(b) whether Government is taking precise and concrete measures to bring the young generation indulging in intoxicating drink on the right path; and

(c) if so, the details thereof and, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) No. Government' s efforts are serious about tackling diseases due to intoxicating drinks and abuse of intoxicating substances.

(b) Yes.

(c) 1. The Ministry of Health and Family Welfare is running ' Drug De-addiction Programme (DDAP)' with the objectives to provide affordable, easily accessible and evidence-based treatment for all substance use disorders through the Government health care facilities and to build the capacities of health care staff in recognition and management of substance use disorders. The programme is being implemented through the health institutions under the MoH&FW *viz.* NDDTC, AIIMS. New Delhi; PGIMER, Chandigarh; and NIMHANS, Bengaluru. The treatment of intoxicating substances, "DTC Scheme" by NDDTC, AIIMS, New Delhi is functioning. Under this scheme, 17 Drug Treatment Clinics are functional in District/Civil Hospital across the country. Further, *vide* note for Cabinet Committee on Economic Affairs (CCEA) the provision of treatment services has been expanded supporting full-fledged addiction treatment centres (incorporating components of outpatient, inpatient care and training/education of human resources) at three other central government/autonomous institutes in the country *viz* (i) RML Hospital. New Delhi (ii) AIIMS, Bhubaneswar (iii) CIP. Ranchi. Further, 10 more Drug Treatment Clinics will be operational by the end of the year in different District/Civil Hospitals.

2. The Ministry of Social Justice and Empowerment has prepared a National Action Plan for Drug Demand Deduction (NAPDDR) for 2018-2025. The Plan aims at reduction of adverse on sequences of drug abuse through a multi-pronged strategy involving education, de-addiction and rehabilitation of affected individuals and their families. It focuses on preventive education, awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons and training and capacity building of the service providers through collaborative efforts of the Central and State Governments and Non-Governmental Organizations."

Adequate qualification of health professionals

1175. SHRI HUSAIN DALWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the data on distribution and qualification of health workers like doctors, nurses, etc. State-wise, since 2014;

(b) whether an assessment has been made to ascertain shortage of qualified professionals at various levels, State-wise;

(c) what measures have been taken in order to tackle it, if not, the reasons therefor;

(d) whether Government has received cases against medical professionals holding fake degrees; and

(e) if so, the action taken in such cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per Rural Health Statistics (RHS). State/UT-wise availability of health workers including doctors, nurses and other paramedical staff and shortage thereof as on 31st March. 2018 is at Statement (*See* below).

(b) and (c) Public health and hospitals is a State subject. Shortage of health workers in public health sector varies from State to State depending upon their policies and context. The primary responsibility to ensure the availability of health workers lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for engagement of health human resources, based on the requirements proposed by the States/UTs in their Programme Implementation Plans (PIPs).

Further, the Government has taken various steps to ensure the availability of health workers in rural/remote areas, these efforts include:–

1. The States are encouraged to adopt flexible norms for engaging specialists for public health facilities. These include various mechanisms for ' contracting in' and ' contracting out' of specialist services, methods of engaging specialists outside the government system for service delivery at public facilities and the mechanism to include requests for funding these in the stale Program Implementation Plans (PIP) under the National Health Mission.

2. States have also been allowed to offer negotiable salaries to attract Specialists including flexibility in strategies such as ' You quote, we pay' . Financial support is also provided to States for providing performance-based incentives, providing accommodation and transport facilities in rural and remote areas, sponsoring training programmes, etc. to engaged human resources to address the issue of shortage of qualified healthcare professionals in the public health facilities.

3. Support is also provided to States/UTs in term of hard area allowance for qualified healthcare professionals who serve in rural and remote areas as well as for residential quarters for them provided State/UT proposes this in their Programme Implementation Plan (PIP) Also. The Government has taken following further steps to increase the number of doctors in the country:

For increasing UG Seats:-

(i) Enhancement of maximum intake capacity at MBBS level from 150 to 250.

(ii) Relaxation in the norms of setting up of Medical College in terms of requirement for land, faculty, staff, bed/bed strength and other infrastructure.

(iii) Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats.

(iv) Establishment of New Medical Colleges attached with district/referral hospitals preferably in underserved districts of the country.

