GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 2240
TO BE ANSWERED ON 31.07.2026

SHORTAGE OF MEDICAL STAFF IN HOSPITALS

†2240. SHRI BRIJENDRA SINGH OLA:

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

(a) whether it is a fact that thousands of posts of doctors, specialists, physicians, nurses and paramedical staff are still lying vacant in many Government hospitals and health centres in the country, due to which patients are unable to get timely treatment;
(b) if so, the details of the vacant posts at present, category-wise and State/UT-wise including Rajasthan, along with the number of appointments made to these posts during the last three years;
(c) whether the Government has taken note that due to the shortage of medicines, diagnostic facilities, ICU beds and medical equipment in several Government hospitals, patients are being forced to resort to private hospitals, if so, the details thereof; and
(d) the concrete steps taken by the Government to rectify or remove these deficiencies and to ensure quality and timely healthcare services in all Government hospitals along with the timeline fixed for the same?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)

(a) to (d): Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacant posts lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. States/ UTs to ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and using NHM posts in the short to medium term to fill critical gaps.

The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

The details of doctors, specialists, physicians, nurses and paramedical staff in Government hospitals and health centres across the country and their vacancies State/UT-wise including Rajasthan can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

To ensure availability of essential drugs and reduce the Out-of-Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission. This includes financial support to States/UTs for 113 drugs at Sub Health Centre level, 179 at Primary Health Centre level, 301 at Community Health Centre level, 318 at Sub District Hospital level and 381 drugs at district Hospitals.

This Ministry supports 'Free Diagnostics Service Initiative' programme under NHM with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community, which in turn reduces the Out-of-Pocket Expenditure (OOPE). Diagnostics services are provided free of cost at all levels of public health facilities (14 tests at Sub Centers, 63 at Primary Health Centers, 97 at Community Health Centres, 111 test at Sub District Hospitals and 134 tests at District Hospitals).

Under NHM, following types of incentives and honorarium are provided to ensure quality and timely healthcare services in all Government hospitals:

- Hard area allowances to specialist doctors for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas.

- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.

- Incentives like special incentives for doctors, incentive for Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.

- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay″.

- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NRHM for achieving improvement in health outcomes.

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