

Additional funding for Maharashtra AIDS control programme

292. SHRI AVINASH PANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the Maharashtra State AIDS Control Society, through a circular issued on June 11, 2015 has decided to suspend its core health interventions from July onwards, including advocacy activities, crisis response, health camps, etc.;

(b) if so, whether Government is planning to provide any additional funds to ensure that the targeted interventions, which are of crucial importance in HIV/AIDS control and prevention, can continue, at least in States like Maharashtra, where the prevalence of HIV/AIDS is higher than the national average; and

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

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) Yes. The circular issued by MSACS was not as per the NACO guidelines, hence was revoked. No core health interventions are affected.

(b) and (c) Does not arise.

Appointment of local residents to AIIMS-like institutes

†293. SHRI MAHENDRA SINGH MAHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government provides for appointment of the local people as per their qualifications, in any of the institutes to be established in the States;

(b) if so, the category-wise details of the appointments of the local people made until now in the AIIMS institute established in Rishikesh, Uttarakhand;

(c) if not, the reasons therefor;

(d) whether directives shall be issued to the Rishikesh-based AIIMS administration for the appointment of local persons in the future; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (e) All India Institute of Medical Sciences are autonomous

† Original notice of the question was received in Hindi.

institutes set up under AIIMS Act. Recruitment to various posts in the AIIMS-like institutions is open to all candidates eligible as per the provisions regarding age, educational qualifications/experience etc. as prescribed in the relevant Recruitment Rules and as per Government of India instructions applicable to Autonomous Institutes.

Accessible healthcare in rural areas

294. PROF. M. V. RAJEEV GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that around 18 per cent of the rural population has no access to healthcare;

(b) whether the Ministry has taken any steps for making healthcare accessible to this population; and

(c) 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 Sample Survey Organization (NSSO) Report (71st Round), in 2014, 14% in rural areas and 8% in urban areas did not seek treatment. These percentages have fallen from 18% in rural areas and 11% in urban areas in 2004. The primary reason for those not seeking treatment was "ailment was not considered serious".

(b) and (c) Public Health being a State subject, the primary responsibility to provide health care facilities lies with the State Governments. To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT Governments to provide accessible, affordable and quality healthcare. The National Rural Health Mission (NRHM) has now been subsumed under the National Health Mission (NHM) as its Sub-Mission, along with National Urban Health Mission (NUHM) as the other Sub-Mission. Under NHM, support is being provided to States/UTs for strengthening of their healthcare systems including support for setting up and or renovation/up-gradation of public health facilities including on basis of "Time to care norm" in hilly and desert areas, Human Resources etc. based on requirements posed by the States in their Programme Implementation Plans. Under NHM, so far support has been given for 2.89 lakhs additional HR, 30805 new construction and 32856 renovation/upgradation works and 1106 Mobile Medical Units for taking healthcare to the doorsteps of the population in rural and hard to reach areas.

To improve the availability of critical manpower to provide services in public health facilities in rural areas, financial support is provided to States under NHM,