

- (a) the details of the on-going rural health schemes in Tamil Nadu;
- (b) the amount released to various States including Tamil Nadu in connection with rural health during the last five years;
- (c) whether quality healthcare is not available to many parts of rural areas in Tamil Nadu; and
- (d) if so, the steps taken by Government for providing quality healthcare to rural people?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Various health schemes are being implemented in the country, including rural areas of Tamil Nadu, like Sub-Centre Scheme, Area Projects, Strengthening of Basic Training School, Free Distribution of Contraceptives, State Health System Development Projects, Major/Minor Civil Works under Reproductive of Child Health Programme, National Malaria Control Programme, National T.B. Control Programme, National Leprosy Eradication Programme, National Aids Control Programme, National Programme for Blindness Control etc.

(b) Releases made to States under various Family Welfare Programmes having rural health component and under various National Diseases Control Programmes during last five years have been given in annexures-I-VI. [See appendix 2004, Annexure No. 29].

(c) and (d) Government is aware of certain gaps in healthcare services in some parts of the country. The recently launched National Rural health Mission seeks to provide effective healthcare to rural population throughout the country. It seeks to address the inter-State and inter-district disparities, including unmet needs for public health infrastructure. It also seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

Efficiency Test for Doctors

4735. SHRI MANOJ BHATTACHARYA:
SHRI N.K. PREMACHANDRAN:
SHRI N.R. GOVINDRAJAR: SHRI
SHAHID SIDDIQUI:

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

- (a) whether Government are considering a proposal for holding periodical

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tests/written examination for the doctors every five years in Government hospitals;

(b) if so, the details thereof and the reasons therefor;

(c) whether the Medical Council of India has been consulted in the matter and if so, its reaction thereto; and

(d) whether there is any proposal to put obligations to carrying out these tests?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) There has been a scheme for providing Continuing Medical Education (CME) programme to Registered Medical Practitioner under MCI. However, the same is not linked to the compulsory renewal of registration of doctors after five years.

Population control by States

4736. SHRI N.K. PREMACHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government encouraged the State Governments to implement any population control programmes and if so, the details thereof;

(b) how many States in the country implemented the policy of two child norms and the details of such States; and

(c) the States which recorded the least and the highest population rates in the country-considering the ratio of population after the last census?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) National Population Policy (NPP) adopted in Feb. 2000 affirms the commitment of Government towards voluntary and informed choice and consent of citizens while availing of reproductive healthcare services. State Governments have been advised to formulate State Population Policy with State specific strategies while maintaining the general spirit of National Population Policy, 2000.

(b) Eight States viz. Andhra Pradesh, Delhi, Haryana, Himachal Pradesh, Madhya Pradesh, Maharashtra, Orissa and Rajasthan have adopted two child norm for selectively, as eligibility criteria for election to the local Government institutions, selection and promotion in Government jobs, etc.

(c) The latest percentage decadal growth was recorded by Kerala (9.43%) while Nagaland recorded the highest growth (64.53%).