

the effects of inflation on common man the Government has taken several measures that include selective ban on exports and futures trading in food grains, zero import duty on select food items, permitting import of pulses and sugar by public sector undertakings, distribution of imported pulses and edible oils through the PDS and release of higher quota of non-levy sugar. In response to these measures, the WPI food inflation has declined to 9.3 per cent in January 2011 from its peak of 20.2 per cent in February 2010.

The WPI inflation in mineral oils increased to 16.7 per cent in January 2011 from 7.9 per cent in the corresponding period last year. This is mainly because of the rise in crude oil prices (Brent) in international market, which rose to US \$96 per barrel in January 2011 from US \$77 per barrel in January 2010 and US \$45 per barrel in January 2009. The weighted contribution to overall inflation of mineral oils (weight 9.36%) was 19.7 per cent in January 2011 compared to 9 per cent in January last year.

The year-on-year inflation and weighted contribution to overall WPI inflation in food and mineral oils is indicated in the table below:

Composition of WPI	All Commodities (Wt. 100%)		Food Combined (Wt.24.31%)		Mineral Oils (Wt. 9.36%)	
	Jan-10	Jan-11	Jan-10	Jan-11	Jan-10	Jan-11
Y-o-Y Inflation (%)	8.5	8.2	19.8	9.3	7.9	16.7
Weighted Contribution to overall inflation (%)	100.0	100.0	59.5	32.0	9.0	19.7

Shortage of doctors and para medical staff in rural areas and hospitals

†*87. MISS ANUSUIYA UIKEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that there is an acute shortage of doctors and para medical staff in hospitals and rural areas;

(b) if so, the reasons for shortage of doctors and para medical staff in rural areas and hospitals;

(c) the details of shortage of doctors and steps taken to meet the same, State-wise; and

†Original notice of the question was received in Hindi.

(d) the details of any policy formulated by Government for recruitment of doctors in rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes, Sir. Government of India is aware of shortage of doctors and para medical staff in hospitals and rural areas. Various reasons attributed for the shortage include, non availability of requisite number of doctors and paramedics, shortage of medical colleges and training institutes, unwillingness to work in difficult and hard to reach areas, lack of accommodation, unavailability of general infrastructure in rural areas, etc.

(c) There is a shortfall of 12,263 specialists at Community Health Centres and 3789 doctors at Primary Health Centres across the country. Statement showing the shortage of doctors at Primary Health Centres [PHCs] and specialist at Community Health Centres [CHCs] across the country, as per the Bulletin on Rural Health Statistics in India, 2009, is given in Statement (*See below*)

The Ministry of Health & Family Welfare, in consultation with Medical Council of India, has taken various measures to increase the number of medical professionals/faculty in the medical colleges such as relaxation of norms for requirement of land, reduced teacher-students ratio and relaxed bed strength for opening of more medical colleges, permitting appointment of persons possessing DNB qualification to various faculty positions in medical colleges and raised the maximum age limit for appointment of faculty from 65 to 70 years.

Augmentation of human resources is also one of the thrust area under the National Rural Health Mission [NRHM]. Financial support is provided under NRHM for engagement of staff on contractual basis. Filling of existing vacant posts, 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, ANM Schools and paramedical institutes to produce more doctors and paramedics are emphasized to States so as to bridge the gap in human resources. Government of India has also approved setting up of National Institute of Paramedical Sciences (NIPS) at New Delhi and eight regional Institutes of Paramedical Sciences across the country. Under NRHM, the following personnels have been appointed on contractual basis across the country:

S.No	Designation	No of persons engaged
1	2	3
1	Specialists at CHCs	1572
2	General Duty Medical Officers	8284

1	2	3
3	AYUSH Doctors	9578
4	Staff Nurses	26734
5	ANM	53552
6	Para Medics	18272

(d) Health being a State subject, the recruitment of doctors is undertaken by respective State /UT Governments. The need to create requisite number of posts and ensure recruitment against the same has been impressed upon the States from time to time, besides permitting them to appoint doctors on contractual basis under NRHM.

