

CHAPTER V : AVAILABILITY OF HUMAN RESOURCES

5.1 Introduction

The Mission aimed at ensuring uninterrupted and quality health care by increasing the availability of doctors, specialists, paramedical staff, ANMs and ASHAs. State Governments were to fill up the existing vacancies by new contractual appointments for which Government of India provides funds. Audit analysis of the staffing requirements as per IPHS/sanctioned strength *vis-à-vis* the actual position across various facilities is given in **Table-5.1** below:

Table-5.1: Health Personnel at rural health facilities as on 31 March 2016

Sl. No.	Facility	Staff	Number of facilities audited	Number of States covered ¹	Essential Number of staff as per IPHS Norms	Sanctioned Strength	Men in position	Shortage (-)/Excess (+) against IPHS and its percentage	Shortage (-)/ Excess (+) against sanctioned strength and its percentage
1	District Hospitals (DHs)	Doctors/ specialists	111	23	3,445	3,503	2,298	-1,147(33)	-1,205(34)
		Staff Nurse	111	23	5,878	5,379	4,405	-1,473(25)	-974(18)
		Paramedical staff	111	23	3,653	2,315	1,679	-1,974(54)	-636 (27)
2	Sub-District/Sub-Divisional Hospitals(SDHs)	Doctors/ specialists	43	10	810	580	369	-441(54)	-211(36)
		Staff Nurse	43	10	734	869	587	-147(20)	-282(32)
		Paramedical staff	43	10	1,132	716	437	-695(61)	-279(39)
3	Community Health Centres(CHCs)	Doctors	238	25	1,234	817	305	-929(75)	-512 (63)
		Staff Nurse	236	24	2,360	1,540	1,303	-1,057(45)	-237 (15)
		Paramedical staff	236	24	1,413	1,143	861	-552 (39)	-282 (25)
4	Primary Health Centres(PHCs)	Doctors	295	15	295	369	235	-60(20)	-134(36)
		Staff Nurse	421	22	1,281	665	466	-815(64)	-199(30)
		Paramedical staff	458	25	2,290	2,059	1,506	-784(34)	-553 (27)
5	Sub-centres (SCs)	Auxiliary Nurse and Mid-wife (ANM)/ Health Worker (Female)	560	10	608	575	519	-89 (15)	-56 (10)
		Health Worker (Male)	1,376	26	1,376	1,032	453	-923(67)	-579 (56)

[Source: Data compiled from the records of selected districts]

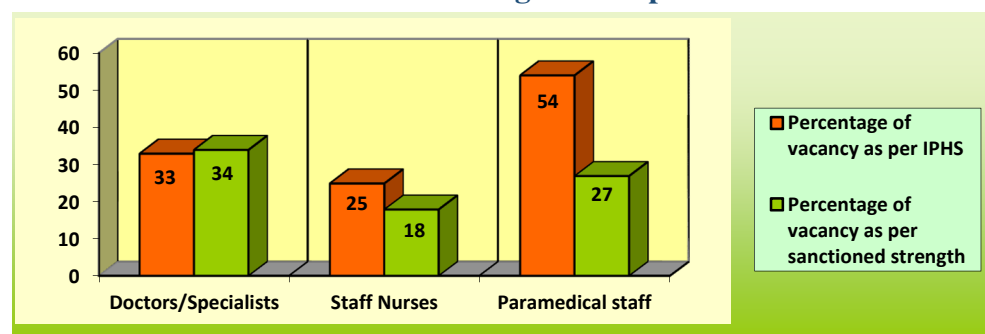
¹ Information in respect of remaining States was either not received or were incomplete.

While shortages of doctors and support staff were observed across all facilities, a few significant cases are discussed below:

5.2 District Hospitals

The shortage of manpower in 111 DHs audited in 23 States is depicted in **Chart-5.1** below:

