

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

**LOK SABHA
UNSTARRED QUESTION NO. 3665
TO BE ANSWERED ON THE 13.03.2026**

SPECIALIST SERVICES IN BASTAR REGION

†**3665. SHRI MAHESH KASHYAP:**

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

- (a) whether any changes have been brought by large hospitals like super-specialty hospitals in access to specialist services in the Bastar region in Chhattisgarh;
- (b) if so, the details thereof;
- (c) the number of years in which the shortage of doctors in Bastar is likely to be completely overcome by opening new medical colleges and increasing the number of seats; and
- (d) the names of the schemes of the Central/State Government to address the shortage of healthcare workers (such as nurses and paramedics) in Bastar?

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

(a) to (d): Public health & Hospital is a State Subject. All the administrative and personnel matters related to health human resource lies with the respective State/UT Governments. Under National Health Mission, 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.

Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. The details of doctors/specialists, nurses and paramedics can be accessed at the following link of HDI 2022-23:

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

Additionally, digital platforms such as e-Sanjeevani platform to provide teleconsultation services to strengthen digital healthcare and improve accessibility especially in rural and underserved areas. The teleconsultation services, available at all operational AAMs across the country including rural areas, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care.

Under NHM, following types of incentives and honorarium are provided for encouraging healthcare workers to practice in rural and remote areas of the country including Chhattisgarh to address the shortage of healthcare workers:

- 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 Gynaecologists/ 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 Ministry of Health & Family Welfare administers Centrally Sponsored Schemes (CSS) for Up-gradation of existing State Government/Central Government medical colleges to increase MBBS seats & PG seats in the country. Under these Schemes, support is provided for civil works, equipment and furniture for increasing UG/PG seats in Government Medical Colleges with a cost ceiling of Rs.1.20 Crore per seat, to be shared between the Centre and State Governments in the ratio of 90:10 for North Eastern and Special Category States and 60:40 for others.

Under the CSS for ‘Up gradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country’, 83 Government Medical Colleges

(including 3 in Chhattisgarh) in 17 States have been approved to increase 4977 MBBS seats, including 150 MBBS seats in Chhattisgarh.

Also, under the CSS for ‘Strengthening and upgradation of State Government medical colleges for starting new PG disciplines and increasing PG seats’, 8058 seats, including 79 PG seats in Chhattisgarh, have been approved in 2 Phases.”

As per the information provided by the State of Chhattisgarh, currently, two Medical Colleges, Late Shri Baliram Kashyap Memorial Government Medical College, Jagdalpur - 125 UG MBBS seats and Late Smt. Indira Gandhi Memorial Government Medical College, Kanker - 125 UG MBBS seats are operational in the Bastar region and one new Medical College at Dantewada district with 50 UG MBBS seats is proposed in the Bastar region of Chhattisgarh.

Under State Budget :- Establishment of Government Physiotherapy College, Jagdalpur and Government Nursing college, Bijapur and Dantewada.

Under Centrally Sponsored Scheme :- CSS- Scheme for augmenting Nursing Education- Establishment of new colleges of Nursing (CoN) in Co-location with Medical colleges.

The Government has approved the establishment of 157 nursing colleges co-located with existing medical colleges, aiming to add approximately 15,700 B.Sc.(N). seats in the Government Sector. An amount of Rs. 10 cr under the central and state share has been allotted under the CSS with the fund sharing ratio of 90:10 for NE/Special Category States and 60:40 for other states and 100% for UTs without legislature.
