

(b) and (c) In the recent auction conducted in 2nd week of July, 2018, by the Uttar Pradesh New and Renewable Energy Development Agency (UPNEDA) for 1 GW solar PV power projects, the tariffs quoted by the bidders who were in the zone of selection, were in the range of ₹ 3.48/unit to ₹ 3.55/unit, with 2 bidders quoting ₹ 3.48/unit, 3 bidders quoting ₹ 3.54/unit and 6 bidders quoting ₹ 3.55/unit. The solar power tariffs are a function of a variety of factors like cost of land, extent of solar radiation, financial health of State Electricity Distribution Companies, cost of finance, etc. and tariff discovered cannot be attributed to merely on the impending decision on Safeguard duty on solar cells and modules.

Per capita expenditure on healthcare

*142. DR. L. HANUMANTHAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of per capita expenditure on healthcare in the country during the last three years and the current year;

(b) whether Government is taking any measures to increase the per capita expenditure on healthcare to improve the quality of life, if so, the details thereof;

(c) the details of the target set for providing healthcare during the Twelfth Five Year Plan;

(d) whether Government has achieved its target of healthcare; and

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

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) As per National Health Profile 2018 brought out by Central Bureau of Health Intelligence (CBHI), per capita expenditure on healthcare by Government (Centre and States) for last three years, at current prices, is as under:—

(i) 2015-16 - ₹ 1112

(ii) 2016-17 (RE) - ₹ 1397

(iii) 2017-18 (BE) - ₹ 1657

(b) In order to increase the per capita health expenditure, the Government has increased the total public health expenditure (Centre and States) from ₹ 1.52 lakh crore in 2015-16 to ₹ 2.25 lakh crore in 2017-18 (BE) according to Economic Survey 2017-18. Further, the National Health Policy, 2017 envisages raising Government health spending to 2.5% of GDP by 2025 in a time bound manner. It also envisages increasing State sector health spending to more than 8% of their budget by 2020.

(c) The 12th Plan stressed on working towards the long term objective of establishing a system of Universal Health Coverage (UHC) and set certain targets for Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), Total Fertility Rate (TFR), under-nutrition in children less than 3 years, and child sex ratio, among other things.

(d) and (e) As the data is not available for 2017, it is not possible to make final assessment of progress during the 12th Five Year Plan, which covered the period 2012-17. However, there has been considerable progress on above indicators. The country successfully achieved the Millennium Development Goals on reduction in MMR and combating HIV/AIDS, Malaria and other diseases and nearly achieved the Millennium Development Goals on reduction in under-five mortality (decline from 126 in 1990 to 43 in 2015, as against the target of 42 under MDGs).

Educational loans to weaker section of rural areas

†*143. SHRIMATI KAHKASHAN PERWEEN: Will the Minister of FINANCE be pleased to state:

(a) the number of students, belonging to weaker sections of rural areas who have availed educational loans during the last three years, the details thereof, State-wise; and

(b) the details of the steps being taken by Government for the students belonging to weaker sections of rural areas?

THE MINISTER OF FINANCE (SHRI PIYUSH GOYAL): (a) and (b) As per the information provided by Public Sector Banks, State-wise details of students belonging to weaker sections of rural areas who have been sanctioned education loan during the last three years are given in the Statement (*See* below).

Steps being taken by the Government for the students including those belonging to the weaker sections in rural areas *inter alia* include:—

- (i) To encourage lending including education loans to SC/ST, Reserve Bank of India, periodically, issues instructions/directives to banks with regard to providing credit facilities to Scheduled Castes (SCs) and Scheduled Tribes (STs) with an objective to raise the socio-economic level of these communities. Further, the rejection of applications in respect of SCs/STs has to be done at higher level instead of at the branch level.

† Original notice of the question was received in Hindi.