

Chapter II: Human Resources

For the effective and efficient functioning of a health institution, adequate number of motivated, empowered, trained and skilled human resources are essential. The number and type of staff in terms of Medical Officers (MOs), specialists, nurses, allied health professionals, administrative and support staff etc. have to be ascertained taking into consideration health facility requirements of the people to which the health institution caters to. Engagement of adequate and appropriate human resources with reference to patient load and number of beds is of utmost importance in order to obtain desired results from a health facility. National Health Mission aims towards ensuring uninterrupted and quality healthcare by increasing the availability of doctors, specialists, nurses, paramedical staff, etc. Availability of manpower and related issues in the State of Himachal Pradesh have been discussed in the succeeding paragraphs.

2.1 Availability of doctors, nurses, paramedical and other staff in the State

The State Government had not adopted IPHS norms 2012 for allocation of human resources to the various categories of health institutions existing in the State (Medical College & Hospitals (MCHs), DHs, CHs, CHCs, PHCs and HSCs). Instead, staff had been sanctioned as per the State norms (2016). The details of available manpower in the State are shown in the following **Table 2.1** and **Chart 2.1**.

Table 2.1: Human resource status in different categories in the State

Directorate	Major Category	Human resource status in different categories in the State as on 31/03/2017				Human resource status in different categories in the State as on 31/03/2023			
		Sanctioned	In-position	Shortage	Shortage (per cent)	Sanctioned	In-position	Shortage	Shortage (per cent)
Director, Health Services (DHS)	Block Medical Officer	73	50	23	31.51	77	108	(+) 31	0
	Medical Officer	2,081	1,647	434	20.86	2,802	2,678	124	4.43
	Staff Nurse	3,141	2,541	600	19.10	3,848	3,201	647	16.81
	Male Health Worker (MHW)	2,036	894	1,142	56.09	2,072	226	1,846	89.09
	Female Health Worker (FHW)	2,242	1,831	411	18.33	2,301	1,210	1,091	47.41
	Chief Pharmacist/ Pharmacist	1,243	863	380	30.57	1,372	1,196	176	12.83
	Lab Technician	921	304	617	66.99	1,001	546	455	45.45
	Others*	8,542	4,110	4,432	51.88	11,420	5,002	6,418	56.20
	Sub-total DHS	20,279	12,240	8,039	39.64	24,893	14,167	10,757	43.21
Director, Medical	Headquarters	20	16	4	20.00	48	21	27	56.25
	Professor ^s	164	111	53	32.32	218	156	62	28.44
	Associate Professor	179	102	77	43.02	234	130	104	44.44
	Assistant Professor	298	220	78	26.17	426	418	8	1.88

Directorate	Major Category	Human resource status in different categories in the State as on 31/03/2017				Human resource status in different categories in the State as on 31/03/2023			
		Sanctioned	In-position	Shortage	Shortage (per cent)	Sanctioned	In-position	Shortage	Shortage (per cent)
Education and Research (Headquarters, six medical colleges ¹ and one dental college)	Sr. Resident	488	310	178	36.48	609	381	228	37.44
	Others [#]	111	22	89	80.18	326	71	255	78.22
	H.P. Government Dental College	56	44	12	21.43	55	51	4	7.27
	Sub-total DMER	1,316	825	491	37.31	1,916	1,228	688	35.91
Director, Health Safety and Regulation (DHSR)	Headquarters	22	17	5	22.73	21	16	5	23.81
	Technical staff at Composite Testing Laboratory (CTL) Kandaghat	31	11	20	64.52	31	22	9	29.03
	Ministerial and supporting staff at CTL	22	19	3	13.64	20	14	6	30.00
	State Drug Controller (SDC) staff	4	4	0	0	11	12	(+)1	0
	Drug Inspectors	22	17	5	22.73	44	40	4	9.09
	Others*	45	18	27	60.00	47	35	12	25.53
	Sub-total DHSR	146	86	60	41.10	174	121**	54	31.03
	Grand total	22,402	13,686	8,716	38.91	27,654	16,125	11,579[^]	41.87
Director, Dental Services	Medical Officer Dental	345	330	15	4.35	345	332	13	3.77
	Dental Mechanics/Hygienists/Attendants	297	188	109	36.70	308	246	62	20.13
	Others*	19	17	2	10.53	18	13	5	27.78
	Sub-total Dental	661	535	126	19.06	671	591	80	11.92

Source: Information provided by the directorate.

*Others includes remaining categories/posts in any cadre which have not been shown explicitly.

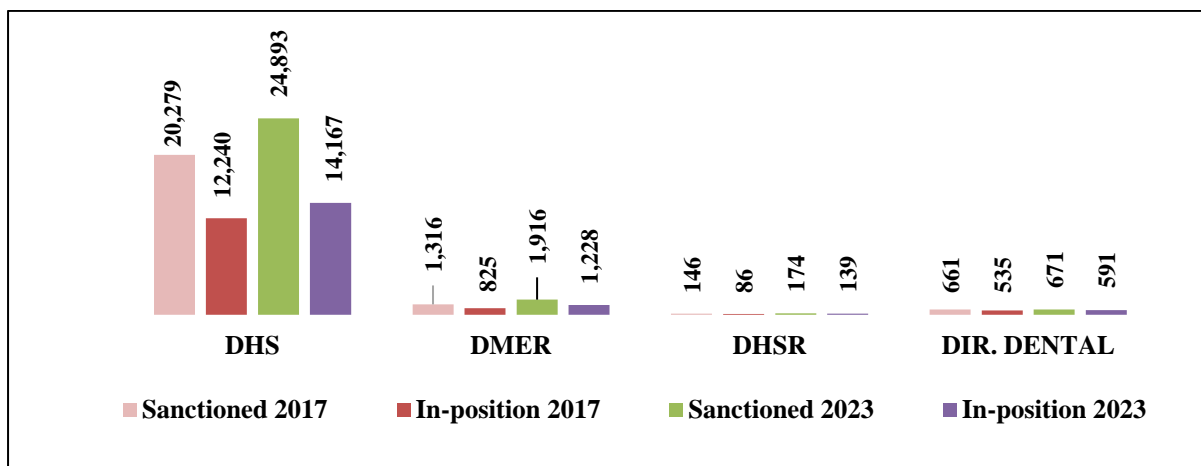
** excluding 18 outsourced staff, \$ Including Principals, # Includes Tutor and Junior Resident.

[^] The excesses (BMOs and SDCs in March 2023) have not been considered while arriving at the vacancies.

In addition to the above, there were 5,919 number² of outsourced employees in the State as on 31st March 2023. Out of these, NHM had 2,929 outsourced staff which comprised 969 CHOs, 331 nurses, 261 DEOs and 1,368 other staff. The remaining 2,990 outsourced staff were deployed in the three Directorates – DHS, DMER and DHSR. These staff comprised of eight pharmacists, 99 nurses, 252 lab technicians/ paramedics and 2,631 other staff.

¹ IGMCM Shimla, RPGMC Kangra, RKGMC Hamirpur, SLBSMC Mandi, YSPGMC Nahan, and PNLNMC Chamba. Data as on 31/03/2017 does not include RKGMC Hamirpur as it was established in 2018.

² Director, Health Safety and Regulation: 221; NHM: 2,929; Director, Health Services: 495 under RKS and 23 outsourced and Director, Medical Education and Research: 2,251.

Chart 2.1: Status of availability of manpower (Directorate-wise) against the sanctioned strength

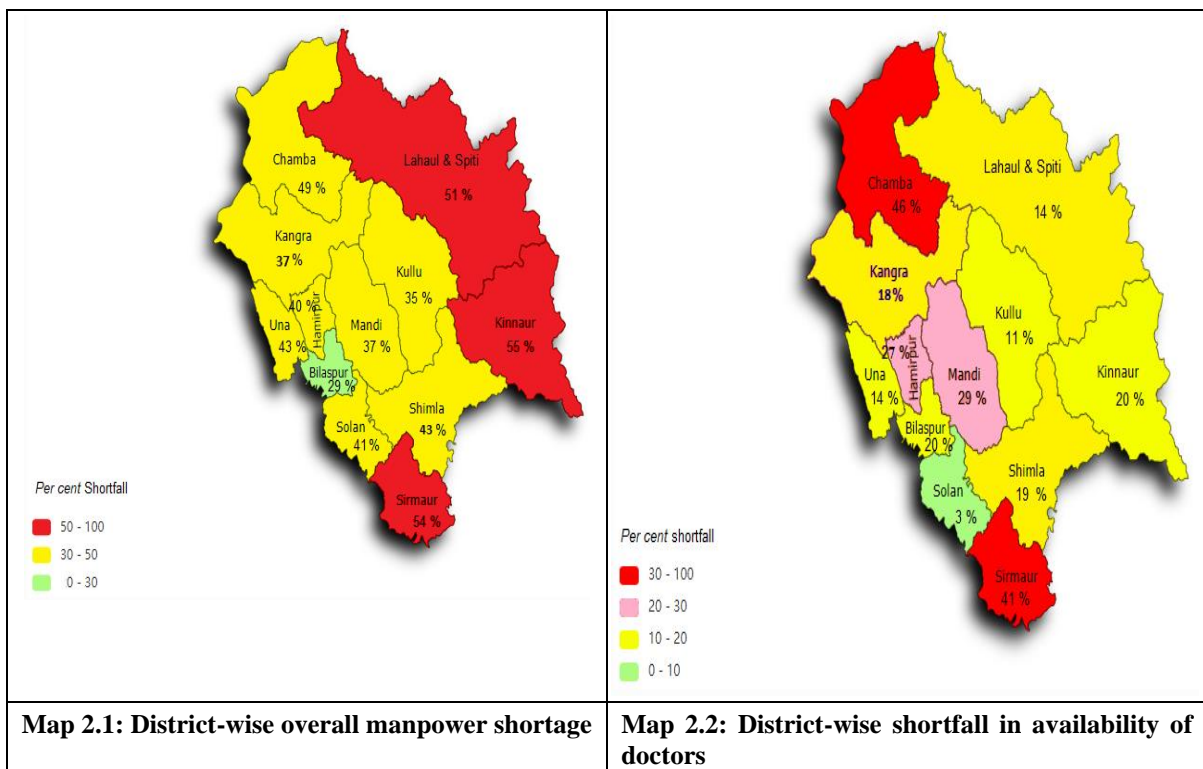
As evident from **Table 2.1**, there was an overall shortage of 38.91 *per cent* during March 2017 which increased to 41.87 *per cent* during March 2023 as compared with the State sanctioned strength in four directorates, which had adverse impact on the provision of medical services to the public, as indicated in the following paragraphs.

