

(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

modern female sterilization services in line with 'A Global Handbook for providers in Family Planning' published by the WHO.

(b) Family Planning Programme in India is voluntary in nature based on the clients' choice and follows a target free approach for all family planning services including female sterilization.

#### **Utilisation of fund under RAN scheme**

1875. DR. K. KESHAHA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the amount of money utilised by the Ministry under Rashtriya Arogya Nidhi (RAN) scheme;
- (b) the number of patients served under the scheme; and
- (c) the kind of medical interventions that the scheme has released funds for and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK): (a) The amount utilized by the Ministry under Rashtriya Arogya Nidhi (RAN) during the last three years *i.e* 2013-14, 2014-15 and 2015-16 is ₹ 5803.66 lakh.

(b) As per utilization certificates received, a total of 3442 patients have received financial assistance under RAN during the last three years.

(c) List of diseases for which funds are released under RAN scheme is given in Statement.

#### ***Statement***

*An illustrative list of categories of treatment to be provided from the fund is as follows :*

*(This list is reviewed by the Technical Committee from time to time)*

#### **1. Cardiology & Cardiac Surgery:**

- 1. Pacemakers
- 2. CRT/Biventricular pacemaker
- 3. Automatic Implantable Cardioverter defibrillator (AICD)
- 4. Combo devices