

Chapter 2-Human Resources

The State did not have a human resource policy for PHIs.

There were vacancies in doctors, nurses and paramedics to the extent of 17.50 per cent in North Goa district and 17.90 per cent in South Goa district under primary healthcare and to the extent of 20.24 per cent in North Goa district and 18.75 per cent in South Goa district under secondary healthcare in the State.

Doctors, nurses and paramedics were hired on contract in excess of the sanctioned strength by Directorate of Health Services (DHS) in primary and secondary healthcare. However, lack of adequate number of Specialists in both the District Hospitals, test-checked PHIs under DHS and in Goa Medical College and Hospitals (GMCH), led to non-delivery of related services to patients. GMCH had shortfall of 51 per cent of doctors/medical officers despite being the only general tertiary hospital in the State. Vacancy of doctors ranged from 18.18 to 81.25 per cent in the super-speciality departments of GMCH.

ASHA workers who were the key health care personnel at grassroots level were not recruited in the State.

2.1 Introduction

The National Health Policy (NHP), 2017 (Para 11.9) recognises that Human Resource (HR) management is critical to strengthening of health system and delivery of healthcare services. The GMCH and DHS are key pillars of the State's healthcare system, providing a range of services to meet the medical needs of the local population. Audit findings on human resources in PHIs in Goa are discussed below.

2.2 Lack of Human Resource policy

The NHP, 2017 (Para 11.8) recommends the framing of a recruitment policy to attract young and talented multi-disciplinary professionals.

Audit observed that the State did not frame a HR policy for the health sector to ensure adequacy of human resources in the health sector and their effective and efficient management. There were no plans/targets pertaining to human resources and rationalisation of resources based on the needs of patients and utilisation of key services was not carried out.

Adhoc management of human resources led to excess hiring of contract staff (1,057 against vacancy of 833) among doctors, nurses, paramedics and other staff by DHS. However, there was a total vacancy of 753 (considering 79 numbers of contractual staff) among doctors, nurses, paramedics and other staff in GMCH as on 31 March 2022.

The Secretary, Health accepted the audit observation and assured to take remedial action during the Exit Conference (February 2023).

Recommendation 1: The State Government may frame a Human Resource policy for the public health sector for effective and efficient management of human resources.

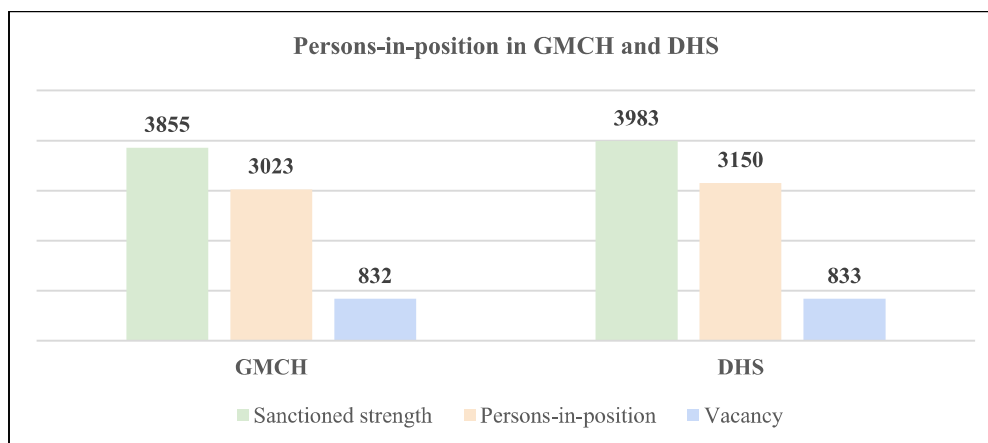
2.3 Availability of doctors as per WHO norms

As against the World Health Organization (WHO) benchmark of doctor: population ratio of 1:1000, the State fared better with a ratio of 1:500¹. The State had 3,130 active Medical Practitioners registered with the Goa Medical Council as on May 2022.

2.4 Human resource availability against sanctioned strength

The availability of human resource in GMCH and DHS is given in **Chart 2.1** below:

Chart 2.1: Persons-in-position under GMCH* and DHS as on 31 March 2022



(Source: Information furnished by GMCH and DHS)

*excluding 79 contractual staff in GMCH.

Overall, in the State, the sanctioned strength (SS) is 7838, Persons-in-position (PIP) is 6173² and vacancy position is 21.24 *per cent*. The vacancy position in GMCH is 21.58 *per cent* and in PHIs under DHS it is 20.91 *per cent*.

Details of SS, PIP and vacancies at different healthcare levels are discussed below.