- In DHS, there was an overall shortage of 39.64 *per cent* during March 2017 which increased to 43.21 *per cent* during March 2023, out of which major shortage was noticed in cadre of male health worker (March 2017: 56.09 *per cent*; March 2023: 89.09 *per cent*), female health worker (March 2017: 18.33 *per cent*; March 2023: 47.41 *per cent*), pharmacist (March 2017: 30.57 *per cent*; March 2023: 12.83 *per cent*) and lab technician (March 2017: 66.99 *per cent*; March 2023: 45.45 *per cent*). The shortage of MHW/FHW had adversely affected the services in HSCs as Audit observed that 46.10 *per cent* of HSCs in the selected districts were running without any staff as of March 2023, as discussed in subsequent **Para 2.2.7**. Thus, basic health services like maternal health (ANC registration, pregnancy counselling etc.), family planning, programs under NHM, etc. were affected.
- In DMER, there was an overall shortage of 37.31 *per cent* during March 2017 which reduced to 35.91 *per cent* in March 2023, out of which major shortage was noticed in the cadre of Professor/Associate Professor (March 2017: 37.90 *per cent*; March 2023: 36.73 *per cent*), which affected the specialists' services at tertiary level, as commented in succeeding **Para 2.2.1**.
- In Director, Health Safety and Regulation, there was an overall shortage of 41.10 *per cent* during March 2017 which reduced to 31.03 *per cent* in March 2023, out of which major shortage was noticed in the cadre of technical staff of CTL (March 2017: 64.52 *per cent*; March 2023: 29.03 *per cent*), due to which there were delays in analysing drug samples as mentioned in **Para 8.4.5** of **Chapter 8**.
- In Director, Dental services, there was an overall shortage of 19.06 *per cent* during March 2017 which decreased to 11.92 *per cent* in March 2023. Major shortage was noticed in dental mechanics/ hygienists/ attendants (March 2017: 36.70 *per cent*; March 2023: 20.13 *per cent*).

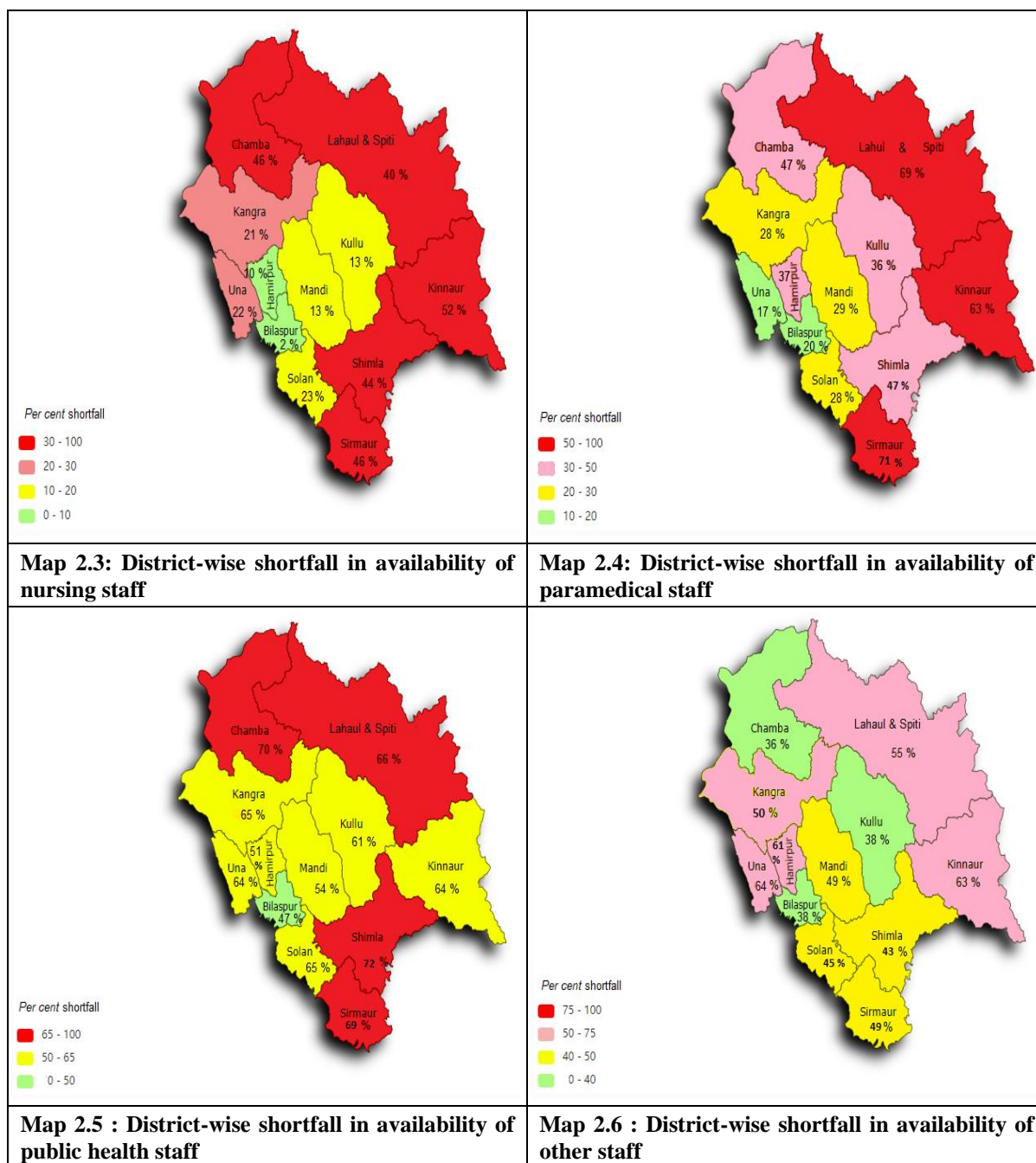
During the Exit Conference, Secretary (Health) to the Government of Himachal Pradesh accepted the overall shortage of human resources and specialists in health institutions and assured to look into the matter.

2.1.1 District-wise shortfall of overall staff, doctors (including specialists), nursing staff, paramedical staff, health workers and other staff

Audit scrutiny revealed that there was shortfall of overall staff, doctors (including specialist), nursing staff, public health staff³, paramedical staff and other staff⁴ deployed at health institutions. There was an overall shortfall of 41.47 per cent in human resources across all categories in the State as a whole as of March 2023. The details of district-wise shortfall in human resource deployed as of March 2023 when compared with the State sanctioned strength are shown in **Maps 2.1 to 2.6**:



³ Male / Female Health Worker, Male / Female Health supervisor, Health educator, etc.
⁴ Ministerial staff, administrative staff, Supporting staff, etc.



As evident from the **Maps 2.1 to 2.6**, Audit noticed that distribution of available manpower in the districts was not uniform as detailed below:

- Shortfall of overall manpower was lowest (29 *per cent*) in Bilaspur district and highest (55 *per cent*) in Kinnaur district.
- Shortfall in the category of doctors was lowest (three *per cent*) in Solan district and the highest (46 *per cent*) in Chamba district.
- Shortfall in the category of nursing staff was lowest (two *per cent*) in Bilaspur and highest (52 *per cent*) in Kinnaur district.
- Shortfall in the category of paramedical staff was lowest (17 *per cent*) in Una and highest (71 *per cent*) in Sirmaur.

