GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 34 TO BE ANSWERED ON 21ST JUNE, 2019

HEALTHCARE INFRASTRUCTURE

34. SHRI SRIRANGA APPA BARNE: DR. PRITAM GOPINATHRAO MUNDE: DR. SHRIKANT EKNATH SHINDE:

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

(a) whether according to the statistics released by Government, India's elemental healthcare infrastructure seems to be in 'critical condition' with a meagre 19 per cent availability of specialist doctors and para medics in the Community Health Centers (CHCs) across the country, if so, the details thereof and necessary steps taken in this regard;

(b) whether the Government have made any study to find out the causes for this shortfall, if so, the details thereof and the action taken by the Government in this regard;

(c) whether India will need 2.07 million more doctors by 2030 to achieve a modest doctor-to-population ratio of 1:1000, if so, the details thereof;

(d) whether healthcare is a major concern in the rural areas of the country and if so, the details thereof and the reasons therefor; and

(e) the details of the steps taken to address the problems of rural health bothat macro and micro levels and to improve the healthcare sector in rural areas of the country?

ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY)

(a): As per RHS 2018, there are shortages in the availability of human resource of various categories in public health facilities. The details of availability of human resources vis-à-vis requirements in public health facilities, State/UT-wise is given at Annexure-I to VI.

The Government has taken various steps to train more health professionals and depute them in rural areas, these efforts include:

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas.

- (ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.
- (iii) Support is provided to States/UTs for hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.
- (iv) The States are encouraged to adopt flexible norms for engaging specialists at public health facilities. These include various mechanisms for 'contacting in' and 'contracting out' of specialist services, methods of engaging specialists outside the government system for service delivery at public facilities (lucrative flexible salary: "You quote We pay").

(v)Further steps taken to attract Health Professionals to rural areas include;

- Higher remuneration for staff posted in rural areas compared to those posted in urban areas.
- Provision for paying performance-based team incentives to staff after achieving over and above defined threshold of performance.
- Providing proper working conditions in terms of availability of team, equipment and supplies to practice specialty.

(b): Shortage of Doctors in public health sector varies from State to State depending upon their policies and context. Public Health and hospitals being a state subject, the shortfall is to be managed at the State level. Government both at central and state level regularly monitor the status.

The main reasons for shortfall in infrastructure and human resource are historical underfunding in rural health infrastructure and unwillingness of health professional to serve in rural areas.

(c): As per information provided by Medical Council of India (MCI), there are a total 11,46,044 allopathic doctors registered with the State Medical Councils/Medical Council of India as on 31.12.2018. Assuming 80% availability, it is estimated that around 9.17 lakh doctors may be actually available for active service. It gives a doctor-population ratio of 1:1472 as per current population estimate of 1.35 billion, which is lower than the WHO norm of 1:1000. Besides, there are 7.63 lakh Ayurveda, Unani and Homeopathy (AUH) doctors in the country. Assuming 80% availability, it is estimated that around 6.10 lakh Ayurveda, Unani and Homeopathy (AUH) doctors, it gives a doctor-population ratio of 1:884. The MBBS intake capacity in the country is around 75,000 seats per annum.

(d): The key health indicators such as Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR), Total Fertility Rate (TFR), proportion of institutional deliveries etc. are poor in rural areas as compared to urban areas due to gaps in availability of health human resources & health infrastructure in rural areas as compared to urban areas.

(e): Public Health & hospitals being a State subject, the primary responsibility to provide healthcare to its citizens lies with the State Governments. To address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT governments to provide accessible, affordable and quality healthcare to all those who access public health facilities. Currently, NRHM is a submission of National Health Mission.

This support under NHM includes provision of a host of free services such as maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc.

Other major initiatives include Janani Shishu Suraksha Karyakram (JSSK) (under which free drugs, free diagnostics, free blood and diet, free transport from home to institution, between facilities in case of a referral and drop back home is provided), Rashtriya Bal Swasthya Karyakram (RBSK) (which provides newborn and child health screening and early interventions services free of cost for birth defects, diseases, deficiencies and developmental delays to improve the quality of survival), implementation of Free Drugs and Free Diagnostics Service Initiatives, PM National Dialysis Programme and implementation of National Quality Assurance Framework.

