

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:2243

ANSWERED ON:06.08.2010

SHORTAGE OF DOCTORS AND PARA MEDICAL STAFF IN RURAL AREAS

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

- (a) the number of Community Health Centres (CHCs)/Regional Health Centres (RHCs)/ Sub-Centres functioning in the country, State-wise;
- (b) the number of posts sanctioned/ filled up and the vacancy position in these centres separately;
- (c) the guidelines prescribed for the availability of doctors and other staff, in each RHC/CHC/Sub-centre;
- (d) the reasons for shortage of doctors and other staff in RHC/CHC/Sub-centre;and
- (e) the details thereof and the steps taken/being taken by the Government to meet the same?

**Answer**

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) A statement showing the number of Sub Centres, Primary Health Centres and Community Health Centres functioning in the country state wise is Annexed.

(b) As per the data available in the Bulletin on Rural Health Statistics, updated upto March, 2009, the number of posts sanctioned, in position and vacant in SCs, PHCs and CHCs are as under:

Name of Post and Centre	No of Sanctioned Posts	In Position	Vacant
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Doctors at PHC	24813	23982	5224
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Specialists at CHC	9028	5789	4026
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Health Worker[F]/ ANM at SC &PHC	139664	190919	7243
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Health Worker[M] at SC	79774	57439	26208
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Health Assistant[F]/ LHV at PHCs	18554	18168	1701
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Health Assistant[M] 21076 16083 5990  
at PHCs

Pharmacists at PHCs 24542 20967 4498  
and CHCs

Lab Technicians at 17219 12904 5591  
PHCs and CHCs

Nurse Midwife/Staff 58986 56975 10089  
Nurse at PHCs and CHCs

(c) The Indian Public Health Standards have been developed for these facilities. The vacancies in RHS 2009 are as per earlier norms.

(d) The appointment of doctors and paramedical staff is done by respective State/UT Governments. The reasons of shortage may vary from State to State i.e. from shortage of trained manpower, less development of basic infrastructure i.e roads, connectivity, banks etc. However, after launch of National Rural Health Mission [NRHM] there has been a significant increase in the number of staff appointed on contractual basis.

(e) Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States/UT Governments. This include multi-skilling of doctors and para-medics, provision of incentives, to serve in rural areas like blended payments, difficult areas allowances, PG allowance, case based payments, improved accommodation arrangements, provision of AYUSH doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non government sector for underserved areas, provisioning of untied and flexible funds etc.