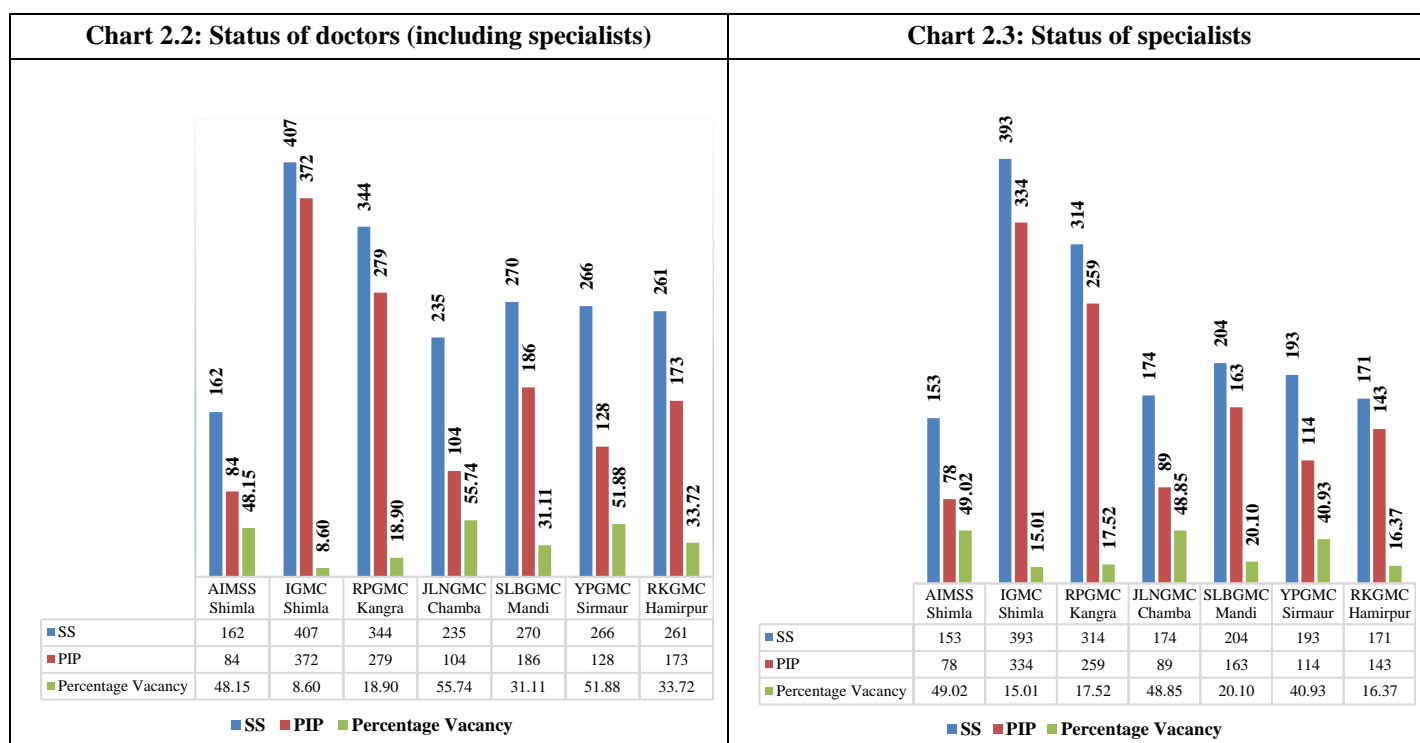
- Shortfall in the category of public health staff was lowest (47 per cent) in Bilaspur and highest (72 per cent) in Shimla district.
- Shortfall in the category of other staff was lowest (36 per cent) in Chamba and highest (64 per cent) in Una district.

2.2 Availability of doctors, specialists, nurses, paramedical staff etc. in health institutions level-wise

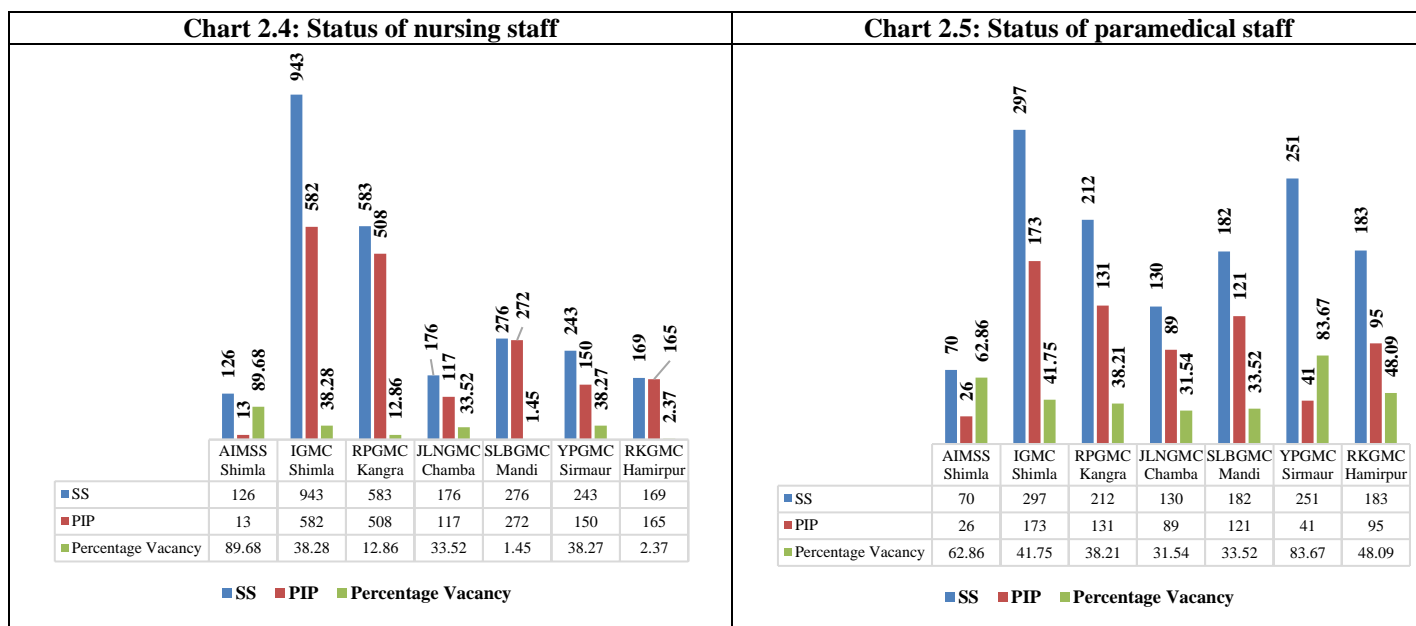
Shortages of doctors, specialists, nurses, paramedical staff, etc. were observed in almost all health institutions at all levels, compromising the quality of healthcare being administered to the intended beneficiaries.

2.2.1 Availability in Tertiary Level Health Institutions

Audit scrutiny revealed that there was shortage of manpower in different categories in the six Government medical college hospitals and one super speciality institute⁵ across the State as of March 2023 when compared with the State sanctioned strength as detailed in **Charts 2.2 to 2.5**.



⁵ AIMSS- Atal Institute of Medical Super Specialities (Shimla), IGMC- Indira Gandhi Medical College (Shimla), RPGMC- Rajendra Prasad Government Medical College (Kangra), JLNGMC- Jawahar Lal Nehru Government Medical College (Chamba), SLBSGMC- Shri Lal Bahadur Shastri Government Medical College (Mandi), YSPGMC- Yashwant Singh Parmar Government Medical College (Sirmaur), RKGMC- Radha Krishnan Government Medical College (Hamirpur).



As evident from the **Charts 2.2 to 2.5**, Audit noticed that distribution of available manpower in the Medical College Hospitals was not uniform as detailed below:

- Shortfall in the category of doctors was lowest (nine *per cent*) in IGMC hospital, Shimla and the highest (56 *per cent*) in Jawahar Lal Nehru Government Medical College hospital, Chamba.
- Shortfall in the category of specialist was lowest (15 *per cent*) in IGMC hospital, Shimla and highest (49 *per cent*) in Atal Institute of Medical Super Specialities hospital, Shimla.
- Shortfall in the category of nursing staff was lowest (one *per cent*) in Shri Lal Bahadur Shastri Government Medical College hospital, Mandi and highest (90 *per cent*) in Atal Institute of Medical Super Specialities hospital, Shimla.
- Shortfall in the category of paramedical staff was lowest (32 *per cent*) in Jawahar Lal Nehru Government Medical College hospital, Chamba and highest (84 *per cent*) in Yashwant Singh Parmar Government Medical College hospital, Sirmaur.

2.2.1.1 Availability in selected Tertiary Level Health Institutions

The details of available manpower in major categories in the selected tertiary health institutions are shown in **Table 2.2**.

Table 2.2: Showing the position of manpower as on 31st March 2023

Cadre	Major Category	IGMC, Shimla (Including AIMSS Chamiana, Shimla)			RPGMC, Kangra		
		SS	PIP	Shortfall (<i>per cent</i>)	SS	PIP	Shortfall (<i>per cent</i>)
Doctors	Professor	77	70	7 (9)	40	31	9 (23)
	Associate Professor	76	52	24 (32)	45	23	22 (49)
	Assistant Professor	158	147	11 (7)	81	95	-
	Sr. Resident	227	136	91 (40)	146	97	49 (34)

Cadre	Major Category	IGMC, Shimla (Including AIMSS Chamiana, Shimla)			RPGMC, Kangra		
		SS	PIP	Shortfall (per cent)	SS	PIP	Shortfall (per cent)
	Other Specialists	9	8	1 (11)	3	14	-
	MO	22	43	-	29	19	10 (34)
	Total	569	456	134 (24)	344	279	90 (26)
Other staff	Staff Nurses	1,069	595	474 (44)	583	508	75 (13)
	Paramedical staff	367	199	168 (46)	212	131	81(38)
	Total	1,436	794	642 (45)	795	639	156 (20)
Grand Total		2,005	1,250	776 (39)	1,139	918	246^ (22)

Source: Information provided by the Health Institutions.

