Chapter 5 Capacity Building - Human Resource

5.1 Introduction

The Mission aimed to increase the availability of manpower through provision of trained female community health worker, ASHA, at village level, a minimum of two ANMs at each sub centre and three staff nurses at every PHC to ensure round the clock availability of services. The Out Patient Department (OPD) at PHC was to be strengthened through posting/ appointment of AYUSH doctors over and above the Medical Officers posted there. The State Government was to fill up the existing vacancies by new contractual appointments for which GoI support was available. CHCs were to be brought at par with the Indian Public Health Standards (IPHS) norms to provide round the clock services by providing seven Specialists and nine staff nurses in every CHC. A separate AYUSH set up was also to be provided in each CHC/ PHC.

In reply, the Government stated that IPHS norms would be implemented in future.

5.2 Availability of health personnel

The requirement of health workers for rural health facilities as per IPHS norms *vis-à-vis* the personnel available there against were as below:

Table 5.1 : Health personnel at rural health facilities as on 31 March 2011

Level/ Posts	Number of facilities	Requirement as per IPHS norms		Persons in position	Shortfall (4-5)	
		Posts per facility	Total		Number	Percentage
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sub centre/ ANM	20521	2	41042	21192	19850	48
P H C/ Doctors[1]	3692	2	7384	2861	4523	61
C H C/ Specialists[2]	515	7	3605	1256	2349	65

(**Source :** Reply of the Government (December 2011)

Thus, the vacant posts ranged between 48 and 65 *per cent* as compared to those required to be at par with IPHS norms. In case of staff nurses, the total requirement at CHCs and PHCs worked out to 8327[3] whereas only 4948 posts were sanctioned in the State including the requirement at the district level and only 4606 staff nurses (93 *per cent*) were working against these posts.

The position of availability of staff as of 31 March 2011 was not furnished. The vacancies of health workers, doctors, nurses and radiographers, critical for efficient implementation of the Mission objectives, were high. Audit also observed that Obstetricians/Gynaecologists,

[1] Including one AYUSH practitioner.
[2] General Surgeon, Physician, Obstetrician/ Gynaecologist, Paediatrician, Anaesthetist, Eye Surgeon and Public Health Programme Manager.
[3] (515 CHCs X9 Staff Nurses)+(3692 PHCs X 1 Staff Nurse).

Anesthetists and Paediatricians, required at CHC level, were disproportionately deployed in the District Hospital causing shortages at the sub-district level (rural areas) health centres as tabulated below:

Table 5.2 : Shortage of doctors in sub-district level centres (2009-10)

Positions	Locations	Posts sanctioned	Persons in position	Surplus (+)/ Shortage (-)	
				Number	Percentage
(1)	(2)	(3)	(4)	(4)	(6)
Obstetrician/ Gynaecologist	District Hospitals	134	310	(+) 176	Surplus
	CHCs	438	140	(-) 298	68
Anesthetics	District Hospitals	134	202	(+) 68	Surplus
	CHCs	438	122	(-) 316	72
Surgeons	District Hospitals	268	260	(-) 8	3
	CHCs	438	227	(-) 211	48
Pediatrician	District Hospitals	134	250	(+) 116	Surplus
	CHCs	438	281	(-) 157	36
Radiographers	District Hospitals	134	49	(-) 85	63
	CHCs	438	62	(-) 376	86

(**Source :** State PIP of 2010-11)

There were shortages in all categories of health workers in the health centres as shown below:

Table 5.3 : Shortage of doctors in health centres

Category	Health Centre	Posts sanctioned	Persons in position	Shortage	
				Number	Percentage
(1)	(2)	(3)	(4)	(5)	(6)
Auxiliary Nursing Midwife (ANM)	Sub centre and PHC	23570	21024	2546	11
Multi Purpose Worker (Male)	Sub centre	8857	2160	6697	76
Lady Health Visitor (LHV)	PHC	3690	3509	181	5
Doctor	PHC/ CHC/ District Hospitals	14103	8482	5621	40

(**Source :** State PIP of 2010-11)

GoI's Rural Health Statistics (RHS) published for March 2010 revealed that only 2861 out of 4509 doctors were available at PHCs, leaving 1648 (37 *per cent*) posts vacant. Acute shortage of doctors and specialists (*Table 5.2)* at CHCs and PHCs deprived the rural population of the envisaged health services and may have contributed adversely to the implementation of NRHM.