Mobile Medical Units (MMUs) & Telemedicine are also being implemented with NHM support to improve healthcare access particularly in rural areas.

As part of Ayushman Bharat, the Government is supporting the States for strengthening Sub Centres and Primary Health Centres as Health and Wellness Centres (AB-HWCs) for provision of comprehensive primary health care that includes preventive and health promotion at the community level with continuum of care approach. Further, Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage up to Rs. 5.00 lakh per family per year to around 10.74 crore poor and vulnerable families as per Socio Economic Caste Census (SECC).

To improve availability of doctors & specialists in underserved areas, the Government is upgrading District Hospitals to Medical Colleges in 82 districts which do not have any Medical College thereby providing at least one Medical College for every three contiguous Parliamentary Constituencies.

		(As on 31st March, 20 8)						
S. No.	State/UT	Required ¹	Sanctioned	In Position	Vacant	Shortfall		
		[R]	[S]	[P]	[S-P]	[R-P]		
1	Andhra Pradesh	1147	2267	2045	222	*		
2	Arunachal Pradesh	143	NA	125	NA	18		
3	Assam	946	NA	1376	NA	*		
4	Bihar #	1899	2078	1786	292	113		
5	Chhattisgarh	793	793	359	434	434		
6	Goa	25	48	56	*	*		
7	Gujarat	1474	1865	1321	544	153		
8	Haryana	368	551	491	60	*		
9	Himachal Pradesh	576	636	622	14	*		
10	Jammu & Kashmir	637	1347	694	653	*		
11	Jharkhand	298	556	340	216	*		
12	Karnataka	2359	2359	2136	223	223		
13	Kerala	849	1120	1169	*	*		
14	Madhya Pradesh	1171	1771	1112	659	59		
15	Maharashtra	1823	3009	2929	80	*		
16	Manipur	91	238	194	44	*		
17	Meghalaya ##	108	128	130	*	*		
18	Mizoram ###	57	152	59	93	*		
19	Nagaland	126	108	118	*	8		
20	Odisha	1288	1326	917	409	371		
21	Punjab	432	593	480	113	*		
22	Rajasthan	2078	2751	2396	355	*		
23	Sikkim	24	NA	24	NA	0		
24	Tamil Nadu	1421	3136	2780	356	*		
25	Telangana	643	1254	1066	188	*		
26	Tripura	108	0	119	*	*		
27	Uttarakhand	257	425	241	184	16		
28	Uttar Pradesh	3621	4509	1344	3165	2277		
29	West Bengal	913	1268	1016	252	*		
30	A& N Islands	22	42	34	8	*		
31	Chandigarh	0	0	0	0	0		
32	D & N Haveli	9	15	8	7	1		
33	Daman & Diu	4	5	4	1	0		
34	Delhi	5	21	22	*	*		
35	Lakshadweep	4	8	8	0	*		
36	Puducherry	24	38	46	*	*		
	All India ² / Total	25743	34417	27567	8572	3673		

Notes: # Sanctioned data for year 2011 used

Sanctioned data for year 2015 used ### Sanctioned data for year 2013-14 used NA: Not Available.

