RAJYA SABHA

Friday, the 24th July, 2009/2 *Sravana,* 1931 *(Saka)*

The House met at eleven of the clock,
MR. CHAIRMAN in the Chair.

ORAL ANSWERS TO QUESTIONS

Monetary benefit to medical staff for rural service

*301. SHRIMATI SHOBHANA BHARTIA:††
SHRI N.K. SINGH:

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

(a) whether Government, in consultation with the State Governments proposes to identify difficult, most difficult and inaccessible areas, particularly in the hilly States and tribal regions where medical personnel and para-medical staff would be encouraged to serve the poor and needy people;

(b) if so, the details thereof;

(c) whether Government proposes to provide extra monetary benefits to medical and para-medical staff, who will serve in the rural and tribal areas; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) A statement is laid on the Table of the House.

Statement

(a) Yes.

(b) Some States/UTs have already classified regions within States/UTs on the basis of certain parameters such as terrain and difficult area which hamper the availability of manpower. However, in order to bring uniformity through out the country, this Ministry has requested State/UTs to propose classification of the areas of their States in the categories such as Difficult Areas, Most Difficult Areas and Inaccessible Areas.

(c) Yes.

(d) Many States are already implementing incentives for doctors and paramedics under National Rural Health Mission (NRHM). This Ministry will examine all such further proposals in consultation with States to ensure that doctors and paramedics are provided incentives in such well defined areas.

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††The question was actually asked on the floor of the House by the Shrimati Shobhana Bhartia.

MR. CHAIRMAN: Question No. 301.

SHRIMATI SHOBHANA BHARTIA: Sir, the answer does not really give any clarity on how the hon. Minister proposes to deal with this issue, which is actually leading to so many health centres being unmanned, or, with shortage of doctors. In his answer, he has said that many States and UTs have classified regions. Can he give us some idea as to which are the areas, how much are they proposing to give for people serving in the difficult or hilly terrains, how much is it going to be over and above the amount which they are earning. Sir, the State of Jammu and Kashmir had introduced this scheme whereby they were giving Rs. 8,000 to 9,000 per month, amounting to almost a lakh per year, and, no MBBS was wanting to take it up. So, the scheme was just on paper. So, can the hon. Minister please tell us as to what are the details and how much are they proposing over whatever is the current package?

SHRI DINESH TRIVEDI: Sir, I am glad that the hon. Member mentioned about a particular State. See, this itself shows that since 'health' is really a State subject, the role of the Centre under the National Rural Health Mission (NRHM) or other schemes, becomes more of supplementing and giving whatever incentives are required. So, in this particular scheme also, we cannot, on our own, say that this is the classification of difficult area, most-difficult area, or, area which is unreachable. So, we have asked the States concerned to please let us know their definition. Ultimately, it is the States which will tell us about it, and, accordingly, between the Centre and the States, we will decide whatever the States suggest us to do.

SHRIMATI SHOBHANA BHARTIA: Sir, I think the Minister needs to take a holistic view of the issue. Even according to a WHO report, there is a huge shortage of doctors in the country. Sir, when there is a shortage of over six lakh doctors, naturally, they would like to serve in the urban areas as opposed to going and serving in the interiors.

Would the Government consider enhancing and augmenting the capacity thereby setting up more colleges; making it mandatory for every doctor before he can pursue a higher degree to serve in rural India for a minimum period of one or two years; and, look at upping the retirement age of doctors.

SHRI DINESH TRIVEDI: Sir, this is an excellent idea. But, if you see the pattern today, quite a few of the States themselves have made this compulsory for doctors to serve whether internship or during their programme for two to three years. I have all the details of various States. If the hon. Member wants, I can read it out. Most of the States are there. Would you want me to read out the details? Sir, I will give you some examples. Firstly, let us take the example of Arunachal Pradesh. As per the information which has come to me, it says, mandatory three years' service in the rural areas to regulate the nomination of serving doctors to various post-graduate and in-service training courses. So, here is one example of Arunachal Pradesh. Similarly, there are many other States. As far as HR incentives in the State PIP are

concerned, every State, in the beginning, gives what is known as Programme Implementation Plan for the State. In that plan, they give the details. As per the details, they get their envelope of incentives in terms of money.

Similarly, Sir, let us take the example of the State of Haryana. It has posted doctors in rural areas for two years. For doing any postgraduate course, five years posting is essential, out of which three years has to be rural posting. Appointment of doctors on contractual basis is there; still, regular-appointment could be made. Many such States are there. We are seized of the matter. I think, the whole country is seized of this problem, and, we all have to put our heads together to find a solution, whether it is augmentation of the seats.

The Government is doing it. The Ministry has also taken note of it. And we have already started many schemes whereby we are increasing the number of seats. For example, upgradation of AIIMS. Wherever you will have new AIIMS-like institutions, automatically, more seats for doctors would be there.

SHRI N.K. SINGH: Sir, considering that the problem of the Primary Health Centres in the hilly and inaccessible areas is an accentuated microcosm of the more endemic problems of the Primary Health Centres, would the Minister consider, what he has hinted in an interview recently given to a prominent newspaper, the adoption of some innovative ways to improve the Primary Health Centres? First and foremost, a website-based monitoring of the functioning of the Primary Health Centres. Two, outsourcing, considering the shortage of paramedics. And, more importantly, the constitution of a national council for human resources as far as paramedics are concerned in the health sector.