¹ As per projected population as on 1st March 2022 for Goa *i.e.*, 15.67 lakh given by National Commission on Population by MoHFW in the Report of the Technical Group on Population Projections.

² Excluding Contractual Staff, Bond Doctors and NHM Doctors.

2.4.1 District wise availability of human resources in primary healthcare

Indian Public Health Standards (IPHS), 2012 prescribes the minimum requirement of manpower for delivery of essential services in primary healthcare.

While sanctioned posts of doctors, paramedics and others in PHCs/UHCs in both the districts are higher than those prescribed in IPHS, 2012, sanctioned posts of nursing staff in North Goa district is less than that prescribed in IPHS, 2012, the details of which are given in **Appendix 2.1**.

Details of district wise sanctioned strength and persons-in-position of doctors, nurses and paramedics in the PHCs/UHCs as on 31 March 2022 is shown below in **Table 2.1**:

Table 2.1: Persons-in-position in 28 PHCs/ UHCs in Goa as on 31 March 2022

Post	North Goa District				South Goa District			
	Sanctioned Post	Persons -in-position	Vacancy	Contract staff	Sanctioned Post	Persons -in-position	Vacancy	Contract staff
Doctors	52	43	9	79	84	72	12	88
Nurses	31	28	3	14	55	52	3	30
Paramedics	191	155	36	106	313	247	66	123
Total	274	226	48	199	452	371	81	241

(Source: Directorate of Health Services)

As per the above table, there was overall vacancy to the extent of 17.5 per cent in North Goa and 17.9 per cent in South Goa. Against the vacancy of 21 doctors at primary healthcare level, 167 doctors were hired on contract basis and against the vacancy of six nurses at primary healthcare level, 44 nurses were hired on contract basis by the DHS. Thus, DHS hired staff in excess of sanctioned strength in Primary Healthcare Centres.

Reply from the State Government on the above audit observation is awaited (March 2024).

2.4.2 District wise availability of human resources in secondary healthcare

IPHS, 2012, prescribes minimum manpower for delivery of essential services in CHCs/SDHs/DHs based on bed strength. Also, IPHS, 2012 states that efforts should be made by the States/UTs to provide manpower for all desirable services in the CHCs/SDHs/DHs.

The sanctioned posts of doctors, nursing staff and other staff in CHCs/SDHs/DHs in both the districts are higher than the requirement prescribed in IPHS, 2012. However, sanctioned posts of paramedic staff is less than IPHS requirements in both the District Hospitals and the two SDHs, the details of which are given in **Appendix 2.1**.

Table 2.2: Persons-in-position in secondary healthcare in Goa as on 31 March 2022

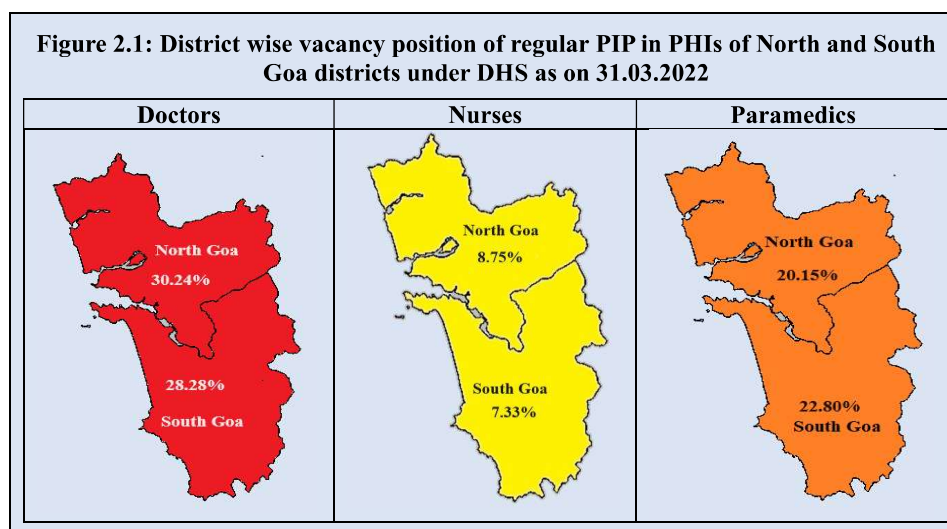
Post	North Goa District				South Goa District			
	Sanctioned Post	Persons -in-position	Vacancy	Contract staff	Sanctioned Post	Persons -in-position	Vacancy	Contract staff
Doctors/ Specialist	153	100	53	78	213	141	72	89
Nurses	209	191	18	31	395	365	30	47
Paramedics	201	158	43	116	165	122	43	102
Total	563	449	114	225	773	628	145	238

(Source: Directorate of Health Services)

As per the above table, there was overall vacancy to the extent of 20.24 per cent in North Goa and 18.75 per cent in South Goa. Against the vacancy of 125 doctors at secondary healthcare level, 167 doctors were hired on contract basis by the DHS. Similarly, against the vacancy of 48 nurses at secondary healthcare level, 78 nurses were hired on contract basis by the DHS. Thus, DHS hired staff in excess of sanctioned strength in secondary healthcare, which needs to be reviewed/rationalised.