+: Allopathic Doctors

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

¹ One per Primary Health Centre as per IPHS norms

² For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded

Annexure-II

PHYSICIANS at CHCs								
		(As on 31st March, 2018)						
S. No.	State/UT	Required ²	Sanctioned [S]	In Position [P]	Vacant	Shortfall		
		[R]			[S-P]	[R-P]		
1	Andhra Pradesh	193	65	52	13	141		
2	Arunachal Pradesh	63	NA	1	NA	62		
3	Assam	172	NA	7	NA	165		
4	Bihar	150	NA	8	NA	142		
5	Chhattisgarh	169	163	13	150	156		
6	Goa	4	1	2	*	2		
7	Gujarat	363	363	9	354	354		
8	Haryana	113	9	1	8	112		
9	Himachal Pradesh	91	NA	2	NA	89		
10	Jammu & Kashmir	84	107	86	21	*		
11	Jharkhand	171	171	22	149	149		
12	Karnataka	206	206	106	100	100		
13	Kerala	227	2	2	0	225		
14	Madhya Pradesh	309	309	45	264	264		
15	Maharashtra	361	153	45	108	316		
16	Manipur	23	1	1	0	22		
17	Meghalaya	28	0	7	*	21		
18	Mizoram #	9	5	0	5	9		
19	Nagaland	21	NA	1	NA	20		
20	Odisha	377	382	37	345	340		
21	Punjab	151	140	22	118	129		
22	Rajasthan	588	665	208	457	380		
23	Sikkim	2	NA	0	NA	2		
24	Tamil Nadu	385	NA	25	NA	360		
25	Telangana	91	71	21	50	70		
26	Tripura	22	0	0	0	22		
27	Uttarakhand	67	69	11	58	56		
28	Uttar Pradesh	822	523	28	495	794		
29	West Bengal	348	95	42	53	306		

² One per Community Health Centre as per

IPHS norms NA: Not Available.

30	A& N Islands	4	3	0	3	4
31	Chandigarh	0	0	0	0	0
32	D & N Haveli	2	0	0	0	2
33	Daman & Diu	2	0	0	0	2
34	Delhi	0	0	0	0	0
35	Lakshadweep	3	0	0	0	3
36	Puducherry	3	1	1	0	2
	All India/ Total	5624	3504	805	2751	4821

Notes:

Total 5 Physicians sanctioned in the State

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall

ignoring surplus in some States / UTs *: Surplus.

TOTAL SPECIALISTS AT CHCs									
		Total Speciali	sts [Surgeons, OB&	GY, Physicians & Pa	aediatricians]				
G		(As on 31st March, 2018)							
S. No.	State/UT	Required ³	Sanctioned	In Position	Vacant	Shortfall			
		[R]	[S]	[P]	[S-P]	[R-P]			
1	Andhra Pradesh	772	533	384	149	388			
2	Arunachal Pradesh	252	NA	4	NA	248			
3	Assam	688	NA	158	NA	530			
4	Bihar	600	NA	82	NA	518			
5	Chhattisgarh	676	652	57	595	619			
6	Goa	16	5	10	*	6			
7	Gujarat	1452	1177	118	1059	1334			
8	Haryana	452	59	17	42	435			
9	Himachal Pradesh	364	NA	4	NA	360			
10	Jammu & Kashmir	336	344	256	88	80			
11	Jharkhand	684	684	92	592	592			
12	Karnataka	824	824	498	326	326			
13	Kerala	908	30	40	*	868			
14	Madhya Pradesh	1236	1236	248	988	988			
15	Maharashtra	1444	823	485	338	959			
16	Manipur	92	4	3	1	89			
17	Meghalaya	112	3	9	*	103			
18	Mizoram	36	33	0	33	36			
19	Nagaland	84	NA	8	NA	76			
20	Odisha	1508	1529	253	1276	1255			
21	Punjab	604	593	105	488	499			
22	Rajasthan	2352	1731	565	1166	1787			
23	Sikkim	8	NA	0	NA	8			
24	Tamil Nadu	1540	NA	210	NA	1330			
25	Telangana	364	320	112	208	252			
26	Tripura	88	0	2	*	86			
27	Uttarakhand	268	268	29	239	239			
28	Uttar Pradesh	3288	2099	192	1907	3096			
29	West Bengal	1392	669	125	544	1267			
30	A& N Islands	16	9	0	9	16			
31	Chandigarh	0	0	0	0	0			
32	D & N Haveli	8	0	0	0	8			
33	Daman & Diu	8	6	3	3	5			
34	Delhi	0	0	0	0	0			
35	Lakshadweep	12	0	0	0	12			
36	Puducherry	12	4	5	*	7			
	All India ² / Total	22496	13635	4074	10051	18422			

Notes:NA: Not available

³ Four per Community Health Centre as per IPHS norms

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs *: Surplus.

