37	448.35
37	CSWB for SSH	1195.1	2521.3	1519.5	0
	CSWB for construction of Swadhar Greh in Vrindavan, UP	-	-	3073	1037
	Total	2855.4	4857.8	8378.3	5262.23

Statement-II

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for National Creche Scheme

Year-wise details of funds allocated to MWCD and funds utilized by CSWB under National Creche Scheme (CSWB-BAJSS)

Sl. No.	Year	Details of funds allocated by MWCD to CSWB	Funds utilized/released by CSWB	Balance left
1	2014-15	76,85,06,688	76,85,06,067	-
2	2015-16	1,11,63,22,290	1,11,40,82,822	22,39,468
3	2016-17 (uptoDecember, 2016)	78,36,96,726	76,45,57,658	1,91,39,068

Note - Funds under National Creche Scheme are allocated to Central Social Welfare Board whole not for the states separately.

Statement-III

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for Ujjawala Scheme.

Sl. No.	Name of State/UT	Funds Released (In Lakhs)			
		2014-15	2015-16	2016-17	2017-18 (As on 12.07.2017)
1	2	3	4	5	6
1.	Andhra Pradesh	34.76	71.99	238.05	122.27
2.	Arunachal Pradesh		9.75	-	
3.	Assam	177.79	385.22	280.88	363.20
4.	Bihar	7.18	23.38	28.99	
5.	Chhattisgarh	19.71	10.84	46.54	38.75
6.	Goa	-	-	-	
7.	Gujarat	7.18	32.88	43.96	59.37
8.	Haryana	-	7.31	14.78	
9.	Himachal Pradesh	-	-	-	
10.	Jammu and Kashmir	-	-	-	
11.	Jharkhand	-	-	-	
12.	Karnataka	145.85	265.66	235.52	311.81
13.	Kerala	4.18	31.57	24.21	35.14
14.	Madhya Pradesh	10.85	7.06	8.54	10.59
15.	Maharashtra	55.93	304.75	287.41	294.45
16.	Manipur	122.43	152.23	117.66	246.04
17.	Meghalaya	-	-	-	
18.	Mizoram	-	92.5	21.67	26.87
19.	Nagaland	-	25.17	12.07	14.96
20.	Odisha	106.32	233.02	307.24	201.21
21.	Punjab	-	-	-	

1	2	3	4	5	6
22.	Rajasthan	45.80	107.27	21.82	143.86
23.	Sikkim	-	10.51	-	24.82
24.	Tamil Nadu	17.65	99.39	88.43	59.31
25.	Telangana	-	98.29	44.28	99.88
26.	Tripura	-	-	-	
27.	Uttarakhand	-	22.92	53.56	82.05
28.	Uttar Pradesh	35.04	48.57	89.53	111.18
29.	West Bengal	-	50.17	-	84.34
30.	Andaman and Nicobar Islands	-	-	-	
31.	Chandigarh	-	-	-	
32.	Dadra and Nagar Haveli	-	-	-	
33.	Daman and Diu	-	-	-	
34.	Delhi	1.89	-	-	
35.	Lakshadweep	-	-	-	
36.	Puducherry	-	-	-	
	Total	792.56	2067.07	2031.00	2358.99
	Budget Estimates	1600.00	2000.00	3500.00	5000.00

Statement-IV

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for Rashtriya Mahila Kosh (RMK).

FY 2017-18 (till 31st January, 2018)

Sl. No.	State Name	Sanctioned (Amount in Rs. Lakhs)
1	2	3
1	Assam	50.00
2	Jharkhand	18.00

1	2	3
3	Madhya Pradesh	30.00
4	Maharashtra	20.00
5	Rajasthan	53.00
6	Uttar Pradesh	65.00
7	Uttranchal	18.00
8	West Bengal	154.00
	Total	408.00

* Loans could not be sanctioned during the last three years as the loan guidelines of RMK were under revision.

Statement-V

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for Working Women Hostels (WWH) Scheme.

Sl. No.	Year	2014-15	2015-16	2016-17	2017-18 (As on 12.12.2017)
Name of State					
01.	Andhra Pradesh	3,26,47,207	1,81,07,916	2,47,87,500	—
02.	Arunachal	88,47,900	2,68,41,975	1,92,54,000	1,93,46,775
03.	Assam	—	—	—	4,12,008
04.	Himachal	—	—	—	2,65,83,375
05.	Karnataka	46,56,630	—	—	—
06.	Kerala	20,66,829	2,44,80,000	9,32,17,350	—
07.	Maharashtra	—	2,51,75,896	3,47,99,568	—
08.	Manipur	35,31,958	92,08,167	1,49,74,690	2,10,09,617
09.	Nagaland	58,53,241	1,81,03,393	4,42,48,100	2,97,43,612
10.	Telangana	3,22,87,500	—	—	—
Total		8,98,91,265	12,19,17,347	23,12,81,208	9,70,95,387

Statement-VI

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for Pradhan Mantri Matru Vandana Yojana (PMMVY).

Sl. No.	State/UT	2017-18 (As on 23.11.2017)	1	2	3
1	Andaman and Nicobar Islands	97.80	8	Dadra and Nagar Haveli	88.32
2	Andhra Pradesh	6520.38	9	Daman and Diu	41.67
3	Arunachal Pradesh	612.18	10	Delhi*	0.00
4	Assam	9203.74	11	Goa	149.92
5	Bihar	16050.15	12	Gujarat	9318.66
6	Chandigarh	271.22	13	Haryana	4085.30
7	Chhattisgarh	3938.58	14	Himachal Pradesh	1587.60
			15	Jammu and Kashmir	2900.45
			16	Jharkhand	5086.14
			17	Karnataka	9419.73
			18	Kerala	5150.58
			19	Lakshadweep	16.57
			20	Madhya Pradesh	11197.67

1	2	3
21	Maharashtra	11550.66
22	Manipur	1263.42
23	Meghalaya	875.05
24	Mizoram	485.41
25	Nagaland	875.31
26	Odisha	6471.63
27	Puducherry	320.68
28	Punjab	4277.49
29	Rajasthan	10568.86
30	Sikkim	270.12
31	Tamil Nadu	11123.70
32	Telangana	6520.38
33	Tripura	1625.37
34	Uttarakhand	2332.67
35	Uttar Pradesh	31726.64
36	West Bengal	9382.03
Total		185406.08

Note: The Government of India has implemented PMMVY in all districts of the country w.e.f. 01.01.2017

Statement-VII

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for the Scheme for Adolescent Girls (SAG).

(Amount in Lakh)

Sl. No.	States	2016-17	2017-18 (as on 31.12.2017)
1	2	3	4
1	Andhra Pradesh	762.99	1899.63
2	Arunachal Pradesh	126.25	87.96
3	Assam	1356.94	341.92

1	2	3	4
4	Bihar	2696.83	4003.74
5	Chhattisgarh	1389.69	2354.43
6	Goa	131.50	302.77
7	Gujarat	8443.18	2690.09
8	Haryana	104.74	589.97
9	Himachal Pradesh	720.45	1129.42
10	Jammu and Kashmir	194.63	255.91
11	Jharkhand	145.57	1456.14
12	Karnataka	740.73	2375.14
13	Kerala	1057.73	692.30
14	Madhya Pradesh	5302.02	8154.25
15	Maharashtra	5334.42 %	3995.68
16	Manipur	49.65	170.28
17	Meghalaya	919.65	338.98
18	Mizoram	91.78	119.66
19	Nagaland	206.31	193.14
20	Odisha	2867.25	2040.50
21	Punjab	0.00	40.60
22	Rajasthan	0.00	39.38
23	SikJrim	32.54	15.42
24	Tamil Nadu	2655.26	2609.38
25	Telangana	572.39	81.40
26	Tripura	334.81	664.59
27	Uttar Pradesh	10932.99	3449.36
28	Uttar anchal	43.02	3.30
29	West Bengal	40.41	282.47
30	Andaman and Nicobar	107.05	51.35
31	Chandigarh	12.11	12.68
32	Daman and Diu	14.14	14.14

1	2	3	4
33	Dadra and Nagar Haveli	16.44	16.44
34	Delhi	276.66	348.48
35	Lakshadweep	2.20	11.65
36	Puducherry	17.72	8.81
Total		47700.06	40841.37

Statement-VIII

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for Anganwadi Services Scheme.

Sl. No.	State	2017-18 Released
1	2	3
1	Andhra Pradesh	38114.85
2	Bihar	66359.59
3	Chhattisgarh	45514.68
4	Goa	1285.46
5	Gujarat	50408.12
6	Haryana	17668.41
7	Himachal Pradesh	14337.0385
8	Jammu and Kashmir	18094.41
9	Jharkhand	31094.58
10	Karnataka	80929.14
11	Kerala	26053.93
12	Madhya Pradesh	91938.6695
13	Maharashtra	52753.98

1	2	3
14	Odisha	74645.275
15	Punjab	11729.59
16	Rajasthan	53319.262
17	Tamil Nadu	39007.97
18	Telangana	28021.72
19	Uttar Pradesh	194643.7
20	Uttarakhand	20678.66
21	West Bengal	85168.414
22	Delhi	10868.44
23	Puducherry	1455.4
24	Andaman and Nicobar	854.794
25	Chandigarh #	814.98
26	D. & Nagar Haveli	295.12
27	Daman and Diu	174.39
28	Lakshadweep	114.12
29	Arunachal Pradesh	6950.716
30	Assam	50933.77
31	Manipur	7174.77
32	Meghalaya	12171.421
33	Mizoram	4019.669
34	Nagaland	9033.534
35	Sikkim	1137.1
36	Tripura	8852.7
37	LIC	600.00
Grand Total		1157218.37

Note: Anganwadi Service under Umbrella ICDS Scheme has been revised w.e.f. 01.12.2017

Statement-IX

Benefits of Schemes for Women Empowerment. The Funds released, State-wise and year-wise during the last three years and the current year for Women and Children under Child Protection Scheme.

(Rs. in Lakh)

Sl. No.	State	2014-2015	2015-16	2016-17	2017-18 as on 15.12.2017
1	2	3	4	5	6
1	Andhra Pradesh	301.62	238.58	110.74	1469.88
2	Arunachal Pradesh	130.68	571.68	52.29	155.31
3	Assam	1010.36	597.90	413.64	2932.68
4	Bihar	204.75	2687.89	2787.92	541.56
5	Chhattisgarh	821.24	3955.55	527.77	1428.42
6	Goa	100	235.25	36.83	-
7	Gujarat	1925.75	2328.90	769.95	590.11
8	Haryana	1526.72	496.44	0.00	315.11
9	Himachal Pradesh	835.71	604.04	2345.48	1483.17
10	Jammu and Kashmir	0	113.35	43.12	624.24
11	Jharkhand	36.03	369.88	840.11	241.88
12	Karnataka	3689.87	1845.24	3720.80	825.26
13	Kerala	1354.35	944.39	260.50	721.53
14	Madhya Pradesh	1889.69	1116.03	2503.88	708.10
15	Maharashtra	762.32	3138.75	2272.33	383.99
16	Manipur	138.48	3082.18	241.34	1536.33
17	Meghalaya	2003.83	1469.55	2060.33	446.60
18	Mizoram	1919.02	2079.44	1949.55	1917.51
19	Nagaland	957.41	2257.65	1350.37	1457.45
20	Odisha	2544.82	3309.07	1089.22	1655.96
21	Punjab	507.12	820.81	581.67	143.24
22	Rajasthan	3395.82	3258.92	0.00	2286.60
23	Sikkim	390.24	562.00	601.18	15.36
24	Tamil Nadu	3067.10	825.04	13039.37	2013.12

1	2	3	4	5	6
25	Telangana	2087.59	354.88	195.64	-
26	Tripura	1227.34	710.63	676.04	132.20
27	Uttar Pradesh	1798.90	2884.18	3207.19	1830.67
28	Uttarakhand	83.48	66.88	15.54	196.85
29	West Bengal	2574.04	508.67	6763.87	5073.56
30	Andaman and Nicobar Island	145.9	36.03	36.88	31.66
31	Chandigarh	21.98	357.82	245.44	103.01
32	Dadra and Nagar Haveli	68.61	58.66	177.59	24.82
33	Daman and Diu	80.61	82.82	126.42	21.89
34	Delhi	606.22	1363.40	978.64	354.33
35	Lakshadweep	0	0.00	0.00	-
36	Puducherry	1168.57	559.60	826.33	111.12
37	Other	105.57	164.77	100.08	39.30
38	Child Line India Foundation (CIF)	5361.74	5673.08	6315.93	9913.78
Total		44843.48	49729.95	57263.98	41726.60

Money Laundering Activities of Deregistered Companies

2390. SHRI A. ARUNMOZHITHEVAN: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has identified more than one lakh directors for disqualification as on 12.09.2017 and if so, the details thereof;

(b) whether money laundering activities are also performed under the aegis of these companies and the same also being scanned by the Government and if so, the details thereof; and

(c) whether the Government has also cancelled the registration of 2 lakh companies and restricted operations of their bank accounts and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE

MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) The disqualification of director of a company is by operation of law as laid down under the provisions of Section 164 of the Companies Act, 2013. Section 164 (2) (a), inter-alia, prescribes that no person who is or has been a director of a company which has not filed financial statements or annual returns for any continuous period of three financial years shall be eligible to be re-appointed as director of that company or appointed as director in other company for a period of five years from the date on which the said company fails to do so. Further, Section 167(1) (a) of the Act prescribes that the office of a director shall become vacant in case he incurs any of the disqualifications specified in section 164 of the Act. Further, Rule 14(2) of the Companies (Appointment and Qualification of Directors) Rules, 2014 requires the companies to intimate the particulars of their directors on such failure by filing a prescribed form DIR-9 to Registrar of Companies [ROCs]. 3,09,619 Directors

were identified as disqualified under Section 164(2)(a) read with Section 167 of the Companies Act, 2013 for non-filing of Financial Statements or Annual Returns for a continuous period of immediately preceding 3 (three) financial years (2013-14, 2014-15 & 2015-16).

(b) Further the Central Government has ordered investigation into the true ownership of 68 number of companies under section 216 read with section 210(1)(c) of the Companies Act, 2013, which have deposited and withdrawn funds in an exceptional manner from their bank accounts during the demonetization period.

(c) Government has struck off 2,26,166 companies from the register of companies as on 31.12.2017 following due process under the provisions of Companies Act, 2013 and shared the information with all banks for their due diligence.

Empowerment of Women through Self Help Groups

2391. SHRI SIRAJUDDIN AJMAL: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state

(a) the details of various plans and schemes being implemented by the Government for women empowerment through Self Help Groups (SHGs) along with allocation and utilization of funds thereunder during each of the last three years and the current year, State/UT-wise; the allocation and utilisation of funds under such schemes during each of the last three years and the current year, State/UT-wise;

(b) whether the Government has any proposal to involve SHGs in implementing all the social development programmes, besides carrying out manufacturing and trading activities to achieve maximum possible success; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) In the Ministry of Women & Child Development, Rashtriya Mahila Kosh (RMK), a society registered under the Societies

Registration Act, 1860, is an apex micro-finance organization to provide micro-credit at concessional rate of interest to women Self Help Groups (SHGs) or individual women (the ultimate beneficiaries) through Intermediary Micro-financing Organizations (IMOs) / Non-Governmental Organisations (NGOs) / Voluntary Organisations (VOs) for various livelihood support and income generating activities.

However, RMK is engaged with the SHGs and NGOs only for the limited purpose of rendering loan.

State/UT- wise funds disbursed during last three years and the current year is given in the enclosed Statement.

Statement

The details of disbursed these during each of the last three years and current year, State/UT-wise

2014-15

State	Amount Released
Bihar	25.00
J&K	35.00
Jharkhand	49.50
Karnataka	7.50
Rajasthan	10.00
Tamil Nadu	142.00
West Bengal	65.00
Total	334.00

2015-16*

Nil

2016-17*

(Amount Rs. In lakh)

State	Amount Released
West Bengal	55.00
	-
Total	55.00

*(The loan guideline of RMK was under revision)

2017-18 Till (06/03/2018)

(Amount Rs. in lakh)

State	Amount Released
1. Assam	25.00
2. Maharashtra	10.00
3. Rajasthan	19.00
4. Uttar Pradesh	27.50
Total	81.50

Guidelines for Medico Legal Care

2392. SHRI A.P. JITHENDER REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken any steps to train medical practitioners in States about the Guidelines for MedicoLegal Care for Survivors of Sexual Violence and if so, the details thereof;

(b) whether there is any mechanism with the Government to monitor the effective implementation of these guidelines in the States which have adopted these guidelines and if so, the details thereof; and

(c) whether the Government has any State-wise figures of the number of complaints wherein the medical practitioner failed to comply with the standardised procedures for dealing with survivors of sexual violence, if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Government has formulated a document entitled "Guidelines and Protocols- Medico legal care of victims/survivors of Sexual violence" with an objective to bring about a certain degree of uniformity in approaching, treating and documenting cases of sexual violence. These guidelines have been circulated to all States/Union Territories vide letter dated 17th April, 2014.

In order to implement these guidelines & protocols, various workshop were organised by this Ministry jointly

with WHO in different Regions/States of the country, with the following objectives:-

- i. Identify key challenges, constraints and gap in strengthening health sector response to sexual violence.
- ii. Develop an understanding of the national protocols and guidelines developed by the MoHFW and to expedite their implementations.
- iii. Building the State capacity in planning and implementation of such specialized services.
- iv. Documentation and sharing of best practices and experiences of responding towards the needs of the victims of sexual violence among States/UTs.
- v. To emphasize that the sexual assault victims/survivors cannot be denied free treatment in a hospital, whether it is a public or a private hospital.

(c) 'Health' being a State Subject, no such data is maintained Centrally.

Funds for NACO

2393. SHRI P.K. KUNHALIKUTTY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the amount of funds received by National AIDS Control Organisation (NACO) from the Government and other external and internal funding agencies under Phase II and the amount disbursed during each of the last three years and the current year;

(b) the total amount of funds disbursed to various NGOs and the unspent balance returned by such NGOs during the said period;

(c) whether the Government proposes to merge Department of AIDS control with the Ministry;

(d) if so, the details thereof; and

(e) the manner in which the merger will affect the AIDS Control programme in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA

PATEL): (a) The Phase-II of the National AIDS Control Programme (NACP) ended in 2007. The details of the amount received during the period is given in the enclosed Statement. Presently, extended period of Phase-IV of the NACP is under implementation. The amount of funds received by NACO and the amount disbursed during each of the last three years and the current year during Phase-IV of NACP are also given in the enclosed Statement-I.

(b) The total amount of funds disbursed to various NGOs and the unspent balance returned by such NGOs are given in the enclosed Statement-II.

(c) At present, Department of AIDS Control does not exist as a separate entity and National AIDS Control Organisation is a part of Department of Health and Family Welfare.

(d) and (e) Does not arise in view of 'c'.

Statement-I

Figures in crores of Rupees

Amount of Funds received by National AIDS Control Organisation under Phase II of NACP

Component	Amount
DBS	88.67
Funding agencies	2354.5
Total	2443.17

*DBS- Domestic Budgetary Source

Funds received by NACO during last three years and the current year

Year	Domestic	EAC	Total
2014-15	842.38	457.62	1300.00
2015-16	949.06	665.94	1615.00
2016-17	1047.97	705.03	1753.00
2017-18	1510.35	643.96	2154.31
Total	4349.76	2472.55	6822.31

EAC- External Aided Component

Amount disbursed during last three years and current year.

Year	Amount
2014-15	1287.39
2015-16	1605.72
2016-17	1749.17
2017-18*	1654.45
Total	6296.73

* as per booked figure upto 12.02.2018

Statement-II

Amount of funds disbursed to various NGOs and the unspent balance returned by such NGOs

Year	Funds Disbursed to NGOs	Funds returned by NGOs (Rupees in Lakhs)
2014-15	31580.24	557.06
2015-16	25228.16	705.66
2016-17	30302.69	380.67
2017-18	24612.87	124.36
Total	111723.96	1767.75

Air Pollution

2394. SHRI KALJKESH N. SINGH DEO: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Central Pollution Control Board (CPCB) has any plan to execute a nation-wide programme to curb air pollution and if so, the details thereof;

(b) the status of implementation of the 'graded response action plan' to tackle different levels of pollution in Delhi;

(c) whether the said action plan is likely to be implemented at the National level and if not, the reasons therefor;

(d) whether the CPCB has organised a comprehensive programme through mass media to tackle pollution, if so, the details thereof and if not, the corrective steps taken thereon;

(e) whether the Environment Pollution Control Authority (EPCA) has conducted inspection of Pollution Under Control (PUC) Centres in Delhi; and

(f) if so, the outcome thereof along with similar measures proposed to be taken at the National level as well as the steps taken to ensure PUC compliance and linking of PUC certificate with insurance of vehicles?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) The government has formulated National Clean Air Programme (NCAP) as a long term time bound national level strategy to tackle the increasing air pollution problem across the country in comprehensive manner. The overall objective is to augment and evolve effective ambient air quality monitoring network across the country besides ensuring comprehensive management plan for prevention, control and abatement of air pollution. The NCAP focuses on collaborative and participatory approach comprising all sources of pollution and coordination between relevant Central Ministries, State Governments, local bodies and other stakeholders. Central Pollution Control Board (CPCB) is monitoring ambient air quality in 691 locations covering 303 cities/towns in 29 States and 6 Union Territories across the country under National Air Quality Monitoring Programme (NAMP).

(b) Graded Response Action Plan (GRAP) notified by Ministry of Environment, Forest and Climate Change on 12.01.2017 is being implemented by Environment Pollution (Prevention and Control) Authority (EPCA) to redress the air pollution problem in Delhi & NCR and directions given by EPCA from time to time is being followed by concerned agencies.

(c) At present, there is no proposal to implement GRAP at the National level as its specific for Delhi NCR.

(d) A Clean Air Campaign in Delhi was organized by Ministry of Environment, Forest and Climate Change

(MoEF&CC) in collaboration with Delhi Government covering all 11 districts for improving ground level mitigation actions and creating mass awareness. Teams comprising officials from MoEF&CC, CPCB and Delhi Government inspected areas with focus on implementation of measures relating to various sources of air pollution viz construction activities, road dust, open burning, vehicular pollution and traffic congestion etc.

(e) Environment Pollution Control Authority EPCA has carried out inspection of Pollution Under Control (PUC) centres in Delhi- NCR in compliance of the Hon'ble Supreme Court orders dated January 17, 2017, and February 6, 2017 in the matter of W.P. (Civil) 13029 of 1985: M.C. Mehta vs Union of India.

(f) EPCA based on the inspection of PUC centres and further review of the effectiveness of the PUC programme being implemented in Delhi-NCR submitted its recommendations to Hon'ble Supreme Court. Accordingly, on the basis of direction of Hon'ble Supreme court, Ministry of Road Transport and Highways (MoRTH) has issued various advisories to the state governments for proper functioning of PUC centres. The Insurance Regulatory and Development Authority (IRDA) has informed that directions for linking of PUC certificate with the insurance of vehicles has been issued to all insurers. Ministry of Road, Transport and Highways has issued a draft notification GSR 196 (E) dated 28.02.2018 for the linking of PUC certificate with the VAHAN database which will help in proper implementation of PUC regime.

Diabetes

2395. SHRI DIBYENDU ADHIKARI: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government has developed ayurvedic medicine to treat chronic diabetes;

(b) if so, the details thereof including the test report and the results of the concerned CSIR research; and

(c) the proposal of Government for mass use of the medicine to control diabetes therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) Central Council for Research in Ayurvedic Sciences (CCRAS) under the Ministry of AYUSH has developed an anti-diabetic formulation AYUSH-82 for the management of Type-2 Diabetes Mellitus. Council of Scientific and Industrial Research (CSIR) through its constituent laboratories namely CSIR-Central Institute of Medicinal & Aromatic Plants (CSIR-CIMAP) and CSIR-National Botanical Research Institute (CSIR-NBRI) has developed a formulation BGR34, to be used by patients of newly diagnosed diabetes only as a measure for management of the disease.

(b) The formulation BGR34 was developed after standardization and pre-clinical studies conducted jointly by CSIR-CIMAP and CSIR-NBRI.

(c) For mass use, the technology of AYUSH-82 has been commercialized to several pharmaceutical companies through National Research Development Corporation (NRDC), New Delhi. The technology of BGR34 has been transferred after proper approvals to M/s AIMIL Pvt. Ltd.

Model Districts

2396. SHRI R. DHRUVA NARAYANA: Will the Minister of FINANCE be pleased to state:

(a) the details of districts of the country which have been identified to be models of developments through accelerated investments in social services and infrastructure;

(b) the criteria on the basis of which these districts were selected;

(c) whether any district in the State of Karnataka has made it to this list; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) The schemes of Government of India and State Governments are launched with the specific objectives to develop the districts. Most of the Central Sponsored Schemes are pan-India in their coverage. Moreover, Government of India has launched an initiative to pay focused attention to 115 districts, which show relatively less progress in key social outcome. A Statement-I indicating details of these 115 districts is enclosed.

(b) These districts have been selected on the basis of following criteria:-

(i) 80 districts selected on the basis of a composite index comprising of public data on deprivation enumerated in Socio Economic Caste Census (SECC) status of the districts on key indicators i.e. deprivation, health and nutrition, education and basic infrastructure. A Statement-II showing weights assigned to the indicators is enclosed. While selecting districts, capacity of states to transform them have been kept in mind. Also, efforts have been made to select at least one district from each State (except Goa).

(ii) 35 districts affected by Left Wing Extremism and selected by Ministry of Home Affairs.

(c) and (d) Two districts of Karnataka namely Yadgir and Raichur are included in the list.

Statement-I

List of 115 Districts for convergence and focused attention

State	NITI Aayog's 30 Districts	Ministries pool of 50 districts	MHA 35 LWE Districts	Total
1	2	3	4	5
Andhra Pradesh		1. Vizianagram	1. Visakhapatnam	3
Andhra Pradesh		2. Cuddapah		

1	2	3	4	5
Arunachal Pradesh		1. Namsai		1
Assam	1. Darrang	1. Udalgiri		7
Assam	2. Dhubri	2. Hailakandi		
Assam	3. Barpeta			
Assam	4. Goalpara			
Assam	5. Baksa			
Bihar	1. Katihar	1. Khagaria	1. Aurangabad	13
Bihar	2. Begusarai	2. Purnia	2. Banka	
Bihar	3. Sheikhpura		3. Gaya	
Bihar	4. Araria		4. Jamui	
Bihar	5. Sitamarhi		5. Muzaffarpur	
Bihar			6. Nawada	
Chhattisgarh		1. Korba	1. Bastar	10
Chhattisgarh		2. Mahasamund	2. Bijapur	
Chhattisgarh			3. Dantewada	
Chhattisgarh			4. Kanker	
Chhattisgarh			5. Kondagaon	
Chhattisgarh			6. Narayanpur	
Chhattisgarh			7. Rajnandgaon	
Chhattisgarh			8. Sukma	
Gujarat		1. Narmada		2
Gujarat		2. Dahod		
Haryana		1. Mewat	1	
Himachal Pradesh		1. Chamba	1	
Jammu and Kashmir		1. Kupwara	2	
Jammu and Kashmir		2. Baramula		
Jharkhand	1. Sahebganj	1. Godda	1. Latehar	19
Jharkhand	2. Pakaur		2. Lohardaga	
Jharkhand			3. Palamu	

1	2	3	4	5
Jharkhand			4. Purbi Singhbhum	
Jharkhand			5. Ramgarh	
Jharkhand			6. Ranchi	
Jharkhand			7. Simdega	
Jharkhand			8. West Singhbhum	
Jharkhand			9. Bokaro	
Jharkhand			10. Chatra	
Jharkhand			11. Dumka	
Jharkhand			12. Garhwa	
Jharkhand			13. Girdih	
Jharkhand			14. Gumla	
Jharkhand			15. Hazaribagh	
Jharkhand			16. Khunti	
Karnataka		1. Yadgir		2
Karnataka		2. Raichur		
Kerala		1. Wayanad		1
Madhya Pradesh	1. Damoh	1. Chhatarpur		8
Madhya Pradesh	2. Singrauli	2. Rajgarh		
Madhya Pradesh	3. Barwani	3. Guna		
Madhya Pradesh	4. Vidisha			
Madhya Pradesh	5. Khandwa			
Maharashtra	1. Nandurbar	1. Washim	1. Gadchiroli	4
Maharashtra		2. Osmanabad		
Manipur		1. Chandel		1
Meghalaya		1. Ribhoi		1
Mizoram		1. Mamit		1
Nagaland		1. Kiphire		1
Odisha	1. Rayagada	1. Kandhamal	1. Koraput	8
Odisha	2. Kalahandi	2. Gajapati	2. Malkangiri	

1	2	3	4	5
Odisha		3. Dhenkanal		
Odisha		4. Balangir		
Punjab		1. Ferozpur		2
Punjab		2. Moga		
Rajasthan	1. Baran	1. Dholpur		5
Rajasthan	2. Jaisalmer	2. Karauli		
Rajasthan		3. Sirohi		
Sikkim		1. West Sikkim		1
Tamil Nadu		1. Ramanathapuram		2
Tamil Nadu		2. Virudhunagar		
Telengana		1. Bhoopalpalli	1. Khammam	3
Telengana		2. Asifabad		
Tripura		1. Dhalai		1
Uttar Pradesh	1. Chitrakoot	1. Chandauli		8
Uttar Pradesh	2. Balrampur	2. Siddharthnagar		
Uttar Pradesh	3. Bahraich	3. Fatehpur		
Uttar Pradesh	4. Sonbhadra			
Uttar Pradesh	5. Shravasti			
Uttarakhand		1. Haridwar		2
Uttarakhand		2. Udham Singh Nagar		
West Bengal	1. Murshidabad	1. Nadia		5
West Bengal	2. Maldah	2. Dakshin Dinajpur		
West Bengal	3. Birbhum			
Total	30	50	35	115

* At this stage State of Odisha (8 districts), Kerala (1 district) and West Bengal (5 District) have not joined this programme. If these are excluded, there would be 101 districts.

Statement-II*Details showing weights assigned to the indicators*

Databases	Sector	Weight
Landless households dependent on Manual labour (Socio Economic Caste Census - Deprivation 7)	Deprivation	25%
Ante natal care (National Health & Family Survey (NHFS-4))	Health & Nutrition	7.5%
Institutional delivery (NHFS-4)		7.5%
Stunting of children below 5 years (NHFS-4)		7.5%
Wasting in children below 5 years (NHFS-4)		7.5%
Elementary dropout rate (Unified District Information System for Education (U-DISE 2015-16))	Education	7.5%
Adverse pupil teacher ratio (U-DISE 2015-16)		7.5%
Un-electrified households (Ministry of Power)	Infra	7.5%
Households without individual toilets (Ministry of Drinking Water and Sanitation)		7.5%
Un-connected PMGSY village (Ministry of Rural Development)		7.5%
Rural Households without access to water (Ministry of Drinking Water and Sanitation)		7.5%
Total		100%

*[Translation]***Growth Rate**

2397. SHRI DHARMENDRA YADAV:

SHRI ADHALRAO PATIL SHIVAJIRAO:

DR. SHRIKANT EKNATH SHINDE:

Will the Minister of FINANCE be pleased to state:

(a) whether the growth rate of the country has now fallen below the average of the past 30 years;

(b) if so, the details thereof;

(c) whether exorbitantly high interest rate regime imposed by the Reserve Bank of India (RBI) almost eight years is responsible for all in growth rate;

(d) if so, the details thereof and the other reasons responsible therefor; and

(e) the steps taken by the Government to keep market movements orderly and ensure that there is no liquidity problem or rumour or panic induced volatility?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) As per the Second Advance estimates released by Central Statistics Office (CSO) the growth of Gross Domestic Product (GDP) is estimated to be 6.6 per cent in 2017-18, which is same as the annual average GDP growth rate during last 30 years, starting from 1987-88 to 2016-17. However, it may be mentioned that the growth rate of GDP from 2012-13 may not be strictly comparable with the growth rate prior to that period.

(c) and (d) The Reserve Bank of India has reduced the Policy Repo rate by 200 basis points beginning 2015. The Monetary Policy Committee (MPC) in its sixth bi-

monthly monetary policy statement of February 7, 2018 noted that "the economy is on a recovery path, including early signs of a revival of investment activity. Global demand is improving, which should help strengthen domestic investment activity. The focus of the Union Budget on the rural and infrastructure sectors is also a welcome development as it would support rural incomes and investment, and in turn provide a further push to aggregate demand and economic activity". The CSO has revised the GDP growth upwards for 2017-18 from 6.5 per cent in First Advance Estimates to 6.6 per cent in Second Advance Estimates.

(e) According to the Reserve Bank of India, there is no shortage of systemic liquidity. As mentioned in the sixth bi-monthly statement "The liquidity in the system continues to be in surplus mode, but it is moving steadily towards neutrality. The weighted average call rate (WACR) traded 12 basis points (bps) below the repo rate during December-January as against 15 bps below the repo rate in November. During the two weeks beginning December 16, 2017, the Reserve Bank injected average daily net liquidity of Rs. 388 billion into the system. For December as a whole, however, the Reserve Bank absorbed Rs. 316 billion (on a net daily average basis). As the system turned into deficit again in the fourth week of January, the Reserve Bank injected average net liquidity of Rs. 145 billion. For January, on the whole, the Reserve Bank absorbed Rs. 353 billion (on a net daily average basis)."

In order to ensure orderly market movement and to curb excessive volatility, SEBI and Stock Exchanges have put in place surveillance mechanism to monitor the trading in stock exchanges. Further, SEBI maintains constant vigil in the market, and in case of any abnormality, takes appropriate action against the concerned entities. The systems and practices are in place to promote a safe, transparent and efficient market and to protect market integrity. The systems instituted include advanced risk management mechanisms comprising continuous monitoring and surveillance, various limits on positions, margin requirements, circuit filters, etc. The systems and practices are reviewed continuously and modified to meet emerging needs. SEBI monitors trading activities in addition to overseeing the surveillance functioning of the

exchanges. Any aberration noted in the trading activity is examined by SEBI. Additionally, reports received from exchanges and complaints received are examined by SEBI. Whenever any violation of SEBI rules and regulations is observed, appropriate action as warranted is taken by SEBI against concerned entities. SEBI has also been conducting regular meetings with officials of the stock exchanges and depositories and they have been advised to step up their own surveillance measures and to initiate expeditious demonstrative action wherever warranted so as to protect investors' interest and ensure orderly functioning of the stock market. Further, SEBI, from time to time, has prescribed various measures for ensuring orderly market movements and to curb excessive volatility. In addition, the Stock Exchanges seek clarifications from the listed companies on various price sensitive corporate news items appearing in the media and the same is disseminated to the market on the website of the Exchanges.

[English]

Recapitalisation of UCBs

2398. SHRIMATI DARSHANA VIKRAM JARDOSH:
Will the Minister of FINANCE be pleased to state:

(a) whether the Government has taken note that there is no proper policy for recapitalisation/infusion of Urban Cooperative Banks (UCBs) similar to the one formulated for public sector banks; and

(b) if so, the details thereof along with the action proposed to be taken in this regard including issuing the funds for recapitalisation of UCBs?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As reported by Reserve Bank of India (RBI), Urban Cooperative Banks (UCBs) are member owned institutions and hence the onus lies on the shareholders of the UCBs to take all steps to strengthen the capital base of the bank. RBI has further informed that keeping in view the legal and structural issues that make raising of capital difficult, UCBs have been permitted by RBI to raise capital funds through financial restructuring and alternative instruments.

Removal of Employees

2399. SHRI Y.V. SUBBA REDDY: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether it has come to the notice of his Ministry that Government of Andhra Pradesh has removed 800 employees from various departments of AYUSH, if so, the details thereof and the reasons therefor;

(b) whether it is a fact that (he Ministry extends financial assistance to supporting staff under National Rural Health Mission and asked the Government of Andhra Pradesh to appoint doctors so that it can provide funds to supporting staff, if so, the details thereof; and

(c) whether the Government has any proposal to reconsider extending financial assistance till doctors are appointed in AYUSH hospitals and if so, the detail 5 thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) Public health being a State subject, the primary responsibility to provide health care services lies with the respective State Governments. However, as informed by the State of Andhra Pradesh, they have issued Memo No. 3353/A2/NRHM/2016 dated 20.04.2017 stating that it is not feasible to continue with the services for the (716) para medical staff where there are no Medical Officer and informed the Regional Deputy Directors may intimate the same to all para medical staff working in AYUSH facilities, where there are no Medical Officers under National Rural Health Mission Scheme.

(b) and (c) Public health and hospital being a State subject, the primary responsibility to provide health care services with the respective State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs for strengthening their healthcare systems based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. This support, inter alia, includes support for mainstreaming of AYUSH through co-located facilities and

health human resource for AYUSH services on contractual basis. Further, being a State subject, all administrative and personnel matters pertaining to health human resource (Health HR) too fall within the jurisdiction of the respective State Governments and Government of India does not directly appoint or remove any Health HR in any State/UT under NHM.

[*Translation*]

Participation of Women

2400. SHRIMATI RANJANBEN BHATT: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether domestic companies have failed in increasing the participation of women and if so, the details thereof;

(b) whether the Government proposes to take any steps to increase the participation of women in domestic companies;

(c) if so, the details thereof and the time by which it is likely to be done; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (d) Under section 149 of Companies Act, 2013 (the Act) read with the corresponding rules, every listed company and prescribed class of companies are required to appoint at least one woman director. Section 172 of the Act lays down punishment for non-appointment of woman director by the company. As on 21.12.2017, Registrar of Companies have filed prosecutions against 202 non-compliant public unlisted companies.

Securities and Exchange Board of India (SEBI) under the Department of Economic Affairs also mandates appointment of at least one woman director on the board of listed companies under SEBI (Listing Obligations and Disclosure Requirements) Regulations 2015. As on 31.12.2017, 1664 out of 1728 active companies listed on National Stock Exchange and 3945 out of 4107 active companies listed on Bombay Stock Exchange have appointed women directors.

[English]

**Restoration of Sharing Pattern between
Centre and States**

2401. SHRIMATI RITA TARAI: Will the Minister of FINANCE be pleased to state:

(a) whether the Union Government considers of restoring the earlier sharing pattern for the Centrally Sponsored Scheme (CSSs) to enable the States to have more resources for their State schemes; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Based on the recommendations of the Sub-Group of Chief Ministers, after the approval of the Cabinet, NITI Aayog vide its O.M. No. 0-11013/02/2015-CSS & CMC dated 17th August, 2016 has issued instruction for revised funding pattern of Centrally Sponsored Schemes (CSS). Following the recommendations of the Fourteenth Finance Commission, devolution of resources from divisible pool of revenues has increased by 10%, from 32% to 42%, thereby putting significant resources at the disposal of the State Governments for scheme/project implementation. As such, there is no proposal for further restoring the earlier sharing pattern.

Emission of Greenhouse Gases

2402. SHRI R. PARTHIPAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether India emits higher levels of greenhouse gases than any other developing country with the exception of China and if so, the details thereof;

(b) whether the greenhouse gas emissions in the country are increasing, mainly due to increase in fossil fuel based industries and if so, the details thereof;

(c) whether the World Bank has put much of the blame on inefficient investments in energy, in power generation and if so, the details thereof and the steps taken to improve the situation; and

(d) whether the Government proposes to implement the "Polluters pay theory" in the country and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) India's per capita GHG emission in 2010 was 1.56 tonnes CO₂ eq which is less than one-third of the world's per capita emissions and far below that of most of the developing countries including China (8.22 tonnes CO₂ eq), Brazil (14.87 tonnes CO₂ eq), South Africa (8.87 tonnes CO₂ eq), Mexico (5.46 tonnes CO₂ eq). India's gross greenhouse gas (GHG) emissions at 2.136 billion tonnes Carbon dioxide equivalent (CO₂ eq) (excluding Land Use, Land-Use Change, and Forestry) in 2010 are lower than GHG emissions of developing countries namely China (11.183 billion tonnes CO₂eq) and Brazil (2.902 billion tonnes CO₂eq).

India's total greenhouse gas emission has increased from 1.5 billion tonnes of CO₂ eq in 2000 to 2.1 billion tonnes of CO₂ eq in 2010. The energy and industrial process & product use sectors accounted for 73% of the total GHG emissions in 2000 and about 79% in 2010. The World Bank Report titled, "More Power to India: The Challenge of Electricity Distribution", (2014) inter alia refers to the inefficient and loss-making status of power sector. However, a number of initiatives have been taken to address the issue.

Government of India has launched several initiatives to transform the energy sector, both on generation and demand side, to make it efficient, clean and affordable. On generation side, Government of India is implementing the renewable energy expansion programme with a target of achieving 175 GW by 2022; use of supercritical technology in all new power plants; phasing out of old and inefficient thermal power plants etc. On demand side, a number of policies and programmes aim at introducing energy efficiency measures like UJALA (Unnat Jyoti by Affordable LEDs for All); Standards and Labeling Programme for appliances like Air Conditioners, fridge etc. To reduce the emissions from industries, Government of India is implementing the Perform Achieve and Trade

Scheme (PAT), which is a regulatory instrument to reduce specific energy consumption in energy intensive industries based on the "Polluter Pays" concept. In the first cycle of PAT, 478 industrial units in 8 sectors (Aluminum, Cement, Chlor-Alkali, Fertilizer, Iron & Steel, Paper & Pulp, Thermal Power, Textile) were mandated to reduce their specific energy consumption (SEC). It has resulted in saving of 8.67 million tonne of oil equivalent (Mtoe) and emission reduction of 31 million tonnes of CO₂. The scheme has been further deepened and widened to include 3 more sectors viz. Railways, Refineries and Electricity Distribution Companies (DISCOMs). One of the guiding principles of National Environment Policy 2006 is "Polluter Pays".

ASHA Workers in Urban Areas

2403. SHRI G.M. SIDDEHWARA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any proposal to employ about three lakhs Urban Social Health Activists under the aegis of ASHA workers in the urban areas, if so, the details thereof; and

(b) the time by which the said proposal is likely to be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) No. The National Urban Health Mission Framework for Implementation envisages an Accredited Social Health Activist (ASHA) as in rural areas.

(b) Does not arise.

Vacant Position in NCPCR and SCPCR

2404. SHRI DUSHYANT CHAUTALA: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is a fact that major positions in the National Commission for Protection of Child Rights (NCPCR) and the State Commissions for Protection of Child Rights (SCPCR) are lying vacant and have not filled up;

(b) if so, the details of major positions need to be filled in all NCPCR and SCPCR across the country;

(c) the action taken by the Government to fill up these vacant positions;

(d) whether the Government has also formulated plan to fill up all positions in juvenile justice boards and Child Welfare Committees for effective juvenile justice across the country; and

(e) if so, the steps taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) Out of six posts of Members in the National Commission for Protection of Child Rights (NCPCR), three are lying vacant. As regards the vacant posts of Chairperson and Members in the State Commissions for Protection of Child Rights (SCPCR), as informed by the respective States the details are given in the enclosed Statement.

(c) The Ministry has published advertisement on 6.3.2018 in four National Newspaper for inviting applications for the vacant posts of Member, NCPCR. As regards, filling up of vacancies in SCPCR, respective State Governments are responsible for filling up the posts.

(d) and (e) As per Juvenile Justice (JJ) Act, 2015, State Government are empowered to fill up the vacant position in Juvenile Justice Board and Child Welfare Committee for effective Juvenile Justice.

Statement

Details of vacancies of Chairperson and Members in SCPCRs as on 28-02-2018

Sl. No.	Name of the State/UT	Details of Vacancies	
		Chairperson	Member
1	2	3	4
1.	Arunachal Pradesh	1	6
2.	Assam	-	2
3.	Chandigarh	-	3
4.	Dadra and Nagar Haveli	1	6

1	2	3	4
5.	Himachal Pradesh	-	1
6.	Jharkhand	-	3
7.	Madhya Pradesh	-	1
8.	Mizoram	1	6
9.	Nagaland	-	4
10.	Telangana	1	6
11.	Uttar Pradesh	1	6

Role of GST in widening Tax Base

2405. SHRIMATI MEENAKASHI LEKHI: Will the Minister of FINANCE be pleased to state:

(a) whether the Goods and Services Tax (GST) helped in widening the tax base of the Government;

(b) if so, the details thereof; and

(c) the license of the companies that have been cancelled since the implementation of GST?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Yes Madam.

(b) As on 2nd March, 2018, a total of 1,03,99,305 taxpayers are registered under GST which include 64,42,325 taxpayers who have migrated from the erstwhile tax regimes to GST and 39,56,980 who have taken new registration under GST.

(c) Information is not available.

[*Translation*]

Diseases due to Poverty

2406. SHRI SADASHIV LOKHANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per the World Health Organisation (WHO) poverty is one of the main reasons for spreading of diseases;

(b) if so, the reaction of the Government thereto;

(c) whether the WHO has made any suggestion to check deaths occurring due to poverty;

(d) if so, the details thereof; and

(e) the other corrective measures taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) According to World Health Organization, poverty is considered an important social determinant of health and an important contributor to ill-health in many contexts. Poverty and ill health are often closely linked.

(b) Various Ministries of Government of India in participation with State Governments are implementing large number of schemes and programmes for poverty alleviation. Ministry of Health and Family Welfare is implementing National Health Mission to address health needs of people, particularly, poor and under privileged by promoting access to quality health services, reducing out of pocket expenses through free drugs and diagnostics initiatives, controlling/eliminating vaccine preventable diseases etc.

Rashtriya Swasthya Bima Yojana (RSBY) provides health insurance coverage of Rs. 30,000/-per annum to families of Below Poverty Line (BPL) and 11 other defined categories of Unorganized Workers. Senior Citizens Health Insurance Scheme (SCHIS) as top up over existing RSBY scheme has been implemented for senior citizens aged 60 years and above. SCHIS provides enhanced coverage of Rs. 30,000 per senior citizen in the family enrolled under RSBY.

(c) and (d) WHO recommends to move towards Universal Health Coverage (UHC) and to develop mechanisms for financial protection from health related expenditures and access to quality health services at affordable cost.

(e) Ministry of Health & Family Welfare has adopted the National Health Policy 2017 with a mandate to achieving the highest possible level of good health and wellbeing, through a preventive and promotive health care orientation in all developmental policies, and to achieve universal access to good quality health care services without anyone having to face financial hardship as a consequence.

*[English]***Physiotherapists under CGHS**

2407. SHRI SUNIL KUMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of physiotherapists having Bachelor, Masters and Doctoral Degree in the country;

(b) the number of posts filled and vacant of physiotherapists under CGHS;

(c) whether physiotherapists recruitment rules are reviewed/ amended for hospitals once in „ five years as per DoPT guidelines, if so, the details thereof and if not, the reasons therefor;

(d) whether any step has been taken to implement Seventh Pay Commission recommendation of cadre restructuring for physiotherapists, if so, the details thereof; and

(e) whether the Government proposes to provide physiotherapy services at all CGHS dispensaries to increase public accessibility and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) No such data is maintained centrally.

(b) Post Filled-1 and Vacant-Nil

(c) The Recruitment Rules for the post of Physiotherapist;; are reviewed as and when the proposal is received.

(d) There is no such proposal under consideration for cadre restmcturing for Physiotherapist in CGHS.

(e) No.

Conservation of Forest Cover

2408. SHRI RAJESHBHAI CHUDASAMA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Union Government has formulated an appropriate programme for proper development and conservation of forest cover in the country and for the development of forest based industries and people working therein;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) For the Development and Conservation of Forest Cover in the country afforestation programmes are being taken up under various Centrally Sponsored Schemes such as National Afforestation Programme (NAP) and Green India Mission (GIM) being implemented by Ministry of Environment, Forest and Climate Change. Afforestation activities are also taken up under various programmes/funding sources such as Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Pradhan Mantri Krishi Sinchayee Yojana (PMKSY) and under Compensatory Afforestation Fund Management and Planning Authority (CAMPA).

Further, for protection and conservation of forest, various central acts such as Indian Forest Act-1927, Wildlife (Protection) Act-1972, Forest (Conservation) Act-1980 and rules made are enforced.

For development of forest based industries, particularly the wood based industries, the Ministry of Environment, Forest and Climate Change has notified the "Wood Based Industries (Establishment and Regulation) Guidelines, 2016.

Fiscal Deficit

2409. SHRI M. UDHAYAKUMAR: Will the Minister of FINANCE be pleased to state:

(a) whether the Government plans to borrow Rs.2.08 lakh crore from the market in the second half of 2017-18 and if so, the details thereof;

(b) whether the Government has borrowed Rs.3.72 lakh crore in the first half of 2017-18, if so, the details thereof;

(c) whether the Government is committed to meet the fiscal deficit target of 3.2 per cent of GDP; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) During the financial year 2017-18, an amount of Rs.5.88 lakh crore has been raised through Gol dated securities. The break-up in first half (April-September, 2017) and second half (October, 2017- March, 2018) was Rs.3.57 lakh crore and Rs.2.31 lakh crore, respectively, as indicated in the Table given below:

Issuances of Gol dated securities during 2017-18

Govt Securities Nomenclature	Amount (Rs. crore)
6.51% Gol FRB.2024	60000.00
6.79% GS.2029	72000.00
6.57% GS.2033	37000.00
6.62% GS.2051	36000.00
6.84% GS.2022	61000.00
6.97% GS.2026	15000.00
7.73% GS.2034	36000.00
7.06% GS.2046	33000.00
7.72% GS.2055	17000.00
6.79% GS.2027	121000.00
6.68% GS.2031	66000.00
7.40% GS.2035	1000.00
7.17% GS.2028	33000.00
Total	588000.00

The government borrowing is as per the indicative market borrowing calendars issued during 2017-18.

(c) and (d) In the Revised Estimates (RE) 2017-18, fiscal deficit has been estimated at 3.5 per cent of Gross Domestic Product (GDP) as against 3.2 percent of GDP estimated in Budget Estimates (BE 2017-18).

Guidelines against Shell Companies

2410. SHRIMATI M. VASANTHI: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government has embarked on taking stringent action on shell companies and

misappropriation of funds of the companies by the directors of these companies;

(b) if so, the details thereof; and

(c) the time by which the guidelines in this regard would come into force?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (c) The term 'Shell Company' has not been defined under the Companies Act, 2013. However, Section 248(1)(c) of the Companies Act, 2013 provides for removal of name of company from the register of companies if it is not carrying on any business or operation for a period of 2 (Two) immediately preceding financial years and has not made any application within such period for obtaining the status of a dormant company under Section 455. Based on the above mentioned provision 2.97 Lakhs companies were identified under this category as on 31.03.2017 and following due process of law, names of 2,26,166 companies were struck off from the register of companies as on 31.12.2017. Separately 3,09,619 directors were also disqualified under section 164(2)(a) read with Section 167 of the Companies Act, 2013 for non-filing of financial statements or annual returns for a continuous period of three financial years by the companies.

Further the Central Government has ordered investigation into the true ownership of 68 number of companies under section 216 read with section 210(1)(c) of the Companies Act, 2013, which have deposited and withdrawn fund in an exceptional manner from the bank accounts during demonetization period.

Revamping of Regulators

2411. SHRIMATI K. MARAGATHAM: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether it is true that the Government is considering to revamp the regulators for Indian systems of medicine and homoeopathy to ensure better quality of doctors and if so, the details thereof;

(b) whether it is also true that the Government is considering to allow the profit entities or companies to set up colleges to meet the need for more AYUSH providers in healthcare and if so, the details thereof;

(c) whether it is also true that the plan is to bring in competent and qualified persons based on merit to regulate AYUSH medical education under the National Commission for Indian Systems of Medicine and National Commission for Homoeopathy; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (d) There are two statutory regulatory bodies namely, Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) set up as per the provision of Indian Medicine Central Council Act, 1970 and Homoeopathy Central Council Act, 1973 respectively that regulate education and practice of AYUSH systems of medicine through its Regulations.

A Committee under the Chairmanship of Vice Chairman, NITI Aayog, Additional Principal Secretary to Prime Minister, Chief Executive Officer (CEO), NITI Aayog and Secretary, Ministry of AYUSH as members has been set up to examine the working of the regulatory bodies namely, Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) and their governing legislations namely, Indian Medicine Central Council Act 1970 and Homoeopathy Central Council Act 1973 respectively for suggesting suitable reforms. Accordingly, the Committee after extensive deliberations has recommended the creation of National Commission for Indian Systems of Medicine and Homoeopathy on the lines of proposed National Medical Commission.

Pollution from Brick Kilns

2412. SHRI MAHEISH GIRRI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has taken any steps to reduce pollution arising out of brick kilns;

(b) if so, the details thereof;

(c) whether the NITI Aayog's three year action agenda recommends for upgradation of Fixed Chimney Bull's Trench Kiln to cleaner technologies like Zig Zag kiln and if so, the details thereof;

(d) whether the Government has taken steps to promote such kilns; and

(e) if so, the details thereof and the other steps taken by the Government to counter environmental pollution arising out of brick kilns?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Ministry of Environment, Forest & Climate Change has categorized Brickfields (excluding fly ash brick manufacturing using lime process) as an 'Orange' category industry and these industries are required to obtain Consent to Operate from the State Pollution Control Board (SPCB) concerned every 10 years. This Ministry has also notified Emission Standards for Brick Kilns, which are to be complied by the industrial units.

(c) NITI Aayog's three year action agenda recommends that upgradation of Fixed Chimney Bull's Trench Kiln to cleaner technologies like Zig Zag kiln should be promoted through awareness of their higher efficiency and profitability and easy credit for upgradation.

(d) and (e) Central Pollution Control Board (CPCB) issued directions under Section 5 of the Environment (Protection) Act, 1986 to the District Magistrates/ District Collectors of 22 districts of Delhi-NCR to, inter alia, ensure shifting of brick kilns to Zig Zag technology. Directions under Section 18(l)(b) of the Air (Prevention and Control of Pollution) Act, 1981 have also been issued to all State Pollution Control Boards (SPCBs) and Pollution Control Committees (PCCs) for prevention and control of air pollution in different type of brick kilns. Further, as per the Graded Response Action Plan (GRAP) notified by this Ministry, brick kilns in the National Capital Region (NCR) are to be closed down whenever the Air Quality Index is in the 'Severe' category.

*[Translation]***Foreign Investment**

2413. SHRI CHANDRAKANT KHAIRE: Will the Minister of FINANCE be pleased to state:

(a) whether foreign investment has increased in India during the last three years;

(b) if so, the details thereof, sector-wise; and

(c) the details of foreign investment in private and public sectors?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) Yes, Madam. The foreign investment has increased in India during the last three years. The details of FDI data in last three financial year is as under:-

Financial year	FDI Inflows (Amount in US\$ Million)	Percentage growth over previous year
2014-15	45,148	(+) 25%*
2015-16	55,559	(+) 23%
2016-2017	60,082	(+) 8%

*The FDI inflow in 2013-14 was US\$ 36,046 million.

(b) The data on FDI inflows is maintained by Department of Industrial Policy & Promotion, Ministry of Commerce & Industry. The same is available on the website of Department of Industrial Policy & Promotion (DIPP) at [http://dipp.nic.in/sites/default/files/FDI FactSheet 21February2018.pdf](http://dipp.nic.in/sites/default/files/FDI%20FactSheet%2021February2018.pdf). The FDI inflow for the last three financial years is given in the enclosed Statement.

(c) Government does not maintain data on foreign investment in the form of private and public sectors.

Statement*Financial Year Wise FDI Equity Inflows from April 2014 to December 2017*

(Amount in US\$ million)

Sl. No.	Sector	2014-15	2015-16	2016-17	2017-18 (upto Dec, 17)	Total
1	2	3	4	5	6	7
1	Metallurgical Industries	359.34	456.31	1,440.18	229.70	2,485.53
2	Mining	684.39	520.67	55.75	33.30	1,294.11
3	Power	707.04	868.80	1,112.98	1,377.93	4,066.75
4	Non-Conventional Energy	615.95	776.51	783.57	1,074.45	3,250.49
5	Petroleum & Natural Gas	1,079.02	103.02	180.40	23.53	1,385.98
6	Boilers and Steam Generating Plants	1.33	77.91	53.91	65.05	198.20
7	Prime Mover (Other Than Electrical Generators)	230.70	159.13	286.88	149.34	826.05
8	Electrical Equipments	574.83	444.88	2,230.69	429.01	3,679.42
9	Computer Software & Hardware	2,296.04	5,904.36	3,651.71	5,155.89	17,008.01
10	Electronics	96.84	208.39	83.97	116.38	505.58
11	Telecommunications	2,894.94	1,324.40	5,563.69	6,135.83	15,918.86

1	2	3	4	5	6	7
12	Information & Broadcasting (Including Print Media)	254.96	1,009.34	1,516.68	577.92	3,358.91
13	Automobile Industry	2,725.64	2,526.82	1,609.32	1,739.26	8,601.03
14	Air Transport (Including Air Freight)	74.56	361.25	83.40	594.06	1,113.27
15	Sea Transport	333.22	429.30	735.06	727.73	2,225.30
16	Ports	1.90	0.00	0.00	0.00	1.90
17	Railway Related Components	129.73	73.99	87.57	98.54	389.83
18	Industrial Machinery	716.79	568.26	329.30	331.29	1,945.64
19	Machine Tools	24.06	126.38	23.89	39.24	213.58
20	Agricultural Machinery	72.35	16.44	15.19	17.13	121.11
21	Earth-Moving Machinery	30.11	97.66	52.23	28.34	208.33
22	Miscellaneous Mechanical & Engineering Industries	186.69	274.57	245.24	75.93	782.43
23	Commercial, Office & Household Equipments	33.39	36.68	7.44	16.08	93.59
24	Medical and Surgical Appliances	145.93	173.26	479.71	82.17	881.08
25	Industrial Instruments	0.85	7.42	0.80	1.90	10.97
26	Scientific Instruments	32.341	6.36	76.66	5.53	120.90
27	Fertilizers	225.32	20.93	0.89	26.47	273.61
28	Chemicals (Other Than Fertilizers)	762.76	1,469.95	1,392.80	1,136.55	4,762.06
29	Photographic Raw Film and Paper	0.751	0.00	0.00	0.00	0.75
30	Dye-Stuffs	54.89	3.32	10.70	0.00	68.90
31	Drugs & Pharmaceuticals	1,497.74	754.26	857.39	878.39	3,987.77
32	Textiles (Including Dyed, Printed)	197.42	230.13	618.95	345.36	13...87
33	Paper and Pulp (including Paper Products)	116.21	85.21	197.61	40.66	439.69
34	Sugar	27.77	105.85	15.92	7.01	156.55
35	Fermentation Industries	225.38	202.36	110.86	35.48	574.09
36	Food Processing Industries	515.86	505.88	727.22	822.00	2,570.96
37	Vegetable Oils and Vanaspati	148.34	34.22	108.45	78.22	369.24
38	Soaps, Cosmetics & Toilet Preparations	177.22	193.26	92.60	126.421	589.50
39	Rubber Goods	284.51	296.15	262.76	296.42	1,139.85

1	2	3	4	5	6	7
40	Leather, Leather Goods and Pickers	34.21	17.13	2.30	20.42	74.06
41.	Glue and Gelatin	21.44	0.82	90.60	3.73	116.60
42	Glass	41.82	25.78	51.69	53.38	172.67
43	Ceramics	35.29	51.21	15.40	31.98	133.88
44	Cement and Gypsum Products	208.99	19.69	2,130.10	8.79	2,367.57
45	Timber Products	8.97	53.17	10.23	8.19	80.56
46	Defence Industries	0.08	0.10	0.00	0.00	0.18
47	Consultancy Services	458.13	517.47	261.14	568.67	1,805.41
48	Services Sector (Fin., Banking, Insurance, Non Fin/Business, Outsourcing, R&D, Courier, Tech. Testing and Analysts, Other)	4,443.26	6,889.46	8,684.07	4,620.12	24,636.91
49	Hospital & Diagnostic Centres	567.85	742.35	747.38	646.17	2,703.75
50	Education	78.86	230.78	160.12	254.75	724.51
51	Hotel & Tourism	777.01	1,332.69	916.13	752.11	3,777.94
52	Trading	2,727.96	3,845.32	2,338.40	2,273.70	11,185.38
53	Retail Trading	168.72	262.24	450.94	152.95	1,034.84
54	Agriculture Services	59.95	84.65	76.43	94.70	315.73
55	Diamond, Gold Ornaments	280.18	58.54	123.92	215.56	678.19
56	Tea and Coffee (Processing & Warehousing Coffee & Rubber)	1.43	1.12	1.60	16.03	20.18
57	Printing of Books (Including Litho Printing Industry)	72.58	122.81	53.17	51.04	299.60
58	Coir	1.36	0.00	0.00	0.00	1.36
59	Construction (Infrastructure) Activities	870.25	4,510.71	1,860.73	2,539.69	9,781.38
60	Construction Development: Townships, housing, built-up infrastructure and construction-development projects	769.14	112.55	105.14	380.87	1,367.69
61	Miscellaneous Industries	765.88	668.77	296.40	329.45	2,060.50
Grand Total		30,930.50	40,000.98	43,478.27	35,940.84	150,350.59

*[English]***Regulating Real Estate Sector**

2414. DR. MANOJ RAJORIA: Will the Minister of FINANCE be pleased to state:

(a) whether the Government has been successful in regulating the transactions taking place in the real estate sector;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) Yes, Madam. Ministry of Housing & Urban Affairs has enacted the Real Estate (Regulation and Development) Act, 2016 to ensure, regulation and promotion of the real estate sector and to protect the interest of home buyers.

Further, various steps concerning transactions in the real estate sector have been taken in the recent past with a view to control black money. These include the following important legislative changes made under the Income-tax Act, 1961:

(i) In order to discourage the practice of under reporting of consideration for transfer of immovable property, following provisions were incorporated:

- Section 43CA and Section 50C of the Income-tax Act were brought in for adoption of stamp duty value as consideration if it is more than the declared consideration.
- Section 56(2)(x) of the Income-tax Act, inter-alia, provides for taxing the amount of the difference between the stamp duty value and consideration received, if any, in case the same exceeds Rs. 50,000 in the hands of recipients.
- Section 50CA of the Income-tax Act read with relevant Rules provides for taking of stamp duty value of immovable property held by an unlisted company for the

purpose of determination of capital gains on transfer of shares of such company.

(ii) In order to ensure reporting of high value real-estate transactions, section 194-IA of the Income-tax Act provides for deduction of tax at the rate of 1% if the consideration paid for specified immovable property exceeds Rs. 50,00,000/-.

(iii) In order to curb cash dealing in real-estate transactions, Explanation (iv) to section 269SS of the Income-tax Act prohibits receipt of any amount in the nature of advance or otherwise amounting to Rs. 20,000/- or more for transfer of immovable property otherwise than by an account payee cheque or account payee bank draft or use of electronic clearing system through a bank account. Similar restriction is provided under section 269T of the Income-tax Act in respect of any repayment of advance taken for transfer of immovable property. Violation of these restrictions attracts penalty of equal amount.

(iv) Further, Rule 114B and Rule 114E of the Income-tax Rule, 1962 provides for mandatory quoting of PAN and reporting of transaction of immovable property, if the consideration exceeds the threshold specified in these rules.

Department of Revenue has also put in place a GST regime on the works contract services involving the real estate sector, which is self - regulatory in nature. The taxation of the real estate sector has been so designed so as to ensure smooth and seamless flow of input tax credits (ITC) from the stage of raw materials to the final stage of real estate project, bought by the consumer.

Basel III Norms

2415. SHRI KESINENI SRINIVAS: Will the Minister of FINANCE be pleased to state:

(a) the current status of implementation of Basel III norms and the number of banks compliant with these norms;

(b) whether the Government proposes to make changes in these norms due to structural reforms like demonetisation and Goods and Services Tax (GST) and if so, the details thereof;

(c) the expected timeline for implementation of the Basel III norms in the country; and

(d) the status of capital adequacy of the banks in the country and the expected amount of capital infusion required for reaching the adequate level as per the Basel III norms?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Reserve Bank of India (RB-I) has informed that the Basel III capital regulations has been implemented from April 1, 2013 in India in phases, for full implementation by March 31, 2019.

(b) Storms/guidelines regarding the capital required to be maintained by banks in India, including the Basel III capital regulations, are issued by RBI. RBI has not notified any changes or proposed changes to these regulations since March 2016.

(c) RBI has envisaged full implementation of Basel III capital regulations in India by March 31, 2019.

(d) RBI has informed that it does not have the requisite information.

As per audited data of Public Sector Banks (PSBs) for the quarter ended December 2017, all PSBs met the regulatory norm for Common Equity Tier-1. Further, with a view to supplementing the efforts of PSBs for meeting regulatory capital norms and augmenting growth capital, Government of India announced in October 2017 recapitalisation of PSBs to the tune of Rs. 2,11,000 crore over the current and next financial years, comprising of capital infusion by the Government of Rs. 1,53,139 crore and the balance through raising of capital by PSBs.

Rashtriya Swasthya Bima Yojana

2416. SHRI RAHUL SHEWALE:

DR. UDIT RAJ:

SHRI BHARTRUHARI MAHTAB:

SHRI SANJAY DHOTRE:

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

(a) the total number of beneficiaries under the Rashtriya Swasthya Bima Yojana (RSBY) in the unorganised sector across the country, State/UT-wise;

(b) the total funds allocated/utilised under the yojana by the beneficiaries in the country, State/UT-wise;

(c) whether the Government proposes to increase the insurance cover provided under RSBY;

(d) if so, the details thereof and if not, the reasons therefor;

(e) whether the Government has received complaints of malpractices/ irregularities in certain cases under RSBY during each of the last three years and the current year; and

(f) if so, the details thereof, State/UTwise along with the action taken/being taken by the Government on such complaints so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) RSBY covers families of Below Poverty Line (BPL) and 11 other defined categories of Unorganized Workers namely Building & Other Construction Workers, licensed Railway porters, Street Vendors, MGNREGA workers (who have worked for more than fifteen days during preceding financial year), Beedi workers, Domestic workers, Sanitation Workers, Mine Workers, Rickshaw pullers, Rag pickers and Auto/Taxi drivers. The State-wise list containing number of families enrolled under RSBY during 2016-17 is given in the enclosed Statement-I.