The Government stated that 21192 out of 23565 posts of ANMs and 9276 out of 14785 posts of doctors were filled. Despite considering the latest data furnished by the Government, 2373 (10 *per cent*) posts of ANMs and 5509 (37 *per cent*) posts of doctors remained vacant.

5.3 Accredited Social Health Activist (ASHA)

5.3.1 Availability of ASHA

NRHM framework envisages providing one ASHA in every village with a population of 1000. ASHA was the interface between the community and the public health system and the nodal person for assessing the local health needs. The data collected by them for preparation of grass root level health plans, constituted inputs for the State Health Action Plan (SHAP). ASHAs were to undergo five modules of induction training, apart from periodic skill up-gradation and provided drug kits to enhance their utility and credibility. ASHAs paid from the Mission flexipool were to reinforce community action for universal immunisation, safe delivery, new born care, prevention of water-borne and other communicable diseases, nutrition and sanitation. ASHA was also to help promote preventive health by converging activities of nutrition, education, drinking water, sanitation *etc*.

Audit observed that against the requirement of 1,36,268 ASHAs only 1,36,183 ASHAs were selected as of 31 March 2011. Out of the selected ASHAs, only 1,11,058 (82 *per cent*) had completed all the five modules of training. Further, the data for 2005-11, collected from 21[4] out of 22 test checked districts, revealed shortages up to 24 *per cent* ASHAs during 2005-06 (***Appendix-5.1***). In six districts[5] adequate numbers of ASHAs were not selected for training.

The Government stated that till date 1,21,580 ASHAs had been trained.

5.3.2 Purchase of ASHA kits

As provided in State PIPs, every year ASHAs were to be provided with a kit, including items like Oral Rehydration Solution (ORS), sets of 10 basic medicines and contraceptives. The State PIPs included following provisions for procurement of ASHA Kits:

Table 5.4 : Provisions for procurement of ASHA Kits

Year	Provision (₹ in crore)	Number of kits to be procured and rate per unit
2007-08	3.69	0.30 lakh kits @ ₹1000 each
2008-09	6.75	1.35 lakh kits @ ₹500 each
2009-10	6.75	1.35 lakh kits @ ₹500 each
2010-11[6]	12.94	2.58 lakh kits @ ₹500 each

(**Source :** State PIPs of 2007-08, 2008-09, 2009-10 and 2010-11)

Audit observed that no kits were procured during 2005-06, 2006-07, 2007-08 and 2010-11. Only 1,32,995 kits and 1,31,684 kits were procured during 2008-09 and 2009-10 respectively. Thus, during four years, ASHAs worked without the prescribed kit.

The Government accepted release of fund to the districts for purchase of ASHA kits only during 2008-09 and 2009-10 for purchase of 1,32,995 and 1,31,684 kits respectively.

[4] Data for Budaun, though called for, was not furnished.
[5] Agra, Allahabad, Deoria, Jalaun, Mirzapur and Unnao.
[6] Two kits per ASHA was to be provided.

ASHA kits were to comprise 12 items including Iron Folic Acid (IFA) Tablets (large). SPMU decided (07 July 2008) to purchase IFA tablets (large) centrally and retained ₹ 125 per kit. Balance ₹ 375 per kit was released to the districts for procurement of remaining items locally. CMOs informed SPMU that ₹ 375 was insufficient to procure remaining items. Consequently, the Mission Director, SPMU, revised (August 2008) the quantity of some items to be included in the kit as tabulated below reducing their effectiveness:

Table 5.5 : Quantity of items in ASHA Kits

Items	Original quantity	Revised quantity
Disposable Delivery Kit	20	10
ORS Packet (WHO)	100	10
Cotton	500 gms	200 gms
Oral contraceptive pills	300	Nil

(**Source :** Information furnished by SPMU)

As a result requisite medicines prescribed in the kits were not provided to ASHAs for providing effective services.

Further, ₹ 12.94 crore was released (November 2010) to DGNPME for purchase of IFA tablets at the rate of ₹ 125 per kit. DGNPME returned the amount to SPMU (April 2011) stating that the tender was cancelled as the rates received were higher than those prescribed in PIP. Thus, no IFA tablets were purchased during 2008-11 for ASHA kits compromising the effectiveness of ASHAs.

