

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

**LOK SABHA
UNSTARRED QUESTION NO. 1992
TO BE ANSWERED ON 12TH FEBRUARY, 2021**

SHORTAGE OF DOCTORS IN RURAL/TRIBAL AREAS

1992.SHRIMATI NAVNEET RAVI RANA:

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

- (a) whether there is acute shortage of doctors in remote/tribal areas of the country particularly in tribal areas of Amravati such as Chikhaldara and Dharni, if so, the details thereof;
- (b) whether the doctors are reluctant to serve in such areas due to lack of proper facilities and if so, the reaction of the Government thereto;
- (c) whether the Government proposes to incentivize or provide other facilities to those doctors who are willing to work in tribal areas and if so, the details thereof; and
- (d) the other steps taken to ensure that the sufficient number of doctors are deployed in tribal areas to serve the poor and tribal people?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): Public Health and Hospitals being a State Subject, the primary responsibility of strengthening public healthcare system including ensuring availability of doctors and other human resources in public healthcare facilities including in remote / tribal areas lies with the respective State Governments.

However, under National Health Mission (NHM), support is provided to the States /UTs to strengthen their health care systems based on the proposals received from the States so as to provide universal access to equitable, affordable and quality health care services all over the country including in Tribal Areas, including ensuring availability of doctors in the remote and tribal areas.

As per RHS 2019 data, the availability of doctors in PHCs in tribal areas is given at Annexure.

(b) to (d): Further, under NHM, flexibility is given to the States for providing hard area allowance, performance-based incentives, providing accommodation and transport facilities in

rural and remote areas, sponsoring training programmes, etc to engage human resources to address the issue of shortage of doctors and specialists in the public health facilities.

The States are also encouraged to adopt flexible norms for engaging doctors and specialists for public healthcare facilities. These include 'contracting in' and 'contracting out' of specialist services and engaging specialists outside the government system for service delivery at public facilities under NHM.

States have also been allowed to offer negotiable salaries to attract doctors and Specialists including flexibility in strategies such as "You quote, we pay".

Further, the government has taken several measures to address the shortage of doctors in the country. The government has increased number of medical colleges and subsequently increased MBBS seats. In last two years the number of Medical colleges have increased from 479 (in 2018) to 562 (in 2020). Similarly, the number of UG seats have increased from 67,352 to 84,649 and PG seats have increased from 31,415 to 54,275 from 2018 to 2020. Health being a State subject, recruitment and deployment of HR for the public health facilities is responsibility of the State Govt.

Annexure

: State wise availability of Doctors at PHCs in Tribal areas as per RHS 2019

DOCTORS² AT PHCs IN TRIBAL AREA						
S.No.	State/UT	(As on 31st March, 2019)				
		Required¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	Andhra Pradesh	153	287	273	14	**
2	Arunachal Pradesh #	143	NA	123	NA	20
3	Assam	181	NA	336	NA	**
4	Bihar	NA	NA	NA	NA	NA
5	Chhattisgarh	395	409	176	233	219
6	Goa	8	19	18	1	**
7	Gujarat	421	1030	531	499	**
8	Haryana *	N App	N App	N App	N App	N App
9	Himachal Pradesh	47	67	46	21	1
10	Jammu & Kashmir	48	76	75	1	**
11	Jharkhand	192	382	240	142	**
12	Karnataka	64	64	38	26	26
13	Kerala	137	230	232	**	**
14	Madhya Pradesh	338	364	289	75	49
15	Maharashtra	467	740	666	74	**
16	Manipur	55	NA	77	NA	**
17	Meghalaya #	118	NA	149	NA	**
18	Mizoram #	69	NA	62	NA	7
19	Nagaland #	131	NA	139	NA	**
20	Odisha	427	444	307	137	120
21	Punjab *	N App	N App	N App	N App	N App
22	Rajasthan	233	305	254	51	**
23	Sikkim	13	NA	21	NA	**
24	Tamil Nadu	105	190	126	64	**
25	Telangana	93	211	186	25	**
26	Tripura	48	NA	133	NA	**
27	Uttarakhand	10	17	10	7	0
28	Uttar Pradesh	NA	NA	NA	NA	NA
29	West Bengal	300	410	352	58	**

30	A& N Islands	4	9	5	4	**
31	Chandigarh *	N App	N App	N App	N App	N App
32	D & N Haveli #	7	3	17	**	**
33	Daman & Diu	0	0	0	0	0
34	Delhi *	N App	N App	N App	N App	N App
35	Lakshadweep#	4	8	8	0	**
36	Puducherry *	N App	N App	N App	N App	N App

Notes

:

States with predominantly tribal areas

*NA: Data not Available. ** Surplus.*

**: State / UT has no separate Tribal Area / Population*

1 One per Primary Health Centre as per IPHS norms

2 Allopathic

N App - Not applicable

Doctors

Figures includes data of PHCs and HWC-PHCs at tribal areas