to make contractual appointments against the vacant posts as a stop-gap arrangement in public interest so that the patient care does not suffer.

As far as doctors of CHS cadre are concerned, in order to fill up the vacant posts, the Ministry has taken various following steps:

(i) The age of superannuation of Teaching Specialists has been enhanced from 62 to 65 years.

(ii) The age of superannuation of Non-Teaching Specialists and Public Health Specialists has been enhanced from 60 to 62 years.

(iii) The Dynamic Assured Career Progression Scheme (DACP) has been extended up to Senior Administrative Grade (SAG) posts. The CHS Officer's promotion upto SAG level are made on a time bound basis without any linkage to vacancies.

(iv) The 6th Central Pay Commission has brought about an overall improvement in remuneration of doctors.

(v) The period of Study Leave of CHS Doctors has been enhanced from 2 to 3 years for post-graduation.

Establishing AIIMS branch in Telangana

2861. SHRI DEVENDER GOUD T. : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there has been a demand from public representatives and people from Telangana to set up an AIIMS branch in Telangana; and

(b) if so, what action the Ministry has taken on this request ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) Government of Telangana has requested the Ministry of Health & Family Welfare to sanction an AIIMS like institution in the State. Accordingly, the Ministry of Health and Family Welfare has requested the Government of Telangana to identify suitable locations for setting up of an AIIMS.

Performance of NRHM in Maharashtra

2862. SHRI AJAY SANCHETI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what has been the objectives of National Rural Health Mission;

(b) how far the Mission has performed in the rural areas of Maharashtra;

(c) how many such missions are functioning in the coastal and tribal areas of Maharashtra;

(d) whether their performance has remained satisfactory; and

(e) if so, how ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) The objectives of the National Rural Health Mission (NRHM) are as under:-

- Reduction in child and maternal mortality.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilisation, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH.
- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunisation.
- Promotion of healthy life styles.

(b) The IMR of rural Maharashtra decreased from 41/1000 live births in 2005 to 30/1000 live births in 2012 against the national goal of 30/1000 live births by 2012. The TFR (rural) reduced from 2.4 in 2005 to 2 in 2012 against the national target of 2.1 by 2012. The MMR (not available separately for rural and urban Maharashtra) declined from130 in 2004-06 to 87/100000 live births in 2010-12 against the target 100/100000 live births by 2012. The State has also achieved the NRHM targets for Leprosy and Tuberculosis.

(c) Support under NRHM for improving health care delivery is provided to all districts of Maharashtra including those in the coastal and tribal areas.

(d) and (e) Maharashtra has achieved all the key targets fixed under NRHM such as, for IMR, MMR, TFR, Leprosy and Tuberculosis.

FSSAI's advisories on adulterated food items

2863. SHRI AMBETH RAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Food Safety and Standards Authority of India (FSSAI) regularly