The Government stated that certain items were reduced from the kit as the institutional deliveries had increased. The reply was not correct as contraceptive pills, used for spacing the pregnancies, were to be distributed among rural women; and cotton and ORS packets are used also for emergencies other than deliveries. Thus, the increase in institutional deliveries did not reduce the requirement of the kit. Moreover, PIPs did not mention the reduction effected.

5.4 Sub centres

Two female ANMs and one Multi Purpose Worker-Male (MPW-M) were to be posted in each sub-centre. The position of availability of the ANM and MPW-M was not furnished. As per the RHS, 2010, the deployment of ANM and MPW-M for 20521 sub centres was short by 58 and 90 *per cent* respectively against the IPHS norms as of March 2010.

The Government, while accepting the observation stated that 3276 sub centres were running without ANMs and 2489 (28 *per cent*) Multi Purpose Workers were available against 8853 sanctioned posts.

The vacancies of regular posts were to be filled by the State and the additional posts required for NRHM activities by contractual staff to be paid out of NRHM funds. The target in PIPs of 2009-10 and 2010-11 for appointment of ANMs on contract and achievement thereof were as under:

Table 5.6 : Appointment of contractual ANMs

Sl. No.	Year	Target for contractual appointment	Persons appointed	Shortage	
				Number	Percentage
1.	2009-10	1500	813	687	46
2.	2010-11	2500	807	1693	68

Source : Information furnished by SPMU

The Government informed that only 1500 ANMs were appointed against 2500 contractual appointments proposed in PIP 2011-12 and in 16 districts 847, ANM-II, with qualification lower than that prescribed for ANMs, were also appointed. Thus, even the proposed contractual appointments were not made and persons were appointed as ANM-II without any provisions in the PIP.

5.5 Primary Health Centre (PHCs)

Three staff nurses were required at every PHC for round the clock services. Para-medical staff like staff nurse, pharmacist, lab technician and LHVs were also to be appointed. As per RHS, 2010 availability in some of the categories of staff, as of March 2010, at PHCs was as below:

Table 5.7: Availability of personnel at PHCs

Category of staff	Sanctioned	In position	Vacancies	Percentage of vacant posts
Health Assistant (Female)	3811	2040	1771	46
Health Assistant (Male)	5757	4518	1239	22
Doctors	4509	2861	1648	37

(**Source :** RHS, 2010)

AYUSH practitioners were posted in only 428 out of 3692 PHCs. No provision was made for AYUSH medicines in PIPs during 2005-11. In 21 out of 22 test checked districts, the shortage of medical officers, lab assistants and pharmacists was 24, 18 and 34 *per cent* respectively (***Appendix-5.2***). Information was not furnished by Budaun district.

The Government stated that 3478 Health Supervisors (Female) and 4294 Health Supervisors (Male) were in position. However, eight *per cent* posts of Health Supervisors (Female) and 25 *per cent* posts of Health Supervisors (Male) were vacant.

Further, the Government also informed that 1140 male and 810 female AYUSH doctors were in place against those proposed in PIP 2011-12. Audit observed that contractual appointment of 2410 AYUSH doctors was proposed in that PIP and 460 (19 *per cent*) posts were still vacant.

5.6 Community Health Centre (CHCs)

There were 515 CHCs in the State. As per IPHS norms, seven specialist doctors and nine staff nurses were to be provided in each CHC. As per RHS, 2010 the shortages *vis-à-vis* sanctioned strength in some important categories of staff, as of March 2010, at CHCs were as under :

Table 5.8 : Shortage of personnel at CHC

Category of staff	Sanctioned	In position	Vacancies (-)/ Surplus (+)	Percentage of vacant posts
Specialist	1460	1256	(-) 204	14
General Duty Medical Officers	161	167	(+) 6	Not applicable
Radiographers	269	163	(-) 106	39

(**Source :** RHS Data 2010)

According to IPHS norms, 3605 posts of specialists were required to be approved. Not only the envisaged number of posts were not created, the persons in position were far less than the sanctioned posts.