For increasing PG Seats:–

(i) The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and from 1:1 to 1:3 in subjects of Anesthesiology. Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry in all medical colleges across the country. Further, teacher: student ratio in public funded Government Medical Colleges for Professor has been increased from 1:2 to 1:3 in all clinical subjects and for Asso. Prof. from 1:1 to 1:2 if the Asso. Prof. is a unit head. The same has also been extended to the private medical colleges with line conditions that it should have a standing of 15 years, running PG courses since 10 years, should have completed at least 1 continuance of recognition assessment satisfactorily and applies u/s 10 A of the IMC Act, 1956 for increase of seats.

This would result in increase in number of PG seats in the country.

(ii) DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

(iii) Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/dean/principal/ director in medical colleges upto 70 years.

(iv) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

(v) One time increase in PG seats was permitted in 2017-18 and again in 2018-19 in Government Medical Colleges.

(vi) By amending the regulations, it has been made mandatory for all medical colleges to start PG courses within 3 years from the date of their MBBS recognition/ continuation of recognition.

(vii) Colleges are allowed to apply for PG courses in clinical subjects at the time of 4th renewal it will serve to advance the process for starting PG courses by more than 1 year.

(d) and (e) Section 15 of the Indian Medical Council Act, 1956 prohibits a person other than medical practitioner enrolled on a State Medical Register to practice medicine in the State. Accordingly, the Central Government has requested Chief Ministers of all the States to take appropriate action against quacks under the law and also to evolve suitable policies to ensure availability of quality health workforce in rural areas.

Statement

Doctors[+] at Primary Health Centres

Sl. No.	State/UT	(As on 31st March, 2018)				
		Required[1] [R]	Sanctioned [S]	In Position [P]	Vacant [S-P]	Shortfall [R-P]
1	2	3	4	5	6	7
1.	Andhra Pradesh	1147	2267	2045	222	*
2.	Arunachal Pradesh	143	NA	125	NA	18
3.	Assam	946	NA	1376	NA	*
4.	Bihar #	1899	2078	1786	292	113
5.	Chhattisgarh	793	793	359	434	434
6.	Goa	25	48	56	*	*
7.	Gujarat	1474	1865	1321	544	153
8.	Haryana	368	551	491	60	*
9.	Himachal Pradesh	576	636	622	14	*
10.	Jammu and Kashmir	637	1347	694	653	*
11.	Jharkhand	298	556	340	216	*

1	2	3	4	5	6	7
12.	Karnataka	2359	2359	2136	223	223
13.	Kerala	849	1120	1169	*	*
14.	Madhya Pradesh	1171	1771	1112	659	59
15.	Maharashtra	1823	3009	2929	80	*
16.	Manipur	91	238	194	44	*
17.	Meghalaya ##	108	128	130	*	*
18.	Mizoram ###	57	152	59	93	*
19.	Nagaland	126	108	118	*	8
20.	Odisha	1288	1326	917	409	371
21.	Punjab	432	593	480	113	*
22.	Rajasthan	2078	2751	2396	355	*
23.	Sikkim	24	NA	24	NA	0
24.	Tamil Nadu	1421	3136	2780	356	*
25.	Telangana	643	1254	1066	188	*
26.	Tripura	108	0	119	*	*
27.	Uttarakhand	257	425	241	184	16
28.	Uttar Pradesh	3621	45009	1344	3165	2277
29.	West Bengal	913	1268	1016	252	*
30.	Andaman and Nicobar Islands	22	42	34	8	*
31.	Chandigarh	0	0	0	0	0
32.	Dadra and Nagar Haveli	9	15	8	7	1
33.	Daman and Diu	4	5	4	1	0

1	2	3	4	5	6	7
34.	Delhi	5	21	22	*	*
35.	Lakshadweep	4	8	8	0	*
36.	Puducherry	24	38	46	*	*
	ALL INDIA[2]/TOTAL	25743	34417	27567	8572	3673

Notes: # Sanctioned data for year 2011 used.
Sanctioned data for year 2015 used.
Sanctioned data for year 2013-14 used.
NA: Not Available.
+: All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States/UTs Surplus.
[1]: One per Primary Health Centre as per IPHS norms.
[2]: For calculating the overall percentage of vacancy, the States/UTs for which manpower position is not available, are excluded.

