

Availability of Doctors in PHCs

56. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are strictly ensuring that doctors are available at all Primary Health Centres and Community Health Centres in rural areas;

(b) if so, the details of doctors available at each primary health center and community health centre in rural areas, State-wise;

(c) whether there are any vacancies lying at each centre;

(d) if so, the reasons therefore; and

(e) the steps/to be taken by Government to ensure hundred per cent availability of doctors in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. The Government of India advises State/UTs to ensure the presence of doctors in the Primary Health Centres and Community Health centres in rural areas. The details of doctors available in these centres as on September, 2004, is at Statement-I and II. (See below).

(c) and (d) Yes, Sir. The biggest challenges in the delivery of Rural Health Care Services is to ensure the availability of services of doctors in PHCs and CHCs. In the CHCs about 40.9% of Surgeons, 24.6% of Obstetricians & Gynaecologists, 41.1% of Physicians and about 42.8% of Paediatricians posts are vacant. Overall about 37.1% of the sanctioned posts of specialists at CHC are vacant. At present 700 PHCs are without doctors. The reasons are delays in recruitment & placement, in appropriate personal policy, transfer career enhancement policy and lack of basic amenities and incentives for working in the rural areas.

(e) Under National Rural Health Mission (NRHM), it is envisaged that at least 50% of PHCs should be made 24x7 service delivery & the CHCs to function efficiently as FRUs.

A Task Group set up under NRHM has analysed the problems regarding availability of doctors & its recommendations are at Statement-III.

A number of States have taken various initiatives such as compulsory rural/difficult area posting for admission to post-graduate courses and as a pre-requisite for promotion; foreign assignment or training abroad; compulsory rotation of doctors on completion of prescribed tenure as per classification of locations; contractual appointment of doctors; of forgoing non-practicing allowance and undertaking practice without compromising on assigned duties, as per the service rules; offering incentive form of allowance etc. to ensure the presence of doctors in rural areas.

Statement-I

Doctors at Primary Health Centres in rural areas

Sl.No.	State/UT	Required (R)1.	Sanctioned (S)	In Position (P)	Vacant (S-P)	Shortfall (R-P)
1	2	3	4	5	6	7
1.	Andhra Pradesh	1490	2497	2137	360	*
2.	Arunachal Pradesh	78	78	78	0	0
3.	Assam	610	610	610	0	0
4.	Bihar	1648	NA	NA	NA	NA
5.	Chhattisgarh	516	873	817	56	*
6.	Goa	19	56	53	3	*
7.	Gujarat	1070	1070	912	158	158
8.	Haryana	408	862	862	0	*
9.	Himachal Pradesh	438	354	457	*	*
10.	Jammu & Kashmir	334	668	643	25	*
11.	Jharkhand	561	NA	NA	NA	NA
12.	Karnataka	1679	2237	2062	175	*
13.	Kerala	933	1152	1152	0	*
14.	Madhya Pradesh	1194	1194	947	247	247
15.	Maharashtra	1780	3157	3158	*	*
16.	Manipur	72	95	67	28	5
17.	Meghalaya	95	113	103	10	*
18.	Mizoram	57	47	47	0	10
19.	Nagaland	87	53	53	0	34
20.	Orissa	1282	1353	1353	0	*
21.	Punjab	484	484	424	60	60

1	2	3	4	5	6	7
22.	Rajasthan	1675	1540	1311	199	364
23.	Sikkim	24	48	38	10	*
24.	Tamil Nadu	1380	2895	2263	632	*
25.	Tripura	73	161	150	11	*
26.	Uttaranchal	229	1304	840	464	*
27.	Uttar Pradesh	3640	NA	NA	NA	NA
28.	West Bengal	1173	1560	1319	241	*
29.	A & N Island	20	36	36	0	*
30.	Chandigarh	0	0	0	0	0
31.	D&N Haveli	6	6	6	0	0
32.	Daman & Diu	3	3	3	0	0
33.	Delhi	8	6	6	0	2
34.	Lakshadweep	4	4	4	0	0
35.	Pondicherry	39	63	63	0	*
ALL INDIA		23109	24549	21974	2679	880

