

Chapter V

Availability of Health Care Professionals

Chapter-V: Availability of Health Care Professionals

5.1 Human Resources

With a view to ensure round the clock availability of health services, Indian Public Health Standards (IPHS) stipulated norms of essential requirement of health care professionals at the various centres. Further, assured services for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) having direct impact on Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR) specifically depends on availability of Specialists like Obstetricians, Gynaecologists, Paediatricians and Anaesthetist.

The District Hospital (DH) is required to meet most of the secondary health requirements of the community at district level. The minimum assured secondary level health care services under the NRHM Framework were General Medicine, General Surgery, Obstetrics and Gynaecology (O&G), Paediatrics including Neonatology, Anaesthesia, ENT, Ophthalmology, Dermatology and Venereology, Dental care, Orthopaedics, Physiotherapy, Psychiatry and De-addiction services.

Further, there should be seven Specialist Doctors and nine staff nurses at the Community Health Centre (CHC). Three staff nurses along with one doctor at every Primary Health Centres (PHCs) was considered to be essential. A separate Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) set up was also to be provided in the CHCs/PHC.

As per the norms, provision of a trained female community health worker namely Accredited Social Health Activist (ASHA) at the village level, a minimum of two Auxiliary Nurse Midwives (ANMs), one Health Worker (Male) and one Safai Karmachari at Sub Centre (SC) was considered to be essential.

The position of availability of human resources for the health care services in the State as of March 2016 is summarised in **Table-20**:

Table-20
Position of availability of human resources in the State

| Category of Post | Requirement as per IPHS norms | Sanctioned by GoA | Shortfall in sanctioned post | Men in position (MIP) | | | Shortage of MIP against IPHS norms (in percentage) |
|--------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------|------------------------|-------|--|
| | | | | Appointed by GoA | Contractual under NRHM | Total | |
| Non specialist Doctors ⁴⁵ | 1,886 | 926 | 960 | 871 | 448 | 1,319 | 567 (30.06) |
| Specialist Doctors ⁴⁶ | 1,715 | 608 | 1,107 | 734 | 195 | 929 | 786 (45.83) |
| AYUSH doctor | 1,203 | 253 | 950 | 368 | 431 | 799 | 404 (33.58) |
| Staff Nurse | 6,712 | 1,086 | 5,626 | 1,730 | 2,149 | 3,879 | 2,833(42.21) |
| Pharmacist ⁴⁷ | 1,510 | 777 | 733 | 1,157 | 440 | 1,597 | (87 surplus) (+5.57) |
| Lab technician | 1,572 | 488 | 1,084 | 686 | 680 | 1,366 | 206 (13.10) |

Source: Information furnished by all DHS through NRHM, Assam.

⁴⁵ Medical Officer (MBBS), Superintendent, Dy. Superintendent.

⁴⁶ General Surgeon, O&G, Pediatrician, Physician, Anesthetist, Dermatologist, Ophthalmologist, Orthopedic Surgeon, ENT Surgeon, Radiologist, Pathologist, Psychiatrist and Dental surgeon.

⁴⁷ Pharmacist including AYUSH pharmacist.

Table above shows that there was acute shortage of health care professionals except in the case of pharmacists, where there existed a surplus of 87 MIP. It was also observed in audit that against the normative requirement of 14,598 health care professionals at various levels in the State, the GoA failed to even create the required sanctioned posts. As a result, insufficiency of key service providers diluted the objective of the Mission in providing an integrated comprehensive primary health care system.

Thus, against its own adopted benchmark of the IPHS norms, the NRHM was unable to even arrange sanctioning the requisite number of posts for reasons not on record. On this being pointed out the NRHM, Assam stated (March 2017) that filling up of vacant posts on contractual basis would be proposed in the next APIP.

5.1.1 Deficiency of Human resources in health centres

Shortages of human resources as of March 2016 against the essential requirement of IPHS norms in different categories of health centres in the State are discussed below:

- In 25 number DHs available in the State, while there were 16 surplus O&G, there were deficit in other categories of specialists *viz.*, Paediatrician (19), Anaesthetist (five), General Surgeon (four), General doctors (238) and Staff Nurse (403) as of March 2016. The details are shown in **Appendix-7**.
- In 13 Sub Divisional Civil Hospitals (SDCHs) existing in the State, while there was one surplus O&G, there were deficit in other categories of specialists *viz.*, Paediatrician (4), Anaesthetist (7), Surgeon (9), General Doctors (72) and Staff Nurse (47).
- In the existing 151 CHCs in the State, there was deficit in the categories of Surgeons (95 *per cent*), Paediatrics (89 *per cent*), Anaesthetists (88 *per cent*), Physician (87 *per cent*) and O&G (62 *per cent*). The details are given in **Appendix-8**.