Pharmacists at PHCs & CHCs

Sl. No.	State/UT	(As on 31st March, 2018)				
		Required[1] [R]	Sanctioned [S]	In Position [P]	Vacant [S-P]	Shortfall [R-P]
1	2	3	4	5	6	7
1.	Andhra Pradesh	1340	1384	1004	380	336
2.	Arunachal Pradesh	206	NA	89	NA	117
3.	Assam#	1118	1284	1735	*	*
4.	Bihar ##	2049	989	287	702	1762
5.	Chhattisgarh	962	1107	936	171	26
6.	Goa	29	48	53	*	*
7.	Gujarat	1837	1847	1584	263	253
8.	Haryana	481	504	397	107	84
9.	Himachal Pradesh	667	594	378	216	289
10.	Jammu and Kashmir	721	1137	974	163	*

1	2	3	4	5	6	7
11.	Jharkhand	469	469	241	228	228
12.	Karnataka	2565	2674	2523	151	42
13.	Kerala	1076	1036	1102	*	*
14.	Madhya Pradesh	1480	1905	1778	127	*
15.	Maharashtra	2184	2355	2055	300	129
16.	Manipur	114	145	152	*	*
17.	Meghalaya $	136	135	149	*	*
18.	Mizoram ^	66	99	53	46	13
19.	Nagaland	147	135	116	19	31
20.	Odisha	1665	1741	1623	118	42
21.	Punjab	583	841	790	51	*
22.	Rajasthan	2666	1127	1172	*	1494
23.	Sikkim	26	NA	11	NA	15
24.	Tamil Nadu	1806	2656	2097	559	*
25.	Telangana	734	763	700	63	34
26.	Tripura	130	0	133	*	*
27.	Uttarakhand	324	408	282	126	42
28.	Uttar Pradesh	4443	5697	4717	980	*
29.	West Bengal	1261	1459	1422	37	*
30.	Andaman and Nicobar Islands	26	53	49	4	*
31.	Chandigarh	0	0	0	0	0
32.	Dadra and Nagar Haveli	11	10	12	*	*

1	2	3	4	5	6	7
33.	Daman and Diu	6	16	9	7	*
34.	Delhi	5	6	4	2	1
35.	Lakshadweep	7	16	16	0	*
36.	Puducherry	27	42	37	5	*
	ALL INDIA/TOTAL	31367	32682	28680	4825	4938

Notes: # Sanctioned data for year 2013 used.

Sanctioned data for year 2011 used.

$ Sanctioned data for year 2015 used.

^ Total 99 Pharmacists sanctioned in the State.

[1]: One per each Primary Health Centre and Community Health Centre as per IPHS norms.

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

NA: Not Available.

Nursing Staff at PHCs and CHCs

Sl. No.	State/UT	(As on 31st March, 2018)				
		Required[1] [R]	Sanctioned [S]	In Position [P]	Vacant [S-P]	Shortfall [R-P]
1	2	3	4	5	6	7
1.	Andhra Pradesh	2498	4518	3505	1013	*
2.	Arunachal Pradesh	584	NA	498	NA	86
3.	Assam #	2150	2798	3203	*	*
4.	Bihar ##	2949	1662	1211	451	1738
5.	Chhattisgarh	1976	2809	2458	351	*
6.	Goa	53	126	146	*	*
7.	Gujarat	4015	4391	3160	1231	855
8.	Haryana	1159	1894	1797	97	*
9.	Himachal Pradesh	1213	837	452	385	761

1	2	3	4	5	6	7
10.	Jammu and Kashmir	1225	1710	1405	305	*
11.	Jharkhand	1495	2179	1182	997	313
12.	Karnataka	3801	2667	3339	*	462
13.	Kerala	2438	3610	3969	*	*
14.	Madhya Pradesh	3334	4624	3308	1316	26
15.	Maharashtra	4350	3218	2296	922	2054
16.	Manipur	252	484	400	84	*
17.	Meghalaya[$]	304	413	596	*	*
18.	Mizoram ^	120	570	198	372	*
19.	Nagaland	273	175	394	*	*
20.	Odisha	3927	1666	2327	*	1600
21.	Punjab	1489	2189	2029	160	*
22.	Rajasthan	6194	12712	9887	2825	*
23.	Sikkim	38	NA	48	NA	*
24.	Tamil Nadu	4116	7963	6360	1603	*
25.	Telangana	1280	2208	2027	181	*
26.	Tripura	262	0	581	*	*
27.	Uttarakhand	726	623	359	264	367
28.	Uttar Pradesh	9375	17974	20546	*	*
29.	West Bengal	3349	6981	6464	517	*
30.	Andaman and Nicobar Islands	50	138	129	9	*
31.	Chandigarh	0	0	0	0	0

