

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

**LOK SABHA
UNSTARRED QUESTION NO. 3521
TO BE ANSWERED ON 21.03.2025**

SHORTAGE OF STAFF IN PUBLIC HOSPITALS

3521: MS. PRANITI SUSHILKUMAR SHINDE:

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

- (a) whether the Government has issued guidelines regarding the minimum staff-patient ratio in public hospitals;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government has taken steps to address the shortage of healthcare workers in government hospitals by filling vacancies;
- (d) if so, the details thereof including the timeline fixed for filling these vacancies and if not, the reasons therefor; and
- (e) the strategies being employed to mitigate the impact of shortage of staff on patient care?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) & (b) The Indian Public Health Standards (IPHS) have been developed by MoHFW for primary and secondary healthcare facilities which provides a set of uniform standards envisaged to improve the quality of health care delivery in the country. These standards also specify the required Human Resources, including doctors at various facility levels to meet the health needs of the citizens. The IPHS was last updated in 2022 and are available in public domain at the following Uniform Resource locator (URL):

<http://nrhm.gov.in/nhm/nrhm/guidelines/indian-public-health-standards.html>

(c) to (e) The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in Government Hospitals lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. States/ UTs to ensure availability of HR by creating adequate

number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and paramedics to practice in rural and remote areas of the country to mitigate the impact of shortage of staff on patient care:

- 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 Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (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.