SS-Sanctioned strength, PIP-Person in position. ^ Excesses not considered while calculating shortfall

As seen from **Table 2.2**, when compared with the State sanctioned strength, there were shortages across above mentioned categories, with overall shortage of 39 and 22 per cent in IGMC, Shimla and RPGMC, Kangra respectively.

2.2.1.2 IGMC Shimla

- There was overall shortage of 134 doctors in IGMC Shimla (including AIMSS Chamiana, Shimla) as of March 2023 (Professor - nine per cent, Associate Professor-32 per cent, Assistant Professor - seven per cent and Sr. Resident- 40 per cent) against the State sanctioned strength of 569.
- Against the sanctioned post of 22 Medical Officers (MOs), the medical college had 43 MOs posted as of March 2023.
- There was an overall shortage of 44 per cent of staff nurses when compared with the State sanctioned strength as of March 2023. Similarly, 46 per cent shortage was also noticed in paramedical staff.
- In IGMC Shimla, as of September 2022, shortfall was noticed in the emergency medicine department where against sanctioned strength of one, two and four in Professor, Associate Professor and Assistant Professor categories respectively, no manpower was posted whereas one person was posted against sanctioned strength of 16 in the Sr. Resident category. In ENT department, one person each was posted in Professor and Associate Professor against the sanctioned strength of two each, for both the categories. Similarly, Anaesthesia department had a vacancy of four Assistant Professors against the prescribed manpower of 11.
- Medical colleges follow National Medical Commission (NMC) norms which prescribe minimum requirements to run a medical college. In case of human resources, availability of manpower above the minimum prescribed strength may be treated as a good parameter. During the course of audit of IGMC Shimla, it was noticed that as per NMC norms, the medical college had shortage of seven doctors as of September 2022 (Professor, Associate Professor, and Assistant Professor) in certain departments. Shortage of one Associate Professor each was noticed in biochemistry, community medicine, psychiatry,

microbiology and emergency medicine departments. In Professor and Assistant Professor cadre, shortage of one person in each cadre was noticed in emergency medicine.

2.2.1.3 RPGMC Kangra

- There was overall shortage of 90 doctors in RPGMC Kangra as of March 2023 (Professor-23 *per cent*, Associate Professor- 49 *per cent* and Sr. Resident-34 *per cent*) against the State sanctioned strength of 344.
- There was overall shortage of 13 and 38 *per cent* in the cadre of nurses and paramedical staff respectively as of March 2023
- Hundred *per cent* shortages as of June 2022 were noticed in the department of anatomy (Associate Professor), blood bank (Professor and Associate Professor), nephrology (Professor, Associate Professor and Assistant Professor), chest and TB (Associate Professor, Assistant Professor and Sr. Resident) etc.
- When compared with NMC norms which prescribe minimum standards, the college had a shortfall of 41 doctors as of June 2022 (Professor, Associate Professor, Assistant Professor and Sr. Resident). Major shortages were noticed in the department of physiology (Professor-one, Assistant Professor- three and Sr. Resident- three), chest & tuberculosis (one in each cadre of Associate Professor, Assistant Professor and Sr. Resident), anatomy (one in each cadre of Associate professor and Assistant Professor and three in Sr. Resident), biochemistry (Associate Professor- one and Sr. Resident-three) etc.
- Due to non-posting of any staff in nephrology and emergency medicine departments, these departments were non-functional as on June 2022, which deprived the patients of the intended facilities.

In reply, it was stated by the Principal, R.P. Government Medical College Kangra, that posts of Associate Professors and Professors are promotional posts, and these posts would be filled as and when the incumbent would be eligible.

➤ **Non-availability of manpower resulting in idling of machinery and equipment**

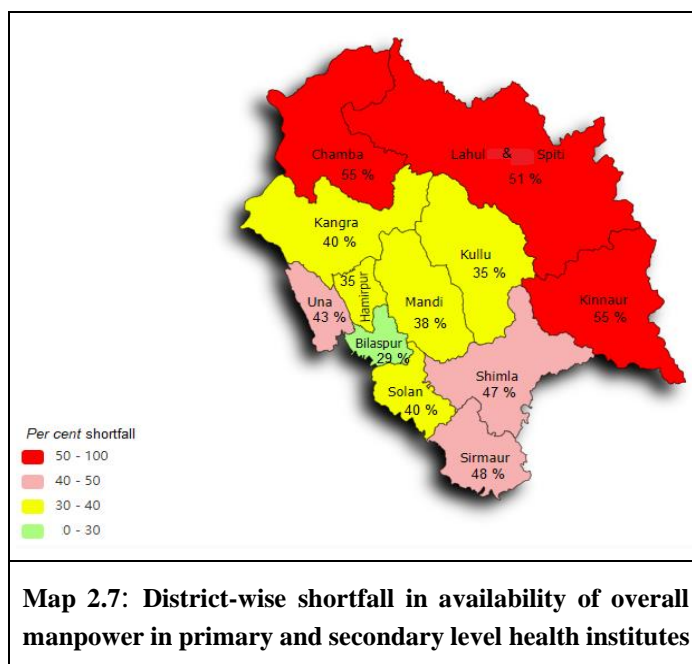
In the Department of Cardio-Thoracic and Vascular Surgery (CTVS) of RPGMC, two heart lung machines were purchased in November 2016 for ₹ 1.56 crore, out of which, one heart lung machine was transferred to IGMC Shimla in March 2017 and another heart lung machine was lying idle due to non-availability of manpower (perfusionist⁶) since November 2016. The department took up the matter with the higher authorities, but no machine operator was deployed till the date of audit and the machine valued at ₹ 0.78 crore was lying idle.

⁶ They operate the heart lung bypass machine during heart surgery.

2.2.2 Availability in secondary and primary levels health institutions

The details of status of availability of overall human resources in the primary and secondary level health institutions across the State is discussed below. The availability of overall human resources of DH Chamba, Hamirpur and Sirmaur has not been included as in these districts the DH is attached with the medical college.

The status of availability of overall human resources in primary and secondary level health institutions across the State when compared with the State sanctioned strength as of March 2023 is shown in **Map 2.7**.



Map 2.7: District-wise shortfall in availability of overall manpower in primary and secondary level health institutes

As evident from the **Map 2.7**, overall shortfall of manpower was lowest (29 per cent) in Bilaspur district and highest (55 per cent) in Kinnaur and Chamba districts.

2.2.2.1 Availability of overall human resource at primary and secondary levels health institutions in the selected districts

The availability of human resources at primary and secondary levels health institutions in selected districts has been analysed as per the State sanctioned strength. The details of available manpower in the selected districts are shown in **Table 2.3**.

Table 2.3: Human Resource status in major categories in the selected districts as on 31/03/2023

SS/MIP*	SS	MIP	SS	MIP	SS	MIP	SS	MIP	Shortfall (per cent)
Districts	Kinnaur		Solan		Kangra		Total		
Category	Kinnaur		Solan		Kangra		Total		Shortfall (per cent)
Medical Officer and Administrative Staff	88	69	169	164	496	412	753	645	
Ministerial Staff	46	14	65	45	159	88	270	147	45.56
Paramedical Staff	87	32	165	121	510	388	762	541	29.00
Public Health Staff	124	45	445	155	1,094	389	1,663	589	64.58
Nursing Staff	66	32	173	140	634	454	873	626	28.29
Supporting Staff / Class IV/ Others	147	57	247	131	582	328	976	516	47.13
Total	558	249	1,264	756	3,475	2,059	5,297	3,064	42.16

Source: Information provided by the Health Institutions.

*SS: Sanctioned Strength, MIP: Men-in-position.

As evident from **Table 2.3**, there was a shortfall of 42.16 per cent in all categories with respect to the State sanctioned strength in the selected districts. Major shortages in the following cadres were noticed:

- 64.58 per cent shortage was noticed in the cadre of Public health staff, due to which 39 per cent of health sub centres were functioning without staff in the State as discussed in **Para 2.2.7**.
- 28.29 per cent shortage was noticed in the cadre of Nursing staff, which deprived the patients of special care and assistance to doctors in areas like operation theatres, intensive care unit etc.
- 29 per cent shortage was also noticed in paramedical staff, due to which X-ray machines were lying unutilised in the selected districts, thereby depriving the patients of intended benefits as discussed in **Para 2.2.5.4**.
- Amongst the three selected districts, Kinnaur had the lowest availability of manpower (44.62 per cent) whereas Solan had the highest availability of manpower (59.81 per cent) amongst all cadres.

