

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

UNSTARRED QUESTION NO:2967

ANSWERED ON:30.03.2012

SHORTAGE OF DOCTORS AND PARAMEDICALSTAFF

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

- (a) whether there is shortage of doctors and para-medical staff including Lab Technicians, Auxiliary Nurse Wives (ANW) and Auxiliary Nurse Medwives (ANMs) in Primary Health Centres/Community Health Centres/Sub-Centres of the country under National Rural Health Mission;
- (b) if so, the details thereof along with the reasons therefor, State/UT-wise including Karnataka;
- (c) the number of sanctioned posts of doctors and paramedical staff laying vacant;
- (d) the steps taken by the Government to fill up the vacant posts at the earliest along with the steps taken by the Government to provide adequate and proper healthcare facilities/Medical facilities in above said centres in the country under NRHM;
- (e) whether patients in rural areas suffer a lot due to absenteeism of large number of doctors from duty posted in the rural areas;
- (f) if so, the details thereof and the corrective steps taken by the Government in this regard; and
- (g) the action plan drawn by the Government to check irregularities of funds in implementation of NRHM across the country?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a) to (c): Yes. As per Rural Health Statistics in India, 2010, statements showing the requirement, sanctioned posts, in-position, shortfall and vacancies of Doctors, Specialists and Paramedical staff including Lab Technicians, ANMs etc. in Primary Health Centres/Community Health Centres/Sub-Centres across the country including Karnataka are at annexed.

Various reasons attributed for shortage include non availability of requisite number of doctors and paramedics, shortage of medical colleges and training institutes and unwillingness on the part of doctors to work in rural areas.

(d) Augmentation of human resources is one of the thrust areas under the National Rural Health Mission [NRHM]. Financial support is provided under NRHM for engagement of staff on contractual basis. Multi-skilling of doctors to overcome the shortage of specialists; provision of incentives to serve in rural areas; improved accommodation arrangements; measure to set up more Medical Colleges, GNM Schools and ANM Schools to produce more doctors and paramedics are some of the important measures taken to bridge the gap in human resources. As on 31st December, a statement showing the staff appointed under NRHM on contractual basis across the country is as follows:

S.No Designation No. of Personnel engaged
 on Contractual basis.

1 Specialists 2914

2 General Duty Medical 8722
 Officers

3 AYUSH Doctors 10995

4 Staff Nurses 33411

5 ANM 69662

6 Para Medics 14529

The posts required for health facilities are filled up by respective State/UT Governments. They are impressed upon from time to time to fill up the vacant post. Under National Rural Health Mission [NRHM] all State/UT Governments project their requirements for funds for setting up/upgradation of health centres for better delivery of services in their respective annual Programme Implementation Plan[PIP]. The Government of India releases the funds for taking up the approved activities.

(e)&(f) Health being State subject, administration of services at health care facilities including their management and day to day routine activities fall under the purview of respective State/UT Governments. No report of large scale absenteeism has come to the notice of Union Ministry of Health and Family Welfare.

(g) The following measure are taken to check irregularities of funds in implementation of NRHM across the country :

(i) Submission of quarterly Financial Monitoring Reports by the States;

(ii) Annual Statutory Audits;

(iii) Concurrent Audits; and

(iv) Visits by the teams of the Financial Management Group of the Ministry to States for periodical reviews.

(v) Detailed operational guidelines on Financial Management have been prepared for adoption and implementation at State, district, block and village levels under the NRHM;

(vi) Model Accounting Handbooks for sub-district level finance / accounts personnel for Community Health Centres / Primary Health Centres, Village Health, Sanitation and Nutrition Committees (VHSNCs), Sub Centres, RogiKalyanSamitis (RKS) and Block Accountants have been prepared and circulated;

(vii) Guidelines and advisories on non-diversion of funds, State share contribution and utilization of funds (RKS and VHSNC) have been sent to the States.

Besides, the implementation of NRHM in States is reviewed through Joint Review Missions (JRMs), Common Review Missions (CRMs) and periodical reviews by the Ministry. Deficiencies / shortcomings noticed during the reviews are immediately brought to the notice of the States for remedial action.