Chart-5.1: Shortage of manpower



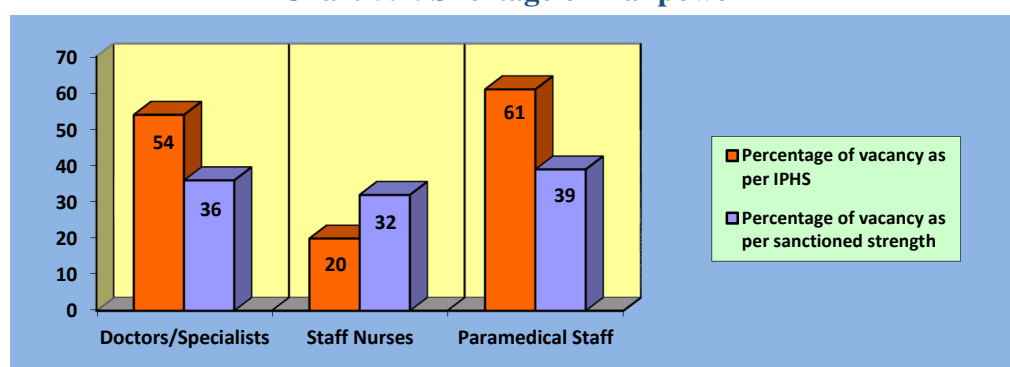
(State-wise details are given in **Annexure-5.1.1 to 5.1.3**).

In **Mizoram**, in the selected two DHs, shortage of doctors/specialists and Nurses/Paramedical staff was as high as 75 and 80 *per cent* respectively as of March 2016, against IPHS. Similarly, in **West Bengal**, in two selected Medical College & Hospitals², the shortage of doctors was 56 *per cent*.

5.3 Sub-District/Sub-Divisional Hospital

The shortage of manpower in 43 SDHs audited in 10 States is depicted in **Chart-5.2** below:

Chart-5.2: Shortage of manpower



Position was extremely poor in **Bihar, Karnataka and Maharashtra**. State-wise details are given in **Annexure-5.2**.

² Equivalent to District Hospital
Performance Audit of Reproductive and Child Health under National Rural Health Mission

5.4 Community Health Centre (CHCs)

In the selected CHCs of 27 States, the average shortfall of five types of Specialists (General Surgeon, General Physician, Obstetrician/Gynaecologist, Paediatrician and Anaesthetist) ranged between 77 to 87 *per cent*. State-wise details are given in **Annexure-5.3**.

One CHC in **Odisha** and two CHCs in **Tripura** were functioning without any doctor (Allopathic/AYUSH).

The position of CHCs without paramedical staff consisting of Laboratory Technician, Pharmacist, Health Worker (Female) etc. is given in **Table- 5.2** below:

Table- 5.2: CHCs functioning without paramedical staff

Sl. No.	Name of the Post (Para-medical staff)	Number of States	Status of para-medical staff in CHCs	
			Number of CHCs audited	Number of CHCs without paramedical staff and its percentage to total CHCs audited
1.	Pharmacist	12	151	30 (20)
2.	Laboratory Technician	11	144	28 (19)
3.	Statistical Assistant/Data Entry Operator	17	191	70 (37)
4.	Health Worker (Female)	12	151	78 (52)
5.	Health Worker (Male)	17	190	116 (61)
6.	Health Assistant (Female)/ Lady Health Visitor	19	199	91 (46)

The State wise detail of CHCs functioning without para-medical staff at test checked CHCs is given in **Annexure-5.4**.

The percentage of shortage of Staff Nurses was more than 50 in eight States (**Jharkhand, Karnataka, Maharashtra, Odisha, Sikkim, Tamil Nadu, Uttar Pradesh and Uttarakhand**). State wise details are given in **Annexure-5.5**.

5.5 Primary Health Centres (PHCs)

Each PHC is to be manned by a Medical officer supported by 13 paramedical and other staff, as per the IPHS. Audit of 305 PHCs in 13 States (**Andhra Pradesh, Arunachal Pradesh, Assam, Chhattisgarh, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Odisha, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand**), disclosed that as of March 2016, in 67 PHCs no doctor was posted (**Annexure-5.6**). The position was worse in **Uttar Pradesh**, where about 50 *per cent* of the selected PHCs were running without any doctor.

In 10 States (**Andhra Pradesh, Bihar, Haryana, Himachal Pradesh, Maharashtra, Manipur, Rajasthan, Tamil Nadu** and **Telangana** and **Tripura**), doctors posted in the selected PHCs were more than the requirement as per IPHS.

In 22 States, in 421 PHCs, the shortage of Nurse-midwife (Staff-Nurse) against the IPHS and sanctioned strength as of March 2016 was 64 and 30 *per cent* respectively. Further out of 421 PHCs audited in 22 States, 121 PHCs in nine States (**Chhattisgarh, Himachal Pradesh, Jammu and Kashmir, Madhya Pradesh, Maharashtra, Odisha, Sikkim, Uttar Pradesh and Uttarakhand**), were functioning without Staff Nurse (Details are given in **Annexure-5.7**). In 448 PHCs of 24 States, the percentage of PHCs running without Laboratory Technician, Pharmacist, Accountant cum Data Entry Operator, Health Worker (Female), Health Worker (Male), Health Assistant (Female)/Lady Health Visitor ranged between 24 and 75 *per cent*. Details are given in **Annexure-5.8**.