Further as per the information furnished to Audit in respect of 134 out of 151 CHCs, it was revealed that 14 CHCs were functioning without any doctor during 2015-16 in the State.

- There were 1014 PHCs in the State. NRHM Assam however, could furnish information of 878 PHCs only. Of these, 55 PHCs did not have any doctor.
- In the existing 4621 SCs in the State, there was shortage of 1527 ANMs/Health workers (Female), 2144 Health workers (Male) and 4531 Safai Karmacharis against the requirement as per norms.
- As per the information furnished to Audit in respect of 134 and 832 out of 151 CHCs and 1014 PHCs respectively in the State, 32 to 49 *per cent* of CHCs and 26 to 97 *per cent* of PHCs were functioning without key staff as shown in **Table-21**:

Table-21
Non availability of key staff in CHCs/PHCs (as of March 2016)

| Type of Health Centres | Number of health centres for which information furnished | Number of CHCs/PHCs functioning without | | | | | |
|------------------------|--|---|-----------------------|-----------------------|-----------------------------------|---------------------------------|--------------------------------|
| | | Lab Technician (per cent) | Pharmacist (per cent) | Accountant (per cent) | Health Worker (Female) (per cent) | Health Worker (Male) (per cent) | Lady Health Visitor (per cent) |
| CHC | 134 | 54 (40.30) | 59 (44.03) | 44 (32.84) | 62 (46.27) | 66 (49.25) | 62 (46.27) |
| PHC | 832 | 228 (27.40) | 221 (26.56) | 219 (26.32) | 808 (97.11) | 382 (45.91) | 369 (44.35) |

Source: Information furnished by NRHM, Assam.

5.2 Irrational deployment of manpower

Audit observed that available human resources were not rationally deployed in the health centres, as discussed below.

- In DH and SDCH levels, altogether 17 surplus O&G were available whereas at CHC level, there had been shortage of 93 O&G.
- The summarised position of availability of manpower *vis-a-vis* requirement in the selected DHs in respect of Specialists was as given in **Table-22**:

Table-22
Position showing posting of doctors in the selected DHs as of March 2016

| Specialists | Requirement as per IPHS norms | | Name of the districts | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|-------------------------------|--------|-----------------------|---|---|---------------------|---|---|--------------------------|---|---|--------------------------|---|---|---------------------|---|---|----------------------|---|---|----------------------|---|---|
| | | | Darrang (200 beds) | | | Golaghat (200 beds) | | | Kamrup (Rural) (50 beds) | | | Karbi Anglong (200 beds) | | | Sonitpur (200 beds) | | | Sivasagar (200 beds) | | | Kokrajhar (200 beds) | | |
| | 200 bed | 50 bed | MIP | S | E | MIP | S | E | MIP | S | E | MIP | S | E | MIP | S | E | MIP | S | E | MIP | S | E |
| Medicine | 2 | 1 | 2 | - | - | 4 | - | 2 | 1 | - | - | 1 | 1 | - | 0 | 2 | - | 2 | - | - | 0 | 2 | - |
| Surgeon | 2 | 1 | 1 | 1 | - | 2 | - | - | 1 | - | - | 4 | - | 2 | 3 | - | 1 | 2 | - | - | 3 | - | 1 |
| O&G | 3 | 1 | 3 | - | - | 5 | - | 2 | 3 | - | 2 | 4 | - | 1 | 7 | - | 4 | 1 | 2 | - | 3 | - | - |
| Paediatrician | 3 | 1 | 3 | - | - | 3 | - | - | 1 | - | - | 1 | 2 | - | 3 | - | - | 1 | 2 | - | 1 | 2 | - |
| Anaesthetist | 2 | 1 | 1 | 1 | - | 4 | - | 2 | 1 | - | - | 2 | - | - | 3 | - | 1 | 2 | - | - | 1 | 1 | - |
| OPD patients during 2015-16 | | | 1,36,265 | | | 1,91,829 | | | 42,480 | | | 43,185 | | | 1,71,326 | | | 1,02,713 | | | 48,208 | | |

Source: Information furnished by DHs (Kamrup: 50 bedded⁴⁸, other DHs: 200 bedded) (MIP-Men in Position, S-Shortage, E-Excess)

From the table above, the skewed position of deployment of doctors can be observed. While excess availability of doctors in districts of Golaghat and Sonitpur is required on considering the higher number of patients (1.92 lakh and 1.71 lakh respectively was also noticed during 2015-16) but excess deployment of doctors in Kamrup (R) was not justified owing to less number of patients (0.42 lakh) during 2015-16) as shown in the above table. On the other hand, shortage of doctors in Darrang and Sivasagar and Kokrajhar DHs was noticed.