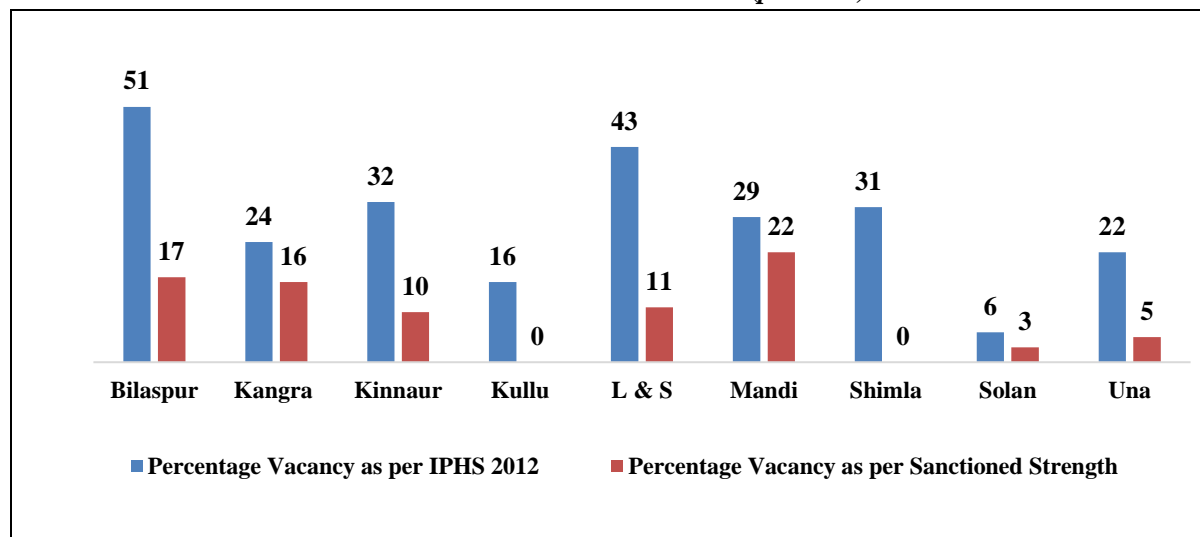
2.2.2.2 Availability of doctors in district hospitals

The availability of doctors (including specialists) in district hospitals has been analysed as per the State sanctioned strength and with IPHS norms 2012.

As per IPHS norms 2012, a DH having a bed strength of 100, 200, 300, 400 should have 28, 33, 49 and 56 doctors respectively (AYUSH doctors excluded).

The details of status of availability of doctors in the district hospitals across the State as of March 2023 are shown in **Chart 2.6**.

Chart 2.6: Shortfall of Doctors (per cent)

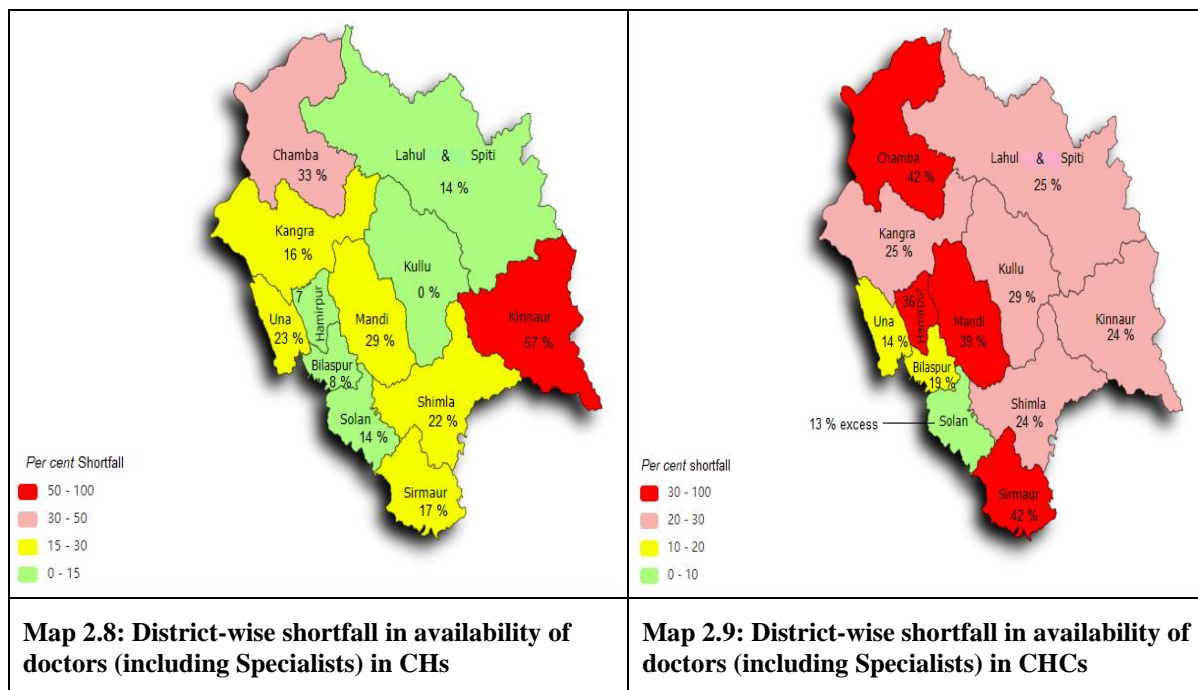


Hence, from **Chart 2.6**, shortfall in doctor category in District hospitals:

- When compared with IPHS norms 2012, was lowest (six per cent) in Solan and highest (51 per cent) in Bilaspur district.
- When compared with the State sanctioned strength, was lowest (three per cent) in Solan district and highest (22 per cent) in Mandi district. There was no shortfall in Kullu and Shimla districts.

2.2.2.3 Availability of doctors in CHs and CHCs district-wise

The availability of doctors (including Specialists) in CHs and CHCs district-wise has been analysed as per the State sanctioned strength. The details of status of availability of doctors (including Specialists) in CHs and CHCs district-wise across the State as of March 2023 when compared with the State sanctioned strength are shown in **Map 2.8** and **Map 2.9** respectively.

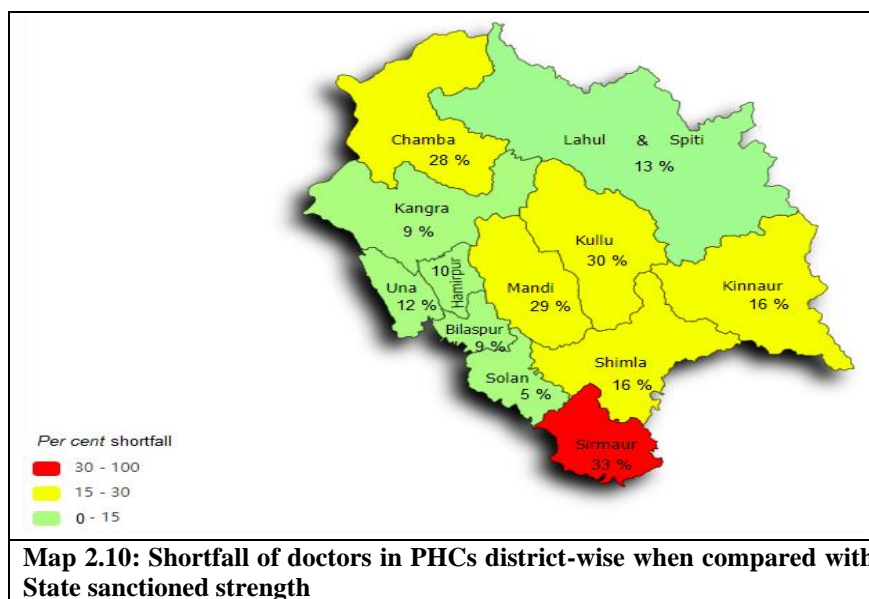


From the **Maps 2.8 and 2.9** it is seen that:

- The shortfall in availability of doctors (including Specialists) in CHs, when compared with the State sanctioned strength, was lowest (seven *per cent*) in Hamirpur district and highest (57 *per cent*) in Kinnaur district. There was no vacancy in Kullu district.
- The shortfall in availability of doctors (including Specialists) in CHCs, when compared with the State sanctioned strength, was lowest (14 *per cent*) in Una district and highest (42 *per cent*) in Chamba and Sirmaur districts. However, there were 13 *per cent* doctors in excess of the State sanctioned strength in the CHCs in Solan district.

2.2.2.4 Availability of doctors in PHCs district-wise

The details of status of availability of doctors in PHCs district-wise across the State as of March 2023 are shown in **Map 2.10**.



From **Map 2.10**, it can be seen that the shortfall in availability of doctors (including Specialists) in PHCs when compared with the State sanctioned strength, was lowest (five *per cent*) in Solan district and highest (33 *per cent*) in Sirmaur district.

As per information collected from DHS, it was noticed that 98 PHCs⁷ were running without doctors as of March 2023.