² For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, are excluded

PHARMACISTS at PHCs & CHCs								
		(As on 31st March, 2018)						
S. No.	State/UT	Required ⁴	Sanctioned	In Position	Vacant	Shortfall		
110.		[R]	[S]	[P]	[S-P]	[R-P]		
1	Andhra Pradesh	1340	1384	1004	380	336		
2	Arunachal Pradesh	206	NA	89	NA	117		
3	Assam #	1118	1284	1735	*	*		
4	Bihar ##	2049	989	287	702	1762		
5	Chhattisgarh	962	1107	936	171	26		
6	Goa	29	48	53	*	*		
7	Gujarat	1837	1847	1584	263	253		
8	Haryana	481	504	397	107	84		
9	Himachal Pradesh	667	594	378	216	289		
10	Jammu & Kashmir	721	1137	974	163	*		
11	Jharkhand	469	469	241	228	228		
12	Karnataka	2565	2674	2523	151	42		
13	Kerala	1076	1036	1102	*	*		
14	Madhya Pradesh	1480	1905	1778	127	*		
15	Maharashtra	2184	2355	2055	300	129		
16	Manipur	114	145	152	*	*		
17	Meghalaya \$	136	135	149	*	*		
18	Mizoram ^	66	99	53	46	13		
19	Nagaland	147	135	116	19	31		
20	Odisha	1665	1741	1623	118	42		
21	Punjab	583	841	790	51	*		
22	Rajasthan	2666	1127	1172	*	1494		
23	Sikkim	26	NA	11	NA	15		
24	Tamil Nadu	1806	2656	2097	559	*		
25	Telangana	734	763	700	63	34		
26	Tripura	130	0	133	*	*		
27	Uttarakhand	324	408	282	126	42		

Annexure-IV

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs *: Surplus. NA: Not Available.

⁴ One per each Primary Health Centre and Community Health Centre as per IPHS norms

	All India/Total	31367	32682	28680	4825	4938
36	Puducherry	27	42	37	5	*
35	Lakshadweep	7	16	16	0	*
34	Delhi	5	6	4	2	1
33	Daman & Diu	6	16	9	7	*
32	D & N Haveli	11	10	12	*	*
31	Chandigarh	0	0	0	0	0
30	A& N Islands	26	53	49	4	*
29	West Bengal	1261	1459	1422	37	*
28	Uttar Pradesh	4443	5697	4717	980	*

Notes:

Sanctioned data for year 2013 used

Sanctioned data for year 2011 used

\$ Sanctioned data for year 2015 used

^ Total 99 Pharmacists sanctioned in the State

Annexure-V

		(As on 31st March, 2018)						
S. No.	State/UT	Required ⁵	Sanctioned [S]	In Position	Vacant	Shortfall		
		[R]		[P]	[S-P]	[R-P]		
1	Andhra Pradesh	1340	1185	789	396	551		
2	Arunachal Pradesh	206	NA	123	NA	83		
3	Assam #	1118	860	1390	*	*		
4	Bihar ##	2049	683	611	72	1438		
5	Chhattisgarh	962	1063	823	240	139		
6	Goa	29	40	40	0	*		
7	Gujarat	1837	1837	1658	179	179		
8	Haryana	481	504	356	148	125		
9	Himachal Pradesh	667	300	131	169	536		
10	Jammu & Kashmir	721	826	798	28	*		
11	Jharkhand	469	640	264	376	205		
12	Karnataka	2565	1790	1532	258	1033		
13	Kerala	1076	324	365	*	711		
14	Madhya Pradesh	1480	1808	1238	570	242		
15	Maharashtra	2184	1474	1296	178	888		
16	Manipur	114	102	70	32	44		
17	Meghalaya \$	136	118	155	*	*		
18	Mizoram ^	66	92	83	9	*		
19	Nagaland	147	72	87	*	60		
20	Odisha	1665	497	567	*	1098		
21	Punjab	583	616	585	31	*		
22	Rajasthan	2666	3644	2091	1553	575		
23	Sikkim	26	NA	21	NA	5		
24	Tamil Nadu	1806	2222	967	1255	839		
25	Telangana	734	749	597	152	137		
26	Tripura	130	0	105	*	25		
27	Uttarakhand	324	135	78	57	246		
28	Uttar Pradesh	4443	2054	1644	410	2799		
29	West Bengal	1261	966	874	92	387		
30	A& N Islands	26	23	19	4	7		
31	Chandigarh	0	0	0	0	0		
32	D & N Haveli	11	7	17	*	*		
33	Daman & Diu	6	9	5	4	1		
34	Delhi	5	5	4	1	1		
35	Lakshadweep	7	13	13	0	*		
36	Puducherry	27	10	38	*	*		
	All India/Total	31367	24668	19434	6214	12354		

