

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

**LOK SABHA
UNSTARRED QUESTION NO. 2152
TO BE ANSWERED ON 12.12.2025**

INCENTIVES FOR SPECIALIST DOCTORS IN RURAL AND REMOTE AREAS

2152. SHRI NAVEEN JINDAL:

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

- (a) the details of the incentives provided to specialist doctors for serving in rural and remote areas in the country, including the details of the hard area allowance;
- (b) whether the Government provides additional honorarium for specialists conducting emergency obstetric care and Caesarean sections in rural areas, if so, the number of doctors benefiting from this scheme;
- (c) the details of non-monetary incentives introduced under the National Health Mission (NHM) to encourage medical professionals to work in rural and difficult areas;
- (d) the steps taken under NHM to address the shortage of specialists through multi-skilling programmes for doctors across the country; and
- (e) the measures taken by the Government to improve healthcare infrastructure in rural areas to support and retain medical professionals?

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

(a) to (e): The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in healthcare facilities 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 are 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 use 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 other health care staff to practice in rural and remote areas of the country to address the shortage of staff:

- 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.

The provisions for performance-based incentives for conducting Emergency Obstetrics Care and Caesarean Sections are as under:

- i. As per the operational guidelines of Life Saving Anaesthesia Skills (LSAS) and Comprehensive Emergency Obstetrics and Newborn Care (CEmONC), there is a provision for awarding performance-based incentives (as decided by the State) for every emergency obstetric case wherein LSAS or CEmONC trained doctors provide services such as spinal anaesthesia or Caesarean section, respectively.
- ii. As per the guidelines of RMNCH+A: Illustrative Performance-Based Incentive for High Priority Districts (HPDs), the following provisions are available:
 - EmOC team at District Hospital/FRUs is entitled to receive Rs. 3,000 per C-section beyond 10 C-sections per month (limited to a maximum of 20% C-sections of total deliveries).
 - EmOC team at Sub-District CHC/FRUs is entitled to receive Rs. 3,000 per C-section beyond 5 C-sections per month.

The Government of India, in consultation with the State/UT governments, has recognised that providing residential accommodation is one of the key measures to attract, retain, and motivate medical professionals to serve in rural and difficult areas. Accordingly, the Ministry of Health & Family Welfare (MoHFW) has approved several staff quarters across various

States/UTs. The details of such approvals for the last three years and the current financial year are available and can be accessed through the following link to the RoPs on the Ministry's website:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=59&lid=72>

Under the National Health Mission, provisions have been made for short-term training programmes for Medical Officers to address the shortage of specialists across the country. The initiatives include:

- i. 10-day training programme in Basic Emergency Obstetrics and Newborn Care (BEmONC); and
- ii. Six-month training programme in Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS).

In addition to the National Health Mission, Government of India is implementing PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), 15th Finance Commission (FC-XV) Health Sector Grants, Pradhan Mantri Swasthya Suraksha Yojna (PMSSY) and Establishment of new Medical Colleges attached with existing district/referral hospitals in States/UTs to improve the healthcare infrastructure and service delivery in backward and under-served regions.