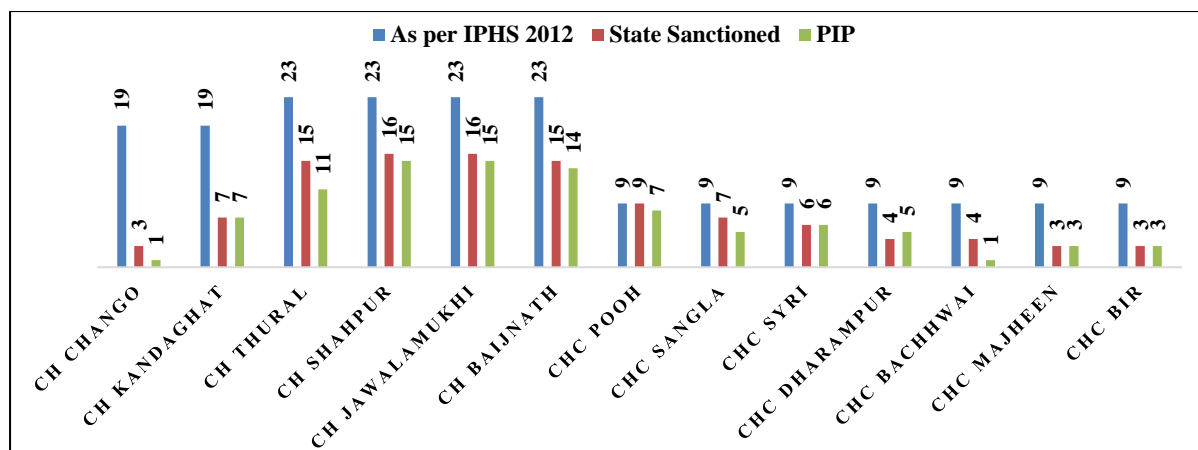
2.2.2.5 Comparison of doctors against IPHS norms/State sanctioned strength in selected Health institutions (CHs and CHCs)

Shortage of doctors with respect to IPHS norms and State sanctioned strength as of March 2023 was noticed in the selected units (six CHs and seven CHCs). As per IPHS norms 2012, a CH having 31-50 beds and 51-100 beds should have 19 and 23 doctors respectively. In CHC (30 beds), IPHS norms 2012 norms prescribe nine doctors.

The status of availability of doctors in the selected CHs and CHCs as compared to the IPHS norms 2012 and State sanctioned strength, as of March 2023 is given in **Chart 2.7**.

Chart 2.7: Status of availability of doctors against both IPHS norms 2012 and State norms in the selected health institutions as of March 2023

⁷ Bilaspur- six, Chamba- seven, Hamirpur- two, Kangra-nine, Kinnaur-three, Kullu- seven, Mandi-25, Shimla-18, Sirmaur-16, Solan-three and Una-two.



From **Chart 2.7**, it can be seen that:

- In the selected CHs, the lowest number of doctor (one) was available in CH, Chango and highest (15) in CHs, Shahpur and Jawalamukhi.
- In the selected CHCs, the lowest number of doctor (one) was available in CHC, Bachhwai and highest (eight) in CHC, Pooh.

Vacancy in healthcare human resource adversely impacts the delivery of medical services to the patients/beneficiaries. Hence, the State needs to take immediate steps for recruitment/ deployment of adequate human resources in the health institutions at various levels.

2.2.3 Availability of Specialists in secondary health institutions

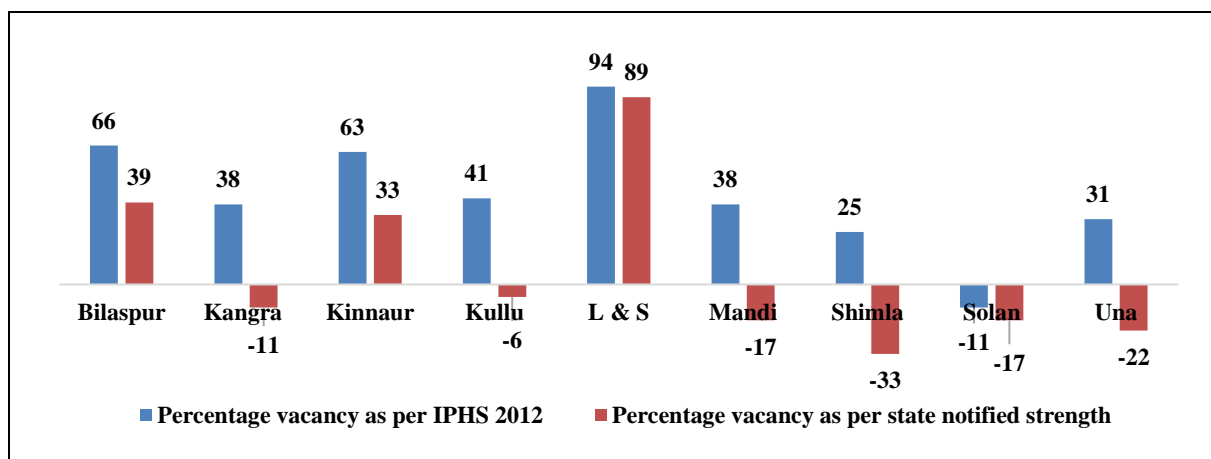
Government of India, Ministry of Health and Family Welfare during February 2016, directed all the States to strengthen specialist support in public health facilities (DHs/CHs/CHCs). Contrary to the above instruction of GoI, Audit noticed that there was huge shortage of specialists in secondary health institutions as discussed in the succeeding paragraphs.

2.2.3.1 Non-availability of Specialists in district hospitals in the State

Government of Himachal Pradesh vide notification dated March 2013 had notified the requirement of 18 and nine specialists for zonal and regional hospitals (non-tribal) and regional hospitals (tribal) respectively. As per IPHS norms 2012, a DH having a bed strength of 100, 200, 300, 400 should have 16, 19, 32 and 34 specialists (excluding dentists and AYUSH) respectively.

Audit noticed that posts of specialists have not been sanctioned for any of the health institutions at secondary level. Status of non-availability of specialists in DHs district-wise as of March 2023 w.r.t. IPHS norms 2012 and State notified strength are as detailed in **Chart 2.8**.

Chart 2.8: Shortfall of Specialists in DHs (per cent)



Note: Availability of specialists was in excess of IPHS norms 2012 in DH Solan (11 per cent). When compared with the state notified strength, six⁸ out of nine DHs had specialists in excess of notified strength.

From **Chart 2.8**, it can be seen that:

- When compared with IPHS norms 2012, shortfall of specialists in District hospitals was lowest (25 per cent) in Shimla and highest (94 per cent) in Lahaul & Spiti district.
- When compared with State notified strength, shortfall of specialists in District hospitals was lowest (33 per cent) in Kinnaur, and highest (89 per cent) in Lahaul & Spiti district.

Availability of specialists was in excess of IPHS norms 2012 in DH Solan. When compared with the state notified strength, six out of nine DHs shown in **Chart 2.8** had specialists in excess of the notified strength.

2.2.3.2 Non-availability of Specialists in the selected District Hospitals

As per IPHS norms 2012, a DH should be provided with specialised Outpatient Department (OPD) services related to ENT, general medicine, ophthalmology, paediatrics, dermatology & venereology, orthopaedics, gynaecology etc. Status of non-availability of important specialists in the test-checked DHs during the period 2016-21 is detailed in **Table 2.4**.

Table 2.4: Period of non-availability of specialists in test checked DHs

DHs	Department	Period of non-availability of specialists		Number of years
		From	To	
Kinnaur	ENT	April 2016	October 2021	5
	General Medicine	April 2016	March 2019	3
	Paediatrics	April 2016	October 2021	5
	Dermatology & Venereology	April 2016	October 2021	5
	Psychiatry	April 2016	October 2021	5
	Orthopaedics	April 2016	October 2021	5
	Gynaecology	April 2016	March 2018	2
Solan	Psychiatry	January 2016	June 2019	3
Kangra	Orthopaedics	April 2016	December 2021	5

Source: Information provided by the Health Institutions.

From **Table 2.4**, it is observed that during the period 2016-21:

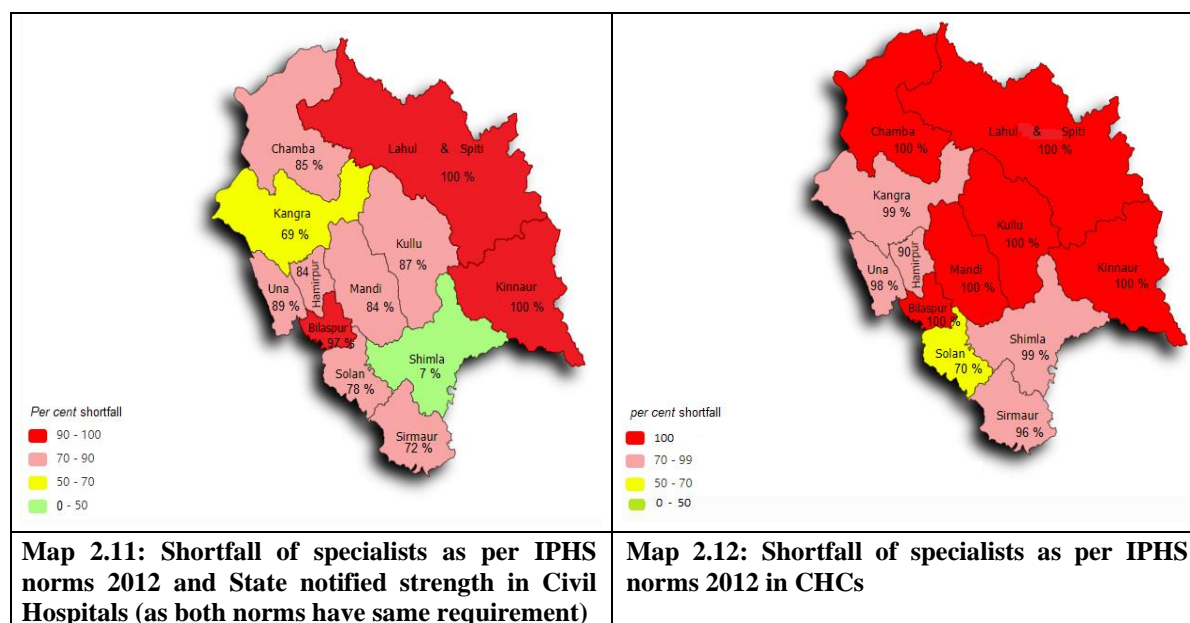
⁸ Kangra (11 per cent), Kullu (six per cent), Mandi (17 per cent), Shimla (33 per cent), Solan (17 per cent) and Una (22 per cent)

- In DH Kinnaur, specialists in the departments of ENT, general medicine, paediatrics, dermatology & venereology, psychiatry, orthopaedics and gynaecology were not available for periods ranging from two to five years. Due to non-posting of gynaecologist in DH Kinnaur during 2016-17 to 2017-18, 923 deliveries were conducted without regular specialists.
- In DH Solan, post of psychiatrist was not filled for a period of three years.
- In DH Kangra, orthopaedic was not available for the entire period of five years.

