

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,

inter-alia for giving hard area allowance to doctors for serving in rural and remote areas and for their residential quarters, so that doctors find it attractive to join public health facilities in such areas. In order to encourage the doctors to work in remote and difficult areas, the Post Graduate Medical Education Regulations, 2000 has also been amended to provide:

- (i) 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,
- (ii) 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.

To remove financial barriers to improve access healthcare, States are being supported to provide large number of services free of cost to those who access public health facilities. Some key services included are as follows:

- Maternal Health services,
- The Universal Immunization Programme (UIP) that provides immunization against 7 vaccine preventable diseases and free TT vaccination,
- Pulse Polio Immunization [PPI],
- Family Planning Supplies and Services,
- Child Health Services that include both Home Based and facility based New born Care,
- Communicable Diseases Services:
- Investigation and Treatment for Malaria, Kala azar, Filaria, Dengue, JE and Chikungunya,
- Detection and Treatment for Tuberculosis
- Detection and Treatment for Leprosy,

Besides above, under the national initiative of “Janani Shishu Suraksha Karyakram” (JSSK), every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions. The entitlements includes free drugs and consumables, free diagnostics, free diet, free blood wherever required, free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements are in place for sick infants up to one year of age and cases of ante natal and post natal complications as well.

Under the national initiative of Rashtriya Bal Swasthya Karyakram (RBSK), support is being provided to States/UTs for Child Health Screening and Early Intervention

Services through early detection and early management of common health conditions classified into 4 Ds *i.e.* Defects at Birth, Diseases, Deficiencies, Development delays including disability. Treatment including surgeries at tertiary level is free of cost under this initiative.

Support under NHM is also provided to States to provide free essential drugs and free essential diagnostics in public health facilities under the NHM-Free Drugs Service and NHM-Free Diagnostic Service.

Under Rashtriya Swasthya Bima Yojana (RSBY) free hospital care upto ₹ 30,000 is provided to poor and vulnerable families.

Kidney racket in Gujarat

†295. SHRI MOTILAL VORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the kidney selling racket operating in District Anand, Gujarat;

(b) whether it is a fact that the removed kidneys are being sold in Sri Lanka, if so, the details thereof;

(c) whether Government would order a high level inquiry into this whole matter considering its seriousness; and

(d) if so, by when and, if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) to (d) The Government is aware of the reports appearing in the media in this regard. Health is a State subject and law enforcement is primarily the concern of the States/Union Territories. It is the responsibility of the States/Union Territories to monitor and control illegal trading in organs. However whenever such reports are brought to the notice of this Ministry, the same are forwarded to concerned State/Union Territory, the Ministry of Home Affairs and also External Affairs in case of involvement of persons of other countries. Recently, a news article regarding kidney selling racket operating in District Anand, Gujarat had appeared in the media. It has been forwarded to the Ministry of Home Affairs and the State Government of Gujarat, for necessary action.

† Original notice of the question was received in Hindi.