

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

UNSTARRED QUESTION NO:4795
ANSWERED ON:18.12.2009
DOCTORS ON CONTRACT BASIS
Khan Shri Hassan

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

- (a) whether the recruitment of doctors are banned in the State of J&K for last some years;
- (b) if so, the details thereof;
- (c) whether the Government has started, engaging the doctors on contractual basis and no doctor has been willing to work in the rural areas of Ladakh, with the result that all health centres are without doctors for many years and the health care system almost collapsed;
- (d) if so, the details thereof; and
- (e) the steps taken by the Government to provide some immediate relief measures on this account under the National Health Mission on ground?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a to b) : No. The recruitment of doctors is done by the respective State/UT Governments including the State of J & K. As on March, 2008, there are a total of 451 doctors in position at Primary Health Centres [PHCs] and a total of 135 doctors in position at Community Health Centres [CHCs].

(c) to (e) It is true that shortage of HR is a major bottleneck, encumbering the health system in remote rural areas. However, it is not correct to conclude that the health care system has almost collapsed in the areas of Ladakh. Human resource engagement is a major thrust area under the National Rural Health Mission (NRHM). The states are engaging health human resources based on local residence criteria. Under this arrangement, doctors have been positioned in areas of Ladakh also. Under NRHM, state has incentivized the positioning of health HR in difficult areas and many positions have been filled up. Till August 2009, under NRHM, 71 specialists and 221 doctors have been appointed at various levels in the State of J & K on contract basis.

In addition to incentives for working in difficult, most difficult and inaccessible areas, states have deployed other strategies also. This include multi-skilling of doctors and para-medics, provision of incentives to serve in rural areas like blended payments, difficult area 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 through contracting in or contracting out of human resources, empowering the community to exercise greater control over health care facilities, provision of untied and flexible funds.