The position of health personnel was test-checked in 21 districts (except Budaun which did not furnish information). Shortages at sub centres in 21 districts ranged between 17 *per cent* (ANM-Regular) and 90 *per cent* (MPW-M); at PHCs, between 14 *per cent* (LHVs) and 42 *per cent* (staff nurse); at CHCs, between 23 *per cent* (Paediatrician) and 84 *per cent* (Pathologists) for specialists and between 14 *per cent* (statistical assistant) and 22 *per cent* (pharmacist) for other staff; and at districts between 45 *per cent* (District Immunisation Officer) and 50 *per cent* (Deputy CMO). The district level position did not include the doctors *etc*. posted in District Hospitals (***Appendix-5.2***). Audit observed that the vacancies were more pronounced at the sub-district level.

The Government stated that IPHS norms were not implemented due to lack of infrastructure.

5.7 Contractual appointments

The targets for appointment of contractual staff, fixed in PIPs of 2009-10 and 2010-11 and achievements there against were as under:

Table 5.9 : Appointment of contractual staff

Post	Contractual Staff in 2009-10				Contractual Staff in 2010-11			
	T	A	S	*Per cent*	T	A	S	*Per cent*
Staff Nurse	2869	1085	1784	62	1500	1484	16	1
Lab Technician	726	106	620	85	584	239	345	59
M.O. Female (ISM)	766	578	188	25	901	810	91	10
M.O. Male (ISM)	284	147	137	48	1500	1140	360	24
MBBS/BDS	929	355	574	62	523	523	0	0
Specialist	826	149	677	82	300	191	109	36

(**Source :** Information furnished by SPMU) T-Target, A-Achievement and S-Shortfall

Thus, the shortfall ranged between 25 and 85 *per cent* during 2009-10 and between zero and 68 *per cent* during 2010-11.

The Government informed that non-availability of skilled health and medical personnel was the cause of shortfall in engagement of contractual staff.

5.8 Training

NRHM Framework stipulates that the implementation teams, particularly at the district and State level, would require development of specific skills. The State level Resource Centre will be identified to enable innovations and impart new technical skills. Further, the investment required was to be identified to successfully carry out the training/ sensitization programmes. However, SPMU did not intimate whether any resource centre was identified.

GoI, MoHFW Review Report (May 2011) mentioned that the State designated the State Institute of Health and Family Welfare (SIHFW) as Collaborating Training Institute (CTI) to coordinate with Directorates, other training institutes and agencies for design and implementation of training all over the State.

The Government did not offer any comment in this regard.

5.8.1 Training infrastructure

As intimated by SIHFW following training facilities were available in the State:

Table 5.10 : Training facilities available in State

Sl. No.	Name of the training centre	Number	Training capacity per batch
1.	State Institute of Health and Family Welfare	1	100
2.	Regional Health and Family Welfare Training Centres (RHFWTC)	11	100
3.	Lady Health Visitor Training Centre	4	N.A.
4.	Public Health Nurse Training Centre	1	N.A.
5.	ANM Training Centre (ANMTC)	40	60
6.	Achal Training Centre (DPTT)	30	N.A.
7.	Nursing Training Schools[7]	9	N.A.

[Source : Review report (May 2011) of MoHFW, GoI] **(N.A.:** Not Available)

Audit observed that to augment the training facilities in the State DGNPME paid ₹ 20.78 crore (March 2010) to PACCFED for up-gradation of 11 Regional Training Centres (RTCs) and four ANM Training Centres (ANMTCs). Though the payment was made in advance and the works were to be completed within ten months (RTCs) and nine months (ANMTC) respectively, all the works were still incomplete (November 2011).

The Government stated that the work was held up as the third party evaluation, ordered by GoI, was yet to be completed. However, the fact remained (December 2011) that the completion of RTCs and ANMTCs was way behind the schedule.