(b) Under RSBY there is no state/UT-wise allocation of funds. Central Government releases its share of premium to State Governments on the receipt of their proposals. The State/UT-wise details of the funds released to State Governments during the year 2016-17 are given in the enclosed Statement-II.

(c) and (d) The Hon'ble Finance Minister in his budget speech of 2018-19 has announced to launch a flagship National Health Protection Scheme (NHPS) to cover over 10 crore poor and vulnerable families (approx. 50 crore beneficiaries) providing coverage upto Rs. 5 lakh per family per year for secondary and tertiary

hospitalization. After the launch of NHPS, Rashtriya Swasthya Bima Yojana (RSBY) will be subsumed in it.

(e) and (f) During the last three years and the current year, this Ministry has not received any complaint of malpractices / irregularities under RSBY.

Statement-I

RSBY Scheme: Number of families covered under RSBY during F.Y.2016-17

Sl. No.	State	Enrolled Families
1	2	3
1	Assam	142.1104
2	Bihar	7028409
3	Chhattisgarh	4146227
4	Gujarat	2691497
5	Himachal pradesh	480588
6	Karnataka	6206620
7	Kerala	2060802
8	Manipur	70925
9	Meghalaya	256138
10	Mizoram	194886
11	Nagaland	255314
12	Odisha	4462959
13	Tripura	481331
14	Uttarakhand	285229
	West Bengal	6290446
	Grand Total	36332475

Statement-II

RSBY Scheme: Funds released under RSBY during F.Y. 2016-17

Sl. No.	State	Amount (Rupees in crore)
1	2	3
1	Assam	54.72
2	Chhattisgarh	114.09

1	2	3
3	Gujarat	22.34
4	Haryana	0.60
5	Himachal Pradesh	12:30
6	Karnataka	45.89
7	Kerala	73.29
8	Manipur	2.20
9	Meghalaya	4.10
10	Mizoram	14.13
11	Odisha	31.70
12	Tripura	10.83
13	West Bengal	50.47
	Grand Total	436.66

CGST and IGST Subsidy

2417. SHRI ANURAG SINGH THAKUR: Will the Minister of FINANCE be pleased to state:

(a) the total amount of subsidy on Central Goods and Services Tax (CGST) and Integrated Goods and Services Tax (IGST) that the Centre has reimbursed to the Special Category States post Goods and Services Tax implementation and the amount disbursed, State-wise;

(b) the names of the States given subsidy on State Goods and Services Tax (SGST); and

(c) the details of the Central package given to each of the States?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) Madam, no amount of subsidy on Central Goods and Services Tax (CGST), Integrated Goods Services Tax (IGST) and State Goods and Services Tax (SGST) is reimbursed by the Centre to any of the States, including the Special Category States.

However, Central Government has notified a scheme for grant of budgetary support to the eligible units, w.e.f. 01.07.2017, for the residual period of exemption under

erstwhile Central Excise regime. The subsidy shall be equal to the share of Central Government of CGST/IGST paid by the unit after utilisation of credit of Central Tax and Integrated Tax.

Waste Recycling Policy

2418. SHRI RATTAN LAL KATARIA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government is preparing any new waste recycling policy for metals, paper, plastics etc. which is crucial for sustainability of environment;

(b) if so, the details thereof and if not, the details of the existing waste recycling policy;

(c) whether the recycling rate in the country is less than twenty per cent while it is eighty per cent in developed economies/countries and if so, the details thereof; and

(d) the other steps taken by the Government to encourage the practice of recycle and reuse waste materials in the country'?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Ministry in supersession of Municipal Solid Waste (Management and Handling) Rules, 2000, has notified the Solid Waste Management Rules, 2016. In the new Rules, emphasis has been given for segregation of waste at source and handing over of segregated waste to waste collector or agency to promote the recyclers to develop sustainable market through recycling of waste. Further the Rule mandate the State Government to prepare State Policy and strategy with emphasis on waste reduction, reuse, recycling, recovery and optimum utilization of various components of solid waste to ensure minimization of waste going to the landfill and minimize impact of solid waste on human health and environment.

As per the provisions of Plastic Waste Management Rules, 2016, the generators of waste have been mandated to take steps to minimize generation of plastic waste, not to litter the plastic waste, ensure segregated storage of

waste at source and handover segregated waste to local bodies or agencies authorised by the local bodies. The rules mandate the producers, importers and brand owners to work out modalities for waste collection system based on Extended Producer Responsibility.

(c) and (d) The rate of recycling primarily depends upon the segregation of the waste at source and further the transportation of segregated waste to the processing/recycling facility. To achieve greater recyclability the Solid Waste Management Rules, 2016 mandate the Local Authorities to setup material recovery facilities or secondary storage facilities with sufficient space to enable authorized waste pickers and waste collectors to separate recyclables such as paper, plastic, metal, glass, textile from the waste. The Rules prescribes to take every effort to recycle or reuse the rejects to achieve the desired objective of zero waste going to landfill.

The Solid Waste Management Rules, 2016 mandate all resident welfare and market associations, gated communities, institutions, all hotels and restaurants to ensure segregation of waste at source, facilitate collection of segregated waste in separate streams and handover recyclable material to either the authorized waste pickers or the authorized recyclers. The Construction and Demolition Waste Management Rules, 2016 prescribe the procurement of ' materials made from construction and demolition waste to be made mandatory to a certain percentage (say 10-20%) in municipal and Government contracts subject to strict quality control. CPCB has also issued guidelines for utilization of plastic waste in road construction, cement kilns and usage as liquid RDF (oil).

Benefits to Women under Stand-Up India Scheme

2419. SHRIMATI HEMA MALINI: Will the Minister of FINANCE be pleased to state:

(a) whether the Stand-Up India Scheme has been launched by the Government to facilitate bank loans to Scheduled Castes, Scheduled Tribes and Woman entrepreneurs across the country for setting up greenfield enterprises, if so, the details thereof;

(b) whether the larger part of the Stand-Up India Scheme beneficiaries so far has been woman entrepreneurs, if so, the details thereof;

(c) whether the Government has specified targets under the Stand-Up India Scheme, if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) Government have launched the Stand Up India scheme on 5th April, 2016 to facilitate bank loans between Rs. 10 lakh and Rs. 1 crore to at least one Scheduled Caste (SC)/ Scheduled Tribe (ST) borrower and at least one woman borrower per bank branch for setting up greenfield enterprises in the manufacturing, services or the trading sector. The scheme is being implemented through Scheduled Commercial Banks to benefit at least 2.5 lakh borrowers at a minimum of two borrowers per bank branch. Since the launch of the Scheme, Scheduled Commercial Banks have sanctioned 45,004 loans under Stand:Up India scheme to woman entrepreneurs as on 04.03.2018.

Increase in Toxic Air

2420. SHRI D.K. SURESH:

SHRI NALIN KUMAR KATEEL:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether there has been an increase in toxic air in the country;

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

(c) whether the Government has any proposal to shift more of the city's travel to comfortable public transport to cut fine particulates in congested areas and improve the air for residents; and

(d) if so, the details thereof and the steps being taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Central Pollution Control Board (CPCB) and State Pollution Control Boards (SPCBs) monitor ambient air quality in the country under

the National Air Quality Monitoring Programme (NAMP). Three air pollutants viz., Sulphur Dioxide (SO₂), Nitrogen Dioxide (NO₂) and Particulate Matter (PM₁₀), are monitored at the 691 manual monitoring stations located in 303 cities / towns in 29 States and 5 Union Territories. Analysis of ambient air quality data of 42 million plus cities indicates that the values of SO₂ were within the National Ambient Air Quality Standards (NAAQS) of 50 ug/m³ (annual standard) in all the cities during 2017. The values of NO₂ were within permissible NAAQS Jimit of 40 µg/m³ (annual standard) in most of the cities. Levels beyond norms were mainly observed with respect to particulate matter.

(c) and (d) Urban transport is an integral part of urban development which is a state subject. Necessary action to shift more of city's travel to public transport has to be taken by respective States/Union Territories (UTs). Ministry of Housing and Urban Affairs has taken following steps to improve public transport facilities in urban areas: (i) Issue of National Urban Transport policy, 2006; (ii) Issue of Advisory on congestion charges to State Governments/UTs; (iii) Stipulating condition of developing Parking policy by cities as one of the conditions under bus funding scheme; (iv) Assistance for procurement of buses, ancillary infrastructure, implementation of Bus Rapid Transit System (BRTS), and Metro Rail projects; (v) Making Urban Transport an admissible component under Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and Smart City Mission; and (vi) Issue of Metro Rail policy, 2017.

Safe and Nutritious Food Initiative

2421. SHRIMATI KAVITHA KALVAKUNTALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has undertaken a 'Safe and Nutritious Food' (SNF) initiative to promote awareness towards consumption of safe and nutritious food;

(b) if so, the details thereof;

(c) whether the Government is partnering with any of the States for the spreading of awareness; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Yes. Under its mandate to ensure safe and wholesome food, Food Safety and Standards Authority of India (FSSAI) has undertaken several initiatives under the umbrella of 'Safe and Nutritious Food' (SNF) for citizen guidance and behavioral change in every sphere at home, school, workplace or eating out viz: i) SNF@Home, ii) SNF@School, iii) SNF@Workplace and iv) SNF@Eatout.

Awareness and capacity building are key to usher in a culture of safe and wholesome food. Through focussed interventions, FSSAI would share and reiterate the message that safe and nutritious food has to be a way of life. The SNF portal i.e. www.snfportal.in serves as an online resource centre containing information pertaining to this initiative with access to resource materials developed by FSSAI, interactive guides on understanding food safety and nutrition and a gateway for everyone to participate in these initiatives through partnerships.

(c) and (d) Ensuring safe and nutritious food for all Indian citizens on Pan-India basis calls for massive outreach efforts which can be achieved only in partnership with multiple stakeholders and role of state governments is paramount for adaptation, implementation and coordination of this initiative.

A Roundtable Conference was organized by the Ministry of Health and Family Welfare and the Food Safety and Standards Authority of India (FSSAI) with State Health Ministers, Senior State government officials, related Central Government Ministries, Industry Associations and other stakeholders in January, 2018. It was agreed to address these issues through a systematic and structured approach for bringing about a large-scale social and behavioural change in citizens on Safe and Nutritious Food (SNF) by way of taking up awareness and engagement activities in campaign mode, developing effective institutions and institutional arrangements backed with competent human resources and adequate financial resources. States have also been encouraged to use funds under National Health Mission (NHM) for food safety and nutrition related activities.

Beti Bachao Beti Padhao

2422. SHRIMATI PRATIMA MONDAL: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the district authorities are effectively monitoring the use of sex determination tools by families and doctors and if so, the details thereof;

(b) whether stringent legal actions are being taken against those using them under the Beti Bachao Beti Padhao Scheme (BBBPS); and

(c) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) Beti Bachao Beti Padhao Scheme (BBBP) was launched by Hon'ble Prime Minister on 22nd January, 2015, addresses the declining Child Sex Ratio (CSR) and related issues of women empowerment. It is a tri-ministerial initiative of Ministry of Women and Child Development, Ministry of Health & Family Welfare (MoHFW) and Ministry of Human Resource Development (MHRD). As a Partner Ministry, MoHFW has been playing major role for ensuring effective implementation of PC&PNDT Act to curb and arrest the discriminatory practice of gender - biased sex selection (pre-birth discrimination) which not only artificially skews the Sex Ratio at Birth (SRB) but also impacts the Child Sex Ratio (CSR) in the long run.

The financial assistance has been provided to the district administrations under BBBP Scheme to supplement the Ministry of Health and Family Welfare's efforts to strengthen the implementation of PC&PNDT Act in the 161 selected districts under BBBP. The MoHFW has taken/initiated the following actions and measures

- (i) A National Capacity Building Programme for State Appropriate Authorities and State Nodal Officer was organized in 2017.
- (ii) A comprehensive Standard Operating Guidelines (SOGs) for %.- District Appropriate Authority has been prepared under PC&PNDT Act.

- (iii) Inspections by the National Inspection and Monitoring Committee (NIMC) have been regularly conducted across the country.
- (iv) Constitution of a Nodal Agency to regulate and remove the e-advertisements on internet relating to preconception and prenatal determination of sex or sex selection prohibited under PC&PNDT Act.
- (v) A two day orientation and sensitization of judiciary was organized by National Judicial Academy (NJA) in 2017. NJA also conducted special session under PC&PNDT Act in two orientation programmes for High Court Judges in 2017-2018.

As per Quarterly Progress Reports (QPRs) December' 2017 submitted by States/UTs, 59836 diagnostic facilities including Genetic Counseling Centre' Genetic" Laboratory, Genetic Clinic, Ultrasound and Imaging Centre have been registered under the PC&PNDT Act. So far, a total of 2007 machines have been sealed and seized for violations of the law. A total of 3986 (2713 pending & 1273 disposed off) court cases have been filed by the District Appropriate Authorities under the Act and 449 convictions have so far been secured. Following conviction, the medical licenses of 118 doctors have been suspended/ cancelled.

Auditing of JV Agreements

2423. SHRI RADHESHYAM BISWAS: Will the Minister of FINANCE be pleased to state:

- (a) whether the Government auditor has been empowered to supervise or conduct audit of Joint Venture (JV) agreements between the Public Sector Undertakings and private enterprises and if so, the details thereof; and
- (b) whether the audited accounts of such agreements are placed before the legislative bodies and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) The audit of Public Sector Undertakings is carried out by the Comptroller and Auditor General of India (CAG) as per

provisions of the CAG's (Duties, Powers and Conditions of Service) Act, 1971 and the Companies Act, 2013. The Companies Act provides for supplementary audit of the financial statement of the company by CAG u/s 143 (6) in case of a Government company. While conducting audit of a Public Sector Entity, the examination of joint venture agreements falls within the scope of audit.

(b) Audit reports on the accounts of Government companies are placed before the Parliament under section 394 of the Companies Act 2013. In case a Joint Venture entity falls within the definition of a Government company, as defined under the Companies Act 2013, its accounts are to be placed before the Parliament.

Waste Water Treatment Plants

2424. SHRI JOSE K. MANI: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

- (a) whether the number and capacity of waste water treatment plants set up in the country are inadequate for the treatment of waste water/sewage and only thirty percent of sewage is treated, State/UT-wise;
- (b) if so, the details thereof and the reasons therefor;
- (c) the efforts taken by the Government to augment waste water treatment capacity and promote reuse of waste water after treatment;
- (d) whether most of the sewage treatment plants in operation across the country are obsolete and are suitable for treating only the biological and not the chemical components of waste water; and
- (e) if so, the details thereof and efforts taken/ planned to upgrade the water treatment technology in the existing plants?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) As per a report published by Central Pollution Control Board (CPCB) in March, 2015, the sewage generation from urban areas in the country is estimated at 61,948 million litres per day

(mid), against which the available sewage treatment capacity is only 23,277 mid (37% of the sewage generation) in 81(3 sewage treatment plants (including 145 sewage treatment plants under construction), primarily due to lack of necessary investments and prioritization. The State-wise details of sewage generation from urban areas and corresponding sewage treatment capacity are given in the enclosed Statement.

(c) This Ministry has been supplementing the efforts of the State Governments in abatement of pollution in identified stretches of various rivers under the National River Conservation Plan (NRCP), on cost sharing basis between the Central and State Governments. NRCP has so far covered polluted stretches of 31 rivers in 75 towns spread over 14 States in the country at a sanctioned cost of Rs. 4579.56 crore, and Central share of Rs. 2236.98 crore has been released to the State Governments for implementation of various pollution abatement schemes. Sewage treatment capacity of 2466.43 mid has been created so far under the NRCP. It is emphasized that the treated effluent from the sewage treatment plants (STPs) constructed under NRCP is reused in agriculture, industry and other purposes, wherever feasible.

Further, to ensure proper treatment of municipal

wastewater before discharge into the rivers & other water bodies, CPCB has issued directions under Section 18 1(b) of the Water (Prevention and Control of Pollution) Act, 1974 in April, 2015 to all the State Pollution Control Boards (SPCBs)/Pollution Control Committees (PCCs) in the country for setting up of STPs in their respective States. CPCB also issued directions in October, 2015 to municipal authorities of 184 towns (66 metropolitan cities and State capitals + towns along river Ganga) under Section 5 of the Environment (Protection) Act, 1986 to ensure proper treatment and disposal of sewage generated for abatement of pollution of rivers.

(d) and (e) The STPs are designed to reduce Chemical Oxygen Demand (COD), Biochemical Oxygen Demand (BOD) and Suspended Solids in sewage. Central Government has in October, 2017 revised the general discharge standards for STPs, which have been made more stringent and also now includes the parameter of fecal coliform. The revised standards shall be applicable to all STPs to be commissioned on or after the 1st June, 2019 and the old/existing STPs shall need to be upgraded to achieve these standards within a period of five years from date of publication of notification dated 13.10.2017.

Statement

State-wise details of sewage generation in urban areas and treatment capacity available

Sl. No.	State/Union Territory	Sewage Generation in urban areas	Installed Treatment Capacity (mid)	Number of STPs
1	2	3	4	5
1.	Andaman and Nicobar	22	-	-
2.	Andhra Pradesh	2871	247.27	12
3.	Arunachal Pradesh	50	-	-
4.	Assam	703	0.21	1
5.	Bihar	1879	124.55	6
6.	Chandigarh	164	314.5	5
7.	Chhattisgarh	951	-	-
8.	Dadra and Nagar Haveli	26	-	-
9.	Daman and Diu	29	-	-

1	2	3	4	5
10.	Goa	145	74.58	7
11.	Gujarat	4119	3062.92	51
12.	Haryana	1413	852.7	41
13.	Himachal Pradesh	110	114.72	66
14.	Jammu and Kashmir	547	264.74	19
15.	Jharkhand	1270	117.24	15
16.	Karnataka	3777	1304.16	57
17.	Kerala	2552	152.97	10
18.	Lakshadweep	8	-	-
19.	Madhya Pradesh	3214	482.23	17
20.	Maharashtra	8143	5160.36	76
21.	Manipur	132	-	-
22.	Meghalaya	95	1	1
23.	Mizoram	90	10	1
24.	Nagaland	92	-	-
25.	Delhi	4155	2693.7	35
26.	Odisha	1121	385.54	13
27.	Puducherry	136	68.5	6
28.	Punjab	1664	1245.45	86
29.	Rajasthan	2736	865.92	63
30.	Sikkim	24	31.88	11
31.	Tamil Nadu	5599	1799.72	73
32.	Telangana	1671	685.8	18
33.	Tripura	154	0.05	1
34.	Uttar Pradesh	7124	2646.84	73
35.	Uttarakhand	495	152.9	24
36.	West Bengal	4667	416.9	28
Total		61948	23277	816

Chemical Contamination of Rivers

2425. SHRI MD. BADARUDDOZA KHAN:
SHRI MOHAMMAD SALIM:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether there are any report regarding the status of chemical contamination of the rivers, lakes and other fresh water bodies in the country; and

(b) if so, the State-wise details of the major parameters of contamination of such water bodies thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Central Pollution

Control Board (CPCB) in association with the State Pollution Control Boards monitors the river water quality across the country through a network of monitoring stations under the National Water Quality Monitoring Programme. Water quality assessment for ascertaining the chemical contamination of rivers, lakes and other fresh water bodies has been carried out for 253 rivers, 133 lakes, 47 ponds and 79 tanks across the country. Chemical Oxygen Demand (COD) is a summary parameter to assess the chemical contamination of aquatic resources.

Based on the water quality monitoring carried out by CPCB over the period 2013- 2017, variable concentration of COD has been observed in rivers, lakes and other fresh water bodies, as per category-wise details given below:

Category	Criteria (COD concentration)	Rivers	Lakes	Ponds	Tanks
I	> 250 mg/l	38	27	3	18
II	170-250 mg/l	17	20	11	14
III	85- 170 mg/l	53	31	10	25
IV	50 - 85 mg/l	67	27	8	11
V	25- 50 mg/l	78	28	15	11
Total		253	133	47	79

There are 38 rivers, 27 lakes, 3 ponds and 18 tanks which are critically polluted having a COD concentration of more than 250 mg/l, which is the discharge standard for a polluting source such as sewage treatment plants

and industrial effluent treatment plants. The State-wise list of these polluted rivers, lakes, ponds and tanks are given in the enclosed Statement.

Statement

State-wise details of critically polluted rivers, lakes, ponds and tanks based on COD concentration levels

Sl. No.	State Name	Rivers	Water bodies (lakes, ponds & tanks)
1	2	3	4
1.	Assam	-	Elangabeei
2.	Bihar	Sikrana	-
3.	Chhattisgarh	-	Hitkasa Tailing Reservoir
4.	Daman, Diu and Dadra Nagar Haveli	Damanganga	-

1	2	3	4
5.	Delhi	Yamuna	-
6.	Gujarat	Bhadar, Khari, Sabarmati	Moonsar
7.	Haryana	Ghaggar	-
8.	Himachal Pradesh	Giri, Sukhana	Khaziar
9.	Jammu and Kashmir	Jhelum	-
10.	Karnataka	Bhima	Arakere, Bellandur, Dalavai, Hebbal, Hulimavu, Karihobanahalli, Mulbhagal, Puttenahalli, Shettykere, Singasandra, Somasundrapalya, Ulsoor, Yedyur, Yennehole, Aianakere, Beenniganahalli, Dhorekere, Herekere, Madavara, Mavenakere, Melekote, Pavagada, Shivapura, Uttarahalli Doraikere, Veerapura, Vengaihnakere
11.	Kerala	Chitrapuzha, Periyar, Pamba, Neeleswaram, Karamana, Korayar, Thirur	Kayamkula Kayal, Kodungalloor, Paravur, Punnamada Kayal, Vembanad, Vembanadu
12.	Madhya Pradesh	Betwa, Gour, Khan, Narmada	-
13.	Maharashtra	Mithi, Patalganga	-
14.	Meghalaya	Umkhrah	-
15.	Nagaland	Dhansiri	-
16.	Punjab	Ghaggar, Satluj	-
17.	Tamil Nadu	Cauvery, Sarabanga, Thirumanimuthar, Vasista	-
18.	Telangana	Musi	Fox Sagar, Laxminarayana, Miralam, Noor Md. Kunta, Saroornagar, Asani Kunta, Sai Chivuru, Chinna Waddepally, Gandhigudum, Kajipally, Kistaraddy, Mallapur, Premajipet
19.	Uttar Pradesh	Hindon, Kali (W), Kalinadi (E)	-
20.	Uttarakhand	Bhalla, Dhela	
21.	West Bengal	Damodar	-

Helicopter Ambulance Services

2426. SHRI KODIKUNNIL SURESH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any proposal to promote and establish a network of rural helicopter

ambulance services in several selected districts on pilot mode;

(b) if so, the details thereof;

(c) whether the Government is aware of the requirement of such a service owing to the shortage of options for immediate transportation of patients from rural

and remote areas of the country; and

(d) whether the Government proposes to constitute an expert panel for ascertaining the viability of the scheme and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Presently, the Government has no proposal to promote and establish a network of rural helicopter ambulance services.

(c) and (d) Such a service can expedite transportation of patients from rural and remote areas.

However, 'Public health and hospitals' being a State subject, the primary responsibility to provide health care services lies with the respective State/UT Governments, including transportation of patients from rural and remote areas.

Presently no support is provided by this Ministry for establishment of network of rural helicopter ambulance services. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for ambulance service for immediate transportation of patients from rural and remote areas, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Government has no proposal at present to constitute an expert panel for ascertaining the viability of the rural helicopter ambulance services.

[Translation]

Decrease in Sex Ratio

2427. SHRI PANKAJ CHAUDHARY:
SHRI CHANDRAKANT KHAIRE:

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

(a) whether NITI Aayog released 'Healthy States, Progressive Report' recently and if so, the details thereof;

(b) whether as per the report, there has been a decrease in the sex ratio in 18 States of the country and if so, the details thereof;

(c) whether the Government is aware of the ill effects of decreasing sex ratio; and

(d) if so, the schemes formulated or proposes to be formulated by the Government to increase the sex ratio and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes. "Healthy States, Progressive India-Report on the ranks of States and UTs" have been released by NITI Aayog to nudge States to bring about the much required improvements in the Health sector with a focus to capture the annual incremental improvements by States. The report is available on the official website of NITI Aayog in: http://niti.gov.in/writereaddata/files/document_publication/Healthy-States-Progressive-India-Report_0.pdf

(b) As per the above report Sex ratio at Birth (SRB) is substantially lower in almost all Larger States - 17 out of 21 States have SRB of less than 950 females per 1000 males. Further, SRB has declined in these States between the base year (2012-14) and reference year (2013-15), except for Bihar, Punjab and Uttar Pradesh where improvements in SRB were noted, and Jammu and Kashmir where it stagnated. Details are given in the enclosed Statement-I.

(c) and (d) Yes, in view of growing misuse of technology for sex selection leading to pre-birth elimination of females that mainly contributes towards the decline of sex ratio at Birth, Government of India is implementing Pre-conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act 1994. The Pre-conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act 1994 regulates the use of Pre-conception and Pre-Natal Diagnostic Techniques which has a potential of selection/determination of sex of the foetus and prohibits the use of these diagnostic techniques for sex selection

The Government of India besides enactment of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, has adopted a multi-pronged strategy entailing schemes and programmes for awareness generation and advocacy measures to build a positive environment for the girl child through

gender sensitive policies, provisions and legislation. The details of important measures taken by Government of India in this regard are given in the enclosed as Statement-II.

Further, Government of India launched Beti Bachao Beti Padhao Campaign (BBBP) in 2015 to address the declining child sex ratio and related issues of women empowerment over a life cycle continuum. The key element of the scheme includes nation-wide awareness and advocacy campaign and multi-sectoral action in selected 161 districts at present. The Government of India has decided to expand the BBBP scheme in all 640 districts (as per census 2011) in the country through Alert District Media Campaign and extending multi-sectoral interventions in 405 districts having low child sex ratio.

Statement-I

States wise Sex Ratio at Birth (SRB) during Base Year (2012-14) and Reference Year (2013-15)- Large States.

Sl. No.	States	Base Year (2012-14)	Reference Year (2013-15)
1	2	3	4
1	Haryana	866	831
2	Himachal Pradesh	938	924
3	Jammu and Kashmir	899	899
4	Punjab	870	889
5	Rajasthan	893	861
6	Uttarakhand	871	844
7	Chhattisgarh	973	961
8	Madhya Pradesh	927	919
9	Uttar Pradesh	869	879
10	Bihar	907	916
11	Jharkhand	910	902
12	Odisha	953	950
13	West Bengal	952	951

1	2	3	4
14	Assam	918	900
15	Gujarat	907	854
16	Maharashtra	896	878
17	Andhra Pradesh	919	918
18	Karnataka	950	939
19	Kerala	974	967
20	Tamil Nadu	921	911
21	Telangana	919	918

Statement-II

- As per Quarterly Progress Reports (QPRs) December, 2017 submitted by States/ UTs, 59836 diagnostic facilities including Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre have been registered under the PC& PNDT Act. So far, a total of 2007. machines have been sealed and seized for violations of the law. A total of 3986 (2713 pending & 1273 disposed of) court cases have been filed by the District Appropriate Authorities under the Act and 449 convictions have so far been secured. Following conviction, the medical licenses of 118 doctors have been suspended/ cancelled.
- Inspections by the National Inspection and Monitoring Committee (NIMC) have been scaled up. During 2015-16, 22 NIMC inspections have been undertaken in the States of Punjab, Puducherry, Tripura, Sikkim, Uttar Pradesh, Odisha, Bihar, Mizoram, Andhra Pradesh, Haryana, Rajasthan, Maharashtra, Gujarat, Telangana, Chhattisgarh, Jharkhand, Assam, Uttarakhand, Karnataka, Tamilnadu, Madhya Pradesh and West Bengal. During 2016-17, 12 NIMC inspections have been undertaken in the States of Arunachal Pradesh, Jammu and Kashmir, Himachal Pradesh, Rajasthan, Delhi, West Bengal, Karnataka, Uttar Pradesh, Tamil Nadu, Bihar, Haryana and Madhya Pradesh. During 2017-18, 19 NIMC visits has been conducted in States of Punjab, Gujarat, Uttarakhand, Kerala,

Andhra Pradesh, Manipur, Maharashtra, Jharkhand, Odisha, Assam, Chhattisgarh, Jammu and Kashmir, Sikkim, Karnataka, Uttar Pradesh, Delhi, Rajasthan, Tamil Nadu and West Bengal.

- State/ UTs Inspection and Monitoring Committees have been constituted in the States/ UTs and are conducting regular inspections on the ground.
- The Ministry of Health and Family Welfare is rendering financial support to strengthen implementation structures under National Health Mission (NHM) for setting up of dedicated PNDT Cells, capacity building, monitoring, and advocacy campaigns etc.
- A National Capacity Building Programme for State Appropriate Authorities and State Nodal Officers was organized on 9th and 10th October, 2017 at Delhi in collaboration with United Nations Population Fund (UNFPA).
- A comprehensive Standard Operating Guidelines (SOGs) for District Appropriate Authority has been prepared by Ministry of Health & Family Welfare for better clarity for implementation of the PC&PNDT Act.
- Program review at the State/UTs level has been intensified. During 2016-17, 4 regional review workshops were organized for Northern, Western, Eastern and North-Eastern States in Lucknow, Jaipur, Thiruvananthapuram and Kolkata. During 2017-18, 2 Regional Review workshops for Eastern region and Southern region have been conducted.
- Directions given by the Hon'ble Supreme Court in the matter of WP(C) 349/2006 (Voluntary Health Association of Punjab vs. UOI & others), were communicated to the States/ UTs and concerned Ministries/Departments for ensuring compliance.
- The Government has also set up a Nodal Agency to regulate and remove the e-advertisements on internet relating to preconception and prenatal determination of sex or sex selection, prohibited under the PC&PNDT Act, 1994 as per the directions of Hon'ble Supreme Court vide order dated 16.11.2016 in Writ Petition (Civil) No. 341 of 2008.

- A two-day orientation and sensitization of judiciary was organized by National Judicial Academy on 4th & 5th February 2017 in Bhopal. Further the National Judicial Academy also conducted special PC & PNDT Act session in two orientation programmes for High Court Judges in the current financial year 2017-18.
- States have been advised to focus on Districts/ Blocks/Villages with low Child Sex Ratio to ascertain the causes, plan appropriate behaviour change communication campaigns and effectively implement provisions of the PC & PNDT Act.

[English]

Irregularities observed in Audit

2428. SHRI RAJU SHETTY: Will the Minister of FINANCE be pleased to state:

(a) whether the Government audits have revealed irregularities due to which different departments of Government have lost a huge amount;

(b) if so, the details of losses under use of Government assets observed;

(c) whether the Government has fixed responsibility in this regard;

(d) if so, the details thereof and if not, the reasons therefor; and

(e) the details of the measures suggested by the Government to minimise the wastage of national property?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) The Comptroller and Auditor General of India conducts the audit of Central/State Government offices, Public Sector Undertakings and other entities as per the CAGs DPC Act 1971. Significant audit findings regarding irregularities are reported to the Parliament/State Legislatures through the Audit Reports of CAG. Year wise details of Audit reports laid in the Parliament and State Legislatures are made available on the website at

Comptroller and Auditor General of India <http://www.cag.gov.in/audit-reports>.

(c) and (d) The findings/observations of Audit made in its Reports are to be responded/replied by the respective administrative wings of the Government and the Action Taken Notes/Reports on such observations are also submitted to Public Account Committee.

(e) Government has been taking the cognizance of findings at the Audit and action appropriate at various levels taken to avoid occurrence of lapses, corrective action are also being taken by Government for safeguarding the national property.

Insurance Premium

2429. DR. K. GOPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government's estimate of covering the healthcare cost of a family with an annual insurance premium of just Rs. 1,000 to Rs. 1,200 is too optimistic and if so, the details thereof and if not, the reasons therefor;

(b) whether the National Sample Survey Office (NSSO) calculations show the need of about twice that amount or more per family and if so, the details thereof;

(c) whether according to NSSO survey data from 2014, hospitalization is required for around 40 persons among 1,000 people each year and if so, the details thereof; and

(d) whether average expenditure of hospitalization of the poorest 40 per cent of the population was about Rs. 12,500 in 2014 and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The Contours of the proposed National Health Protection Scheme is yet to be finalised. The actual premium for the proposed National Health Protection Scheme (NHPS) would be determined based on the prevalent market conditions and all other relevant factors including NSSO survey data.

(b) The relevant information is not available with NSSO.

(c) As per NSSO data, 2014, the details of number of persons hospitalized per thousand is given in the enclosed Statement-I.

(d) As per NSSO data, 2014, the details are given in the enclosed Statement-II.

Statement-I

Number per thousand of persons hospitalized in (excluding childbirth)

Rural			Urban		
Male	Female	Persons	Male	Female	Persons
34	36	35	41	46	44

Statement-II

Quintile class of UMPCE Average medical and non-medical expenditure (Rs.) per hospitalization during stay at hospital

	Rural	Urban
Poorest 20%	11805	12516
20% - 40%	13067	16153

Growth of Corporate Sector

2430. SHRI N.K. PREMACHANDRAN: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government granted exemptions/concessions to the corporate management on the ground of ease of doing business;

(b) if so, the details of such exemptions/concessions granted during the last three years;

(c) whether the investments of corporates increased due to the policy changes and exemptions/concessions given by the Government to the corporate sector;

(d) if so, the details of the growth and achievements of corporate sector during the said period; and

(e) the details of corporates participated with the Government for development activities during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) to (d) The Ministry of Corporate Affairs has undertaken a number of measures to improve ease of doing business in the country by reducing the number of procedures, time and cost involved in starting a business for the corporate sector, which is likely to lead to increase in investments by corporate sector. Some of the major reforms undertaken in this regard are as under:

- (i) Setting up the Central Registration Centre (CRC) for processing of "Name Availability" and "Incorporation" e-forms in a speedy, time-bound and transparent manner.
- (ii) A new integrated incorporation eform Simplified Proforma for Incorporating Company Electronically (SPICe) has been introduced for delivering 5 services in one e-form viz. name availability, allotment of DIN, incorporation of a company and allotment of Permanent Account Number (PAN) and Tax Deduction and Collection Account Number (TAN) to a company.
- (iii) A new web-service facility named Reserve Unique Name (RUN) has been launched from 26.01.2018 to simplify the process of reserving

a name of the company.

- (iv) Incorporation of companies with authorized capital of less than or equal to Rs. 10 lacs and companies limited by guarantee having upto 20 members do not require payment of fees for filing SPICe, eMoA (Memorandum of Association) and eAoA (Articles of Association)
- (v) Common seal for companies has been made optional.
- (vi) The requirement for minimum paid-up capital and obtaining Certificate of Commencement of Business has been dispensed with.
- (vii) Start-up, Small and Unlisted Companies with total assets not exceeding rupees 1 crore have been notified as corporate debtors for making application for Fast Track Corporate Insolvency Resolution Process.

(e) The provisions of Corporate Social Responsibility (CSR) under Section 135 of the Companies Act, 2013 and rules made thereunder have come into effect from 01.04.2014. As per the data in the filings made by eligible companies upto 30.11.2017 in the MCA21 registry for the years 2014-15, 2015-16 and 2016-17, the expenditure incurred by such companies on CSR is given in the Table below:

Sl. No.	Company Type	Financial Year 2014-15 (in Rs. crore)	Financial Year 2015-16 (in Rs. crore)	Financial Year 2016-17 (in Rs. crore)
1.	PSUs	2673.85	4163.09	1325.83
2.	Private Sector Companies	6890.92	9664.77	3393.17
Total		9564.77	13827.86	4719.00

Increase Micro Finance Credit Facility

2431. SHRI SANTOSH KUMAR:
DR. RATNA DE (NAG):
SHRI HARI OM PANDAY:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has any proposal to increase Micro Finance Credit Facility at large specially Purnea in Bihar, West Bengal and Ambedkar Nagar in

Uttar Pradesh;

(b) if so, the details thereof;

(c) if not, the reasons therefor; and

(d) the extent to which this initiative is likely to help the growth of the banking sector?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b)

National Bank for Agriculture and Rural Development (NABARD) implements the Self Help Group-Bank Linkage Programme (SHG-BLP) in 13 Priority States to provide focussed attention on micro credit linkage of SHGs & skilling through micro entrepreneurship development programmes, livelihood & enterprise development programmes, etc. The SHG-BLP covers all districts of Bihar (including Purnea), West Bengal & Uttar Pradesh (including Ambedkar Nagar).

(c) Does not arise in view of (a) and (b) above.

(d) This initiative increases the banking sector's outreach and credit flow to the poorer sections in the identified priority states & districts.

[Translation]

ED Raids

2402. SHRI SUSHIL KUMAR SINGH: Will the Minister of FINANCE be pleased to state:

(a) whether the Enforcement Directorate (ED) has conducted raids regarding scams and embezzlement of funds in various banks during the current year in various parts of the country and if so, the details thereof;

(b) whether the ED has been successful in recovering most of the amount of the scam and "seize properties, if so, the details thereof;

(c) whether the Government has collected data regarding the enquiry/questioning and action carried out/taken by the ED in cases pertaining to Money Laundering Act and disproportionate asset cases in the country during the last three years and the current year;

(d) if so, the details of the action taken and properties seized by ED in the country during the said period; and

(e) the action taken so far by the Government to check the repetition of such acts in future?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Directorate of Enforcement has conducted 234 searches in cases relating to scams and embezzlement of funds in banks during the current year (upto 28.02.2018) and seized assets worth Rs. 7109 crore (approx.)

(c) to (e) During the last three Financial Years and the current Financial Year (upto 28.02.2018), the Directorate of Enforcement has registered 605 cases under the provisions of Prevention of Money Laundering; Act (PMLA), 2002 including disproportionate assets cases and attached/seized assets totalling Rs 27,982 crores (approximately).

[English]

Unspent Health Fund

2433. SHRI MOHD. SALIM:

SHRI MD. BADARUDDOZA KHAN:

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

(a) whether the increase in unspent health fund by the States have come to the notice of Government;

(b) if so, the details thereof during the last three years, State/UT-wise particularly West Bengal;

(c) whether some of the States have also been found to be diverting funds earmarked by the centre for health sector to other areas; and

(d) if so, the details thereof and action taken by the Government to discontinue such practice in future?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) No, the overall unspent health fund by the States has not increased. The Government has been monitoring the unspent balances and in certain States where unspent balances are more, no funds or reduced funds are released to States under National Health Mission (NHM). As a result of no release or reduced release, the unspent balances eventually get reduced with the booking of expenditure on progressive basis. However, as evident from the annexed Statement, there is a trend of reduced unspent balances in the last 3 years.

(b) A Statement showing State/UT wise unspent balances under NHM during the last three years is enclosed.

(c) and (d) The Comptroller and Auditor General of India (CAG) in its report on Performance Audit of NRHM

for the period from 2011-12 to 2015-16 has pointed out certain instances of diversion of Central funds under NHM to State specific schemes for health. The CAG audit report was immediately shared with the States for necessary action in this regard. The States have been asked to desist from such practice as Ministry did not support the same.

Statement

*State-wise Unspent Balances under NHM for the F.Y.
2014-15 to 2016-17*

Sl. No.	States	2014-15	2015-16	2016-17
1	2	3	4	5
A - High Focus States				
1	Bihar	48.19	18.61	226.67
2	Chhattisgarh	-172.24	-242.59	-270.70
3	Himachal Pradesh	-129.43	-142.20	-253.06
4	Jamrru & Kashmir	118.68	120.64	150.34
5	Jharkhand	399.80	448.65	426.27
6	Madhya Pradesh	-195.35	-357.66	-29.00
7	Odisha	71.97	-43.11	-102.19
8	Rajasthan	-165.33	122.06	114.41
9	Uttar Pradesh	1,565.26 [^]	1,431.71	383.42
10	Uttarakhand	-37.88	-58.93	-115.71
Total		1,503.69	1,297.17	530.47

B - NE States

11	Arunachal Pradesh	83.62	111.09	124.41
12	Assam	247.34	147.68	22.56
13	Manipur	133.40	156.20	155.71
14	Meghalaya	159.27	127.94	142.12
15	Mizoram	-3.06	-69.21	-73.50
16	Nagaland	107.47	152.08	126.95
17	Sikkim	36.19	28.99	23.09
18	Tripura	115.76	144.92	142.01
Total		879.98	799.71	663.35

1	2	3	4	5
C - Non-High Focus States				
19	Andhra Pradesh	869.43	764.42	442.73
20	Goa	1.48	0.79	-11.32
21	Gujarat	593.95	467.06	442.52
22	Karyana	-27.76	-36.03	-35.57
23	Karnataka	347.35	246.00	251.48
24	Kerala	319.75	62.96	73.13
25	Maharashtra	-133.56	-540.60	330.71
26	Punjab	298.99	119.30	-30.89
27	Tamil Nadu	-464.18	-386.30	-915.94
28	Telangana	196.76	244.05	258.49
29	West Bengal	1,223.29	1,334.32	861.83
Total		3,225.52	2,275.97	1,667.16

D - Small States/UTs

30	Andaman and Nicobar Islands	-7.69	27.53	43.51
31	Chandigarh	0.56	7.50	8.36
32	Dadra and Nagar Haveli	4.60	6.94	6.71
33	Daman and Diu	-3.93	-3.93	-2.64
34	Delhi	159.96	219.65	306.48
35	Lakshadweep	4.59	7.56	7.06
36	Puducherry	-1.38	-4.54	-1.60
Sub Total		156.71	260.71	367.88
Total		5,765.90	4,633.56	3,228.85
Others		182.07	274.89	274.89
Grand Total		5,947.97	4,908.45	3,503.74

Note:

Negative unspent balance was due to pending arrears payment under Infrastructure Maintenance. The unspent balance is derived after deducting the Expenditure reported as per FMR from Central releases and State share.

[*Translation*]**Self Help Groups**

2434. SHRI MANOHAR UTAWAL: Will the Minister of FINANCE be pleased to state:

(a) the total number of groups such as Self Help Group (SHG) being run by the women belonging to the scheduled castes/ scheduled tribes/backward classes, State/ UT-wise;

(b) the funds allocated to the SHGs and spent by them in the country during the last three years, State/UT-wise;

(c) whether the Government has received proposals to increase the number of SHGs in States/UTs; and

(d) if so, the details thereof and the steps taken by the Government to strengthen the SHGs?

THE MINISTER OF STATE IN THE MINISTRY OF

FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As per information compiled by National Bank for Agriculture and Rural Development (NABARD) from Banks, on 31st March 2017, there are 85.77 lakh Self Help Groups (SHGs) in the country out of which 73.22 lakh SHGs are exclusively Women SHGs which are savings linked. The State/Union Territory-wise details of savings linked SHGs and loan disbursed during the last 3 years are enclosed as Statement-I and II.

(c) and (d) Government have taken various steps to increase the number of SHGs and strengthen them. These include, inter alia, Women SHGs. Development Fund being operated by NABARD in 150 most backward districts, interest subvention under the Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY - NRLM) to NRLM SHGs on loans upto Rs 3 lakh per SHG, grant and other support to Non Government Organisations (NGOs) and other Self Help Promoting Institutions for promotion and nurturing of SHGs formed by poor women in rural areas, etc.

Statement-I*State-wise details of SHGs Savings linked*

(Amount Rs. lakh)

Sl. No.	Region/State	2014-15		2015-16		2016-17	
		No. of SHGs	Savings-Amount	No. of SHGs	Savings-Amount	No. of SHGs	Savings-Amount
1	2	3	4	5	6	7	8
A	Northern Region						
	Chandigarh	90	4.21	225	127.85	1292	104.51
1	Haryana	41653	3651.08	42921	15891.44	40615	3431.00
2	Himachal Pradesh	37838	2648.99	44185	3411.12	45735	5061.57
3	Jammu and Kashmir	6214	378.44	8386	2410.50	16862	2184.56
4	New Delhi	3290	694.83	3668	535.87	4480	1119.06
5	Punjab	25870	2235.11	29971	3978.20	31486	3135.34
6	Rajasthan	245903	14379.43	264119	18659.06	316729	34640.24
	Total	360858	23992.09	393475	45014.04	457199	49676.28

1	2	3	4	5	6	7	8
B North Eastern Region							
1	Assam	292071	9943.07	333686	11128.22	347505	10446.64
2	Arunachal Pradesh	3351	255.66	4617	417.33	5460	1141.91
3	Manipur	10702	196.92	13620	356.98	15470	336.50
4	Meghalaya	7910	862.70	8196	937.77	8442	961.08
5	Mizoram	7481	312.95	8072	497.14	8737	562.03
6	Nagaland	2880	273.01	11432	698.20	13019	1275.90
7	Sikkim	1368	231.09	1542	396.42	4211	1575.67
8	Tripura	8218	946.49	48658	4594.27	50043	6655.97
Total		333981	13021.87	429823	19026.33	452887	22955.70
C Eastern Region							
1	Andaman and Nicobar Islands (UT)	4998	125.27	4475	660.49	4874	872.82
2	Bihar	224469	29666.98	278608	36006.37	441309	62658.38
3	Jharkhand	82138	8492.52	99326	9558.45	130350	14991.55
4	Odisha	452068	49703.80	486686	48587.72	431487	62745.06
5	West Bengal	760941	127347.93	831011	153538.75	945056	195270.76
Total		1524614	215336.50	1700106	248351.78	1953076	336538.57
D Central Region							
1	Chhattisgarh	148293	17954.14	160461	16046.37	179496	20090.86
2	Madhya Pradesh	225615	23901.55	248618	24831.13	238496	27310.38
4	Uttar Pradesh	392276	35475.66	363979	38206.29	383592	32146.94
3	Uttarakhand	51067	5038.41	42595	5024.88	46930	4349.94
Total		817251	82369.76	815653	84108.67	848514	83898.12
E Western Region							
1	Goa	7445	1199.15	7541	1543.95	7408	1940.42
2	Gujarat	215839	17543.01	221350	18414.23	247773	26411.25
3	Maharashtra	717860	90380.82	789158	85745.68	885420	110344.60
Total		941144	109122.99	1018049	105703.86	1140601	138696.27

1	2	3	4	5	6	7	8
F	Southern Region						
1	Andhra Pradesh	884508	262949.95	901517	414561.96	848721	529124.96
2	Karnataka	734304	130241.10	962446	144242.13	1031733	131181.48
3	Kerala	585471	64524.57	272859	62907.18	279527	51268.95
4	Lakshadweep	231	648.90	2	0.10	4	0.30
5	Puducherry	16641	1558.52	14763	4089.71	22340	2224.28
6	Tamil Nadu	987282	103456.83	852034	92003.16	909492	106575.55
7	Telangana	511184	98761.00	542275	149130.09	632781	159282.18
	Total	3719621	662140.87	3545896	866934.33	3724598	979657.70
	Grand Total	7697469	1105984.07	7903002	1369139.01	8576875	1611422.64

Source: Based on information compiled by NABARD from Banks

Statement-II

State-wise details of loan disbursed to SHGs

(Amt. Rs. lakh)

Sl. No.	Region/State	2014-15		2015-16		2016-17	
		No. of SHGs	Loans Disbursed - Amount	No. of SHGs	Loans Disbursed - Amount	No. of SHGs	Loans Disbursed - Amount
1	2	3	4	5	6	7	8
A	Northern Region						
1	Chandigarh	7	11.78	5	8.00	32	24.66
2	Haryana	2523	4060.03	3869	5398.91	4469	5848.28
3	Himachal Pradesh	4062	5175.12	3226	4527.28	3715	5014.41
4	Jammu and Kashmir	1907	1197.77	2829	2182.41	3389	3210.15
5	New Delhi	90	142.84	.271	220.58	178	163.84
6	Punjab	2669	3364.99	2656	3783.57	2584	2502.09
7	Rajasthan	32590	28920.80	25250	32177.19	32200	40650.76
	Total	43848	42873.33	38106	48297.94	46567	57414.19

1	2	3	4	5	6	7	8
B North Eastern Region							
1	Assam	17565	14676.55	22625	15865.56	26361	24901.44
2	Arunachal Pradesh	28	55.15	57	66.79	102	120.54
3	Manipur	172	151.33	382	360.59	281	241.80
4	Meghalaya	94	77.98	204	180.25	222	705.91
5 [^]	Mizoram	362	372.08	327	473.05	312	653.83
6	Nagaland	69	150.63	1255	1360.09	669	1029.11
7	Sikkim	101	39.85	134	90.28	167	107.50
8	Tripura	400	271.33	1053	3572.09	847	660.54
Total		18791	15794.90	26037	21968.70	28961	28420.67
C Eastern Region							
1	Andaman and Nicobar Islands (UT)	264	357.32	252	400.92	431	811.25
2	Bihar	65122	47100.54	98608	61056.39	156165	132306.35
3	Jharkhand	4470	3750.89	10818	6621.17	17461	10374.35
4	Odisha	122479	127888.29	63664	86031.97	72420	96099.49
5	West Bengal	159465	150504.66	239234	195378.62	250586	233580.55
Total		351800	329601.69	412576	349489.07	497063	473171.99
D Central Region							
1	Chhattisgarh	17336	11107.29	11085	9636.05	29167	22531.84
2	Madhya Pradesh	29892	30532.80	43185	59085.49	33754	29623.37
3	Uttar Pradesh	58940	65820.57	25908	29440.29	16524	13365.18
4	Uttarakhand	3063	3447.98	4104	20904.90	2567	2438.07
Total		109231	110908.64	84282	119066.73	82012	67958.46
E Western Region							
1	Goa	803	1818.12	703	1978.78	561	1792.31
2	Gujarat	22366	26209.02	23638	26625.68	25317	21513.07
3	Maharashtra	74172	89053.23	88184	160027.75	80947	125513.22
Total		97341	117080.37	112525	188632.21	106825	148818.60

1	2	3	4	5	6	7	8
F	Southern Region						
1	Andhra Pradesh	277252	562314.81	404071	1150547.66	357765	1034708.06
2	Karnataka	225031	480337.12	281389	625908.13	265043	572200.91
3	Kerala	77106	144477.29	79268	140688.38	75090	222648.84
4	Lakshadweep	0	0.00	0	0.00	0	0.00
5	Puducherry	1519	3708.08	1408	3426.68	2639	8122.58
6	Tamil Nadu	163268	401673.11	170359	482615.52	170789	462593.29
7	Telangana	261051	549461.72	222302	598049.07	265366	802058.05
	Total	1005227	2141972.13	1158797	3001235.44	1136692	3102331.73
	Grand Total	1626238	2758231.06	1832323	3728690.09	1898120	3878115.64

Source: Based on information compiled by NABARD from Banks

[English]

Business Correspondents

2435. DR. KIRIT P. SOLANKI: Will the Minister of FINANCE be pleased to state:

(a) the total number of bank accounts that have been opened by the Business Correspondents;

(b) the total amount of subsidies deposited in these accounts by the Government;

(c) the steps taken under the scheme to improve financial literacy; and

(d) whether all Sub Service Areas across all villages of the country have been covered by either a bank branch or a Bank Mitr (Business Correspondent) under the component of the scheme that focuses on the geographical coverage of banks?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) The information regarding total number of bank accounts opened by Business Correspondents (BCs) and the amount of subsidies deposited in these accounts, are not centrally maintained.

(c) Reserve Bank of India (RBI), vide its Master Circular dated 1.7.2014 has issued guidelines to banks

on customer education and financial literacy through BC model. Vide this circular, banks have, inter-alia, been advised that financial literacy and customer education be formed an important part of the business strategy and be formed part of the commitment by banks adopting the BC model.

(d) Under Pradhan Mantri Jan-Dhan Yojana (PMJDY), all rural and semi-urban areas have been classified in to 1.59 lakh Sub-Service Areas (SSAs), each SSA catering to 1000 to 1500 households. Banks have informed that out of total SSAs, 0.33 lakh are covered by bank branches and 1.26 lakh SSAs, without bank branch, with inter-operable BCs.

Surplus Funds lying with SEBI

2436. SHRI V. ELUMALAI: Will the Minister of FINANCE be pleased to state:

(a) whether the Government is eyeing Rs. 3000-4000 crore surplus funds lying with markets regulator Securities and Exchange Board of India (SEBI) as a part of exercise to bridge the fiscal deficit gap, if so, the details thereof;

(b) whether the Government has also sought dividend of about Rs. 13000 crore from the Reserve Bank of India (RBI) for 2016-17, if so, the details thereof;

(c) whether SEBI earns two kind of money i.e. by way of penalties and fine and the another one by way of fee and other decisions; and

(d) if so, such money collected by the SEBI during the last two years?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) No, Madam.

(b) The Government had sought Rs. 13000 crore in addition to the surplus of Rs. 30,659 crore transferred by RBI. This was as per the Malegam Committee's recommendations of transfer of the RBI's entire surplus to the Government.

(c) Yes, Madam.

(d) The fees and penalties received by SEBI for FY 2015-16 and FY 2016-17 is as follows:

Sl. No.	Financial Year	Fees (Rs. in Crore)	Penalties (Rs. in crores)
1	2015-16	391.15	10.74
2	2016-17	518.75	32.58

CSR Projects

2437. SHRI RAJESH PANDEY:
SHRI NISHIKANT DUBEY:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) the number of organisations working in the social sectors including Non-Governmental Organizations (NGOs) involved in Corporate Social Responsibility (CSR) projects such as environment, skill development, water and sanitation through CSR activities across the country, State-wise; and

(b) the details of the funds sanctioned/ allocated/ utilised by the above said organisations/NGOs during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P.

CHAUDHARY): (a) and (b) No such data is maintained in the Ministry. However, rule 8(1) of the Companies (Corporate Social Responsibility Policy) Rules, 2014, prescribes the specified format of annual disclosure on CSR in their Board's Report, which includes disclosure w.r.t. name of Trusts or Societies or Section 8 companies, if any.

Agreement between India and Oman

2438. DR. SHRIKANT EKNATH SHINDE:
SHRI DHARMENDRA YADAV:
DR. PRITAM GOPINATH MUNDE:
SHRI RAJESH KUMAR DIWAKER:
SHRI SHRIRANG APPA BARNE:
SHRI ANANDRAO ADSUL:
SHRI VINAYAK BHAURAO RAUT:

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

(a) whether India and Oman agreed to pursue opportunities in the healthcare industry, including in pharmaceuticals and biotechnology sectors and resolved to encourage their private sectors to explore participation in these areas;

(b) if so, the facts thereof;

(c) whether India and Oman have made any agreement in this regard;

(d) if so, the details and salient features thereof and area of cooperation finalised therefor; and

(e) the manner and extent to which it will be beneficial for the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) A bilateral Memorandum of Understanding (MoU) was signed between India and Oman on 11th February, 2018 for cooperation in the field of Health. The objectives of the MoU are for establishing comprehensive inter-ministerial and inter-institutional cooperation in the field of health with the aim of upgrading the quality and reach of human, material and infrastructural resources involved in healthcare, training and research in both countries for mutual benefit. The validity of the

MoU is for a period of five (5) years from the date of signing, with provision of automatic extension for further similar periods. The main areas of cooperation covered under the MoU are as follows:

- (i) Training and research in various medical and health areas, particularly those related to communicable diseases;
- (ii) Environmental health;
- (iii) Occupational health;
- (iv) Non communicable diseases;
- (v) Anti-microbial Resistance;
- (vi) International health Regulations;
- (vii) Emergency medicine and integrated surveillance of diseases;
- (viii) Epidemiology and clinical pharmacology;
- (ix) Hospital Management;
- (x) Diagnostics and laboratories;
- (xi) Regulation of Drugs and pharmaceutical products;
- (xii) Telemedicine;
- (xiii) Promotion of Medical Tourism;
- (xiv) Exchange of visits of experts and delegations in various Medical Specialities;
- (xv) Exchange of information and documents about public health, planning, financial systems and other issues of common interest in the field of Health;
- (xvi) Exchange of expertise and information in the case of disease outbreak;
- (xvii) Any other fields of cooperation as agreed upon by the Parties, falling within the scope of this Memorandum of Understanding (MoU).

(e) The MoU will encourage joint initiatives and technology development in the health sector. To work further on the area of cooperation and to oversee the implementation of the MoU, joint meetings will be held at

appropriate times as mutually decided upon by the two countries.

New Medical Colleges

2439. SHRI BHOLA SINGH:
 PROF. PREM SINGH CHANDUMAJRA:
 SHRI KUNDARIYA MOHAN BHAI KALYANJI
 BHAI:
 SHRI DEVJIM. PATEL:

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

(a) whether the Government proposes to set up new medical colleges in various Lok Sabha Constituencies;

(b) if so, the details thereof and the funds earmarked for the purpose, State/UTwise;

(c) whether the present hospitals are proposed to be upgraded to medical colleges;

(d) if so, the details thereof and if not, the manner in which infrastructure would be created for new medical colleges, State/ UT-wise including Uttar Pradesh and Rajasthan; and

(e) the criteria being adopted for selecting the locations for setting up of these new medical colleges?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (e) This Ministry administers a Centrally Sponsored Scheme for Establishment of new medical colleges attached with existing district/referral hospitals.

Under Phase-I of the scheme, 58 districts in 20 States/UT have been identified to establish new Medical Colleges attached with existing district/referral hospitals. Out of these, 56 have been approved till date. Funds to the tune of Rs.5188.42 crore have been released to the State/UT Governments for the approved districts under the Scheme. The list of 58 identified Districts is given in the enclosed Statement-I.

Under Phase-II of this Scheme, the requirement of 24 new medical colleges has been identified for ensuring the availability of one medical college in every 3

Parliamentary Constituencies and one Government medical college in each State. The location of these 24 new Medical Colleges will be selected on Challenge Mode. The list of identified blocks is given in the enclosed Statement-II. This Phase-II will commence from the financial year 2018-19.

Statement-I

State-wise List of 58 identified New Medical Colleges under the Scheme

Sl. No.	State/UT	No. of District/Referral Hospitals	Districts
1	2	3	4
1	Andaman and Nicobar Islands	1	Port Blair
2	Arunachal Pradesh	1	Naharlagun
3	Assam	4	Diphu Dhubri Nagaon North Lakhimpur
4	Bihar	3	Purnia Samastipur Saran(Chhapara)
5	Chhattisgarh	2	Rajnandgaon Sarguja (Ambikapur)
6	Haryana	1	Bhiwani
7	Himachal Pradesh	3	Chamba Hamirpur Nahan (Sirmour)
8	Jharkhand	3	Dumka Hazaribagh Palamu
9	Jammu and Kashmir	5	Anantnag Baramulla

1	2	3	4
			Doda
			Kathua
			Rajouri
10	Madhya Pradesh	7	Chhindwara Datia Khandwa Ratlam Shivpuri Shahdol Vidisha
11	Maharashtra	1	Gondia
12	Meghalaya	1	West Garo Hills, Tura
13	Mizoram	1	Falkawn
14	Nagaland	1	Naga Hospital
15	Odisha	5	Balasore Baripada (Mayurbhanj) Bolangir Koraput Puri
16	Punjab	1	SAS Nagar
17	Rajasthan	7	Sikar Banner Bharatpur Bhilwara Chum Dungarpur Pali
18	West Bengal	5	Birbhum (Rampur Hat) Cooch behar

1	2	3	4	1	2	3	4
			Diamond harbour, South 24 Paraganas Purulia Raiganj, North Dinajpur				Bahraich Basti Firozabad Shahjahanpur
19	Uttar Pradesh	5	Faizabad	20	Uttarakhand	1	Almora
				Total		58	

Statement-II*List of 24 Blocks identified under Phase-II*

Sl. No.	State	Identified Blocks	Parliamentary Constituencies covered under the Block
1	2	3	4
1.	Bihar	1. Block-1	Sheohar Sitamarhi Madhubani
		2. Block-2	Jhanjharpur Supaul Araria
		3. Block-3	Vaishali Gopalganj Siwan
		4. Block-4	Pataliputra Arrah Buxar
		5. Block-5	Jamui
2.	Jharkhand	6. Block-1	Chatra Kodarma Giridih
		7. Block-2	Singhbhum Khunti Lohardaga
3.	Madhya Pradesh	8. Block-1	Damoh Khajuraho Satna

1	2		3	4
4.	Odisha	9	Block-1	Bhadrak Jajpur Dhenkanal
5.	Rajasthan	10	Block-1	KarauliDholpur Dausa Tonk-Sawai Madhopur
6.	Uttar Pradesh	11	Block-1	Etah Badaun Aonla
		12	Block-2	Hardoi Misrikh Unnao
		13	Block-3	Amethi Sultanpur Pratapgarh
		14	Block-4	Fatehpur Kaushambi Phulpur
		15	Block-5	Sharavasti Gonda Domariyaganj
		16	Block-6	Ghosi Salempur Ballia
		17	Block-7	JaunpurMachhlishahrGhazipur
		18	Block-8	Mirzapur Robertsganj
7.	West Bengal	19	Block-1	Dum DumBarasatBarrackpur
		20	Block-2	HowrahUluberiaSerampore
		21	Block-3	Hooghly Arambagh
		22	Block-4	Kanthi Ghatal Jhargram
		23	Block-5	Tamluk
8.	Sikkim	24	Block-1	Gangtok

[*Translation*]

Anganwadi Centres

2440. SHRI TAMRADHWAJ SAHU:

SHRI HARISH CHANDRA ALIAS HARISH
DWIVEDI:

SHRIMATI KAMALA PAATLE:

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

(a) the number of anganwadi/ mini-anganwadi centres presently functional in the country along with number of children enrolled therein, State/UT-wise;

(b) the funds allocated/released and utilized for setting up and operationalisation of such centres and number of beneficiaries therein during each of the last three years and the current year, State/UT-wise;

(c) whether the Government proposes to set up/ construct more anganwadi centres in the country and if so, the details thereof indicating the proposals received from States/UTs in this regard along with proposals approved/ lying pending and the funds allocated/ released thereunder, State/UT-wise;

(d) whether regular medical check up of the children are conducted and nutritious food is provided to them in such centres and if so, the details thereof;

(e) whether the Government proposes to increase the funds allocation for setting up of AWCs and provide services like STD booths, computer/internet in such centres to promote employment opportunities in rural areas and if so, the details thereof; and

(f) the steps taken by the Government for opening

of such centres with sanctioned posts for them and to ensure their proper functioning/monitoring?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) States/UTs-wise number of Anganwadi/mini-Anganwadi centres presently functional in the country along with number of children enrolled is given in the enclosed Statement-I.

(b) States/UTs-wise funds allocated/released and utilized for setting up and operationalisation of such centres and number of beneficiaries therein during each of the last three years and the current year is given in the enclosed Statement-II (A) – II (E).

(c) There is no proposal to set up more anganwadi centres in the country. Under the Scheme, 14 lakh AWCs were approved which have already been allocated to different States/UTs out of which as on date 13.62 lakh AWCs are operational.

(d) Under the RBSK scheme of the Government, there is a provision for periodical medical Check-up of the children. Supplementary Nutrition is provided to those children under the Anganwadi Services scheme who visit the AWCs.

(e) Sufficient funds required for running the operational AWCs are provided to the State/UTs. There is no proposal to provide services like STD booths, computer/internet in such centres to promote employment opportunities in rural areas. The objective of opening the AWCs is to promote child development.

(f) Does not arise, in view of reply to part (c) above.

Statement-I

State-wise information of Main/Mini-AWCs Sanctioned, Operational and Children beneficiaries as on December 2017

Sl. No.	States/UTs	Total No. of Main/Mini-AWCs		
		Sanctioned	Operational	Total No. of Children enrolled (6 months - 6 years)
1	2	3	4	5
1	Andhra Pradesh	55607	55606	2315086
2	Telangana	35700	35634	1443140

1	2	3	4	5
3	Arunachal Pradesh	6225	6225	189060
4	Assam	62153	62153	3562673
5	Bihar	115009	91677	4856775
6	Chhattisgarh	52474	50448	2013902
7	Goa	1262	1258	55468
8	Gujarat	53029	53029	3126711
9	Haryana	25962	25962	885013
10	Himachal Pradesh	18925	18925	426717
11	Jammu and Kashmir	31938	29599	731676
12	Jharkhand	38432	38432	2634116
13	Karnataka	65911	65911	4036695
14	Kerala	33318	33244	747654
15	Madhya Pradesh	97135	97132	6291588
16	Maharashtra	110486	109779	5312961
17	Manipur	11510	11510	340984
18	Meghalaya	5896	5896	490708
19	Mizoram	2244	2244	155222
20	Nagaland	3980	3980	320075
21	Odisha	74154	72587	3918422
22	Punjab	27314	26880	570283
23	Rajasthan	62010	61974	2616106
24	Sikkim	1308	1308	30500
25	Tamil Nadu	54439	54439	2394243
26	Tripura	10145	10145	344859
27	Uttar Pradesh	190145	187997	10886076
28	Uttarakhand	20067	20067	605120
29	West Bengal	119481	115318	6254387
30	Andaman and Nicobar Islands	720	720	10568

1	2	3	4	5
31	Chandigarh	500	500	48513
32	Delhi	11150	10897	469458
33	Dadra & N Haveli	302	302	19363
34	Daman and Diu	107	107	5150
35	Lakshadweep	107	107	3450
36	Puducherry	855	855	26087
	All India	1400000	1362847	68138809

Based on the State Consolidated report / Monthly Progress Report from the State Governments / UT Administration.