5.6 Sub-centres (SCs)

As per IPHS, each SC should have one Auxiliary Nurse and Mid-wife (ANM)/ Health Worker (Female) and one Health Worker (Male). In 13 States, ANM/Health Worker (Female) was not posted in 80 SCs (10 *per cent*). Similarly, Health Workers (Male) were not posted in 749 SCs (65 *per cent*) in 22 States. State wise details are given in **Annexure-5.9**.

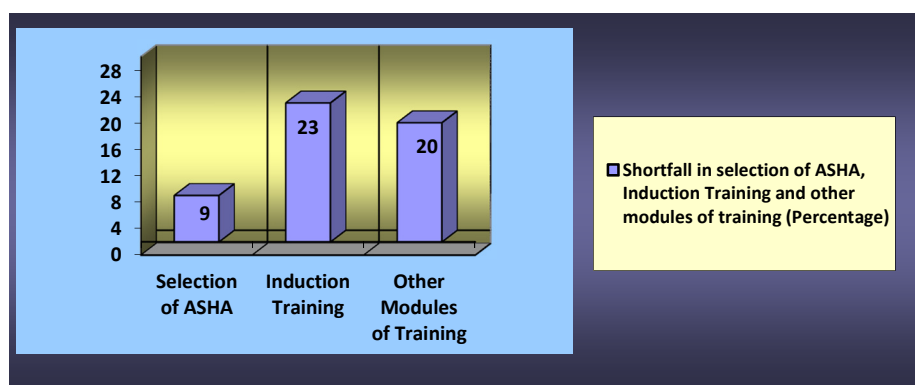
The Ministry admitted that the shortage is due to overall inadequate availability of personnel and even irrational deployment of doctors and specialists by the State Government.

5.7 Engagement of ASHA and Training

Under the Mission, a trained female community health worker called Accredited Social Health Activist (ASHA) is to be provided in each village in the ratio of one per population of 1,000 (or less, for large isolated habitations). States were given the freedom to relax the population norms prescribed for ASHA, so as to suit their local conditions. Each ASHA was to be provided induction and other modules of training for skill enhancement.

Test check of records of 88 districts in 19 States during 2011-16 revealed shortfalls in selection and training of ASHAs as indicated in the **Chart-5.3** below:

Chart-5.3: Shortfall in engagement of ASHA, Induction training and other modules of training



State wise details are given in **Annexure-5.10**.

5.8 Training to other health care professionals

5.8.1 Training to ANMs, Nurses and Medical Officers

In selected districts, the status of training to ANM, Staff Nurse and Medical Officers during 2011-16 is given in **Table-5.3** below:

Table-5.3: Shortfall in training to ANMs, Nurses and Medical Officers

Sl. No.	Name of post	Number of States involved	Number of districts audited	Targets	Number actually trained	Shortfall	Per cent
1	ANM	11	57	50,329	35,642	14,687	29
2	Staff Nurse	10	56	22,638	14,388	8,250	36
3	Medical Officer	13	73	16,602	11,902	4,700	28

State wise details are given in **Annexure-5.11** and state specific findings are given in **Annexure-5.12**.

5.8.2 Skilled Birth Attendant (SBA) training to ANM

ANMs posted in the SCs are required to conduct deliveries at homes/SCs, hence she should mandatorily receive specific training in this regard. In 29 States, in 789 of the 1,443 SCs audited, ANM did not have SBA training.

Conclusion

Significant shortfalls in the availability of doctors, health care support staff, technicians, etc. were observed across all health facilities viz. DHs, SDHs, CHCs, PHCs and SCs countrywide. 77 to 87 per cent CHCs were functioning without specialist doctors such as obstetrician/gynaecologist and paediatricians. Thus, the aim of the Mission to ensure uninterrupted and quality health care in all health facilities by increasing the availability of doctors, specialists, paramedical staff remained unfulfilled compromising the quality of health care being administered. Shortfalls in training of ASHA, ANM, doctors and staff nurse were also noticed.

Recommendations:

- The Ministry should scrupulously follow up with States to ensure that sanctioned posts of health care professionals are filled up to meet the NRHM requirements. Release of further grants under the Mission Flexible pool may be linked with achievements/progress on this count.
- The Ministry should ensure that the States provide complete training to all ASHAs, ANMs etc., as per norms to make their services more effective.