5.8.2 Training activities

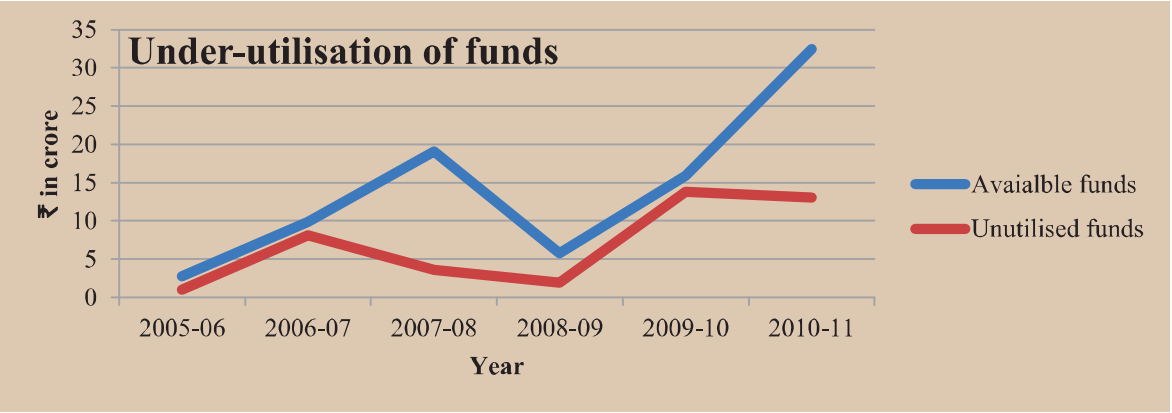
During 2005-11 SIHFW, utilized ₹ 44.14 crore (₹ 35.23 crore at district and ₹ 8.91 crore at State level) out of ₹ 57.15 crore available under RCH-II and NRHM for training programmes as below :

[7] Nursing Training Colleges are not under the control of SIHFW as these are functioning under various Medical colleges and Hospital.

Table 5.11: Receipt and utilisation of Grants at SIHFW

Year	OB	Grants received	Bank Interest and other receipts	Total funds available	Funds transferred to other training centres	Utilisation at SIHFW	CB	Percentage of unutilised funds
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	(₹ in crore)							
2005-06	0.00	2.76	0.00	2.76	1.60	0.10	1.06	38
2006-07	1.06	8.75	0.04	9.85	0.33	1.39	8.13	83
2007-08	8.13	10.73	0.17	19.03	14.38	1.02	3.63	19
2008-09	3.63	1.95	0.18	5.76	0.76	3.08	1.92	34
2009-10	1.92	13.91	0.07	15.90	1.80	0.27	13.83	87
2010-11	13.83	18.05	0.54	32.42	16.36	3.05	13.01	40
Total		**56.15**	**1.00**	**85.78**	**35.23**	**8.91**		

(**Source :** Information furnished by SIHFW) OB-Opening Balance and CB-Closing Balance



Thus, funds ranging between 19 and 87 *per cent* remained un-utilised at SIHFW. No details of the unspent balances at districts were furnished.

No reply was received from the Government.

5.8.3 Number of training courses

Targets for training courses and trainees were not fixed by DGNPME at the time of releasing funds to SIHFW. The details of the training courses organised by SIHFW during 2005-11 were as below:

Table 5.12 : Training programmes organised at SIHFW

Year	Number of training courses organised		Number of days of training	Number of participants
	Courses	Batches		
2005-06	04	19	186	470
2006-07	06	15	147	453
2007-08	11	60	380	1733
2008-09	14	66	399+16 weeks+ 18 weeks	1918
2009-10	11	28	195 + 16 weeks	751
2010-11	30	110	562+16 weeks+ 18 weeks	2344

(**Source :** Information furnished by SIHFW)

Thus, during 2009-10 the number of training batches declined to 28 (751 participants) from 66 (1918 participants) during previous year resulting in 87 *per cent* of the available funds remaining unutilised (***Table 5.11***).

The Government did not offer any comment in this regard.

Audit observed that three day Trainings of Trainers (TOT) in 1st Module of ASHA training were organized between October 2005 and March 2006 wherein 411 district trainers participated. Second round of training in a composite course of 2nd, 3rd and 4th modules was organised between July 2007 and February 2008, wherein 468 trainers participated. The training for 183 trainers in 5th module of ASHA training was organised between November 2009 and March 2010. Thus, 57 such trainers were inducted for training in 2nd, 3rd and 4th modules who did not attend the training of first module and 285 and 228 trainers, who participated in the first and second round of training respectively, were not imparted training in the 5th module. Thus, the districts were equipped with trainers having capacity to provide training for all the five modules of ASHA training in March 2010, whereas the Appendix-II (b) to MOU signed between GoI and the State Government of November 2006 provided that 50 *per cent* of ASHAs would be trained by 30 June 2007. This target, however, remained unachieved.