Statement-II (A)

Consolidated Statement indicating State-wise Funds Released (Anganwadi Services (General), SNP, Construction of AWC Buildings, Supplementary Nutrition Programme and Training under Anganwadi Services Scheme during last three years and Current year 2017-18 (upto 27.02.2018)

Rupees in lakhs

Sl. No.	State	2014-15		2015-16		2016-17		2017-18
		Funds released	Exp. Reported by States including state share	Funds released	Exp. Reported by States including state share	Funds released	Exp. Reported by States including state share	Funds released (up to 27.02.2018)
1	2	3	4	5	6	7	8	9
1	Andhra Pradesh	99446.78	135715.16	68818.48	98148.45	56387.46	86726.76	57322.18
2	Bihar	116266.84	174287.15	102372.56	144090.04	98099.36	131535.62	91473.01
3	Chhattisgarh	51703.52	76484.69	51151.54	64376.96	41939.90	62042.55	51189.63
4	Goa	2617.25	2569.60	1228.04	2715.22	1067.70	2206.61	1504.78
5	Gujarat	48886.15	83162.09	64185.05	98608.32	69417.36	88592.55	61315.13
6	Haryana	31158.68	35837.16	16081.19	26580.94	20871.79	25778.90	20554.78
7	Himachal Pradesh	17184.09	12233.27	19507.32	21044.30	23696.07	21452.43	21108.57
8	Jammu and Kashmir	26031.19	22464.07	27362.65	35271.02	26732.11	17914.48	18094.41
9	Jharkhand	46904.30	68793.23	46217.72	57446.15	48163.54	68019.68	37379.82
10	Karnataka	82856.77	148331.32	96394.53	57446.15	53686.59	129290.96	92234.76

1	2	3	4	5	6	7	8	9
11	Kerala	24726.35	45494.41	28554.27	57446.15	34357.05	38243.59	28127.93
12	Madhya Pradesh	122544.60	166253.17	108673.52	57446.15	110506.46	165029.79	115685.68
43	Maharashtra	90781.88	147621.41	104166.66	57446.15	105660.17	39276.10	69367.12
14	Odisha	87511.73	116532.61	65643.69	57446.15	72497.49	103693.47	90788.07
15	Punjab	25893.06	32922.38	13689.39	57446.15	16982.50	24533.14	19748.46
16	Rajasthan	73992.88	88413.35	49851.78	57446.15	62397.70	88770.99	66762.98
17	Tamil Nadu	67902.29	102925.00	63744.93	57446.15	47085.82	86703.43	48462.87
18	Uttarakhand	20165.67	28295.85	35710.06	57446.15	21399.62	26696.54	27471.71
19	Uttar Pradesh	272553.08	474139.49	281398.92	57446.15	278089.75	409762.10	212606.75
20	West Bengal	97578.85	128536.18	79465.80	57446.15	66563.30	149685.79	97866.41
21	Telangana	46057.10	52841.4	37918.23	57446.15	29877.27	55212.32	37868.27
22	Delhi	17855.94	20875.21	13775.25	57446.15	14168.00	18963.75	10868.44
23	Puducherry	1275.34	2607.70	1673.27	57446.15	2299.22	1691.26	1455.40
24	Andaman and Nicobar	891.78	1547.22	1421.03	57446.15	1207.51	259.80	854.79
25	Chandigarh	996.18	1115.55	1420.25	57446.15	762.19	574.51	828.48
26	Dadra and Nagar Haveli	281.31	123.48	210.97	57446.15	569.61	NR	323.11
27	Daman and Diu	195.77	266.25	133.55	57446.15	307.96	141.54	279.45
28	Lakshadweep	138.16	96.12	155.91	57446.15	146.95	NR	114.12
29	Arunachal Pradesh	15557.38	12426.38	12923.23	57446.15	11346.05	8341.25	10873.38
30	Assam	103517.50	110234.09	92972.20	57446.15	64397.66	70641.49	61268.72
31	Manipur	14929.58	10208.81	10267.27	57446.15	9998.54	6387.10	11699.88
32	Meghalaya	14357.78	15239.27	12418.60	57446.15	19135.66	15795.83	16491.80
33	Mizoram	5695.57	5556.16	5371.93	57446.15	4666.49	5572.76	5094.29
34	Nagaland	12202.63	11809.67	8796.00	57446.15	15149.57	13784.25	14363.96
35	Sikkim	2998.60	1775.36	2022.73	57446.15	1625.01	1940.57	1325.55
36	Tripura	14074.26	16471.05	18194.62	57446.15	11710.57	14021.61	13101.10
Total		1658181.93	2354205.31	1543893.15	2099327.45	1443031.60	1958164.95	1415875.79

Statement-II (B)

Number of sanctioned, operational of Anganwadi Centres (AWCs) and Beneficiaries of Supplementary Nutrition and Pre-school Education under ICDS Scheme for the year 2014-15 (as on March 2015)

Sl. No.	State/UT	No. of Anganwadi Centres		Beneficiaries of Supplementary Nutrition			Beneficiaries of Pre-school Education		
		Sanctioned	Operational	Total Children (6 months - 6 years)	Pregnant & lactating Mothers (P&LM)	Total Beneficiaries (Children 6 mo-6 years plus P&LM)	Boys (3-6 years)	Girls (3 - 6 years)	Total (3-6 years)
1	2	3	4	5	6	7	8	9	10
1	Andhra Pradesh	55607	55574	2382866	805143	3188009	502296	439457	941753
2	Telangana	35700	35353	1691079	466985	2158064	318419	320719	639138
3	Arunachal Pradesh	6225	6028	222956	30233	253189	57073	55938	113011
4	Assam	62153	62153	3310885	691237	4002122	909118	892323	1801441
5	Bihar	115009	91677	9967439	1716981	11684420	1174038	1242050	2416088
6	Chhattisgarh	52474	49941	2055307	493718	2549025	435857	444376	880233
7	Goa	1262	1260	57419	15909	73328	10389	10528	20917
8	Gujarat	53029	52065	3185697	757219	3942916	797681	782413	1580094
9	Haryana	25962	25962	1105095	316855	1421950	203069	195826	398895
10	Himachal Pradesh	18925	18920	458955	102728	561683	75462	74399	149861
11	Jammu and Kashmir	31938	29599	295039	92021	387060	153918	146208	300126
12	Jharkhand	38432	38432	2840711	706032	3546743	581694	665856	1247550
13	Karnataka	65911	64558	3997286	993802	4991088	879832	880421	1760253
14	Kerala	33318	33115	856427	159801	1016228	222585	221698	444283
15	Madhya Pradesh	97135	91822	5935835	1340084	7275919	1516860	1512538	3029398
16	Maharashtra	110486	108010	5983249	1126895	7110144	1477794	1344708	2822502

1	2	3	4	5	6	7	8	9	10
17	Manipur	11510	9883	355176	75010	430186	90343	89179	179522
18	Meghalaya	5896	5309	440399	78538	518937	94887	92676	187563
19	Mizoram	2244	2244	77974	20313	98287	463921	470986	934907
20	Nagaland	3980	3455	302940	62508	365448	71013	69312	140325
21	Odisha	74154	71204	3872777	793324	4666101	772710	763028	1535738
22	Punjab	27314	26656	937773	261844	1199617	201241	189795	391036
23	Rajasthan	62010	60133	2868934	892369	3761303	548384	540596	1088980
24	Sikkim	1308	1275	23288	4441	27729	5781	5890	11671
25	Tamil Nadu	54439	54439	2452140	670337	3122477	563710	544638	1108348
26	Tripura	10145	9911	299116	77264	376380	80172	72032	152204
27	Uttar Pradesh	190145	187997	18445336	4853101	23298437	4334545	3975036	8309581
28	Uttarakhand	20067	19430	632102	162684	794786	114191	116424	230615
29	West Bengal	119481	116390	6871904	1374924	8246828	1682255	1642814	3325069
30	Andaman and Nicobar Islands	720	710	12550	3277	15827	1907	1975	3882
31	Chandigarh	500	500	55806	10415	66221	15077	14208	29285
32	Delhi	11150	10897	846467	162462	1008929	180294	170883	351177
33	Dadra & N Haveli	302	282	19725	3177	22902	5381	5240	10621
34	Daman and Diu	107	107	6308	1103	7411	1241	1402	2643
35	Lakshadweep	107	107	4652	1666	6318	1140	1152	2292
36	Puducherry	855	788	27812	9205	37017	1562	1432	2994
	All India	1400000	1346186	82899424	19333605	102233029	18545840	17998156	36543996

* Based on State level consolidated report sent by State Government and information sent in templates by State Governments/ UT Administration.

Statement-II (C)

Number of sanctioned, operational of Anganwadi Centres (AWCs) and Beneficiaries of Supplementary Nutrition and Pre-school Education under/CDS Scheme for the year 2015-16 (as on 31.03.2016)

Sl. No.	State/UT	No. of Anganwadi Centres			Beneficiaries of Supplementary Nutrition			Beneficiaries of Pre-school Education		
		Sanctioned	Operational	Total Children (6 months - 6 years)	Pregnant & lactating Mothers (P&LM)	Total Beneficiaries (Children 6 mo-6 years plus P&LM)	Boys (3-6 years)	Girls (3 - 6 years)	Total (3 - 6 years)	
1	2	3	4	5	6	7	8	9	10	
1	Andhra Pradesh	55607	55599	2631659	728068	3359727	471387	481570	952957	
2	Telangana	35700	35621	1574455	419525	1993980	290949	29486	320435	
3	Arunachal Pradesh	6225	6028	226323	29757	256080	57586	56347	113933	
4	Assam	62153	62153	3310885	691237	4002122	909118	892323	1801441	
5	Bihar	115009	91677	9892618	1662181	11554799	1135040	1196083	2331123	
6	Chhattisgarh	52474	52474	2055307	493718	2549025	435857	444376	880233	
7	Goa	1262	1260	58719	15853	74572	10579	10647	21226	
8	Gujarat	53029	52092	3269470	809268	4078738	761286	744061	1505347	
9	Haryana	25962	25962	996751	287802	1284553	178509	175002	353511	
10	Himachal Pradesh	18925	18925	449511	101161	550672	69835	69440	139275	
11	Jammu and Kashmir	31938	29599	295039	92021	387060	153918	146208	300126	
12	Jharkhand	38432	38432	2961485	660264	3621749	579557	654976	1234533	
13	Karnataka	65911	64558	3997286	993802	4991088	879832	880421	1760253	
14	Kerala	33318	33115	874831	162595	1037426	222369	220469	442838	
15.	Madhya Pradesh	97135	92204	5526328	1470362	6996690	1556374	1547826	3104200	

1	2	3	4	5	6	7	8	9	10
16	Maharashtra	110486	108262	5940882	1105541	7046423	1471735	1351328	2823063
17	Manipur	11510	9883	355176	75010	430186	90343	89179	179522
18	Meghalaya	5896	5863	468579	86292	554871	103328	102148	205476
19	Mizoram	2244	2244	109179	24388	133567	438775	433813	872588
20	Nagaland	3980	3455	292059	56514	348573	74649	71747	146396
21	Odisha	74154	71288	3823385	785918	4609303	774710	774764	1549474
22	Punjab	27314	26656	945504	259331	1204835	191547	184911	376458
23	Rajasthan	62010	60801	2781462	881413	3662875	487717	480527	968244
24	Sikkim	1308	1290	25316	5396	30712	5588	5899	11487
25	Tamil Nadu	54439	54439	2452506	655427	3107933	562375	456910	1019285
26	Tripura	10145	9911	299116	77264	376380	80172	72032	152204
27	Uttar Pradesh	190145	187997	19126779	4934881	24061660	3991633	3690008	7681641
28	Uttarakhand	20067	19506	684721	181738	866459	107323	110648	217971
29	West Bengal	119481	114781	6631338	1333887	7965225	1637865	1618697	3256562
30	Andaman and Nicobar Islands	720	720	12781	3157	15938	2027	1946	3973
31	Chandigarh	500	500	53188	8323	61511	14891	14161	29052
32	Delhi	11150	10897	697158	144362	841520	133974	128758	262732
33	Dadra and Nagar Haveli	302	302	19379	3209	22588	5061	5046	10107
34	Daman and Diu	107	107	6308	1103	7411	1241	1402	2643
35	Lakshadweep	107	107	4652	1666	6318	1140	1152	2292
36	Puducherry	855	855	28781	9934	38715	1170	1115	2285
	All India	1400000	1349563	82878916	19252368	102131284	17889460	17145426	35034886

Statement-II (D)

Number of sanctioned, operational of Anganwadi Centres (AWCs) and Beneficiaries of Supplementary Nutrition and Pre-school Education under ICDS Scheme for the year 2016-17 (as on 31.03.2017)

Sl. No.	State/UT	No. of Anganwadi Centres			Beneficiaries of Supplementary Nutrition			Beneficiaries of Pre-school Education		
		Sanctioned	Operational	Total Children (6 months - 6 years)	Pregnant & lactating Mothers (P&LM)	Total Beneficiaries (Children 6 mo-6 years plus P&LM)	Boys (3 - 6 years)	Girls (3 - 6 years)	Total (3 - 6 years)	
1	2	3	4	5	6	7	8	9	10	
1	Andhra Pradesh	55607	55605	2575806	724841	3300647	470037	486844	956881	
2	Telangana	35700	35634	1518128	385044	1903172	339553	342358	681911	
3	Arunachal Pradesh	6225	6225	206669	26112	232781	51567	52317	103884	
4	Assam	62153	62153	3310885	691237	4002122	909118	892323	1801441	
5	Bihar	115009	91677	9892618	1662181	11554799	1135040	1196083	2331123	
6	Chhattisgarh	52474	49947	1963485	453704	2417189	400796	401157	801953	
7	Goa	1262	1255	57584	16077	73661	9988	10107	20095	
8	Gujarat	53029	53029	3141989	754890	3896879	719928	710792	1430720	
9	Haryana	25962	25962	924226	277457	1201683	159651	158509	318160	
10	Himachal Pradesh	18925	18925	449087	100913	550000	69366	69040	138406	
11	Jammu and Kashmir	31938	29599	845074	102464	947538	153918	146208	300126	
12	Jharkhand	38432	38432	3180362	798312	3978674	579557	654976	1234533	
13	Karnataka	65911	64558	3997286	993802	4991088	879832	880421	1760253	
14	Kerala	33318	33115	699638	188560	888198	172498	170345	342843	
15	Madhya Pradesh	97135	94398	6291588	1402205	7693793	1452147	1452641	2904788	

1	2	3	4	5	6	7	8	9	10
16	Maharashtra	110486	109779	5585804	997423	6583227	1386464	1394395	2780859
17	Manipur	11510	9883	355176	75010	430186	90343	89179	179522
18	Meghalaya	5896	5894	476923	81896	558819	106253	105520	211773
19	Mizoram	2244	2244	80360	20530	100890	438775	433813	872588
20	Nagaland	3980	3455	289575	49441	339016	72934	71126	144060
21	Odisha	74154	72195	3823385	785918	4609303	774710	774764	1549474
22	Punjab	27314	26711	888728	243014	1131742	180154	174433	354587
23	Rajasthan	62010	61974	2744718	871058	3615776	487511	500300	987811
24	Sikkim	1308	1290	25316	5396	30712	5588	5899	11487
25	Tamil Nadu	54439	54439	2448525	667409	3115934	559912	544634	1104546
26	Tripura	10145	9911	314957	67804	382761	83503	76449	159952
27	Uttar Pradesh	190145	187997	16043369	4186266	20229635	3540099	3271841	6811940
28	Uttarakhand	20067	20067	663207	179248	842455	98784	102226	201010
29	West Bengal	119481	114951	6462646	1289849	7752495	1624949	1619678	3244627
30	Andaman and Nicobar Islands	720	720	12065	2806	14871	1793	1764	3557
31	Chandigarh	500	500	50770	8732	59502	14290	13409	27699
32	Delhi	11150	10897	697158	144362	841520	133974	128758	262732
33	Dadra and Nagar Haveli	302	302	19008	2998	22006	5053	5112	10165
34	Daman and Diu	107	107	6308	1103	7411	1241	1402	2643
35	Lakshadweep	107	107	4652	1666	6318	1140	1152	2292
36	Puducherry	855	855	26398	9189	35587	936	926	1862
	All India	1400000	1354792	80073473	18268917	98342390	17111402	16940901	34052303

Statement-II (E)
Anganwadi Centres Sanctioned and Operational under Anganwadi Services Scheme Quarter Ending December 2017

Sl. No.	State/UTs	No. of Anganwadi Centres		Beneficiaries of Supplementary Nutrition						Beneficiaries of Pre-school Education			
		Sanctioned	Operational	Total Children (6 months - 3 years)	Children (3-6 years)	Total Children (6 months- 6 years)	Pregnant & lactating Mothers (P&LM)	Beneficiaries (Children 6 mo-6 years plus P&LM)	Total Beneficiaries	Boys (3-6 years)	Girls (3-6 years)	Total (3-6 years)	
1	2	3	4	5	6	7	8	9	10	11	12		
1	Andhra Pradesh	55607	55606	1464065	851021	2315086	610086	2925172	417690	431078	848768		
2	Telangana	35700	35634	941170	501970	1443140	366345	1809485	249883	252087	501970		
3	Arunachal Pradesh	6225	6225	92437	96623	189060	24517	213577	48662	47961	96623		
4	Assam	62153	62153	1673917	1888756	3562673	683549	4246222	953976	934780	1888756		
5	Bihar	115009	91677	2438216	2418559	4856775	1142712	5999487	1299523	1335890	2635413		
6	Chhattisgarh	52474	50448	1159642	854260	2013902	455626	2469528	424630	429630	854260		
7	Goa	1262	1258	36820	18648	55468	15716	71184	9510	9630	19140		
8	Gujarat	53029	53029	1772900	1353811	3126711	782656	3909367	701759	688023	1389782		
9	Haryana	25962	25962	598578	286435	885013	266775	1151788	143430	143005	286435		
10	Himachal Pradesh	18925	18925	251991	174726	426717	97087	523804	61252	61471	122723		
11	Jammu and Kashmir	31938	29599	321937	409739	731676	133140	864816	234136	204369	439005		
12	Jharkhand	38432	38432	1706563	927553	2634116	758842	3392958	579557	654976	1234533		
13	Karnataka	65911	65911	2347804	1688891	4036695	1055470	5092165	756722	761405	1518127		
14	Kerala	33318	33244	361619	386035	747654	259178	1006832	193994	192041	386035		
15	Madhya Pradesh	97135	97132	3364793	2926795	6291588	1402205	7693793	1452147	1452641	2904788		
16	Maharashtra	110486	109779	2663579	2649382	5312961	1004602	6317563	1292650	1260037	2552687		

1	2	3	4	5	6	7	8	9	10	11	12
17	Manipur	11510	11510	163401	177583	340984	67208	408192	89622	87961	177583
18	Meghalaya	5896	5896	230433	260275	490708	83752	574460	112182	110747	222929
19	Mizoram	2244	2244	72283	82939	155222	28150	183372	27851	28483	56334
20	Nagaland	3980	3980	177023	143052	320075	46657	366732	72930	70123	143053
21	Odisha	74154	72587	1871082	2047340	3918422	725129	4643551	1044813	1002527	2047340
22	Punjab	27314	26880	326181	244102	570283	151622	721905	124689	119413	244102
23	Rajasthan	62010	61974	1638725	977381	2616106	866794	3482900	477419	490282	967701
24	Sikkim	1308	1308	18000	12500	30500	6000	36500	6285	6215	12500
25	Tamil Nadu	54439	54439	1743313	650930	2394243	665067	3059310	320166	312138	632304
26	Tripura	10145	10145	155005	189854	344859	71074	415933	100527	89327	189854
27	Uttar Pradesh	190145	187997	6998504	3887572	10886076	2931325	13817401	2532307	2328354	4860661
28	Uttarakhand	20067	20067	432460	172660	605120	168284	773404	87441	89810	177251
29	West Bengal	119481	115318	3071762	3182625	6254387	1298621	7553008	1591617	1560809	3152426
30	Andaman and Nicobar Islands	720	720	7777	2791	10568	2621	13189	1392	1399	2791
31	Chandigarh	500	500	22072	26441	48513	7896	56409	13610	12831	26441
32	Delhi	11150	10897	330451	139007	469458	116198	585656	67911	68712	136623
33	Dadra and Nagar Haveli	302	302	8888	10475	19363	3523	22886	5185	5290	10475
34	Daman and Diu	107	107	2762	2388	5150	1451	6601	1156	1232	2388
35	Lakshadweep	107	107	2607	843	3450	1148	4598	406	437	843
36	Puducherry	855	855	24755	1332	26087	9353	35440	692	640	1332
	All India	140000	1362847	38493515	29645294	68138809	16310379	84449188	15497722	15246254	30743976

Based on State level consolidated report and information obtained for APJIP meeting from State Governments/UT Administration.

Damage to Agriculture Crops by Wild Life

2441. DR. BHAGIRATH PRASAD: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government is aware of the wild life nuisance to agriculture by Neel Gaya, wild cows and stray cattle;

(b) if so, the details thereof along with the scale of damage to agriculture crops and inconvenience caused to farmers in this regard; and

(c) the legal provisions to tackle the problem and the corrective measures taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Incidences of damage to crops by wild animals, including Neelgai etc as well as inconvenience caused to farmers are reported from time to time. However, the management of forest and wildlife is the responsibility of concerned State Governments. Details of damage to agriculture crops are not collated in the Ministry.

(c) The important legal provisions to tackle the problem of damage of crops by wild animals and the measures taken by the Government in this regard are:

- i. Under Section 11(b) of the Wild Life (Protection) Act, 1972, the Chief Wildlife Warden or the authorised officer is empowered to permit hunting of wild animals specified in Schedule II, III and IV if the species becomes dangerous to human life or property including standing crops or disabled or diseased beyond recovery.
- ii. Under section 62 of the Act, any wild animals other than those in Schedule I and part II Schedule II can be declared as vermin for specified period.
- iii. Keeping in view the losses to crops inflicted by the wild animals including Nilgai and Wild

pig, this Ministry, on 24th December, 2014 issued an advisory to the States highlighting the legal provisions under the Wild Life (Protection) Act, 1972 to deal with the human-wildlife conflict situations. Vide this advisory, Ministry has also sought proposals from State/ Union Territory Governments, after objective assessment of the situation with details of the areas in which notification under section 62 of the Act, declaring any wild animals as vermin for specified period, could be helpful in management of conflict.

- iv. The Ministry provides financial assistance to State/Union Territory Governments under the Centrally Sponsored Schemes of 'Integrated Development of Wildlife Habitats', 'Project Tiger' and 'Project Elephant' for management of wildlife and its habitats in the country. The activities supported under the Schemes inter alia include construction/erection of physical barriers, such as barbed wire fence, solar powered electric fence, bio-fencing using cactus boundary walls etc. to prevent the entry of wild animals into crop fields; improvement of wildlife habitat of wild animals from forests to habitations and setting up of anti-depredation squads to drive away problematic animals.
- v. An advisory was issued by Ministry of Agriculture vide CPS 7-1/2009-NFSM dated 7th March, 2012, to the range States of Blue bull on management of Blue bull for protecting the agriculture.
- vi. Ministry has also formulated a scheme 'Augmentation of Fodder & Water Scheme in Protected Areas/Forest Areas' under central component of the fund managed by Compensatory Afforestation Fund Management and Planning Authority (CAMPA). The scheme is primarily for augmentation of fodder and water sources for wild herbivores within the Protected Area/ Forests areas.

- vii. The Ministry has approved a pilot project on the immuno-contraception for controlling the population of wild animals responsible for damage and destruction, namely; elephant, wild boar, monkey, and nilgai.
- viii. The Ministry has recently notified enhancement of ex-gratia rates related wildlife depredation.

Fake Doctors/Quacks

2442. SHRI BHARTRUHARI MAHTAB:

SHRI SANJAY DHOTRE:

SHRI RAHUL SHEWALE:

SHRI DILIPKUMAR MANSUKHLAL GANDHI:

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

(a) whether the Government has taken note that a fake doctor/quack has made more than 20 people HIV positive by the use of infected syringes in Uttar Pradesh, if so, the details thereof along with the reaction of the Government thereto;

(b) 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 during each of the last three years and the current year, State/UT-wise;

(c) whether a large part of population are being trapped in the clutches of such fake doctors particularly in rural areas of the country;

(d) if so, the details thereof and the reasons therefor; and

(e) the other steps taken/being taken by the Government to keep a check on such fake doctors and to provide adequate medical facilities in rural areas of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The instance of alleged spread of HIV infection through a quack using unsafe syringes came to the notice of National AIDS Control Organization, MoHFW in the month of February, 2018. Enquiry has been

conducted into the matter which revealed that from the month of July, 2017 to January, 2018, 46 HIV positive cases were identified through routine preventive check-ups using camp approach catering to the migrant population and their families. Most of these cases were reported as due to high risk behavior of the individuals. All 46 HIV positive cases were initiated on Anti Retroviral Treatment (ART) after the diagnosis was confirmed.

(b) to (e) Section 15 of the Indian Medical Council Act, 1956 prohibits a person other than medical practitioner enrolled on a State Medical Register to practice medicine in the State. Health being a State subject, the primary responsibility to deal with cases of quacks lies with the respective State Governments'.

The Central Government, keeping view of the above, in August, 2017 requested Chief Ministers of all the States to take appropriate action against quacks under the law and also to evolve suitable policies to ensure availability of quality health workforce in rural areas. Further, in February, 2018, Chief Secretaries of the all the States / UTs have also been requested to take corrective steps in this regard.

[Translation]

Committee to Tackle Economic Slowdown

2443. SHRI TARIQ ANWAR: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes to formulate a plan to tackle the challenge of economic slowdown;

(b) if so, the details thereof;

(c) whether the Government has set up/proposes to set up a committee for this purpose, if so, the details thereof; and

(d) the outlines of the works done by the said committee?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Although there is some decline in growth of GDP in 2017-18, as compared to that for the previous three years,

India's GDP growth can be rated as among the best in the world. The agenda of promoting economic growth has been the utmost priority of the Government. The Government of India has taken various initiatives to boost the growth of the economy which, inter-alia, include; fillip to manufacturing, concrete measures for transport and power sectors as well as other urban and rural infrastructure, comprehensive reforms in the foreign direct investment policy and special package for textile industry. The Government has launched a phased program for bank recapitalization. This entails infusion of capital to the public sector banks, which is expected to encourage banks to enhance lending. The Insolvency and Bankruptcy Code was enacted to achieve insolvency resolution in a time bound manner. To implement the Code, the National Company Law Tribunal was established. The introduction of the Goods and Services Tax (GST) has provided a significant opportunity to improve growth momentum by reducing barriers to trade, business and related economic activities. The Government had announced various measures in the Budget 2017-18 to promote growth in the economy, which, among others, includes push to infrastructure development by giving infrastructure status to affordable housing, higher allocation to highway construction, and focus on coastal connectivity. For highways development the Bharatmala Pariyojana has been launched. The Budget 2018-19 particularly focused on strengthening agriculture and rural economy via emphasis on rural housing, rural infrastructure, keeping Minimum Support Prices (MSP) of unannounced kharif crops at least one and half times of their production cost; and emphasis on job creation to provide further impetus to the economic growth.

(c) At present, there is no such proposal before the Ministry of Finance.

(d) Does not arise.

[English]

Mission Parivar Vikas

2444. DR. RAVINDRA BABU:

SHRI M. VENKATESWARA RAO:

SHRI UDAY PRATAP SINGH:

SHRI LAKHAN LAL SAHU:

SHRI G. HARI:

SHRI PRALHAD JOSHI:

SHRI GOPAL SHETTY:

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

(a) whether according to the United Nations Population Prospect report India's population will equal China's in the next seven years;

(b) if so, the details thereof along with the increase in percentage of population during the last three years;

(c) whether the Government has formulated any policy to control population and intensify the population control programmes under Mission Parivar Vikas and if so, the details thereof along with the funds allocated to this mission during the said period;

(d) whether the Government has received any proposals from State Governments regarding increasing population and poverty in the country and if so, the details thereof; and

(e) the steps taken/being taken by the Government to effectively implement population control programmes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Yes; According to the report, India's current population is 1.34 billion, compared to that of China (1.41 billion). In 2024, both countries are expected to have 1.44 billion people. The report, does not provide details of increase in population during the last 3 years.

However, according to Census 2011, decadal growth rate of India's population is 17.64.

(c) Yes, India adopted a comprehensive and holistic National Population Policy (NPP), 2000, which provided a policy framework to meet the reproductive and child health needs of the people, to achieve the goal of population stabilization. The National Health Policy (NHP) 2017 also provides policy guidance and sets out indicative, quantitative goals and objectives for population stabilization.

The Government has launched Mission Parivar Vikas in 146 high fertility districts of seven high focus states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) to focus on improving access to contraceptives through provision of family planning services, promotional schemes, commodity security, capacity building and intensive monitoring.

Since Mission Parivar Vikas was launched only in November 2016, no fund was allocated in the last three years. However, funds to the tune of Rs. 43499.15 lacs have been allocated to Mission Parivar Vikas for the current year (2017-18);

(d) No.

(e) The steps taken by the Government to effectively implement population control programmes are given in the enclosed Statement.

Statement

Steps Taken to Check the Increase in Population are:

- **Mission Parivar Vikas** has been launched to increase access to contraceptives and Family Planning services in 146 high fertility districts.
- **Introduction of New Contraceptive Choices:** The current basket of choice has been expanded to include the new contraceptives viz. Injectable contraceptive, Centchroman and Progesterone Only Pills (POP).
- **Redesigned Contraceptive Packaging:** The packaging for Condoms, Oral Contraceptive Pills (OCPs) and Emergency Contraceptive Pills (ECPs) has now been improved and redesigned.
- **New Family Planning Media Campaign** has been launched to generate demand for contraceptives.
- **Family Planning logistics management information system** has been developed to track Family Planning commodities.
- **Enhanced Compensation Scheme for Sterilization:** The sterilization compensation scheme has been enhanced in 11 high focus states (8 Empowered Action Group (EAG), Assam, Gujarat, Haryana)
- **National Family Planning Indemnity Scheme-** Under this scheme clients are indemnified in the unlikely events of deaths, complications and failures following sterilization.
- **Clinical Outreach Team Scheme** - The scheme has been launched in 146 Mission Parivar Vikas districts for providing Family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.
- **A Scheme for ensuring drop back services to sterilization clients** has been initiated.
- **Post Abortion Family Planning Services** have been initiated.
- **A Scheme for Home delivery of contraceptives by ASH As** to provide contraceptives at the doorstep of beneficiaries is in operation.
- **A Scheme to ensure spacing of births by ASHAs** is in operation.
- **World Population Day & fortnight as well as Vasectomy Fortnight is observed** every year to boost Family Planning efforts all over the country.
- **Post-partum Family Planning** is being focused with special emphasis on Post-partum IUCD services.
- **Quality Assurance Committees** have been established in all states and districts for ensuring quality of care in Family Planning.
- **Cu IUCD 375** with 5 years effectivity has been introduced in the programme as an alternative to the existing IUCD (Cu IUCD 380A with effectivity of 10 years).
- **Male participation** is being emphasized upon.
- **Private/ NGO facilities have been accredited** to increase the provider base for family planning services under PPP.

Strategies Adopted by Jansankhya Sthirata Kosh/ National Population Stabilization Fund for Population Control:

- **Prerna Strategy:-** JSK has launched this strategy for helping to push up the age of marriage of girls,

delay birth of first child and augment spacing between births to improve the health of mothers and infants. Couples who adopt this strategy are awarded suitably in high fertility states.

- **Santushti Strategy:-** Under this strategy, Jansankhya Sthirata Kosh, invites private sector gynaecologists and vasectomy surgeons to conduct sterilization operations under Public Private Partnership mode. The private hospitals/nursing homes which perform 10 or more operations are suitably awarded as per strategy.
- **National Helpline:-** JSK is also operating a call center for providing free advice on reproductive health, family planning, maternal health and child health etc. through a Toll free number- 1800116555.

[*Translation*]

Disinvestment Policy

2445. PROF. RAVINDRA VISHWANATH GAIKWAD:

Will the Minister of FINANCE be pleased to state:

- (a) whether the Government has prepared any disinvestment policy;
- (b) if so, the details thereof; and
- (c) the action plan prepared by the Government for listing of the Public Sector Undertakings and fixing accountability?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) The extant disinvestment policy, inter alia, envisages:

- (i) Listing of profitable CPSEs on stock exchanges to unlock the value of the company, improve efficiency and promote 'people's ownership' by encouraging public participation in CPSEs;
- (ii) Disinvestment through 'minority stake sale' in listed CPSEs to achieve minimum public shareholding norms of 25 per cent. While pursuing divestment through 'minority stake sale', the Government will retain majority

shareholding, i.e. at least 51% and management control of the Public Sector Undertakings;

- (iii) Strategic disinvestment by way of sale of substantial portion of Government shareholding in identified CPSEs upto 50 per cent or more, along with transfer of management control.

(c) As per the disinvestment policy, the Government has approved listing of 14 CPSEs in sectors like railways, defence, power, steel, renewable energy & insurance. The Government has also put in place a mechanism/procedure alongwith indicative timelines for listing of CPSEs on 17.02.2017 which are followed by Administrative Ministries/Departments.

[*English*]

Review of Tax Treaties

2446. SHRI CH. MALLA REDDY: Will the Minister of FINANCE be pleased to state:

- (a) whether the Government plans to renegotiate tax treaties with countries having companies with significant economic presence in India in its effort to tax the digital economy; and
- (b) if so, the details thereof and the reasons therein?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) India has a vast network of tax treaties. While negotiating or renegotiating a tax treaty all the relevant legal and factual aspects are taken into account. The concept of "Significant Economic Presence" has been introduced by Finance Bill, 2018. Once the law is enacted, it will form part of the relevant legal aspects for negotiation or renegotiation of tax treaties.

[*Translation*]

Waste Management

2447. SHRIMATI RITI PATHAK: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

- (a) whether the State Governments have to seek

permission from the Central Pollution Control Board (CPCB) for co-processing of waste under new Rule 9 (Previous Rule 11) of the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016 and if so, the details thereof;

(b) whether getting permission from the CPCB is a long process due to which people take recourse to other alternative which are not compliant with the overall objectives of the Government thereon;

(c) if so, whether the State Pollution Control Boards (SPCB) have been authorised to grant permission for utilisation for such wastes as fuel or raw material with the provision that the standard operating procedure is prepared by the CPCB and such rights shall not be exercised by any SPCB till permission is granted by CPCB and if so, the details thereof;

(d) whether the said matter is pending for approval of the Government; and

(e) if so, the details thereof and the time by which a final decision is likely to be taken in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) As per the provision under Rule 9 of Hazardous & Other Waste (Management and Transboundary Movement) Rules, 2016, utilisation of hazardous and other wastes for co-processing or for any other use is to be carried out only after obtaining authorisation from State Pollution Control Boards (SPCB) on the basis of Standard Operating Procedures (SOPs) or guidelines prescribed by the Central Pollution Control Board (CPCB). The CPCB has a well laid down procedure for expeditious consideration of applications under Rule 9 of the Hazardous & Other Waste (Management and Transboundary Movement) Rules, 2016. The CPCB has prepared forty two SOPs on utilisation of hazardous and other wastes.

(c) to (e) SPCBs can grant authorization for co-processing of wastes in cases where SOPs or guidelines have been prepared by CPCB. In those cases where, SOPs or guidelines are not available for specific utilisation, approval has to be obtained from CPCB which grants approval after trial runs.

[English]

Preventive Healthcare Mechanism

2448. SHRI KAUSHAL KISHORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any proposal to improve the preventive healthcare mechanism in the country especially in view of the changing life style of the youth in the country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) While Health is a State subject, the Central Government supplements the efforts of the State Governments for improving healthcare.

Government is implementing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) under the National Health Mission. NPCDCS has focus on awareness generation for behaviour and life-style changes, screening and early diagnosis of persons with high level of risk factors and their treatment and referral (if required) to higher facilities for appropriate management for Non-communicable Diseases.

For early diagnosis, Population based prevention, control and screening for common NCDs such as diabetes, hypertension and common cancer viz. oral, breast & cervical has been initiated by Government of India by utilizing the services of the Frontline-workers and Health-workers under existing Primary Healthcare System. This process will also generate awareness of risk factors of common NCDs.

Shortage of Beds in Hospitals

2449. SHRI RAGHAV LAKHANPAL:
DR. BHARATIBEN D. SHYAL:

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

(a) whether the ratio of hospital beds per thousand population is very low in India as compared to

other developing countries, if so, the details thereof and the reasons therefor;

(b) the ratio of beds available in the Central Government Hospitals including All India Institute of Medical Sciences (AIIMS);

(c) whether the Government proposes to formulate any policy in this regard so that the number of beds in hospital could be raised; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per the provisional data of National Health Profile- 2017, compiled by the Central Bureau of Health Intelligence (CBHI), one bed in Government hospitals including Community Health Centres (CHCs) in rural and urban areas is available for average 2046 population in the Country.

However, no such data in respect of other countries is centrally maintained.

(b) The bed to patient ratio in respect of Safdarjung, Dr. Ram Manohar Lohia (Dr. RML) and Lady Hardinge Medical College (LHMC) & Associated Hospitals, New Delhi, is as under:-

Name of Hospital	Bed-Patient Ratio (in 2017)
Safdarjung Hospital	1:1.4
Smt. Sucheta Kriplani Hospital, LHMC	1:0.8
Kalawati Saran Children Hospital, LHMC	1:1.18
Dr. RML Hospital	1:52

As far as All India Institute of Medical Sciences (AIIMS), New Delhi is concerned, there is a shortage of indoor beds in relation to the number of patients attending the Hospital.

(c) and (d) Health being a State subject, it is primarily the responsibility of the State Government to make efforts for increasing the bed strength in their Hospitals in accordance with requirement and fund availability. However, the Central Government provides assistance to

the State Governments in their efforts to provide better health care facilities to people through various schemes including under National Health Mission (NHM).

As far as Central Government Hospitals located in Delhi viz. Safdarjung Hospital and Lady Hardinge Medical College (LHMC) & Associated Hospitals are concerned, Government has approved redevelopment of Safdarjung Hospital with additional 1307 beds and redevelopment of LHMC with additional 570 beds.

In addition, the Central Government has also set up 6 new AIIMS at Jodhpur, Bhopal, Bhubaneswar, Rishikesh, Raipur and Patna under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). Government has also taken up up-gradation of existing Government Medical Colleges.

[*Translation*]

Patient Welfare Committees

2450. SHRI SUKHBIR SINGH JAUNAPURIA:
SHRI KIRTI AZAD:

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

(a) whether the Government has constituted Patient Welfare Committee (Rogi Kalyan Samitis) and Hospital Management Committees (HMC) in the country;

(b) if so, the main features and guidelines thereof;

(c) the number of PWC/HMC functioning in the country at present, State/ UT-wise including Rajasthan;

(d) whether presence of PWC/HMC in all district hospitals is required for ensuring smooth functioning of the National Rural Health Mission (NRHM);

(e) if so, the number of district hospitals in States and UTs where PWC/HMC are functional and bearing administrative and healthcare responsibilities; and

(f) the remedial measures taken by the Government of RKS/HMC in all district hospitals particularly Bihar?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR

CHOUBEY): (a) Public Health and Hospitals is a State subject. Under the National Health Mission, Rogi Kalyan Samitis (RKS)/Patient welfare Committees (PWCs) are envisaged to be constituted at public health facilities at the level of Primary Health Centres (PHC) and above.

(b) The RKS/HMC is required to be registered under the Societies Registration Act and with account in a local bank. The RKS comprise of a Governing Body (GB) and an Executive Committee (EC). The GB is responsible for policy formulation and oversight and the EC for implementing policy decisions and facilitating operation of patient centric services. Under the NHM, support is provided to States/UTs to strengthen their healthcare system including for untied grants to RKS/HMC. The RKS guidelines are available in public domain at NHM's website i.e <http://nhm.gov.in/publications/nhm-guidelines.html>.

(c) The State/ UT wise information on registered RKSs/ PWCs including Rajasthan as on September, 2017) under NHM is enclosed as Statement.

(d) Under the National Health Mission (NHM). RKSs/ PWCs are envisaged to act as a forum to improve the functioning and service provision in public health facilities, increase participation and enhance accountability for provision of better facilities to the patients in the public health facilities at the level of Primary Health Centres and above.

(e) Such information is not maintained at central level. Does not arise in view of (e) above.

Statement

*Rogi Kalyan Samiti registered (RKSs) under NHM
(as on Sept 2017)*

Sl. No.	State	Total
1	2	3
1	Bihar	1977
2	Chhattisgarh	984
3	Himachal Pradesh	667
4	Jammu and Kashmir	766

1	2	3
5	Jharkhand	581
6	Madhya Pradesh	1607
7	Odisha	1781
8	Rajasthan	2917
9	Uttar Pradesh	1295
10	Uttarakhand	330
11	Arunachal Pradesh	227
12	Assam	1216
13	Manipur	113
14	Meghalaya	147
15	Mizoram	85
16	Nagaland	167
17	Sikkim	30
18	Tripura	137
19	Andhra Pradesh	1378
20	Goa	14
21	Gujarat	2028
22	Haryana	614
23	Karnataka	2929
24	Kerala	1211
25	Maharashtra	3332
26	Punjab	659
27	Tamil Nadu	2484
28	Telangana	1039
29	West Bengal	1174
30	Andaman and Nicobar Island	29
31	Chandigarh	6
32	Dadra and Nagar Haveli	5
33	Daman and Diu	6

1	2	3
34	Delhi	34
35	Lakshadweep	9
36	Puducherry	48
All India		32026

[English]

Antimicrobial Resistance

2451. SHRI KAMAL NATH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether multinational companies continue to produce and sell unregulated antibiotics in the country;

(b) if so, the details thereof and whether a UK based research has revealed that antibiotics pills in the Indian market are not yet regulated;

(c) if so, the reaction of the Government thereto;

(d) whether the problem of antimicrobial resistance in the country is worsening day by day; and

(e) if so, the steps taken or proposed to be taken by the Government to address the matter in an effective way?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) A study was published in British Journal of Clinical Pharmacology dated 04.02.2018 regarding Centrally approved and unapproved antibiotic formulations sold in India.

As per Rule 122 E of Drugs & Cosmetics Rules 1945, the combination of two or more drugs i.e. Fixed Dose Combination (FDC) combined for the first time fall under the definition of New Drug and therefore permission from the Drugs Controller General (India) [DCG(I)] is required before these are licensed by State Licensing Authorities (SLAs) for manufacture for sale in the country. However it was observed that some SLAs were granting licenses of such unapproved FDCs including antibiotic combinations without due approval from DCG (I).

DCG (I) vide letter dated 15.01.2013 had requested all States/UTs Drugs Controllers to ask the concerned manufacturers in their State to prove the safety and efficacy of such FDCs within a period of 18 months, failing which such FDCs would be considered for being prohibited for manufacture and marketing in the country. An Expert Committee under the chairmanship of Prof. C.K. Kokate was constituted vide this Ministry's Order dated 16.09.2014 to examine such applications and also for examining the safety and efficacy of these FDCs.

Based on the recommendations of the Prof. C. K. Kokate Expert Committee, the Central Government prohibited 344 FDCs vide notification dated 10.03.2016. Further the Central Government had also prohibited 5 FDCs vide notification dated 08.06.2017. Out of these 349 (344+5) FDCs prohibited, 46 FDCs were antibiotics (44 FDCs prohibited on 10.03.2016 and 02 FDCs prohibited on 08.06.2017).

It is pertinent to mention that the Central Government had also prohibited 5 antibiotic FDCs during the period from 1983 to 2001, which are still in force.

However, with respect to the said 344 FDCs including 44 FDCs of antibiotics, several writ petitions were filed in different High Courts across the country challenging the ban of the FDCs. After that, the High Court of Delhi vide its order dated 01.12.2016 quashed the said notification. The Union of India challenged the said order of Delhi High Court before the Supreme Court by way of filing Special Leave Petitions (SLPs). Further, about 20 cases against 5 FDCs prohibited on 08.06.2017 which were pending before various High Courts across the country, were also transferred to Supreme Court. Hon'ble Supreme Court vide its order 15.12.2017 has directed that an analysis be made in greater depth and these cases (344+5) FDCs should go to the Drugs Technical Advisory Board (DTAB) and/or a Sub-Committee formed by the DTAB for the purpose of having a reLook into these cases.

Thus, Government has taken measures to prohibit manufacture and marketing of various FDCs as above, which have been found irrational.

(d) Manufacture, sale and distribution of drugs including antibiotics in the country are regulated under

the provisions of Drugs & Cosmetics Act, 1940 and Rules, 1945 thereunder through a system of licensing and inspection. Licenses for manufacture, sale and distribution of drugs are granted by the State Licensing Authorities (SLAs) appointed by respective State Governments.

(e) Following measures have been taken by the Ministry to curb the misuse of antibiotics.

- Antibiotics are included in Schedule H and HI of the Drugs and Cosmetics Rules, 1945 and are required to be sold by retail only under the prescription of a Registered Medical Practitioner.
- A new Schedule HI under the Drugs & Cosmetics Rules, 1945 containing 46 drugs which include antibiotic drugs, Anti TB drugs and certain habit forming drugs has been notified. The drugs falling under Schedule HI are required to be sold in the country with certain strict conditions.

Closure of PPF Accounts

2452. SHRI ANANDRAO ADSUL:

DR. PRITAM GOPINATH MUNDE:

SHRI SHRIRANG APPA BARNE:

SHRI VINAYAK BHAURAO RAUT:

SHRI DHARMENDRA YADAV:

SHRI ADHALRAO PATIL SHIVAJIRAO:

DR. SHRIKANT EKNATH SHINDE:

Will the Minister of FINANCE be please to state:

(a) whether the Union Government proposes to allow premature closure of Public Provident Fund (PPF) accounts and permit opening of small savings accounts in the name of minor, if so, the details thereof;

(b) the steps taken to make provisions for premature closure easier in respect of all schemes;

(c) whether there are various ambiguities due to multiple Acts and rules for small saving scheme, if so, the details thereof;

(d) whether there is a proposal to merge Government Savings Certificates Act, 1959 and Public Provident Fund Act, 1968 with the Government Savings

Banks Act, 1873, if so, the main objective of the common act; and

(e) the other steps taken by the Union Government to address the grievances and settlement of disputes relating to small savings?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Madam, at present premature closure of a Public Provident Fund (PPF) account is permitted on specified grounds on completion of five financial years from the date of opening of account. Opening of accounts in the name of a minor is permitted under all the small savings schemes-except the Senior Citizens' Savings Scheme.

(c) and (d) Yes Madam. There are some ambiguities due to multiple Acts and rules for small savings schemes and the same are as under:

- i Certain provisions are not uniform in the existing three Acts.
- ii Some provisions have become redundant with time, which have been proposed to be deleted, with a view to simplify and avoid confusion.
- iii Some provisions are not clearly defined in existing Acts, leading to legal issues.

The main objective of the common act is to bring uniformity in the provisions of different small savings schemes presently governed by the three Acts.

(e) The grievances relating to small savings are addressed by the banks and Department of Posts. Some grievances are also handled by Ministry of Finance.

Nitrogen Pollution

2453. KUMARI SHOBHA KARANDLAJE:

SHRI PRATAP SIMHA:

Will the Minister of ENVIRONMENT, FOREST AND CLIAMATE CHANGE be pleased to state:

(a) whether Nitrogen Pollution is fast emerging as a more challenging problem which may become a serious ecological threat and if so, the details thereof;

(b) whether according to the data of the Fertiliser Association of India (FAI), of the 17 Million tonne of Nitrogen Fertiliser consumed annually in the country, only a third of that, which is applied to rice and wheat, is absorbed by the plants in the form of nitrates;

(c) if so, whether nearly eighty percent of the Nitrogen used during agriculture and other activities is lost to the environment leading to irreparable and irreversible damage to the water bodies and environment and if so, the details thereof;

(d) whether the Government proposes to make intensive efforts to rein in Nitrogen effluence as manufacturing of nitrous fertilisers is an extremely fossil fuel intensive activity and if so, the details thereof; and

(e) the steps taken by the Government for effective remedial measures to curb Nitrogen effluence in the country?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) Excess release of anthropogenic nitrogenous compounds like Nitrogen Oxides and Nitrogenous fertilizers leads to environmental pollution including pollution in water bodies.

According to Fertiliser Association of India (FAI) nearly 50% of Nitrogen used in the form of fertilizer during agriculture and other activities is lost to the environment through the process of leaching principally as nitrate and volatilization as ammonia gas.

(d) and (e) The initiatives taken by the Government to control the environmental pollution due to nitrogenous chemical compounds inter-alia include, categorization of fertilizer industry under 17 categories of highly polluting industries; stringent norms stipulated for Nitrogenous compounds in emission/effluent discharge from fertilizer industry; installation of online (24x7) monitoring devices and adoption of waterconservation practices by fertilizer industry; directions from setting up of sewerage system for sewage collection, treatment and disposal by local/urban bodies and also to meet the standards as laid down for its use for non-potable purpose; etc.

In addition, Indian Council of Agricultural Research (ICAR) also inter-alia recommended soil test based integrated nutrient management' practices through conjunctive use of inorganic and organic sources (compost, bio-fertilizers, green manure etc.); split application and placement of nitrogenous fertilizers, use of slow releasing N-fertilizers; nitrification inhibitors and use of neem coated urea; education and training programmes for farmers etc. for curbing nitrogen effluence.

[*Translation*]

National Health Policy

2454. SHRI A.T. NANA PATIL:

SHRI SUNIL KUMAR SINGH:

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

(a) whether the Government has formulated a National Health Policy for providing better and affordable health facility for the poor and middle class people;

(b) if so, the details thereof and the time by which the said scheme is likely to be launched and the blueprint prepared by the Government in this regard;

(c) the provision of budget allocation made by the Government for the scheme, State/UT-wise including Jharkhand; and

(d) the details of the benefits likely to be provided to different categories of people for treatment of various diseases under the said scheme and the details thereof including Jharkhand?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) The Government has formulated and brought out National Health Policy, 2017, which aims at attainment of the highest possible level of good health and well-being, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. The National Health Policy, 2017 is available at <http://mohfw.nic.in/sites/default/files/9147562941489753121.Pdf>

(b) The National Health Policy, 2017 states following targets for reduction in incidence and prevalence of certain disease conditions:

- HIV/AIDS: Achieve global target of 2020 (also termed as target of 90:90:90) o Eliminate Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017
- Eliminate Tuberculosis by 2025: Achieving and maintaining a cure rate of >85% in new sputum positive patients and reduce incidence of new cases
- Reduce prevalence of blindness to 0.25/ 1000 by 2025 and disease burden by one third from current levels.
- Reduce premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 25% by 2025.

(c) and (d) "Public Health and Hospitals" being a State subject, the primary responsibility for providing affordable health services lies with respective State/UT Governments. Technical and financial support under the National Health Mission (NHM) is being provided to States/UTs for strengthening their health system for provision of universally accessible affordable and quality healthcare. Abatement showing State/UT wise expenditure including Jharkhand under National Health Mission during 2016-17 is enclosed.

Statement

State-wise Expenditure under NHM 2016-17

Sl. No.	States	2016-17 [Rs. in crore]
1	2	3
1	Andaman and Nicobar Islands	28.83
2	Andhra Pradesh	1,247.63
3	Arunachal Pradesh	165.16
4	Assam	1,331.77
5	Bihar	1,536.72
6	Chandigarh	20.36

1	2	3
7	Chhattisgarh	987.4
8	Dadra and Nagar Haveli	17.22
9	Daman and Diu	9.97
10	Delhi	147.56
11	Goa	40.52
12	Gujarat	1,376.91
13	Haryana	510
14	Himachal Pradesh	343.39
15	Jammu and Kashmir	414.43
16	Jharkhand	570.6
17	Karnataka	1268.33
18	Kerala.	737.69
19	Lakshadweep	4.32
20	Madhya Pradesh	1,956.84
21	Maharashtra	1,773.47
22	Manipur	78.99
23	Meghalaya	145.68
24	Mizoram	90.45
25	Nagaland	134.55
26	Odisha	1,255.88
27	Pudducherry	32.56
28	Punjab	687.75
29	Rajasthan	1856.77
30	Sikkim	50.57
31	Tamil Nadu	1,816.97
32	Telangana	687.15
33	Tripura	141.27
34	Uttar Pradesh	4,901.10
35	Uttarakhand	346.01
36	West Bengal	1,743.92
Total		28,458.73

Note: NHM: Expenditure includes expenditure against Central release, State release and unspent balances at the beginning of the year.

Eye Banks

2455. SHRI HARISH CHANDRA ALIAS HARISH DWIVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of eye banks in the country, State/UT-wise;

(b) whether any target has been set for eye donation for every year; and

(c) if so, the details of the assistance received by these eye banks during the last three years and the current year, State/UT wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Based on the information furnished by States/UTs, a Statement showing total number of registered eye banks in the country is enclosed.

(b) A minimum target of 50,000 has been set for collection of donated eyes annually under the National Programme for Control of Blindness & Visual Impairment (NPCB&VI) in the Ministry of Health and Family Welfare.

(c) Eye donation is a voluntary activity regulated under the Transplantation of Human Organ Act, 1994. However, there is a provision for recurring assistance of Rs.2,000/- per pair of donated eye to identified Eye Banks towards the cost of consumables including preservation material and media, transportation/ Petrol Oil Lubricants (POL) and contingencies through the respective District Health Societies in States/UTs. The details of assistance received by the Eye Banks from respective District Health Societies in States/UTs are not maintained centrally.

Statement

*No. of Registered Eye Banks in the country
(State/UT-wise)*

Sl. No.	States/UTs	No. of Eye Banks
1	2	3
1	Andaman and Nicobar Islands	0
2	Andhra Pradesh	11

1	2	3
3	Arunachal Pradesh	0
4	Assam	7
5	Bihar	1
6	Chhattisgarh	4
7	Chandigarh	3
8	Dadra and Nagar Haveli	0
9	Daman and Diu	0
10	Delhi	9
11	Goa	1
12	Gujarat	21
13	Haryana	12
14	Himachal Pradesh	2
15	Jammu and Kashmir	1
16	Jharkhand	6
17	Karnataka	25
18	Kerala	2
19	Lakshadweep	0
20	Madhya Pradesh	33
21	Maharashtra	73
22	Manipur	1
23	Meghalaya	0
24	Mizoram	1
25	Nagaland	0
26	Odisha	6
27	Puducherry	3
28	Punjab	9
29	Rajasthan	6
30	Sikkim	0
31	Tamil Nadu	26
32	Telangana	5

1	2	3
33	Tripura	1
34	Uttar Pradesh	33
35	Uttarakhand	1
36	West Bengal	13
Total		316

[English]

Solid Waste Management Projects

2456. SHRI K.N. RAMACHANDRAN: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Union Government have received any financial support from World Bank or Foreign Financial Institutions (FFIs) to be provided to State Governments to maintain a pollution free environment and to develop sewerage and solid waste management projects;

(b) if so, the details of financial assistance provided to various State Governments including Tamil Nadu during the last three years and current year, State-wise and project-wise;

(c) whether the project 'Capacity Building for Industrial Pollution Management Project' was signed with World Bank, International Bank for Reconstruction and Development and International Development Association Credit for several million dollars; and

(d) if so, the details thereof and any such projects committed for Tamil Nadu in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Ministry of Environment, Forest and Climate Change has received financial support for the following projects:

- (i) Capacity Building for Industrial Pollution Management Project (CBIPMP) to control pollution and for Integrated Coastal Zone Management (ICZM) Programme funded by World Bank.

(ii) Pollution abatement of Rivers Mula - Mutha in Pune, Maharashtra under National River Conservation Plan (NRCP) funded by Japan International Cooperation Agency (JICA).

(iii) Financial support from German International Cooperation (GIZ) for following projects:

- Sustainable and Environmental friendly Industrial Production (SEIP) for planning/ designing measures to prevent and reduce pollution and to improve resource efficiency in industrial zones;
- Waste to Energy Nasik project to reduce greenhouse gases and generate energy;
- Resource efficiency and management of secondary raw materials.

(iv) Bay of Bengal large Marine Ecosystem (BOBLME) funded by Asian Development Bank (ADB) & Global Environmental Facility (GEF).

(v) Coal fired generation and rehabilitation project funded by World Bank (WB) & Global Environmental Facility (GEF).

(vi) Sustainable Urban Transport (SUTP) in Indore, Mysore ITS, Naya Raipur, Pimpri-Chinchwad, Hubli-Dharwad and Mysore PBS funded by World Bank (WB) & Global Environmental Facility (GEF).

(vii) Efficient and sustainable city bus in Bhopal, Chandigarh, Jaipur and Mira Bhayandar in Mumbai funded by World Bank (WB) & Global Environmental Facility (GEF).

(viii) Grid connected rooftop solar PV project in Assam, Odisha Madhya Pradesh funded by World Bank (WB) & Global Environmental Facility (GEF).

(b) The details of financial assistance provided to various State Governments under key projects during the last three years and the current year, State-wise and Project-wise are given in the enclosed Statement. No financial assistance has been provided to the State of Tamil Nadu.

(c) and (d) The revised total cost of the World Bank aided CBIPM project is USD 31.054 A million (Rs. 201.85 crores approx. @ Rs. 65 per USD). The International Bank for Reconstruction and Development (IBRD) loan is US\$ 0.364 million, International Development Association

(IDA) credit is US\$ 26.08 million and Union and State Government's contribution (i.e. Ministry of Environment, Forest and Climate Change, Andhra Pradesh, Telangana and West Bengal) is US\$ 4.61 million. No such projects have been committed for Tamil Nadu.

Statement

Details of the financial assistance provided to various State Governments under key projects during the last three years and the current year, State-wise and Project-wise

(i) Capacity Building for Industrial Pollution Management Project (CBIPMP).

(Rs. in crore)

State	Years				Total
	2014-15	2015-16	2016-17	2017-18	
Andhra Pradesh	0.00	0.00	16.20	21.00	37.20
Telangana	0.00	0.00	6.00	0.00	6.00
West Bengal	0.18	9.82	4.68	26.88	41.56
Total	0.18	9.82	26.88	47.88	84.76

(ii) Integrated Coastal Zone Management (ICZM) Project.

(Rs. in crore)

State	Years				Total
	2014-15	2015-16	2016-17	2017-18	
Gujarat	51.53	27.34	20.15	6.05	105.07
Odisha	7.90	4.92	3.06	3.27	19.15
West Bengal	29.88	14.10	16.74	9.14	69.86
Total	89.31	46.36	39.95	18.46	194.08

(iii) Pollution abatement of Rivers Mula - Mutha in Pune, Maharashtra under National River Conservation Plan (NRCP).

During the last three years and current year, Central share of Rs, 55.99 crores has been provided to the Government of Maharashtra.

Frauds Pertaining to Stock Market

2457. SHRI NARANBHAI KACHHADIA:
SHRI S.R. VIJAYAKUMAR:
SHRI T. RADHAKRISHNAN:
SHRI BIDYUT BARAN MAHATO:

SHRI A. ANWHAR RAAJHAA:
SHRI GAJANAN KERTIKAR:
SHRI ASHOK SHANKARRAO CHAVAN:
KUNWAR HARIBANSH SINGH:
SHRI SUDHEER GUPTA:

Will the Minister of FINANCE be pleased to state:

(a) the number of frauds pertaining to stock market, illegal collective investment schemes and insider trading detected by the Securities Exchange Board of India (SEBI) during each of the last three years and the current year;

(b) whether the SEBI has decided to introduce new shareholding rules and ease directorship conditions for stock exchanges, depositories and clearing corporation, if so, the details thereof along with the aims and objective thereto;

(c) whether the Government has set up a five member panel to consider these proposals;

(d) if so, the details thereof and the time by which the panel is likely to submit its report to the Government; and

(e) the steps taken/being taken by the SEBI to enhance investor protection and creating effective securities market?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) The number of investigation cases taken up by the securities market regulator, Securities and Exchange Board of India (SEBI), for alleged violation of securities laws during the last three years and current year is given below:

Particulars	Investigations taken up			
	2014-15	2015-16	2016-17	2017-18#
Market manipulation and price rigging	41	84	185	36
"Issue" related manipulation	3	9	8	2
Insider Trading	10	12	34	9
Takeovers	3	2	3	1
Collective Investment Schemes (CIS)	65	46	11	14
Miscellaneous	13	26	15	54
Total	135	179	256	116

data upto Dec, 2017; For CIS, data is upto 28 Feb. 2018

(b) to (d) A Committee has been constituted by SEBI under the Chairmanship of Shri R. Gandhi, (Former Deputy Governor, Reserve Bank of India) to review the Regulations for Market Infrastructure Institutions (Mils) - stock exchanges, depositories and clearing corporation. The other members of the Committee are:

1. Shri. G. Anantharaman, Former Whole Time Member, SEBI
2. Shri. Leo Puri, Managing Director, UTIAMC Ltd.
3. Prof. Gopal Naik, Professor, IIM Bangalore.
4. Shri Sujit Prasad, Executive Director, SEBI

The terms of reference of the committee include overall assessment/adequacy of existing Mils' framework and identifying areas for review in the extant Regulations and relevant Circulars dealing with ownership /

shareholding norms and governance norms; identifying and recommending on areas for continuous improvement of systems, procedures and practices; addressing suggestions / comments of public received as part of the consultation process; and, assessing the possibility of extending the extant framework of Mils to new market intermediaries which could be classified as Mils. The committee is expected to submit its interim report by March 31, 2018.

(e) The systems and practices are in place to promote a safe, transparent and efficient market and to protect market integrity. The systems instituted include advanced risk management mechanisms comprising continuous monitoring and surveillance, various limits on positions, margin requirements, circuit filters, etc. Further, SEBI maintains constant vigil in the market, and in case of any abnormality, takes appropriate action against the concerned entities. SEBI has also been conducting regular

meetings with officials of the stock exchanges and depositories and they have been advised to step up their own surveillance measures and to initiate expeditious demonstrative action wherever warranted so as to protect investors' interest and ensure orderly functioning of the stock market. Further, SEBI has been continuously undertaking various awareness activities to reach out to investors to promote education / awareness among investors. The investors are also cautioned against Ponzi schemes in the awareness programs. Further, the grievances lodged by investors are taken up by SEBI with the respective entities and monitored on a regular basis.

Financial Health of Unlisted Companies

2458. SHRI KONDA VISHWESHWAR REDDY: Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the Government keeps track of the financial health of unlisted members of India Inc. and if so, the details thereof;

(b) the impact of Goods and Services Tax on this fraction's quarter-wise profits; and

(c) the steps taken by the Government to tackle the shell companies under this segment of companies?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) Ministry of Corporate Affairs through its Registrar of Companies (RoCs) keep records of Financial Statements and Annual Returns besides other documents of the companies including unlisted companies in MCA21 Portal. These documents filed by the companies are kept in public domain for information to all stakeholders including general public. If any specific complaint received against any company, then only, the matter is being verified/examined by the Ministry through its field offices by ordering inquiry/inspection/investigation as may be necessary in that particular case.

(b) GST was implemented on 01st July, 2017. Assessment of the impact of GST on the Profit & Loss Accounts of the companies is not analysed by the M/o Corporate Affairs. However, since GST is an indirect tax,

which is borne by the consumer, it should not affect the profit margin of the company. On the other hand the efficiencies that would accrue on account of a unified tax would benefit the economy as a whole, including companies, as well as consumers.

(c) The Companies Act, 2013 does not define the term Shell Company. However, under the Companies Act, 2013, Section 248(1)(c) provides for removal of name of company from the register of companies if it is not carrying on any business or operation for a period of 2(two) immediately preceding financial years and has not made any application within such period for obtaining the status of dormant company u/s 455. Based on the above mentioned provision, 2.97 lakh companies were identified under this category as on 31.03.2017 and after following due process names of 2,26,166 companies were struck off from the register of companies as on 31.12.2017.

Environmental/Forest Clearances

2459. SHRI RAJIV PRATAP RUDY:
SHRIMATI V. SATHYA BAMA:
SHRI G. HARI:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether a number of major projects are pending for grant of environmental/forest clearances;

(b) if so, the details thereof and the reasons therefor along with the number of years since the said project is pending including the present status of each of the project, sector and State-wise;

(c) the number of proposals/projects seeking environmental/forest clearances received online through the web portal and the details of such projects/proposals cleared so far;

(d) whether the Government has decided to clear projects within a strict time period; and

(e) if so, the details thereof and the steps taken by the Government to clear all the pending projects expeditiously?

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

(DR. MAHESH SHARMA): (a) to (c) The environmental clearance process for new projects will comprise maximum of four stages, Screening; Scoping; Public Consultation and Appraisal, all of which may not apply to particular cases as set forth in the Environment Impact Assessment Notification, 2006. The Ministry received 2892 applications for environmental clearances since inception of online submission out of which 1862 environmental clearances were accorded. Similarly, Ministry received 3082 applications for forest clearances and out of which 2032 forest clearances were accorded.

(d) The average time period for environmental clearances has come down from 600 days to to 140 days now. The year wise details of average time taken for grant of environmental clearance is as follows:

Year	Number of days taken to grant Environment Clearance
Prior to 2014	600 days
2015	184
2016	223
2017	177
2018	140

(e) The Ministry has taken several steps to expedite the process of environmental and forest clearances which inter alia include online system of processing of environmental clearances, introduction of Short Message Service (SMS) functionality for Project proponent, auto alert system; separate module to track the progress of recommended projects, delegation of powers to Regional Empowered Committee (REC) to dispose of proposals seeking forest clearance to linear projects, etc.

