

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

**LOK SABHA  
UNSTARRED QUESTION NO.1969  
TO BE ANSWERED ON THE 30<sup>TH</sup> JULY, 2021**

**“AVAILABILITY OF DOCTORS IN RURAL AREAS”**

**1969: DR. CHANDRA SEN JADON:  
SHRIMATI JYOTSNA CHARANDAS MAHANT:**

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

- (a) whether the Government is contemplating to make availability of doctors of all three streams of medicines to look after the health of rural population and if so, the details thereof;
- (b) whether the Government proposes to make such an arrangement in every State/UT and if so, the details thereof; and
- (c) whether the Government has conducted any survey to assess the diseases most prevalent in rural areas and if so, the details thereof and names of these diseases?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(DR. BHARATI PRAVIN PAWAR)**

(a) & (b): In order to address the healthcare challenges, particularly in rural areas, the National Rural Health Mission (NRHM) was launched in 2005 to supplement the efforts of the State/UT governments to provide accessible, affordable and quality healthcare to all those who access public health facilities all over the country, including ensuring availability of doctors and other human resources. Currently, NRHM is a sub-mission of National Health Mission (NHM).

Public Health and Hospitals being a State Subject, all the administrative and personnel matters, including support for outsourcing or engagement of doctors, para-medical staff and technicians on contractual basis, lies with the respective State/UT Governments. However, under National Health Mission (NHM), Government of India provides financial

and technical support to States/UTs to strengthen their healthcare systems including support for recruitment of doctors, para-medical staff and technicians on contractual basis, based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope. Hence the primary responsibility to ensure availability of doctors of various streams of medicines in rural area, lies with the respective State/UT Governments.

The following steps have also been taken to increase the availability of doctors in rural, remote and difficult areas of the country:

(i) 50% of the seats in Post Graduate Diploma Courses are reserved for Medical Officers in the Government service, who have served for at least three years in remote and/or rural areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult and/or rural areas.

(ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote and/or difficult or rural areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Under NHM, support is also provided to States/UTs for 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. Support for 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. The States are also encouraged to adopt flexible norms for engaging specialists at public health facilities. These include various mechanisms for 'contacting in' and 'contracting out' of specialist services, empanelling private medical facilities to provide requisite Specialists and other methods of engaging specialists outside the government system for service delivery at public facilities and the mechanism to include requests for these in the state Program Implementation Plans (PIP) under the National Health Mission.

The Mainstreaming of AYUSH is one of the core strategies in National Rural Health Mission (NRHM), one of the component of National Health Mission (NHM) which seeks to provide accessible, affordable and quality health care to the rural population. Under National Health Mission (NHM), engagement of Ayurveda Yoga & Naturopathy, Unani,

Siddha and Homoeopathy (AYUSH) doctors/ paramedics is being supported, provided they are co-located with existing District Hospitals (DHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) with priority given to remote PHCs and CHCs.

As on March, 2021, over 27792 AYUSH doctors are supported at 15,340 functional co-located facilities at various healthcare under NHM and the details are placed at Annexure-I & Annexure-II, respectively.

(c) The Government of India routinely collects facility level disease surveillance information across levels of care i.e. Sub Health Centre (SHC), Primary Health Centre (PHC), Community Health Center (CHC) and higher levels in both rural and urban areas through Integrated Disease Surveillance Program (IDSP). Additionally, under NHM, disease control programs are routinely collecting disease specific information and facility level data.

<b>Details of State/UT-wise AYUSH Doctors under NHM</b>		
<b>Sr. No.</b>	<b>State/UT</b>	<b>AYUSH Doctors</b>
1	Bihar	2783
2	Chhattisgarh	557
3	Himachal Pradesh	243
4	Jammu & Kashmir	872
5	Jharkhand	559
6	Madhya Pradesh	1422
7	Orissa	2151
8	Rajasthan	1647
9	Uttar Pradesh	4097
10	Uttarakhand	366
11	Arunachal Pradesh	116
12	Assam	710
13	Manipur	177
14	Meghalaya	234
15	Mizoram	60
16	Nagaland	51
17	Sikkim	10
18	Tripura	154
19	Andhra Pradesh	130
20	Goa	78
21	Gujarat	2392
22	Haryana	616
23	Karnataka	1493
24	Kerala	742
25	Maharashtra	2344
26	Punjab	596
27	Tamil Nadu	418
28	Telangana	584
29	West Bengal	1987
30	A&N Island	33
31	Chandigarh	29
32	D&N Haveli/ Daman & Diu	20
33	Delhi	0
34	Ladakh	19
35	Lakshadweep	12
36	Puducherry	90
<b>All India</b>		<b>27792</b>
<i>Source: NHM-MIS report as on March 2021</i>		

## Annexure-II

## Details of State/UT wise AYUSH co-located Facilities at various healthcare under NHM

Sr. No.	State/UT	DH	CHC	Other than CHC or above district level	PHC	Other health facilities above SC but below block level	Total
1	Bihar	36	0	0	0	1348	1384
2	Chhattisgarh	18	98	0	454	0	570
3	Himachal Pradesh	1	32	0	101	0	134
4	Jammu & Kashmir	20	13	0	375	571	979
5	Jharkhand	24	48	0	97	267	436
6	Madhya Pradesh	36	88	0	305	0	429
7	Orissa	3	314	0	1162	0	1479
8	Rajasthan	1	164	1	837	0	1003
9	Uttar Pradesh	102	666	0	627	105	1500
10	Uttarakhand	13	53	7	44	0	117
11	Arunachal Pradesh	0	0	0	0	0	0
12	Assam	0	0	0	0	0	0
13	Manipur	7	17	1	78	0	103
14	Meghalaya	11	23	0	55	0	89
15	Mizoram	9	9	1	9	0	28
16	Nagaland	9	20	0	9	0	38
17	Sikkim	4	1	0	4	0	9
18	Tripura	3	21	11	84	0	119
19	Andhra Pradesh	9	105	0	273	0	387
20	Goa	2	6	2	24	1	35
21	Gujarat	0	0	0	886	0	886
22	Haryana	21	97	0	109	5	232
23	Karnataka	14	70	96	395	0	575
24	Kerala	0	0	0	0	0	0
25	Maharashtra	23	238	0	20	0	281
26	Punjab	20	62	23	134	0	239
27	Tamil Nadu	31	385	232	537	0	1185
28	Telangana	8	46	42	479	137	712
29	West Bengal	16	213	39	222	1561	2051
30	A&N Island	3	4	0	20	0	27
31	Chandigarh	1	2	1	0	26	30
32	D&N Haveji/ Daman & Diu	2	4	1	11	1	19
33	Delhi	43	0	0	131	0	174
34	Ladakh	2	0	0	32	0	34
35	Lakshadweep	1	3	0	4	1	9
36	Puducherry	4	4	0	39	0	47
	<b>All India</b>	<b>497</b>	<b>2806</b>	<b>457</b>	<b>7557</b>	<b>4023</b>	<b>15340</b>

Source: NHM-MIS report as on March 2021