

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

**LOKSABHA  
UNSTARRED QUESTION NO. 2281  
TO BE ANSWERED ON THE 10<sup>th</sup> DECEMBER, 2021**

**SHORTAGE OF DOCTORS AND MEDICAL EQUIPMENTS IN HEALTH CENTRES**

**2281. SHRI UDAY PRATAP SINGH:**

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

- (a) the scheme of the Government to address the shortage of doctors and medical appliances/equipments in Government health centres operational across the country, particularly in the rural areas;
- (b) whether the Government has earmarked such areas in the State of Madhya Pradesh where there is acute shortage of doctors and medical facilities;
- (c) if so, the details thereof; and
- (d) if not, the reasons therefor?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d) Public Health and Hospitals is a State Subject, hence all the matters related to health system strengthening, including rural areas, lies with the respective State/UT Governments. However under National Health Mission, Ministry of Health & Family Welfare provides financial and technical support to States/UTs including Madhya Pradesh to strengthen their healthcare systems including support for recruitment of doctors and medical appliances/ equipments, based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

Under NHM, following types of incentives and honorarium are provided to staff for ensuring service delivery in rural and remote areas of the country:

- 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.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

Further, Government of India has taken various steps to strengthen the health care system.

Under Ayushman Bharat, the existing Sub-health Centres (SHCs) and Primary Health Centres (PHCs) are being transformed into AB-HWCs to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services which is universal, free and close to the community.

Another essential component of Ayushman Bharat Health & Wellness Centres (AB-HWCs) is the roll out of tele-consultation services through 'eSanjeevani'. This platform provides telemedicine services for the communities through a hub and spoke model which connects AB-HWCs (spokes) to District Hospitals/Medical colleges (Hubs) for specialist consultation services. Teleconsultation services are aimed at improving access of specialist services to the communities, especially in the rural areas.

Further, PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs. 64,180 crores till 2025-26 envisages increased investments in public health and other health reforms to provide better access to health infrastructure in rural areas by:

- Strengthening of Health and Wellness Centres in villages and cities for early detection of diseases.
- Addition of new critical care-related beds at district level hospitals.
- Support for Block Public Health Units (BPHU) in 11 high focus States
- Integrated district public health laboratories in all districts

As public health and hospital is a State Subject, the data for earmarking of areas of acute shortage of doctors and medical facilities is not done centrally. However, the status of shortage of doctors and medical facilities as per Rural Health Statistics, 2019-20, for the State of Madhya Pradesh are placed at **Annexure-I** and **Annexure-II**, respectively.

**Annexure-I****The status of shortage of doctors as per the Rural Health Statistics (2019-20) for the State of Madhya Pradesh**

| Doctors At District Hospital and Sub District/ Sub Divisional Hospital | District Hospital |             | Sub District/ Sub Divisional Hospital |             |
|--|-------------------|-------------|---------------------------------------|-------------|
|  | Sanctioned        | In Position | Sanctioned                            | In Position |
|  | 1134              | 1186        | 470                                   | 395         |

| HR Type   | (As on 31st March, 2020) |            |             |        |           |
|---|--------------------------|------------|-------------|--------|-----------|
|   | Required <sup>1</sup>    | Sanctioned | In Position | Vacant | Shortfall |
|   | [R]                      | [S]        | [P]         | [S-P]  | [R-P]     |
| Doctors+ At Primary Health Centres in Rural Areas                         | 1199                     | 1525       | 1065        | 460    | 134       |
| AYUSH Specialist at Community Health Centres in Rural Areas               | 309                      | 309        | 0           | 309    | 309       |
| Surgeons at CHCs in Rural Areas   | 309                      | 324        | 7           | 317    | 302       |
| Obstetricians & Gynaecologists at CHCs in Rural Areas                     | 309                      | 324        | 21          | 303    | 288       |
| Physicians at CHCs in Rural Areas   | 309                      | 324        | 7           | 317    | 302       |
| Paediatricians at CHCs in Rural Areas                                     | 309                      | 60         | 11          | 49     | 298       |
| Total Specialists at CHCs in Rural Areas                                  | 1236                     | 1032       | 46          | 986    | 1190      |
| Anaesthetists at CHCs in Rural Areas                                      | NA                       | 60         | 5           | 55     | NA        |
| Eye Surgeons at CHCs in Rural Areas                                       | NA                       | 0          | 0           | 0      | NA        |
| General Duty Medical Officers (GDMOs) - Ayush at CHCs in Rural Areas      | NA                       | 309        | 89          | 220    | NA        |
| General Duty Medical Officers (GDMOs) - Allopathic at CHCs in Rural Areas | 618                      | 713        | 609         | 104    | 9         |
| Radiographers at CHCs in Rural Areas                                      | 309                      | 309        | 183         | 126    | 126       |

**Annexure-II**

**The status of shortage of medical facilities as per the Rural Health Statistics (2019-20) for the State of Madhya Pradesh**

| Facility Type      | Shortfall In Health Facilities |             |           |             |
|--------------------|--------------------------------|-------------|-----------|-------------|
|                    | Required                       | In Position | Shortfall | % Shortfall |
| <b>Sub Centres</b> | 14106                          | 10226       | 3880      | 28          |
| <b>PHCs</b>        | 2260                           | 1199        | 1061      | 47          |
| <b>CHCs</b>        | 565                            | 309         | 256       | 45          |