[Translation]

Stand up India

2460. SHRI PRATAPRAO JADHAV: Will the Minister of FINANCE be pleased to state:

(a) whether the Government is aware that the banks/financial institutions are not co-operating in granting loans under various welfare schemes such as Stand-up

India and Start-up India, due to which these schemes have remained just paper scheme in the rural areas specially in Vidarbha region of Maharashtra;

(b) if so, the details thereof;

(c) whether the Government proposes to issue strict guidelines to banks/financial institutions and implementing agencies to ease the process of granting loans under these schemes and to make these successful; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Welfare Schemes of Government involving bank loans are being implemented in all States/Union Territories across the country including Vidarbha region of Maharashtra. Under the Stand Up India Scheme, 636 loans have been sanctioned in the Vidarbha region upto 04.03.2018. Under the Start Up India initiative no scheme for granting loans through banks/financial institutions is presently operational.

(c) and (d) Guidelines for borrower friendly lending under the Stand Up India Scheme already exist. These, inter alia, include provision for submission of online applications by potential borrowers, simplified loan application form, handholding support, collateral free loans through a credit guarantee scheme, refinance support, convergence with State and Central Government schemes wherever feasible, etc.

[English]

National Adaptation Fund on Climate Change

2461. SHRI GANESH SINGH: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) the details of the India's commitment to address climate change along with its impact/achievement of National Adaptation Fund on Climate Change; and

(b) the amounts spent on National Adaptation Fund on Climate Change during the last two years and the current year, State/UT-wise including Madhya Pradesh?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) India has voluntarily pledged to reduce the emission intensity of its GDP by 20-25 per cent by 2020, compared with the 2005 level. Implementation of eight national missions under National Action Plan on Climate Change and other measures have contributed in reduction of emission intensity of GDP by about 12% between 2005 and 2010. Under the Paris Agreement, India has also conveyed its Nationally Determined Contributions (NDC) for the period 2021-2030, including reduction of emission intensity of its GDP by 33-35 per cent by 2030 with reference to 2005, installation of 40 per cent cumulative electric power

capacity from non-fossil fuel based energy sources by 2030, and creation of additional carbon sink of 2.5 to 3 billion tones of CO₂ equivalent through additional forest and tree cover by 2030 etc.

The National Adaptation Fund on Climate Change is meant to meet cost of adaptation measures of States/ Union Territories. So far, 26 projects have been approved at a total cost of Rs. 648.90 crore out of which Rs. 315.30 crore has been released covering the sectors of water, agriculture and animal husbandry and forestry. The details of grant approved and released, during last two years and current financial years, to State/ Union Territories, including Madhya Pradesh are given in the enclosed Statement.

Statement

Details of grant approved and sanctioned under NAFCC during the Financial Year 2015-2016, 2016-17 & 2017-18

(Rs. in Crores)

Sl. No.	States	Title of the Project	Total Cost	Amount Sanctioned
1	2	3	4	5

Projects approved under NAFCC during the Financial year 2015-2016

1	Punjab	Towards Climate Resilient Livestock Production System in Punjab" prepared under State Action Plan on Climate Change for financial assistance from National Adaptation Fund on Climate Change	17.40	13.92
2	Odisha	Water Conservation through runoff management to improve ground water recharge for vulnerability reduction and resilience enhancement in water basin of Nuapada district for climate adaptation	20.00	16.00
3	Himachal Pradesh	Sustainable Livelihoods of agriculture -dependent Rural communities in drought prone district of Himachal Pradesh through climate smart solutions.	20.00	10.00
4	Puducherry	Integrated Surface Water Management for Climate Resilient Agriculture through Rejuvenation of Traditional Tanks	16.76	3.95
5	Manipur	Model Carbon Positive Eco-Village in Phayeng of Manipur	10.00	5.00
6	Kerala	Promotion of integrated farming system of Kaipad in coastal wetlands of North Kerala	25.00	12.50

1	2	3	4	5
7	Tamil Nadu	Management and rehabilitation of coastal habitats and biodiversity for climate Change Adaptation and Sustainable Livelihood in Gulf of Mannar, Tamil Nadu, India	24.74	12.37
8	Chhattisgarh	Climate Adaptation Strategies in Wetlands along Mahanadi River Catchment areas in Chhattisgarh	21.47	10.73
9	Jammu and Kashmir	Climate Resilient Sustainable Agriculture in Rain - Fed Farming (Kandi) Areas of Jammu and Kashmir	22.51	11.26
10	Telangana	Resilient Agricultural Households through Adaptation to Climate Change in Mahbubnagar district, Telangana.	24.00	6.00
11	Meghalaya	Spring-shed development works for rejuvenation of springs for climate resilient development in the water stressed areas of Meghalaya	22.91	11.45
12	Mizoram	Sustainable Agriculture Development through Expansion, Enhancement and Modelling in the state of Mizoram	10.38	5.19
Total for F.Y. 2015-16			235.17	118.37

Financial Year 2016-2017

1	Andhra Pradesh	Climate Resilient interventions in Dairy Sector in coastal and Arid areas in Andhra Pradesh.	12.71	6.36
2	Madhya Pradesh	Increasing Adaptive Capacity to Climate Change through developing climate-Smart Villages in Select Vulnerable Districts of Madhya Pradesh	24.87	12.44
3	Karnataka	Conservation and Management of indigenous varieties of livestock (Cattle and Sheep) in the Wake of Climate Change in Karnataka..	24.22	12.11
4	Haryana	Scaling-up Resilient Agriculture Practices towards Climate Smart Villages in Haryana	22.09	8.77
5	Assam	Management of Ecosystem of Kaziranga National Park by creating Climate Resilient Livelihood for Vulnerable Communities through Organic farming and pond based Pisciculture	24.56	12.43
6	West Bengal	Rain Water harvesting and sustainable water supply to the hilly areas in Darjeeling adaptive measures climate change impacts	23.12	11.56
7	Maharashtra	Efficient water management and agriculture technology adoption for climate adaptive and resilient farming system in 51 villages of Nundurbar and Buldhana districts of Maharashtra	22.95	11.47

1	2	3	4	5
8	Sikkim	Addressing Climate Change vulnerability of Water Sector at Gram Panchayat Level in drought prone areas of Sikkim.	24.67	10.00
9	Gujarat	Climate Change adaptation for Natural Resource Dependent communities in Kachchh, Gujarat.	21.36	8.79
Total for F.Y. 2016-17			200.55	93.93
Financial Year 2017-2018				
1	Rajasthan	Mukhya Mantri Jal Swavlamban Abhiyaan (MJSA)	24.98	12.49
2	Bihar	Scaling up climate smart agricultural through mainstreaming climate smart villages in Bihar.	23.06	11.53
3	Nagaland	Gene pool Conservation of Indigenous Rice Varieties under Traditional Integrated Rotational Farming System (Jhum optimisation) for Promoting Livelihood and Food Security as Climate Change Adaptation Strategy in Nagaland.	24.68	12.34
4	Uttar Pradesh	Ecosystem Services based Adaptation to Climate Change Project in Bundelkhand Region of Utter Pradesh.	19.80	6.31
5	Regional Project (UP, Rajasthan, Haryana, Punjab)	Climate Resilience building in Rural Areas through Crop Residue Management.	120.66	60.33
Total for F.Y. 2017-18			213.18	103.00
Grant Total, (F.Y. 2015-16, 2016-17 & 2017-18)			648.90	315.30

Revamping of Women and Child Security and Education

2462. SHRI BHEEMRAO B. PATIL: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Government has conducted any study to identify the fields that need to be revamped/strengthened pertaining to women and child security and their education, if so, the details and the outcome thereof;

(b) whether the Government has reviewed the schemes/ programmes being implemented in this regard, if so, the details and the outcome thereof; and

(c) the other steps taken/ being taken by the Government in the field of women and child development in the country?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) The Ministry holds regular review meetings with Women and Child Development Departments of State Governments/UT Administrations to discuss the issues for effective implementation of the programmes and schemes to expedite beneficiary coverage and proper fund utilization. Regional level consultations are also held to discuss issues concerning implementation of schemes. The monitoring reports received from States/UTs are analyzed in the Ministry. The problem areas are communicated to concerned States/UTs for taking corrective actions. In addition, regular State visits are conducted by the Ministry's officials in order to understand the implementation problems being faced by States/UTs. The schemes also

have in-built monitoring mechanism to check fund utilisation. Regular follow-up is done by the Ministry with the States/UTs. The schemes are also periodically reviewed for their proper and better implementation.

(c) The Ministry of Women and Child Development is implementing various L schemes/ programmes for welfare of women and children across the country such as Swadhar Greh, National Creche Scheme, Ujjawala, Working Women Hostels, Rashtriya Mahila Kosh (RMK), Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG), BetiBachaoBetiPadhao (BBBP), Child Protection Scheme (CPS) for the welfare and empowerment of women.

Apart from the above, the schemes of One Stop Centre and Women Helpline for women affected by violence funded from Nirbhaya Fund to facilitate access to justice are being implemented since 1st April, 2015.

Use of Bitcoin

2463. SHRIMATI SAJDA AHMED:
SHRI VIRENDER KASHYAP:
SHRI RAKESH SINGH:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has accepted Bitcoin/ crypto-currencies legal or safe and allowed its use in the country, if so, the details thereof, if not, the reasons therefor along with the effect of such currencies on the national economy;

(b) whether the Government has issued any directives to Banks to ban use of banking system to invest in crypto-currencies;

(c) whether Government has issued any licence or Authority to any entity to operate and deal with virtual currency, if so, the details thereof; and

(d) whether the Government has received complaints of investors suffering crores of rupees of loss in bitcoin trade and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) No, Madam. The Government does not consider crypto-

currencies as legal tender or coin. The Government has cautioned the public against dealing with crypto currencies and have also announced that it will take all measures to eliminate use of these crypto-assets in financing illegitimate activities or as part of the payment system.

(b) and (c) No, Madam.

(d) References, including from the Members of Parliament regarding possible misuse of cryptocurrency in terrorism, drug trafficking, money-laundering etc. have been received. No specific complaint from any investor suffering crores of rupees of loss in bitcoin trade has been received.

[Translation]

Medical Facilities to Road Accident Victims

2464. DR. BHARATIBEN D. SHYAL:
SHRI KIRTI AZAD:

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

(a) whether the Government has started any pilot project for providing medical care to road accident victims on national highways;

(b) if so, the details thereof, State/UTwise;

(c) the status of the ongoing projects being implemented in collaboration with the State Governments; and

(d) the steps taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Government initiated a scheme namely - "Assistance for capacity building for developing trauma care facilities (TCFs) in Government Hospitals on National Highways" during 11 Five Year Plan (FYP). The scheme was extended to the 12th FYP as "Capacity building for developing trauma care facilities in Government Hospitals n National Highways." During the 11th & 12th FYP, 116 and 85 locations/hospitals respectively were approved in different States/Union

Territories (UTs) in the country for establishing TCFs at various levels.

The details of the State Government Hospitals/ Medical Colleges identified for setting up of TCFs, funded, State/UT-wise during 11th & 12th FYP are given in the enclosed Statement-I and II respectively.

Further, the following steps have been taken by the Governemnt for effective implementation of the programme:

- Operational guidelines have been circulated to the stakeholders.
- Proposals received from the State Governments are technically examined and accordingly inspection visits are conducted and technical reports are submitted for approval of Screening Committee.
- Regular review meetings with state representatives are being held to monitor the

physical & financial progress made in the development of trauma care facilities.

- Regular monitoring visits are being undertaken by the Programme Division.
- Advanced Trauma Life Support (ATLS) & Basic Life Support (BLS) training is being conducted at DR. RML Hospital for Doctors and Nurses posted in TCFs.
- A certificate course for Pre-Hospital Trauma Technician (PTT) was initiated during 2007 in 3 Central Government Hospitals in Delhi is continuing till date.
- Under the IEC activities, print material, audio-video spots and documentary film on goof Samaritan /Fist-Aid have been developed and audio-visuals have been distributed to all States/UTs.

Statement-I

List of 116 TCF approved during 11th FYP under Trauma Care Programme

(Rs. in crores)

Sl. No.	Name of trauma centres	Level	Amount allotted	Amount released	Status
1	2	3	4	5	6
Andhra Pradesh					
1.	Govt. General Hospital & Medical College, Kurnool	II	9.63	6.6	Functional
2.	Community Hospital, Penukonda	III	4.775	0.65	Functional
3.	Taluk Hospital, Tekkali	III	4.775	3.07	Functional
4.	District Hospital, Srikakulam	II	9.63	4.44	Functional
5.	King George Hospital/Andhra Medical College, Visakhapatnam	II	9.63	6.6	Functional
6.	Area/ Tuni taluk Hospital, east Godavari District	III	4.775	2.8233	Functional
7.	District Hospital, Rajahmundry, East Godavari	II	9.63	4.44	Functional
8.	District Hospital, Eluru, West Godavari	III	4.775	2.24	Functional
9.	Medical College, Guntur	II	9.63	6.59	Functional
10.	District Hospital, Ongole	III	4.775	3.895	Functional

1	2	3	4	5	6
11.	Dist Hospital, Nellore	II	9.63	7.36	Functional
12.	Taluk Hos. Nayadupet	III	4.775	2.6159	Functional
13.	Dist. Hospital Anantpur	II	9.63	0.8	Functional
Telangana					
1	Rajiv Gandhi Inst. Of Medical sciences, Adilabad	II	9.63	3.3	Functional
2	Area Hospital, Kamareddy	III	4.775	2.2038	Functional
3	District Hospital, Mehboobnagar	III	4.775	0.65	Functional
4	Dist. HQ Hospital, Nizamabad	II	9.53	0.8	Functional
Assam					
1	Medical College & Hospital, Silchar	II	9.63	4.6575	Functional
2	Civil Hospital, Haflong	III	4.775	0.65	
3	Civil Hospital, Diphu	III	4.775	2.6789	
4	District Hospital, Nagaon	II	9.63	6.59	
5	Medical College & Hospital, Guwahati.	II	9.63	5.08 %	Functional
6	District hospital, Nalbari	III	4.775	2.6	
7	Civil Hospital, Bogaigaon	III	4.775	2.2038	Functional
Bihar					
1	Civil Hospital, Kishanjanj	III	4.775	0.65	
2	District Hospital, Purnia	II	9.63	0.8	
3	Civil Hospital, Madhepura	III	4.775	0.65	
4	Darbhanga Medical College Hospital, Darbhanga	II	9.63	0.8	
5	S.K. Medical College Hospital, Muzaffarpur	II	9.63	0.8	
6	Civil Hospital, Gopalgung	III	4.775	0.65	
7	Civil Hospital, Jhanjarpur	III	4.775	0.65	
8	Sadar Hospital, Sasaram, Rohtas	III	4.775	0.65	
9	AN Magadh Medical College Hospital, Gaya	II	9.63	0.8	
Gujarat					
1	Civil Hospital, Palanpur.	II	9.63	6.6	Functional
2	Civil Hospital, Radhanpur	III	4.775	1.56845	Functional
3	General Hospital, Morbi	II	9.63	4.5511	Functional

1	2	3	4	5	6
4	Pt. Deen dayal Upadhayaya Hospital, Rajkot	II	9.63	7.42	Functional
5	CHC, Jetpur	III	4.775	1.74695	Functional
6	General Hospital, Porbandar	III	9.63	4.0461	Functional
7	General Hospital, Valsad	II	9.63	6.6	Functional
8	Govt. Medical College, Surat	II	9.63	6.6	Functional
9	District Hospital, Bharuch	III	4.775	2.2038	Functional
10	SSG Hospital & Medical College, Vadodara	II	9.63	3.2936	Functional
11	District Hospital, Himmat Nagar	III	4.775	2.4538	Functional
12	SA Hospital Bhachau, Kutch	III	4.775	0.65	Functional
Harayana					
1	Dist. Hospital, Ambala	II	9.63	5.5735	Functional
2	District Hospital, Rewari	III	4.775	3.275	Functional
3	BSS General Hospital, Panipat	III	4.775	0.65	Functional
Jammu and Kashmir					
1	MMAM District Hospital, Anantnag	III	4.775	2.445	Functional
2	Trauma Hospital, Ramban, Doda	III	4.775	2.9654	Functional
3	Govt. District Hospital, Udhampur	II	9.63	4.6358	Functional
Jharkhand					
1	Patliputra Medical College, Dhanbad	II	9.63	0.8	
Karnataka					
1	Tumkur District Hospital	III	4.775	2.6474	Functional
2	Taluq Hospital, Sira	III	4.775	1.8114	Functional
3	Civil Hospital, Chitradurga	II	9.63	6.1237	Functional
4	Civil Hospital, Devangiri	III	4.775	2.6474	Functional
5	Karnataka, Institute of Medical Science, Hubli, Dharward	II	9.634.8717	j	Functional
6	District Hospital, Haveri	III	4.775	3.0036	Functional
7	District Hospital, Belgaum	III	4.775	1.2415	Functional
8	District Hospital, Chickbalapur	III	4.775	2.6045	Functional
Madhya Pradesh					
1	Civil Hospital, Shivpuri	II	9.63	4.44	Functional

1	2	3	4	5	6
2	G R Medical College Hospital, Gwalior	II	9.63	6.63	Functional
3	DH Narsimhapur	III	4.775	2.675	Functional
4	DH Sagar	II	9.63	5.5563	Functional
5	DH Seoni	III	4.775	2.6736	Functional
Maharashtra					
1	GMCH, Kolhapur	II	9.63	6.02	Functional
2	District Hospital, Satara	III	4.775	2.645	Functional
3	BJ Medical College, Pune	II	9.63	5.954	Functional
4	Municipal Hospital, Vashi	III	4.775	3.695	Functional
5	Sub District Hospital Danau, Thane	III	4.775	0.65	
6	Sub District Hospital, Hinganghat, Wardha	III	4.775	2.15	Functional
Odisha					
1	District Hospital, Balasore	II	9.63	5.8	Functional
2	District Hospital, Bhadrak	III	4.775	3.0523	Functional
3	SCB Medical College, Cuttack	I	16	12.54	Functional
4	District Hospital, Khurda	III	4.775	2.2038	
5	MKCG Medical College, Behrampur	II	9.63	4.61	Functional
Punjab					
1	Sub-District Hospital, Pathankot	III	4.775	3.8549	Functional
2	District Hospital, Jalandhar	II	9.63	7.36	Functional
3	District Hospital, Khanna	III	4.775	2.7725	Functional
Rajasthan					
1.	Government Hospital, Baran	III	4.775	0.65	Functional
2	New Medica College Hospital, Kota	II	9.63	6.59	Functional
2.	SS Hospital, Chittorgarh	III	4.775	2.2038	Functional
4.	RNT Medical College, Udaipur	II	9.63	6.59	Functional
5.	District Hospital, Bhilwara	III	4.775	2.2038	Functional
6.	JLN Medical College, Ajmer	II	9.63	6.59	Functional
7.	SMS Medical College, Jaipur	II	9.63	6.59	Functional
8.	Taluk Hospital, Kotputli, Alwar	III	4.775	2.2038	Functional

1	2	3	4	5	6
9.	Govt. Hospital, Sirohi	III	4.775	2.2038	Functional
10.	Civil Hospital Dungarpur. Sabarkantha	III	4.775	0.65	Functional
Tamil Nadu					
1.	Kilpauk Medical College, Chennai	III	9.63	5.8	Functional
2.	GMC, Vellore	II	9.63	6.59	Functional
3.	Taluk Hospital, Krishnagiri	III	4.775	2.65	Functional
4.	Govt. District Hqr. Hospital, Karur	III	4.775	2.65	Functional
5.	District Hospital, Dindigul	II	9.63	5.8	Functional
6.	Govt. Rajaji Hospital Medical college, Madurai	II	9.63	5.22	Functional
7.	District Hqr. Hospital, Kovilpatti	III	4.775	2.65	Functional
8.	GMCH, Tirunelveli	II	9.63	5.8	Functional
9.	GMCH, Kanyakumari	II	9.63	5.8	Functional
Uttar Pradesh					
1	BRD Medical College, Gorakhpur	II	9.63	8.87	Functional
2	District Hospital, Faizabad	III	4.775	0.65	Functional
3	KGM College, Lucknow	II	9.63	6.62	Functional
4	LLR Hospital & GSVM College, Kanpur	II	9.63	6.59	Functional
5	District Hospital, Jaluan, Orai	III	4.775	3.095	Functional
6	MLB Medical College, Jhnasi	II	9.63	8.55	Functional
7	District Hospital, Basti	III	4.775	3.095	Functional
8	SN Medica College, Agra	II	9.63	7.35	Functional
9	Shri BA District Hospital, Etawah	III	4.775	3.095	Functional
10	District Hospital, Fatehpur	III	4.775	3.095	Functional
11	MLN Medical College, Allahabad	II	9.63	8.11	Functional
12	LLRM Medical College, Meerut	II	9.63	5.0252	Functional
13	District Hospital, Lalitpur	II	9.63	6.59	Functional
West Bengal					
1	North Bengal Medical College & hospital, Siliguri	II	9.63	5.83	Functional
2	IslampurSD Hospital, Uttar Dinajpur	III	4.775	2.655	Functional
3	Sub Divisional, Asansol	II	9.63	5.83	Functional
4	Burdwan Medical College & Hospital, Burdwan	II	9.63	4.6358	Functional
5	Sub-District Hospital, KharaRpur	III	4.775	2.6163	Functional

Statement-II*Trauma Care Facilities under Trauma Care Programme during 12th FYP Total approved (85)*

(Rs. in Crores)

Sl. No.	State	Name of Hospital	Level	Amount allotted	Amount Release	Year of fund released
1	2	3	4	5	6	7
1.	Andhra Pradesh	General Hospital Kakinada	L-II	10.2720	4.5	2017-18
2.	Andaman & Nikobar	Dr. R P Hospital, Mayabunder	L-II	4.9420	1.666	2016-17
3.	Arunachal Pradesh	General Hospital, Bomdila	L-III	4.9420	2.754	2016-17
4.		District Hospital, Roing	L-II	4.9420	2.754	2016-17
5.		District Hospital, Tezu	L-II	4.9420	2.754	2016-17
1 6.		District Hospital, Khonsa	L-III	4.9420	2.754	2016-17
7.	Chhattisgarh	BR Ambedkar Memorial Hospital, Raipur	L-II	10.2720	3.675	2014-15
8.		Chhattisgarh Institute of Medical Sciences, Bilaspur	L-II	10.2720	3.675	2014-15
9.		Govt. Komaldeo District Hospital, Ranker	L-III	4.9420	1.66	2014-15
10.		District Hospital, Raigarh	L-III	4.9420	2.040	2016-17
11.		Bahrain Kashyap Memorial Medical College, Jagdalpur	L-II	10.2720	4.50	2016-17
12.		District Hospital, Ambikapur	L-III	4.9420	2.04	2016-17
13.	Dadar & Nagar Haveii	CHC Khanvel	L-III	4.9420	0.8536	2016-17
14.	Jharkhand	District Hospital Koderma	L-III	4.9420	2.040	2016-17
15.		Sadar Hospital Daltanganj	L-III	4.9420	1.224	2016-17
16.		District Hospital, Gumla	L-III	4.9420	2.04	2017-18
17.	Jammu and Kashmir	S.N.M. Hospital, Leh	L-III	4.9420	3.06	2017-18
18.		District Hospital, Kupwara	L-III	4.9420	3.06	2017-18
19.	Gujarat	Guru Govind Singh Hospital Jamnagar	L-II	10.2720	4.5	2017-18
20.		General District Hospital Dahod	L-III	4.9420	2.04	2017-18
21.		Sir Takhtsinh General Hospital & Govt. Medical College, Bhavnagar	L-II	10.2720	4.5	2017-18
22.		District Hospital, Veraval	L-III	4.9420	-	-

1	2	3	4	5	6	7
23.	Goa	Govt. Medical College, Goa	L-I	17.1320	8.4	2017-18
24.	Haryana	General Hospital Kaithal	L-III	4.9420		
25.		General Hospital Palwal	L-III	4.9420		
26.		General Hospital Narnual	L-III	4.9420	-	
27.	Himachal Pradesh	District Hospital, Chamba	L-III	4.9420	2.754	2015-16
28.		Regional Hospital Hamirpur	L-III	4.9420	2.754	2015-16
29.		RP Medical College, Tanda,	L-II	10.2720	6.075	2015-16
30.		Zonal Hospital Mandi	L-III	4.9420	2.754	2015-16
31.		Regional Hospital Rampur, Shimla	L-III	4.9420	2.754	2015-16
32.		IGMC Govt. Hospital, Shimla, Himachal Pradesh	L-I	17.1320	12.60	2015-16
33.	Kerala	Govt. Medical College, Alappuzha	L-II	10.2720	3.675	2014-15
34.		General Hospital, Ernakulam	L-III	4.9420	1.66	2014-15
35.		District Hospital, Kannur	L-III	4.9420	1.66	2014-15
36.		District Hospital Palakkad	L-II	10.2720	2.70	2016-17
37.		Govt. Medical College Hospital, Kozhikode	L-I	17.1320	5.04	2016-17
38.		Government Medical College and Hospital, Thiruvananthapuram	L-II	10.2720	4.5	2017-18
39.	Manipur	Regional Institute of Medical Sciences, Imphal	L-I	17.1320	11.34	2015-16
40.		District Hospital, Churachandpur	L-III	4.9420	2.754	2015-16
41.		District Hospital Senapati	L-III	4.9420	2.754	2015-16
42.		District Hospital Bishunpur	L-III	4.9420	2.754	2015-16
43.		Thoubal District Hospital	L-III	4.9420	3.060	2016-17
44.		Chandel District Hospital	L-III	4.9420	3.060	2016-17
45.	Meghalaya	Civil Hospital, Tura	L-III	4.9420	2.754	2015-16
46.		Civil Hospital Nongpoh	L-III	4.9420	3.060	2016-17
47.		Civil Hospital Shillong	L-II	10.2720	6.75	2016-17
48.	Mizoram	Civil Hospital, Aizawl	L-II	10.2720	6.075	2015-16
49.		District Hospital, Lawngtlai	L-III	4.9420	2.754	2015-16

1	2	3	4	5	6	7
50.		District Hospital, Saiha	L-III	4.9420	2.754	2015-16
51.		District Hospital, Lunglei	L-III	4.9420	2.754	2016-17
52.		District Hospital Kolasib	L-III	4.9420	3.06	2017-18
53.		District Hospital Champhai	L-III	4.9420	3.06	2017-18
54.		District Hospital Serchhip	L-III	4.9420	3.06	2017-18
55.	Nagaland	District Hospital, Tuensang	L-III	4.9420	2.754	2015-16
56.		District Hospital, Kiphiri	L-III	4.9420	2.754	2015-16
57.		District Hospital, Mon	L-III	4.9420	2.754	2015-16
58.		Naga Hospital Kohima	L-II	10.2720	6.075	2016-17
59.		District Hospital, Dimapur	L-III	19420		2016-17
60.	Odisha	District Hospital, Puri	L-III	4.9420	1.66	2014-15
61.	Punjab	District Hospital Fazailka	L-III	4.9420	1.224	2016-17
62.		District Hospital Ferozpur	L-III	4.9420	1.224	2016-17
63.		District Hospital, Baurari, New Tehri	L-III	4.9420	2.754	2014-15 & 2015-16
64.	Uttarakhand	Government Medical College, Haldwani	L-II	10.2720	6.075	2014-15 & 2015-16
65.		Combined Hospital Roorkee	L-III	4.9420	2.754	2014-15
66.		Doon Medical College & Hospital	L-II	10.2720	6.75	2016-17
67.		Dharma Nagar, Sub -Divisional Hospital	L-III	4.9420	2.754	2016-17
68.		Santirbazar PHC, Divisional Hospital	L-III	4.9420	2.754	2016-17
69.	Tripura	District Hospital, Gomati	L-III	4.9420	2.754	2016-17
70.		Agartala Govt. Medical College	L-II	10.2720	6.075	2016-17
71.		District Hospital, Dhalai	L-III	4.9420	3.06	2017-18
72.		Govt. District Head Quarters Hospital Kallakurichi	L- III	4.9420	2.04	2017-18
73.	Tamil Nadu	Govt. District Head Quarters Hospital Kumbakonam	L-III.	4.9420	2.04	2017-18
74.		Chengalpattu Govt. Medical College & Hospital	L-I.	17.1320	8.4	2017-18
75.		Coimbatore Medical College	L-II.	10.2720	4.5	2017-18

1	2	3	4	5	6	7
76.	Sikkim	District Hospital Namachi	L-III	4.9420	2.754	2015-16
77.		District Hospital, Singtam	L-III	4.9420	2.754	2015-16
78.		District Hospital, Mangan	L-III	4.39420	2.754	2015-16
79.		STNM Hospital, Gangtok	L-II	10.2720	4.86	2016-17
80.		District Hospital, Alipurduar	L-III	4.9420	1.224	2016-17
81.		Murshidabad Medical College	L-II	10.2720	2.700	2016-17
82.	West Bengal	Ranaghat Sub Divisional Hospital, Nadia	L-III	4.9420	1.224	2016-17
83.		Diamod Harbour District Hospital	L-III	4.9420	1.224	2016-17
84.		Raiganj District Hospital, Uttar Dinajpur	L-III	4.9420	2.04	2017-18
85.	Puducherry	Govt. General Hospital & IG Medical College, Puducherry	L-II	10.2720	-	-

[English]

ASHA Workers

2465. SHRI D.S. RATHOD:

SHRI RABINDRA KUMAR JENA:

SHRI PARESH RAVAL:

SHRI VINOD LAKHAMASHI CHAVDA:

DR. P. VENUGOPAL:

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

(a) whether the 45th and 46th Indian Labour Conference (ILC) recommended that scheme workers such as ASHA (accredited Social Health Activists) should be recognised as workers, paid minimum wages and social security benefits and regularise their services;

(b) if so, the details thereof and number of ASHA workers currently working under the National Health Mission, State/UT-wise;

(c) the details of wages currently paid to ASHA workers alongwith the other benefits provided to them;

(d) whether the Government has any data of the certified ASHA workers by NIOs in the country if so, the details thereof along with the amount granted/ utilised by NIOs during the last three years; and

(e) whether ASHA workers are considered as volunteers and not full time health workers and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The 45th and 46th Indian Labour Conference (ILC) has recommended that scheme workers such as ASHAs should be recognised as workers and must be paid minimum wages and social security benefits including pensions.

(b) The recommendations/ Record of Discussion of 45th & 46th ILC are available at <https://www.labour.nic.in/lcandilasdivision/list-indian-labour-conferences>. 'Public Health and Hospitals' being a State subject, under the National Health Mission (NHM), technical and financial support is provided to States to strengthen their healthcare systems including for ASHAs. As per the Framework for Implementation of NRHM (now NHM), ASHAs are envisaged as voluntary Health Activists. The State/UT wise number of ASHAs engaged under NHM is given in the enclosed Statement-I.

(c) As per the Framework for implementation of NRHM (now NHM), ASHAs would not be paid any honorarium and would be entitled for performance based

compensation. The list of task/ activity of ASHAs and incentives approved at national level is given in the enclosed Statement-II. States have also been given the flexibility to design ASHA incentives. Many States are also paying fixed monthly honorarium out of their State Budget. List of State specific ASHA incentives/ fixed honorarium are given in the enclosed Statement-III.

(d) As per information available, total 2361 ASHA workers were registered for the first examination of ASHA workers conducted by NIOS on 31st of January, 2018 of which 2256 workers appeared and 105 were absent.

State-wise number of ASHA workers appeared in examination is as under:

Sl. No.	Name of State	No. of ASHA workers
1	Assam	471
2	Karnataka	302
3	Arunachal Pradesh	22
4	Tripura	304
5	Sikkim	25
6	Maharashtra	279
7	Madhya Pradesh	120
8	Delhi	175
9	Jharkhand	558
Grand Total		2256

The details of Receipt and Expenses incurred by NIOS for ASHA Project for the last three years are as under:

Financial Year	Receipt (in Rs)	Expenses (In Rs)
2014-15	7,64,72,049	-
2015-16	-	28,74,455
2016-17	-	56,10,983

(e) As per the Framework for implementation of NRHM (now NHM), ASHAs would not be paid any honorarium and would be entitled for performance based compensation.

Statement-I

Status of ASHAs Selected/In-Position under NHM

Sl. No.	States/UTs	ASHAs Selected (Rural)	ASHA-In Position (Urban)	Total ASHAs
1	2	3	4	5
1	Bihar	86893	344	87237
2	Chhattisgarh	66713	3295	70008
3	Himachal Pradesh*	32342	24	32366
4	Jammu and Kashmir	11843	63	11906
5	Jharkhand	40964	216	41180
6	Madhya Pradesh	68698	3907	72605
7	Odisha	46678	1435	48113
8	Rajasthan	57010	4040	61050
9	Uttar Pradesh	162945	5557	168502
10	Uttarakhand	11086	561	11647
11	Arunchal Pradesh	3826	42	3868
12	Assam	30619	1336	31955
13	Manipur	4009	81	4090
14	Meghalaya	6516	178	6694
15	Mizoram	1091	79	1170
16	Nagaland	1887	38	1925
17	Sikkim	641	25	666
18	Tripura	7590	356	7946
19	Andhra Pradesh	39009	2502	41511
20	Goa	0	0	0
21	Gujarat	37967	3950	41917
22	Haryana	17355	2472	19827
23	Karnataka	34694	2454	37148

1	2	3	4	5	1	2	3	4	5
24	Kerala	28115	1820	29935	32	Dadra and Nagar Haveli	397	59	456
25	Maharashtra	59310	7675	66985	33	Daman and Diu	87	8	95
26	Punjab	18983	2362	21345	34	Delhi	0	5327	5327
27	Tamil Nadu	3905	0	3905	35	Lakshadweep	105	0	105
28	Talengna	29257	3142	32399	36	Puducherry	0	0	0
29	West Bengal	53370	5444	58814		Total	964326	58810	1023136
30	Andaman and Nicobar Islands	407	0	407					
31	Chandigarh	14	18	32					

Note * Including Link worker

Source: MIS Report

Statement-I*List of ASHA incentives Provided by States*

Sl. No.	Heads of Compensation	Amount in Rs/case	Source of Fund and Fund Linkages
1	2	3	4
Maternal Health			
1.	JSY financial package		
	For ensuring antenatal care for the woman	300 for Rural areas 200 for Urban areas	Maternal Health- NRHM-RCH Flexi pool
	For facilitating institutional delivery	300 for Rural areas 200 for Urban areas	
2.	Reporting Death of women (15-49 years age group) by ASHA to U-PHC Medical Officer	200 for reporting within 24 hours of occurrence of death by phone	HSC/ U-PHC- Un-tied Fund
Child Health			
	Undertaking six (in case of institutional deliveries) and seven (for home deliveries) home- visits for the care of the new born and post-partum mother ¹	250	Child Health- NHM-RCH Flexi pool
	For follow up visits to a child discharged from facility or community Severe Acute Malnutrition (SAM) management centre	150 only after MUAC is equal to nor-more than 125mm	

¹This incentive is provided only on completion of 45days after birth of the child and should meet the following criteria-birth registration, weight-record in the MCP Card, immunization with BCG, first dose of OPV and DPT complete with due entries in the MCP card and both mother and new born are safe until 42nd of delivery.

1	2	3	4
	Ensuring quarterly follow up of low birth weight babies and newborns discharged after treatment from Specialized New born Care Units	50	
	Child Death Review	50	
	For mobilizing and ensuring every eligible child (1-19 years out-of-school and non-enrolled) is administered Albendazole.	100	
	ASHA incentive for prophylactic distribution of ORS	Re 1 per ORS packet	
	MAA (Mother's Absolute Affection) Programme Promotion of Breastfeeding- Quartely mother meeting	100/ASHA/ Quarterly meeting	
III	Immunization		
1.	Complete immunization for a child under one year	100.00	Routine Immunization Pool
2.	Full immunization per child up-to two years age (all vaccination received between 1st and second year of age after completing full immunization after one year	50	
3.	Mobilizing children for OPV immunization under Pulse polio Programme	100/day ²	IPPI funds
IV	Family Planning		
1.	Ensuring spacing of 2 years after marriage	500	Family planning - NHM RCH Flexi Pool
2.	Ensuring spacing of 3 years after birth of 1st child	500	
3.	Ensuring a couple to opt for permanent limiting method after 2 children	1000	
4.	Counselling, motivating and follow up of the cases for Tubectomy	200 in 11 states with high fertility rates ³ (UP, Bihar, MP, Rajasthan, Chhattisgrah, Jharkhand, Odisha, Uttrakhand, Asam, Haryana and Gujarat)	
		150 in remaining states	

2 Revised from Rs 75/day to Rs 100/day

3 Revised from Rs. 150 to Rs. 200

1	2	3	4
5.	Counselling, motivating and follow up of the cases for Vasectomy/ NSV	300 in 11 states with high fertility rates ⁴ (UP, Bihar, MP, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttrakhand, Assam, Haryana and Gujarat) 200 in remaining states	
6.	Social marketing of contraceptives- as home delivery through ASHAs	1 for a pack of three condoms 1 for a cycle of OCP 2 for a pack of ECPs	
7.	Escorting or facilitating beneficiary to the health facility for the Post Partum IUCD insertion	150/case	
8.	Escorting or facilitating beneficiary to the health facility for the Post Abortion IUCD insertion	150/case	

Mission Parivar Vikas- In selected 145 districts in six states-

(57 in UP, 36 in Bihar, 14 RJS, 9 in Jharkhand, 02 in Chhattisgarh and 2 in Assam)

9.	Injectable Contraceptive MPA - Incentive to ASHA	100 per dose	Family planning-RCH-NHM Flexi Pool
10.	Mission ParivarVikas Campaigns Block level activities- ASHA to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conduct eligible couple survey-	150/ ASHA/round	
11.	NayiPahel- an FP kit for newly weds-be given 2 kits/ ASHA)	100/ASHA/NayiPahel kit distribution	
12.	Saas Bahu Sammelan-mobilize Saas Bahu for the Sammelan	100/ per meeting	
V Adolescent Health			
1.	Distributing sanitary napkins to adolescent girls	Re 1/pack of 6 sanitary napkins	Menstrual hygiene Scheme -RCH -NHM Flexi pool
2.	Organizing monthly meeting with adolescent girls pertaining to Menstrual Hygiene	50/meeting	VHSNC Funds
3.	Incentive for support to Peer Educator (for facilitating selection process of peer educators)	Per PE Rs. 100	RKSK- NHM Flexi pool

4 Revised from Rs. 200 to Rs. 300

1	2	3	4
4.	Incentive for mobilizing adolescents for Adolescent Health day	Per AHD Rs. 150	
VI Revised National Tuberculosis Control Programme⁵			
	Honorarium and counselling charges for being a DOTS provider		
1.	For Category I of TB patients (New cases of Tuberculosis)	1000 for 42 contacts over six or seven months of treatment	
2.	For Category II of TB patients (previously treated TB cases)	1500 for 57 contacts over eight to nine months of treatment including 24-36 injections in intensive phase	RNTCP Funds
3.	For treatment and support to drug resistant TB patients	5000 for completed course of treatment (2000 should be given at the end on intensive phase and 3000 at the end of consolidation phase)	
4.	For notification if suspect referred is diagnosed to be TB patient by MO/Lab ⁶	Rs.100	
VII National Leprosy Eradication Programme⁷			
1.	Referral and ensuring compliance for complete treatment in pauci-bacillary cases of Leprosy	250 (for facilitating diagnosis of leprosy case) + 400(for follow up on completion of treatment)	NLEP Funds
2.	Referral and ensuring compliance for complete treatment in multi-bacillarycases of Leprosy	250 (for facilitating diagnosis of leprosy case) + 600 (for follow up on completion of treatment)	
VIII National Vector Borne Disease Control Programme			
A) Malaria⁸			
1.	Preparing blood slides	15/slide	NVBDCP Funds for Malaria control

5 Initially ASHAs were eligible to an incentive of Rs 250 for being DOTS provider to both new and previously treated TB cases. Incentive to ASHA for providing treatment and support Drug resistant TB patients have now been revised from Rs 2500 to Rs 5000 for completed course of treatment

6 Provision for Rs100 notification incentive for all care providers including ASHA/Urban ASHA /AWW/ unqualified practitioners etc if suspect referred is diagnosed to be TB patient by MO/Lab.

7 Incentives under NLEP for facilitating diagnosis and follow up for completion of treatment for pauci bacillary cases was Rs 300 before and has now been revised to-Rs 250 and Rs 400 now.

For facilitating diagnosis and follow up for completion of treatment for multi-bacillary cases were Rs 500 incentive was given to ASHA before and has now been revised to-Rs 250 and Rs 600.

8. Incentive for slide preparation was Rs 5 and has been revised to Rs 15. Incentive for providing treatment for RDT positive Pf cases was Rs 20 before and has been revised to Rs 75. Incentive for providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regimen was Rs 50 before. Similarly-incentive for referring a case of malaria and ensuring complete treatment was Rs 200/case and has been revised to Rs 300 now.

1	2	3	4
2.	Providing complete treatment for RDT positive Pf cases	75	
3.	Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regimen		
4.	For referring a case and ensuring complete treatment	300	
B) Lymphatic Filariasis			
1.	For one time line listing of lymphoedema and hydrocele cases in all areas of non-endemic and endemic districts	200	NVBDCP funds for control of Lymphatic Filariasis
2.	For annual Mass Drug Administration for cases of Lymphatic Filariasis ⁹	200/day for maximum three days to cover 50 houses and 250 persons	
C) Acute Encephalitis Syndrome/Japanese Encephalitis			
1.	Referral of AES/JE cases to the nearest CHC/DH/Medical College	300 per case	NVBDCP funds
D) Kala Azar elimination			
1	Involvement of ASHAs during the spray rounds (IRS) for sensitizing the community to accept indoor spraying ¹⁰ (New incentive)	Rs 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds	NVBDCP funds
E) National Iodine Deficiency Disorders Control Programme			
1	ASHA incentive for salt testing	Rs. 25 a month for testing 50 salt samples	NIDDCP Funds
IX Non -Communicable Diseases			
1	National Programme for Control of Blindness (NPCB),	Rs. 175 for each operated eye', for bringing the patient from community and follow up, up to post operation stage	NCD Flexipool
2	Universal Screening of NCDs	• Rs. 10 per individual as a onetime incentive for enumeration	NCD Flexipool

⁹ Incentive has been revised from Rs 100 to Rs 200 per day for maximum three days to cover 50 houses or 250 persons

¹⁰ In order to ensure vector control, the role of the ASHA is to mobilize the family for IRS. She does not carry out the DDT spray. During the spray rounds her involvement would be for sensitizing the community to accept indoor spraying and cover 100% houses and help Kala Azar elimination. She may be incentivized of total Rs 200/- (Rs.100 for each round) for the two rounds of insecticide spray in the affected districts of Uttar Pradesh, Bihar, Jharkhand and West Bengal.

1	2	3	4
		of all individuals, filling Community Based Assessment Checklist (CBAC) for all individuals over 30 years of age and mobilising for NCD screening.	
3		<ul style="list-style-type: none"> Rs. 50 per individual every six months for follow up with patients diagnosed with Hypertension / Diabetes and Cancers for initiation of treatment and ensuring compliance for a period of 6 months 	
X	Incentive for Routine Recurrent Activities		
1	Mobilizing and attending VHND or (outreach session/Urban Health and Nutrition Days)	200 per session	NHM- Flexi Pool
2	Convening and guiding monthly meeting of VHSNC/MAS	150	
3.	Attending monthly meeting at Block PHC/5U-PHC	150	
4.	<p>a) Line listing of households done at beginning of the year and updated every six months</p> <p>b) Maintaining records as per the desired norms like -village health register</p> <p>c) Preparation of due list of children to be immunized updated on monthly basis</p> <p>d) Preparation of due list of ANC beneficiaries to be updated on monthly basis</p> <p>e) Preparation of list of eligible couples updated on monthly basis</p>	500	
XI	Drinking water and sanitation		
1	Motivating Households to construct toilet and promote the use of toilets.	Rs. 75 per household	Ministry of Drinking Water and Sanitation
2	Motivating Households to take individual tap connections	Rs. 75 per household	Ministry of Drinking Water and Sanitation

Statement-III*Other State Specific Incentives for ASHAs*

1. Chhattisgarh gives 50% of matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis
2. Haryana (Rs. 1000/month)
3. Kerala (Rs.1500/month, Rajasthan (Rs. 1600/month through ICDS),
4. Karnataka (Rs. 3500/month - recently introduced replacing the top up incentive)
5. Sikkim (Rs. 3000/month)
6. Meghalaya and Tripura provide 100% matching amount of the incentives over and above the incentives earned by an ASHA as a top up on an annual basis.
7. West Bengal (Rs. 2000/month).
8. Recently states of Gujarat, Telangana and Uttrakhand have also introduced incentives from state funds but modalities of payment are not available.

Decline in Revenue Account Transfers to States

2466. SHRI B. VINOD KUMAR: Will the Minister of FINANCE be pleased to state:

(a) the details of revenue account transfers to the States and the Gross revenue receipts of the Centre in each of the years 2012-13 to 2017-18, State/year-wise;

(b) the details of proportion of revenue account transfers to States to gross revenue receipts of the Centre in each of the years 2012-13 to 2017-18, State/year-wise;

(c) whether there has been any decline in the revenue account transfers to States as a proportion of Centre's gross revenue receipts and if so, the reasons therefor; and

(d) the steps proposed to be taken to avoid such decline?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (d) Year-wise details of States' share of Union Taxes and Duties devolved to States, Gross revenue receipts of the Centre and proportion of States share to gross revenue receipts of Centre from 2012-13 to 2017-18 are as under:

(Rs. in crore)

	Actual	Actual	Actual	Actual	Actual	RE
	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
States' Share Devolved	291546.62	318229.60	337808.45	506192.96	608000.31	673005.29
Gross Tax Revenue	1036234.25	1138733.74	1244884.53	1455648.11	1715822.40	1884788.15*
State's Share to GTR	28.14%	27.95%	27.14%	34.77%	35.43%	35.70%

* Excluding GST compensation cess, which will be transferred to States as GST

State / year-wise details of States' share devolved to States and year-wise Gross revenue receipts of the Centre from 2012-13 to 2017-18 are enclosed as Statement.

It may be seen from the table above that devolution of States' share of Union Taxes and Duties as a proportion of Centre's gross revenue receipts has been increasing over the past 3 years.

Statement*Year-wise releases of States' Share of Union Taxes and Duties made to the State Governments*

(Rs. in crore)

Sl. No.	State	Actual 2012-13	Actual 2013-14	Actual 2014-15	Actual 2015-16	Actual 2016-17	RE 2017-18
1	2	3	4	5	6	7	8
1	Andhra Pradesh	20270.77	22131.88	13692.42	21893.79	26263.88	29001.25
2	Arunachal Pradesh	957.94	1045.85	1109.98	7075.58	8388.30	9238.79
3	Assam	10601.26	11574.52	12283.71	16784.88	20188.64	22301.52
4	Bihar	31900.39	34829.12	36963.07	48922.68	58880.59	65083.19
5	Chhattisgarh	7217.60	7880.22	8363.03	15716.47	18809.16	20754.83
6	Goa	777.21	848.53	900.54	1923.76	2299.20	2544.27
7	Gujarat	8886.10	9701.93	10296.35	15690.43	18835.39	20782.34
8	Haryana	3062.12	3343.24	3548.09	5496.22	6597.47	7297.53
9	Himachal Pradesh	2282.02	2491.52	2644.17	3611.17	4343.70	4801.27
10	Jammu and Kashmir	3870.37	4142.10	4477.23	7813.48	9488.60	11911.66
11	Jharkhand	8187.62	8939.32	9487.01	15968.75	19141.92	21143.64
12.	Karnataka	12647.14	13808.28	14654.25	23983.34	28759.94	31751.99
13	Kerala	6840.65	7468.68	7926.29	12690.67	15225.02	16833.07
14	Madhya Pradesh	20805.16	22715.27	24106.99	38397.84	46064.10	50853.06
15	Maharashtra	15191.95	16586.70	17602.97	28105.95	33714.90	37203.32
16	Manipur	1317.83	1438.79	1526.95	3142.42	3757.13	4154.29
17	Meghalaya	1192.45	1301.96	1381.69	3276.46	3911.05	4323.15
18	Mizoram	785.96	858.08	910.67	2348.11	2800.63	3097.04
19	Nagaland	917.14	1001.27	1062.69	2540.72	3032.63	3353.09
20	Odisha	13964.94	15247.09	16181.21	23573.75	28321.49	31272.03
21	Punjab	4058.81	4431.47	4702.97	8008.90	9599.73	10616.96
22	Rajasthan	17102.84	18673.07	19817.14	27915.93	33555.86	37028.03
23	Sikkim	698.48	762.62	809.33	1870.28	2233.30	2470.52
24	Tamil Nadu	14519.69	15852.76	16824.03	20353.86	24537.76	27099.72
25	Telangana			9795.40	12350.72	14876.61	16420.06

1	2	3	4	5	6	7	8
26	Tripura	1493.18	1630.25	1730.13	3266.02	3909.12	4322.54
27	Uttar Pradesh	57497.85	62776.68	66622.91	90973.66	109427.46	120940.10
28	Uttarakhand	3272.88	3573.38	3792.30	5333.19	6411.57	7084.90
29	West Bengal	21226.27	23175.02	24594.93	37163.93	44625.16	49321.13
Total		291546.62	318229.60	337808.45	506192.96	608000.31	673005.29

Minamata Convention on Mercury

2467. SHRI BALKA SUMAN:

SHRI C. MAHENDRAN:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has approved proposal for ratification of Minamata Convention on Mercury and depositing instrument of ratification enabling India to become Party of Convention and if so, the details thereof;

(b) whether this is to protect human health and environment from anthropogenic emissions and releases of mercury and mercury compounds and if so, the details thereof;

(c) whether the Government has launched Green Good Deeds campaign to sensitize people and students, in particular about climate change and global warming and if so, the details thereof;

(d) whether the campaign aims to broad its base with involvement of teachers, students and other voluntary organizations to combat climate change; and

(e) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Yes, Madam. The Cabinet has approved the proposal of the Ministry of Environment, Forest and Climate Change for:- (i) Ratification of the Minamata Convention on Mercury and depositing the instrument of ratification with the designated authority enabling Republic of India to become a Party to

the Convention; (ii) Seeking exemption as provided under Article 6 of the Convention for a period of five years after expiry of phase-out dates for the processes/products as specified in Annex A & B of the Convention; and (iii) To retain the flexibility for acceptance of any amendment to the Convention text and its annexes. The Minamata Convention is a global treaty to protect human health and environment from adverse effects of mercury and its compounds.

(c) to (e) Ministry of Environment, Forest and Climate Change has initiated Green Good Deeds (GGDs) campaign in order to sensitize and make the citizens aware about environmental issues. The GGDs cover all the aspects of environment conservation viz. biodiversity, wildlife, water pollution, air pollution, noise pollution, renewable energy, conservation of lakes and rivers, solid waste management including climate change and global warming etc. The Ministry has also shared the relevant GGDs with all State Nodal Agencies for implementation of Eco-club programme of Ministry, located in each of the States/Union Territories with a request to get the GGDs implemented in nearly 90,000 Eco-clubs, which implements various environmental awareness programmes for school children, college students, and teachers. The Ministry had also organized Clean Air for Delhi Campaign from February 10-23, 2018 wherein GGDs were publicized through radio, video and print media.

Special Category State

2468. SHRI M. MURLI MOHAN: Will the Minister of FINANCE be pleased to state:

(a) the States of our country which have been granted and enjoying the benefits of Special Category

Status even after implementation of Goods and Services Tax (GST);

(b) whether the Union Government is considering to bring amendments in the Andhra Pradesh Reorganisation Act, 2014 to include Andhra Pradesh for granting Special Category Status; and

(c) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) to (c) fourteenth Finance Commission (FFC) did not make any distinction between special and general category States. In view of acceptance of the recommendations of FFC by the Central Government, special category States ceased to exist.

Air Pollution from Stubble Burning

2469. SHRI KIRTIVARDHAN SINGH:

SHRIMATI JAYSHREEBEN PATEL:

SHRI RAYAPATI SAMBASIVA RAO:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the stubble burning in States such as Haryana, Punjab, Western Uttar Pradesh is a major source of air pollution in North India in the month of October and November;

(b) if so, the details thereof and the steps being taken by the Government to mitigate air pollution caused due to stubble burning;

(c) whether the Government has allocated funds to discourage stubble burning and improve air quality in the country including Delhi and if so, the details thereof;

(d) whether the Government is contemplating a special scheme to support the efforts of the State Governments to address air pollution and to subsidize machinery required for in-situ management of crop residue; and

(e) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY

OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Burning of crop residue in States such as Haryana, Punjab, Western U.P. may lead to higher level of air pollution specially during adverse meteorological conditions in early winter in North India. Government has taken various steps to address the issue of air pollution due to crop residue burning which include banning of stubble burning, mass awareness programmes and identification of in situ management of crop residue as the most feasible option amongst various alternatives.

(c) to (e) A new Central Sector Scheme on 'Promotion of Agricultural Mechanization for in-situ Management of Crop Residue in the States of Punjab, Haryana, Uttar Pradesh and NCT of Delhi for the period from 2018-19 to 2019-20 has been announced by the Hon'ble Finance Minister in his budget speech this year (estimated cost - Rs. 1151.80 crore).

Super Speciality SAARC Hospital

2470. SHRI GURJEET SINGH AUJLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any delay in setting up of Super Speciality SAARC hospital at Amritsar;

(b) if so, the details thereof;

(c) whether there is any proposal for promotion of Medical Tourism at Amritsar; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) As per information received from the SAARC Division of the Ministry of External Affairs, no proposal to set up a Super Specialty SAARC Hospital in Amritsar is under consideration of the Government within the SAARC framework or under any SAARC mechanism.

(c) and (d) No proposal on promotion of medical Tourism at Amritsar is under consideration of the Ministry of Health & Family Welfare.

*[Translation]***Scheme for Adolescent Girls**

2471. SHRI CHANDRA PRAKASH JOSHI:
SHRI RAMDAS C. TADAS:

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

(a) whether the Government has launched the Rapid Reporting System for Adolescent Girls and if so, the details thereof;

(b) the benefits likely to be accrued therefrom along with the operating system of the said scheme; and

(c) the names of the districts of the country in which the said scheme has been implemented at present,

especially in regard to districts of Rajasthan?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) Ministry of Women and Child Development has launched the Rapid Reporting System for monitoring the Scheme for Adolescent Girls. This is a web based on line "monitoring for the Scheme for Adolescent Girls to facilitate the monitoring of the scheme, taking corrective measures by ensuring faster flow of information, accurate targeting of the beneficiaries and reduction of leakages.

(c) At present, the scheme is implemented in 508 selected districts across the country including 32 districts of Rajasthan as per the list enclosed as Statement.

Statement*List of Districts covered under the Scheme for Adolescent Girls*

Sl. No.	State /UT	No. of Distt.	District Name
1	2	3	4
1	Andaman and Nicobar Islands	1	Andamans
2	Andhra Pradesh	10	Anantapur, Visakhapatnam, Chittoor, West Godavari, Kurnool, Vizianagaram, Y.S.R.(Cuddapah), Prakasam, Srikakulam, East Godavari
3	Arunachal Pradesh	10	Papum Pare, Lohit, West Kameng, West Siang, East Kameng, Tirap, Kurung Kumey, Dibang Valley, Namdai, Lower Subansiri
4	Assam	22	Dhubri, Darang, Hailakandi, Kokrajhar, Karbi anglong, Dibrugarh, Kamrup, Jorhat, Goalpara, Karimganj, Barpeta, Udalguri, Baksa, Chirang, Bongaigaon, Nagaon, Morigaon, Cachar, Tinsukia, Dhemaji, Sivasagar, Dima Hasao
5	Bihar	38	Katihar, Vaishali, Pashchim Champaran, Banka, Gaya, Saharsa, Kishanganj, Patna, Buxar, Sitamarhi, Munger, Aurangabad, Nalanda, Kaimur (Bhabua), Sheohar, Purnia, Jehanabad, Madhubani, Madhepura, Lakhisarai, Arwal, Khagaria, Samastipur, Darbhanga, Rohtas, Araria, Nawada, Supaul, Muzaffarpur, Purba Champaran, Bhagalpur, Sheikhpura, Saran, Jamui, Begusarai, Bhojpur, Gopalganj, Siwan.
6	Chandigarh	1	Chandigarh
7	Chhattisgarh	27-	Surguja, Surajpur, Balrampur, Bastar, Kodagaon, Raipur, Balodabazar, Gariyabandh, Raigarh, Rajnandgaon, Narayanpur, Bijapur, Dakshin Bastar Dantewada, Mahasamund, Jashpur, Durg, Korba, Kabirdham, Janjgir Champa,

1	2	3	4
			Uttar Bastar Ranker, Ranker, Kwardha, Kondagaon, Dantewada, Sukma, Dhamtari, Bilaspur
8	Dadra and Nagar Haveli	1	Dadra and Nagar Haveli
9	Daman and Diu	2	Diu, Daman
10	Delhi	5	North West, North East, East, West, Central
11	Goa	2	North Goa, South Goa
12	Gujarat	24	Banas Kantha, Dohad, Kachchh, Panch Mahals, Narmada, Ahmadabad, Jamnagar, Junagadh, Navsari, Sabarkantha, Bhavnagar, Anand, The Dangs, Surendranagar, Kheda, Vadodara, Valsad, Bharuch, Mahesana, Amreli, Patan, Gandhinagar, Tapi, Morbi
13	Haryana	14	Kaithal, Hisar, Yamunanagar, Ambala, Rewari, Rohtak, Mewat, Panipat, Gurgaon, Karnal, Sonipat, Bhiwani, Sirsa, Palwal
14	Himachal Pradesh	6	Chamba, Kullu, Solan, Kangra, Shimla, Hamirpur
15	Jammu and Kashmir	11	Anantnag, Kupwara, Kathua, Jammu, Leh (Ladakh), Udhampur, Baramula, Kargil, Rajouri, Doda, Ramban
16	Jharkhand	24	Giridih, Sahibganj, Garhwa, Hazaribagh, Gumla, Pashchimi Singhbhum, Ranchi, Godda, Pakur, Chatra, Palamu, Saraikela Kharsawan, Deoghar, Latehar, Jamtara, Dumka, Kodarma, Lohardaga, Dhanbad, Bokaro, Simdega, Khunti, Purbi Singhbhum, Ramgarh
17	Karnataka	21	Gulbarga, Kolar, Bangalore, Bijapur, Bellary, Dharward, Chikmagalur, Uttara Kannada, Kodagu, Koppal, Yadgir, Bagalkot, Davanagere, Haveri, Bidar, Gadag, Chikkaballapura, Raichur, Belgaum, Shimoga, Kalburgi
18	Kerala	6	Malappuram, Palakkad, Kollam, Idukki, Wayanad, Kannur
19	Lakshadweep	1	Lakshadweep
20	Madhya Pradesh	50	Sheopur, Rajgarh, Sidhi, Neemuch, Jhabua, Tikamgarh, Rewa, Bhind, Damoh, Indore, Sagar, Jabalpur, Bhopal, Betul, Balaghat, Barwani, Burhanpur, Datia, Alirajpur, Shivpuri, Khargone (West Nimar), Shajapur, Morena, Ratlam, Dindori, Raisen, Katni, Khandwa (East Nimar), Guna, Gwalior, Chhattarpur, Dhar, Ashoknagar, Panna, Dewas, Umaria, Vidisha, Ujjain, Mandsaur, Chhindwara, Singrauli, Satna, Harda, Narsimhapur, Hoshangabad, Mandla, Shahdol, Seoni, Sehore, Anuppur
21	Maharashtra	29	Bid, Nanded, Mumbai, Nashik, Gadchiroli, Buldana, Kolhapur, Satara, Amravati, Nagpur, Gondiya, Nandurbar, Yavatmal, Parbhani, Jalna, Osmanabad, Washim, Dhule, Hingoli, Jalgaon, Ahmadnagar, Chandrapur, Wardha, Sangli, Akola, Bhandara, Aurangabad, Thane, Latur
22	Manipur	5	Chandel, Senapati, Imphal West, Tamenglong, Churachandpur

1	2	3	4
23	Meghalaya	6	West Garo Hills, South Garo Hills, East Ghasi Hills, Ri Bhoi, West Khasi Hills, Jaintia Hills
24	Mizoram	5	Lunglei, Saiha, Aizawl, Lawangtlai, Mamit
25	Nagaland	4	Mon, Tuensang, Kohima, Kiphire
26	Odisha	23	Koraput, Gajapati, Mayurbhanj, Sundargarh, Kalahandi, Bhadrak, Puri, Cuttack, Bargarh, Subarnapur, Nabarangapur, Malkangiri, Kendujhar, Balangir, Rayagada, Baudh, Sambalpur, Kandhamal, Dhenkanal, Nuapada, Jharsuguda, Debagarh, Baleshwar
27	Puducherry	2	Karaikal, Yanam
28	Punjab	10	Patiala, Faridkot, Gurdaspur, Mansa, Jalandhar, Hoshiarpur, Muktsar* Ludhiana, Moga, Ferozpur
29	Rajasthan	32	Bhilwara, Jodhpur, Banswara, Udaipur, Jhalawar, Dungarpur, Bikaner, Jaipur, Banner, Ganganagar, Dhaulpur, Bharatpur, Pratapgarh, Karauli, Jalor, Pali, Sirohi, Alwar, Baran, Sawai Madhopur, Rajsamand, Chittaurgarh, Dausa, Ajmer, Jhunjhunun, Tonk, Kota, Churu, Jaisalmer, Nagaur, Bundi, Hanumangarh
30	Sikkim	3	North, East, West Sikkim
31	Tamil Nadu	14	Salem, Tiruvannamalai, Cudalore, Ramanathapuram, Madurai, Tiruchirappalli, Coimbatore, Chennai, Kanniyakumari, Ariyalur, The Nilgiris, Viluppuram, Dindigul, Virudhunagar
32	Telangana	8	Mahabubnagar, Adilabad, Hyderabad, Bhoopalpalli, Asifabad, Khammam, Nizamabad, Medak
33	Tripura	2	West Tripura, Dhalai
34	Uttar Pradesh	72	Shrawasti, Bahraich, Maharajganj, Lalitpur, Agra, Sonbhadra, Sitapur, Mirzapur, Chandauli, Deoria, Chattrapati Shahuji Majaraj Nagar, Mahoba, Pilibhit, Rae Bareli, Banda, Farrukhabad, Bulandshahar, Saharanpur, Jalaun, Bijnor, Lucknow, Chirakoot, Balrampur, Siddharthnagar, Gonda, Budaun, Kheri, Etawah, Fatehpur, Kanshiram Nagar, Bara Banki, Sant Ravidas Nagar, Etah, Hardoi, Sant Kabir Nagar, Kannauj, Kaushambi, Faizabad, Shahjahanpur, Aligarh, Basti, Jaunpur, Unnao., Mainpuri, Rampur, Kanpur Dehat, Sultanpur, Bareilly, Moradabad, Kushinagar, Varanasi, Jyotiba Phule Nagar, Mahamaya Nagar, Ferozabad, Allahabad, Kanpur Nagar, Auraiya, Ambedkar Nagar, Gorakhpur, Ghazipur, Mau, Muzaffarnagar, Azamgarh, Hamirpur, Jhansi, Baghpat, Meerut, Ghaziabad, Pratapgarh, Mathura, Ballia, Hathras
35	Uttaranchal	5	Hardwar, Uttarkashi, Chamoli, Nainital, Udham Singh Nagar
36	West Bengal	12	Maldah, Purulia, Nadia, Koch Bihar, Jalpaiguri, Kolkata, Murshidabad, Birbhum, Uttar Dinajpur, Haora, Dakshin Dinajpur, Bankura

[English]

Virginity Tests

2472. SHRIMATI KIRRON KHER: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is true that forced virginity tests are being conducted on brides by the elderly in the Kanjarbhat community in the country and if so, the details thereof;

(b) whether the Government has received information regarding this and responded to the youth protest against this practice and if so, the details thereof;

(c) whether the Government has any data on the number of reported cases of forced virginity tests and if so, the details thereof; and

(d) the steps taken by the Government to address this issue?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) Some newspapers have reported that forced virginity tests are being conducted on brides by the elderly in the Kanjarbhat community.

(b) As per the report published in 'The Hindu' on 28th February 2018, Maharashtra Minister of State for Home Affairs, Shri Ranjit Patil while responding to a calling attention motion tabled by Shiv Sena's Neelam Gorhe has assured the State Legislative Council that caste panchayats of the Kanjarbhat community would face action, if they compelled newly married women to undergo a 'virginity test'.

(c) The Ministry of Women and Child Development has no data in this regard.

(d) Maharashtra Minister of State for Home Shri Ranjit Patil has stated that the police have been ordered to register a criminal case, if a panchayat forces a woman to undergo such a test.

Black Money in Real Estate Sector

2473. SHRI P.R. SENTHIL NATHAN:
SHRI R.K. BHARATHI MOHAN:

Will the Minister of FINANCE be pleased to state:

(a) whether as per the assessment of revenue intelligence agencies, terror funds and unaccounted/black money are flowing into real estates, mining and manufacturing sector;

(b) if so, the details thereof; and

(c) the details of realtors/ construction companies and mining and manufacturing companies found involved in investment of money flowing from organisations with dubious nature and terror association;

(d) the action taken against the erring builders and companies having nexus with such organisations, company-wise;

(e) whether the Government proposes to bring out a legislation with relevant provisions to regulate real estate sector included therein; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) No, Madam. Revenue Intelligence Agencies have not come across instances where funds and unaccounted/black money was noticed flowing into real estate, mining and manufacturing sector.