Further, according to SIHFW Report on "coordination of district level training activities, 2008-09", only one training course (two-day) was organised at each district for VHSC members wherein 47891 persons participated. No such training was arranged to cover the members of other VHSCs. No training for RKSs was planned/organised.

Details of training programmes organized during 2005-11 were not furnished to audit. According to PIPs of 2008-09 & 2009-10, details of training programmes organised in 17 districts[8] covered in first phase were as below:

Table 5.13: Training programmes in first phase

Sl. No.	Activity	Target number of participants	Number of actual participants	Shortfall	Percentage
Progress during 2007-08 (as on January 2008) [As per PIP of 2008-09]					
1	Training of ASHAs	9000	2500	6500	72
2	Training of ANMs	4000	360	3640	91
3	Training of Medical Officers	612	221	391	64
Progress during 2008-09 (estimated achievement up to March 2009) [As per PIP of 2009-10]					
1	Training of ASHAs	30000	11800	18200	61
2	Training of ANMs	5200	1900	3300	63
3	Training of Medical officers	1100	458	642	58

(**Source :** PIPs of 2008-09 and 2009-10)

[8] Aligarh, Azamgarh, Banda, Bahraich, Bulandshahar, Faizabad, Gorakhpur, Jhansi, Kannauj, Lakhimpur Kheri, Mirzapur, Moradabad, Pratapgarh, Saharanpur, Shahjahanpur, Siddharthnagar and Varanasi.

According to PIP of 2010-11, 19 more districts[9] were taken for organising training courses. The achievement of the training organised in these 36 districts was as below:

Table 5.14: Slot utilisation in training programmes

Sl. No.	Activity	Target number of participants	Number of actual participants	Shortfall	Percentage
Progress during 2009-10 (estimated achievement up to March 2010)					
1	Training of ASHAs	71000	24150	46850	66
2	Training of ANMs/LHV/HS	13940	4550	9390	67
3	Training of Medical officers (in 17 districts)	1262	400	862	68
4	Training of Medical officers and Staff Nurses (in 19 districts)	858	90	768	90

(**Source:** PIP of 2010-11)

Thus, the shortfalls of slot utilisation ranged between 66 and 90 *per cent* during 2007-10.

The Government attributed the non-achievement of targets to involvement of personnel in programmes like pulse polio, routine immunisation, organising health camps, national programmes like control of malaria, filaria, Japanese Encephalitis *etc*. Reply was not acceptable as these trainings were part of skill upgradation, as envisaged in NRHM framework and would have made implementation of mission activities more effective.

5.8.4 Training conducted by SIHFW

According to information furnished (August 2011) SIHFW conducted following training courses:

Table-5.15: Trainings conducted by SIHFW

Year	Number of training courses	Target for number of participants	Actual number of participants	Percentage of participation
2009-10	14	1242	889	72
2010-11	30	3952	2416	61

(**Source:** The Government reply December 2011)

The Government attributed the shortfall to delay in receipt of funds. The reply was not correct as unspent balances were available with SIHFW and adequate funds were also available with SHS as discussed in table 5.17 below.

5.8.5 State Innovation in Family Planning Services Agency (SIFPSA)

SIFPSA was managing the Family Planning trainings, *viz*. laparoscopic induction, abdominal tubectomy, IUCD, NSV and BEmOC training of medical officers. During 2009-10, following training courses were conducted by SIFPSA for NRHM:

[9] Allahabad, Budaun, Barabanki, Basti, Bhadohi, Bijnore, Chitrakoot, Etah, Farrukhbad, Ghaziabad, Gonda, Jalaun, Jaunpur, Lalitpur, Maharajganj, Mathura, Mau, Muzaffarnagar and Unnao.

Table-5.16: Training courses conducted by SIFPSA

Sl. No.	Name of the training courses	Target	Achievement	Percentage
1.	Skilled Birth Attendance (SBA) for medical officers	336	327	97
2.	Laparoscopic Tubal Ligation Training	352 (240 MOs and 112 Staff Nurses)	85 (54 MOs and 31 SN)	24
3.	Minilap Abdominal Tubectomy	210 (145 MOs and 66 Staff Nurses)	41 (28 MOs and 13 SN)	20
4.	No Scalpel Vasectomy (NSV) for MOs	282	108	38

(**Source:** The Government reply, December 2011)

Thus, the achievement ranged between 20 and 38 *per cent* except in case of SBA where it was 97 *per cent*.