Notes:

Sanctioned data for year 2013 used

Sanctioned data for year 2011 used \$ Sanctioned data for year 2015 used

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States /UTs *: Surplus.

⁵ One per each Primary Health Centre and Community Health Centre as per IPHS norms

NA: Not Available.

		NURS	NG STAFF at PHCs	& CHCs				
		(As on 31st March, 2018)						
S. No.	State/UT	Required ¹	Sanctioned	In Position	Vacant	Shortfall		
		[R1]	[S]	[P]	[S-P]	[R1-P]		
1	Andhra Pradesh	2498	4518	3505	1013	*		
2	Arunachal Pradesh	584	NA	498	NA	86		
3	Assam #	2150	2798	3203	*	*		
4	Bihar ##	2949	1662	1211	451	1738		
5	Chhattisgarh	1976	2809	2458	351	*		
6	Goa	53	126	146	*	*		
7	Gujarat	4015	4391	3160	1231	855		
8	Haryana	1159	1894	1797	97	*		
9	Himachal Pradesh	1213	837	452	385	761		
10	Jammu & Kashmir	1225	1710	1405	305	*		
11	Jharkhand	1495	2179	1182	997	313		
12	Karnataka	3801	2667	3339	*	462		
13	Kerala	2438	3610	3969	*	*		
14	Madhya Pradesh	3334	4624	3308	1316	26		
15	Maharashtra	4350	3218	2296	922	2054		
16	Manipur	252	484	400	84	*		
17	Meghalaya \$	304	413	596	*	*		
18	Mizoram ^	120	570	198	372	*		
19	Nagaland	273	175	394	*	*		
20	Odisha	3927	1666	2327	*	1600		
21	Punjab	1489	2189	2029	160	*		
22	Rajasthan	6194	12712	9887	2825	*		
23	Sikkim	38	NA	48	NA	*		
24	Tamil Nadu	4116	7963	6360	1603	*		
25	Telangana	1280	2208	2027	181	*		
26	Tripura	262	0	581	*	*		
27	Uttarakhand	726	623	359	264	367		
28	Uttar Pradesh	9375	17974	20546	*	*		
29	West Bengal	3349	6981	6464	517	*		
30	A& N Islands	50	138	129	9	*		
31	Chandigarh	0	0	0	0	0		
32	D & N Haveli	23	14	45	*	*		
33	Daman & Diu	18	64	49	15	*		
34	Delhi	5	5	6	*	*		
35	Lakshadweep	25	54	54	0	*		
36	Puducherry	45	131	139	*	*		
	All India/Total	65111	91407	84567	13098	8262		

Annexure-VI

Sanctioned data for year 2013 used

Sanctioned data for year 2011 used \$ Sanctioned data for year 2015 used

⁴ Total 570 Nursing Staff sanctioned in the State
 ⁴ One per Primary Health Centre and seven per Community Health Centre as per IPHS norms All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

*: Surplus.

NA: Not Available.