(e) and (f) Ministry of Housing & Urban Affairs has enacted the Real Estate (Regulation and Development) Act, 2016 to ensure, regulation and promotion of the real estate sector and to protect the interest of home buyers.

Harmful Radiation Levels

2474. SHRI DUSHYANT SINGH: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has introduced/ proposes to introduce a system to check the various harmful radiation levels in home, workplaces and industry;

(b) if so, the details thereof and if not, the reasons therefor;

(c) whether the Government proposes to introduce a safeguard mechanism through a policy or a legislation in order to regulate the radiation levels in such places; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (d) Comprehensive regulatory framework exists for safe uses of ionizing radiations (e.g. x-rays, gamma rays, rays consisting of alpha, beta, neutrons etc.) from radiation applications in the field of industry, medicine, research and nuclear installations and regulatory control over these is being exercised by the Atomic Energy Regulatory Board (AERB). The Atomic Energy Act, 1962 and various Rules including the Atomic Energy (Radiation Protection) Rules (AE (RP) R), 2004 issued under this Act forms the main basis of the framework. As per the AE (RP) R, 2004, license is issued for possession of ionising radiation sources. Provision of radiation detection system is one of the mandatory condition for use and handling of such radiation sources.

With regard to Electromagnetic Field (EMF), norms prescribed by the Department of Telecommunications (DoT) for exposure limit for the Radio Frequency Field (Base Station Emissions) are already 10 times more stringent than the safe limits prescribed by International Commission on Non Ionizing Radiation Protection (ICNIRP) and recommended by World Health Organization (WHO). All new mobile Base Transceiver Station (BTS) sites start radiating commercially only after ensuring adherence to prescribed norms and after submission of certificate to this effect to relevant Telecom Enforcement Resource & Monitoring (TERM) field offices of DoT. In order to ensure compliance to the prescribed stricter precautionary norms of EMF radiation from mobile tower, extensive audit of compliance of self-certificates being submitted by telecom service providers and BTS sites is carried out by TERM field units of DoT.

The Ministry of Environment, Forest and Climate Change has issued an advisory on use of Mobile Towers to minimize their impact on wildlife including birds and bees vide Office Memorandum dated 9th August 2012. The advisory has been circulated by the Ministry to the organizations concerned including State Environment and Forest Departments, and local bodies, Ministry of

Panchayati Raj and DoT, for their information and requisite action.

[*Translation*]

Availability of Medicines under NRHM

2475. SHRI AJAY NISHAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present status of the National Rural Health Mission (NRHM) in the country;

(b) whether the Government is aware of non availability of essential medicines, diagnostic test kits and non-functioning of medical equipments in various Government hospitals of the country;

(c) if so, the details thereof along with the corrective measures taken in this regard;

(d) whether the progress and implementation of medical health facilities/ schemes/programmes under the NRHM in different States of the country has been reviewed recently; and

(e) if so, the outcome thereof along with the corrective measures taken by the Government to address the shortcomings?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The National Rural Health Mission (NRHM) now subsumed under National Health Mission (NHM) as one of its sub-mission with NUHM being other sub-mission) is implemented in all the States/ UTs. Present status is given in the enclosed Statement.

(b) and (c) Public Health and Hospital being a State subject, the primary responsibility to ensure the availability of essential medicines, diagnostic kits and functioning of medical equipment fall within the jurisdiction of respective State/ UT Governments. However, Under NHM, support is being provided to States/ UTs for strengthening of their healthcare facilities including support for NHM Free Drugs Service and NHM Free Diagnostics Service Initiatives for provision of essential medicines and diagnostics free of cost in public health facilities based on the Programme Implementation Plans submitted by the States/UTs. Support under NHM is also provided to States/UTs for

implementing the comprehensive bio-medical equipment maintenance to ensure functionality of biomedical equipment in public health facilities. State/UT-wise approvals under NHM detailing the activities and funds approved for them - are available at URL - <http://nhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips.html>.

(d) and (e) The progress and implementation of medical health facilities/ schemes/programmes under the NRHM in different States is reviewed through the mechanism of Common Review Mission (CRM).

Apart from above, the programme is also monitored through video conferences, programme specific reviews and integrated monitoring visits are also undertaken by senior officers of the Ministry and other representatives.

Theme based consultations are also held with the States/UTs regarding various activities under NHM. Further, during the process of appraisal and discussions on Programme Implementation Plans submitted by the States/UTs, their performance under NHM during the previous year is reviewed.

Further, the impact of NHM is also monitored through external surveys such as, National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS) and Sample Registration System (SRS) and evaluation study on NRHM by erstwhile Planning Commission. Based on the assessment, the States are advised to address the gaps and technical & financial support under NHM is provided for this based on proposals received from States/UTs, with overall resource envelope.

Statement

The Present Status of NRHM

Indicators	Present status
Maternal Mortality Rate (MMR)	167(SRS: 2011-13)
Infant Mortality Rate (IMR)	34 (SRS: 2016)
Neonatal Mortality rate (NMR)	24 (SRS 2016)
Under 5 Mortality rate (U5MR)	39 (SRS 2016)
Total Fertility Rate (TFR)	2.3 (SRS 2016)
Tuberculosis Prevalence and Mortality	The incidence of TB reduced to 211 / lakh population in 2016 from 217/ lakh population in 2015. Mortality also reduced to 32/ lakh population in 2016 from 36/ lakh population in 2015.
Leprosy Prevalence rate	Prevalence rate of Leprosy reduced to Less than 1/10000 population in 554 Districts in March 2017.
Annual Malaria Incidence	Annual Malaria Incidence is 0.53 up to Sept. 2017
Kala-Azar Elimination	Out of 633 endemic blocks, 565 (85%) Blocks are reporting less than 1 case per 10,000 population as on November 2017
Microfilaria Prevalence	Out of 256 LF endemic districts, 222 districts have reported Mf rate less than 1% as per reports of 2016.

SRS: Sample Registration System

[*English*]

Scheme/Legislation on Trafficking

2476. SHRI K. ASHOK KUMAR: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether there exists any legislation or scheme for prevention of trafficking and if so, the details and the salient features thereof;

(b) whether the said legislation spells out measures for relief and rehabilitation of victims of trafficking and seeks formation of a Committee for the purpose and if so, the details thereof;

(c) the present status of implementation of the said scheme/legislation along with the review done, if any, about its effectiveness; and

(d) whether the Government proposes to bring in a new legislation for prevention of trafficking and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (c) The Government of India is already undertaking measures to combat trafficking. The Ministry is implementing the scheme of Ujjawala for prevention of trafficking and rescue, rehabilitation, re-integration and repatriation of victims of trafficking. The scheme provides for their rehabilitation through shelter, food, counseling, medical and legal aid and vocational training, under the Ujjawala scheme, 162 Protective and rehabilitative Homes have been set up which can accommodate upto 8100 trafficked victims.

Besides the Immoral Traffic (Prevention) Act (ITPA), 1956 supplemented by the Indian Penal Code prohibits trafficking in human beings for the purpose of prostitution and lays down severe penalties for trafficking. The ITPA, 1956 also provides for protective homes and corrective institutions.

The legislations as per the requirement are reviewed from time to time. Similarly the scheme has an inbuilt mechanism for periodic evaluation.

(d) Yes, Madam. The proposed legislation on trafficking of persons aims to prevent trafficking of persons to provide care, protection and rehabilitation to the victims of trafficking, to prosecute offenders and for matters connected therewith or incidental thereto. It envisages establishment of well coordinated institutional mechanisms at District, State and National level for prevention and investigation of offences and rehabilitation of victims of trafficking. It also provides for confiscation, attachment and forfeiture of properties of persons convicted of offences punishable under the proposed legislation. In addition, it defines some new forms of trafficking as aggravated or otherwise and proposes creation of a dedicated Rehabilitation Fund for rehabilitation of victims of trafficking.

[*Translation*]

Social Security Pension

2477. SHRI CHANDRA DUBEY: Will the Minister of FINANCE be pleased to state:

(a) whether funds allotted by the Government as Social Security Pension is less as compared to the inflation and if so, the details thereof;

(b) whether the Government proposes to increase the amount of pension in proportion to inflation and if so, the details thereof;

(c) whether the people belonging to low income group and middle income group have been excluded from the ambit of Social Security Pension scheme due to complex rules and if so, the details thereof; and

(d) whether the Government proposes to bring the people of low income group and middle income group under the Social Security Pension scheme by amending the rules and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) As per Ministry of Labour and Employment, to provide for the institution of provident funds, pension fund and deposit-linked insurance fund for the workers in the organized sectors, the Government has framed three Schemes under the Employees' Provident Funds and Miscellaneous Provisions (EPF & MP) Act, 1952, which include (a) The

Employees' Provident Funds (EPF) Scheme, 1952; (b) The Employees' Pension Scheme (EPS), 1995; and (c) The Employees' Deposit-Linked Insurance (EDLI) Scheme, 1976.

The Employees' Pension Scheme (EPS), 1995, is a self-funded Scheme with contribution from employer @8.33 per cent of wages (up to Rupees Fifteen Thousand). Further, Government contributes 1.16 per cent of wages in EPS, 1995, up to a salary limit of Rs. 15, 000/- per month.

As per Ministry of Rural Development, the Government implements National Social Assistance Programme (NSAP), which is a social security/welfare programme for the persons belonging to below poverty line (BPL) household and implemented in the rural as well as urban areas of the Country. Under National Social Assistance Programme (NSAP) following three pension schemes are being administered: a) Old Age Pension, b) Widow Pension, c) Disability Pension.

In respect of these three pension schemes targeted beneficiaries are provided with monthly financial assistance ranging between Rs.200-500 depending on the age of the beneficiary and category of the pension. Being a welfare measure, the pension schemes under National Social Assistance programme are not linked to price index.

The Pension Fund Regulatory and Development Authority implemented Atal Pension Yojana (APY), a voluntary, periodic contribution based pension scheme since May, 2015, which is open to all saving bank/post office saving bank account holders in the age group of 18 to 40 years. Under APY, the government guarantees the minimum pension of Rs. 1000 per month or Rs. 2000 per month or Rs. 3000 per month or Rs. 4000 per month or Rs. 5000 per month, after the age of 60 years until his/her death, depending upon the pension plan chosen by the subscriber.

(c) and (d) As per Ministry of Labour and Employment, the members whose monthly wage is up to Rs.15, 000/- are already covered under EPS, 1995. This ceiling was revised from Rs. 6500/- per month to Rs.15, 000/- per month w.e.f. 01.09.2014.

[English]

Afforestation Programmes

2478. SHRIMATI PRATYUSHA RAJESHWARI SINGH: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the proposal of State Government of Odisha for release of fund under Compensatory Afforestation Fund Management and Planning Authority (CAMPA)'s Annual Plan of Operation 2016-17 has been received by his Ministry seven month ago;

(b) if so, the details thereof along with the reasons for delay in releasing funds to the State Government;

(c) whether it will affect the Afforestation programmes in State of Odisha during the financial year 2017-18; and

(d) if so, the details thereof and the corrective measures taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) The Adhoc CAMPA has received Annual Plan of Operation 2016-17 on w 21.07.2017 from Odisha Slate. An amount of Rs.362 crore (Rs. 241 crore as 1st instalment and Rs. 121 crore as 2nd instalment on 18.08.2017 and 27.12.2017) has been released to Odisha State CAMPA from Ad-hoc CAMPA against the Annual Plan of Operation 2016-17. As per the latest Quarterly Progress Report i.e. 2nd Quarter sent by the State, an amount of Rs. 304 crore is unspent balance with Odisha State CAMPA;

(c) and (d) No. The Compensatory Afforestation work will not be affected as State has sufficient balance fund.

Intecration of System of Medicine

2479. DR. KAMBHAMPATI HARIBABU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is considering to integrate allopathy and ayurveda for diabetics and other noncommunicable diseases;

(b) if so, the details thereof; and

(c) the details of research projects undertaken by the Government for the integration of alternative system of traditional medicine, project-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) In collaboration with the Ministry of AYUSH through its three research organizations, namely, Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Homoeopathy (CCRH) and Central Council for Research in Unani Medicine (CCRUM), a programme is being implemented in Gaya (Bihar), Bhilwara (Rajasthan) & Surendarnagar (Gujarat) for Ayurveda, Lakhimpur Kheri (Uttar Pradesh) for Unani and Darjeeling (West Bengal), Krishna (Andhra Pradesh), Sambalpur (Odisha) & Nasik (Maharashtra) for Homoeopathy to use the knowledge available in AYUSH system of medicines for prevention aid control of Non-communicable Diseases including Diabetes. Yoga is a part as adjuvant therapy. Number of persons screened and enrolled till January, 2018 for treatment for NCDs under this project is as under:-

System	Screened	Enrolled for treatment
Ayurveda	301102	59107
Unani	185929	28272
Homoeopathy	93462	35554

Disclosure of Loan Defaulters

2480. SHRI MALLIKARJUN KHARGE: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes to disclose the names of individuals/corporates who have defaulted in repaying banks loan and if so, the details of such top twenty entities during the last three years;

(b) whether the Government has any effective mechanism to deal with such defaulters and if so, the details thereof along with the action taken thereon; and

(c) whether the Government proposes to take action against those who have failed in repayment of

banks loan, if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Reserve Bank of India (RBI) has stated that the information requested is confidential in nature and is exempt from disclosure under section 45E of the Reserve Bank of India Act, 1934, which provides that credit information submitted by a bank shall be treated as confidential and not to be published or otherwise disclosed.

(b) and (c) RBI has issued a Master Circular providing for guidelines on, penal measures and criminal action against, mechanism for identification of, and reporting to RBI on wilful defaulters. Further, the Securities and Exchange Board of India has issued regulations barring companies with wilful defaulters as promoters/directors from accessing capital markets to raise funds, and amendment has been effected to the Insolvency and Bankruptcy Code, 2016 for barring wilful defaulters from participating in the resolution process. As per data reported by Public Sector Banks, as on 31.12.2017, they have registered 2,108 FIRs against wilful defaulters, filed 8,462 suits for recovery from wilful defaulters, and initiated action under the Securitisation and Reconstruction of Financial Assets and Enforcement of Security Interest Act, 2002 in respect of 6,962 cases of wilful defaulters.

Hostels for Working Women

2481. SHRI RAOSAHEB DANVE PATIL:
SHREEMATI JAYSHREEBEN PATEL:

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

(a) the salient features of Working Women Hostels Scheme implemented by the Government indicating the criteria/norms laid down for opening and granting/ extending financial assistance along with eligible organisations therefor;

(b) the number of hostels sanctioned and operational in the country at present, State/UT-wise;

(c) the number of proposals received by the Government under the scheme for construction of hostels in the country along with the number of proposals

approved and the funds sanctioned, released and utilised thereunder during each of the last three years and the current year, State/UT-wise;

(d) whether a number of proposals of States/UTs for construction of hostels are lying pending with the Government for approval, if so, the details thereof, State/UT-wise along with the action taken for their early clearance; and

(e) the further plan of the Government to give a boost to this scheme and construct the hostels to meet the growing need of working women in the country?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) Working Women Hostel Scheme aims at providing safe and affordable accommodation to working women. These hostels have Day care facility for the children of inmates too. As per the norms of the Scheme, financial assistance is provided to the eligible implementing organizations such as State Government agencies and Civil Society Organizations through concerned State Government. The cost sharing ratio amongst the Central Government, States/UTs (other than NE and Himalayan States) and Implementing Agencies will be 60:15:25 for construction of building for Working Women Hostel/ running hostel in rented premises. For NE and Himalayan States, the ratio will be 65:10:25. Corporate houses or associations like CII, ASSOCHAM, FICCI etc., can also seek financial assistance for a-matching grant (50:50) for hostel building construction on public land only.

(b) Since its inception in 1972-73, 958 hostels have been sanctioned under the scheme of Working Women Hostel all over the country. State-wise list of sanctioned Working Women's hostels is given in the enclosed Statement-I.

(c) During the last three years and the current year, 69 proposals have been received under the Scheme and 54 hostels have been sanctioned as per details given in the enclosed Statement-II and III.

(d) No. The Scheme has been revised. With the revision of the funding pattern of the Scheme, the grant

under the scheme will be released directly to the State Governments / UT Administrations.

(e) The Ministry has requested the State Governments to assess the need of hostels in their States and communicate the same and increase the no. of hostels accordingly.

Statement-I

State-wise sanctioned Working Women's Hostels

Sl. No.	State/U.T.	No. of Hostels
1	2	3
1.	Andhra Pradesh	42
2.	Arunachal Pradesh	14
3.	Assam	14
4.	Bihar	06
5.	Chhattisgarh	10
6.	Goa	02
7.	Gujarat	27
8.	Haryana	20
9.	Himachal Pradesh	15
10.	Jammu and Kashmir	05
11.	Jharkhand	02
12.	Karnataka	62
13.	Kerala	158
14.	Madhya Pradesh	62
15.	Maharashtra	140
16.	Manipur	25
17.	Meghalaya	03
18.	Mizoram	04
19.	Nagaland	23
20.	Odisha	29
21.	Punjab	14
22.	Rajasthan	39

1	2	3	1	2	3
23.	Sikkim	02	2.	Delhi	20
24.	Tamil Nadu	96	3.	Puducherry	04
25.	Telangana	21	Total UTs		31
26.	Tripura	01	All India Total		953
27.	Uttar Pradesh	41	Hostels in rented premises		
28.	Uttarakhand	07	1.	Assam	01
29.	West Bengal	38	2.	Maharashtra	03
Total States		922	3.	Rajasthan	01
Union Territories			Total (As on 05.03.2018)		958
1.	Chandigarh	07			

Statement-II

Fund Sanctioned and Released under the Scheme of Working Women Hostel during the last three years and current year State UT-Wise details thereof

Sl. No.	Year	2014-15	2015-16	2016-17	2017-18 (As on 05.03.2018)
Name of State					
1.	Andhra Pradesh	3,26,47,207	1,81,07,916	2,47,87,500	—
2.	Arunachal Pradesh	88,47,900	2,68,41,975	1,92,54,000	1,93,46,775
3.	Assam	—	—	—	4,12,008
4.	Gujarat	—	—	—	1,83,76,125
5.	Himachal Pradesh	—	—	—	2,65,83,375
6.	Karnataka	46,56,630	—	—	9,73,66,130
7.	Kerala	20,66,829	2,44,80,000	9,32,17,350	—
8.	Maharashtra	—	2,51,75,896	3,47,99,568	7,17,000
9.	Manipur	35,31,958	92,08,167	1,49,74,690	4,01,89,302
10.	Nagaland	58,53,241	1,81,03,393	4,42,48,100	5,10,98,992
11.	Telangana	3,22,87,500	—	—	—

Statement-III

State UT-wise details of Proposals Received and Sanctioned under the scheme of Working Women Hostel during the last three years and current year:

Sl. No.	Year	2014-15		2015-16		2016-17		2017-18 (As on 05.03.2018)	
		Received	Sanctioned	Received	Sanctioned	Received	Sanctioned	Received	Sanctioned
01.	Andhra Pradesh	—	05	—	—	—	—	—	—
02.	Arunachal Pradesh	—	—	01	01	01	—	—	01
03.	Assam	—	—	01	—	08	—	—	05
04.	Gujarat	—	02	—	—	—	—	01	01
05.	Himachal Pradesh	—	—	02	—	—	—	—	02
06.	Karnataka	—	—	01	—	—	—	10	10
07.	Kerala	06	—	—	04	—	—	—	—
08.	Madhya Pradesh	—	—	02	—	01	—	—	01
09.	Maharashtra	03	—	02	04	02	02	—	—
10.	Manipur	—	01	02	02	02	—	01	05
11.	Nagaland	02	01	06	01	09	01	05	03
12.	Telangana	—	01	—	—	01	—	—	01
Total		11	10	17	12	24	03	17	29

World Cancer Day 2018

2482. SHRI S.R. VIJAYA KUMAR:

SHRI T. RADHAKRISHNAN:

SHRI BIDYUT BARAN MAHATO:

SHRI A. ANWHAR RAAJHAA:

SHRI GAJANAN KIRTIKAR:

SHRI ASHOK SHANKARRAO CHAVAN:

KUNWAR HARIBANSH SINGH:

SHRI NARANBHAIKACHHADIA:

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

(a) whether the Government observed World Cancer Day, 2018 in the country;

(b) if so, the details thereof along with the steps taken to achieve the aims and objectives of the event;

(c) the details of programmes organized by the Government to mark this occasion;

(d) the details of the steps taken by the Government to prevent the spread of cancer so far in the country; and

(e) the steps taken/being taken by the Government to provide free treatment for cancer patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) World Cancer day is observed on 4th February. Health is a state subject and the details of activities carried out by State Governments is not maintained centrally.

The Indian Council of Medical Research's -National Institute of Cancer Prevention and Research actively took

part in the 'WALK FOR LIFE 2018' on February 4th 2018 (World Cancer Day) at Rajpath, New Delhi. The public lecture on "Cancer Awareness" was also given at All India Institute of Medical Sciences, New Delhi on February 4th, 2018 so as to create awareness amongst public.

Central Council for Research in Ayurvedic Sciences (CCRAS) under Ministry of AYUSH, through Central Ayurveda Research Institute for Cancer, Mumbai observed World Cancer Day by organizing Free Screening Camp for Breast, Cervix and Oral Cancer and Half Day Workshop on Cancer Awareness and Prevention" on 05.02.2018. The budgetary requirements were met from the Institute's budget.

Union Government also used print and other forms of media such as Social Media to spread awareness. An amount of Rs. 67,80,600/- was released to Directorate of Advertising and Visual Publicity (DAVP) for the purpose, under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

(d) and (e) The treatment of Cancer in many of State and Central Government institutions is free for BPL patients and subsidized for others. The Central Government supplements the efforts of the State Governments to prevent and control cancer and to provide affordable and accessible care. Some of the steps taken by Central Government are as follows:

- I. The objectives of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) being implemented under National Health Mission (NHM) for interventions upto the district level includes awareness generation for Cancer prevention, screening, early detection and referral to an appropriate level institution for treatment. For Cancer, the focus is on three Cancer namely breast, cervical and oral.
- II. To enhance the facilities for tertiary care of cancer, the Central Government is implementing Tertiary Care Cancer Centre Scheme to support the setting up of State

Cancer Institutes (SCI) and Tertiary Care Cancer Centres (TCCC) in different parts of the country.

- III. Oncology in its various aspects has focus in case of new AIIMS and many upgraded institutions under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY).
- IV. Setting up of National Cancer Institute (NCI) at Jhajjar (Haryana) and 2nd campus of Chittaranjan National Cancer Institute, Kolkata and has been approved.
- V. The Government is providing financial assistance to patients living below poverty line for life threatening diseases under the schemes such as Rashtriya Arogya Nidhi (RAN), Health Minister's Cancer Patient Fund (HMCPF), State Illness Assistance Fund (SIAF) and Health Minister's Discretionary Grant (HMDG).
- VI. Affordable Medicines and Reliable Implants for Treatment (AMRIT) Deendayal outlets have been opened at 122 Institutions/Hospitals with an objective to make available Cancer and Cardiovascular Diseases drugs and implants at discounted prices to the patients. Jan Aushadhi stores are set up by Department of Pharmaceuticals to provide generic drugs at affordable prices.

Hepatitis

2483. SHRI RAYAPATI SAMBASIVA RAO:
SHRI V. ELUMALAI:
SHRI VENKATESH BABU T.G.:
SHRI A. ARUNMOZHITHEVAN:

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

- (a) the number of cases of various types of hepatitis reported in the country during each of the last three years and the current year, type and State/UT-wise;
- (b) the number of deaths reported during each of the last three years due to various types of Hepatitis, type and State/UT-wise;

(c) whether the Government has set any target to control or eliminate hepatitis from the country and if so, the details thereof;

(d) the programmes being implemented by the Government and the funds allocated/utilised for the above purpose along with the achievements made as a result thereof during each of the last three years and the current year, State/UT-wise;

(e) whether the Government has recently given licence to the Indian pharmaceutical companies to manufacture medicines for certain types of hepatitis and if so, the details thereof along with the extent-to which this is likely to help hepatitis patients in the country; and

(f) the other measures being taken by the Government to extend the vaccination coverage against hepatitis under the Universal Immunization Programme in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) The number of cases and deaths due to Viral Hepatitis as reported by the States/UTs to Central Bureau of Health Intelligence (CBHI) in the last three years is given in the enclosed Statement. Separate figures for various types of Hepatitis are not collected at present.

(c) India is committed to achieve the Sustainable Development Goals (SDGs). The SDGs are a collection of 17 global goals set by the United Nations. The broad goals are interrelated though each has its own targets to achieve. SDG 3.3 aims to achieve the elimination of viral hepatitis by 2030. India is also a signatory to this World Health Assembly resolution and the country's vision is to move towards elimination of Viral Hepatitis by 2030.

(d) A National Programme on Surveillance of Viral Hepatitis under the 12th Five Year Plan has been launched by the Government with an estimated budget of Rs. 30 crores. National Centre for Disease Control

(NCDC), Delhi is coordinating the various activities under this programme.

The funds allocated/utilized for the above programme during the last three years are as under.

	FY 2015-16	FY 2016-17	FY 2017-18
Funds Allocated	Nil	2.62 Crores	31 Lakh
Funds Utilized	Nil	0.12 Lakh	15.87 Lakh (till 05.03.2018)

State wise allocation done is placed as Statement-II.

NCDC also provides technical guidance to State Governments, laboratory support for outbreak investigations and etiological diagnosis besides conducting regular training courses for development of trained manpower. Funds are released to States/UTs under Integrated Disease Surveillance Programme (IDSP) to strengthen surveillance and to detect and respond to outbreaks of epidemic-prone diseases.

(e) and (f) During the last three years Central Drugs Standard Control Organization (CDSCO) has approved various drugs for treatment of certain types of hepatitis such as:

Sofosbuvir 400 mg +Velpatasvir 100 mg tablet, Sofosbuvir tablet 400 mg, Tenofovir Alafenamide Fumarate & 25 mg capsules, Ledipasvir (90mg)+ Sofosbuvir (400mg) tablet and Daclatasvir Dihydrochloride & tablet 30mg/60mg.

Hepatitis B vaccination is also included under the Universal Immunization Programme (UIP) of Government of India. Government is using auto-disabled (AD) syringes for all vaccinations under the UIP in all States.

Screening of blood reduces the risk of transmission of Hepatitis B and C by blood transfusion. Therefore, blood banks mandatorily screen for Hepatitis B & C as per Drugs & Cosmetics Act 1940.

Statement-I*State-wise Cases and deaths due to Viral Hepatitis (All Causes) reported during 2015-2017*

Sl. No.	State/U.T.	2015		2016 (Prov.)		2017 (Prov.)	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	2	3	4	5	6	7	8
1	Andhra Pradesh	3358	12	2662	1	679	1
2	Arunachal Pradesh	292	1	271	4	49	1
3	Assam	809	9	2688	14	988	0
4	Bihar	26729	2	28578	0	14431	0
5	Chhattisgarh	532	6	547	15	218	2
6	Goa	162	0	121	0	47	3
7	Gujarat	3736	0	3573	2	2673	0
8	Haryana	5184	3	2274	0	4586	1
9	Himachal Pradesh	1739	1	2716	18	620	2
10	J&K	4028	0	3581	0	4351	0
11	Jharkhand	1258	1	1406	0	1427	4
12	Karnataka	6026	21	6013	17	3555	4
13	Kerala	3965	7	5327	18	3465	6
14	Madhya Pradesh	14030	25	12158	22	8728	6
15	Maharashtra	9738	10	12156	6	4645	1
16	Manipur	88	0	182	1	87	0
17	Meghalaya	299	0	236	2	131	0
18	Mizoram	209	4	276	1	142	1
19	Nagaland	76	0	86	0	17	0
20	Odisha	5146	24	3481	19	1940	7
21	Punjab	9330	8	8833	7	7001	2
22	Rajasthan	3247	0	2471	1	3806	0
23	Sikkim	1344	0	800	0	273	0
24	Tamil Nadu	1066	1	715	0	534	1
25	Telangana	1735	1	2175	0	82	0
26	Tripura	183	1	363	4	74	0

1	2	3	4	5	6	7	8
27	Uttarakhand	10242	15	10930	16	8064	9
28	Uttar Pradesh	11188	73	12530	47	14735	28
29	West Bengal	3948	83	2898	115	2135	48
30	Andaman and Nicobar Islands	123	1	177	0	49	0
31	Chandigarh	1249	27	1179	7	958	18
32	Dadra and Nagar Haveli	48	6	7	2	16	4
33	Daman and Diu	77	2	- 31	0	39	0
34	Delhi	9145	87	10281	100	7321	133
35	Lakshadweep	12	0	10	0	0	0
36	Puducherry	520	4	416	7	220	1
	Total	140861	435	142148	446	98086	283

Source: National Health Profile brought out by CBHI, Dte. GHS

* 2016 & 2017: Data is different for different reference period.

Statement-II

[Translation]

The Details of State wise allocation done in 2017-18

Central Fraud Registry

State	FY 2015-16	FY 2016-17	FY 2017-18
Bhopal, MP	Nil	Nil	1.08
Lucknow, UP	Nil	Nil	1.08
Coimbtore, Tamil Nadu	Nil	Nil	1.08
Burdwan, West Bengal	Nil	Nil	1.08
Imphal, Manipur	Nil	Nil	1.08
Ahmedabad, Gujarat	Nil	Nil	1.08
Srinagar, J & K	Nil	Nil	1.08
Ranchi, Jharkhand	Nil	Nil	1.08
Thiruvananthapuram, Kerala	Nil	Nil	1.08
Total	Nil	Nil	9.72 Lacs

2484. DR. RAVINDRA KUMAR RAY:

SHRI SHER SINGH GHUBAYA:

Will the Minister of FINANCE be pleased to state:

(a) the details of the cases of cyber crimes/fraud received by the Central Fraud Registry (CFR) along with the cases successfully resolved/disposed of during the last three years, year-wise; and

(b) the steps taken/proposed by the Government for ensuring secure e-transaction and safety and security of customers?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Reserve Bank of India (RBI) has put in place a Central Fraud Registry. It has informed that 13,083, 16,468 and 13,653 cases of ATM/Debit Card and Internet Banking frauds, where the amount involved is Rs. 1 lakh and above, were reported by commercial banks during financial years 2014-15, 2015-16 and 2016-17 respectively. As per RBI's

instructions, banks are required to report cases of fraud to law enforcement agencies. No centralised information is maintained regarding the outcome of investigations by law enforcement agencies.

(b) For security of e-transactions, RBI has issued Cyber Security Framework to banks and Cyber Security Instructions to issuers of pre-paid instruments ("wallets"). Further, CERT-In issues alerts and advisories to financial institutions regarding latest cyber-threats/vulnerabilities and counter measures. RBI reviews cybersecurity developments and threats on an ongoing basis and takes necessary measures to strengthen cyber-resilience of banks.

To protect customers, RBI has issued instructions providing for zero liability of a customer where an unauthorised electronic transaction occurs due to contributory fraud or negligence or deficiency on the part of the bank, irrespective of whether or not the transaction is reported by the customer, and where a third-party breach occurs and the deficiency lies neither with the bank nor with the customer but elsewhere in the system, and the customer notifies the bank within three working days of receiving communication from the bank regarding the transaction. Further, under RBI's Banking Ombudsman Scheme, customers can lodge a complaint with the Banking Ombudsman against banks, for non-adherence to RBI's instructions regarding mobile/electronic banking services.

[English]

Recovery of Defaulted Educational Loans

2485. SHRI C.N JAYADEVAN:

SHRI JOSE K. MANI:

Will the Minister of FINANCE be pleased to state:

(a) whether a number, of Public Sector Banks (PSBs) including the State Bank of India in the country have sold their 'bad' education loans to private asset reconstruction companies and engaged recovery agents in this regard;

(b) if so, the details of the education loan NPAs and the student loan sold to the private asset reconstruction companies, bank-wise;

(c) whether the Government has taken note that the private companies are using coercive means to collect the loan amount and if so, the response of the Government thereon; and

(d) whether the Government plans to provide any respite in such cases and if so, the details along with the policy of the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Amongst Public Sector Banks (PSBs), Bank of India, Indian Bank and State Bank of India have sold their NPAs (Non-Performing Assets) education loans to private Asset Reconstruction Companies (ARCs) as per extant RBI guidelines. Bank-wise details of education loan NPAs and the student loan sold to the private asset reconstruction companies is given in the enclosed Statement.

(c) Banking Ombudsmen situated across India, receive complaints on various banking related issues. Complaints including any harassment of borrowers by the ARCs engaged by the banks, are resolved as per the provisions of the Banking Ombudsman Scheme.

(d) Government has advised banks to adopt non-coercive differentiated strategy in so far as recovery of education loan is concerned.

Statement

Bank-wise education loan NPAs and the student loan sold to the private asset reconstruction companies

Sl. No.	Name of the Bank	Education Loan NPA as on 31.12.2017		Students Loan Sold to Private Asset Reconstruction Companies	
		No. of Accounts	Amount in Crore	No. of Accounts	Amount in Crore
1	2	3	4	5	6
1	Allahabad Bank	3088	47.14	Nil	Nil

1	2	3	4	5	6
2	Andhra Bank	4352	65.14	Nil	Nil
3	Bank of Baroda	18094	338.43	Nil	Nil
4	Bank of India	16775	302.09	4239	.38.66
5	Bank of Maharashtra	4824	90.42	Nil	Nil
6	Canara Bank	21574	293.19	Nil	Nil
7	Central Bank of India	22066	436.60	Nil	Nil
8	Corporation Bank	8760	180.32	Nil	Nil
9	Dena Bank	3609	54.34	Nil	Nil
10	IDBIBank	1764	42.55	Nil	Nil
11	Indian Bank	37700	695.34	12504	76.49
12	Indian Overseas Bank	37273	492.42	Nil	Nil
13	Oriental Bank of Commerce	6773	127.66	Nil	Nil
14	Punjab & Sind Bank	860	21.37	Nil	Nil
15	Punjab National Bank	25143	409.16	Nil	Nil
16	State Bank of India	92004	1565.10	46373	915.28
17	Syndicate Bank	22632	445.00	Nil	Nil
18	UCO Bank	16423	367.14	Nil	Nil
19	Union Bank of India	15485	266.88	Nil	Nil
20	United Bank of India	1998	49.77	Nil	Nil
21	Vijaya Bank	5202	74.86	Nil	Nil
	Total	366399	6364.93	63116	1030.43

Source: Indian Banks' Association & PSBs

[Translation]

Mobile Medical Units under RGSM

2486. SHRI SHARAD TRIPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the norms fixed regarding setting up of mobile medical units in the country under Rashtriya Gramin Swasthya Mission (RGSM);

(b) the number of mobile medical units functioning in the country, State/UT-wise;

(c) the number of proposals received by the

Government from the States and Union Territories in this regard during each of the last three years; and

(d) the steps taken by the Government regarding release of funds for the said purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Setting up of MMUs under National Rural Health Mission (Now subsumed into National Health Mission) is based on population norm with 1 MMU per 10 lakh population subject to a cap of 5 MMUs/district. This has been estimated as follows:

- (i) District with population 10 lakhs- 1 MMU
- (ii) District with population of between 10 lakhs and 20 lakhs- 2 MMUs.
- (iii) District with population of between 20 lakhs and 30 lakhs- 3 MMUs
- (iv) District with population of between 30 lakhs and 40 lakhs-4 MMUs
- (v) District with population of over 40 lakhs - 5 MMUs

However, further relaxation has been available on a case to case basis for hilly/tribal/desert areas, where the populations are widely dispersed and the geographical terrain is difficult.

States are expected to map the nature of diversity of their conditions and adopt the most suitable and sustainable model to suit their state specific needs. However, States have also been specifically requested to provide MMUs especially in areas inhabited by Particularly Vulnerable Tribal Groups (PVTGs) so as to provide primary health care facility close to their habitations.

Relaxation of norm of one MMU per 10 lakh population in cases where patients served through existing MMUs exceeds 60 patients per day in plain areas and 30 patients per day in hilly areas, on a case to case basis, have also been approved.

(b) The number of mobile medical units functioning in the country, State/UT-wise, is as per enclosed Statement-I.

(c) The number of proposals received from the States/UTs in this regard during each of the last three years is as per enclosed Statement-II.

(d) Funds to States under NRHM Flexipool are released as lump-sum and not for individual activity. Statements showing approval and utilization of funds during the years 2014-15, 2015-16 and 2016-17 for MMUs are enclosed as Statement-III.

Statement-I

Mobile Medical Units (MMUs) operational under NHM as on Sept 2017

Sl. No.	State/UTs	Total MMUs
1	2	3
1	Bihar	6
2	Chhattisgarh	12
3	Himachal Pradesh	0
4	Jammu and Kashmir	11
5	Jharkhand	98
6	Madhya Pradesh	144
7	Odisha	8
8	Rajasthan	206
9	Uttar Pradesh	0
10	Uttarakhand	5
11	Arunachal Pradesh	16
12	Assam	76
13	Manipur	9
14	Meghalaya	4
15	Mizoram	9
16	Nagaland	11
17	Sikkim	4
18	Tripura	0
19	Andhra Pradesh	52
20	Goa	0
21	Gujarat	61
22	Haryana	9
23	Karnataka	72
24	Kerala	28
25	Maharashtra	40

1	2	3	1	2	3
26	Punjab	33	32	Dadra and Nagar Haveli	1
27	Tamil Nadu	415	33	Daman and Diu	0
28	Telangana	0	34	Delhi	2
29	West Bengal	54	35	Lakshadweep	0
30	Andaman and Nicobar Island	0	36	Puducherry	4
31	Chandigarh	0		All India	1390

Statement-II*No. proposals received from States/ UTs in Program Implementation Plan (PIP)*

State/UT	2014-15	2015-16	2016-17
	Number of MMUs/MMVs/ Boat Clinics Proposed (In Units)	Number of MMUs/MMVs/ Boat Clinics Proposed (In Units)	Number of MMUs/MMVs/ Boat Clinics Proposed (In Units)
1	2	3	4
Andaman and Nicobar Islands	0	0	0
Andhra Pradesh	275	55	52
Arunachal Pradesh	16	16	16
Assam	55	92	185
Bihar	80	80	80
Chandigarh	7	7	0
Chhattisgarh	30	37	0
Dadra and Nagar Haveli	1	1	
Daman and Diu	0	0	0
Delhi	8	10	0
Goa	0	0	
Gujarat	67	73	67
Haryana	10	9	11
Himachal Pradesh	10	0	0
Jammu and Kashmir	11	11	11
Jharkhand	101	101	101

1	2	3	4
Karnataka	0	0	50
Kerala	21	21	21
Lakshadweep	0	0	0
Madhya Pradesh	145	144	144
Maharashtra	42	51	52
Manipur	9	9	
Meghalaya	12	7	4
Mizoram	9	9	9
Nagaland	14	11	11
Odisha	0	3	3
Puducherry	4	4	4
Punjab	33	33	33
Rajasthan	202	202	206
Sikkim	3	3	3
Tamil Nadu	407	407	415
Telangana	435	100	50
Tripura	4	4	4
Uttar Pradesh	0	301	18
Uttarakhand	15	15	15
West Bengal	55	55	58
Total	2071	1871	1633

Statement-III*Details of SPIP Approval under National Mobile Medical Vans for FY2014-15 to 2016-17*

		Rs. in Lakhs		
Sl. No.	State	2014-15 SPIP Approvals	2015-16 SPIP Approvals	2016-17 SPIP Approvals
1	2	3	4	5
A. High Focus States				
1	Bihar	1,584.00	1,306.88	1,148.40
2	Chhattisgarh	720.00	3,667.20	-

1	2	3	4	5
3	Himachal Pradesh	190.08	-	-
4	Jammu and Kashmir	308.00	329.61	163.90
5	Jharkhand	2,424.00	2,580.30	2,256.00
6	Madhya Pradesh	2,363.63	3,467.63	3,031.09
7	Odisha	-	88.67	63.94
8	Rajasthan	3,854.40	3,745.72	4,091.35
9	Uttar Pradesh	-	27.54	45.22
10	Uttarakhand	270.00	224.00	245.23
	Sub Total	11,714.11	15,437.55	11,045.13
B. NE States				
11	Arunachal Pradesh	201.60	201.60	240.48
12	Assam	1,493.19	1,854.95	2,505.00
13	Manipur	153.60	185.63	179.54
14	Meghalaya	178.85	242.85	107.73
15	Mizoram	223.15	229.85	301.12
16	Nagaland	178.38	178.96	152.97
17	Sikkim	84.00	84.00	85.33
18	Tripura	99.12	108.00	91.62
	Sub Total	2,611.89	3,085.84	3,663.79
C. Non-High Focus States				
19	Andhra Pradesh	257.54	768.17	976.55
20	Goa	-	-	-
21	Gujarat	609.82	646.20	775.16
22	Haryana	148.18	198.01	132.86
23	Karnataka	-	200.00	721.62
24	Kerala	154.00	154.00	111.40
25	Maharashtra	1,385.14	1,175.07	1,124.83
26	Punjab	606.86	606.86	606.86
27	Tamil Nadu	4,047.64	3,745.04	3,571.00

1	2	3	4	5
28	Telangana	153.94	803.40	322.73
29	West Bengal	1,540.00	1,320.00	1,392.00
	Sub Total	8,903.12	9,616.75	9,735.01
D. Small States/UTs				
30	Andaman and Nicobar Islands	-	-	-
31	Chandigarh	-	-	-
32	Dadra and Nagar Haveli	16.86	16.86	15.24
33	Daman and Diu	-	-	-
34	Delhi	-	-	-
35	Lakshadweep	-	-	-
36	Puducherry	84.53	84.54	85.24
	Sub Total	101.39	101.40	100.48
	Grand Total	23,330.51	28,241.54	24,544.41

Note: The above figures are as per FMR reported by State/UTs.

Old Equipment used in Cardiac Surgery

2487. SHRI AJAY MISRA TENI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that in the report of National Pharmaceuticals Pricing Authority it has been revealed that old equipments are being used in cardiac surgery and the hospitals are charging the price of new equipment from the patients;

(b) if so, the details thereof, hospitalwise; and

(c) the action taken/being taken by the Government against said hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) National Pharmaceuticals Pricing Authority under the Department of Pharmaceuticals has informed that a meeting of stakeholders consisting of coronary stent manufacturers, industry associations, civil society groups, hospital and nursing home associations

and eminent cardiologists regarding price fixation of coronary stents was held. During the course of the discussions, some health activists and some intervention cardiologists claimed that many hospitals allegedly reused the catheters/balloons/guide wire after sterilization and charged the patients at the full rate of new catheters/balloons/guide wire or with some 'concession'. However, details in support of such claims are not available.

With regard to Central Government Hospitals located in Delhi i.e. Safdarjung Hospital, Dr. RML Hospital and Lady Hardinge Medical college and associated hospitals, there is no report indicating use of old equipments in cardiac surgery and over charging the price of new equipment from the patients.

[English]

Forest Areas in Assam

2488. SHRI KAMAKHYA PRASAD TASA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether Assam has been endowed with hectares of forest areas;

(b) if so, the details of the total forest areas thereof along with the total number of elephants in Assam;

(c) whether the Government has provided fund to construct high land in Kaziranga National Park;

(d) if so, the details thereof and the total amount provided for development of Kaziranga National Park by the Government during the current financial year; and

(e) the total areas of reserve forests in North-East alongwith the forest areas reported to be encroached in Assam?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) Yes, Madam. The details of forest areas in Assam, as per India State of Forest Report-2017, are as Follows:-

Sl. No.	Forest Category	Area (in square kilometer)
1.	Reserved Forest	17,864
2.	Protected Forest	0
3.	Unclassed Forest	8,968
Total		26,832

There are 5719 numbers of wild elephants in Assam as per 2017 census.

(c) and (d) Madam. A total number of 40 high lands have been constructed in Kaziranga National Park under the State Owned Priority Development fund of Rs. 5.0 crore. Further under the Central Sponsored Scheme of "Project Tiger" an amount of Rs. 1126.27 lakhs and under the State Plan scheme an amount of Rs.27.50 lakhs have been provided for the development of Kaziranga National Park.

(e) The total area of reserve forests in the eight North Eastern States including Assam is 45,377 square kilometers and the forest areas under encroachment in the state of Assam are 3878.85 sq km.

[Translation]

World Conference on Medical Facilities

2489. SHRI CHHEDI PASWAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the first World Conference on Access to Medical Products and International Laws for Trade and Health was held in India recently;

(b) if so, the details and the highlights of the said conference; and

(c) the sorts of benefits that India has achieved from the said conference?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) The Indian Society of International Law and Ministry of Health & Family Welfare with the support of WHO, organized the "1st World Conference on Access to Medical Products and International Laws for Trade and Health in the Context of the 2030 Agenda for Sustainable Development" which was held from 21-23 November 2017 at New Delhi. The aim of the conference was to provide a forum for stakeholder participation in access to medicines debate including trade and health policy.

In the said conference, various stakeholders deliberated on critical issues for promoting innovation and improving trade and access to medicines.

[English]

Loss of Forest Cover in North-Eastern States

2490. DR. THOKCHOM MEINYA: Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the forest cover in all the North- East States except Assam and Manipur is fast depleting;

(b) if so, the details thereof;

(c) whether Jhum farming is still a major cause of loss of forest cover in the North-East States and if so, the details thereof;

(d) whether the Ministry has any alternative plan to replace Jhum farming by horticulture with full incentive

and compensation to the Jhum farmers and if so, details thereof; and

(e) whether his Ministry has taken up the matter with the respective State Governments and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) As per the latest "India State of Forest Report 2017 (ISFR-2017)" published by Forest Survey of India, Dehradun, the total forest cover in the North Eastern Region of the country is 1,71,306 square kilometers which is 65.34 per cent of the geographical area of the region. The forest cover in the

North Eastern region shows a decrease of 630 square kilometers over the updated India State of Forest Report 2015. Except Assam and Manipur, all North Eastern states namely Arunachal Pradesh, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura have shown negative change in forest cover. The state wise details of change in forest cover of North Eastern states is given in the enclosed Statement.

(c) The major causes of loss of forest cover in the North Eastern states is attributed to shifting cultivation and biotic pressure prevalent in the region.

(d) and (e) There is no proposal in the Ministry to replace Jhum farming with Horticulture with full incentive and compensation to Jhum farmers.

Statement

Forest Cover in North Eastern States

Sl. No.	State	Geographical Area	Total Forest Cover As per ISFR-2015 (Updated)	Total Forest Cover As per ISFR - 2017	Change
1	Arunachal Pradesh	83743	67154	66964	-190
2	Assam	78438	27538	28105	567
3	Manipur	22327	17083	17346	263
4	Meghalaya	22429	17262	17146	-116
5	Mizoram	21081	18717	18186	-531
6	Nagaland	16579	12939	12489	-450
7	Sikkim	7096	3353	3344	-9
8	Tripura	10486	7890	7726	-164
Grand Total		262179	171936	171306	-630

Upgradation of Mental Health Institutes

2491. SHRI NAGENDRA KUMAR PRADHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has any proposal for upgrading Mental Health Institutes of the country including the Mental Health Institute of Cuttack, Odisha, if so, the details thereof; and

(b) the details, directions/guidelines of Supreme Court regarding monitoring activities/services extended to persons with mental disability?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) The Government has approved a proposal for establishment of a Centre of Excellence in the field of Mental Health at the Mental Health Institute, Cuttack and funds amounting to Rs. 27.78 crores have already been released to the Institute for this purpose.

(b) The Hon'ble Supreme Court of India vide order dated 14/02/2017 in W.P. (Civil) No. 412 of 2016 in the matter of Gaurav Kumar Bansal Vs. State of UP & Ors directed that the Union of India shall assist the Court, in finalising the norms, that should be adopted in the entire country, with reference to persons who have been cured of their mental illness, but are continued to be housed in mental nursing homes/hospitals. Pursuant to the order of the Court, the Ministry of Health and Family Welfare formulated the "Guidelines for discharge of 'mentally cured' or 'fit for discharge' patients from Mental Health Institutions". The Ministry of Social Justice and Empowerment has also formulated the guidelines for "Rehabilitation of Persons who have been cured of Mental Illness" and submitted the same to the Hon'ble Supreme Court.

AYUSH Hospitals/Centres

2492. DR. ANUPAM HAZRA:

SHRI DEVJI M. PATEL:

SHRI DUSHYANT CHAUTALA:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) the details of schemes being run by the Government to provide AYUSH treatment facility in the country particularly in rural areas;

(b) the number of AYUSH hospitals/ centres running at present in the country, State/UT-wise and stream-wise;

(c) whether the Government is considering to set up integrated AYUSH hospitals in each district headquarters of the country and if so, the details thereof, State/UT-wise including Rajasthan;

(d) the amount of funds allocated for the purpose in present budget, State/ UT-wise; and

(e) whether the Government is concerned that shortage of AYUSH professionals/doctors in the country is main hurdle to establish the said hospital and if so, the details thereof along with the corrective measures taken by the Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) The Central Government through Centrally Sponsored Scheme of National AYUSH Mission (NAM) provides financial assistance to the States/ UTs to provide AYUSH treatment facility in the country including rural areas as per the State Annual Action Plan (SAAP) received from the States/UTs.

The National AYUSH Mission (NAM) inter-alia makes provision for the following:-

- (i) Co-location of AYUSH facilities at Primary Health Centers (PHCs), Community Health Centers (CHCs) and District Hospitals (DHs).
- (ii) Up gradation of exclusive State Government AYUSH Hospitals and Dispensaries.
- (iii) Setting up of up to 50 bedded integrated AYUSH Hospital.
- (iv) Upgradation of State Government Educational Institutions.
- (v) Setting up of new State Government AYUSH Educational Institutions in the State where it is not available.
- (vi) Strengthening of State Government/ Public Sector Undertaking (PSU) Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Pharmacies and Drug Testing Laboratories (DTL).
- (vii) Cultivation and Promotion of Medicinal Plants.

(b) The number of AYUSH hospitals/centres running at present in the country, State/UT-wise and stream-wise is enclosed as Statement-I.

(c) and (d) As Public Health is a State subject, opening of AYUSH hospitals come under the purview of respective State/UT Governments. However, under Centrally Sponsored Scheme of National AYUSH Mission (NAM), there is a provision of setting up of 50 Bedded Integrated AYUSH Hospitals. The Central Government has approved 72 upto 50 bedded Integrated AYUSH Hospitals since inception of NAM. The details of approved

upto 50-bedded integrated AYUSH Hospitals along with the funds allocated State/ UT-wise including Rajasthan is enclosed as Statement-II.

(e) As Health is a State subject, the information on shortage of AYUSH doctors in the country is not maintained by the Central Government. However, there are 773668 registered AYUSH practitioners available in the country as on 01.01.2017. Under Centrally Sponsored

Scheme of National AYUSH Mission (NAM), financial support is provided to the States/UTs for setting up of up to 50 bedded integrated AYUSH hospital and upgradation of AYUSH hospitals where States/UTs are eligible for engagement of AYUSH doctors on contractual basis in addition to the staffs employed by the State/UT Governments based on their requirement posed in their State Annual Action Plan (SAAP) as per the guidelines of the scheme.

Statement-I

State wise/System wise Number of AYUSH Hospitals as on 1-4-2017

Sl. No.	State / UT	Ayurveda	Unani	Siddha	Yoga	Naturopathy	Homoeopathy	Sowa-Rigpa	Total
1	2	3	4	5	6	7	8	9	10
A. States/Union Territories									
1	Andhra Pradesh	3	2	0	0	0	3	0	8
2	Arunachal Pradesh	10	0	0	0	0	2	0	12
3	Assam	1	0	0	0	0	3	0	4
4	Bihar	5	1	0	0	0	2	0	8
5	Chhattisgarh	10	1	0	1	0	3	0	15
6	Delhi	2	1	0	0	0	2	0	5
7	Goa	1	0	0	0	0	1	0	2
8	Gujarat	42	0	0	0	6	16	0	64
9	Haryana	9	1	0	0	0	1	0	11
10	Himachal Pradesh	33	0	0	0	1	0	0	34
11	Jammu and Kashmir	1	1	0	0	0	0	0	2
12	Jharkhand	1	0	0	0	0	4	0	5
13	Karnataka	170	18	0	3	6	16	0	213
14	Kerala	126	0	1	0	1	34	0	162
15	Madhya Pradesh	21	0	0	0	0	2	0	23
16	Maharashtra	64	6	0	0	0	1	0	71
17	Manipur	2	1	0	1	0	6	0	10
18	Meghalaya	3	0	0	0	0	7	0	10
19	Mizoram	1	0	0	0	0	1	0	2

1	2	3	4	5	6	7	8	9	10
20	Nagaland	1	0	0	0	0	1	0	2
21	Odisha	8	0	0	0	0	6	0	14
22	Punjab	5	0	0	0	0	4	0	9
23	Rajasthan	117	11	0	1	2	6	0	137
24	Sikkim	1	0	0	0	0	0	0	1
25	Tamil Nadu	2	1	288	1	0	1	0	293
26	Tripura	2	0	0	0	0	2	0	4
27	Uttar Pradesh	2104	204	0	0	0	8	0	2316
28	Uttarakhand	402	2	0	0	0	1	0	405
29	West Bengal	6	1	0	0	0	15	0	22
30	Andaman and Nicobar Island	1	1	1	1	0	1	0	5
31	Chandigarh	1	0	0	0	0	1	0	2
32	Dadra and Nagar Haveli	0	0	0	0	0	0	0	0
33	Daman and Diu	1	0	0	0	0	1	0	2
34	Lakshadweep	0	0	0	0	0	0	0	0
35	Puducherry	0	0	0	0	0	0	0	0
36	Telangana	9	4	0	0	1	6	0	20
Total (A)		3165	256	290	8	17	157	0	3893
B. CGHS & Central Government Organizations		21	8	7	5	2	7	0	50
Total (A+B)		3186	264	297	13	19	164	0	3943

Source: State Governments & concerned agencies

Note: Ayurveda, Unani, Siddha, Yoga, Naturopathy and Sowa-rigpa:- Figures in r/o states of Arunachal Pradesh (2016), Assam(2009), Bihar (2016), Haryana (2016), J&K (2015), Jharkhand(2011), Karnataka (2016), Odisha(2012), Rajasthan (2015), Uttarakhand (2014) and Puducherry (2016) has been repeated as the current year information was not available.

Homoeopathy:- Note:-Figures in r/o states of Arunachal Pradesh (2016), Assam (2016), Bihar (2016), Haryana (2016), J&K (2015), Jharkhand(2011), Karnataka (2016), Odisha(2012), Rajasthan (2016), Uttar Pradesh(2011), Uttarakhand (2014) and Puducherry (2016) has been repeated as the current year information was not available.

Note:- Figures integrated in columns marked "Total" refelect the total numbers of Hospitals, Bed strength and Dispensaries under Govt. Local Bodies and others in each states.

Statement-II

Status of upto 50 bedded integrated AYUSH Hospital approved under National AYUSH Mission (NAM) during 2014-15, 2015-16, 2016-17 & 2017-18

Sl. No.	State/UT	Proposal approved	(Rs. in lakhs)								
			Unit Approved during 2014-15	Amount Approved during 2014-15	Unit Approved during 2015-16	Amount Approved during 2015-16	Unit Approved during 2016-17	Amount Approved during 2016-17	Unit Approved during 2017-18	Amount Approved during 2017-18	
1	2	3	4	5	6	7	8	9	10	11	
1	Andhra Pradesh	50 bedded integrated AYUSH (Ayurveda, Homoeopathy, Unani and Yoga & Naturopathy) Hospital at Kakinada	1	50.00	-	50.00	-	60.00	-	121.94	
		50 bedded integrated AYUSH (Ayurveda and Yoga & Naturopathy) Hospital at Visakhapatnam.	-	-	-	-	1	100.00	-	121.94	
2	Assam	50 Bedded Integrated AYUSH Hospital Dudhnoi at Goalpara District	-	-	-	-	1	300.00	-	267.20	
		50 Bedded Integrated AYUSH Hospital Majuli at Majuli District	-	-	-	-	1	100.00	-	267.20	
3	Bihar	50 bedded integrated AYUSH (Ayurveda, Homoeopathy, Unani and Yoga) Hospital at Patna	-	-	1	102.70	-	-	-	-	
4	Chandigarh	50 Bedded integrated AYUSH Hospital, Sector-34, Chandigarh	-	-	1	-	-	200.00	-	200.00	
5	Dadra and Nagar Haveli	Setting up of upto 50 bedded integrated AYUSH (Ayurveda & Homoeo) Hospital at Silvassa	-	-	1	-	-	100.00	-	67.14	

1	2	3	4	5	6	7	8	9	10	11
6	Goa	50 bedded integrated AYUSH Hospital at North Goa.	-	-	1	107.05	-	257.24	-	100.00
		50 bedded integrated AYUSH Hospital at South Goa	-	-	1	107.05	-	257.24	-	100.00
7	Gujarat	50 bedded integrated AYUSH (Indian System of Medicine and Homeopathy) Hospital at Surender nagar	-	-	-	-	1	200.00	-	200.00
		Setting up of upto 50 bedded integrated AYUSH hospitals at Government hospital Bardoli	-	-	-	-	-	-	1	150.00
8	Haryana	50 bedded integrated AYUSH (Ayurveda, Homeopathy, Unani and Yoga & Naturopathy) Hospital at Panchakula, Haryana	-	-	1	83.34	-	100.00	-	50.00
9	Himachal Pradesh	50 bedded integrated AYUSH (Ayurveda, Sowa Rigpa, Yoga & Naturopathy & Homeopathy) Hospital at Distt. Kullu, HP	-	-	-	-	1	150.00	-	-
		Setting up of upto 50 bedded integrated AYUSH Hospital at Mandi	-	-	-	-	-	-	1	25.00
10	Jammu and Kashmir	50 bedded integrated AYUSH Hospital	-	-	-	-	-	-	1	200.00
		50 bedded integrated AYUSH Hospital	-	-	-	-	-	-	1	200.00
11	Karnataka	50 bedded integrated AYUSH Hospital at Gadag in Distt.Gadag	-	-	-	-	1	300.00	-	400.00

		50 bedded integrated AYUSH Hospital at Mangalore	-	-	-	-	-	-	1	300.00	-	400.00
12	Kerala	Setting up of 50 bedded integrated AYUSH Hospital	-	-	-	-	-	-	-	-	1	200.63
13	Lakshadweep	50 bedded integrated AYUSH (Ayurveda & Homoeopathy) Hospital at Kavaratti	-	-	-	-	-	-	1	195.80	-	-
		Setting up of upto 50-bedded integrated AYUSH hospital at Nandurbar	-	-	-	-	-	-	-	-	1	100.00
14	Maharashtra	Setting up of upto 50-bedded integrated AYUSH hospital at Sindhudurg	-	-	-	-	-	-	-	-	1	100.00
		Setting up of upto 50-bedded integrated AYUSH hospital at Pune	-	-	-	-	-	-	-	-	1	100.00
		Setting up of upto 50-bedded integrated AYUSH hospital at Ahmednagar	-	-	-	-	-	-	-	-	1	100.00
		50 bedded integrated AYUSH Hospital at Moreh, Chandel District	-	-	-	-	-	-	1	321.00	-	200.00
		50 bedded integrated AYUSH Hospital at Churancandpur district	-	-	-	-	-	-	1	321.00	-	200.00
15	Manipur	Setting up of upto 50 bedded Integrated AYUSH (Yoga & Naturopathy) Hospital, at Kwakeithel Konjeng Leikai	-	-	-	-	-	-	1	225.00	-	-
		Setting up of 50 bedded Integrated AYUSH Hospital at Kangpokpi Distt.	-	-	-	-	-	-	-	-	1	200.00

1	2	3	4	5	6	7	8	9	10	11
		Setting up of 50 Bedded Integrated AYUSH Hospital at Bhopal	-	-	-	-	1	393.62	-	106.38
		Setting up of upto 50 bedded integrated AYUSH Hospitals at Indore	-	-	-	-	-	-	1	400.00
16	Madhya Pradesh	Setting up of upto 50 bedded integrated AYUSH Hospitals at Sehore	-	-	-	-	-	-	1	400.00
		Setting up of upto 50 bedded integrated AYUSH Hospitals at Chitrakoot	-	-	-	-	-	-	1	300.00
17	Meghalay a	Setting up of 50 Bedded Integrated AYUSH Hospital at Sohra (Cherapunje), CHC, East Khasi Hills	-	-	-	-	1	637.07	-	-
		50 bedded integrated AYUSH (Ayurveda and Homoeopathy) Hospital at Noklak, Tuensang District	-	-	1	333.33	-	91.33	-	373.66
18	Nagaland	Setting up of upto 50 bedded integrated AYUSH (Ayurved a, Homoeopathy, Yoga & Naturopathy) hospital at Razha, Chedema	-	-	-	-	-	-	1	398.16
		Setting up of upto 50 bedded integrated AYUSH(Ayurved a, Homoeopathy, Yoga & Naturopathy) hospital at Sapangya (Chungtia)	-	-	-	-	-	-	1	101.68
19	Odisha	50 bedded integrated AYUSH (Ayurveda, Homoeopathy and Yoga & Naturopathy) Hospital at Dhenkanal Distt.	-	-	-	-	1	500.00	-	-

		Setting up of upto 50 bedded integrated AYUSH hospitals at District Behrampur	-	-	-	-	-	-	1	-	300.00
20	Puducherry	Setting up of 50 bedded Integrated AYUSH Hospital at Villanur District	-	-	1	70.00	-	50.00	-	-	107.47
21	Punjab	Setting up of upto 50 Bedded AYUSH Hospital at Tarn Taran, Punjab	-	-	-	-	1	650.00	-	-	-
		Setting up of upto 50 Bedded AYUSH Hospital at Mohali Punjab	-	-	-	-	1	650.00	-	-	-
22	Rajasthan	Setting up of 50 Bedded Integrated AYUSH Hospital, Bhilwara	-	-	-	-	1	450.00	-	-	-
		Setting up of 50 Bedded Integrated AYUSH Hospital, Ajmer	-	-	-	-	1	450.00	-	-	-
		Setting up of 50 Bedded Integrated AYUSH Hospital, Churu	-	-	-	-	1	450.00	-	-	-
		Setting up of 50 Bedded Integrated AYUSH Hospital, Bikaner	-	-	-	-	1	450.00	-	-	-
23	Sikkim	50 bedded integrated AYUSH (Ayurveda and Yoga & Naturopathy) Hospital at Kyongsa, Near Bhanu Shalling Area, Gyalshing, West Sikkim	-	-	1	444.44	-	150.23	-	-	-
24	Tamil Nadu	Setting up of 50 Bedded Integrated AYUSH (Siddha and Yoga & Naturopathy) Hospitals at Theni District, Tamil Nadu	-	-	-	-	1	533.33	-	-	200.00
		Setting up of 50 Bedded Integrated AYUSH Hospitals at Thiruvannamalai, Tamil Nadu	-	-	-	-	1	533.33	-	-	200.00

1	2	3	4	5	6	7	8	9	10	11
		50 bedded integrated AYUSH Hospital at Anantgiri, Vikarabad, Rangareddy Distt.	-	-	-	-	1	600.00	-	-
25	Telangana	Support for 50 bedded Integrated AYUSH Hospital at 1. Bhupalpalli (V&M), Jayashankar Bhupalpalli District.	-	-	-	-	-	-	1	300.00
		Support for 50 bedded Integrated AYUSH Hospital at Siddipet Head Quarters/ Ananthgiri, Vikarabad District	-	-	-	-	-	-	1	300.00
26	Tripura	Setting up of 50 Bedded Integrated AYUSH Hospitals at Paradise Chowmuhani, Agartala	-	-	-	-	-	-	1	269.33
		Setting up of 50 Bedded Integrated AYUSH Hospitals at Belonia, Tripura	-	-	-	-	-	-	1	272.26
27	Uttar Pradesh	50 bedded AYUSH (Ayurveda, Unani & Homeopathy) Hospital at Kushi Nagar	-	-	1	83.33	-	3455.80	-	-
		50 bedded AYUSH(Ayurveda, Unani & Homeopathy) Hospital at Bilhour, Kanpur	-	-	1	83.33	-	-	-	-
		50 bedded AYUSH (Ayurveda, Unani & Homeopathy) Hospital at West Katli, Lucknow	-	-	1	83.33	-	-	-	-

50 bedded AYUSH (Ayurveda, Unani & Homeopathy) Hospital at Badrasi, Varanasi	-	-	1	83.33	-	-	-	-
50 bedded AYUSH(Ayurveda, Unani & Homeopathy) Hospital at Nawab Ganj, Baraily	-	-	1	83.33	-	-	-	-
50 bedded Integrated AYUSH Hospital, Basti	-	-	-	-	1	424.30	-	-
Setting up of upto 50 bedded integrated AYUSH Hospital at Sirathu Koushambi	-	-	-	-	-	-	1	265.00
Setting up of upto 50 bedded integrated AYUSH Hospital at Sonbhadra	-	-	-	-	-	-	1	265.00
Setting up of upto 50 bedded integrated AYUSH Hospital at Orai Jalaun	-	-	-	-	-	-	1	265.00
Setting up of upto 50 bedded integrated AYUSH Hospital at Sant kabir Nagar,	-	-	-	-	-	-	1	265.00
Setting up of upto 50 bedded integrated AYUSH Hospital at Saharanpur	-	-	-	-	-	-	1	265.00
Setting up of upto 50 bedded integrated AYUSH Hospital at Deoria	-	-	-	-	-	-	1	265.00
Setting up of upto 50 bedded integrated AYUSH Hospital at Lalitpur	-	-	-	-	-	-	1	265.00

1	2	3	4	5	6	7	8	9	10	11
		Setting up of upto 50 bedded integrated AYUSH Hospital at Amethi	-	-	-	-	-	-	1	265.00
		Setting up of upto 50 bedded integrated AYUSH Hospital at Kanpur Dehat	-	-	-	-	-	-	1	265.00
		Setting up of upto 50 bedded integrated AYUSH Hospital at Firozpur, Balia District	-	-	-	-	-	-	1	265.00
28	Uttarakhand	Setting up of upto 50 bedded integrated AYUSH Hospital at Haldwani	-	-	-	-	-	-	1	556.61
29	West Bengal	50 bedded Integrated AYUSH (Ayurveda, Homoeopathy, Unani and Yoga & Naturopathy) Hospital at Topsikhata, District Alipurduar.	1	300.00	-	300.00	-	300.00	-	150.00
		50 bedded AYUSH (Ayurveda, Homoeopathy, Unani and Yoga & Naturopathy) Hospital at Paschim District Midnapur	-	-	-	-	1	300.00	-	100.00
			2	350.00	14	2014.57	25	14556.30	31	11556.59

[*Translation*]

NPCDCS

2493. SHRI NAND KUMAR SINGH CHOUHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether various States particularly the Madhya Pradesh has sent any proposal for the expansion of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS);

(b) if so, the details thereof; and

(c) the time by which the Government is likely to accede to the request to implement this programme in each district in Madhya Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) to (c) Government is implementing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all the States / UTs under National Health Mission. Under this programme financial assistance is being provided to the States/UTs as per their requirements submitted in their Programme Implementation Plans (PIPs). Approval has been given for implementation of NPCDCS in all the Districts of Madhya Pradesh. The programme covers all the 36 States/UTs. As informed by States/UTs, 436 District NCD Cells, 435 District NCD Clinics, 2145 CHC NCD Clinics, 138 Cardiac Care Units and 84 Day Care Centres have been set up under the programme till 31st December, 2017.

