

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

**LOK SABHA
UNSTARRED QUESTION NO. 970
TO BE ANSWERED ON 25th JULY, 2025**

MANPOWER SHORTAGES IN HEALTHCARE INSTITUTIONS

970. MS. PRANITI SUSHILKUMAR SHINDE:

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

- (a) whether the Government is aware of the findings of the recent CAG audit regarding significant manpower shortages in healthcare institutions across Maharashtra under the Public Health Department and the Medical Education and Drugs Department;
- (b) if so, the details thereof including the percentage shortfall of doctors, nurses, and paramedical staff at primary, secondary, and women's hospitals;
- (c) whether specialist doctor shortfall under the Public Health Department has reached as high as 42% and trauma care centres and AYUSH institutions are facing acute staffing deficits and if so, the details thereof;
- (d) whether the sanctioned strength of doctors under the Public Health Department is 17% lower than the norms prescribed under the Indian Public Health Standards (IPHS), 2012 and if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government to address regional disparities, recruit adequate personnel and ensure compliance with IPHS norms to improve public healthcare delivery in Maharashtra?

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

(a) to (e): As informed by the Government of Maharashtra, according to 2024 report of the Comptroller and Auditor General of India, the doctor-population ratio in the state of Maharashtra is 1:732. According to the WHO benchmark, the expected ratio is 1:1000. The doctor-population ratio in the state is 37 percent higher than the WHO norms.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. Details of shortfall of health manpower in rural & urban areas in the country including Maharashtra may be seen at the following link of HDI 2022-23:

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

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality health care especially for the under served and marginalized groups in rural areas. 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 NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

The Government of India has taken number of initiatives in the form of incentives and honorarium to the medical professionals for encouraging better service delivery in rural and remote areas across the country, which include:

- i. Hard Area Allowance to specialist doctors for serving in rural and remote areas so that they find it attractive to serve in public health facilities in such areas.
- ii. States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- iii. Non-monetary incentives such as preferential admission in postgraduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- iv. Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists such as Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS).