The district wise SS and PIP is given in **Appendix 2.1**.

The Director, DHS did not furnish any specific reply about the audit observation regarding excessive hiring of contract staff *vis-à-vis* the sanctioned strength.



(Source: Information furnished by DHS)

2.4.3 Shortfall of surgeons, anaesthetists and radiologists etc., in PHIs under DHS

The Sanctioned Strength (SS) of surgeons, anaesthetists, radiologists, orthopaedics and gynaecologists against the requirement mentioned in IPHS, 2012 in the test-checked Community Health Centres (CHCs)/Sub-Divisional Hospitals (SDHs)/District Hospitals (DHs) of the State as on 31 March 2022 is shown below in **Table 2.3 (A)**.

Table 2.3 (A): RQ and SS of Specialists as on 31 March 2022

Name of Post	CHC, Pernem		CHC, Canacona		SDH, Chicalim		NGDH, Mapusa		SGDH Margao	
	RQ ³	SS	RQ	SS	RQ	SS	RQ	SS	RQ	SS
Surgeon	2	2	2	1	3	1	3	6	3	4
Anaesthetist	1	1	1	1	1	1	3	8	3	6
Radiologist	NR ⁴	1	NR	-	1	-	2	5	2	4
Orthopaedic	NR	1	NR	-	1	-	2	4	2	5
Gynaecologist	1	2	1	1	1	1	4	9	5	6

(Source: Directorate of Health Services)

The sanctioned strength in both the District Hospitals and CHC, Pernem was in alignment with IPHS requirements. In the case of CHC, Canacona, there was shortfall in the SS of surgeons, while there was shortfall in the SS of surgeons, radiologists and orthopaedics in SDH, Chicalim.

However, Audit observed shortfall in the number (PIP) of surgeons, anaesthetists, radiologists, orthopaedics and gynaecologists against the sanctioned strength in the test-checked units except SDH, Chicalim where PIP of gynaecologists match with SS as detailed below in **Table 2.3 (B)**:

Table 2.3 (B): SS and PIP of Specialists as on 31 March 2022

Name of Post	CHC, Pernem		CHC, Canacona		SDH, Chicalim		NGDH, Mapusa		SGDH Margao	
	SS	PIP	SS	PIP	SS	PIP	SS	PIP	SS	PIP
Surgeon	2	0	1	0	1	0	6	5	4	2
Anaesthetist	1	0	1	0	1	0	8	5	6	4
Radiologist	1	0	-	-	-	-	5	3	4	3
Orthopaedic Surgeon	1	0	-	-	-	-	4	2	5	2
Gynaecologist	2	1	1	0	1	1	9	8	6	3

(Source: Information furnished by DHS)

In the absence of surgeons/anaesthetists in the above test-checked SDH and CHCs, the Operation Theatres (Ots) were non-functional as discussed in Para 5.3.2.2. Consequently, among other cases, the cases of surgery and essential maternity services (Obstetrics and Gynaecology) such as C-Section delivery in test-checked CHCs and SDH were referred to DHs and GMCH.

Further, Medical Superintendent, NGDH, Mapusa stated (September 2022) that despite the availability of equipment in ICU, it was non-functional for want of trained staff as discussed in Para 5.3.2.3. Further, SDH, Chicalim had no radiologist. Despite the availability of ultra-sonography machines in SDH, Chicalim, it had only one lab technician posted against the IPHS norms requirement of one radiologist and six lab technicians.

DHS stated (December 2021) that the proposal for filling up vacant posts was sent to Public Health Department (PHD) (November 2020) and awaiting approval. PHD stated (August 2022) that Group A and B Gazetted

³ RQ = Requirement as per IPHS, 2012.

⁴ NR = Not required as per IPHS, 2012.

Doctors/Officers posts are filled through Goa Public Service Commission (GPSC) and accordingly, all these proposals are under process with GPSC.