Thus, attachment/posting of doctors in selected DHs was not based on actual requirement. The Government needs to rationalise the sanctioned strength *vis-à-vis* requirement of doctors.

- Similar to DH, in SDCH also, Gynaecologists were found more than that required as per IPHS norms whereas in case of other professionals, there were acute

⁴⁸ Kamrup Rural district hospital is a 50 bedded hospital as another Hospital under PPP mode is operational in the same campus.

shortages. In the selected four SDCH test-checked by Audit, the summarised position of Specialist Doctors is given in **Table-23**:

Table-23
Position of Manpower in the selected SDCHs as of March 2016

| Specialists | Requirement per SDCH (as per IPHS norms) | Hamren | | | Gosaigaon | | | KSHS Nazira | | | Gohpur | | |
|---------------|--|--------|----|---|-----------|----|---|-------------|----|----|--------|----|---|
| | | MIP | S | E | MIP | S | E | MIP | S | E | MIP | S | E |
| Medicine | 01 | 0 | 01 | - | 1 | - | - | 0 | 01 | - | 0 | 01 | - |
| Surgeon | 01 | 0 | 01 | - | 0 | 01 | - | 0 | 01 | - | 0 | 01 | - |
| O&G | 01 | 0 | 01 | - | 0 | 01 | - | 03 | - | 02 | 01 | - | - |
| Paediatrician | 01 | 0 | 01 | - | 0 | 01 | - | 01 | - | - | 0 | 01 | - |
| Anaesthesist | 01 | 0 | 01 | - | 0 | 01 | - | 01 | - | - | 0 | 01 | - |

Source : Information furnished by SDCH, S- Shortage, E – Excess, MIP-Men in Position

From the above table, it can be observed that in Hamren and Gosaigaon SDCHs, Specialists were not available whereas in one SDCH, there was excess deployment of Gynaecologists indicating irrational engagement of health care professionals.

- Similar deployment without reasons was noticed in case of PHCs also as shown in **Table-24**:

Table-24
Position of irrational deployment of doctors/ staffs in the 30 test checked PHCs
(as of March 2016)

| Category of post | Requirement (as per IPHS norms) | Men in position | Shortage | Number of PHC working without the deployment of concerned staff | Number of PHCs having deployment more than requirement of concerned staff |
|------------------------|---------------------------------|-----------------|-----------------|---|---|
| Doctor | 30 | 30 | 0 | 10 | 08 |
| Staff Nurse | 90 | 45 | 45 | 10 | 03 |
| Lab technician | 30 | 31 | 01 (surplus) | 05 | 06 |
| Pharmacist | 30 | 29 | 01 | 06 | 05 |
| Accountant | 30 | 25 | 05 | 06 | 01 |
| Health Worker (Female) | 30 | 26 | 04 | 15 | 06 |
| Health Worker(M) | 30 | 05 | 25 | 26 | 01 |
| Lady Health Visitor | 30 | 14 | 16 | 20 | 04 |

Source: Information furnished by audited PHC.

Thus, owing to deficient deployment of manpower coupled with skewed postings, provision of the required health care professionals at the various public health centers could not be ensured.

5.3 Impact of shortage of human resource on service delivery

In seven out of 13 test-checked CHCs/SDCHs, C-section⁴⁹ delivery could not be conducted due to non-availability of Specialists. Similarly, in eight out of 30 selected PHCs, even normal delivery could not be conducted for want of posting of doctor and skilled staff nurses. Facility of ultra-sonography (USG) could not be provided by two CHCs and one DH due to non-availability of O&G/Radiologist despite availability of USG machine. Similarly, three CHCs could not provide X-ray facility despite having the machines due to non-availability of any Radiographer.

⁴⁹ It is the use of surgery to deliver baby (ies) by Caesarean section.



Non-functional Sick New Born Care Unit (SNCU) at Karbi Anglong DH for want of manpower (18.05.16)



Non-functional New Born Stabilisation Unit (NBSU) at Howraghat CHC in Karbi Anglong district for want of manpower (27.05.16)



Labour bed and other equipment lying idle for want of SBA trained ANM at Phulguri SC, Kamrup (R) district (04.08.16)



Non-functional NBSU at Merapani CHC, Golaghat district for want of manpower (12.07.16)



OT table and OT room remained idle at Merapani CHC, Golaghat district for want of manpower (18.07.16)



Non-functional labour room and labour table at Bhalukmari PHC, Kokrajhar district for want of manpower (09.06.16)

It can thus, be seen that deficiency in posting of crucial staff in the six identified health centres, deprived the patients from availing of the mandated health care facilities.

It was thus, revealed that, NRHM, Assam could not ensure deployment of required human resources as per norms. Besides, there had been instances of uneven deployment of available manpower in health centres. As a result, health care services could not be provided in many health centres.