Notes : Figures are provisional

NA : Not Available

* Surplus

1. One per each Primary Health Centre.

Statement-II

Total Specialists (Surgeons, OB&GY, Physicians & Pediatricians)

Primary Health Centres in rural areas

Sl.No.	State/UT	Required (R)1.	Sanctioned (S)	In Position (P)	Vacant (S-P)	Shortfall (R-P)
1	2	3	4	5	6	7
1.	Andhra Pradesh	644	406	224	182	420
2.	Arunachal Pradesh	124	4	0	4	124
3.	Assam	400	200	200	0	200
4.	Bihar	404	NA	NA	NA	NA
5.	Chhattisgarh	464	87	31	56	433
6.	Goa	20	14	6	8	14

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1	2	3	4	5	6	7
7.	Gujarat	1084	324	122	202	962
8.	Haryana	288	288	45	243	243
9.	Himachal Pradesh	264	NA	7	NA	257
10.	Jammu & Kashmir	280	276	142	134	138
11.	Jharkhand	188	NA	NA	NA	NA
12.	Karnataka	1012	841	694	147	318
13.	Kerala	460	424	144	280	316
14.	Madhya Pradesh	908	NA	NA	NA	NA
15.	Maharashtra	1528	1987	1099	888	429
16.	Manipur	64	40	19	21	45
17.	Meghalaya	92	0	0	0	92
18.	Mizoram	48	4	4	0	44
19.	Nagaland	84	0	0	0	84
20.	Orissa	924	496	NA	NA	NA
21.	Punjab	468	315	315	0	153
22.	Rajasthan	1192	809	586	223	606
23.	Sikkim	16	20	4	16	12
24.	Tamil Nadu	140	48	48	0	92
25.	Tripura	36	2	2	0	34
26.	Uttaranchal	144	144	112	32	32
27.	Uttar Pradesh	1176	NA	NA	NA	NA
28.	West Bengal	380	310	133	177	247
29.	A & N Island	16	12	4	8	12
30.	Chandigarh	4	4	4	0	0
31.	D&N Haveli	4	0	0	0	4
32.	Daman & Diu	4	2	2	0	2
33.	Delhi	0	0	0	0	0
34.	Lakshadweep	12	0	0	0	12
35.	Pondicherry	16	4	6	*	10
ALL INDIA		12888	7061	3953	2621	5335

Notes : Figures are provisional; Total do not tally as some States/UTs have not provided category-wise break up of specialists

NA : Not Available

* Surplus

1. One per each Primary Health Centre.

Statement-III

Task Group-III Set up under National Rural Health Mission for ensuring availability of doctors in rural areas

Recommendations:

Measures that are required to ensure the services of doctors in rural areas are given below:

- ◆ Increase in the age of retirement of doctors to 65 years preferably with posting near hometown;
- ◆ Decentralization of recruitment at district level;
- ◆ Walk-in-interview and contractual appointment of doctors;
- ◆ Enhancing the salary for posting in rural areas by one-third;
- ◆ Increasing the admission capacity in medical colleges for Anesthesia;
- ◆ Reviving the Diploma course in Anesthesia;
- ◆ To start one year certificate course in Anesthesia for medical Officers working in the system at present to be given by National Board of Examination
- ◆ Recognition of five hundred bedded Hospital to provide the facility for conducting the above course;
- ◆ Hiring of private practitioners on case-to case basis.
- ◆ States may be given the flexibility of opting for innovative models to increase availability.

Integrated Disease Surveillance Project

57. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to set up an integrated Disease Surveillance Project all over the country in a phased manner to strengthen the capacity of States for disease surveillance and timely action to combat communicable diseases;

(b) if so, the modalities worked out so far in this regard;

(c) the funds allocated for this purpose to each State during the current year;