

related areas. Using an accelerated process for approvals, the AICTE increased 35218 seats at Degree and MCA level in IT and related areas, during the current year 2000-2001 itself. Names of the Institutions where additional IT seats were approved at the degree level are given, State-wise, in the *Annexure* [See Appendix 191, Annexure No. 39]. In addition to this, AICTE has also sanctioned increase of 11, 159 seats in Diploma level institutions in IT related courses in the year 2000-2001.

Admission of students is under the purview of concerned institutes. Micro-details of the filling up of the seats and any vacancies, which is a dynamic process, are not maintained by the AICTE.

In order to consider the whole issue of ensuring availability of requisite number of qualified IT professionals in depth, a Task Force has already been set up under the Chairmanship of the Minister of Human Resource Development.

Spread of AIDS in Gujarat

*485. SHRI KA. RA. SUBBIAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the recent figures as reported in Indian Express, dated the 26th November, 2000 indicate the spread of AIDS beyond high risk group in Gujarat; if so, the comments of Government in this regard; and

(b) the steps taken by Government to stem this sudden spurt in AIDS cases in other parts of the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE
(DR. C.P. THAKUR):

(a) and (b) The Indian Express report quotes figures from the 1999 sentinel survey which are site-specific. There are 4 sentinel survey sites in Gujarat: two for STD clinic attendees, as representative of high-risk groups and two for ante-natal clinic attendees which are representative of the general population. However, the data obtained

from these sites are representative of the population residing in that area and cannot be extrapolated to the entire State. Only at the national level, it will be possible to obtain a reasonably accurate estimate of the number of infections in the high-risk groups and the general population based on sentinel survey data. The number of sites in Gujarat has since been increased to 12 in the 2000 round of sentinel survey to make the sample more representative. The survey results show that in Gujarat the infection is still at a low level at an average prevalence of 0.4 per cent in the general population.

For the effective prevention and control of HIV/AIDS in the country including the State of Gujarat, a comprehensive National AIDS Control Programme is in implementation in all States/UTs through State AIDS Control Societies. The key components of the programme are:

1. Priority targeted interventions for populations at high risk

This component of the project aims to reduce the spread of HIV in groups at high risk by identifying target populations and providing peer counseling, condom promotion, treatment of sexually transmitted infection etc. This component is being delivered largely through Non Government Organisations, Community based Organisations and the Public Sector.

2. Preventive interventions for the general population

The main activities are be: (a) Information, Education and Communication and awareness campaigns; (b) voluntary testing and counseling, (c) reduction of transmission by blood transfusion; and (d) prevention of occupational exposure.

3. Low cost care for people living with HIV/AIDS

Under this component, financial assistance is provided for home based and community based care, including increasing the availability of cost effective interventions for common opportunistic infections.

4. Institutional strengthening

This component aims to strengthen effectiveness and technical managerial and financial sustainability at National, State and Municipal levels, strengthening surveillance activities and building strong Research and Development component, including operational research etc.

5. Inter-sectoral collaboration

This component promotes collaboration amongst the public, private and voluntary sectors. The activities would be coordinated with other programmes within the Ministry of Health and Family Welfare and other central ministries and departments. Collaboration is focused on: (i) learning from the innovative HIV/AIDS programmes that exist in other sectors; and (ii) sharing in the working, generating awareness, advocacy and delivering interventions.

Campaign for population control

***486 SHRI NARENDRA MOHAN:
SHRI SURESH KALMADI:**

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are thinking of adopting a holistic multi-pronged approach involving NGOs, counselling and follow-up services, widening the net of effective and world-wide acceptable contraceptives, operations of men and women, in view of our population having crossed over a billion mark, coupled with past dismal record we have had during the last fifty years to control population;

(b) if so, what are the details thereof and what are the targets fixed to be achieved in the next ten years; and

(c) what percentage of total health budget is to be earmarked for this campaign?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) In order to implement a holistic and multi-sectoral agenda to stabilize the population of the country at the earliest, Government has already adopted the National