Statement

Shortage of doctors at PHCs and Specialists at CHCs

A. Doctors+ at Primary Health Centres

(As on March, 2009)

Sl.No.	State/UT	Required ¹ [R]	Sanctioned [S]	In Position [P]	Vacant [S-P]	Shortfall [R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	1570	2497	2214	283	*
2	Arunachal Pradesh	116	NA	87	NA	29
3	Assam	844	NA	344	NA	500
4	Bihar	1776	2078	1565	513	211
5	Chhattisgarh	715	1430	1100	330	*
6	Goa	19	46	44	2	*
7	Gujarat	1084	1084	1019	65	65
8	Haryana	437	614	427	187	10

1	2	3	4	5	6	7
9	Himachal Pradesh	449	423	361	62	88
10	Jammu & Kashmir	375	774	550	224	*
11	Jharkhand	321	NA	1678	NA	*
12	Karnataka	2193	3528	3146	382	*
13	Kerala	697	959	1063	*	*
14	Madhya Pradesh	1155	1155	541	614	614
15	Maharashtra	1816	1800	2065	*	*
16	Manipur	72	167	117	50	*
17	Meghalaya	105	128	128	0	*
18	Mizoram	57	57	51	6	6
19	Nagaland	123	53	144	*	*
20	Orissa	1279	1353	866	487	413
21	Punjab	394	477	349	128	45
22	Rajasthan	1503	1687	1523	164	*
23	Sikkim	24	48	51	*	*
24	Tamil Nadu	1277	2463	1271	1192	6
25	Tripura	76	NA	109	NA	*
26	Uttarakhand	239	281	126	155	113
27	Uttar Pradesh	3690	293	2001	*	1689
28	West Bengal	922	1302	932	370	*
29	A & N Islands	19	38	37	1	*
30	Chandigarh	0	0	0	0	0
31	D & N Haveli	6	6	6	0	0

1	2	3	4	5	6	7
32	Daman & Diu	2	4	6	*	*
33	Delhi	8	27	18	9	*
34	Lakshadweep	4	4	6	*	*
35	Puducherry	24	37	37	0	*
All India ²		23391	24813	23982	5224	3789

Notes:

NA: Not Available

+Allopathic Doctors

* Surplus. All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs

1 One per each Primary Health Centre

2 For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, are excluded.

Total Specialists at CHCs

Total Specialists [Surgeons, OB&GY, Physicians & Paediatricians]

(As on March, 2009)

Sl. No.	State/UT	Required ¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	2	3	4	5	6	7
1	Andhra Pradesh	668	668	480	188	188
2	Arunachal Pradesh	176	NA	9	NA	167
3	Assam	432	NA	142	NA	290
4	Bihar	280	280	104	176	176
5	Chhattisgarh	576	576	145	431	431
6	Goa	20	14	14	0	6
7	Gujarat	1124	338	76	262	1048
8	Haryana	372	173	79	94	293

1	2	3	4	5	6	7
9	Himachal Pradesh	292	NA	0	NA	292
10	Jammu & Kashmir	340	381	138	243	202
11	Jharkhand	776	NA	341	NA	435
12	Karnataka	1296	843	691	152	605
13	Kerala ³	904	633	794	*	110
14	Madhya Pradesh	1332	502	245	257	1087
15	Maharashtra	1504	314	438	*	1066
16	Manipur	64	40	2	38	62
17	Meghalaya	112	3	4	*	108
18	Mizoram	36	0	0	0	36
19	Nagaland	84	4	2	2	82
20	Orissa	924	563	371	192	553
21	Punjab	516	448	254	194	262
22	Rajasthan	1468	976	598	378	870
23	Sikkim	0	16	7	9	*
24	Tamil Nadu	1024	0	0	0	1024
25	Tripura	44	NA	4	NA	40
26	Uttarakhand	220	220	39	181	181
27	Uttar Pradesh	2060	1460	618	842	1442
28	West Bengal	1336	542	175	367	1161
29	A & N Islands	16	16	0	16	16
30	Chandigarh	8	11	13	*	*
31	D & N Haveli	4	0	0	0	4

1	2	3	4	5	6	7
32	Daman & Diu	8	0	1	*	7
33	Delhi	0	0	0	0	0
34	Lakshadweep	12	4	0	4	12
35	Puducherry	12	3	5	*	7
All India ²		18040	9028	5789	4026	12263

Notes

NA: Not Available.

¹ Four per each Community Health Centre

* Surplus. All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

¹ For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, are excluded

³ Break up of Specialist Doctors not available.

Projects pending for environmental clearance

88. Dr. MANOHAR JOSHI: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state:

(a) whether it is a fact that several tourism as well as other developmental projects in various States are pending for environmental clearance with Government;

(b) if so, the details thereof; State-wise;

(c) the steps being taken to expedite the clearance of these projects; and

(d) by when all these proposals are likely to be cleared?

THE MINISTER OF STATE OF THE MINISTRY OF ENVIRONMENT AND FORESTS (SHRI JAIRAM RAMESH): (a) and (b) A total of 286 developmental projects in various sectors including construction projects are awaiting environmental clearance under the provisions of the Environment Impact Assessment Notification 2006. A State-wise break-up of these projects is given in Statement (See below)

(c) A number of steps have been initiated by the Ministry to liquidate the pendency, which *inter-alia* include :