

[13 May, 2002]

RAJYA SABHA

Deptt. of ISM&H. There is no proposal to constitute a separate Ministry of Indian Systems of Medicine and Homoeopathy. The Deptt. can achieve functionally what a separate Ministry will be able to achieve.

Separate cadre for primary service doctors

4841. SHRI S.S. CHANDRAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the inadequacy of doctors in the rural areas;

(b) whether Government would consider creating a separate cadre of primary service doctors to serve in rural areas; and

(c) the steps taken by Government to improve medical facilities in the rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Though there are no major shortages in the aggregate numbers of doctors graduating as against requirement. However, it is true that very few qualified doctors reside permanently in rural and remote areas. Hence, the availability of doctors even in primary health centres is low in some regions and States.

Government is aware of these gaps and shortages in the availability of doctors in the primary health infrastructure. This is mainly because trained health care providers are generally reluctant to serve in far-flung remote rural areas, on account of a lack of family support systems, facilities for education of children etc.

(b) The issue of this disparity in distribution of doctors in different regions has been in deliberated in the meetings of the Central Council of Health and Family Welfare in October, 1995 and January, 1997. It was resolved that specific measures may be taken to meet the shortages of doctors in rural areas even by introducing compulsory rural service for doctors.

These resolutions were forwarded to Medical Council of India (MCI) which suggested that State Government must take steps to meet this shortage. Some States have made compulsory , the posting of doctors in rural areas, immediately after initial appointment. Though recruitment and postings of health personnel in health care institutions, is the responsibility of respective

State Governments, Ministry of Health and Family Welfare has been advising the State Governments from time to time to ensure that vacancies of trained medical personnel are filled up on priority basis.

(c) Government is helping the State Governments to improve the overall medical facilities in rural areas:

- (i) Under the **State Health System Projects**, the Community Health Centres and District Hospitals are being upgraded and better equipped so that quality of care in the provisioning of health services to people in rural and backward areas, receives a thrust.
- (ii) **The Pradhan Mantri Gramodaya Yojana**, provides funds for drugs, diagnostics and other consumables in Primary Health Care Institutions, so that the functional status of these institutions improve. Planning Commission has recently reviewed the implementation of PMGY during the last two years and had decided to revert back to the pattern of implementation as under earlier Basic Minimum Services.
- (iii) **Area Development Projects** are also being implemented with financial assistance from external agencies for strengthening of health and family welfare infrastructure. One of the main activities of Area Projects includes construction of buildings for sub-centres, primary health centres and community health centres.
- (iv) Under the **Reproductive and Child Health Programme**, the following steps are being taken to strengthen the primary health services in the country.
 - Major Civil Works are sanctioned for the repair/construction of Operation Theatre/Labour Room
 - Provision of equipments/medicines for emergency, obstetrics at selected first referral units.
 - Financial assistance for making contractual appointments/hiring of Anaesthetists/Gynaecologists/ Safe Motherhood Consultants/ Staff Nurses/Lab. Technical/Additional Auxillary Nurse Midwives (ANM) etc.
 - Skill based in-service training for capacity building of Doctors, ANMs and other health functionaries.

Efforts are also being made to increase the outreach of health care services through Swasthya Melas and Reproductive and Child Health (RCH) camps etc.