Non-Availability of Organs

2494. SHRI HARISH MEENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether nearly five lakh people die because of non-availability of organs and almost ten lakh people suffer from corneal blindness and await transplant in the country every year;

(b) if so, the details thereof and the steps taken or proposed to be taken to increase the organ donation in the country;

(c) the details of the Government hospitals where surgical facilities for organ transplant procedure/retrieval operation are available in various parts of the country;

(d) whether there is any mismatch between demand and supply of various organ and tissue transplantations due to lack of awareness and enabling policies; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) and (b) Health is a State subject. The data regarding number of people who die because of non-availability of organs is not maintained centrally. As per the estimates of the Rapid Assessment of Avoidable Blindness (RAAB) Survey (2006-07) conducted under the National Programme for Control of Blindness and Visual Impairment (NPCB & VI), there were around 1,20,000 bilaterally corneal blind persons in the country. Apart from this, about 20,000 new cases of corneal blindness are added up every year.

The Government is implementing the National Organ Transplant Programme (NOTP) to promote organ donation across the country. An apex level organization viz. National Organ and Tissue Transplant Organization (NOTTO) has been set-up at Safdarjung Hospital, New Delhi for national networking, national registry, and distribution of donated Organs & Tissues from deceased persons. In addition, a National Biomaterial Centre has also been established at NOTTO and made functional. Five other Regional Organ and Tissue Transplant Organisations (ROTTOS) have also been set up under NOTP.

The Government of India has taken a series of measures to promote cadaver organ donation. The website of the NOTTO, viz. www.notto.nic.in contains information pertinent to the activities relating to organ donation. A 24x7 call centre with a toll free helpline number (1800114770) has been set up. Further, a number of activities are carried out throughout the year for generating awareness about cadaver organ donation and for imparting training to all those associated with transplant activities including doctors and transplant coordinators. Activities such as celebration of Indian organ

donation day every year, seminars, workshops, debates, sports events, walkathons, participation in marathons, nukkad natak, etc. are also organized at different places in the country to disseminate information and increase awareness. Audio-visual messages to promote cadaver organ donation are also telecast on Doordarshan and other Television channels.

Further, NOTP has provisions for establishment of State Organ and Tissue Transplant Organisations (SOTTO) in every State/UT, establishment of 10 Biomaterial Centres, financial assistance for developing new and strengthening the existing retrieval and transplant units in Government medical colleges of all States /UTs and support to retrieval

(Non-Transplant Organ Retrieval Centres) /Transplant Centres for maintenance of cadavers.

(c) As per data available with NOTTO the list of registered transplant/retrieval Government hospitals is enclosed as Statement.

(d) and (e) Yes. There is mismatch between demand and supply of various organs and tissues for transplantation. The main reasons for mismatch are:

1. Poor Organ Donation Rate from deceased donors.
2. Poor Brain Stem Death Certification rate in registered hospitals.

Statement

Govt. Hospital List-Registered with NOTTO as on 7th March 2018

Sl. No.	Hospital Name	State	Transplant/ Retrieval of Organ/Tissue	Hospital Type	Transplant	Retrieval
1	2	3	4	5	6	7
1.	Gauhati Medical College Hospital	Assam	Kidney	Government	Yes	No
2.	Army Hospital Research and Referral	Delhi(UT)	Liver, Kidney, Cornea	Government	Yes	No
3.	GB Pant Hospital	Delhi (UT)	Liver	Government	No	Yes
4.	PGIMER DR RML	Delhi (UT)	Kidney, Heart	Government	Yes	No
5.	Safdarjung Hospital	Delhi (UT)	Kidney	Government	Yes	No
6.	Goa Medical College	Goa	Kidney	Government	Yes	No
7.	Institute of Kidney Diseases and Research Centre	Gujrat	Kidney, Liver	Government	Yes	No
8.	Government Medical College Trivendrum	Kerala	Kidney, Liver	Government	Yes	No
9.	Govt. Medical College Kottayam	Kerala	Kidney, Heart, Lung, Cornea, Heart Valve	Government	Yes	No
10.	Westfort Hitech Hospital Ltd.	Kerala	Kidney	Government	Yes	No
11.	Westfort Hitech Hospital Ltd.	Kerala	Kidney	Government	Yes	No
12.	Command Hospital Pune	Maharastra	Kidney	Government	Yes	No

1	2	3	4	5	6	7
13.	KEM Hospital Pune	Maharashtra	Kidney, Liver	Government	Yes	No
14.	Lokmanya Tilan Municipal General Hospital Mumbai	Maharashtra	Kidney	Government	Yes	No
15.	Civil Hospital Aizwal	Mizoram	Cornea	Government	Yes	No
16.	IGGGH and PGI Puducherry	Puducherry	Kidney, Cornea	Government	Yes	No
17.	GGs Medical College Faridkot	Punjab	Cornea	Government	Yes	No
18.	Command Hospital Kolkata	West Bengal	Kidney, Cornea	Government	Yes	No
19.	LPGMER and SSKM	West Bengal	Kidney	Government	Yes	No

Ischemic Diseases

2495. SHRI FEROZE VARUN GANDHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases and deaths relating to ischemic diseases reported in the country during each of the last three years and the current year, State/UT-wise;

(b) whether the Government has taken note of development of drugs including injections and vaccines abroad which promises to reduce risk of heart attack substantially;

(c) if so, the details thereof along with the steps taken/proposed to be taken by the Government for their introduction in the country; and

(d) the other measures taken/proposed to be taken by the Government for prevention and affordable treatment of ischemic diseases and spread awareness in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) As per disease burden study on Non-Communicable Diseases published by Indian Council of Medical Research (ICMR) in 2004, the estimated cases of Ischemic Heart Disease (IHD) in India was 224 lakh and prevalence of IHD was 37.0 cases per thousand.

As per a report on "India: Health of Nation's States - The India State Level Disease Burden Initiative" published by Indian Council of Medical Research (ICMR),

the disease burden trends in States of India shows an increase in the contribution of Non-Communicable Diseases (NCDs) from 30% of total disease burden in 1990 to 55% in 2016. As per the report, State-wise estimated death rate due to Ischemic Heart Disease in the country in 2016 is given in the enclosed Statement.

(b) and (c) Development of drugs including injections and vaccines in India and abroad is a continuous process. CDSCO regulates safety, efficacy and quality of the drugs, medical devices and cosmetics under the provisions of Drugs & Cosmetic Act, 1940 & Rules, 1945 made there under. As and when any applications for grant of permission to import/ manufacture and marketing of such new drugs are received, the applications are evaluated in accordance with the Drugs and Cosmetics Rules, 1945 and decision is taken to approve the drug or otherwise. National List of Essential Medicines (NLEM) contains medicines for major NCDs including Cardiovascular Diseases.

(d) While Health is a State subject, the Central Government supplements the efforts of the State Governments for improving healthcare.

However, Government is implementing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) under the National Health Mission.

For early diagnosis, Population-based Screening for common NCDs including Diabetes and Hypertension, which are the biological risk factors of Cardiovascular Diseases, has been initiated by Government of India by

utilizing the services of the Frontline-workers and Health-workers under existing Primary Healthcare System.

AMRIT (Affordable Medicines and Reliable Implants for Treatment) stores are being set up by M/s HLL Life Care Limited, a Government of India company, where Cancer and Cardiovascular Diseases drugs and implants are being provided at a substantial discount vis-a-vis the Maximum Retail Price.

Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), 6 new AIIMS have been set up and upgradation of identified medical colleges has been undertaken with the objective to improve tertiary care facilities for NCDs including Cardiovascular Disease.

NLEM contains medicines for IHD also and ceiling prices are fixed for these medicines by National Pharmaceutical Pricing Authority (NPPA). Government notified inclusion of coronary stents in the National List of Essential Medicines 2015 (NLEM, 2015) vide notification dated 19.7.2016 and subsequently in the First Schedule of Drugs (Price Control) Order 2013 (DPCO 2013) vide notification dated 21.12.2016.

Statement

India: Health of Nation's States

The India State Level Disease Burden Initiative

State wise Death rates due to Ischemic Heart Diseases in India in 2016

Sl. No.	Name of State	Death rate
1	2	3
1	Bihar	103
2	Chhattisgarh	93
3	Jharkhand	96
4	Madhya Pradesh	122
5	Odisha	72
6	Rajasthan	95
7	Uttar Pradesh	99
8	Uttarakhand	120
9	Meghalaya	39

1	2	3
10	Assam	66
11	Arunachal Pradesh	37
12	Mizoram	27
13	Nagaland	51
14	Tripura	107
15	Sikkim	65
16	Manipur	69
17	Gujarat	160
18	Haryana	175
19	Delhi	108
20	Telangana	135
21	Andhra Pradesh	163
22	Jammu and Kashmir	143
23	Karnataka	169
24	West Bengal	146
25	Maharashtra	164
26	Himachal Pradesh	114
27	Punjab	261
28	Goa	136
29	Tamil Nadu	208
30	Kerala	170

World Bank Assisted Projects

2496. SHRI R.P. MARUTHARAJAA: Will the Minister of FINANCE be pleased to state:

(a) the details of scheme of subscription to share capital of NABARD; and

(b) the list of beneficiaries of the World Bank assisted projects on low income housing finance during the last three years, State/UT-wise including Tamil Nadu?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) The National Bank for Agriculture and Rural Development

(Amendment) Act, 2018 empowers the Central Government to increase the authorised Capital of NABARD from Rs.5000 crore to Rs. 30,000 crore and to increase it beyond Rs.30,000 crore in consultation with RBI.

The Central Government infuses additional equity in NABARD as and when required for its business operations which, inter-alia, include implementation of various Government approved schemes.

(b) National Housing Bank (NHB) has entered into a partnership with World Bank through the Government of India for supporting the cause of informal sector and low income housing in the country. As per the scheme terms and condition, the disbursements are made to the Primary Lending Institutions on portfolio basis. Hence, state-wise beneficiary data is not centrally available.

The amount refinanced by NHB in the World Bank assisted projects on low income housing finance since inception is given as under:

(Amount in Rs. crore)		
Year (July to June)	Amount	Units
2013-14	48.71	2296
2014-15	20.51	781
2015-16	265.81	6280
2016-17	171.78	4295
2017-18 (upto Feb, 2018)	63.50	1321
Total	570.31	14973

MOU with Medical Universities

2497. SHRI HEMANT TUKARAM GODSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has signed any Memorandum of Understanding (MoU) with Medical Universities for development of infrastructure, Research and new medicines/drugs;

(b) if so, the details thereof, State/UTwise and University-wise;

(c) whether the Government has provided funds for the purpose; and

(d) if so, the details thereof along with the projects approved in this regard during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes.

(b)

- I. Uttar Pradesh - King George's Medical University (KGMU), Lucknow.
- II. Karnataka - National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru.
- III. Tamil Nadu - Sri Ramachandra University (SRMU), Chennai.

(c) and (d) Fellowships amounting to Rs.45.51 Crore have been funded during the last three years.

Debit and Credit Card to PMJDY Account Holders

2498. SHRI VINOD LAKHAMASHI CHAVDA: Will the Minister of FINANCE be pleased to state:

(a) whether the Government proposes to give debit and credit card to the Pradhan Mantri Jan Dhan Yojana account holders;

(b) if so, the details thereof; and

(c) whether the Government also proposes to increase the limit of ATM use by such account holders and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Pradhan Mantri Jan-Dhan Yojana (PMJDY) envisages issuance of RuPay debit cards to all Jan-Dhan account holders. As on 28.2.2018, 23.56 crore RuPay debit cards have been issued to Jan-Dhan account holders.

(c) Accounts opened under PMJDY are Basic Savings Bank Deposit (BSBD) accounts. As per extant guidelines issued by Reserve Bank of India, BSBD accounts are allowed a maximum of four withdrawals in a month, including ATM withdrawals.

[Translation]

Climate Change

2499. SHRI JANARDAN MISHRA:
SHRI KONDAVISHWESHWAR REDDY:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

- (a) the details of commitments made and issued identified at climate change conference in Bonn, Germany;
- (b) the total estimated cost involved in achieving such commitments;
- (c) the likely impact of the said agreement on the country's credibility in pushing efforts towards tackling climate change; and
- (d) the other steps taken by the Government to tackle the issue of climate change?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) The 23rd Conference of Parties (COP 23) to UNFCCC was held in Bonn, Germany from 6th to 17th November 2017. COP 23 focused on the procedural work related to guidelines/rules/modalities for implementation of Paris Agreement. The main outcome of COP 23 was the adoption of decision titled, "Fiji Momentum for Implementation". The decision proposed way forward on three key agendas including the completion of the Work Programme under the Paris Agreement; the design and process for the 2018 facilitative dialogue; and pre-2020 implementation and ambition. Further, no new commitments were made during the conference and, therefore, no costs are involved.

(d) To tackle the issues of climate change, Government of India is implementing the National Action Plan on Climate Change (NAPCC) which includes eight national missions being implemented by various Ministries in specific areas of Solar Energy, Enhanced Energy Efficiency, Sustainable Habitat, Water, Sustaining the Himalayan Ecosystem, Green India, Sustainable Agriculture and Strategic knowledge for Climate Change.

Further, 32 States/Union Territories have prepared State Action Plans on Climate Change (SAPCC) consistent with the objectives of NAPCC.

Government of India is also implementing a dedicated National Adaptation Fund to implement adaptation actions in vulnerable sectors across the country. Government of India has also embarked upon ambitious actions in the areas of renewable energy, afforestation, energy efficiency, planned urban development, adaptation measures in sectors including agriculture, water resources, coastal areas, Himalayan region, health etc. According to Biennial Update Report submitted by Government of India to United Nations Framework Convention on Climate Change (UNFCCC) in 2016, India has achieved 12% reduction in emission intensity between 2005 and 2010.

[English]

AYUSH Physicians

2500 SHRI JANARDAN SINGH SIGRIWAL: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

- (a) the number of registered AYUSH physicians in the country and the proportion of them deployed in Primary Healthcare Centres (PHCs);
- (b) the measures taken by the Government for capacity building of licensed AYUSH practitioners through bridge training in the country;
- (c) whether training will be given to AYUSH practitioners in dispensation of modern medicine, if so, the details thereof and if not, the reasons therefor; and
- (d) the outcome of the measures taken so far with respect to training and capacity building of AYUSH physicians?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) The number of registered AYUSH practitioners is 7,73,668 as on 01.01.2017 as per

information compiled by Ministry of AYUSH.

As per information available on the website of National Health Mission (NHM) under Management Information System (MIS) Report as on 30.09.2017, the total no. of 12080 AYUSH physician has been deployed under co-location of AYUSH facilities at different Healthcare Centres including Primary Healthcare Centres (PHCs).

(b) to (d) Ministry of Health and Family Welfare informed that Ministry is in the process of upgrading Health Sub Centres to Health & Wellness Centres (HWCs) which will function as the first port of call to the community for Comprehensive Primary Health Care. It will be manned by a team led by a mid-level health care provider possessing skills as envisaged for a B.Sc (Community Health) graduate under bridge programme.

Performance of KCCs

2501. SHRI PRASUN BANERJEE: Will the Minister of FINANCE be pleased to state:

(a) the total number of Kisan Credit Cards (KCCs) issued during the past three years, State/UT-wise and year-wise along with the performance of the same;

(b) whether the Government intends to enhance such credits and broad base its issue to all States, Districts and Villages, if so, the details thereof;

(c) whether the Government has launched another scheme for the benefit of farmers;

(d) if so, the details thereof; and

(e) the extent to which this new scheme is likely to benefit the farmers?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) The Kisan Credit Card (KCC) Scheme was introduced for issue of KCC to farmers to enable them to purchase agricultural inputs such as seeds, fertilisers, pesticides, etc. and draw cash to satisfy their agricultural and consumption needs. The KCC Scheme has since been simplified and provides for issue of ATM enabled RuPay debit card with, inter alia, facilities of one-time

documentation, built-in cost escalation in the limit, any number of drawals within the limit, etc.

The scheme is implemented by Commercial Banks, Regional Rural Banks (RRBs), Small Finance Banks and Cooperative Banks. The eligible beneficiaries include all Farmers - Individuals / Joint borrowers who are owner cultivators; Tenant Farmers, Oral Lessees & Share Croppers; SHGs or Joint Liability Groups of Farmers including tenant farmers, share croppers etc.

The state-wise/UT-wise number of Kisan Credit Cards (KCCs) holders and amount outstanding during the last three years in respect of Commercial Banks, as reported by Reserve Bank of India (RBI) is given in the enclosed Statement-I. Similar information in respect of Cooperative Banks and RRBs as reported by National Bank for Agriculture and Rural Development (NABARD), is given in the enclosed Statement-II.

(c) to (e) Besides the above, the following major initiatives have been taken by the Government for the benefit of farmers:-

- With a view to ensuring availability of agriculture credit at a reduced interest rate of 7% p.a. to the farmers, the Government of India in the Department of Agriculture, Cooperation and Farmers' Welfare (DAC&FW) implements an interest subvention scheme for short term crop loans up to Rs. 3.00 lakh. The scheme provides interest subvention of 2% per annum to Banks on use of their own resources. Besides, additional 3% incentive is given to the farmers for prompt repayment of the loan, thereby reducing the effective rate of interest to 4%.
- Pradhan Mantri Fasal Bima Yojana (PMFBY) provides a comprehensive insurance cover against failure of insured crops due to non-preventable natural risks, thus providing financial support to farmers suffering crop loss/damage arising out of unforeseen events; stabilizing the income of farmers to ensure their continuance in farming; and encouraging them to adopt innovative and modern agricultural practices.

- For development of agriculture and welfare of farmers of the country, the Government in DAC&FW, is implementing various Central Sector/ Centrally Sponsored Schemes, which include:
 - (i) Rashtriya Krishi Vikas Yojana
 - (ii) National Food Security Mission
 - (iii) National Agriculture Market
 - (iv) National Mission For Sustainable Agriculture

Statement-I*Kisan Credit Card Scheme*

(No. in Actual & Amount in Rupees Lakhs)

Sl. No.	State	2014-15		2015-16		2016-17	
		No. of Operative KCCs	Amount Outstanding	No. of Operative KCCs	Amount Outstanding	No. of Operative KCCs	Amount Outstanding
1	2	3	4	5	6	7	8
1	Andamans	838	314.00	577	272.19	432	298.19
2	Andhra Pradesh	1919034	1969416.44	1778575	2121976.77	1753878	2299666.74
3	Arunachal Pradesh	10448	5475.96	9960	5995.74	8574	5488.67
4	Assam	590325	271897.40	568181	309849.82	496801	312670.28
5	Bihar	1423068	978624.46	1405200	1034408.67	1443624	1111440.81
6	Chandigarh	1501	23036.87	8428	46967.64	10484	54361.30
7	Chhattisgarh	198319	269286.19	201566	354564.65	219235	425922.65
8	Dadra and Nagar Haveli	608	1582.13	541	1472.04	527	1556.98
9	Daman and Diu	49	660.71	308	857.94	314	773.06
10	Delhi	4034	16760.17	8389	25078.39	4893	27650.61
11	Goa	4275	9571.44	2869	6845.80	7212	18358.77
12	Gujarat	994490	1933097.83	1038301	2356049.40	1070354	2664767.11
13	Haryana	571778	1964747.72	603620	2371127.50	654854	2669983.61
14	Himachal Pradesh	189050	264948.75	184180	287016.48	208895	346884.59
15	Jamm u & Kashmir	214872	283988.67	248104	330208.66	274609	350375.46
16	Jharkhand	621491	227340.70	615165	251982.68	642314	275237.32
17	Karnataka	912001	2374484.54	977326	2640073.55	932400	2849586.25
18	Kerala	301964	841517.02	310248	985210.37	311424	1196089.65
19	Lakshadweep	706	289.00	594	278.33	508	243.63
20	Madhya Pradesh	1488478	2564969.04	1532783	3070360.83	1640177	3437332.64

1	2	3	4	5	6	7	8
21	Maharashtra	2238521	2895854.97	2462070	3495399.74	2446364	3809879.40
22	Manipur	19887	11943.26	18064	12956.96	14988	11381.51
23	Meghalaya	59138	25930.60	55435	28244.50	56598	30797.01
24	Mizoram	14627	8183.46	12912	8296.83	12395	8366.76
25	Nagaland	32029	13818.16	30749	15046.14	32758	15925.74
26	Odisha	703661	385169.32	657475	438433.89	602490	449437.05
27	Puducherry	18497	28235.69	4560	16510.03	15499	58847.91
28	Punjab	747791	3924576.49	805172	4542011.94	862228	4917378.61
29	Rajasthan	1716205	3619073.39	1857950	4313970.18	2000765	5044590.25
30	Sikkim	4101	2990.30	7185	5499.07	4664	4771.64
31	Tamil Nadu	584878	1056550.74	549516	1246585.23	506183	1341306.83
32	Telangana	1770920	1535141.78	2314711	1539282.36	1356409	1938726.96
33	Tripura	79381	28422.03	79112	33966.07	45739	26058.42
34	Uttarakhand	222120	381448.07	223652	424249.64	389100	641787.33
35	Uttar Pradesh	3832845	4591519.79	3888982	5277576.06	4450262	6454175.58
36	West Bengal	1032630	527583.47	1007329	585027.50	822998	533069.79
	Total	22524560	33038450.54	23469789	38183653.59	23300949	43335189.11

Source: RBI

Statement-II

State-wise number of live and Operative KCC accounts and State-wise amount outstanding under KCC loan issued as at the end of each year from 2014-15 to 2016-17 in respect of

(Amt. in Crores)

Sl. No.	State	2014-15		2015-16		2016-17	
		No. of Operative Cards	Amount Outstanding	No. of Operative Cards	Amount Outstanding	No. of Operative Cards	Amount Outstanding
1	2	3	4	5	6	7	8
1	Andhra Pradesh	44,77,444	16,234.47	22,39,664	11,147.82	23,37,304	13,436.51
2	Assam	4,33,654	1,635.69	4,11,221	1,680.29	2,91,694	1,000.16
3	Arunachal Pradesh	3,744	18.08	3,744	17.99	3,983	15.18

1	2	3	4	5	6	7	8
4	Bihar	22,16,633	7,772.43	18,47,752	7,016.52	18,03,244	8,752.58
5	Gujarat	17,30,819	8,828.74	17,28,740	10,167.95	16,98,706	11,415.08
6	Goa	1,117	17.02	1,343	17.46	2,335	16.40
7	Haryana	15,25,999	10,461.14	15,34,304	12,112.91	14,58,365	12,166.36
8	Himachal Pradesh	1,30,262	1,213.99	1,36,801	1,449.56	1,26,967	1,652.78
9	Jammu and Kashmir	50,033	360.69	50,033	360.69	71,858	570.98
10	Karnataka	31,34,638	15,766.95	32,84,231	17,500.59	32,31,692	19,269.01
11	Kerala	9,17,152	3,545.30	9,47,390	3,868.40	9,64,251	4,034.17
12	Madhya Pradesh	56,50,456	17,215.37	57,76,571	16,351.86	59,17,637	18,565.24
13	Maharashtra	52,22,969	11,826.91	54,70,624	17,765.60	45,64,350	21,528.74
14	Meghalaya	42,663	97.18	16,074	30.35	35,702	119.93
15	Mizoram	17,295	72.10	15,522	69.91	7,513	91.28
16	Manipur	5,258	13.65	7,066	17.14	7,442	22.23
17	Nagaland	3,296	11.52	2,972	10.27	5,186	15.26
18	Odisha	50,13,619	8,760.26	51,50,219	10,267.52	41,32,602	10,078.34
19	Punjab	11,09,913	9,999.42	11,14,937	10,640.40	11,17,800	11,104.48
20	Rajasthan	44,50,810	17,653.67	44,47,320	19,837.34	40,13,914	20,766.80
21	Sikkim	7,617	8.84	8,040	9.73	8,328	10.00
22	Tamilnadu	18,34,148	5,713.52	20,61,309	6,873.49	16,13,734	6,053.51
23	Tripura	1,65,799	173.77	1,78,951	198.94	1,80,424	206.27
24	Telangana	-	-	21,17,806	8,686.13	21,99,905	9,591.89
25	Uttar Pradesh	73,31,183	26,221.29	74,71,939	30,373.36	75,66,185	33,544.00
26	West Bengal	24,79,163	4,791.87	25,14,771	5,652.09	23,68,373	5,838.68
27	Andaman and Nicobar Islands	6,041	9.32	6,424	10.73	6,028	11.93
28	Chandigarh	-	-	-	-	-	-
29	Daman and Diu	-	-	-	-	-	-
30	New Delhi	298	3.83	461	7.20	604	10.45
31	Dadra and Nagar Haveli	-	-	-	-	-	-

1	2	3	4	5	6	7	8
32	Lakshdweep	-	-	-	-	-	-
33	Puducherry	7,010	21.43	7,197	24.88	7,377	13.36
34	Jharkhand	4,71,831	865.82	3,86,435	1,000.88	3,86,860	1,266.96
35	Chhattisgarh	22,32,068	2,823.87	24,33,017	2,378.77	16,24,867	2,184.51
36	Uttarakhand	4,02,567	942.51	4,27,342	1,234.37	3,98,773	1,267.13
	Total	510,75,499	1,73,080.65	518,00,220	1,96,781.15	481,54,003	2,14,620.19

Source: NABARD

[*Translation*]

Coverage of Health Insurance Schemes

2502. SHRI KAPIL MORESHWAR PATIL: Will the Minister of FINANCE be pleased to state:

(a) whether only 15 per cent population of the country has been covered under Health Insurance Schemes and if so, the details thereof and the reaction of the Government thereon;

(b) whether the expenditure incurred only on admission in the hospital is reimbursed under health insurance schemes, if so, the details thereof and the reasons therefor;

(c) whether the Insurance Regulatory and Development Authority of India (IRDAI) has suggested to include the expenditure incurred on OPD treatment and maternity cover etc.; and

(d) if so, the details thereof and the steps taken/ being taken by the Government to increase coverage of health insurance schemes?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) As per Insurance Regulatory and Development Authority of India (IRDAI), the total number of lives covered under any type of health insurance policy as on 31st March, 2017 were 43.75 crore which is approximately 36 per cent of India's population as per Census 2011.

(b) to (d) Health Insurance Policies generally provide coverage for inpatient treatment including Domiciliary Hospitalization benefits subject to policy

terms and conditions. However, more number of health insurance products now provide coverage for Out Patient Department (OPD) treatment in order to encourage policyholders to go for treatment at early stages. IRDAI (Health Insurance) Regulations, 2016 inter-alia enable the insurers to introduce wellness and preventive features as part of health insurance policies. During the year 2016-17, the Rashtriya Swasthya Bima Yojana (RSBY) was in implementation in 15 States/UTs involving 265 districts, covering 3.63 crore families. Some of the insurance products where OPD treatment and maternity cover are being covered is given in the enclosed Statement.

Statement

Name of the Insurance Products which cover OPD Treatment and Maternity Cover

Name of the Insurance Company	Name of the Insurance Product
1	2
Star Health Insurance Company	Star Health Gain Insurance Policy
Cigna TTK Health Insurance Company	Pro Health Group Insurance Policy
DHFL General Insurance Limited	Group Health Insurance Policy
DHFL General Insurance Limited	Group Personal Accident Insurance Policy
Liberty Videocon General	Liberty Group Health Policy

1	2
Magma HDI General Insurance Co. Ltd	One Health
New India Assurance Co. Ltd.	New India Premier Mediclaim Policy
Apollo Munich Health Insurance Co. Ltd.	Day 2 Day Care

[English]

Kisan Credit Cards

2503. SHRI JAGDAMBIKA PAL: Will the Minister of FINANCE be pleased to state:

(a) the number of Kisan Credit Cards (KCCs) holders in the country during the last two years, State/UT-wise;

(b) the loans sanctioned and disbursed by the banks to the farmers under KCC schemes during the said period, State/UTwise;

(c) whether the Government has directed the banks to increase the number of KCC holders and raise the amount of loan to be distributed under KCC scheme and if so, the details thereof;

(d) whether the Government proposes to relax the rules to facilitate KCC, if so, the details thereof;

(e) whether the Government is formulating any policy of loan waiving on KCC under the scheme and if so, the details thereof; and

(f) whether the Government has received any complaints against banks for irregularities in facilitating interest rate on KCC and if so, the details thereof and the steps taken/ being taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (d) The State wise/UT wise number of Kisan Credit Cards (KCCs) holders and amount outstanding during the last two years in respect of Commercial Banks, as reported by Reserve Bank of India (RBI) is given in the enclosed Statement-I. Similar information in respect of Cooperative Banks and Regional Rural Banks (RRBs) as reported by National

Bank for Agriculture and Rural Development (NABARD), is given in the enclosed Statement-II.

Government fixes agriculture credit disbursement targets for the banking sector every year and banks have consistently surpassed these targets. The details of agriculture credit targets fixed by the Government and the achievement by the Banks, for the last two years (2015-16 and 2016-17) are given as under:

Agriculture Credit Target & Achievement

(Amount, in Rs. Crore)

Year	Target allotted by Gol	Achievement
2015-16	8,50,000.00	9,15,509.92*
2016-17	9,00,000.00	10,65,755.67*

Source: NABARD

*Provisional

The Government has introduced the Kisan Credit Card (KCC) Scheme, which enables farmers to purchase agricultural inputs such as seeds, fertilisers, pesticides, etc. and draw cash to satisfy their agricultural and consumption needs. The KCC Scheme has since been simplified and converted into ATM enabled RuPay debit card with, inter alia, facilities of one-time documentation, built-in cost escalation in the limit, any number of drawals within the limit, etc. The Government has been closely monitoring the progress of conversion of Kisan Credit Cards (KCCs) to RuPay ATM cum Debit Kisan Credit Cards (RKCCs), the use of RKCCs may increase the frequency of funds accessed by the farmer as there will be ease in withdrawing cash as and when required. This periodic withdrawal of small amounts will help in reducing the interest burden on the farmers and enable them to access credit as per their needs.

(e) There is no proposal under consideration of Union Government for waiving of farm loan.

(f) Government receives complaints in regard to various issues relating to agriculture credit. On receipt of such complaints, the matter is taken up at appropriate level for redressal thereof. However, separate data on specific nature of complaints, such as complaints regarding irregularities in facilitating interest rate on KCC, is not centrally maintained.

Statement-I*Kisan Credit Card Scheme*

(No. in Actual & Amount in Rupees Lakhs)

Sl. No.	State	2015-16		2016-17	
		Operative KCCs	Amount Outstanding Total	Operative KCCs	Amount Outstanding Total
1	2	3	4	5	6
1	Andamans	577	272.19	432	298.19
2	Andhra Pradesh	1778575	2121976.77	1753878	2299666.74
3	Arunachal Pradesh	9960	5995.74	8574	5488.67
4	Assam	568181	309849.82	496801	312670.28
5	Bihar	1405200	1034408.67	1443624	1111440.81
6	Chandigarh	8428	46967.64	10484	54361.30
7	Chhattisgarh	201566	354564.65	219235	425922.65
8	Dadra and Nagar Haveli	541	1472.04	527	1556.98
9	Daman and Diu	308	857.94	314	773.06
10	Delhi	8389	25078.39	4893	27650.61
11	Goa	2869	6845.80	7212	18358.77
12	Gujarat	1038301	2356049.40	1070354	2664767.11
13	Haryana	603620	2371127.50	654854	2669983.61
14	Himachal Pradesh	184180	287016.48	208895	346884.59
15	Jammu and Kashmir	248104	330208.66	274609	350375.46
16	Jharkhand	615165	251982.68	642314	275237.32
17	Karnataka	977326	2640073.55	932400	2849586.25
18	Kerala	310248	985210.37	311424	1196089.65
19	Lakshadweep	594	278.33	508	243.63
20	Madhya Pradesh	1532783	3070360.83	1640177	3437332.64
21	Maharashtra	2462070	3495399.74	2446364	3809879.40
22	Manipur	18064	12956.96	14988	11381.51
23	Meghalaya	55435	28244.50	56598	30797.01

1	2	3	4	5	6
24	Mizoram	12912	8296.83	12395	8366.76
25	Nagaland	30749	15046.14	32758	15925.74
26	Odisha	657475	438433.89	602490	449437.05
27	Puducherry	4560	16510.03	15499	58847.91
28	Punjab	805172	4542011.94	862228	4917378.61
29	Rajasthan	1857950	4313970.18	2000765	5044590.25
30	Sikkim	7185	5499.07	4664	4771.64
31	Tamil Nadu	549516	1246585.23	506183	1341306.83
32	Telangana	2314711	1539282.36	1356409	1938726.96
33	Tripura	79112	33966.07	45739	26058.42
34	Uttarakhand	223652	424249.64	389100	641787.33
35	Uttar Pradesh	3888982	5277576.06	4450262	6454175.58
36	West Bengal	1007329	585027.50	822998	533069.79
	Total	23469789	38183653.59	23300949	43335189.11

Source: RBI

Statement-II

State-wise number of live and Operative KCC accounts and State-wise amount outstanding under KCC loan issued as at the end of each year for 2015-16 and 2016-17 in respect of Cooperative

(Amt. in Crores)

Sl. No.	State	2015-16		2016-17	
		No. of Operative Cards	Amount Outstanding	No. of Operative Cards	Amount Outstanding
1	2	3	4	5	6
1	Andhra Pradesh	22,39,664	11,147.82	23,37,304	13,436.51
2	Assam	4,11,221	1,680.29	2,91,694	1,000.16
3	Arunachal Pradesh	3,744	17.99	3,983	15.18
4	Bihar	18,47,752	7,016.52	18,03,244	8,752.58
5	Gujarat	17,28,740	10,167.95	16,98,706	11,415.08
6	Goa	1,343	17.46	2,335	16.40
7	Haryana	15,34,304	12,112.91	14,58,365	12,166.36

1	2	3	4	5	6
8	Himachal Pradesh	1,36,801	1,449.56	1,26,967	1,652.78
9	Jammu and Kashmir	50,033	360.69	71,858	570.98
10	Karnataka	32,84,231	17,500.59	32,31,692	19,269.01
11	Kerala	9,47,390	3,868.40	9,64,251	4,034.17
12	Madhya Pradesh	57,76,571	16,351.86	59,17,637	18,565.24
13	Maharashtra	54,70,624	17,765.60	45,64,350	21,528.74
14	Meghalaya	16,074	30.35	35,702	119.93
15	Mizoram	15,522	69.91	7,513	91.28
16	Manipur	7,066	17.14	7,442	22.23
17	Nagaland	2,972	10.27	5,186	15.26
18	Odisha	51,50,219	10,267.52	41,32,602	10,078.34
19	Punjab	11,14,937	10,640.40	11,17,800	11,104.48
20	Rajasthan	44,47,320	19,837.34	40,13,914	20,766.80
21	Sikkim	8,040	9.73	8,328	10.00
22	Tamilnadu	20,61,309	6,873.49	16,13,734	6,053.51
23	Tripura	1,78,951	198.94	1,80,424	206.27
24	Telangana	21,17,806	8,686.13	21,99,905	9,591.89
25	Uttar Pradesh	74,71,939	30,373.36	75,66,185	33,544.00
26	West Bengal	25,14,771	5,652.09	23,68,373	5,838.68
27	Andaman and Nicobar Islands	6,424	10.73	6,028	11.93
28	Chandigarh	-	-	-	-
29	Daman and Diu	-	-	-	-
30	New Delhi	461	7.20	604	10.45
31	Dadra and Nagar Haveli	-	-	-	-
32	Lakshdweep	-	-	-	-
33	Puducherry	7,197	24.88	7,377	13.36
34	Jharkhand	3,86,435	1,000.88	3,86,860	1,266.96
35	Chhattisgarh	24,33,017	2,378.77	16,24,867	2,184.51
36	Uttrakhand	4,27,342	1,234.37	3,98,773	1,267.13
Total		518,00,220	1,96,781.15	481,54,003	2,14,620.19

Source: NABARD

Upgradation of Medical College

2504. SHRI SANJAY HARIBHAU JADHAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any Government Medical College has been identified by the Government in Maharashtra for the fourth phase of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY);

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) No. 13 Government Medical Colleges have been approved by Cabinet Committee on Economic Affairs on 03.08.2016 for the upgradation under Phase-IV of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY). These GMCs are in the states of Bihar, Chhattisgarh, Delhi, Gujarat, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh.

However, it may be mentioned here that following 6 Government Medical Colleges in Maharashtra have been approved for upgradation under different earlier phases of PMSSY:

- i. Grant Medical College & Sir J J Group of Hospitals, Mumbai at the cost of Rs. 120 crore (Central share: Rs. 100 cr; State share: Rs. 20 cr) under Phase-I.
- ii. Government Medical College, Nagpur at the cost of Rs. 150 crore (Central share: Rs. 125cr; State share: Rs. 25cr) under Phase-II.
- iii. Government Medical College, Aurangabad at the cost of Rs. 150 crore (Central share: Rs. 120cr; State share: Rs. 30 cr) under Phase-III.
- iv. Government Medical College, Latur at the cost of Rs. 150 crore (Central share: Rs. 120cr; State share: Rs. 30 cr) under Phase-III.
- v. Government Medical College, Akola at the cost of Rs. 150 crore (Central share: Rs. 120cr; State share: Rs. 30 cr) under Phase-III.

- vi. Shri Vasant Rao Naik Government Medical College, Yavatmal at the cost of Rs. 150 crore (Central share: Rs. 120cr; State share: Rs. 30 cr) under Phase-III.

The identification of GMCs is based on the following considerations/objectives:

- I. Availability of tertiary health care services both in public and private sectors in the regions, and gaps thereof.
- II. To remove regional disparity in the availability of tertiary level healthcare facilities in the identified region/State, especially in the backward areas.
- III. NHM initiative particularly in the EAG States and other backward and vulnerable region will create the demand for affordable quality tertiary health care, as this continues to be largely unmet.
- IV. There are many requests from the State Governments, representations of public representative etc. to improve the infrastructural facilities in the respective medical College institutions.

All India Institute of Ayurveda

2505. PROF. CHINTAMANI MALVIYA: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government proposes to set up All India Institute of Ayurveda in Madhya Pradesh;

(b) if so, the details thereof and location identified for the purpose;

(c) whether the Government proposes to launch any scheme to construct new buildings for AYUSH dispensaries in the State; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI

SHRIPAD YESSO NAIK): (a) and (b) There is no proposal to set up an All India Institute of Ayurveda in Madhya Pradesh.

(c) and (d) No.

[*English*]

IBRD Loan Agreement for SANKALP

2506. SHRIMATI POONAMBEN MAADAM: Will the Minister of FINANCE be pleased to state:

(a) whether his Ministry has signed loan agreement with the International Bank for Reconstruction and Development (IBRD) for the Skills Acquisition and Knowledge Awareness for Livelihood Promotion (SANKALP) project recently, if so, the details thereof;

(b) the aims and objectives of said loans along with the ongoing projects in association with international agencies, State/UT-wise including Gujarat;

(c) whether India has contributed any share to the World Bank and if so, the details thereof during each of the last three years and the current year; and

(d) the role of India in the decision making body of World Bank?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) Yes, Madam. The Skills Acquisition and Knowledge Awareness for Livelihood (SANKALP) is a project of total size US Dollar 675 million, including World Bank assistance of US Dollar 500 million, in two tranches of US Dollar 250 million each, with a six-year implementation schedule. At present, the first tranche has been approved for implementation. Accordingly, a Loan Agreement with International Bank for Reconstruction and Development (IBRD) for an amount of US Dollar 250 million has been signed by the Government of India on December 13, 2017. The total repayment period of this loan amount is 18 years, including a grace period of 6 years. SANKALP is an outcome oriented project, where the outcomes will be measured through Disbursement Linked Indicators (DLIs). The loan amount will be disbursed in phases, upon achievement of DLIs like successful completion of

skill development programs by trainees, percentage of graduates employed within six months of completion of programs, number of trainers and assessors trained, improved performance of states on institutional strengthening, increase in percentage of women, SCs and STs, and Persons With Disabilities participating in training programs, and successful utilization of public and private sector funding into skill development initiatives.

(b) SANKALP is a project to reform the skill development landscape, strengthen institutions at Central and State levels, enable greater decentralization of skill development governance, and improve industry connect of skill development programs. The main objectives of the project are:

- (i) Creating convergence among all skill training activities, both State-led and Government of India funded, at the state level;
- (ii) Improving quality of skill development programs through enablers such as building a pool of quality trainers and assessors, developing model curriculum and content, and standardizing assessment and certification;
- (iii) Establishing robust monitoring and evaluation system for skill training programs;
- (iv) Providing access to skill training opportunities to the disadvantaged sections; and
- (v) Creating industry led and demand driven skill training capacity.

The list of other ongoing projects focused on skill development being implemented with assistance of international agencies, along with their aims and objectives, is given in the enclosed Statement-I.

(c) India has contributed to the paid-in capital of IBRD and International Finance Corporation (IFC) pursuant to the last Capital Increase of the World Bank that was agreed to in 2010. India's contribution to these institutions of the World Bank during the last three years, including the current year is given in the enclosed Statement-II.

(d) In accordance with the Articles of Agreement of

the World Bank, all powers are vested in the Board of Governors, which is the decision-making body of the Bank. The Board of Governors consists of one Governor and one Alternate Governor appointed by each member country. The Governor of the Bank for India is the Union Minister of Finance while the Alternate Governor for India is the Secretary, Department of Economic Affairs, in the Union

Ministry of Finance. The Governors have delegated most powers to the Executive Directors who are responsible for the conduct of the general operations of the Bank and who represent a member country or a group of member countries. The Executive Director of India represents four constituency countries, namely India, Bangladesh, Sri Lanka and Bhutan, in the Board of Directors.

Statement-I

List of other ongoing projects focused on skill development being implemented with assistance of international agencies

Sl. No.	Project Name	International agency	State/Central Project	Aims and objectives
1	2	3	4	5
1	Skills Strengthening for Industrial Value Enhancement Operation	IDA	Central (Ministry of Skill Development & Entrepreneurship)	Improve access to quality and market-driven vocational training provided in Industrial Training Institutes (ITIs) and apprenticeships
2	Nai Manzil-Education and Skills Training for Minorities	IDA	Central (Ministry of Minority Affairs)	Improve completion of secondary education and market-driven skills training for targeted youth from minority communities
3	Vocational Training Improvement	IDA	Central (Ministry of Skill Development & Entrepreneurship)	Improve the employment outcomes of graduates from the vocational training system by making the design and delivery of training more demand-responsive
4	Technical Education Quality Improvement Project III	IDA	Central (Ministry of Human Resource Development)	Enhance quality and equity in participating engineering education institutes and improve the efficiency of the engineering education system in focus states
5	Enhancing Teacher Effectiveness in Bihar Operation	IDA	State (Bihar)	Improve the effectiveness of elementary school teachers in Bihar
6	Tejaswini: Socioeconomic Empowerment of Adolescent Girls and Young Women	IDA	State (Jharkhand)	Improve completion of market-driven skills training and secondary education for Adolescent Girls and Young Women in select districts of Jharkhand

1	2	3	4	5
7	Supporting Kerala's Additional Skill Acquisition Program	ADB	State (Kerala)	Implement post-basic education i.e. higher secondary and under-graduate levels with market relevant vocational training and career counseling to enhance the youth employability and employment prospects
8	Supporting Human Capital Development in Meghalaya	ADB	State (Meghalaya)	Enhance the employability of youth by improving the quality and delivery of its secondary and higher secondary education, and technical and vocational skills development programs

Statement-II

India's contribution to IBRD and IFC of the World Bank during the last three years and the current year

Sl. No.	Year	Institution	Contribution (USD million)	Remarks
1.	2014-15	IBRD	37.276	Payment of USD 20.867 million in respect of India's subscription of 2,883 shares out of 14,744 shares of India under the 2010 General Capital Increase of IBRD; and Payment of USD 16.409 million in respect of India's subscription of 2,267 shares to complete India's subscription of 9,348 shares of India under the 2010 Selective Capital Increase of IBRD
		IFC	0.094	Subscription of 94 additional shares of the capital stock of IFC for the year 2014-15 under the 2010 Selective Capital Increase of IFC
2.	2015-16	IBRD	20.867	Payment in respect of India's subscription of 2,883 shares to complete India's subscription of 14,744 shares of India under the 2010 General Capital Increase of IBRD
3.	2016-17	-	NIL	-
4.	2017-18*	-	NIL	-

* As of Feb 28, 2018

Forest Cover

2507. SHRI NARAMALLISIVAPRASAD:
SHRI RAM MOHAN NAIDU KINJARAPU:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether there has been an increase in India's forest cover according to the latest State of Indian Forests

Report and if so, the details thereof;

(b) whether the mangrove cover has increased in the country and if so, the details thereof, State/UT-wise;

(c) whether the area under 'very dense forests' and 'mid-dense forests' has decreased and if so, details thereof;

(d) the States with highest loss of forest cover in the country in the country; and

(e) the steps taken by the Government to increase forest cover to 33 percent of total area in the States?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) Yes, Madam. Forest Survey of India, Dehradun, a subordinate organization under Ministry of Environment, Forest and Climate Change, carries out the assessment of forest cover of the country biennially and the findings are published in India State of Forest Report (ISFR). As per the latest report i.e. ISFR-2017, the Total Forest and Tree Cover of the country is 8,02,088 square kilometers which is 24.40% of the total geographical area of the country. It shows an increase of 8021 square kilometers over the figure as per the India State of Forest Report 2015 (updated).

(b) As per India State of Forest Report (ISFR)-2017, there has been an increase of 181 square kilometers in the mangrove cover over same figures in ISFR-2015. The States/UT-wise details of mangrove cover along with change in mangrove area are given in the enclosed Statement-I.

(c) According to the latest "India State of Forest Report 2017", area under Very Dense Forests (VDF) of the country is 98,158 square kilometers, which is an increase of 9,525 square kilometers as compared to the previous assessment under ISFR -2015 (updated). The area under Moderately Dense Forests (MDF) of the country is 3,08,318 square kilometer which shows a decrease of 4,421 square kilometer as compared to the previous assessment under ISFR 2015 (updated).

(d) Nine States and three UTs have shown negative changes in the total forest and tree cover. There has been a decrease of 531 square kilometers and 450 square kilometers of Forest and Tree Cover in the States of Mizoram and Nagaland respectively as per the ISFR-

2017 in comparison to that of ISFR-2015. The State-wise changes in Forest and Tree Cover with respect to previous updated assessment (ISFR 2015) is given in the Statement-II.

(e) To further increase the forest cover in the country, afforestation programmes are being taken up under various Centrally Sponsored Schemes such as National Afforestation Programme (NAP) and Green India Mission (GIM) being implemented by Ministry of Environment, Forest and Climate Change. Afforestation activities are also taken up under various programmes/funding sources such as Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Pradhan Mantri Krishi Sinchayee Yojana (PMKSY) and under Compensatory Afforestation Fund Management and Planning Authority (CAMPA).

National Afforestation Programme (NAP) of the Ministry of Environment & Forests is a Centrally Sponsored Scheme for afforestation and eco-restoration of degraded forests and adjoining areas through people's participation in the country. The scheme is being implemented through a decentralized mechanism of State Forest Development agency (SFDA) at State Level, Forest Development agency (FDA) at Forest Division level and Joint Forest Management Committees (JFMCs) at Village level. An amount of Rs. 3778.63 crores has been released to the states to treat an area of 21.78 lakh hectares since inception of this programme in 2000-02 till 2017-18 as on 28.02.2018.

National Mission for a Green India (GIM) is one of the eight Missions outlined under the National Action Plan on Climate Change. It aims at protecting, restoring and enhancing India's forest cover and responding to Climate. GIM activities were started in the Financial Year 2015-16. So far fund amounting to Rs. 157.19 crore has been released under GIM to nine States for carrying out various activities under the mission.

Statement-I

Mangrove Cover Assessment 2017

(Area in sq km)

Sl. No.	State/UT	Very Dense Mangrove	Moderately Dense Mangrove	Open Mangrove	Total	Change with respect to ISFR 2015
1	2	3	4	5	6	7
1.	Andhra Pradesh	0	213	191	404	37

1	2	3	4	5	6	7
2.	Goa	0	20	6	26	0
3.	Gujarat	0	172	968	1140	33
4.	Karnataka	0	2	8	10	7
5.	Kerala	0	5	4	9	0
6.	Maharashtra	0	88	216	304	82
7.	Odisha	82	94	67	243	12
8.	Tamil Nadu	1	25	23	49	2
9.	West Bengal	999	692	423	2114	8
10.	Andaman and Nicobar Islands	3.99	169	49	617	0
11.	Daman and Diu	0	0	3	3	0
12.	Puducherry	0	0	2	2	0
Total		1,481	1,480	1,960	4,921	181

Statement-II*Forest Cover in States/UTs in India*

(area in square kilometers)

State	Geographic Area	Total Forest and Tree coveras per ISFR-2017	Percent of Geographic area	Change in forest coverwrt ISFR 2015 updated	Change Percent
1	2	3	4	5	6
Andhra Pradesh	162968	28,147	17.27	2141	1.31
Arunachal Pradesh	83743	66,964	79.96	-190	-0.23
Assam	78438	28,105	35.83	567	0.72
Bihar	94163	7,299	7.75	45	0.05
Chhattisgarh	135192	55,547	41.09	-12	-0.01
Delhi	1483	192.41	12.97	3.64	0.25
Goa	3702	2,229	60.21	19	0.51
Gujarat	196244	14,757	7.52	47	0.02
Haryana	44212	1,588	3.59	8	0.02
Himachal Pradesh	55673	15,100	27.12	393	0.71

1	2	3	4	5	6
Jammu and Kashmir*	222236	23,241	10.46	253	0.11
Jharkhand	79716	23,553	29.55	29	0.04
Karnataka	191791	37,550	19.58	1101	0.57
Kerala	38852	20,321	52.30	1043	2.68
Madhya Pradesh	308252	77,414	25.11	-12	0.00
Maharashtra	307713	50,682	16.47	-17	-0.01
Manipur	22327	17,346	77.69	263	1.18
Meghalaya	22429	17,146	76.45	-116	-0.52
Mizoram	21081	18,186	86.27	-531	-2.52
Nagaland	16579	12,489	75.33	-450	-2.71
Odisha	155707	51,345	32.98	885	0.57
Punjab	50362	1837	3.65	66	0.13
Rajasthan	342239	16,572	4.84	466	0.14
Sikkim	7096	3,344	47.13	-9	-0.13
Tamil Nadu	130060	26,281	20.21	73	0.06
Telangana	112077	20,419	18.22	565	0.50
Tripura	10486	7,726	73.68	-164	-1.56
Uttar Pradesh	240928	14,679	6.09	278	0.12
Uttarakhand	53483	24,295	45.43	23	0.04
West Bengal	88752	16,847	18.98	21	0.02
Andaman and Nicobar Islands	8249	6,742	81.73	-9	-0.11
Chandigarh	114	21.56	18.91	-0.10	-0.09
Dadra and Nagar Haveli	491	207	42.16	1	0.20
Daman and Diu	111	20.49	18.46	0.88	0.79
Lakshadweep	30	27.10	90.33	0.04	0.13
Puducherry	490	53.67	10.95	-3.28	-0.67
Grand Total	32,87,469	708273	21.54	6778	0.21

* Includes Jammu and Kashmir area outside LoC that is under illegal occupation of Pakistan and China.

Loan Agreement with New Development Bank

2508. SHRI P.R. SUNDARAM:

DR. HEENA VIJAYKUMAR GAVIT:

DR. J. JAYAVARDHAN:

SHRIMATI SPURIYA SULE:

SHRI MOHITE PATIL:

SHRI VIJAYSINH SHANKARRAO:

Will the Minister of FINANCE be pleased to state:

(a) whether his Ministry has signed second loan agreement for financing of Rajasthan Water Sector Restructuring Project for Desert Areas with New Development Bank recently;

(b) if so, the details thereof along with terms and conditions thereof;

(c) the aims and objectives of said loans along with ongoing projects in association with NDB;

(d) the quantum of loans provided by NDB and the time by which it is likely to be released; and

(e) the benefit that would accrue from this agreement along with the number of international loan agreement signed by India with various international organizations/ banks for development projects during the last three years and the current year?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) and (b) Yes Madam. The terms and conditions for the loan agreement signed between Government of India and New Development Bank (NDB) for 'Rajasthan Water Sector Restructuring Project for Desert Areas' is given in the enclosed Statement.

(c) and (d) The Rajasthan Water Sector Restructuring Project for Desert Areas aims to rehabilitate 678 km long Indira Gandhi Canal system in order to prevent seepage, conserve water, and enhance water use efficiency. Other than the Rajasthan Water Sector Restructuring Project for Desert Areas, another ongoing project in India in association with NDB is the

'Development and Upgradation of Major District Roads in Madhya Pradesh' which aims to upgrade major district roads in the State of Madhya Pradesh to improve connectivity of the interior areas of the state with the national and state highway networks and resultant boost to economic activity in the rural hinterland. New Development Bank has released INR 1,372,057,943 (USD 21,371,643.82) till 8th March 2018, for the Development and Upgradation of Major District Roads in Madhya Pradesh. The loan instalments are released by NDB based on the reimbursement claim submitted by the project implementing agencies.

(e) The benefits of the Rajasthan Water Sector Restructuring Project would be arresting the seepage by rehabilitating the deteriorating canal lining of the Indira Gandhi Nahar Project (IGNP), rehabilitation of waterlogged areas; modernization and optimization of the irrigation management practices in the project area by involvement of the water users' associations (WUA) in the command area and strengthening of drinking water supply and irrigation facilities in the project area. Similarly, the Development and Upgradation of Major District Roads in Madhya Pradesh Project would improve transport connectivity to the interior regions and resultant boost to economic activity in the rural hinterland through upgradation, rehabilitation or reconstruction of approx. 1,500 km of district roads to intermediate lane, all-weather standards, with road safety features and improved road asset maintenance & management. The number of international loan agreement signed by India with various international organizations/ banks for development projects during the last three years and the current year is given below:

Year	Number of Loan Agreements Signed
2014-15	47
2015-16	58
2016-17	55
2017-18	33

Statement*Terms and conditions of the Loan Agreement between the Government of India and New Development Bank for the Rajasthan Water Sector Restructuring Project for the Desert Areas*

Loan Amount	USD 100 million
Currency	USD
Payments	Loan amount to be paid back in 38 semi-annual installments
Grace Period	Six Years
Project Entity	Water Resources Department, Government of Rajasthan
Front End Fee	0.25% (Zero Decimal Two Five Percent) of the Loan amount
Commitment Charge	The commitment charge payable is 0.25% (Zero Decimal Two Five Percent) effective 60 (Sixty) days from the date of signing of the Loan Agreement, calculated on the following basis:i. 12 (Twelve) months after the date of signing of the Loan Agreement, on 15% (Fifteen Percent) of the Loan amount less amounts disbursed;ii. 24 (Twenty Four) months after the date of signing of the Loan Agreement, on 45% (Forty Five Percent) of the Loan amount less amounts disbursed;iii. 36 (Thirty Six) months after the date of signing of the Loan Agreement, on 85% (Eighty Five Percent) of the Loan amount less amounts disbursed; andiv. Thereafter, on the entire undisbursed Loan amount.Provided however that if the amount disbursed at the end of the first year, second year and the third year after date of signing of the Loan Agreement exceeds respectively, 15%, 45% and 85% of the Loan amount, then the commitment charge shall be NIL.
Interest	Interest shall be payable at the Interest Rate which shall be a sum of the LIBOR (WhichIs calculated on a 6 monthly basis) and the Spread which shall mean 1.20% p.a. (One Decimal Two Zero Per Cent Per Annum).
Others	The Government of India shall cause the Project Entity (Water Resource Department, Government of Rajasthan) to comply with the NDB Procurement Policy (as amended from time to time) and NDB Environment and Social Framework Policy (as amended from time to time).

High Tax on Imported Bikes

2509. SHRI DHANANJAY MAHADIK:

SHRI RAJEEV SATAV:

SHRI P.R. SUNDARAM:

DR. J. JAYAVARDHAN:

SHRIMATI SUPRIYA SULE:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government of United States (US) has criticized India for imposing high tax on Harley Davidson motorcycles though United States charges no tax on import of Indian bikes, if so, the details thereof;

(b) whether the Central Board of Excise and Customs (CBECs) has slashed custom duty to 50 percent on imported motorcycles from high end brands including Harley Davidson and Triumph recently;

(c) if so, the details thereof and reasons for slashing custom duty on luxurious bikes;

(d) whether the reduction in custom duty is due to pressure from US Government;

(e) if so, the details thereof and the response of the Government thereto; and

(f) the steps taken by the Government to protect the Indian bike manufacturers from foreign competitors and also help the Indian bike manufacturers to raise the production so that Indian bike industry could thrive?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Government of United States (US) has raised the issue of high tariff on imported Motor Cycles from US to India, while pointing out that the US has zero tariff on motorbikes exported by India to the US.

(b) to (f) With effect from 12.02.2018, the basic custom duty [BCD] on motorcycles has been reduced to 50%. The applicable BCD on parts of motor cycles including completely knocked down (CKD) condition is 15%. This provides a duty differential of more than 30% providing an incentive for domestic value addition. Hence there is an adequate protection to the domestic manufacturers of motorcycles.

[English]

Institutional Credit to Farmers

2510. SHRI NIHAL CHAND:

SHRI R. GOPALAKRISHNAN:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has taken any steps to increase the number of small and marginal farmers under the institutional credit fold;

(b) if so, the details thereof and the number of farmers targeted to be included into such institutional credit fold, State/ UT-wise;

(c) the other steps taken/being taken by the Government to protect the interests of the farmers and for extending monetary support to them;

(d) whether the Government proposes to give extra time to the farmers for repayment of their loan and if so, the details thereof; and

(e) the financial assistance provided/ being provided to each State/UTs for this purpose during the last three years and the current year?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (c) The

Government of India/ Reserve Bank of India (RBI)/ National Bank for Agriculture and Rural Development (NABARD) have, inter alia, taken the following major initiatives for providing hassle free crop loans to farmers including Small Farmer Marginal Farmer (SF/MF):-

- As per RBI directions, Domestic Scheduled Commercial Banks are required to lend 18% of the Adjusted Net Bank Credit (ANBC) or Credit Equivalent to Off-Balance Sheet Exposure (CEOBE), whichever is higher, towards agriculture. A sub-target of 8% is also prescribed for lending to small and marginal farmers including landless agricultural labourers, tenant farmers, oral lessees and share croppers. Similarly, in the case of Regional Rural Banks 18% of their total outstanding advances is required to be towards agriculture and a sub-target of 8% has been set for lending to small and marginal farmers.
- With a view to ensuring availability of agriculture credit at a reduced interest rate of 7% p.a. to the farmers, the Government of India in the Department of Agriculture, Cooperation and Farmers' Welfare implements an interest subvention scheme for short term crop loans up to Rs. 3.00 lakh. The scheme provides interest subvention of 2% per annum to Banks on use of their own resources. Besides, additional 3% incentive is given to the farmers for prompt repayment of the loan, thereby reducing the effective rate of interest to 4%.
- The Government has introduced the Kisan Credit Card (KCC) Scheme, which enables farmers to purchase agricultural inputs such as seeds, fertilisers, pesticides, etc. and draw cash to satisfy their agricultural and consumption needs. The KCC Scheme has since been simplified and converted into ATM enabled RuPay debit card with, inter alia, facilities of one-time documentation, built-in cost escalation in the limit, any number of drawals within the limit, etc.

- Under the Kisan Credit Card (KCC) Scheme, a flexible limit of Rs. 10,000 to Rs. 50,000 has been provided to marginal farmers (as Flexi KCC) based on the land holding and crops grown including post harvest warehouse storage related credit needs and other farm expenses, consumption needs, etc., plus small term loan investments without relating it to the value of land.
- RBI has conveyed to Banks to waive margin/security requirements of agricultural loans upto Rs. 1,00,000/-. Banks were advised by the RBI to dispense with the requirement of 'No Due Certificate' for small loans up to Rs.50,000/- to small and marginal farmers, share-croppers and the like and, instead, obtain self-declaration from the borrower.
- To bring small, marginal, tenant farmers, oral lessees, etc. into the fold of institutional credit, Joint Liability Groups (JLGs) have been promoted by banks.

The State-wise details of number of accounts and agriculture credit disbursed to SF/MF during 2016-17 as reported by NABARD is given in the enclosed Statement.

(d) and (e) RBI has issued directions for Relief Measures to be provided by respective lending institutions in areas affected by natural calamities which, inter alia, include, restructuring/rescheduling of existing crop loans and term loans, extending fresh loans, relaxed security and margin norms, moratorium, etc. The benchmark for initiating relief measures by banks has also been reduced to 33% crop loss in line with the National Disaster Management Framework.

Post demonetisation, the Government has taken the following measures to relieve the debt burden of farmers.

- i. The Government decided that an additional grace period of 60 days for prompt repayment incentive @ 3% will be provided to such of the farmers whose crop loans dues fell due between 01/11/2016 to 31/12/2016 and if such farmers repaid the same within 60 days from their due date in this period.

- ii. The Government also decided to grant interest waiver for two months (November and December, 2016) for all short term crop loan availed from Cooperative Banks between 01.04.2016 to 30.09.2016 and upfront deposit of the same in the accounts of the concerned farmers.
- iii. NABARD raised market borrowing for short term borrowings at prevailing market rate of interest for Rs. 17,880.78 crore and disbursed the same borrowing under refinance for on-lending to Cooperative Banks at 4.5% rate of interest during 2016-17.

