

HIV awareness

209. SHRI TIRUCHI SIVA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the steps taken by Government to generate awareness about HIV in the country;
- (b) the steps taken by Government to ensure that patients suffering from HIV are not discriminated against in society: and
- (c) the steps taken by Government to track the patients through HIV diagnosis to care and treatment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) The Government implements 360 degree multimedia campaigns along with mass media supported by outdoor media such as hoardings, bus panels, information kiosks, folk performances and exhibition vans to create awareness on HIV/AIDS and promoting services/facilities across the country. At the inter-personal level, training and sensitization programmes for Self-Help Groups. Anganwadi workers. ASHA members of Panchayati Raj Institutions and other key stakeholders are also being organised to spread awareness about treatment and other facilities. In addition, awareness activities are conducted amongst High Risk Groups including Female Sex Workers, Men having Sex with Men, Injecting Drug Users. Hijra Transgenders and Bridge Population like truck drivers, migrants etc. as part of Targeted Intervention projects.

(b) The Government of India has enacted the HIV and AIDS (Prevention and Control) Act, 2017. The Act addresses discrimination against People Living with HIV (PLHIV) at workplace, education setting, health setting and public places.

The act also provides a robust grievance redressal mechanism where complaint against discrimination would be disposed by Ombudsman at the State level.

(c) The steps taken by Government to track the patients through HIV diagnosis to care and treatment include adoption of Test and Treat policy under which all patients diagnosed with HIV are put on Anti Retro Viral Treatment irrespective of their CD4 Count; Launch of Mission Sampark to reach out to all the lost to follow patients living with HIV and linking them back as much as possible to Anti Retro Viral Treatment. In addition, there is software to maintain the details of the patients to enable them on

regular treatment. Also, counsellors ensure tracking of HIV positive patients through telephone and home visits in the case of those who drop out between diagnosis and treatment to maintain their adherence to treatment.

Hearing and speech impairment patients

210. SHRI B. K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state whether it is a fact that around 6.3% of Indian population suffers from hearing and speech impairment and this includes close to 50 lakh Children, if so, the details of action taken by recruiting adequate doctors in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): There is no National Registry maintained at Ministry of Health and Family Welfare to confirm that 6.3% of Indian population suffers from hearing and speech impairment as this data is not maintained Centrally.

Public health and hospitals being a State subject, the primary responsibility to ensure availability of human resource in public health facilities lies with the State/UT Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for in sourcing or engagement of doctors and other staff on contractual basis, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Support is also provided to States/UTs for hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas. The States/UTs are encouraged to adopt flexible norms for engaging specialists at public health facilities. These include various mechanisms for 'contacting in' and 'contracting out' of specialist services, methods of engaging specialists outside the Government system for service delivery at public health facilities and the mechanism to include requests for these in the State Program Implementation Plan (PIP) under the National Health Mission.

Funding for State Health Societies

211. SHRIMATI VANDANA CHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the transfer of funds to State Health Societies through the Treasury mode adopted in 2014-15 has been causing a lot of delay, instead of the implementation capacity of States;