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

LOK SABHA
UNSTARRED QUESTION NO. 3449
TO BE ANSWERED ON 07.08.2026

VACANCIES OF DOCTORS AND PARAMEDICAL STAFF

†3449. SHRI BHUMARE SANDIPANRAO ASARAM:
SHRI SANJAY UTTAMRAO DESHMUKH:
SMT. DELKAR KALABEN MOHANBHAI:

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

(a) whether the thousands of posts of Specialist doctors, physicians, nurses and paramedical staff are lying vacant against the sanctioned strength in Central and State Government hospitals across the country, State/UT-wise, if so, the details thereof and the reasons therefor;
(b) the details of the said vacant posts and the steps taken to fill the vacancies;
(c) whether the Government has implemented measures such as financial incentives, mandatory service provision or special recruitment schemes to ensure the availability of specialist doctors and shortage of nursing staff in Government hospitals across the country, particularly in rural, tribal and remote areas;
(d) if so, the details thereof, State-wise, particularly in Maharashtra, including the Yavatmal-Washim Parliamentary Constituency and the Union Territory of Dadra and Nagar Haveli and Daman and Diu;
(e) the number of projects approved by the Government for setting up new medical colleges, upgrading district hospitals and establishing trauma care centres in the country during the last three years; and
(f) the amount of funds allocated and progress made in this regard in various States across the country, State/UT-wise including Maharashtra and the UT of Dadra and Nagar Haveli and Daman and Diu?

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

(a) to (f): Public Health & hospitals fall under the State list and therefore, the primary responsibility of strengthening public healthcare system is with the State/ Union Territories. However, under the National Health Mission, the Ministry of Health and Family Welfare

provides technical and financial support to the States/ Union Territories including Maharashtra and the Union Territory of Dadra and Nagar Haveli and Daman and Diu to strengthen the public healthcare system including support for healthcare staff, establishment and upgradation of healthcare facilities in the rural, tribal and remote areas of the country, 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 of public healthcare system in Maharashtra and the Union Territory of Dadra and Nagar Haveli and Daman and Diu 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

The details regarding sanctioned strength and vacancies of Specialist doctors, physicians, nurses and paramedical staff at the healthcare facilities across the country including Maharashtra and the Union Territory of Dadra and Nagar Haveli and Daman and Diu can be accessed at the following link of Health Dynamics of India (HDI) 2023-24:

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

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and healthcare workers to work in rural, tribal and remote areas of the country including Maharashtra and the Union Territory of Dadra and Nagar Haveli and Daman and Diu to ensure the availability of specialist doctors and shortage of nursing staff in Government hospitals across the country, particularly in rural, tribal and remote areas;

- 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.

Further, the Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron-Folic Acid supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.

Under District Residency Program of National Medical Commission (NMC), second/third year PG students of medical colleges are posted in district hospitals.

The State/ Union Territory-wise Central release and Expenditure under NHM for States/Union Territories across the country including Maharashtra & Union Territory of Dadra and Nagar Haveli and Daman and Diu from the FY 2023-24 to 2025-26 is at **Annexure-I**.

Under Centrally Sponsored Scheme (CSS) for **'Establishment of new medical colleges attached with existing district/referral hospitals′** with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the scheme, all the envisaged 157 medical colleges have already been approved including 02 medical colleges in Gondia and Nandurbar district of Maharashtra. Both the medical colleges are functional.

****

Annexure-I

State/UT-wise Central release and Expenditure under NHM for States/Union Territories from the FY 2023-24 to 2025-26

(Rs. in Crores)

Sl. No.	States	2023-24		2024-25		2025-26	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Andaman & Nicobar Islands	37.84	40.71	49.99	44.41	44.41	48.48
2	Andhra Pradesh	1,096.01	2,833.44	1,319.61	2,439.82	1,162.85	2,764.51
3	Arunachal Pradesh	404.55	399.44	388.86	472.93	349.93	411.14
4	Assam	2,257.06	2,626.87	2,076.25	2,607.54	2,318.22	2,601.84
5	Bihar	2,032.95	4,010.97	2,367.18	4,466.31	2,508.99	4,287.22
6	Chandigarh	30.58	31.85	43.43	37.29	50.53	49.53
7	Chattisgarh	875.8	1,743.79	969.11	1,784.09	1,159.42	2,121.60
8	**Dadra and Nagar Haveli & Daman & Diu**	**39.92**	**41.96**	**40.96**	**40.47**	**49.12**	**43.02**
9	Delhi	150.54	338.41	240.39	365.44	346.34	547.04
10	Goa	48.97	84.53	55.06	95.17	51.2	90.2
11	Gujarat	1,506.96	4,040.00	1,324.86	3,198.15	1,362.72	2,757.10
12	Haryana	524.01	1,221.41	562.49	1,127.06	636.01	1,402.07
13	Himachal Pradesh	470.36	629.76	523.7	654.52	572.05	653.43
14	Jammu & Kashmir	805.22	956.95	1,040.76	1,110.30	1,017.14	1,180.71
15	Jharkhand	958.06	1,992.91	964.31	1,986.59	984.57	1,873.32
16	Karnataka	1,187.60	2,741.98	1,295.81	2,478.23	1,268.26	2,513.61
17	Kerala	189.15	1,246.25	1,351.78	1,422.88	813.16	1,743.43
18	Lakshadweep	3.79	7.1	9.68	10	12.94	10.4
19	Madhya Pradesh	2545.68	5202.61	2430.91	5225.77	3,047.35	5,628.05
20	**Maharashtra**	**2,729.30**	**5,001.70**	**2,417.95**	**4,364.86**	**2,496.92**	**5,149.77**
21	Manipur	169.12	159.32	279.16	295.79	255.54	366.92
22	Meghalaya	261.39	305.83	297.95	393.01	336.52	377.57
23	Mizoram	134.42	179.84	159.96	174.67	179.13	206.88
24	Nagaland	184.84	196.69	204.47	243.6	187.95	228.1
25	Odisha	1,901.77	3,356.68	1,916.79	3,585.01	1,760.71	4,330.21
26	Puducherry	30.8	45.74	26.27	49.27	30.83	56.4

27	Punjab	91.49	1,428.94	878.21	1,027.72	724.47	1,146.42
28	Rajasthan	2,785.46	4,350.63	2,398.62	4,772.33	2,360.80	4,540.21
29	Sikkim	68.17	75.77	81.67	89.59	99.18	117.93
30	Tamil Nadu	1,996.06	3,104.16	1,742.67	3,461.74	1,714.44	3,191.61
31	Tripura	264.31	309.62	268.67	279.35	331	382.15
32	Uttar Pradesh	4,928.14	10,572.60	5,853.43	10,377.16	5,686.12	11,069.32
33	Uttarakhand	711.33	709.79	604.05	760.15	620.69	722.3
34	West Bengal	890.42	3,641.98	688.44	3,583.07	1,324.66	3,588.42
35	Telangana	564.93	1,288.75	1,110.43	1,872.42	868.92	1,452.06
36	Ladakh	120.44	119.67	135.98	150.5	142.24	138.98

Note:

1. The above releases relate to Central Govt. Grants & do not include State share contribution.

2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.