

(b) what action is contemplated by Government to make the VHSNC more effective; and

(c) whether Government is planning to use the VHSNC actively to promote Swachh Bharat Abhiyan in view of the fact that preventive health aspects can be effectively tackled at the local level by the VHSNC?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) No such issue has been reported in the eighth Common Review Mission of National Health Mission (NHM).

(b) Under NHM, Government of India provides technical and financial support to the States for training of VHSNC members. Further, a module has also been developed to train the members of Panchayati Raj Institutions (PRIs) which has been provided to Ministry of Panchayati Raj.

(c) NHM supports community level interventions and the VHSNC offer a viable platform to address health issues related to safe water and improved sanitation in rural areas. The VHSNCs are already tasked to promote village level cleanliness activity at the local level.

#### **Setting up of Unani AIIMS**

1872. SHRI GULAM RASOOL BALLYAWI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a decision was taken sometimes back to set up a Unani AIIMS in the country, if so, the details thereof;

(b) the progress made so far in this regard; and

(c) by when this Institute will be set up?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) to (c) The mandate of Pradhan Mantri Swasthya Suraksha Yojana is to establish New AIIMS and not separate "Unani AIIMS". However, there is a facility of AYUSH Block in the new AIIMS.

#### **Posting of MBBS students in rural areas**

1873. DR. PRABHAKAR KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government is deliberating on a plan to dust off an earlier proposal to post MBBS students in the rural area to overcome severe shortage of doctors in rural areas in the country;

(b) whether Government is proposing an alternative plan to attract doctors to serve in rural areas;

(c) if so, details of the alternative plan; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) to (d) The issue of compulsory rural service comes under the ambit of State Governments, who are principal employers of doctors. However, to encourage doctors working in remote and difficult areas, the MCI with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:-

- (i) 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult areas; and
- (ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Further, under NHM, financial incentive is also provided to MBBS as well as PG doctors for serving in the rural areas. These incentives are over and above the salaries of the doctors concerned.

#### **Modernisation of female sterilisation**

1874. PROF. M. V. RAJEEV GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Ministry is taking steps towards modernisation of female sterilisation in the country; and

(b) whether the Ministry is planning to remove targets on female sterilisation, as it has led to forced sterilisation in the past and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) The Ministry is already providing