

euthanasia", which means ending of life of a patient by injecting medication and "passive euthanasia" permitting to withdraw life support to a terminally ill patient.

Thereafter, the matter of mercy killing has been examined further in consultation with Ministry of Law and Justice and it has been held that the Hon'ble Supreme Court has already laid down guidelines in this respect through its judgement delivered in Aruna Ramchandra Shanbaug's case which are to be followed in such cases and should, therefore, be treated as law. There is no proposal under consideration at this stage for making law on this subject.

(e) No, in view of (a) to (d) above.

Mandatory rural service by medical graduates

847. SHRI D.P. TRIPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of funds allocated and released under National Rural Health Mission (NRHM) during the last three years;

(b) whether it is a fact that the funds allocated under this scheme is not properly used specially in rural areas;

(c) if so, whether Government will establish a stronger monitoring system;

(d) whether Government will make it mandatory rural service by medical graduates; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) A Statement showing allocation and releases under National Rural Health Mission during the last three years is given in enclosed (*See* below).

(b) Some instances of misuse of NRHM funds have been reported in some States. However, it would not be correct to infer that funds allocated under the scheme are not properly used in rural areas. Expenditure under this scheme during the last three years *i.e.* from 2010-11, 2011-12 and 2012-13 is 98 percent, 97 percent and 99 percent respectively.

(c) The following monitoring mechanisms have already been put in place by Ministry of Health and Family Welfare for adherence to financial procedures and proper financial utilization:

- (i) Submission of quarterly Financial Monitoring Reports by the States;
- (ii) Annual Statutory Audits;
- (iii) Concurrent Audits;
- (iv) Visits by the teams of the Financial Management Group of the Ministry to States for periodical financial reviews.

In addition to above, the Ministry had requested the Comptroller & Auditor General (CAG) for conducting annual transaction audits of the National Rural Health Mission (NRHM) in all the States from the Financial Year 2011-12 in order to identify the existing gaps, facilitate independent monitoring and timely corrective measures so that a quality and timely audit assessment becomes available to assist the State Governments in undertaking remedial measures and achieving the targets of NRHM.

In order to build financial management capacities in States, the following initiatives have been taken by the Ministry: -

- Model Accounting Handbooks for sub-district level has been prepared and circulated,
- Detailed operational guidelines on Financial Management under the NRHM;
- E-training modules on finance and accounts to help train finance personnel in all States have been disseminated;
- The Central Plan Scheme Monitoring Scheme (CPSMS) is under implementation for on line monitoring of funds under NRHM.
- The implementation of NRHM in States is reviewed through Common Review Missions (CRMs) and periodical reviews by the Ministry. The deficiencies/shortcomings noticed during the reviews are immediately brought to the notice of the States for remedial action.
- Senior officers of the rank of Additional Secretary and Joint Secretary have been visiting the States/UTs to monitor the utilization of allocated funds in the States/UTs.

(d) and (e) The Medical Council of India (MCI), with the previous approval of the Central Government, has amended the Post Graduate Medical Education Regulations to make it mandatory that a candidate seeking admission in Post Graduate course should have served in rural area *i.e.* Primary Health Centre, for at least one year.

Statement

*Allocation and release under NRHM Finance Division during
the last three years*

		(Rs. in crore)					
Sl. No.	Programme	2010-11		2011-12		2012-13	
		Allocation	Release	Allocation	Release	Allocation	Release
1	2	3	4	5	6	7	8
1.	RCH-II	3647.00	3443.80	4012.75	4002.79	4710.51	3805.11
2.	Additionalities under NRHM	4180.74	4153.60	4919.20	4496.39	5854.00	4550.75
3.	Routine Immunization	200.00	178.20	200.00	196.87	225.00	221.70
4.	P.P.I.	485.57	369.88	299.34	301.99	410.69	261.43
5.	Infrastructure Maintenance	3365.48	3764.57	3599.37	4753.99	4290.91	5154.40
6.	National Disease Control Programmes						
a.	I.D.S.P.	29.00	32.26	50.00	21.98	48.00	27.02
b.	N.I.D.D.C.P.	7.90	4.83	9.10	23.10	9.70	14.95
c.	N.L.E.P.*	41.10	31.70	42.25	37.14	51.92	28.05
d.	N.P.C.B.*	248.70	184.07	277.50	216.11	273.93	197.98
e.	N.V.B.D.C.P.*	382.76	380.51	482.01	518.00	536.68	266.08

1	2	3	4	5	6	7	8
f.	R.N.T.C.P.*	335.00	327.70	400.00	392.07	630.65	466.15
GRAND TOTAL:		12923.25	12871.11	14291.52	14960.43	17041.99	14993.62

Note: *Denotes inclusive of kind grants.

The above Releases relate to central Government, grants & do not include State share contribution.

Use of generic names of medicines

848. SHRIMATI T. RATNA BAI:

SHRI MOHD. ALI KHAN:

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

(a) whether Government has received any proposals from each State Government on International Nonproprietary Name (INN) to use the generic names compulsorily;

(b) if so, the details thereof; and

(c) the violations made by the doctors and the action taken so far?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Government has not received such proposals from any State Government.

(c) Does not arise.

Focus on treatment of diabetes and CVDs

849. SHRI JAGAT PRAKASH NADDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the rationale behind clubbing various disease control programme for diseases like diabetes and CVDs, Cancer, Blindness, Mental Health etc. under one programme for the control of non-communicable diseases;

(b) the reasons for Government not giving focused attention to the control of diabetes and CVDs at par with the AIDS control programme when the incidence of these diseases is increasing alarmingly;