1	2	3	4	5	6	7
32.	Dadra and Nagar Haveli	23	14	45		*
33.	Daman and Diu	18	64	49	15	*
34.	Delhi	5	5	6	*	*
35.	Lakshadweep	25	54	54	0	*
36.	Puducherry	45	131	139	*	*
	TOTAL (ALL INDIA)	65111	91407	84567	13098	8262

Sanctioned data for year 2013 used.

Sanctioned data for year 2011 used.

$ Sanctioned data for year 2015 used.

^ Total 570 Nursing Staff sanctioned in the State.

[1]: One per Primary Health Centre and seven per Community Health Centre as per IPHS norms.

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

NA: Not Available.

Para Medical Staff at District Hospital and Sub-District/ Sub-Divisional Hospital

Sl. No.	State/UT	(As on 31st March, 2018)			
		District Hospital		Suh-District/Sub-Divisional Hospital	
		Sanctioned	In Position	Sanctioned	In Position
1	2	3	4	5	6
1.	Andhra Pradesh	1070	768	1174	1625
2.	Arunachal Pradesh	NA	790	NA	NA
3.	Assam#	NA	2197	NA	383
4.	Bihar##	NA	1916	NA	288
5.	Chhattisgarh	2034	1797	422	234

1	2	3	4	5	6
6.	Goa	202	187	430	250
7.	Gujarat	1239	1096	938	852
8.	Haryana	2647	2712	730	619
9.	Himachal Pradesh	764	826	750	682
10.	Jammu and Kashmir	1937	1558	NA	NA
11.	Jharkhand	369	1028	465	107
12.	Karnataka	6452	4659	7031	5104
13.	Kerala	218	1102	1074	1377
14.	Madhya Pradesh	10303	9081	2145	1393
15.	Maharashtra	4721	4036	2529	1860
16.	Manipur	717	316	24	27
17.	Meghalaya#	630	1155	11	34
18.	Mizoram	NA	847	NA	44
19.	Nagaland	166	517	0	0
20.	Odisha	2354	2893	695	726
21.	Punjab	2182	2200	2325	2025
22.	Rajasthan	5245	4520	2453	1734
23.	Sikkim	NA	305	0	0
24.	Tamil Nadu	5716	5083	8948	8143
25.	Telangana	576	528	836	737
26.	Tripura	276	425	231	337
27.	Uttarakhand	983	795	610	476
28.	Uttar Pradesh	8733	5929	0	0
29.	West Bengal	7158	5881	8413	6250

1	2	3	4	5	6
30.	Andaman and Nicobar Islands	64	56	0	0
31.	Chandigarh	306	434	0	101
32.	Dadra and Nagar Haveli	320	347	0	73
33.	Daman and Diu	105	71	0	0
34.	Delhi	10439	8896	522	439
35.	Lakshadweep	51	52	18	18
36.	Puducherry	2237	2200	NA	NA
	TOTAL (ALL INDIA)	80214	77203	42774	35318

#Sanctioned data for year 2015 used.
NA:Not Available.

Agitation by ASHA workers for pay increase

1176. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that many ASHA workers, who are working in health sectors are agitating for increasing their salaries and perks;

(b) if so, Government' s response thereto;

(c) whether Government is considering to increase the salaries of ASHA workers in Medical and Health department in various parts of the country; and

(d) if so, the details thereof and by when it will be increased?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) In recent past, requests have been received from ASHA workers regarding such issues. The issue has been examined on many occasions and it has been decided to continue with the existing system of performance based incentives in line with the role envisaged for ASHAs under the Mission as honorary volunteers.