Statement-I

Agri Credit Disbursement SF/MF during 2016-17

No. of A/cs in absolute and Amt. in Rs. Lakh

		No. of A/cs	Amt.
1	2	3	4
1	Delhi	17,854	- 1,63,676.68
2	Haryana	19,71,262	22,58,026.59
3	Himachal Pradesh	5,04,231	4,82,217.71
4	Jammu and Kashmir	6,03,822	4,76,917.77
5	Punjab	19,07,040	33,29,068.38
6	Rajasthan	35,08,042	33,86,571.50
7	Chandigarh Ut	3,328	20,075.04
	Northern Region Total	85,15,579	1,01,16,553.66
8	Arunachal Pradesh	3,934	2,522.33
9	Assam	7,45,989	3,24,039.40
10	Manipur	21,936	16,159.41
11	Meghalaya	38,459	15,122.61
12	Mizoram	12,274	9,151.96
13	Nagaland	22,977	8,683.18

1	2	3	4
14	Sikkim	5,403	4,753.60
15	Tripura	2,23,185	97,411.57
	North Eastern Region Total	10,74,158	4,77,844.07
16	Andaman and Nicobar Island	6,131	5,627.93
17	Bihar	34,67,763	18,58,846.67
18	Jharkhand	9,32,044	77,091.00
19	Odisha	41,83,240	14,52,331.23
20	West Bengal	41,93,618	19,50,873.51
	Eastern Region Total	1,27,82,796	53,44,770.33
21	Chhattisgarh	11,55,245	4,47,644.16
22	Madhya Pradesh	39,88,465	23,25,089.73
23	Uttarakhand	4,02,940	2,99,197.03
24	Uttar Pradesh	77,59,962	46,01,145.60
	Central Region Total	1,33,06,612	76,73,076.52
25	Goa	34,241	35,228.15
26	Gujarat	22,82,610	20,48,693.05
27	Maharashtra	56,28,594	35,38,908.06
28	Dadra and Nagar Haveli UT	2,943	2,891.26
29	Daman and Diu UT	1,429	1,314.98
	Western Region Total	79,49,817	56,27,035.50
30	Andhra Pradesh	87,72,139	56,39,628.94
31	Telangana	46,13,547	29,44,415.51
32	Karnataka	46,96,164	37,80,919.69
33	Kerala	46,31,509	38,31,825.82
34	Puducherry	3,64,546	2,93,096.71

1	2	3	4
35	Tamil Nadu	1,04,47,597	75,39,269.84
36	Lakshadweep Ut	351	245.70
	Southern Region Total	3,35,25,852	2,40,29,402.22
Grand Total		7,71,54,815	5,34,35,143.47

Source: NABARD

[English]

Labelling Norms for Generic Drugs

2511. SHRI GAJANAN KIRTIKAR:
KUNWAR HARIBANSH SINGH:
SHRI SUDHEER GUPTA:
SHRI ASHOK SHANKARRAO CHAVAN:
SHRI BIDYUT BARAN MAHATO:
SHRI A. ANWHAR RAAJHAA:
SHRI T. RADHAKRISHNAN:
SHRI NARANBHAI KACHHADIA:
SHRI S.R. VIJAYAKUMAR:

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

(a) whether the Government proposes to make it mandatory for pharma firms to carry the generic names of drugs in letter that are two font sizes larger than the brand name;

(b) if so, the details thereof along with the aims and objectives thereto;

(c) the time by which it is likely to come into force;

(d) whether the Government has consulted Indian Drug Manufacturers Association (IDMA) in this regard; and

(e) if so, the details thereof and the response of the IDMA thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (c) In order to ensure that the consumer is well informed about the generic medicine, Ministry of

Health & Family Welfare published a draft notification for public comments vide GSR 302 (E) dated 30.03.2017 for amendment of Rule 96 to provide that the proper name of the drugs shall be printed in a conspicuous manner which shall be in the same font but at level two font size larger than the brand name or the trade name, if any. It will come to force after completion of due formalities as per the provisions of the Drugs & Cosmetics Act, 1940.

(d) and (e) Indian Drug Manufacturers Association (IDMA) was invited to the stakeholders meeting held on 12.12.2017 in Central Drugs Standard Control Organisation (CDSCO) and they conveyed their inability to attend the meeting. However, they had already provided their suggestions/ comments on the draft notification vide letter dated, 11.05.2017 which has been received in the Ministry.

Performance Review of Heads of the PSBs

2512. SHRI ASHOK SHANKARRAO CHAVAN:

KUNWAR HARIBANSH SINGH:

SHRI SUDHEER GUPTA:

SHRI GAJANAN KIRTIKAR:

SHRI NARANBHAI KACHHADIYA:

SHRI A. ANWHAR RAAJHAA:

SHRI T. RADHAKRISHNAN:

SHRI BIDYUT BARAN MAHATO:

SHRI S.R. VIJAYA KUMAR:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has decided to initiate a performance review of heads of the Public Sector Banks (PSBs);

(b) if so, the details thereof along with the aims and objectives thereto;

(c) whether the Reserve Bank of India has also put 12 PSBs under watch in view of lagging on certain performance parameters;

(d) if so, the details of these banks along with the details of the parameters fixed by the Government for PSBs; and

(e) whether the Government has given instruction to banks to behave politely while dealing with customers

and if so, the details thereof along with the further steps taken/being taken by the Government to boost the performance of PSBs?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) Government has recently announced a PSB Reforms Agenda for responsive and responsible banking, which encapsulates a synergistic approach for ensuring prudential and clean lending, better customer service, enhanced credit availability, focus on Micro, Small and Medium Enterprises (MSMEs), and better governance. Government has asked Public Sector Banks (PSBs) to assign the Reforms Agenda theme-wise to their Whole-Time Directors for monitoring and evaluate their performance in implementing the assigned Reforms Agenda.

(c) and (d) Reserve Bank of India (RBI) has issued a Prompt Corrective Action (PCA) framework to maintain sound financial health of banks. It facilitates banks in breach of risk thresholds for identified areas of monitoring, viz., capital, asset quality and profitability, to take corrective measures in a timely manner, in order to restore their financial health. Thus, it is intended to encourage banks to eschew certain riskier activities and focus on conserving capital to strengthen them. The framework is not intended to constrain normal operations of the banks for the general public. RBI has placed eleven PSBs, viz., Dena Bank, Central Bank of India, Bank of Maharashtra, UCO Bank, IDBI Bank, Oriental Bank of Commerce, Indian Overseas Bank, Corporation Bank, Bank of India, Allahabad Bank and United Bank of India, under the PCA framework.

(e) Government has recently announced a PSB Reforms Agenda for responsive and responsible banking, with a view to ensure, inter alia, better customer service. Under the Reforms Agenda, PSBs have committed to Easy Access and Service Excellence (EASE) for customer comfort, through a range of measures, including courteous staff, pleasing ambience, customer amenities, digital banking, etc. The Reforms Agenda includes other measures for prudential and clean lending, enhanced credit availability, focus on MSMEs, and better governance.

[*Translation*]

PNB Scam

2513. SHRI RAKESH SINGH:
 SHRI RAJEEV SATAV:
 SHRI SUSHIL KUMAR SINGH:
 SHRIMATI SUPRIYA SULE:
 PROF. SAUGATA ROY:
 SHRIMATI V. SATHYA BAMA:
 SHRI DHANANJAY MAHADIK:
 SHRI ASADUDDIN OWAISI:
 DR. PRITAM GOPINATH MUNDE:
 SHRI P.R. SUNDARAM:
 SHRI B. SENGUTTUVAN:
 DR. J. JAYAVARDHAN:
 SHRI ADHALRAO PATIL SHIVAJIRAO:
 SHRI MOHITE PATIL VIJAYSINH
 SHANKARRAO:

Will the Minister of FINANCE be pleased to state:

(a) whether the State run lender Punjab National Bank (PNB) has reported unauthorized transactions worth Rs.11500 crore in one of its branches, if so, the details thereof and the quantum of loss to the PNB therein along with the guilty persons who have been arrested;

(b) whether the Government has constituted any inquiry in the matter and if so, the details thereof;

(c) whether the Government agencies including Central Bureau of Investigation (CBI) registered a case in this regard and started the enquiry and if so, the details of the agencies which are enquiring the case;

(d) the extent to which this fraud is likely to affect PNB and other banks along with the steps taken or being taken by the Government in consultation with Reserve Bank of India (RBI) and banks to recover money which has already been sent to foreign countries; and

(e) the number of employees and their level in hierarchy of bank who have been found guilty / to be in connivance and the action taken against them and the further steps taken by the Government to check and stop such type of unauthorized transaction?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) to (e) As

per Reserve Bank of India (RBI) inputs, Punjab National Bank (PNB) reported fraudulent issuance of Letters of Undertaking / Foreign Letters of Credit for payments of import bills, amounting to Rs. 12,645.97 crore, to RBI through its Fraud Monitoring Reporting System.

Central Bureau of Investigation (CBI) has registered two cases relating to the matter and, as of 6.3.2018, had arrested 18 persons. On the basis of FIRs registered by CBI, Directorate of -> Enforcement (ED) has filed two cases under the provisions of the Prevention of Money Laundering Act, 2002 and conducted searches at various locations and seized movable properties and attached immovable properdes. Further, mutual funds and bank accounts have been frozen. Letter of Request to 13 countries have been issued by the court seeking details of properties, bank accounts of companies, etc. ED has moved the court for obtaining non-bailable warrants against accused persons. Further investigation is in progress.

Ministry of Corporate Affairs has apprised that it has ordered investigation into the affairs of 107 companies and 7 Limited Liability Partnerships (LLPs) belonging to Nirav Modi and Mehul Choksi Groups, to be carried out by the Serious Fraud Investigation Office. Investigation is in progress. The Ministry has also filed a petition/application against the individuals, groups and their entities belonging to Nirav Modi and Mehul Choksi Groups before National Company Law Tribunal, Mumbai Bench and the tribunal has passed an injunction against all the respondents and other companies, LLPs, trusts and individuals from removal, transfer or disposal of funds, assets and properties of the individuals until further orders.

With regard to effect of the fraud on PNB and other banks, RBI has stated that it does not have specific information. PNB has stated that it has adequate assets / capital to meet any liability which may crystallise on the bank.

As per CBI inputs, as of 6.3.2018, eight public servants belonging to PNB had been arrested, ranging from the rank of General Manager to Single Window Operator. The matter is under investigation. A total of 21 PNB employees have been suspended.

RBI has issued instructions mandating banks to implement, within stipulated deadlines, prescribed measures for strengthening the SWIFT operating environment in banks. Further, it has constituted an Expert Committee under the chairmanship of Shri Y. H. Malegam to look into, inter alia, factors leading to increasing incidence of frauds in banks and the measures (including information technology interventions) needed to curb and prevent it, and the role and effectiveness of various types of audits conducted in banks in mitigating the incidence of such frauds.

Government has issued an advisory to nationalised banks to take immediate action as per extant legal/regulatory framework to ensure that such/similar fraudulent activity (as reported by PNB) is not prevalent in the bank. They have also been asked to ensure that robust systems and procedures are in place for confirming due approvals, necessary applications/documents and entry in the bank's system in respect of all Letters of Undertakings/Comfort and SWIFT messages, and ensuring scrutiny and reconciliation of Nostro accounts, and to take all necessary steps to safeguard against occurrence of such frauds. Government has further advised nationalised banks to collectively prepare a report for effective management of operational risks, including technology risk, so as to safeguard against occurrence of frauds. Government has also asked nationalised banks to examine all accounts exceeding Rs. 50 crore, if classified as Non-Performing Asset (NPA), from the angle of possible fraud.

[English]

Janani Shishu Suraksha Karyakaram

2514. SHRI MOHITE PATIL VIJAYSINH

SHANKARRAO:

SHRI RAJEEV SATAV:

SHRIMATI SUPRIYA SULE:

SHRI DHANANJAY MAHADIK:

DR. HEENA VIJAYKUMAR GAVIT:

SHRI P.R. SUNDARAM:

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

(a) the details of implementation status of Janani Shishu Suraksha Karyakaram (JSSK) under National

Health Mission along with the number of beneficiaries under the scheme during the last three years, State/UT-wise including Maharashtra and Tamil Nadu;

(b) whether the Government has launched awareness programme for successful implementation of Janani Suraksha Yojana, if so, the number of such awareness programmes launched during the last three years and achievement made thereto;

(c) whether as per NITI Aayog's Healthy States Progressive India Report, delivery at Government hospitals continue to cost the poor a lot of money though it is free under JSSK;

(d) if so, the details thereof and the reasons therefor; and

(e) the corrective measures taken by the Government to provide free delivery to pregnant women at Government hospitals across the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) State wise number of beneficiaries during last three years including Maharashtra and Tamilnadu is given in the enclosed Statement.

(b) Under the Janani Suraksha Yojana (JSY), States/UTs are authorized to utilize 5% of JSY budget for administrative expenses including IEC/ creating awareness on JSY. No such data on awareness campaign is collated at National level.

(c) and (d) As per NITI Ayog's Healthy State Progressive India Report the average out of pocket expenditure for delivering in Public Health institutions range from as low as INR 471 in Dadra and Nagar Haveli to as high as INR 10,076 in Manipur.

- The top five States and UTs with average expenditure above INR 6,000 per delivery in a public facility are Manipur (INR 10,076), Delhi (INR 8,719), West Bengal (INR 7,782), Kerala (INR 6,901), and Arunachal Pradesh (INR 6,474).
- The average OOP expenditure per delivery in public health facility for Larger States is INR

3,080, for Smaller States it is INR 5,170, and for UTs it is INR 2,995.

- Funds for implementation of the scheme are sanctioned as per the proposal received from states/UTs in their annual Programme Implementation Plan (PIP) under the National Health Mission.
- States are responsible for Implementation of JSSK.

(e) Steps taken by Govt. of India to provide free delivery to pregnant women at Government hospitals are:

- Free drugs, diet, diagnostics, transport and blood (whenever required) is provided to pregnant women delivering in government health facilities. Government of India has developed guidelines on Blood Bank/Blood Storage Unit. It will be disseminated soon.
- As per NSSO data of year 2014, average out of pocket expenditure on child birth was Rs 873/- in public facilities and Rs 8128/- in private facilities in rural areas. Likewise, average out of pocket expenditure on child birth was Rs 1164/- in public facilities and Rs 111 80/- in private facilities, in urban areas.
- Government of India sends instruction on regular basis to state to take necessary steps to reduce out of pocket expenditure for pregnant women delivering in public health facilities.

Statement

State-wise number of beneficiaries during last three years including Maharashtra and Tamilnadu

Sl. No.	Name of the State	Number of beneficiaries		
		2014-15	2015-16	2016-17
1	2	3	4	5
1	Andaman and Nicobar Islands	2300	2300	3166
2	Andhra Pradesh	268457	163036	192254

1	2	3	4	5
3	Arunachal Pradesh	5300	5300	22273
4	Assam	195503	138284	148042
5	Bihar	1536470	865000	2267532
6	Chandigarh	19875	15987	17231
7	Chhattisgarh	215008	160788	255927
8	Dadra and Nagar Haveli	3200	2200	33102
9	Daman and Diu	1000	800	1942
10	Delhi	176148	178027	267508
11	Goa	13026	10161	9455
12	Gujarat	589051	410000	834359
13	Haryana	260017	203221	1,97,191
14	Himachal Pradesh	61566	46100	40963
15	Jammu & Kashmir	154871	113991	122327
16	Jharkhand	286289	214716	264985
17	Karnataka	556541	821609	821609
18	Kerala	149787	403353	40505
19	Lakshadweep	344	350	2
20	Madhya Pradesh	991633	805556	844745
21	Maharashtra	592321	443621	162040
22	Manipur	23482	17610	16637
23	Meghalaya	7912	6000	24183
24	Mizoram	8223	4435	6399
25	Nagaland	3748	8520	6354
26	Odisha	369395	306433	342178
27	Puducherry	15782	15782	11429
28	Punjab	198670	149000	54358
29	Rajasthan	963256	1156248	1298324
30	Sikkim	5584	4200	3977
31	Tamil Nadu	629666	483095	471361

1	2	3	4	5
32	Telangana	94749	787611	123333
33	Tripura	6263	6263	30542
34	Uttar Pradesh	2176987	2929628	3114519
35	Uttarakhand	90649	68100	58561
36	WB	845655	721217	785767
India		11518728	11668542	12697889

Forest Management Certification Standard

2515. SHRI TEJ PRATAP SINGH YADAV:

SHRI B. SRIRAMULU:

SHRIMATI ANJU BALA:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

(a) whether the Government has recently launched India's country specific and internationally benchmarked Forest Management Certification Standard and if so, the details thereof;

(b) whether the Ministry of Environment, Forest and Climate Change (MoEF&CC) in „ partnership with Network for Certification and Conservation of Forests (NCCF) is simultaneously developing the certification standards for the Trees outside Forests (ToF) and Non-Wood Forest Products (NWFPs) and if so, the details thereof;

(c) whether the MoEF&CC has also launched the National Certification Scheme for Sustainable Forest Management and if so, the details thereof; and

(d) the details of initiatives taken by the Government in the field of environment reforms/standardization during the last five years?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) and (b) No, Madam. Government of India has not launched any country specific and internationally benchmarked Forest Management Certification Standard, neither it has made any partnership

with any organization for developing the certification standards for the Trees Outside Forests (ToF) and Non-Wood Forest Products (NWFPs).

(c) Ministry of Environment, Forest and Climate Change (MoEF&CC) has not launched any National Certification Scheme for Sustainable Forest Management.

(d) The details of initiatives taken by the Government in the field of environment reforms/standardization during the last five years are as follows:-

- (i) Institutionalising online environmental clearance and CRZ clearance.
- (ii) Revision of classification of industries in Red, Orange, Green and White categories making the criteria transparent and objective.
- (iii) Revision of Comprehensive Environmental Pollution Index (CEPI) bringing objectivity and transparency.
- (iv) Online monitoring of industrial pollution.
- (v) Online monitoring of water quality in river Ganga and Yamuna.
- (vi) Online monitoring of air pollution in key cities.
- (vii) Streamlining of environmental clearance with respect to industrial sheds, education sector, linear projects.
- (viii) Standardization of terms of reference for Environmental Clearance/TOR.
- (ix) Digitisation of high tide line, low tide line, hazard line, sedimentation cell, etc. for improving coastal management.
- (x) Revision of rules related to (a) solid waste management (b) hazardous waste management (c) plastic waste management (d) e-waste management, (e) construction and demolition waste management, and (f) biomedical waste management, etc.

[*Translation*]

Registered Medical Practitioners

2516. SHRI RAM CHARAN BOHRA:
SHRI VISHNU DAYAL RAM:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the number of Registered Medical Practitioners (RMPs)/doctors under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy systems of medicine (AYUSH) has increased during the last three years;

(b) if so, the details thereof;

(c) whether it is proposed to fix patient AYUSH practitioners ratio for expansion of the AYUSH system of medicine;

(d) if so, the details thereof; and

(e) the steps being taken by the Government to reduce the gap between the number of doctors and patients in the AYUSH system of medicine in urban and rural areas?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) and (b) As per information available from State Boards/ Councils, the number of AYUSH Practitioners has increased from 7,44,563 in 2015 (01.01.2015) to 7,71,468 in 2016 (01.01.2016) and to 7,73,668 in 2017 (as on 01.01.2017)

(c) and (d) No.

(e) The Government has taken various steps to promote AYUSH System of Medicine in urban and rural areas:-

(i) The National Policy on Indian Systems of Medicine & Homoeopathy-2002, envisages integration of AYUSH with the Health Care Delivery System. Mainstreaming of AYUSH is one of the strategies in National Health Mission (NHM) as well which seeks to provide

accessible, affordable and quality health care in order to improve the existing health care delivery system.

- (ii) Government of India has adopted a strategy of co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling 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 Department of Health & Family Welfare, while the support for AYUSH infrastructure, equipment / furniture and medicines are provided by Ministry of AYUSH under shared responsibilities.
- (iii) The Government of India has approved the National AYUSH Mission (NAM) on 15.09.2014 as Centrally Sponsored Scheme comprising the components of AYUSH Services, AYUSH Educational Institutions, Quality Control of ASU & H Drugs and Medicinal Plants to implement through State/ UT Governments. Under NAM, State/ UT Governments may avail financial assistance through submission of State Annual Action Plans (SAAPs).
- (iv) The Ministry takes up initiatives for propagation and promotion of AYUSH systems of medicine including Ayurveda by organizing Arogya fairs/ Melas, Conferences, Exhibitions, Seminar. Workshops, Symposium and also undertaking publicity through electronic multimedia, print media campaigning for awareness amongst the citizens all over the country.
- (v) Establishment of Post Graduate Institutes of Yoga and Naturopathy Education and Research (PGIYNER).
- (vi) Establishment of OPD of Yoga & Naturopathy.
- (vii) Activities through participation in Health Melas/ Exhibition.

- (viii) Celebration of International day of Yoga by organizing one month Yoga Training Programme in all districts of India.

Amendment of Child Sex Abuse Laws

2517. SHRI SHRIRANG APPA BARNE:
 SHRI JOSE K. MANI:
 SHRI A. ARUNMOZHITHEVAN:
 SHRIMATI KIRRONKHER:
 DR. KAMBHAMPATI HARIBABU:
 DR. PRITAM GOPINATH MUNDE:
 SHRI ANANDRAO ADSUL:
 SHRI VINAYAK BHAURAO RAUT:
 SHRI ADHALRAO PATIL SHIVAJIRAO:
 DR. SHRIKANT EKNATH SHINDE:

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

(a) whether the Government agencies have come across cases where child sex abuse survivors attempt to report such incidents later in life and if so, the details thereof;

(b) whether there is any provision to allow such reporting of abuse under the existing laws like Prevention of Children from Sexual Offences (POCSO) Act or the Indian Penal Code (IPC) and if so, the details thereof;

(c) whether the Government has received any petition requesting changes in the existing child sex abuse laws in the country to allow survivors to seek justice even after they attain the age of 18 and if so, the details thereof;

(d) whether the Ministry of Women and Child Development has requested Ministry of Home Affairs to amend the relevant law in this regard and if so, the response of the Ministry of Home Affairs thereto; and

(e) the time by which the final decision is likely to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) to (e) A request has been received in this respect, and views of Ministry of Home

Affairs /Ministry of Law have been sought regarding the same. There is no specific provision to allow reporting of abuse later in life under Protection of Children from Sexual Offence (POCSO) Act, 2012. The reporting of the cases under Indian Penal Code (IPC) are regulated as per the provision of the Code of Criminal Procedure, 1973.

[English]

National Health Protection Scheme

2518. SHRI PINAKI MISRA:
 SHRI KOTHA PRABHAKAR REDDY:
 SHRI V. ELUMALAI:
 ADV. NARENDRA KESHAV SAWAIKAR:
 SHRI ADHIR RANJAN CHOWDHURY:
 SHRI B. VINOD KUMAR:
 SHRI A.P. JITHENDER REDDY:
 SHRI ADHALRAO PATIL SHIVAJIRAO:
 SHRI MULLAPPALLY RAMACHANDRAN:
 SHRI M. CHANDRAKASI:
 SHRI ANURAG SINGH THAKUR:
 SHRI SHRIRANG APPA BARNE:
 SHRI PRATAP SIMHA:
 SHRI T.G. VENKATESH BABU:
 SHRI ANANDRAO ADSUL:
 SHRI VINAYAK BHAURAO RAUT:
 KUMARI SHOBHA KARANDLAJE:
 SHRIMATI ANJU BALA:
 SHRI ABHISHEK SINGH:
 SHRI DHARMENDRA YADAV:
 DR. SHRIKANT EKNATH SHINDE:
 SHRI B. SRIRAMULU:

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

(a) whether the Government is planning to introduce National Health Protection Scheme (NHPS) to 10 crore poor families in the country;

(b) if so, the details and the salient features of the said scheme;

(c) the time by which this scheme is likely to be introduced in the country; and

(d) whether the NITI Aayog is anticipating any difficulties in its implementation and if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) In the Budget Speech of 2018-19, the Government has announced to launch a flagship National Health Protection Scheme (NHPS) to cover over 10 crore poor and vulnerable families (approx. 50 crore beneficiaries) providing coverage upto Rs. 5 lakh per family per year for secondary and tertiary hospitalization. The contours of the scheme are yet to be finalized.

Centre of Excellence for Ayurveda

2519. DR. RATNA DE (NAG):

SHRI SANTOSH KUMAR:

SHRI HARI OM PANDAY:

SHRI MANOJ TIWARI:

Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) be pleased to state:

(a) whether the Government has any proposal to establish "Centre of excellence for Ayurveda" in the country;

(b) if so, the details thereof along with its plan out lay and funding pattern, State/ UT-wise including Bihar, Uttar Pradesh, West Bengal and Delhi; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): (a) to (c) No. The Government has not received any proposal to establish "Centre of excellence for Ayurveda" in the country from State/UTs.

[Translation]

Conduct and Ethics for Doctors

2520. SHRI CHANDU LAL SAHU:

SHRI RAJESH KUMAR DIWAKER:

SHRIMATI SANTOSH AHLAWAT:

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

(a) whether the Medical Council of India sets any

norms regarding professional conduct, ethics and policy for registered doctors which take care of the interests of the doctors as well as the community in a comprehensive manner;

(b) if so, the details thereof along with the total number of complaints received by the council during the last three years and the total number of complaints settled and pending out of them, State/UT-wise; and

(c) the total number of doctors found guilty of professional misconduct during the last ten years along with the action taken in this regard, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Medical Council of India with the previous approval of the Central Government has notified Indian Medical Council (Professional Conduct, Etiquette And Ethics) Regulations, 2002 to prescribe standards of professional conduct and etiquette and code of ethics for medical practitioners. The MCI or the appropriate State Medical Councils have been empowered to take disciplinary action against a doctor for violation of the provisions of the aforesaid Regulations. As and when complaints are received against the violation of code of ethics for doctors, such complaints are referred by MCI to the concerned State Medical Councils where the doctors/ medical practitioners are registered. The MCI is an Appellate Authority.

(b) MCI informed that during the last three years, the complaint received are as under:

	2015	2016	2017
Total complaints received in the year	154	164	67
Complaints refer to State Medical Councils in the year	83	98	50

(c) The details of action taken by the MCI against the doctors found guilty of professional misconduct are given in the enclosed Statement.

Statement*Action taken by the MCI against the doctors found guilty of professional misconduct***2014**

Sl. No.	Date of Ethic Meeting	Name of Doctor	Punishment
1	2	3	4
01.	21.02.2014	Dr.Narendra Vikramaditya Yadav	5 years (IMR)
02.	21.02.2014	Dr. Vineet Garg	1 Year (IMR)
03.	24.04.2014	Dr. Kapoor Choudhary, Jalore	6 months under 8.5
04.	24.04.2014	Dr. Pramod Sharma	6 months under 8.5
05.	24.04.2014	Dr. B.R. Rao	Warning
06.	24.04.2014	Dr. Mrs. Alka Rao	Warning
07.	24.04.2014	Dr. Ketan Bhatt	Warning
08.	24.04.2014	Dr. P.K. Pujari	6 months under 8.5
09.	24.04.2014	Dr. Ranjan Bhattacharjeet	6 months under 8.5
10.	24.04.2014	Dr. Asis Kumar Patra	6 months under 8.5
11.	24.04.2014	Dr. Bindu Kedia	Warning
12.	24.04.2014	Dr. Deepa Singh	3 months (IMR) + refund money charged for surgery i.e. 22000/-
13.	24.04.2014	Dr. Alok Singh	Warning
14.	24.04.2014	Dr. V.P. Sinha	3 months (IMR)
15.	24.04.2014	Dr. Pradeep	2 years (IMR)
16.	24.04.2014	Dr. Naresh Johri	6 months (IMR)
17.	24.04.2014	Dr. Rajesh Gupta	6 months (IMR)
18.	24.04.2014	Dr. Bhatnagar	3 months (IMR)
19.	24.04.2014	Dr. Vinay Surain	Warning
20.	24.04.2014	Dr. Rama Rathi Saboo	Warning
21.	22.05.2014	Dr. Harish Kumar	1 months (SMR) - Uphold DMC decision.
22.	22.05.2014	Dr. Shrihari Abhaji Dhore	3 months (SMR) - Uphold Maharashtra Medical Council decision.
23.	22.05.2014	Dr. Anand Prakash Sharma	5 year (SMR/IMR) -Uphold UPMC decision

1	2	3	4
24.	22.05.2014	Dr. Prafulla Misra	Warning - Uphold DMC decision.
25.	13.08.2014	Dr. B.K. Mahato	6 months (IMR)
26.	13.08.2014	Dr. Liyakat Ali	1 Year (IMR)
27.	13.08.2014	Dr. Nirmala Aggarwal	1 Year (IMR)
28.	13.08.2014	Dr. Srinivas Rao	Warning
29.	13.08.2014	Dr. Hari Krishan P	Warning
30.	13.08.2014	Dr. Vivek Nigam	Suspended under 8.5
31.	13.08.2014	Dr. Rohit R. Kulkarni	Suspended under 8.5
32.	13.08.2014	Dr. Ashok Kumar Ghosh	Warning
33.	13.08.2014	Dr. Sujit Sarkar	Warning
34.	13.08.2014	Dr. Arvind Das	Warning
35.	13.08.2014	Dr. Mohit Mathur	Warning
36.	13.08.2014	Dr. Naveen Kishore	Warning
37.	13.08.2014	Dr. Ashok Kumar Bajpai	5 Years debarred from taking any post of Medical teacher
38.	13.08.2014	Dr. R. Vedamanikam	1 year (IMR)
39.	13.08.2014	Dr. Sushil Jain	Warning
40.	13.08.2014	Dr. Ranjit Kumar	Suspended under 8.5
41.	30.09.2014	Dr. Ramcharan Thiagarajan	1 year (IMR/SMR)
42.	09.10.2014	Dr. Iallan Prasad	1 year (IMR)
43.	09.10.2014	Dr. Sudhir Kumar	1 month IMR - uphold decision of DMC
44.	09.10.2014	Dr. Sunil Kumar Bakshi	1 month IMR - uphold decision of DMC
45.	09.10.2014	Dr. Devika Bhatt	Suspended under 8.5
46.	09.10.2014	Dr. Rishiraj Bhatt	Suspended under 8.5
47.	17.11.2014	Dr. Jayaprakash, Principal, Fr. Muller Instt. of Med. Sc. Mangalore	Warning
48.	17.11.2014	Dr. H.Basavanagowdappa, Principal JSS Med.College.	Permanently Debarred
49.	17.11.2014	Dr. H. Rangappa, Dean, Rajarajeshwari	5years debarred from taking any post
50.	17.11.2014	Dr. Bala Krishnan	Permanently debarred.

2015

Sl. No.	Ethics Committee Meeting dated	Doctor's Name	Period of punishment awarded
1	2	3	4
01	15-16.01.2015	Dr. Sukhchain Singh Bhullar and Dr. B. K. Sanjay	any teaching post/administrative post, in any medical college for a period of 5 (five Years)
02	04-05.11.2015	Dr. Basudeb Tewari	Warning
03	28.01.2015	Dr.(Mrs.) Meenakshi Chaki	Warning
04	28.01.2015	Dr. Manoj Dhingra	Remove for 1 (One) Year
05	05-06.02.2015	Dr. Goli Venkateshwar Rao	Remove for 3 (Three) Months
06	19-20.02.2015	Dr. A. Goenka and Dr. Abhay Tyagi	Warning
07	19-20.02.2015	Dr. M. L. Sharma	Remove for 1 (One) Year
08	19-20.02.2015	Dr. Gaurav Bansal and Dr. V.K. Kohli Dr. Alka Goel and Dr. Renu Agarwal Dr. Anu Nayar	Remove for 1 (One) Year Remove for 3 (Three) Months Warning
09	17-18.03.2015	Dr. Jatinder Sharma	Warning
10	17-18.03.2015	Dr. Praveen Rathi	Warning
11	06-07.04.2015	Dr. S.B. Dabral	permanently debar from taking any post of Principal/Dean/Administrative/ any teaching post of similar nature
12	06-07.04.2015	Dr. Rajender Singh Dr. Prafull Kumar Arya	Remove for 5 (Five) Years from undertaking any post of medical teacher, administrative capacity or any post of similar nature Remove for 5 (Five) Years
13	06-07.4.2015	Dr. H. Basavanagowdappa	Remove for 3 (Three) Years
14.	29th & 30th April, 2015	Dr. Parveen Doddamani	Remove for 3 (Three) Years
14	26-27.05.2015	Dr. Narain Harsinghani	Remove for 3 (Three) Months
15	16-17.06.2015	Dr. T. Gunasagan, Dr. Bavanisankar T., Dr. Dipti Shah, Dr. M. P. Sasi, Dr. A. H. Nagarajappa and Dr. Vidya Modgaonkar	permanently debarred from the panel of Assessors

1	2	3	4
16	16-17.06.2015	Dr. K. Ravi, Dr. Shilpa Rao, Dr. Kirti Dubey, Dr. Yamini Nilesh Trivedi and Dr. Srikumari Damodaran	permanently debarred from the panel of the MCI Assessment
17	16-17.06.2015	Dr. Atul Chhabra	Remove for 6 (Six) Months
18	16-17.06.2015	Dr. Basudev Tewari	Warning
19	16-17.06.2015	1. Dr. Subodh Banzal, Professor of Medicine 2. Dr. Mahendra Tilkar, Assistant Professor of Medicine 3. Dr. Kailash Bhatia, Professor of Dermatology 4. Dr. Manoj Kela, Associate Professor of Surgery 5. Dr. Rajiv Jain, Associate Professor of Surgery. 6. Dr. Saket Jati, Associate Professor of Orthopaedic	Remove for 3 (Three) Years from teaching post
20	25-26.06.2015	Dr. Neetu Rastogi	Remove for 1 (One) Year
21	10-11.08.2015	1. Dr. A. K. Bhargava, Professor of Pathology 2. Dr. Rakesh Lal, Associate Professor of Radiology 3. Dr. Ramesh M. Vanjani, Professor of Pathology 4. Dr. N. K. Malpani, Professor of General Surgery 5. Dr. Shailja Ratan Shukla, Professor of DVL 6. Dr. Pawan Shorey, Professor of Ophthalmology	Remove for 5 (Five) from undertaking any post of Administrative nature/teaching post of similar nature in any university and/or medical college
22	10-11.08.2015	Dr. H Rangappa	Remove for 5 (Five) Years
23	27-28.08.2015	Dr. Ravi Prakash Agarwal	Remove for 3 (Three) Years

1	2	3	4
24	27-28.08.2015	Dr. Nandeesh	Remove for 3 (Three) Years
25	27-28.08.2015	Dr. T.K. Aneetha	Remove for 3 (Three) Years
26	27-28.08.2015	Dr. Mohammed Shahid	Remove for 3 (Three) Years
27	29-30.09.2015	Dr. Ashok Kumar Ghosh	Remove for 1 (One) Year
28	29-30.09.2015	Dr. Sujit Sarkar	Remove for 1 (One) Year
29	15-16.10.2015	Dr. N. S. Kothari	Permanently debar from undertaking any post of Principal/Dean or any Administrative post of similar nature
		1. Dr. A. K. Bhargava, Professor of Pathology	Remove for 5 (Year) Yeas any post of Administrative nature/teaching post of similar nature
		2. Dr. RakeshLal, Associate Professor of Radiology	
		3. Dr. Ramesh M. Vanjani, Professor of Pathology	
		4. Dr. N. K. Malpani, Professorof General Surgery	
		5. Dr. ShailjaRatanShukla, Professor of DVL	
		6. Dr. PawanShorey, Professor of Ophthalmology	
30	4-5.11.2015	Dr. Ashalata Shankararao Jagtap	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002
31	4-5.11.2015	Dr. Kailash ChandraManchanda	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002
32	4-5.11.2015	Dr. Shri Ram Bharadwaj	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002
33	4-5.11.2015	Dr. Kanwardeep Randhawa	Remove for 180 days
34	02-03.12.2015	The Dean Dr. Ashok Kumar Dhanvijay	Debar for 1 (One) year from undertaking any post of Principal/Dean or any Administrative post

1	2	3	4
35	22-23.12.2015	Dr. Aswani Patchala	Remove for 6 (Six) months
36	22-23.12.2015	Dr.Sadanand Govindrao Kulkarni	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002. Remove for 5 (Year) Years any post of Administrative nature/teaching post of similar nature. (Decision sent on dated 24.05.2017)
37	22-23.12.2015	Dr. Sabha Shankar Tiwari	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.
38	22-23.12.2015	Dr. Rupendra Singh	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.
39	22-23.12.2015	Dr. Amit Panwar	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.
40	22-23.12.2015	Dean/Principal of Chintpurni Medical College & Hospital, Pathankot, Punjab	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.
41	22-23.12.2015	Dr. Manish Kumar	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002
42	22-23.12.2015	Dr. Paresh Ruparel Dr. U.B. Shah	Remove for 5 (Year) Yeas any post of Administrative nature/teaching post
2016			
1.	05-06.01.2016	Dr. V. S. Solanki Dr. Madhu Chadha	More Careful
2.	19-20.01.2016	Dr. Y. P. Bhattacharya Dr. S. K. Sinha	In terms of clause 8.5. of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002

1	2	3	4
3.	19-20.01.2016	Dr. K. Koteswera Rao Prof. J. Sasi Kumar and Dr. Gurunadha Rao Dr. Anil Grover	Debarred permanently warning Five Years
4.	19-20.01.2016	Dr. R.P. Singh	Remove for 6 (six) Months
5.	17-18.02.2016	Dr. Arvind Kumar	Remove for 1 (One) Year
6.	17-18.02.2016	Dr. Ashok Kumar Ghosh Dr. Sujit Sarkar	Remove for 1 (One) Year Remove for 6 (six) Months
7.	17-18.02.2016	Dean Dr. Anil Agarwal	Remove for 1 (One) Year
8.	17-18.02.2016	Dr. Shirish B. Patil	Remove for 1 (One) Year
9.	17-18.02.2016	Dr. Mihir Choudhary Dr. Swapnil Thorat	warning
10.	17-18.03.2016	Dr. Alok Madan Dr. Mahesh Gupta	Warning
11.	17-18.03.2016	Dean/Principal	Remove for 1 (One) Year
12.	18.04.2016	Dr. Talisetti Bharti	warning
13.	18.04.2016	Dr. Vijay Kumar Sharda	Remove for 6 (Six) Months
14.	18.04.2016	Dr. E. Sudhakar Reddy	warning
15.	18.04.2016	Dr. Arunachalam Kumar	Remove for 6 (Six) Months
16.	18.04.2016	Dr. H. P. Shanta	Remove for 6 (Six) Months
17.	18.04.2016	Dr. Bolar Ram Prasad	Remove for 6 (Six) Months
19.	18.04.2016	Dr. Mohammad Shuaib	Remove for 6 (Six) Months
20.	18.04.2016	Dr. Smita Singh Banerjee	Remove for 3 (Three) Months
21.	18.04.2016	Dr. Shilpa S. Naik	Remove for 6 (Six) Months
22.	18.04.2016	Dr. Harshida Sukhalagir Gosai	Remove for 3 (Three) Months
23.	18.04.2016	Dr. Muddu Surendra Nehru	Remove for 6 (Six) Months
24.	18.04.2016	Dr. Nemade Pankaj Ramesh	Remove for 6 (Six) Months
25.	18.04.2016	Dr. Narendrula Sunitha	Remove for 6 (Six) Months
26.	18.04.2016	Dr. Rajnish Chandran	Remove for 3 (Three) Months
27.	18.06.2016	Dr. Bhagat Haridas	Remove for 6 (Six) Months
28.	18.06.2016	Dr. Pradhya P. Kulkarni	Remove for 6 (Six) Months
29.	18.06.2016	Dr. Sagar Sunka	Remove for 6 (Six) Months

1	2	3	4
30.	18.06.2016	Dr. B. Venugopal Rao	Remove for 6 (Six) Months
31.	18.06.2016	Dr. Ved Prakash Gupta	Remove for 6 (Six) Months
32.	18.06.2016	Dr. Vijay Kumar Chaudhary	Remove for 6 (Six) Months
33.	18.06.2016	Dr. Basavaraj M. Tinginkai	Remove for 6 (Six) Months
34.	18.06.2016	Dr. Hemant Kumar	Remove for 3 (Three) Months
35.	18.06.2016	Dr. Muthu Kumar R.	Remove for 6 (Six) Months
36.	18.06.2016	Dr. Abhay Kumar	Remove for 3 (Three) Months
37.	18.06.2016	Dr. Ishan Hemant Kumar Shah	Remove for 6 (Six) Months
38.	18.06.2016	Dr. Ruchi Garg	Remove for 6 (Six) Months
39.	18.06.2016	Dr. Sonawane Yashdeep Liladhar	Remove for 3 (Three) Months
40.	18.06.2016	Dr. M. Chitra	Remove for 6 (Six) Months
41.	18.06.2016	Dr. Amit Srivastava	Remove for 6 (Six) Months
42.	18.06.2016	Dr. P. Madanika	Remove for 6 (Six) Months
43.	18.06.2016	Dr. Sachin S Shabadi	Remove for 6 (Six) Months
45.	18.06.2016	Dr. Vishal K. Kadeli	Remove for 6 (Six) Months
46.	03-04.05.2016	Dr. S. Swarupa Rani	Remove for 1 (One) Year
47.	03-04.05.2016	Dr. N.S. Sharma of the then Dean of Chintpurni Medical College & Hospital, Bungal, Pathankot, Punjab.	Remove for 3 (Three) Years
48.	03-04.05.2016	Dr. Ardaman Singh	Remove for 1 (One) Year
49.	03-04.05.2016	Dr. N.S. Sharma of the then Dean of Chintpurni Medical College & Hospital, Bungal, Pathankot, Punjab.	Remove for 3 (Three) Years
50.	03-04.05.2016	Dr. Ravdeep Singh	Remove for 1 (One) Year
51.	03-04.05.2016	Dr. Mrinalini, Dean of Melmaruvathur Adhiparasakthi Institute of Medical Sciences & Research, Melmaruvathur, Tamil Nadu	Remove for 3 (Three) Years
52.	03-04.05.2016	Dr. Dipti Basu the then Dean of Hi-Tech Medical College, Rourkela	Remove for 3 (Three) Years
53.	03-04.05.2016	Dr. Om Prakash Pandey	Remove for 1 (One) Year
54.	03-04.05.2016	Dr. Tushar R. Patil	Remove for 1 (One) Year

1	2	3	4
55.	03-04.05.2016	Dr. Mrinalini, Dean of Melmaruvathur Adhiparasakthi Institute of Medical Sciences & Research, Melmaruvathur, Tamil Nadu	Remove for 3 (Three) Years
56.	03-04.05.2016	Dr. M. Rama Rao	Remove for 1 (One) Year
57.	03-04.05.2016	Dr. Rama Kant	Remove for 3 (Three) Years
58.	24-25.05.2016	Dr. Amit Jagtap	Warning
59.	24-25.05.2016	Dr. Nirmala Jaiswal Dr. Pritha Datta	In terms of clause 8.5 of Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002
60.	23-24.06.2016	Dr. Muktanjali Arya, Dr. A. S. Sekhon Dr. V. Mohan Dr. P.K. Arya	Remove for 3 (Three) Yearscc
61.	23-24.06.2016	Dr. N. K. Das, Dr. S.P. Choudhary, Dr. R. K. Mishra, Dr. J.K. Prasad Dr. P. K. Moonka	Remove for 1 (One) Month " " "
62.	30.06.2016	Dr. Neetu Rastogi	Remove for 1 (One) Month
63.	4-5.08.2016	Dr. Keerti Munday	Remove for 6 (Six) Month
64.	19-20.08.2016	Dr. Surendra Bhandari the then Dean, Maheshwara Medical College, Medak District	Remove for 3 (Three) Years
65.	19-20.08.2016	Dr. Kailash Chandra Manchanda, Dean of Chintpurni Medical College & Hospital, Pathankot, Punjab	Remove for 3 (Three) Years
66.	7-8.09.2016	Dr. Manoj Kumar Rai	Remove for 1 (One) Year
67.	5/6.10.2016	Dr. H. S. Somasekhar Dr.B. Vijay Kumar	Warning Warning & Remove for 3 (Three) Years
68.	5/6.10.2016	Dr. S. B. Ongale	Warning
69.	5/6.10.2016	Dr. Sharad Gupta The Dean Dr. Mahendra Raj Waghay	Debarred for 5 (Five) Years Remove for 3 (Three) Years
70.	5/6.10.2016	The Principal Dr. S. Balakrishanan	Debarred for 1 (One) Year
71.	5/6.10.2016	The Principal Dr.Jayapakash	Debarred for 1 (One) Year
72.	5/6.10.2016	The Dean Dr. H. Rangappa	Debarred for 1 (One) Year
73.	09.11.2016	Dr. Gunjan Singh	Remove for 6 (Six) Months

1	2	3	4
2017			
1.	14.12.2016	Dr. Manish Kumar Singh	Remove for 1 (One) Year
2.	29/30.11.2016	The Principal Dr. (Lt.Col.) K. S. N. Rao & Dr. Gudurusree Latha Dr. C. Madhav Rao Dr. Pradeep Vundavalli Dr. Pandula Revathi Dr. D.K. Chedrolu Dr. Y. Nagatalupula Rao	Remove for 1 (One) Year Remove for 3 (Three) Years " " "
3.	29/30.11.2016	Dr. Pratibha D. Athavia	Remove for 1 (One) Year
4.	29/30.11.2016	Dr. Parul Verma	Remove for 6 (Six) Months
5.	29/30.11.2016	Dr. Shiuli	Remove for 6 (Six) Months
6.	29/30.11.2016	Dr. Sanjeev Kumar	Remove for 6 (Six) Months
7.	30.12.2016	Dr. Kaushik Samajdar	Remove for 3 (Three) Months
8.	09.01.2017	Dr. Bhawani Shankar	Remove for 3 (Three) Years
9.	09.01.2017	The then Dean, Dr. Deepti Basu The then Dean, Dr. Ch. Lakshmi Kumar & Dr. Amit Panwar	Remove for 3 (Three) Years Remove for 1 (One) Year
10.	24/25.01.2017	The then Dean Dr. U. B. Shah	Remove for 3 (Three) Years
11.	24/25.01.2017	Dr. Umesh Gupta	Remove for 3 (Three) Years
12.	24/25.01.2017	Dr. Deepak Kumar Dr. Prabhat Sinha	Warning
13.	24/25.01.2017	The Ex-Principal Dr. Chandrakant Shirohi	Remove for 1 (One) Year
14.	24/25.01.2017	Dr. Shailendra Singh	Remove for 1 (One) Year
15.	06.04.2017	Dr.(Prof.) Kedar Bandhopadhyay	Remove for 3(Three) Months
16.	27/28.04.2017	Dr. Aashish N. Tripathi	Remove for 3(Three) Months
17.	27/28.04.2017	Dr. Gour Chandra Naskar & Dr. Chandi Charan Roy & Dr. Ashok Kumar Biswas & Dr. R. Basu	Remove for 3 (Three) Years Warning
18.	27/28.04.2017	Dr. Jose Chellan	Remove 2 (Two) Years
19.	27/28.04.2017	Dr. Rajeev Kumar Aggarwal, Dr. Chandra Prakash Singh, Dr. P.K. Vashist & The then Dean Dr. M. D. Tripathi	Remove for 3 (Three) Years Remove for 3 (Three) Years Remove for 3 (Three) Years Remove for 3 (Three) Years

1	2	3	4
20.	27/28.04.2017	Dr. Nikhil Raheja	Remove for 1 (One) Year
21.	27/28.04.2017	Dr. Purnendu Roy	Remove for 1 (One) Year
22.	27/28.04.2017	The then Dean Dr. Rajiv Kumar Gupta	Remove for 3 (Three) Years
23.	27/28.04.2017	Dr. Anil Bharani, Dr. Ujwal Sardesai, Dr.V. S. Pal, Dr. Abhay Paliwal, Dr. Pali Rastogi, Dr. Hemant Jain, Dr. Ashish Patel, Dr. Raghulam Razdan	Remove for 3(Three) Months " " " "
24.	27/28.04.2017	Dr. Murarilal Nagarmal Saraf	Remove for 5 (Five) Years
25.	18/19.05.2017	Dr. Yatish Sharma Dr. Pawan Khurana	Warning
26.	06/07.06.2017	the then Dean, SMBT Institute of Medical Sciences & Research Centre & Dr Pankajrao Himmatrao Patil Dr. Nukte Muktanand Ratilal, Dr. Sawant Rujuta Rajesh, Dr. Mahajan Pratikshit Madhav, Dr. Amit Ramnath Kakad, Dr. Sakharam Tulshiram Ghankute, Dr. Nikam Maheshkumar Prabhakarand Dr.Khadose Gopal Jagannath Dr.Tharat Sukhdeo Lingaji Dr.Jayant R Maheshwari	Remove for 3 (Three) Years Remove for 1 (One) Year
27.	06/07.06.2017	The then Dean, Dr. R. Gopinathan	Remove for 3 (Three) Years
28.	30th June & 1st July 2017	Dr. Parveen Choudhary	Remove for 1 (One) Year
29.	30th June & 1st July 2017	Dr. Seema Shivhare	Remove for 1 (One) Month
30.	0	0	0
31.	22nd September, 2017	Dr. G.P.I Singh	Remove for 3 (Three) Years
32.	22nd September, 2017	Dr. Darshan M.S	Remove for 1 (One) Year
33.	16th October, 2017	Dr. Rajammal Bhagirathy Ammal	Remove for 1 (One) Year
34.	22nd September, 2017	Dr. Dinesh Chandra Gupta	Remove for 1 (One) Year
35.	30th October, 2017	Dr. Meena Taneja	Remove for 5 (Five) Years
36.	21st September, 2017	Dr. Surender Bhandari	Remove for 3 (Three) Years

1	2	3	4
2018			
01.	20th & 21st November, 2017	Dr. Kanu Verma Dr. Kishan Kumar Sharma	Remove for 3 (Three) Years
02.	28th November, 2017	Dr. Narendra Kumar Gupta	Permanently erase from IMR/SMR

Loan to States

2521. SHRI RAVINDRA KUMAR PANDEY: Will the Minister of FINANCE be pleased to state:

(a) the details of the amount of loan disbursed to the States by the Union Government along with the pending dues/liability on the States during the last three years, State/UT-wise;

(b) whether the Union Government is aware of the misuse of loan amount by the States during the said period and if so, the details thereof; and

(c) the corrective measures taken by the Union Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): (a) The

details of loans advanced by the Central Government to States/ UTs, during last three years from 2014-15 to 2016-17 alongwith the outstanding amount as at the end of 2016-17 are given in the Statement.

(b) and (c) The loans such as World Bank loans are audited by Comptroller and Auditor General or Independent Auditor and are vetted by the World Bank. If the auditor reports any diversion of funds or misclassification of expenditure, funds/loans are not released by the World Bank/Asian Development Bank for that particular item of expenditure. Further, the Government takes several measures to monitor and speed up the disbursement of loans and ensures that the projects are implemented within the agreed time frame. Strict monitoring of disbursements/project through Tripartite Portfolio Review Meetings (TPRMs), State Review Meetings (SRM) and other meetings are undertaken.

Statement

State/UT-wise amount of loans Advanced during the years 2014-15, 2015-16 and 2016-17

(Rs. in crore)

Sl. No.	Name of the States	State-wise amount of Loans advanced during the years#			Outstanding Balance of Central Govt. loans at the end of the 2016-17##
		Loans Advanced during 2014-15#	Loans Advanced during 2015-16#	Loans Advanced during 2016-17#	
1	2	3	4	5	6
1	Andhra Pradesh	695.41	685.17	814.25	9,304.64
2	Arunachal Pradesh	-	-	-	190.38
3	Assam	49.66	50.49	57.36	1,235.85
4	Bihar	718.25	822.97	1,511.59	9,583.70
5	Chhattisgarh	8.44	145.03	381.29	2,056.02

1	2	3	4	5	6
6	Goa	202.88	111.56	91.87	1,076.51
7	Gujarat	323.39	252.56	191.07	6,543.79
8	Haryana	130.76	97.24	129.59	2,141.93
9	Himachal Pradesh	125.31	59.31	101.30	1,072.07
10	Jammu and Kashmir	12.15	17.21	24.70	1,111.98
11	Jharkhand	138.83	150.91	234.29	2,151.17
12	Karnataka	1,365.20	1,271.02	1,917.93	13,766.43
13	Kerala	752.47	531.35	852.14	7,594.86
14	Madhya Pradesh	1,372.23	1,326.12	1,266.67	13,879.71
15	Maharashtra	587.12	575.97	634.80	7,826.61
16	Manipur			16.04	355.47
17	Meghalaya	4.77	2.28	4.28	177.63
18	Mizoram	19.39	3.80	6.84	220.45
19	Nagaland	5.43	0.14	0.26	135.59
20	Odisha	529.10	739.43	902.98	7,433.07
21	Punjab	561.92	265.33	654.94	3,862.99
22	Rajasthan	794.11	1,749.12	3,455.35	11,095.72
23	Sikkim	10.71	3.09	3.34	103.99
24	Tamil Nadu	1,517.09	920.88	1,859.74	1*4,269.98
25	Telangana	86.37	1,367.37	956.12	8,061.20
26	Tripura	18.80	5.93	3.61	225.12
27	Uttarakhand	61.00	97.01	146.23	649.80
28	Uttar Pradesh	485.98	593.86	1,031.08	13,164.01
29	West Bengal	1,362.99	658.95	518.94	12,990.29
	Total (States)	11,939.76	12,504.10	17,768.60	1,52,280.96
	UT's				
1	Delhi				
2	Pudducherry	72.00	72.00	72.00	NA
	Total(UTs)	72.00	72.00	72.00	NA
	Grand Total (States/ UTs)	12,011.76	12,576.10	17,840.60	

Source: Section-2 and Additional Disclosure to Statement no. 15 of Union Govt. Finance Accounts

Source: Office of Chief Controller of Accounts

*[English]***PMVVY**

2522. PROF. PREM SINGH CHANDUMAJRA:

SHRI BHOLA SINGH:

SHRI KUNDARIYA MOHAN BHAI KALYANJI
BHAI:

Will the Minister of FINANCE be pleased to state:

(a) whether the Government has launched the Pradhan Mantri Vaya Vandana Yojana (PMVVY);

(b) if so, the details, salient features and the objectives thereof; and

(c) the number of persons/senior citizens benefitted under the scheme in the country including Gujarat, Punjab and Uttar Pradesh, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) To protect elderly persons aged 60 years and above against a future fall in their interest income due to the uncertain market conditions, as also to provide social security during old age, Government launched a simplified scheme of assured pension of 8% called the Pradhan Mantri Vaya Vandana Yojana (PMVVY). This Scheme has been launched through Life Insurance Corporation (LIC) of India. As per the scheme, on payment of an initial lump sum amount ranging from a minimum purchase price of Rs. 1,50,000/- for a minimum pension of Rs 1000/- per month to a maximum purchase price of Rs. 7,50,000/- for a maximum pension of Rs. 5,000/- per month, subscribers will get an assured pension based on a guaranteed rate of return of 8% per annum, payable monthly/quarterly/half-yearly/annually. The duration of the scheme will be for a period of ten years and the scheme is open for subscription for a period of one year i.e. from 4th May, 2017 to 3rd May, 2018.

(c) LIC has provided the State-wise number of Persons/senior citizens covered under Pradhan Mantri Vaya Vandana Yojana (PMVVY) as on 28.02.2018 which is enclosed as Statement.

Statement

Number of Persons/senior citizens covered under Pradhan Mantri Vaya Vandana Yojana (PMVVY) for the period from 04.05.2017 to 28.02.2018

Name of the States/Union Territories	No. of Senior Citizens	Purchase Price of Pension (Rs in Crore)
1	2	3
Andhra Pradesh	4,550	249.54
Arunachal Pradesh	5	0.30
Assam	1,148	72.30
Bihar	1,830	113.78
Chhattisgarh	1,852	127.36
Goa	981	55.44
Gujarat	27,960	1440.94
Haryana	2,714	165.06
Himachal Pradesh	556	31.94
Jammu and Kashmir	406	25.98
Jharkhand	2,974	205.62
Karnataka	12,795	742.75
Kerala	4,716	243.24
Madhya Pradesh	5,498	321.27
Maharashtra	39,694	2204.55
Manipur	12	0.72
Meghalaya	45	2.86
Mizoram	1	0.06
Nagaland	9	0.49
Odisha	3,009	191.81
Punjab	2,503	148.48
Rajasthan	4,178	245.23
Sikkim	17	1.11
Tamil Nadu	12,973	710.35

1	2	3
Telangana	5,713	350.78
Tripura	170	10.36
Uttar Pradesh	14,153	857.28
Uttarakhand	1,671	106.58
West Bengal	41,073	2268.41
Andaman and Nicobar Islands	7	0.40
Chandigarh	563	35.55
NCT of Delhi	8,813	576.74
Puducherry	152	8.32
Total	2,02,741	11,515.60

Monitoring of CSR

2523. SHRI RAJENDRA AGRAWAL:
 SHRI COL. SONARAM CHOUDHARY:
 SHRI BHEEMRAO B. PATIL:
 SHRI HEMANT TUKARAM GODSE:
 SHRI KALIKESH N. SINGH DEO:

Will the Minister of CORPORATE AFFAIRS be pleased to state:

(a) whether the companies of both public and private sectors have mandatorily spent a certain percentage of their profits on welfare development activities as Corporate Social Responsibility (CSR);

(b) if so, the details of the amount utilised and major activities/programmes undertaken by various Public Sector and Private Sector Companies including oil exploring companies during the last three years, State/UT-wise including Odisha;

(c) whether any comparative study has been conducted regarding the amount of the fund spent by the private companies and Public Sector Undertakings and if so, the details thereof and if not, the reasons therefor;

(d) whether the Government has laid emphasis

on the effective implementation of CSR, compliance of CSR norms and if so, the details thereof; and

(e) whether the Government has constituted any Committee/authority/ monitoring mechanism on pre and post implementation of programmes under CSR to ensure proper use of CSR funds and to monitor the activities therein and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): (a) Section 135 of the Companies Act, 2013 ('the Act') mandates every company above the specified thresholds of turnover, or net worth, or net profit to spend at least two per cent of the average net profits earned during the three immediately preceding financial years on Corporate Social Responsibility (CSR) activities specified in Schedule VII of the Act.

(b) and (c) No study on amount spent on CSR by public or private sector companies has been carried out by this Ministry as statute requires monitoring of CSR by the Board of the Company. However, details of the amount spent as per filings made by companies including oil companies, upto 30.11.2017 in the MCA21 registry for the years 2014-15, 2015-16 and 2016-17, is given in the Table below:

<i>CSR expenditure for the three Financial Years</i>				
Sl. No.	Company Type	Financial Year 2014-15 (in Rs. crore)	Financial Year 2015-16 (in Rs. crore)	Financial Year 2016-17 (in Rs. crore)
1.	PSUs	2673.85	4163.09	1325.83
2.	Private Sector Companies	6890.92	9664.77	3393.17
Total		9564.77	13827.86	4719.00

States/UTs-wise and development sector-wise details of the CSR spend by companies are given in the enclosed Statement-I and Statement-II respectively.

(d) Ministry has issued clarificatory circular and Frequently Asked Questions (FAQs) dated 18.06.2014 and 12.01.2016 respectively to facilitate the effective implementation of CSR provision by companies and professionals. In addition sensitisation workshops have been organised by the Offices of Regional Directors under the Ministry of Corporate Affairs to ensure effective compliance of CSR provisions by companies. Ministry has launched the National CSR Data Portal on 19.01.2018 which is a significant step towards driving accountability and transparency in corporate India.

(e) No, Madam.

Statement-I

State/UT-wise CSR Expenditure during FY 2014-15, FY 2015-16 and 2016-17 -CSR Expenditure

CSR Expenditure (In Rs. Crores)				
Sl. No.	State/UT	2014-15	2015-16	2016-17
1	2	3	4	5
1	Andaman and Nicobar Islands	0.29	0.54	0.07
2	Andhra Pradesh	403.91	1,220.54	101.69
3	Arunachal Pradesh	11.03	1.49	7.98
4	Assam	133.07	166.81	38.28
5	Bihar	36.20	108.15	36.90
6	Chandigarh	1.73	5.08	4.17
7	Chhattisgarh	158.89	236.22	14.85
8	Dadar & Nagar Haveli	2.54	12.03	1.65
9	Daman and Diu	20.05	2.13	0.83
10	Delhi	214.24	468.18	229.87
11	Goa	26.60	30.25	10.54
12	Gujarat	296.53	550.98	152.04
13	Haryana	176.29	364.22	107.87
14	Himachal Pradesh	9.30	51.71	10.57

1	2	3	4	5
15	Jammu and Kashmir	40.57	103.02	27.83
16	Jharkhand	75.86	115.70	24.24
17	Karnataka	382.79	730.64	202.71
18	Kerala	64.30	129.24	50.94
19	Lakshadweep	0.00	0.30	0.00
20	Madhya Pradesh	137.15	178.94	213.48
21	Maharashtra	1,372.34	1,810.45	702.37
22	Manipur	1.57	5.93	6.03
23	Meghalaya	3.52	3.86	2.99
24	Mizoram	1.03	1.08	0.08
25	Nagaland	1.11	0.95	0.45
26	Odisha	249.50	604.26	191.43
27	Puducherry	1.81	6.31	3.71
28	Punjab	53.86	68.17	20.17
29	Rajasthan	271.36	472.46	84.99
30	Sikkim	1.03	1.90	2.12
31	Tamil Nadu	498.89	597.60	202.53
32	Telangana	94.89	248.57	64.56
33	Tripura	1.16	1.47	0.60
34	Uttar Pradesh	138.64	406.93	120.34
35	Uttarakhand	69.99	71.50	30.74
36	West Bengal	178.61	399.89	121.12
37	PAN India*	4,434.12	4,650.39	1,928.26
Grand Total		9,564.77	13,827.86	4,719.00

* Companies either did not specify the names of States or indicated more than one State where projects were undertaken.

Statement-II*Sector-wise CSR Expenditure for FY 2014-15, FY 2015-16 and FY 2016-17*

CSR Expenditure (In Rs. Crores)

Sl. No.	Sectors	2014-15	2015-16	2016-17
1	2	3	4	5
1	Health/ Eradicating Hunger/ Poverty and malnutrition/Safe drinking water / Sanitation	2,382.27	4,330.21	1,201.37
2	Education/ Differently Abled/ Livelihood	3,021.47	4,689.81	1,605.05
3	Rural development	1,031.02	1,327.57	628.56
4	Environment, Animal Welfare, Conservation Of Resources	812.31	901.80	306.68
5	Swachh Bharat Kosh	94.52	323.24	89.35
6	Any Other Funds	272.58	322.63	137.70
7	Gender equality/Women empowerment/Old age homes/ Reducing inequalities	172.63	331.50	122.60
8	Prime Minister's National Relief Fund	211.04	206.08	109.81
9	Encouraging Sports	53.36	134.76	51.73
	Heritage Art and Culture	113.62	114.90	49.64
11	Slum Area Development	101.07	13.60	1.97
12	Clean Ganga Fund	4.64	32.52	22.97
13	Other Sectors (Technology Incubator And Benefits To Armed Forces, Admin Overheads and others*)	1,294.24	1,099.24	391.57
	Total Amount (in Rs. Crore)	9,564.77	13,827.86	4,719.00

* not specified

Banking Ombudsman

2524. SHRI SANJAY DHOTRE:

SHRI BHARTRUHARI MAHTAB:

SHRI RAHUL SHEWALE:

Will the Minister of FINANCE be pleased to state:

(a) the number of complaints filed in Banking Ombudsman, New Delhi against Public and Private Sector Banks and disposed by it during each of the last three years and the current year, Bank-wise;

(b) whether the said Banking Ombudsman has

been bound to dispose of such complaints in definite time frame;

(c) if so, the details thereof along with the number of complaints disposed of by the said Banking Ombudsman within the specified time frame;

(d) whether the said Banking Ombudsman has been empowered to provide compensation to the complainant for wrong doings of the Banks;

(e) if so, the details thereof along with the amount of compensation awarded to the complainants by the said Banking Ombudsman during the said period; and

(f) the other steps taken / being taken by the Government / RBI to ensure disposal of complaints by the said Banking Ombudsman within a time-bound manner?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) Bank-wise details regarding number of complaints filed in the office of Banking Ombudsman, New Delhi against public and private sector banks and their disposal status during the period from July 2014 to February 2018 are given in the enclosed Statement.

(b) and (c) The Banking Ombudsman Scheme does not specify the time limit for disposal of the complaints by the Banking Ombudsman. Efforts are made to resolve the complaints generally within a period of two months. However, in some cases resolution gets delayed mainly due to delay in receipt of further information/clarification from the complainants/banks.

(d) and (e) The Banking Ombudsman Scheme 2006

(BOS) provides compensation for any loss suffered by the complainant, arising directly out of the act or omission of the bank. The Banking Ombudsman may also award compensation in addition to the above but not exceeding rupees one lakh to the complainant, taking into account the loss of complainant's time, expenses incurred by the complainant, harassment and mental agony suffered by the complainant.

(f) The office of the Banking Ombudsman, New Delhi is experiencing heavy inflow of complaints during the last few years. To cope with the increasing volume, a second office of the Banking Ombudsman at New Delhi was opened during the year 2016-17 by transferring the districts of Haryana and some districts of Uttar Pradesh to the second office of Banking Ombudsman. Further, to ease out the pressure on the Banking Ombudsman (BO), New Delhi, the area of Jammu and Kashmir which hitherto was being taken care of by BO, New Delhi has been entrusted to newly created office of Banking Ombudsman at Jammu for the region of Jammu and Kashmir.