The Government attributed the shortfall to non-availability of Divisional Clinical Training Centre (DCTC) and post-graduate participants and non-turning up of selected participants.

PIP of 2011-12 emphasised the need for pre-service training of health workers. The training duration of female workers was of 18 months and these were conducted at 40 ANMTCs in batches of 60 each. The training duration of male workers was of 12 months and training was conducted at RHFWTCs. It implied that a total number of 2400 ANMs were to be trained during 2008-10. However, only 1904 (79 *per cent*) ANMs were trained during 2008-10. PIP also mentioned that ₹ 25.82 crore, approved in PIP of 2010-11, was transferred to DGNPME for arranging training programmes for 2400 ANMs and 5000 male workers. But these were not organised.

The Government clarified that the pre-service training scheduled for 2010-11 could not be organized as DGNPME cancelled the selection process for appointment of Health Workers (Male and Female) on 20 April, 2011. This indicated that the time required for completion of selection process was not assessed and demand for funds was included in PIP without ensuring availability of participants/trainees.

5.8.6 Training at district level

The status of training programmes was test checked in 22 districts. Information was not made available by four districts[10]. Audit observed that no training programmes, other than those for ASHAs, were organised in seven districts[11]. In remaining 11 districts, the shortfall in training programmes ranged between six (medical officers) and 67 *per cent* (Traditional Birth Attendant). In Jalaun, no training was organized for ASHAs. In the remaining 17 districts, the shortfall in training of ASHAs ranged between four (Ballia) and 23 *per cent* (Azamgarh).

Audit observed that seven (78 *per cent*) out of nine posts of Principals and 40 (70 *per cent*) out of 57 posts of Tutor available in 18 test checked districts[12] were vacant. Thus, shortage of training staff adversely affected training programmes at the district level ***(Appendix-5.3)***.

[10] Agra, Budaun, Jhansi and Raebareli.
[11] Allahabad, Azamgarh, Bahraich, Kushi Nagar, Mirzapur, Moradabad and Shahjahnpur.
[12] Allahabad, Azamgarh, Bahraich, Bareilly, Budaun, Bulandshahar, Deoria, Gorakhpur, Jalaun, Jaunpur, Jhansi, Kushi Nagar, Mirzapur, Moradabad, Raebareli, Shahjahanpur, Unnao and Varanasi.

The Government attributed the shortfall to utilisation of these personnel for achieving targets of National programmes.

GoI, MoHFW Review Report May 2011 also pointed to under-utilisation of the funds allotted for training programmes. The position of availability and utilisation of funds during 2009-10 and 2010-11 were stated as below:

Table 5.17 : Utilisation of funds for training

Programme	2009-10			2010-11		
	PIP Approved	Utilisation	Percentage unutilised	PIP Approved	Utilisation	Percentage unutilised
	(₹ in crore)			(₹ in crore)		
RCH Flexipool	40.80	12.34	70	53.73	16.45	69
Mission Flexipool	13.42	2.45	82	45.39	5.08	89

[Source : Review Report (May 2011) of MoHFW, GoI]

Although adequate funds were available for the training programmes proposed in PIPs, these were not organised.

The Government agreed and stated that human resource at various training centres was not sufficient.

5.9 Posting of junior officers as Chief Medical Officers

The post of CMO, FW was created (May 2010), without taking into account that one CMO was already available in each district and was abolished (April 2011) within one year of its creation citing coordination problems. Further, the Hon'ble High Court of Judicature at Allahabad directed (12 January 2011) the State Government to adhere to "rule of seniority" while selecting level-4 officers for posting as CMOs. Notwithstanding this direction, junior officers continued to be posted as CMOs. Thus, the judicial pronouncement was not being followed in true spirit.

The Government did not furnish any reply to the audit observation.

5.10 Recommendation:

Staffing may be ensured through regular and contractual recruitments to achieve IPHS norms; and training courses, as per training need analysis, may be ensured.