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

## LOK SABHA UNSTARRED QUESTION NO. 3382 TO BE ANSWERED ON 08.08.2025

#### SHORTAGE OF DOCTORS IN RURAL AREAS

#### 3382. SHRI S JAGATHRATCHAKAN:

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

- (a) the number of Primary Health Centres (PHCs) present before 2019 and the number of PHCs constructed in rural areas of the country over the past five years;
- (b) the data of the number of doctors currently posted in these PHCs, across the country along with the sanctioned versus actual strength, State-wise; and
- (c) the steps taken by the Government in the last five years to improve rural healthcare infrastructure, including budget allocations and initiatives to address shortages of doctors in the rural areas of the country?

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

(a): As per Rural Health Statistics 2018-19, 24,855 Primary Health Centres (PHCs) are functioning in the rural areas of the country as on 31.03.2019. Further, as per Health Dynamics of India 2022-23 (Earlier known as Rural Health Statistics), there are 31,882 Primary Health Centres (PHCs) functioning in the country as on 31.03.2023, in which 25,354 are in rural areas & 6,528 in urban areas.

(b): The State/UT-wise details of doctors posted in PHCs along with the their sanctioned strength in the rural area of the country are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23 RE%20%281%29.pdf

- (c): The primary responsibility of strengthening the public healthcare system, including to improve rural healthcare infrastructure, lies with the respective State Governments. However, the Central Government provides assistance to the State/UT Governments in their efforts to provide better health care facilities to people through various schemes. The details of the schemes are as under:
- National Health Mission (NHM): The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, 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. Details of the approvals given for the strengthening healthcare in rural areas of the country are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744

Details of funds approved during the current FY 2025-26 & for the last four FYs i.e 2024-25; 2023-24; 2022-23& 2021-22 for development of building infrastructure under NHM are as under:

(Rs. in lakhs)

State/ UT	2021-22	2022-23	2023-24	2024-25	2025-26
Funds	353,086.43	547,198.48	468,849.32	422,222.89	424,914.60
Approved	333,060.43	347,190.40	400,049.32	422,222.09	424,914.00

• PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM): Under the Central Sponsored Scheme (CSS) components of the scheme, support for 100 and 50-bedded Critical Care Hospital Blocks (CCBs) at district hospitals or medical colleges for an amount of

Rs.18,799.21 Crore have been accorded to States/UTs for FY 2021-22 to 2025-26 for setting up of 621 CCBs. Under Central Sector component of PM-ABHIM, 150 bedded Critical Care Blocks are envisaged to be established in 12 AIIMS and Institute of National Importance (INIs).

• 15th Finance Commission (FC-XV): The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the heath sector to the tune of Rs.70,051 crore. Under FC XV Health Sector Grants, 2673 PHC AAM approved for an amount of Rs 3581.47 Cr for FY 2021-22 to FY 2025-26.

Under NHM, following types of initiatives have been taken to address shortages of doctors in the rural 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 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.

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