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

LOK SABHA
UNSTARRED QUESTION NO. 3430
TO BE ANSWERED ON THE 07.08.2026

SHORTAGE OF MEDICAL EQUIPMENT IN BUNDELKHAND REGION

†3430. SHRI NARAYANDAS AHIRWAR:

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

(a) whether it is a fact that people have to depend on big cities for better medical treatment due to the shortage of doctors, specialist doctors, nurses, modern medical equipment and other health facilities in the rural areas of the country especially in the Bundelkhand region;
(b) if so, the details thereof;
(c) whether the Government is aware that posts for doctors and health workers are lying vacant and there is a lack of basic facilities and equipment in various district hospitals, Community Health Centres (CHCs) and Primary Health Centres (PHCs) in the said region; and
(d) if so, the concrete steps taken by the Government to strengthen the health infrastructure, fill the vacant posts, provide modern medical equipment and ensure quality and accessible health services to rural citizens in the said region, along with the action plan proposed to be taken by the Government for the next three years?

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

(a) to (d): Public Health & hospitals, is State subject and therefore, the primary responsibility of strengthening public healthcare system is with the State/Union Territories. However, under the National Health Mission, the Ministry of Health and Family Welfare provides technical and financial support to the States/ Union Territories including all areas of Uttar Pradesh & Madhya Pradesh to strengthen the public healthcare system including support for healthcare staff, medical equipment and other health facilities in the rural areas of the country 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. Details of the approvals given for the strengthening of public healthcare system in Uttar Pradesh & Madhya Pradesh are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

https://www.nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744

The details regarding In-position specialist doctors, nurses and health workers and their vacancies in Community Health Centres (CHCs) and Primary Health Centres (PHCs) and District Hospitals across the country District-wise can be accessed at the following link of Health Dynamics of India (HDI) 2023-24:

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

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and health workers to work in rural and remote areas of the country to ensure quality and accessible health services:

- Hard area allowance 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 Human Resource (HR) is another major strategy under NHM for achieving improvement in health outcomes.

Further, the Family Adoption Programme (FAP) has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves Medical Colleges adopting villages, and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron-Folic Acid supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.

Under District Residency Program (DRP) of National Medical Commission (NMC), second/third year PG students of medical colleges are posted in district hospitals.

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is another Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS) which has an outlay of Rs. 64,180 Crores for the scheme period (2021-22 to 2025-26). The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

Under Fifteenth Finance Commission (FC-XV), grants has been recommended through local governments for specific components of the health sector and spread over the five-year period from FY 2021-22 to FY 2025-26 to facilitate strengthening of health system at the grass-root level.

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