SHRI DINESH TRIVEDI: Sir, in this world of technology, as we all know, telemedicine has become very, very common in most of the developed countries. India is one of the foremost countries and it is number one in the IT area.

The website-oriented monitoring is one of the proposals where along with education we can very easily reach out to the people technologically. Suppose we have the medical history of somebody in the rural areas on some kind of, let us say, a chip and people have what would be known as perhaps an e-health card. But these are all at a conceptual stage. If somebody sitting in a far-flung area has access to technology, then a doctor sitting in Mumbai or Kolkata can easily reach out to that patient and tell that this is what the remedy could be. In another words, the rural people in the remotest area would have access to medical care.

श्री गंगा चरण: सभापति महोदय, मेरा प्रश्न यह है कि जो बेरोजगार डॉक्टर्स हैं, जो किसी भी ग्रामीण क्षेत्र, आदिवासी क्षेत्र और स्लम्स में अपनी डिस्पेंसरी खोलकर प्राइवेट प्रैक्टिस करते हैं, क्या सरकार के पास उनके लिए कोई योजना है? जो ये डॉक्टर्स पिछड़े क्षेत्रों में पांच साल या दस साल तक गरीबों की सेवा करते हैं, क्या सरकार के पास उनके जॉब की गारंटी की कोई योजना है?

श्री दिनेश त्रिवेदी: सर, अभी जैसा कि हमने बताया है कि हर क्षेत्र में हर एक स्टेट की अपनी-अपनी स्कीम होती है। यदि कोई राज्य इस स्कीम को अपने आप लागू करता है, तो मुझे नहीं लगता है कि सैन्टर को उस पर कोई आपत्ति होगी ।

SHRI JESUDASU SEELAM: Sir, the Minister has highlighted the efforts made by the Government under the NRHM. I would like to draw the kind attention of the hon. Minister to the fact that some States like Andhra Pradesh introduced what is called a mobile clinic where the paramedical staff and doctors will go as per the schedule to a particular habitation and take care of the medical needs of the population, prepare a chart and then refer them to a city hospital or a district hospital. That is the only way to reach them till you complete this task of recruiting, promoting and giving incentives. We have seen this promotional incentive scheme. There was a concept of 'barefoot doctor.' You make it compulsory that before getting a job or allowing private practice, one should serve these areas. Could you not think of that possibility? One is mobile clinic and the second is this compulsory condition.

SHRI DINESH TRIVEDI: Sir, mobile clinic is prevalent in many States. And, as I just mentioned, many States on their own are adopting different methodology and this is a continuous learning process for all the States. Of course, I agree that it is a good thing to exchange ideas on which State is doing what and come up with the best solution.

डा. नारायण सिंह मानकलाव: सभापति महोदय, ग्रामीण क्षेत्रों और सुदूर क्षेत्रों में सदा मेडिकल डॉक्टर्स और नर्सिंग स्टाफ की कमी रहती है। सभी लोग यह मानते हैं कि इसके चलते स्वास्थ्य सेवाएं बहुत प्रभावित होती हैं। मैं मंत्री महोदय से आपके माध्यम से यह जानना चाहता हूं कि क्या आपकी सरकार राज्य सरकारों को इस प्रकार का निर्देश देने या ऐसी कोई योजना बनाने की सोच रही है, जिसमें ग्रामीण सेवा अलग से हो, उसका अपोइन्टमेंट ग्रामीण क्षेत्रों में हो और वह यह सोचकर आए कि मुझे ग्रामीण क्षेत्रों में ही काम करना है? दो या तीन साल का जो स्टे अरेंजमेंट किया जाता है, यह सक्सेसफुल नहीं हो रहा है। क्या ऐसा कोई उपचार है कि ग्रामीण सेवाओं, अरबन सेवाओं के लिए अलग से कोई व्यवस्था हो?

श्री दिनेश त्रिवेदी: सर, एन.आर.एच.एम. प्रोग्राम में हमने ग्रामीण सेवा में प्राथमिकता दी है, फिलहाल जहां तक डॉक्टरों का सवाल है, सेंट्रली स्पोन्सर्ड ऐसी कोई कम्पल्सरी स्कीम नहीं है। यदि आइडियाज अच्छे होते हैं और हम सब मिलकर सोचते हैं कि यह करना चाहिए, तो हमें इस पर डिसकशन करना आवश्यक होता है।

Oxygen cylinders missing from RML hospital

*302. SHRI VIJAY JAWAHARLAL DARDA:
SHRIMATI SHOBHANA BHARTIA:††

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

(a) whether a large number of oxygen cylinders are missing from the Anesthesia Department at RML hospital, New Delhi, which are required for influenza patients;

(b) if so, the facts and details thereof;

(c) whether a large number of equipments in various departments are either missing or not functioning in RML hospital;

(d) if so, the facts thereof; and

(e) the corrective steps taken by Government to fix responsibility in case of missing of equipments as well as their nonfunctioning in RML hospital?

††The question was actually asked on the floor of the House by the Shrimati Shobhana Bhartia.