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

LOK SABHA
UNSTARRED QUESTION NO. 1149
TO BE ANSWERED ON 24.07.2026

SHORTAGE OF MEDICAL STAFFS IN PHCS AND CHCS

†1149. SMT. GENIBEN NAGAJI THAKOR:

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

(a) whether there is an acute shortage of doctors, specialists doctors, nursing staff and paramedical personnel in Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals in rural and remote areas of the country;
(b) if so, the details of the vacant posts in these centres/hospitals, State/UT-wise;
(c) the steps taken by the Government to fill these vacancies and to strengthen healthcare services in rural and tribal areas during the last three years; and
(d) whether the Government proposes to implement any new scheme to ensure the availability of modern diagnostic facilities, telemedicine service and essential life-saving medicines in each district and if so, the details thereof?

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

(a) to (d): The details regarding doctors, specialists, nursing staff and paramedical personnel in Primary Health Centres (PHCs), Community Health Centres (CHCs), District Hospitals in rural and remote areas of the country and their vacancies State/UT-wise in Centres/Hospitals across the country can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacancies and to strengthen healthcare services in rural and

tribal areas 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 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, specialists, nursing staff and paramedical personnel to practice in rural and remote areas of the country to address the shortage of staff:

- Hard area, including rural and tribal areas, are given allowances 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.

To ensure availability of essential drugs and reduce the Out-of-Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission. This includes financial support to States/UTs for 113 drugs at Sub Health Centre level, 179 at Primary Health Centre level, 301 at Community Health Centre level, 318 at Sub District Hospital level and 381 drugs at district Hospitals.

This Ministry supports ′Free Diagnostics Service Initiative′ programme under NHM with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community, which in turn reduces the Out-of-Pocket Expenditure (OOPE). Diagnostics services are provided free of cost at all levels of public health facilities (14 tests at Sub Centers, 63 at Primary Health Centers, 97 at Community Health Centres, 111 test at Sub District Hospitals and 134 tests at District Hospitals).

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.

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