2.2.3.3 Non-availability of Specialists in CHs and CHCs district-wise in the State

Government of Himachal Pradesh vide notification dated March 2013 had notified the requirement of nine specialists for civil hospitals. As per IPHS norms 2012, a CH should have a minimum of nine specialists. As per IPHS norms 2012, a CHC should have five specialists and the State Government has not specified the availability of the same.

Status of non-availability of specialists in CHs, district-wise, as of March 2023 w.r.t. IPHS norms 2012 and State notified strength are detailed in **Map 2.11**. The status of non-availability of specialists in CHCs, district-wise, w.r.t. IPHS norms 2012 is shown in **Map 2.12**.



From **Maps 2.11** and **2.12**, it can be seen that:

- The shortfall in specialists in CHs, when compared with IPHS norms 2012 and State notified strength was lowest (seven *per cent*) in Shimla district and highest (100 *per cent*) in Lahaul & Spiti and Kinnaur districts.
- The shortfall in specialists in CHCs, when compared with IPHS norms 2012, was lowest (70 *per cent*) in Solan, and highest (100 *per cent*) in Lahaul & Spiti, Kinnaur, Chamba, Bilaspur, Kullu and Mandi districts.

2.2.3.4 Non-availability of Specialists in the selected Civil Hospitals

IPHS norms 2012 envisages having specialists in civil hospital (CH) in departments of general orthopaedics, obstetrics & gynaecology, paediatrics, anaesthesia, ophthalmology, ENT, dental,

etc. Further, the State Government notified in April 2016 to have specialists for 100 and 200 bedded hospitals.

Status of non-availability of important specialists in the test-checked CHs during the period covered in audit i.e., 2016-21 are detailed in **Table 2.5**.

Table 2.5: Period of non-availability of specialist in test checked CHs during 2016-21

Departments	Chango*	Kandaghat	Thural	Jawalamukhi	Shahpur	Baijnath
Orthopaedics	5 years	5 years	5 years	5 years	4 years 5 months	5 years
Paediatrics	5 years	3 years	Available	3 years	3 years	Available
Gynaecology	5 years	5 years	Available	5 years	4 years 10 months	5 years
Ophthalmology	5 years	5 years	5 years	4 years	5 years	Available
ENT	5 years	5 years	Available	4 years	4 years 5 months	Available
Dental	5 years	Available	Available	Available	Available	Available

Source: Information provided by the Health Institutions.

* Since inception.

From **Table 2.5**, it can be observed that during 2016-21:

- In CH Chango, none of the six specialists was posted.
- In CH Kandaghat, only dental specialist was available for the whole period while other five specialists were not available for a period ranging from three to five years.
- In CH Thural, four specialists viz., paediatrician, gynaecologist, ENT, and dental were available for the whole period but orthopaedics and ophthalmologist were not available for the entire duration.
- In CH Jawalamukhi and CH Shahpur, only dental specialist was available for the whole period while other five specialists were not available for a period ranging from three to five years.
- In CH Baijnath, orthopaedics and gynaecologist were not available during the entire period.

There was non-availability of gynaecologists in health institutions of the selected districts. Out-of-pocket expenditure in the State per delivery in a public health facility increased from ₹ 3,329/- to ₹ 3,760/- during 2015-16 to 2019-21, which is higher than the national average (₹ 3,197 in 2015-16 and ₹ 2,916 in 2019-21) as per NFHS-4 and NFHS-5 respectively. The increase in out-of-pocket expenditure in the State per delivery due to the non-availability of gynaecologists could not be ruled out.

2.2.3.5 Partial utilisation of surgeons due to non-posting of anesthetist and vice versa

IPHS norms 2012 envisaged that an operation theatre (OT) usually should have a team of surgeons, anesthetists, nurses and sometimes pathologists & radiologists to operate upon and to take care of the patients.

In the nine selected health institutions (three DHs and six CHs), it was noticed that in four health institutions (one DH and three CHs), surgeon and anesthetist were not posted during

the same time frame as detailed in **Table 2.6**.

Table 2.6: Showing surgeon and anesthetic not posted in same time frame

Health institutions	Particulars	Impact
DH Kinnaur	No anesthetist was posted from August 2016 to April 2018 while surgeon was posted. Anesthetist was posted during April 2018 and relieved in November 2020.	Major surgeries might have been conducted without the guidance of anesthetist from August 2016 to April 2018 and November 2020 onwards.
CH Kandaghat	Anaesthetist was posted from December 2018 to June 2019 and a surgeon was posted from July 2020 onwards.	Services of the anesthetist were not utilised during December 2018 to June 2019 as surgeon was not posted during that period.
CH Jawalamukhi	Anesthetist was posted from July 2020 but no surgeon was posted.	Anesthetist service could not be utilised due to non-availability of surgeon. He worked as General Duty Medical Officer (GDMO).
CH Baijnath	Anesthetist was posted but no surgeon was posted from December 2021 to May 2022.	Anesthetist service could not be utilised due to non-availability of surgeon.

CH Kandaghat replied (January 2022) that the posting of specialists was done at Directorate level. CH Jawalamukhi in its reply (January 2022) stated that the matter will be taken up with DHS.

Thus, DHs and CHs failed to provide comprehensive healthcare to the citizens due to non-availability of all the required specialists. Shortfall of important specialists in DHs and CHs indicates that patients had to be either referred to tertiary health institutions or to private hospitals, entailing additional financial burden on the patients. High average annual OPD load during 2016-22 (RPGMC- 4.67 lakh and IGMC/KNSH- 7.25 lakh) in the nearby medical college hospitals was noticed.

2.2.3.6 Irregular deployment of specialists in selected health institutions

- One dental doctor posted in CHC Majheen was deputed to DH Kangra in September 2020 as per the orders of the Government. There were already three dental doctors posted there against the sanctioned strength of three, thereby creating an excess deployment. Due to posting of doctor in other health institutions, inhabitants of that area were deprived of medical services, and they had to visit other health institution (CH Jawalamukhi) by travelling more than 30 km.
- ENT specialist and Chest & TB specialist were posted simultaneously in CHC Dharampur in August 2021, but their salaries were being drawn from the establishment of CH Arki. CHC Dharampur did not have even basic medical equipment required for ENT treatment. Hence, posting of ENT specialist was not justified and posting should have been done considering availability of required equipment. Further, posting of chest/ TB specialist was also not justified as there was already a TB sanatorium within the premises of the hospital where complete treatment for TB is available. Instead, the specialist should have been posted in the health institution where there was dire need of TB specialist.

Similar cases of health professionals posted at different health institutions but drawing salary from other establishments were also noticed which have been pointed out in **Para 2.2.8**.

2.2.4 Availability of nursing staff in secondary and primary health institutions in the State

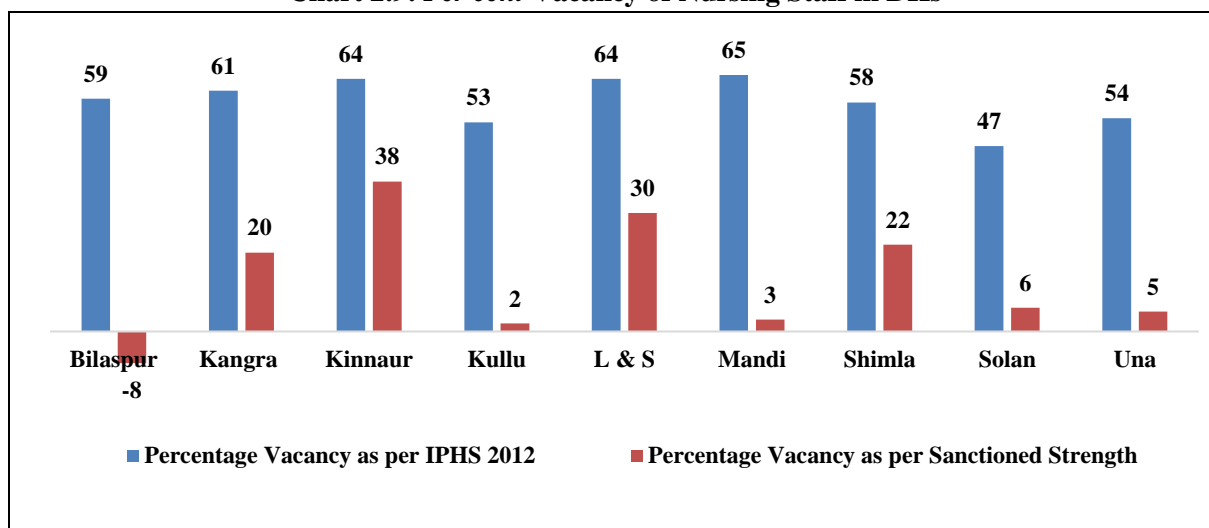
The availability of nursing staff State-wide and in the selected secondary level health institutions (DHs/CHs/CHCs) against the State sanctioned strength and IPHS norms and availability of nursing staff in Primary level health institutions (PHCs) against the State sanctioned strength are discussed in the succeeding paragraphs.