Statement

Bankwise details regarding Number of Complaints filed in the office of Banking Ombudsman, New Delhi against Public and Private Sector Banks and their Disposal Status

Public Sector Banks	01 Jul 2014- Jun 2015		01 Jul 2015- Jun 2016		01 Jul 2016- Jun 2017		01 Jul 2017- 28 Feb. 2018	
	Received	Disposed	Received	Disposed	Received	Disposed	Received	Disposed
1	2	3	4	5	6	7	8	9
Allahabad Bank	110	103	135	128	179	150	107	73
Andhra Bank	46	42	117	113	116	98	75	54
Bank of Baroda	372	346	725	666	776	633	432	308
Bank of India	283	255	411	360	440	356	204	118
Bank of Maharashtra	52	48	57	51	73	53	49	33
Bharatiya Mahila Bank Ltd.	0	0	1	1	0	0	0	0
Canara Bank	511	456	790	720	982	808	457	313
Central Bank of India	216	199	326	299	417	339	165	110
Corporation Bank	223	208	283	256	367	286	363	237
Dena Bank	70	62	119	112	149	115	65	44

1	2	3	4	5	6	7	8	9
IDBI Bank Limited	187	170	380	347	341	287	231	174
Indian Bank	85	80	140	126	142	118	76	56
Indian Overseas Bank	138	133	279	239	269	244	131	101
Oriental Bank of Commerce	239	212	420	386	432	359	249	197
Punjab and Sind Bank	134	125	193	172	213	185	114	76
Punjab National Bank	1216	1149	1471	1357	1528	1327	675	520
State Bank of India	2934	2724	4154	3822	4580	3825	2562	1742
Syndicate Bank	211	194	278	252	362	314	157	105
UCO Bank	94	88	147	137	194	156	119	95
Union Bank of India	209	192	321	294	346	286	203	167
United Bank of India	32	31	41	37	65	54	30	19
Vijaya Bank	56	55	74	70	110	92	68	43
Total	7418	6872	10862	9945	12081	10085	6532	4585
Private Sector Banks								
Axis Bank Limited	854	792	1487	1414	1666	1464	884	644
Bandhan Bank Limited	0	0	0	0	0	5	12	11
Catholic Syrian Bank Ltd	0	0	1	1	2	2	3	2
City Union Bank Limited	4	4	2	2	12	7	2	2
DCB Bank Limited	34	33	118	113	81	70	50	42
Federal Bank Ltd	28	28	24	21	43	32	27	22
HDFC Bank Ltd.	1553	1490	2560	2417	2618	2322	1240	1079
ICICI Bank Limited	1653	1530	2748	2545	2462	2125	1166	927
IDFC Bank Limited	0	0	1	1	2	0	20	14
Indusind Bank Ltd	181	163	291	269	423	373	199	165
Jammu and Kashmir Bank Ltd	124	114	144	134	117	101	29	23
Karnataka Bank Ltd	38	36	48	45	35	29	17	8
Karur Vysya Bank Ltd	19	18	13	12	26	22	20	17
Kotak Mahindra Bank Ltd.	409	383	784	703	1124	959	556	401
Lakshmi Vilas Bank Ltd	1	1	17	17	8	5	8	8
Nainital Bank Ltd	6	4	28	27	17	11	11	10

1	2	3	4	5	6	7	8	9
Ratnakar Bank Ltd	41	36	106	100	185	157	196	171
South Indian Bank Ltd	25	25	38	33	37	32	15	11
Tamilnad Mercantile Bank Ltd	3	3	7	5	1	0	4	3
The Dhanalakshmi Bank Ltd	6	5	14	14	1	0	3	3
Yes Bank Ltd.	128	118	250	228	304	271	162	130
Total	5107	4783	8681	8101	9164	7987	4624	3693

National Policy for Women

2525. SHRI P. SRINIVASA REDDY:
KUMARI SHOBHA KARANDLAJE:
DR. MANOJ RAJORIA:
SHRI PRATAP SIMHA:

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

(a) whether the Government proposes to bring National Policy for Women to enable them to attain equality in all spheres of life, if so, the details and the salient features thereof;

(b) the present status of the policy along with the time by which it is likely to be finalised;

(c) whether single women reportedly constitute 21 per cent of India's female population and struggles with basic survival issues, like getting a flat on rent or being taken seriously as a start-up entrepreneur or getting a business loan and if so, the details thereof;

(d) whether the Government proposes to address the concerns of being single and female, in the new policy for women and if so, the details thereof;

(e) the measures being formulated to empower single women through skills development and economic incentives; and

(f) the steps taken/being taken to address concerns related to widows and universal health benefits extended to women?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER

OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) The Ministry of Women and Child Development has prepared the draft National Policy for Women, 2017 after considering suggestions/comments received from stakeholders. The Draft envisions a society in which, women attain their full potential and are able to participate as equal partners in all spheres of life. The draft policy addresses the diverse needs of women through identified priority areas: (i) Health including food security and nutrition. (ii) Education, (iii) Economy (including agriculture industry, labour, employment. NRI women, soft power, service sector, science and technology), Violence against women, (iv) Governance and decision making (v) Violence Against Women (vi) Enabling environment (including housing, shelter and infrastructure, drinking water and sanitation, media and culture, sports and social security) (vii) Environment and climate change. The draft has been examined and approved by the Group of Ministers and has been submitted to the Cabinet for consideration.

(c) to (f) There is no official information about single women and their struggle with basic survival issues. However, draft policy envisages efforts to be taken up to address the special needs of single women such as widows, separated, divorced, never-married and deserted women including women-headed households and single women living within households.

Awareness Programme on Women Related Issues

2526. SHRI R.K. BHARATHI MOHAN:
SHRI K.N. RAMACHANDRAN:
SHRIMATI V. SATHYABAMA:
SHRI PR. SENTHILNATHAN:

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

(a) whether the Union Government is working on micro levels, particularly in rural areas to conduct Awareness Programmes on Women related issues and to impart awareness on cancer and its early detection;

(b) if so, the details thereof and if not, the reasons therefor;

(c) whether the Union Government and Ministry of Women and Child Development has signed any MoU with NGOs and Social Organisations to create such awareness on the issues affecting women and children;

(d) if so, the details thereof; and

(e) the total funds allocated for the same during each of the last three years and the current year, State/UT-wise?

THE MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT AND MINISTER OF STATE IN THE MINISTRY OF MINORITY AFFAIRS (DR. VIRENDRA KUMAR): (a) and (b) The Ministry of Health and Family Welfare has laid renewed emphasis on promotive and preventive health, which is being advocated through expansive and targeted IEC Campaigns by using traditional as well as New Media in order to spread awareness in rural areas about various women issues related to Maternal Health, Child Health and Family Planning. The Ministry has designed an integrated media plan under the 360 degree communication approach and is taking up focussed activities under electronic, print, social media, Outdoor Media and others such as Melas, etc. So far as imparting awareness on cancer and its early detection is concerned for early diagnosis, population level initiative of prevention, control and screening of common Non-Communicable Disease (NCDs) (diabetes, hypertension and cancers viz. oral, breast and Cervical cancer) has been initiated under National Health Mission. The plan is to leverage the services of Accredited Social health Activist (ASHA) and Nurses/Auxiliary Nurse Midwifery (ANM) in screening of NCD risk factors as well as early detection and referral of NCDs. This initiative would strengthen the comprehensive approach to primary health care. The

interventions would include enumeration and screening of population above 30 years of age, followed by referral of suspected/diagnosed cases for management under the existing health system. Under the initiative, guidelines have been provided to the States and training provided for various levels of care-providers from ASHAs to Medical Officers (MO). The programme has been rolled out in more than 150 districts during 2017-18. Till December 2017, 29,270 ASHAs, 11,635 ANMs and 1607 MOs have been trained. Under the initiative, over 60 lakh people have been screened till December 2017.

The States also conduct awareness programme as part of the NHM state implementation plans (PIPs) approved every year. These include mass, mid-media and inter-personal communication.

(c) to (e) Ministry of Health and Family Welfare has informed that the information is being collected.

New Research Projects

2527. SHRIMATI V. SATHYABAMA:
SHRI K.N. RAMACHANDRAN:
SHR R.K. BHARATHI MOHAN:
SHRI P.R. SENTHIL NATHAN:

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

(a) whether the Government has initiated new research projects through various labs of ICMR and other autonomous institutes to find medical solution for severities due to varied diseases and ailments;

(b) if so, the details thereof and the funds spent so far in this regard;

(c) the details of the successful projects done by ICMR and other autonomous institutes in the last three years;

(d) whether there is any issues in the proper exploitation and execution of the products developed out of the researchers by ICMR and other institutes; and

(e) if so, the details thereof and the steps taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes.

(b) 903 new research projects have been initiated through various labs of ICMR and medical colleges and universities, related to various diseases and ailments with funding of Rs.127.16 Crores during 2014-17. Besides this, AIIMS spends upto 5.0 Crore every year on various intramural research projects and funded extramural research projects for Rs.71 Crore during 2014-15 and for Rs.72 Crore during 2015-16.

(c) Following ICMR technologies have been launched:

- Diagnostic kit for Crimean-Congo haemorrhagic fever (CCHF) Sheep and Goat.
- Diagnostic kit for Crimean- Congo haemorrhagic fever (CCHF) in Cattle.
- Diagnostic kit for Japanese encephalitis virus (JEV) from Mosquito.
- AV Magnivisualizer for detecting cancer lesions.

(d) and (e) To get proper execution of the products developed out of the researches by Indian Council of Medical Research's institutes, efforts are made for commercialisation of ICMR technologies under the programme "Health Technology Acceleration & Commercialization (HTAC)" through collaboration with the Federation of Indian Chambers of Commerce and Industry (FICCI).

Decrease in Forest Cover

2528. SHRI PARESH RAVAL:
SHRI RAJIV PRATAP RUDY:
SHRI DEVUSINH CHAUHAN:
SHRI KIRTI VARDHAN SINGH:

Will the Minister of ENVIRONMENT, FOREST AND CLIMATE CHANGE be pleased to state:

- (a) the details of forest areas in the country, State/UT-wise;
- (b) whether there has been decrease in area of forest cover in various States;
- (c) if so, the details thereof, State/UT-wise;
- (d) whether the Government proposes to introduce any scheme to increase forest cover area in the

country and if so, the details thereof;

(e) whether the Government is working towards in targeted forest cover under the National forest policy; and

(f) if so, the details thereof and the achievement made so far in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): (a) to (c) Forest Survey of India, Dehradun, a subordinate organization under Ministry of Environment, Forest and Climate Change, carries out the assessment of forest cover of the country biennially and the findings are published in India State of Forest Report (ISFR). As per the latest report i.e. ISFR-2017, the Total Forest and Tree Cover of the country is 8,02,088 square kilometers which is 24.40% of the total geographical area of the country. It shows an increase of 8021 square kilometers over that of the India State of Forest Report 2015 (updated). The State/UT-wise details of forest and tree cover including increase/decrease in forest and tree cover are given in the enclosed Statement.

(d) to (f) To increase the forest and tree cover in the country, afforestation programmes are being taken up under various Centrally Sponsored Schemes such as National Afforestation Programme (NAP) and Green India Mission (GIM) being implemented by Ministry of Environment, Forest and Climate Change. Afforestation activities are also taken up under various programmes/funding sources such as Mahatma Gandhi National Rural Employment

Guarantee Scheme (MGNREGS), Integrated Watershed Management Programme (IWMP) which, from 2015-16, has been amalgamated as the Watershed Development Component of the "Pradhan Mantri Krishi Sinchayee Yojana (PMKSY)" and under Compensatory Afforestation Fund Management and Planning Authority (CAMPA).

As per the National Forest Policy, 1988, 33% of the geographical area of the country is envisaged to be brought under forest and tree cover. As per ISFR-2017, the total forest and tree cover of the country is 24.40% of the Total Geographical Area.

Statement*Forest Cover in States/UTs in India*

State	Geographic Area	Total Forest and Tree cover as per ISFR-2017	Percent of Geographic area	Change in forest cover wrt ISFR 2015 updated	Change Percent
1	2	3	4	5	6
Andhra Pradesh	162968	28,147	17.27	2141	1.31
Arunachal Pradesh	83743	66,964	79.96	-190	-0.23
Assam	78438	28,105	35.83	567	0.72
Bihar	94163	7,299	7.75	45	0.05
Chhattisgarh	135192	55,547	41.09	-12	-0.01
Delhi	1483	192.41	12.97	3.64	0.25
Goa	3702	2,229	60.21	19	0.51
Gujarat	196244	14,757	7.52	47	0.02
Haryana	44212	1,588	3.59	8	0.02
Himachal Pradesh	55673	15,100	27.12	393	0.71
Jammu and Kashmir*	222236	23,241	10.46	253	0.11
Jharkhand	79716	23,553	29.55	29	0.04
Karnataka	191791	37,550	19.58	1101	0.57
Kerala	38852	20,321	52.30	1043	2.68
Madhya Pradesh	308252	77,414	25.11	-12	0.00
Maharashtra	307713	50,682	16.47	-17	-0.01
Manipur	22327	17,346	77.69	263	1.18
Meghalaya	22429	17,146	76.45	-116	-0.52
Mizoram	21081	18,186	86.27	-531	-2.52
Nagaland	16579	12,489	75.33	-450	-2.71
Odisha	155707	51,345	32.98	885	0.57
Punjab	50362	1837	3.65	66	0.13
Rajasthan	342239	16,572	4.84	466	0.14
Sikkim	7096	3,344	47.13	-9	-0.13
Tamil Nadu	130060	26,281	20.21	73	0.06

1	2	3	4	5	6
Telangana	112077	20,419	18.22	565	0.50
Tripura	10486	7,726	73.68	-164	-1.56
Uttar Pradesh	240928	14,679	6.09	278	0.12
Uttarakhand	53483	24,295	45.43	23	0.04
West Bengal	88752	16,847	18.98	21	0.02
Andaman and Nicobar Islands	8249	6,742	81.7.3	-9	-0.11
Chandigarh	114	21.56	18.91	-0.10	-0.09
Dadra and Nagar Haveli	491	207	42.16	1	0.20
Daman and Diu	111	20.49	18.46	0.88	0.79
Lakshadweep	30	27.10	90.33	0.04	0.13
Puducherry	490	53.67	10.95	-3.28	-0.67
Grand Total	32,87,469	708273	21.54	6778	0.21

* Includes Jammu and Kashmir area outside LoC that is under illegal occupation of Pakistan and China.

Caesarean Deliveries

2529. SHRI PRALHAD JOSHI:

SHRI DUSHYANT CHAUTALA:

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

(a) whether as per National Family Health Survey Report the percentage of caesarean delivery carried out in private hospitals and Government hospitals have increased in the country during the last few 3 ears and if so, the details thereof;

(b) whether Haryana is ore State with the highest rate of caesarean deliveries and the - percentage of caesarean delivery carried out in private hospitals was 25.3 per cent while only 8.6 per cent delivery was conducted in Government hospital; and

(c) if so, the details thereof and the monitoring mechanism formulated by the Government to regularize and minimize caesarean deliveries in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR

CHOUBEY): (a) As per National Family Health Survey-IV (2015-16), birth in Health Facility by caesarean delivery is 17.2 %, in private health facility is 40.9% and in public health facility is 11.9%. However, in National Family Health Survey -III (2005-06), birth in Health Facility by Caesarean Section was 8.5%, in private health facility was 27.7% and public health facility was 15.2 %.

(b) As per National Family Health Survey -IV (2015-16), the caesarean deliveries in Haryana is 11.7%, in private health facility it is 25.3% and public health facility is 8.6%. Haryana ranks 27th out of 36 States/UTs in births delivered by cesarean sections.

(c) World Health Organization (WHO), in its statement released in April, 2015, has said that at population level, Caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates.

- Government of India (GoI) has already written to all States and UTs sharing the latest WHO statement. In addition, States have been informed to conduct periodic prescription audit in the private health facilities under the Clinical

Establishment Act. They have also been informed that prescription audits can be extended to public health facilities.

- A communication has also gone to Federation of Obstetrical & Gynecological Societies of India (FOGSI) which is the largest professional body of Obstetricians and Gynecologists in India for sharing the WHO guidance note to all their State chapters and the Obstetricians and Gynecologists registered with them.
- All CGHS Empanelled hospitals are directed to display the information regarding ratio of deliveries by Caesarean section vis-a-vis normal deliveries.

[Translation]

Fund under Mudra Scheme

2530 SHRI LAXMAN YADAV: Will the Minister of FINANCE be pleased to state:

(a) the amount of funds provided to the entrepreneurs under MUDRA Scheme in Sagar and Vidisha districts of Madhya Pradesh during the last three years; and

(b) the details of targets set and achieved for the above districts during the said period?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI SHIV PRATAP SHUKLA): (a) and (b) There is no allocation of funds under the Pradhan Mantri Mudra Yojana (PMMY) as loans under the scheme are extended by Member Lending Institutions (MLIs) as per commercial parameters. District wise targets have not been fixed by Government. District-wise details of achievement under PMMY are available from 2016-17 and amount of loan extended in the districts of Sagar and Vidisha is given below:

District	Amount Rs in Crore	
	FY 2016-17	FY 2017-18 (as on 23.02.2018)
Sagar	284.25	346.56
Vidisha	130.14	131.66

[English]

HON. SPEAKER: The House stands adjourned to meet again at 12.00 O'clock.

11.08 hrs.

The Lok Sabha then adjourned till Twelve of the clock.

12 00 hrs.

The Lok Sabha re-assembled at Twelve of the Clock.

(HON. SPEAKER *in the Chair*)

...(Interruptions)

(At this stage, Shri Jayadev Galla, Shrimati K. Maragatham, Shri B. Vinod Kumar, Shri Adhir Ranjan Chowdhury and some other hon.

Members came and stood on the floor near the Table.)

[Translation]

HON. SPEAKER: Hon. Members, I have received the notices of adjournment motions from some members on various subjects. Although the cases are important, it is not necessary to interrupt the proceedings for them. I have not granted leave to any of the notices of Adjournment motion.

...(Interruptions)

12.02 hrs.

PAPERS LAID ON THE TABLE

[English]

HON. SPEAKER: Now, Papers to be laid on the Table.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): I beg to lay on the Table a copy of the Indian Red Cross Society Branch Committees Rules, 2017 (Hindi and English versions) published in Notification No. F. No. 12017/01/09/Diss published in Gazette of India dated 28th December, 2017 under sub-section (2) of Section 5 of the Indian Red Cross Society Act, 1920.

[Placed in Library, See No. L.T. 8819/16/18]

...(Interruptions)

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND AND HOMOEOPATHY (AYUSH) (SHRI SHRIPAD YESSO NAIK): I beg to lay on the Table:—

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Central Council for Research in Siddha, Chennai, for the year 2016-2017.
 - (ii) A copy of the Annual Accounts (Hindi and English versions) of the Central Council for Research in Siddha, Chennai, for the year 2016-2017, together with Audit Report thereon.
 - (iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Central Council for Research in Siddha, Chennai, for the year 2016-2017.
- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. L.T. 8820/16/18]

...(Interruptions)

THE MINISTER OF STATE OF THE MINISTRY OF CULTURE AND MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE (DR. MAHESH SHARMA): I beg to lay on the Table:—

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the Indian Council of Forestry Research and Education, Dehradun, for the year 2015-2016, alongwith Audited Accounts.
 - (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Indian Council of Forestry Research and Education, Dehradun, for the year 2015-2016.
- (2) Statement (Hindi and English versions)

showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. L.T. 8821/16/18]

- (3) (i) A copy of the Annual Report (Hindi and English versions) of the Salim Ali Centre for Ornithology and Natural History, Coimbatore, for the year 2015-2016, alongwith Audited Accounts.
 - (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Salim Ali Centre for Ornithology and Natural History, Coimbatore, for the year 2015-2016.
- (4) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (3) above.

[Placed in Library, See No. L.T. 8822/16/18]

...(Interruptions)

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE AND MINISTER OF STATE IN THE MINISTRY OF SHIPPING (SHRI PON RADHAKRISHNAN): On behalf of Shri Shiv Pratap Shukla, I beg to lay on the Table:—

- (1) A copy each of the following Notifications (Hindi and English versions) under sub-section (6) of Section 19 of the Banking Companies (Acquisition and Transfer of Undertakings) Acts, 1970 & 1980:—
 - (i) The Punjab & Sind Bank (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. PSB/PEN/AMEND/1/2017 in Gazette of India dated 21st December, 2017.
 - (ii) The Indian Bank (Employees') Pension (Amendment) 5 Regulations, 2016 published in Notification No. F. No. Pen/1/17 in Gazette of India dated 11th January, 2018.
 - (iii) The Punjab & Sind Bank (Officers') Service (Amendment) Regulations, 2010

- published in Notification No. F. No. PSB/STAFF/OSR/2017-A in Gazette of India dated 21st December, 2017.
- (iv) The Syndicate Bank (Officers') Service (Amendment) Regulations, 2017 published in Notification No. F. No. 1800/0089/PD:IRD(O)/R.68 in Gazette of India dated 28th December, 2017.
- (v) The Bank of Baroda (Officers') Service (Amendment) Regulations, 2017 published in Notification No. F. No. HO:HR-OPS:OSR&IR:282 in Gazette of India dated 12th December, 2017.
- (vi) The UCO Bank (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. F. No. HO/PSD/PEN/2017-18/77 in Gazette of India dated 20th November, 2017.
- (vii) The Vijaya Bank (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. F. No. VB/PER/PA&PD/7566/2017 in Gazette of India dated 13th November, 2017.
- (viii) The Union Bank of India (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. F. No. 6113 in Gazette of India dated 28th December, 2017.
- (ix) The Central Bank of India (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. F. No. CO:HRD:PEN:444 in Gazette of India dated 20th September, 2017.
- (x) The Indian Bank (Officers') Service (Amendment) Regulations, 2017 published in Notification No. F. No. INDIAN BANK/IRC/G-9/2017-18 in Gazette of India dated 11th January, 2018.
- (xi) The Bank of Baroda (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. F. No. HO:HR:OPS:PEN:109/6113 in Gazette of India dated 8th August, 2017.
- (xii) The Punjab National Bank (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. F. No. HO:PENSION:MISC 2017 in weekly Gazette of India dated 2nd February, 2018.
- (xiii) The Oriental Bank of Commerce (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. 3949 in Gazette of India dated 17th January, 2018.
- (xiv) The Dena Bank (Employees') Pension (Amendment) Regulations, 2017 published in Notification No. F. No. DB/HO/PN/1021/2017 in Gazette of India dated 25th January, 2018.
- (xv) The Punjab National Bank (Officers') Service (Amendment) Regulations, 2010 published in Notification No. 2 in weekly Gazette of India dated 19th January, 2018.
- (xvi) The Union Bank of India (Officers') Service (Amendment) Regulations, 2017 published in Notification No. F. No. Co:ERD:4489:2017 in Gazette of India dated 6th November, 2017.
- [Placed in Library, See No. L.T. 8823/16/18]
- (2) A copy each of the following Notifications (Hindi and English versions) under Section 159 of the Customs Act, 1962:—
- (i) G.S.R.42(E) published in Gazette of India dated 18th January, 2018, together with an explanatory memorandum providing exemption from custom duties for temporary imports of equipment for press, sound broadcasting, television broadcasting, testing, measuring, calibration and sports goods on

production of an Admission Temporaire-Temporary Admission Carnet on the condition of re-export within a period of two months and period of two months may be extended for a further period of two months in the public interest.

- (ii) S.O.478(E) published in Gazette of India dated 31st January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 36/2001 -Cus.(N.T.), dated 3rd August, 2001.
- (iii) Notification No. 11/2018-Customs (NT.) dated 1st February, 2018, together with an explanatory memorandum regarding revised rates of exchange for conversion of certain foreign currencies into Indian currency or vice-versa of the purpose of assessment of imported and export goods.
- (iv) S.O.668(E) published in Gazette of India dated 15th February, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 36/2001-Cus.(N.T.), dated 3rd August, 2001.
- (v) Notification No. 13/2018-Customs (NT.) dated 15th February, 2018, together with an explanatory memorandum regarding revised rates of exchange for conversion of certain foreign currencies into Indian currency or wee-versa of the purpose of assessment of imported and export goods.
- (vi) G.S.R. 109(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 50/2017-Cus., dated 30th June, 2017.
- (vii) G.S.R.110(E) published in Gazette of India dated 2nd February, 2018, together

with an explanatory memorandum seeking to exempt levy of the whole of the Educational Cess on all goods in the First schedule to the Customs Tariff Act, 1975.

- (viii) G.S.R.111(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt levy of the whole of the Secondary and Higher Education Cess on all goods in the First schedule to the Customs Tariff Act, 1975.
- (ix) G.S.R.112(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 69/2004-Cus., dated 9th July, 2004.
- (x) G.S.R.113(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 28/2007-Cus., dated 1st March, 2007.
- (xi) G.S.R.114(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt specified goods form the whole of levy of Social Welfare Surcharge.
- (xii) G.S.R.115(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt specified goods form the levy of Social Welfare Surcharge in excess of 3%.
- (xiii) G.S.R.116(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt Integrated tax and goods and Services Tax compensation cess on imported goods from the whole of levy of Social Welfare Surcharge.

- (xiv) G.S.R.117(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 82/2017-Cus., dated 27th October, 2017.
- (xv) G.S.R.118(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 6/2015-Cus., dated 1st March, 2015.
- (xvi) G.S.R.119(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 7/2015-Cus., dated 1st March, 2015.
- (xvii) G.S.R.120(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 57/1998-Cus., dated 1st August, 1998.
- (xviii) G.S.R.121(E) published in Gazette of India dated 2nd February, 5 2018, together with an explanatory memorandum rescinding Notification No. 59/1999-Cus., dated 11th May, 1999.
- (xix) G.S.R.122(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt Additional Duty of Customs (Road Cess) levied under section 103 of the Finance (No. 2) Act, 1998.
- (xx) G.S.R.123(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt Additional Duty of Customs (Road Cess) levied under section 116 of the Finance Act, 1999.
- (xxi) G.S.R.124(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt Additional Duty of Customs (CVD), in lieu of Additional Duty of Excise (Road and Infrastructure Cess) levied under clause 110 of the Finance Bill, 2018.
- (xxii) G.S.R.125(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 57/2017-Cus., dated 30th June, 2017.
- (xxiii) G.S.R. 126(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 27/2011-Cus., dated 1st March, 2011.
- (xxiv) G.S.R.92(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 50/2017-Cus., dated 30th June, 2017.
- [Placed in Library, See No. L.T. 8824/16/18]
- (3) A copy of the Notification No. G.S.R.93(E) (Hindi and English versions) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 1/2017-Compensation Cess (Rate), dated 28th June, 2017 under Section 13 of the Compensation Cess Goods and Service Tax Act, 2017.
- [Placed in Library, See No. L.T. 8825/16/18]
- (4) A copy each of the following Notifications (Hindi and English versions) under sub-section (2) of section 38 of the Central Excise Act, 1944:-
- (i) G.S.R. 142(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making

- certain amendments in the Notification No. 7/2018-C.E., dated 2nd February, 2018.
- (ii) G.S.R.143(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 8/2018-C.E., dated 2nd February, 2018.
- (iii) G.S.R.144(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 11/2018-C.E., dated 2nd February, 2018.
- (iv) G.S.R.127(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 10/2015-C.E., dated 1st March, 2015.
- (v) G.S.R.128(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 11/2015-C.E., dated 1st March, 2015.
- (vi) G.S.R.129(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 38/2004-C.E., dated 4th August, 2004.
- (vii) G.S.R.130(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 62/2008-C.E., dated 24th December, 2008.
- (viii) G.S.R.131(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 21/2009-C.E., dated 7th July, 2009.
- (v) G.S.R. 132(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum rescinding Notification No. 29/2002-C.E., dated 13th May, 2002.
- (x) G.S.R. 133(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt Additional Duty of Excise (Road Cess), levied under section 111 of the Finance (No. 2) Act, 1998.
- (xi) G.S.R. 134(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt Additional Duty of Excise (Road Cess), levied under section 133 of the Finance Act, 1999.
- (xii) G.S.R. 135(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum making certain amendments in Notification No. 11/2017-C.E., dated 30th June, 2017.
- (xiii) G.S.R.136(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt duties of excise on the goods falling within the Fourth Schedule to the Central Excise Act., 1944, in excess of amount calculated at the rate of 50%.
- (xiv) G.S.R. 137(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt the 5% ethanol blended petrol from the additional duty of excise (road and infrastructure cess) levied under clause 110 of the Finance Bill 2018.
- (xv) G.S.R. 138(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt the 10% ethanol blended petrol from the additional duty of excise (road and infrastructure cess)

levied under clause 110 of the Finance Bill 2018.

- (xvi) G.S.R. 139(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to exempt high speed diesel oil blended with alkyl esters of long chain fatty acids obtained from vegetables oils, commonly known as bio-diesels, up to 20% by volume, that is, a blend, consisting 80% or more of high speed diesel oil from the additional duty of excise (road and infrastructure cess) levied under clause 110 of the Finance Bill 2018.

[Placed in Library, See No. L.T. 8826/16/18]

- (5) A copy each of the following Notifications (Hindi and English versions) under sub-section (7) of Section 9A of the Customs Tariff Act, 1975:—
- (i) G.S.R.23(E) published in Gazette of India dated 12th January, 2018 together with an explanatory memorandum seeking to withdraw the order of abeyance of notification No. 30/2017 dated 16.06.2017 in view of the final order of High Court of Madras dated 06.11.2017 in respect of Writ Petition No. 12950 of 2017. Notification 30/2017-customs (ADD) was issued to prescribed anti-dumping duty on clear Float Glass of nominal thickness ranging from 4mm to 12 mm (both inclusive) produced and exported by M/s Tariq Glass Industries Ltd, Pakistan, originating in or exported from Pakistan, based on the final findings. This notification was kept in abeyance in view of the order Hon'ble Madras High Court in Writ petition no. 12950 of 2017 dated the 25th May, 2017 of Hon'ble High Court.. (ii) G.S.R.38(E) published in Gazette of India dated 17th January, 2018 together with an explanatory

memorandum seeks to revoke/rescind notification No. 40/2012-customs (ADD), dated the 30.08.2012, under which anti-dumping duty was imposed on imports of 'Metronidazole' originating in, or exported form, People's Republic of China in compliance of final order of Hon'ble Delhi High court of, in the writ petition No. 7464/2017. Further, notification also seeks to provide refund of anti-dumping duty paid on and after 29th August, 2017, under notification No. 40/2012 Customs (ADD) dated 30.08.2012, to person who in fact paid the ADD without passing on the burden, in accordance with law.

[Placed in Library, See No. L.T. 8827/16/18]

- (6) A copy each of the following Notifications (Hindi and English versions) under Section 166 of the Central Goods and Service Tax Act, 2017:—
- (i) G.S.R.141(E) published in Gazette of India dated 2nd February, 2018, together with an explanatory memorandum seeking to postpone the coming into force of the e-way Bill rules.
- (ii) G.S.R.80(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in Notification No. 1/2017-Central Tax (Rate) dated 28th June, 2017.
- (iii) G.S.R.81(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in Notification No. 2/2017-Central Tax (Rate) dated 28th June, 2017.
- (iv) G.S.R.82(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum prescribing concessional rate of Central tax on old

- and used vehicles subject to specified conditions.
- (v) G.S.R.83(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in Notification No. 45/2017-Central Tax (Rate) dated 14th November, 2017.
- (vi) G.S.R.64(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in Notification No. 11/2017-Central Tax (Rate) dated 28th June, 2017.
- (vii) G.S.R.65(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in Notification No. 12/2017-Central Tax (Rate) dated 28th June, 2017.
- (viii) G.S.R.66(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in Notification No. 13/2017-Central Tax (Rate) dated 28th June, 2017.
- (ix) G.S.R.67(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum seeking to provide special procedure with respect to payment of tax by registered person supplying service by way of construction against transfer of development right and vice versa.
- (x) G.S.R.68(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum seeking to exempt Central Government's share of Profit Petroleum from Central Tax.
- (7) A copy each of the following Notifications (Hindi and English versions) under Section 24 of the Integrated Goods and Service Tax Act, 2017:—
- (i) G.S.R.84(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 1/2017-Integrated Tax (Rate), dated 28th June, 2017.
- (ii) G.S.R.85(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 2/2017-Integrated Tax (Rate), dated 28th June, 2017.
- (iii) G.S.R.86(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum prescribing concessional rate of integrated tax on old and used vehicles, subject to specified conditions.
- (iv) G.S.R.87(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 47/2017-Integrated Tax (Rate), dated 14th November, 2017.
- (v) G.S.R.69(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 8/2017-Integrated Tax (Rate), dated 28th June, 2017.
- (vi) G.S.R.70(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 9/2017-1 Integrated Tax (Rate), dated 28th June, 2017.
- (vii) G.S.R.71(E) published in Gazette of India dated 25th January, 2018, together with

[Placed in Library, See No. L.T. 8828/16/18]

an explanatory memorandum making certain amendments in the Notification No. 10/2017-Integrated Tax (Rate), dated 28th June, 2017.

- (viii) G.S.R.72(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum seeking to provide special procedure with respect to payment of tax by registered person supplying service by way of construction against transfer of development right and vice-versa.
- (ix) G.S.R.73(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum seeking to exempt Central Government's share of Profit petroleum from Integrated Tax.
- (x) G.S.R.74(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum seeking to exempt royalty and license fee from Integrated tax to the extent it is paid on the consideration attributable to royalty and license fee included in transaction value under Rule 10(1)(c) of Customs Valuation (Determination of value of imported Goods) Rule, 2007.

[Placed in Library, See No. L.T. 8829/16/18]

- (8) A copy each of the following Notifications (Hindi and English versions) under Section 24 of the Union Territory Goods and Service Tax Act, 2017:—
 - (i) G.S.R.88(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 1/2017-Union Territory Tax (Rate), dated 28th June, 2017.
 - (ii) G.S.R.89(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making

certain amendments in the Notification No. 2/2017-Union Territory Tax (Rate), dated 28th June, 2017.

- (iii) G.S.R.90(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum prescribing concessional rate of Union territory tax on old and used vehicles subject to specified conditions.
- (iv) G.S.R.91(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 45/2017-Union Territory Tax (Rate), dated 14th November, 2017.
- (v) G.S.R.75(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 11/2017-Union Territory Tax (Rate), dated 28th June, 2017.
- (vi) G.S.R.76(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 12/2017-Union Territory Tax (Rate), dated 28th June, 2017.
- (vii) G.S.R.77(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum making certain amendments in the Notification No. 13/2017-Union Territory Tax (Rate), dated 28th June, 2017.
- (viii) G.S.R.78(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum seeking to provide special procedure with respect to payment of tax by registered person supplying service by way of construction against transfer of development right and vice versa.

- (ix) G.S.R.79(E) published in Gazette of India dated 25th January, 2018, together with an explanatory memorandum seeking to exempt Central Government's share of profit Petroleum from Union Territory Tax.

[Placed in Library, See No. L.T. 8830/16/18]

...(Interruptions)

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): I beg to lay on the Table:—

- (1) A copy each of the following Annual Reports (Hindi and English versions) for the year 2016-2017 alongwith Audited Accounts in respect of the following centres:—

- (i) Population Research Centre (Institute for Social and Economic Change), Bangalore.

[Placed in Library, See No. L.T. 8831/16/18]

- (ii) Population Research Centre (Centre for Research in Rural and Industrial Development), Chandigarh.

[Placed in Library, See No. L.T. 8832/16/18]

- (iii) Population Research Centre (Panjab University), Chandigarh.

[Placed in Library, See No. L.T. 8833/16/18]

- (iv) Population Research Centre (Department of Economics, University of Lucknow), Lucknow.

[Placed in Library, See No. L.T. 8834/16/18]

- (v) Population Research Centre (Department of Economics, University of Kashmir), Srinagar.

[Placed in Library, See No. L.T. 8835/16/18]

- (vi) Population Research Centre (University of Kerala), Thiruvananthapuram.

[Placed in Library, See No. L.T. 8836/16/18]

- (vii) Population Research Centre (Mohanlal Sukhadia University), Udaipur.

[Placed in Library, See No. L.T. 8837/16/18]

- (viii) Population Research Centre (Andhra University), Visakhapatnam.

- (2) A copy each of the Review (Hindi and English versions) by the Government of the working of the above mentioned centres for the year 2016-2017.

- (3) Eight statements (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. L.T. 8838/16/18]

...(Interruptions)

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE AND MINISTER OF STATE IN THE MINISTRY OF CORPORATE AFFAIRS (SHRI P.P. CHAUDHARY): I beg to lay on the Table a copy of the Annual Report (Hindi and English versions) on the working and Administration of the Companies Act, 2013 for the year ended 31st March, 2017.

[Placed in Library, See No. L.T. 8839/16/18]

...(Interruptions)

12.03 hrs.

STANDING COMMITTEE ON EXTERNAL AFFAIRS

21st Report

SHRI SHARAD TRIPATHI (Sant Kabir Nagar): Hon. Speaker, I beg to present the Twenty First Report (Hindi and English versions) of the Standing Committee on External Affairs on Demands for Grants (2018-19) of the Ministry of External Affairs. *...(Interruptions)*

12.03½ hrs.

STANDING COMMITTEE ON FINANCE

57th to 61st Reports

[English]

SHRI M. VEERAPPA MOILY (Chikaballapur): I beg to present the following Reports (Hindi and English

versions) of the Standing Committee on Finance:—

- (1) Fifty-seventh Report on 'Demands for Grants (2018-19) of the Ministry of Finance (Department of Economic Affairs, Expenditure, Financial Services and Investment & Public Asset Management)'.
- (2) Fifty-eighth Report on 'Demands for Grants (2018-19) of the Ministry of Finance (Department of Revenue)'.
- (3) Fifty-ninth Report on 'Demands for Grants (2018-19) of the Ministry of Corporate Affairs'.
- (4) Sixtieth Report on 'Demands for Grants (2018-19) of the Ministry of Planning (NITI)'.
- (5) Sixty-first Report on 'Demands for Grants (2018-19) of the Ministry of Statistics and Programme Implementation'.

12.04 hrs

STANDING COMMITTEE ON FOOD, CONSUMER AFFAIRS AND PUBLIC DISTRIBUTION

20th and 21st Reports

[Translation]

SHRI BHOLA SINGH (Bulandshahr): Hon. Speaker, I beg to present the following Reports (both Hindi and English versions) of the Standing Committee on Food, Consumer Affairs and Public Distribution (2017-18):—

1. Twentieth Report on 'Demands for Grants (2018-19) of the Ministry of Consumer Affairs, Food and Public Distribution. (Department of Food and Public Distribution)
2. Twenty-first Report on Demands for Grants (2018-19) of the Ministry of Consumer Affairs, Food and Public Distribution. (Department of Consumer Affairs)

12.04½ hrs.

STANDING COMMITTEE ON URBAN DEVELOPMENT

22nd Report

[English]

SHRI DHARAM VIRA GANDHI (Patiala): I beg to present the Twenty-second Report (Hindi and English versions) of the Standing Committee on Urban Development on Demands for Grants (2018-19) of the Ministry of Housing and Urban Affairs.

...(Interruptions)

12.05 hrs.

STANDING COMMITTEE ON HUMAN RESOURCE DEVELOPMENT

304th and 305th Reports

[Translation]

SHRI HARI OM PANDEY (Ambedkar Nagar): Hon. Speaker, I beg to present the following Reports (Hindi and English Versions) of the Standing Committee on Human Resource Development:

1. Three hundred and Fourth Report on 'Demands for Grants, 2018-19 (Demand Number 98) of the Ministry of Women and Child Development.
2. Three hundred and fifth Report on 'Demands for Grants', 2018-19 (Demand Number 57) of the Ministry of Human Resource Development Department of School Education and Literacy.

12.05½ hrs.

BUSINESS OF THE HOUSE

[English]

THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS AND MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES, RIVER DEVELOPMENT AND GANGA REJUVENATION (SHRI

ARJUN RAM MEGHWAL): Madam Speaker, with your permission, I rise to announce that Government Business during the week commencing Monday, the 12th of March, 2018 will consist of:—

1. Consideration of any items of Government Business carried over from today's order paper: [it contains (a) Discussion and voting on Demands for Grants under the control of the Ministry of Railways for 2018-19 and (b) Discussion and voting on Demands for Grants under the control of the Ministry of Agriculture and Farmers' Welfare for 2018-19]
2. Discussion and voting on Demands for Grants under the control of following Ministries for 2018-19:-
 - (a) Social Justice and Empowerment
 - (b) Health and Family Welfare
 - (c) Youth Affairs and Sports
 - (d) Road Transport and Highways
3. Consideration and passing of the Appropriation Bill relating to following Demands for Grants:-
 - (a) Demands for Grants for 2018-19
 - (b) Supplementary Demands for Grants for 2017-18
4. Guillotining of outstanding Demands for Grants in respect of Union Budget for 2018-19
5. Consideration and passing of the Finance Bill, 2018
6. Consideration and passing of the following Bills:-
 - (a) The Payment of Gratuity (Amendment) Bill, 2017
 - (b) The Dentists (Amendment) Bill, 2017
 - (c) The Negotiable Instruments(Amendment) Bill, 2017
 - (d) The Specific Relief (Amendment) Bill, 2017

(e) The Public Premises (Eviction of Unauthorized Occupants) Amendment Bill, 2017

(f) The National Sports University Bill, 2018

...(Interruptions)

HON. SPEAKER: Submissions by Members may be treated as laid on the Table of the House.

[Translation]

*SHRIMATI RAMA DEVI (Sheohar): Kindly grant permission to include following subjects in the Lok Sabha proceedings next week.

1. The Madhuban post office situated in the Madhuban block of my Parliamentary Constituency East Chamaparan is in a dilapidated state and because of that the people working there and the people who come there are facing many problems. The construction work of Madhuban Post office building as well as the starting of postal service based on the modern technology is required.
2. The construction work of Basaul RCC bridge on the Belsand Chhatuani road in my Parliamentary Constituency, Sitamarhi district has been completed and in the absence of land acquisition the approach road has not yet been constructed. Construction work of the approach road of this lifeline road bridge, which connects the Tariani blocks of Belsand as well as Sheohar in Sitamarhi district at the earliest.

*SHRI AJAY MISRA TENI (Kheri): Madam, I request you to include the following subjects in the agenda for next week.

1. To implement the Old Pension Scheme for the teachers as well as employees who are recruited in the Government services after 2005. Currently, Rajasthan and Madhya Pradesh Government has already

* Laid on the Table.

implemented the Old Pension Scheme. Therefore, the matter of the above pension scheme all over the country may be considered.

2. To consider the issue in regard to restricting the production of arms for the use of citizens in the ordinance factory operated by the Defence Ministry, the use of ordinance factories may only be used to produce high quality arms and equipments as per the needs of the army.

[English]

*SHRI MULLAPPALLY RAMACHANDRAN (Vadakara):

1. The alarming and uncontrolled increase in bad loans and consequent NPAs in Public Sector Banks which raises fear of economic recession.
2. The unabated vandalization and defacing of statues of National leaders which action conveys a very wrong message to posterity.

[Translation]

*SHRI VISHNU DAYAL RAM (Palamu): I request to include the following subjects of public importance in my Parliamentary Constituency in the next week agenda.

1. National Highway 75 goes from the capital of Jharkhand, Ranchi to my Parliamentary Constituency Daltonganj and it extends upto Mudisemar, border of Uttar Pradesh. It is learnt that the construction of four lane road from Ranchi to NH 75 Kudu has started. NH 75 Kudu to Mudisemar of Garh'wa district, border of Uttar Pradesh via Daltonganj may be four laned.
2. Two districts, Palamu and Garhwa under Parliamentary Constituency, Palamu (Jharkhand) depend upon Bihar Zone as well as on Power Grid of (Rihand) Uttar Pradesh for energy supply to a great extent.

*Laid on the Table

Due to it these districts do not get adequate electricity supply. In this situation, a thermal power plant may be set up in Bhawanathpur (Garhwa) to improve the energy supply.

[English]

*SHRI N. K. PREMACHANDRAN (Kollam): Crisis in Cashew Industry due to the imposition of customs duty and necessity of a comprehensive package for the revival of the Cashew Industry. Waiver of Road and infrastructure cess for diesel used by mechanised fishing vessels for fishing.

[Translation]

*SHRI NARANBHAI KACCHHADIA (Amreli): I would like to draw your attention towards the setting up of Kendriya Vidyalaya in my Parliamentary Constituency, Amreli. From the 15th Lok Sabha, I have been continuously raising the subject in regard to opening of Kendriya Vidyalaya in Amreli in the House. But, no progress has been made in this regard so far. During the UPA Government tenure the BJP ruled States were neglected due to which efforts made by me during the 15th Lok Sabha failed. But, our Government is committed on the matter of education and no compromise is made. One year ago, our Government had given approval for Kendriya Vidyalaya in my Parliamentary Constituency, Amreli. But, the Collector and officers of Kendriya Vidyalaya Sangathan are neglecting the issue by quoting laws related to land and because of that, the people in Amreli are not being able to take the benefit of Kendriya Vidyalaya and the guardians are deprived of their right to teach their kids in Kendriya Vidyalaya. In Amreli city, some rich people have encroached upon many acres of Government land on the name of cow shelters, and by keeping one or four cows there, they are using the said land for their personal use and when we put forward the subject of opening a Kendriya Vidyalaya before the Collector and Vigilance Monitoring Committee, then they wash their hands by saying that no land is available inside the city whereas the cow shelters can be run outside the city and the Kendriya Vidyalaya can be established in Amreli district by giving the land to Kendriya Vidyalaya Sangathan.

*Laid on the Table

Therefore, I would like to request to take cognizance of the matter and set up Kendriya Vidyalaya in Amreli as soon as possible.

A national highway has been proposed from Una-Dhari-Chalala-Amreli-Babra-Jasdan to Chautala and its total length is 280 kilometers. The estimated cost of the construction of the national highway is Rs. 1981 crores. Progress made in the construction of this national highway is negligible. Neither the land needed for this has been acquired and nor some other construction work is going on. The residents of that place are very hopeful about this National Highway, commuting in these areas will become very convenient with the construction of this road and the people who travel by these roads will also be benefitted by this road along with the people who live in this area. With the construction of this National Highway, Junagadh-Amreli-Rajkot districts will be connected and people can reach these three districts in less time.

Therefore, it is my request to allocate fund for the construction of this National Highway at the earliest so that the construction work can be started as soon as possible.

*SHRI BHAIRON PRASAD MISHRA (Banda): Kindly include the following important subjects in the next week

agenda.

1. Passengers face many problems because of not extending Udaipur-Khajuraho Intercity Express upto Manikpur Junction. Therefore, the above train may be extended upto Manikpur Junction via Banda, Chitrakoot Dham. In the absence of regular flights from the airport situated at the Chitrakoot Dham, passengers have to face many problems. Therefore, regular flights for Delhi and Lucknow may be started from the Devangana airstrip located at Chitrakoot Dham as soon as possible.

...(Interruptions)

[English]

HON. SPEAKER: The House stands adjourned to meet on Monday, the 12th March, 2018 at 11.00 a.m.

12.06 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Monday, March 12, 2018/Phalguna 21, 1939 (Saka).

Annexure-I*Member-Wise Index to Starred Questions*

Sl. No.	Member's Name	Question Number
1	2	3
1	Dr. "Nishank", Ramesh Pokhriyal	203
2	Sh. Ashwini Kumar	218
3	Shri B. Sriramulu	212
4	Shri Baker George	217
5	Smt. Bala, Anju	212
6	Shri Basheer Mohammed E.T.	204
7	Shri Chaudhury, Jitendra	201
8	Shri Chavan, Harishchandra	208
9	Shri Gogoi, Gaurav	213
10	Shri Gupta, Sudheer	207
11	Prof. Hay Richard	217
12	Dr Jaiswal, Sanjay	202
13	Shri Kaushik, Ramesh Chander	214
14	Shri Kinjarapu, Ram Mohan Naidu	216
15	Shri Kushawaha, Ravinder	209
16	Shri Ninama, Manshankar	203
17	Smt. Noor, Mausam	219
18	Smt. Paatile, Kamla Devi	211
19	Smt. Patil, Bhavana Pundalikrao Gawali	215
20	Shri Rajesh, M.B.	206
21	Shri Ram, Vishnu Dayal	214
22	Shri Rao, Muthamsetti Srinivasa (Avanthi)	216
23	Shri Satav, Rajeev	210
24	Shri Sawant, Arvind	215
25	Shri Scindia, Jyotiraditya M.	213

1	2	3
26	Shri Shirole, Anil	220
27	Shri Singh, Bharat	218
28	Kw. Singh, Kunwar Haribansh	207
29	Dr. Somaiya, Kirit	206
30	Smt. Sule, Supriya	210
31	Shri Trivedi, Dinesh	219
32	Shri Tumane, Krupal Balaji	205
33	Shri Vasava, Parbhubhai Nararbai	220
34	Shri Verma, Anshul	201

Member-wise Index to Unstarred Questions

Sl. No.	Member's Name	Question Number
1	2	3
1	Shri Adhikari, Dibyendu	2395
2	Shri Adhalrao, Patil Shivajirao	2397, 2452, 2513, 2517, 2518
3	Shri Adhikari, Sisir Kumar	2304
4	Shri Adsul Anandrao	2438, 2452, 2517, 2518
5	Shri Agrawal, Rajendra	2523
6	Smt. Ahlawat, Santosh	2359, 2520
7	Smt. Ahmed, Sajda	2463
8	Shri Ajmal, Sirajuddin	2391
9	Shri Anto Antony	2372
10	Shri Anwar, Tariq	2443
11	Shri Arunmozhithevan, A.	2390, 2483, 2517
12	Shri Ashok Kumar K.	2476
13	Shri Aujla Gurjeet Singh	2470

1	2	3	1	2	3
14	Shri Azad, Kirti	2450, 2464	39	Shri Chavan, Harishchandra	2357
15	Shri B. Senguttuvan	2305, 2513	40	Shri Chavda, Vinod Lakhamashi	2465, 2498
16	Shri B. Sriramulu	2372, 2515, 2518	41	Prof. Chintamani Malviya	2505, 2301
17	Dr. Babu, Ravindra	2444	42	Shri Choudhary, Ram Tahal	2370
18	Smt. Bala, Anju	2372, 2515, 2518	43	Shri Chouhan, Nand Kumar Singh	2493
19	Shri Balka, Suman	2467	44	Shri Chowdhury, Adhir Ranjan	2309, 2518
20	Shri Banerjee, Prasun	2501	45	Shri Chudasama, Rajeshbhai	2408
21.	Shri Barne, Shirang Appa	2438, 2452, 2517, 2518	46	Shri Danve, Raosaheb Patil	2481
22	Dr. Bhagirath, Prasad	2441	47	Shri Datta, Sankar Prasad	2330
23	Shri Bharathi, Mohan R.K.	2473, 2526, 2527	48	Shri Deo, Arka Keshari	2344
24	Smt. Bhatt, Ranjanben	2400	49	Shri Deo, Kalikesh N. Singh	2394, 2523
25	Dr. Bdu P.K.	2341	50	Km. Dev, Sushmita	2337
26	Shri Birla, Om	2325	51	Smt Devi, Rama	2316
27	Shri Biswas, Radheshyam	2325, 2423	52	Shri Dhotre Sanjay	2416, 2442, 2524
28	Shri Bohra, Ram Charan	2516	53	Shri Dhruva Narayana, R.	2396
29	Dr. C. Gopalakrishnan	2353	54	Shri Diwaker, Rajesh Kumar	2318, 2438, 2520
30	Col. Choudhary, Sonaram	2342, 2523	55	Shri Dubey Nishikant	2385, 2437
31	Shri Chand, Nihal	2510	56	Shri Dubey, Satish Chandra	2477
32	Shri Chandel, Kunwar Pushpendra Singh	2306	57	Prof Gaikwad, Ravindra Vishwanath	2445
33	Shri Chandrakasi, M.	2348, 2518	58	Shri Gajanan, Kirtikar	2457, 2482, 2511, 2512
34	Prof. Chandumajra, Prem Singh	2439, 2522	59	Shri Galla, Jayadev	2369
35	Shri Chaudhary, Pankaj	2427	60	Shri Gandhi, Feroze Varun	2495
36	Shri Chauhan, Devusinh	2376, 2528	61	Shri Gandhi, Dilipkumar Mansukhlal	2332, 2442
37	Shri Chautala, Dushyant	2404, 2492, 2529	62	Dr. Gangaraju, Gokaraju	2339
38	Shri Chavan, Ashok Shankarrao	2457, 2482, 2511, 2512	63	Dr. Gavit, Heena Vijaykumar	2334, 2508, 2514

1	2	3	1	2	3
64	Adv. George, Joice	2354	90	Shri Kashyap, Virender	2319, 2463
65	Shri Ghubaya, Sher Singh	2301, 2484	91	Shri Kaswan, Rahul	2350
66	Shri Girri, Maheish	2412	92	Sh. Kataria, Rattan Lal	2418
67	Dr. Gopal, K.	2379, 2429	93	Shri Kateel, Nalin Kumar	2323, 2420
68	Shri Gopalakrishnan, R.	2317, 2510	94	Shri Kaushal, Kishore	2448
69	Dr. Goud, Boora Narsaiah	2389	95	Shri Kaushalendra, Kumar	2333
70	Shri Gupta, Sudheer	2457, 2511, 2512	96	Smt. Khadse, Rakshatai	2331
71	Shri Hansdak, Vday Kumar	2357	97	Shri Khaire Chandrakant	2413, 2427
72	Shri Hari, G.	2361, 2444, 2459	98	Shri Khan, Md. Badaruddoza	2425, 2433
73	Dr. Haribabu, Kambhampati	2479, 2517	99	Smt. Kher, Kirron	2472, 2517
74	Shri Harish Chandra <i>Alias</i> Harish Dwivedi	2440, 2455	100	Shri Khuba, Bhagwanth	2386
75	Dr. Hazra, Anupam	2492	101	Shri Kinjarapu, Ram Mohan Naidu	2507
76	Smt. Hema Malini	2419	102	Shri Kishore, Jugal	2326
77	Shri Hooda, Deepender Singh	2375	103	Shri Kodikunnil, Suresh	2426
78	Shri Jadhav, Prataprao	2460	104	Shri Kotha, Prabhakar Reddy	2356, 2518
79	Shri Jadhav, Sanjay Haribhau	2382, 2504	105	Smt. Kothapalli, Geetha	2345
80	Smt. Jardosh, Darshana Vikram	2398	106	Shri Kumar, B. Vinod	2466, 2518
81	Shri Jaunapuria, Sukhbir Singh	2450	107	Shri Kumar, Santosh	2431, 2519
82	Shri Jayadevan, C.N.	2485	108	Shri Kumar, P.	2378
83	Dr. Jayavardhan, J.	2334, 2508, 2509, 2513	109	Shri Kundariya Mohan Bhai Kalyanji Bhai	2311, 2439, 2522
84	Shri Jena, Rabindra Kumar	2465	110	Shri Kunhalikutty, P.K.	2393
85	Shri Joshi, Chandra Prakash	2351, 2471	111	Smt. Lekhi, Meenakshi	2405
86	Shri Joshi, Pralhad	2444, 2529	112	Shri Lokhande, Sadashiv	2406
87	Shri Kachhadiya, Naranbhai	2457, 2482, 2511, 2512	113	Adv. M. Udhayakumar	2409
88	Smt. Kalvakuntla, Kavitha	2421	114	Smt. Maadam, Poonamben	2506
89	Km. Karandlaje, Shobha	2453, 2518, 2525	115	Shri Mahadik, Dhananjay	2334, 2509, 2513, 2514
			116	Smt. Mahajan, Poonam	2322
			117	Dr. Mahato, Banshilal	2327

1	2	3	1	2	3
118	Sh. Mahato, Bidyut Baran	2457, 2482, 2511, 2512	144	Shri Nete, Ashok Mahadeorao	2315
119	Shri Mahendran, C.	2358, 2467	145	Shri Nishad, Ajay	2475
120	Shri Mahtab, Bhartruhari	2416, 2442, 2524	146	Shri Nishad, Ram Charitra	2321
121	Shri Mallikapjun, Kharge	2480	147	Shri Owaisi, Asaduddin	2312, 2513
122	Shri Mani Jose K.	2424, 2485, 2517	148	Smt. Paatle, Kamla Devi	2440
123	Shri Manohar, Utawal	2434	149	Shri Pal, Jagdambika	2503
124	Smt. Maragatham, K.	2411	150	Shri Pala, Vincent H.	2347
125	Shri Marutharajaa, R.P.	2496	151	Shri Panda, Jay Baijayant	2303
126	Shri Meena, Apjun Lal	2338	152	Shri Panday, Hari Om	2431, 2519
127	Shri Meena, Harish	2494	153	Shri Pandey Ravindra Kumar	2521
128	Dr. Meinya, Thokchom	2490	154	Shri Pandey, Rajesh	2437
129	Shri Mishra, Bhairon Prasad	2336	155	Shri Parasuraman, K.	2347, 2363
130	Shri Mishra, Janardan	2499	156	Shri Parthipan, R.	2402
131	Shri Misra, Pinaki	2518	157	Shri Paswan, Chhedi	2489
132	Shri Mohan, M. Murali	2468	158	Shri Patel, Devji M.	2318, 2439, 2492
133	Shri Mohd. Salim	2425, 2433	159	Smt. Patel, Jayshreeben	2382, 2469, 2481
134	Smt. Mondal, Pratima	2422	160	Shri Patel, Prahlad Singh	2320
135	Shri Muddahanumegowda, S.P.	2340	161	Smt. Pathak, Riti	2447
136	Shri Mullappally Ramachandran	2367, 2518	162	Shri Patil A.T. Nana	2454
137	Dr. Munde, Pritam Gopinath	2310, 2438, 2452, 2513, 2517	163	Shri Patil, Bheemrao B.	2462, 2523
138	Shri Nagar, Rodmal	2388	164	Shri Patil, Kapil Moreshwar	2502
139	Shri Nagarajan, P.	2353, 2379	165	Shri Pradhan, Nagendra Kumar	2491
140	Shri Naik, B.V.	2340, 2355	166	Dr. Prasad, Naramalli Siva	2507
141	Shri Nani, Kesineni	2415	167	Shri Premachandran N.K.	2430
142	Shri Nath, Kamal	2451	168	Shri Raajhaa, A. Anwhar	2457, 2482, 2511, 2512
143	Shri Natterjee, J.J.T.	2313	169	Shri Radhakrishnan, T.	2457, 2482, 2511, 2512
			170	Shri Raghav, Lakhanpal	2449

1	2	3
171	Dr. Raj, Udit	2360, 2416
172	Shri Rajan, Vicharef	2324
173	Shri Rajbhar, Harinarayan	2377
174	Dr. Rajoria, Manoj	2414, 2525
175	Shri Raju, C.S. Putta	2381
176	Shri Ram, Vishnu Dayal	2516
177	Shri Ramachandran, K.N.	2456, 2526, 2527
178	Shri Rao, Magantti Venkateswara (Babu)	2444
179	Shri Rao, Rayapati Sambasiva	2469, 2483
180	Shri Rathod, D.S.	2465
181	Shri Rathore, Hariom Singh	2328
182	Shri Rathwa, Ramsinh	2371
183	Dr. Ratna, De (Nag)	2431, 2519
184	Shri Raut, Vinayak Bhaurao	2438, 2452, 2517, 2518
185	Shri Raval, Paresh	2465, 2528
186	Shri Ray, Partha Pratim	2364
187	Dr. Ray, Ravindra Kumar	2484, 2301
188	Shri Reddy, A.P. Jithender	2392, 2518
189	Shri Reddy, Y.V. Subba	2399
190	Shri Reddy, Ch. Malla	2446
191	Shri Reddy, Gutha Sukender	2307, 2343
192	Shri Reddy, Konda Vishweshwar	2458, 2499
193	Shri Reddy, Ponguleti Srinivasa	2525
194	Shri Reddy, Y. S. Avinash	2356, 2362
195	Shri Reddy, J.C. Divakar	2380
196	Prof. Roy, Saugata	2314, 2513
197	Shri Rudy, Rajiv Pratap	2459, 2528

1	2	3
198	Shri Sahu, Lakhan Lal	2365, 2444
199	Shri Sahu, Chandu Lal	2318, 2520
200	Shri Sahu, Tamradhwaj	2440
201	Dr. Samal, Kulamani	2352
202	Shri Sanjar, Alok	2349
203	Shri Satav, Rajeev	2334, 2509, 2513, 2514
204	Adv. Sawaikar, Narendra Keshav	2366, 2518
205	Shri Senthil Nathan, Pr.	2473, 2526, 2527
206	Shri Shankarrao, Mohitte Patil Vijaysinh	2334, 2508, 2513, 2514
207	Shri Shetty Raju	2428
208	Shri Shetty, Gopal	2302, 2444
209	Shri Shewale, Rahul	2416, 2442, 2524
210	Dr. Shinde, Shri Kant Eknath	2397, 2438, 2452, 2517, 2518
211	Dr. Shyal, Bharatiben D.	2449, 2464
212	Shri Siddeshwara, G.M.	2323, 2403
213	Shri Sigriwal, Janardan Singh	2500
214	Shri Simha, Prathap	2308, 2453, 2518, 2525
215	Shri Singh Ganesh	2461
216	Shri Singh Rakesh	2463, 2513
217	Shri Singh, Abhishek	2387, 2518
218	Shri Singh, Bhola	2439, 2522
219	Shri Singh, Dushyant	2474
220	Shri Singh, Kirti Vardhan	2469, 2528
221	Kw. Singh, Kunwar Haribansh	2457, 2482, 2511, 2512

1	2	3
222	Shri Singh, Ravneet	2374
223	Shri Singh, Sushil Kumar	2432, 2513
224	Smt. Singh, Pratyusha Rajeshwari	2478
225	Shri Singh, Sunil Kumar	2318, 2407, 2454
226	Shri Singh, Uday Pratap	2444
227	Dr. Solanki, Kirit P.	2435
228	Smt. Sule, Supriya	2508, 2509, 2513, 2514
229	Shri Sundaram, P.R.	2334, 2508, 2509, 2513, 2514
230	Shri Suresh, D.K.	2420
231	Shri Tadas, Ramdas C.	2351, 2471
232	Shri Tanwar, Kanwar Singh	2368
233	Smt. Tarai, Rita	2401
234	Shri Tasa, Kamakhya Prasad	2488
235	Smt. Teacher, P.K. Sreemathi	2383
236	Shri Teni, Ajay Misra	2487
237	Shri Thakur, Anurag Singh	2417, 2518
238	Dr. Tharoor, Shashi	2329

1	2	3
239	Shri Tiwari, Manoj	2519
240	Shri Tripathi, Sharad	2486
241	Shri Tukaram, Godse Hemant	2497, 2523
242	Shri Udasi, Shivkumar	2373
243	Shri V. Elumalai	2436, 2483, 2518
244	Smt. V. Sathya Bama	2459, 2513, 2526, 2527
245	Smt. Vasanthi, M.	2410
246	Shri Vasava, Mansukhbhai Dhanjibhai	2343
247	Shri Venkatesh, Babu T.G.	2346, 2483, 2518
248	Dr. Venugopal P.	2335, 2465
249	Shri Vdayakumar, S.R.	2457, 2482, 2511, 2512
250	Shri Yadav, Dharmendra	2397, 2438, 2452, 2518
251	Shri Yadav, Tej Pratap Singh	2314, 2372, 2515
252	Shri Yadav, Laxmi Narayan	2530
253	Shri Yellaiah, Nandi	2384

Annexure-II*Ministry-wise Index to Starred Questions*

Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)	:	220
Corporate Affairs	:	
Environment, Forest and Climate Change	:	203, 213, 215
Finance	:	204, 212, 216, 218
Health and Family Welfare	:	201,202, 207, 208, 209, 210, 211, 214, 217
Women and Child Development	:	205, 206, 219.

Ministry-wise Index to Unstarred Questions

Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)	:	2327, 2328, 2336, 2350, 2358, 2377, 2378, 2388, 2395, 2399, 2411, 2492, 2500, 2505, 2516, 2519
Corporate Affairs	:	2308, 2315, 2325, 2342, 2353, 2372, 2390, 2400, 2410, 2430, 2437, 2458, 2523
Environment, Forest and Climate Change	:	2303, 2309, 2311, 2314, 2319, 2323, 2332, 2334, 2340, 2341, 2345, 2348, 2349, 2352, 2359, 2362, 2383, 2394, 2402, 2408, 2412, 2418, 2420, 2424, 2425, 2441, 2447, 2453, 2456, 2459, 2461, 2467, 2469, 2474, 2478, 2488, 2490, 2499, 2507, 2515, 2528
Finance	:	2305, 2306, 2307, 2310, 2312, 2317, 2321, 2324, 2326, 2329, 2330, 2333, 2343, 2344, 2347, 2356, 2357, 2360, 2361, 2363, 2367, 2368, 2370, 2373, 2374, 2375, 2380, 2386, 2396, 2397, 2398, 2401, 2405, 2409, 2413, 2414, 2415, 2417, 2419, 2423, 2428, 2431, 2432, 2434, 2435, 2436, 2443, 2445, 2446, 2452, 2457, 2460, 2463, 2466, 2468, 2473, 2477, 2480, 2484, 2485, 2496, 2498, 2501, 2502, 2503, 2506, 2508, 2509, 2510, 2512, 2513, 2521, 2522, 2524, 2530
Health and Family Welfare	:	2301, 2302, 2304, 2313, 2316, 2318, 2320, 2331, 2335, 2337, 2339, 2346, 2351, 2354, 2355, 2364, 2366, 2369, 2371, 2379, 2382, 2385, 2387, 2392, 2393, 2403, 2406, 2407, 2416, 2421, 2426, 2427, 2429, 2433, 2438, 2439, 2442, 2444, 2448, 2449, 2450, 2451, 2454, 2455, 2464, 2465, 2470, 2475, 2479, 2482, 2483, 2486, 2487, 2489, 2491, 2493, 2494, 2495, 2497, 2504, 2511, 2514, 2518, 2520, 2527, 2529
Women and Child Development	:	2322, 2338, 2365, 2376, 2381, 2384, 2389, 2391, 2404, 2422, 2440, 2462, 2471, 2472, 2476, 2481, 2517, 2525, 2526.

INTERNET

The original version of Lok Sabha proceedings is available on Parliament of India Website at the following address :

<http://www.parliamentofindia.nic.in>

LIVE TELECAST OF PROCEEDINGS OF LOK SABHA

Lok Sabha proceedings are being telecast live on Lok Sabha T.V. Channel. Live telecast begins at 11 A.M. everyday the Lok Sabha sits, till the adjournment of the House.

LOK SABHA DEBATES ON SALE

Printed copies of Lok Sabha Debates of Original version, English version, Hindi version and indices thereto, DRSCs reports and other Parliamentary Publications and Souvenir items with logo of Parliament are available for sale at the Sales Counter, Reception, Parliament House, (Tel. Nos. 23034726, 23034495, 23034496) New Delhi-110001. The information about all these publications and items is also available on the website mentioned above.

© 2018 By Lok Sabha Secretariat

Published and Printed under Rules 379 and 382 of the Rules of Procedure and Conduct of Business in Lok Sabha (Sixteenth Edition) and Type setting by Graphic Printers, 2965/41, Beadonpura Karol Bagh, New Delhi-110005