2.4.4 Availability of human resources in tertiary level at GMCH

The SS and PIP of doctors/medical officers, nurses, paramedics and other staff for GMCH as on 31 March 2022 is shown in **Table 2.4**:

Table 2.4: PIP at GMCH as on 31 March 2022

Name of Post	SS	PIP	Vacancy	Vacancy Percentage in regular staff	Contract staff	Total vacancy percentage (considering contractual staff)
Doctors/Medical Officer	650	262	388	59.69	56	51.10
Nurses	1357	1186	171	12.60	0	12.60
Paramedics	150	127	23	15.33	23	0
Total	2157	1575	582	26.98	79	23.32

(Source: Information provided by GMCH)

Department wise data of doctors, nurses, paramedics and other staff in GMCH is given in **Appendix 2.2**. Audit noticed that in Surgical Gastroenterology, Medical Gastroenterology, and Medical Rehabilitation no doctors or nurses were posted. In Cardiology, Radiation Oncology, Medical Oncology, and Cardiovascular and Thoracic Surgery departments (CVTS), there were no doctors posted on regular basis.

2.4.4.1 Shortage of specialists in super-speciality departments in GMCH

The NHP, 2017 (Para 11.1) recommends the strengthening of existing medical colleges to increase the number of doctors and specialists in States with large HR deficit.

Audit observed acute shortage of doctors in super-speciality departments of GMCH against the SS as shown below in **Table 2.5**.

Table 2.5: SS, PIP and vacancy of doctors in GMCH as on 31 March 2022

Name of Super-Speciality Departments	SS	PIP	Vacancy	Vacancy Percentage in Regular staff	Vacancies filled up by Contract Doctors	Total Vacancy percentage	Patients registered during 2016-22	IPD bed occupancy during 2018-22*
Nephrology	9	3	6	66.67	1	55.60	33,760 (OPD) IPD is included in General Medicine	
Urology	15	2	13	86.67	2	73.33	82,482 (OPD) 45,277* (IPD)	59 to 80 per cent
Neurology	9	3	6	66.67	1	55.60	57,449 (OPD) 10,596* (IPD)	37 to 74 per cent
Neurosurgery	11	9	2	18.18	0	18.18	58,151 (OPD) 54,787* (IPD)	105 to 141 per cent
Oncology	16	1	15	93.75	2	81.25	4,289 (OPD) 14,950 (IPD)	139 to 166 per cent ⁵
Cardiology	20	0	20	100	7	65.00	33,369 (OPD) 15,623 (IPD)	54 to 89 per cent
CVTS ⁶	14	0	14	100	5	64.30	8,617 (OPD) 3,240 (IPD)	21 to 70 per cent

(Source: Information furnished by GMCH)

{*Department wise Midnight Count (2016-17 and 2017-18 data not provided by GMCH)}

Vacancy in respect of doctors in the super-speciality departments ranged from 18.18 to 81.25 per cent. In Oncology, Cardiology, and CVTS departments, the vacancy of regular doctors was more than 90 per cent. It was observed that in GMCH, despite having the CVTS and Cardiology patients load, no regular doctors/specialists were appointed. The Oncology department also had 81.25 per cent vacancy of doctors/specialists despite appointing the doctors on contractual basis. The above vacancies are a matter of concern as GMCH is the only general tertiary hospital in the State.

The Dean, GMCH accepted the observation and stated (October 2023) that GMCH is continuously strengthening human resource and filling of the posts are in process.

The reply from GMCH regarding continuously strengthening and filling up vacant posts is not tenable as while the vacancy position *vis-a-vis* overall

⁵ Bed Occupancy was 166 per cent in 2019-20, 139 per cent in 2020-21 and 158 per cent 2021-22

⁶ Cardio Vascular Thoracic Surgery

medical personnel decreased from 27.28 *per cent* in 2016 (1,074 available against SS of 1,477) to 23.32 *per cent* in 2022, the vacancy position in regard to doctors increased from 33 *per cent* in 2016 (238 available against SS of 355) to 51 *per cent* in 2022.

Recommendation 2: The State Government may take steps for filling up the vacant posts in GMCH and DHS. DHS may ensure that contract staff are hired only as per available vacancies.

2.5 Failure to appoint ASHA as per norms

As per the National Rural Health Mission (NRHM), every village in the country will have a trained female community health activist called ASHA⁷. ASHA was to be trained to work as an interface between the community and the public health system and is the first port of call for any health-related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. The general norm prescribed in NRHM is ‘One ASHA per 1000 population’.

As per norms, there is a requirement of 1458⁸ ASHA workers in the State. However, ASHA workers have not been appointed in the State.

The Director, DHS stated (November 2022) that several attempts were made in the past to employ ASHAs. However, appropriate candidates were not available as monetary benefits for them was only in the form of incentive and this could not attract interest among people.

No evidence/records substantiating the DHS’ claims were produced to Audit.

⁷ Accredited Social Health Activist

⁸ Calculated based on Census of 2011 (14.59 lakh). One ASHA per population of 1000