2.2.4.1 Status of availability of nursing staff in district hospitals

IPHS norms 2012 have categorised the availability of the number of nurses in different levels of the hospitals as per bed strength. DHs having 100, 200, 300 and 400 beds should have 45, 90, 135 and 180 nurses respectively.

The details of status of availability of nurses in the district hospitals across the State as of March 2023 are shown in **Chart 2.9**.

Chart 2.9: Per cent Vacancy of Nursing Staff in DHs



*DH Chamba, DH Sirmaur and DH Chamba are excluded as they are attached with medical colleges.

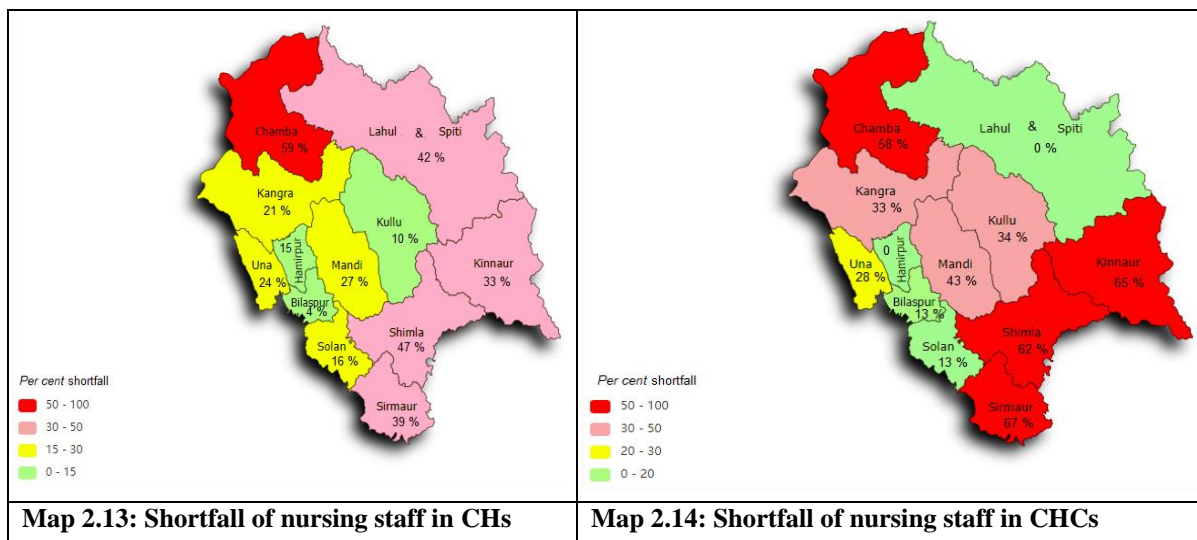
From **Chart 2.9**, it can be seen that shortfall in nursing staff category in District hospitals:

- When compared with IPHS norms 2012, vacancy was lowest (47 *per cent*) in Solan and highest (65 *per cent*) in Mandi district.
- When compared with the State sanctioned strength, vacancy was lowest (three *per cent*) in Mandi and highest (38 *per cent*) in Kinnaur district.

In DH Bilaspur, there was eight *per cent* excess availability of nursing staff as compared to the sanctioned strength.

2.2.4.2 Status of availability of nursing staff in CHs and CHCs

The details of status of availability of nursing staff in the CHs and CHs district-wise across the State when compared with the State sanctioned strength are shown in **Maps 2.13** and **2.14**.

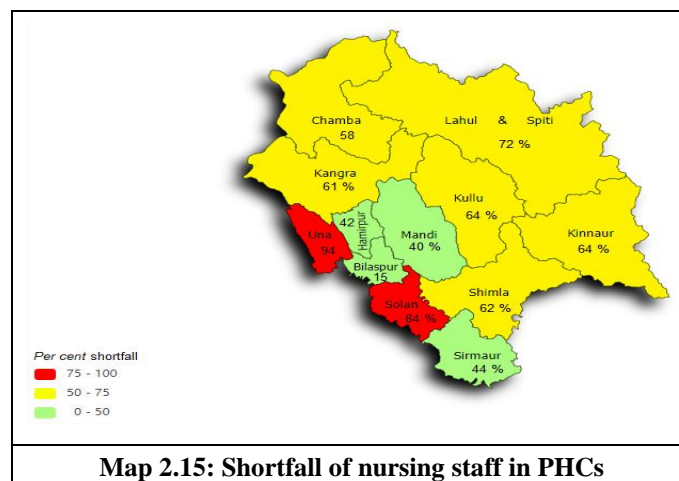


From **Maps 2.13** and **2.14**, it can be seen that shortfall in nursing staff category when compared with the State sanctioned strength:

- In CHs, was lowest (four *per cent*) in Bilaspur and highest (59 *per cent*) in Chamba district.
- In CHCs, was lowest (zero *per cent*) in Lahaul & Spiti and Hamirpur districts and highest (67 *per cent*) in Sirmaur district.

2.2.4.3 Status of availability of nursing staff in PHCs district-wise

The details of status of availability of nursing staff in PHCs district-wise across the State when compared with the State sanctioned strength are shown in **Map 2.15**.

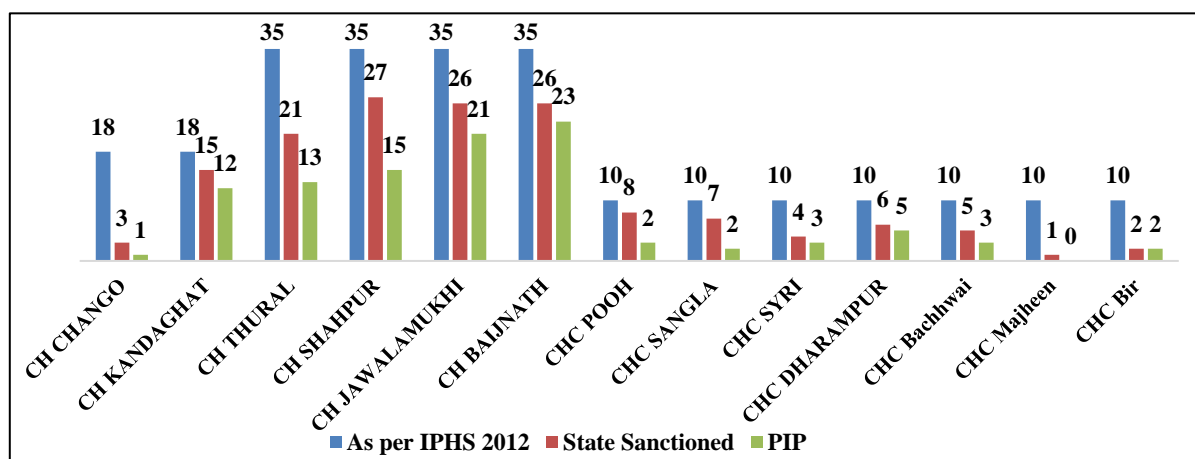


It can be seen from **Map 2.15** that the shortfall in nursing staff category in PHCs when compared with the State sanctioned strength was lowest (15 *per cent*) in Bilaspur and highest (94 *per cent*) in Una district.

2.2.4.4 Status of availability of nursing staff in the selected CHs and CHCs

As per IPHS norms 2012, CHs having bed strength of 31-50 and 51-100 should have 18 and 35 nurses respectively. CHCs with bed strength of 30 should have 10 nurses. The availability of nurses when compared with both IPHS norms 2012 and State sanctioned strength of the selected CHs and CHCs as of March 2023 is shown in **Chart 2.10**.

Chart 2.10: Availability of nursing staff against both IPHS norms 2012 and State norms as of March 2023



From **Chart 2.10**, it can be seen that:

- In selected CHs, the lowest number of nursing staff (one) was available in CH, Chango and highest (23) in CH, Baijnath.
- In selected CHCs, the lowest number of nursing staff (zero) was available in CHC, Majheeh and highest (five) in CHC, Dharampur.

Shortage of staff nurses leads to increase in the workload of the existing nurses, which affects the delivery of health services including direct patient care.

2.2.5 Availability of paramedical staff in secondary health institutions in the State

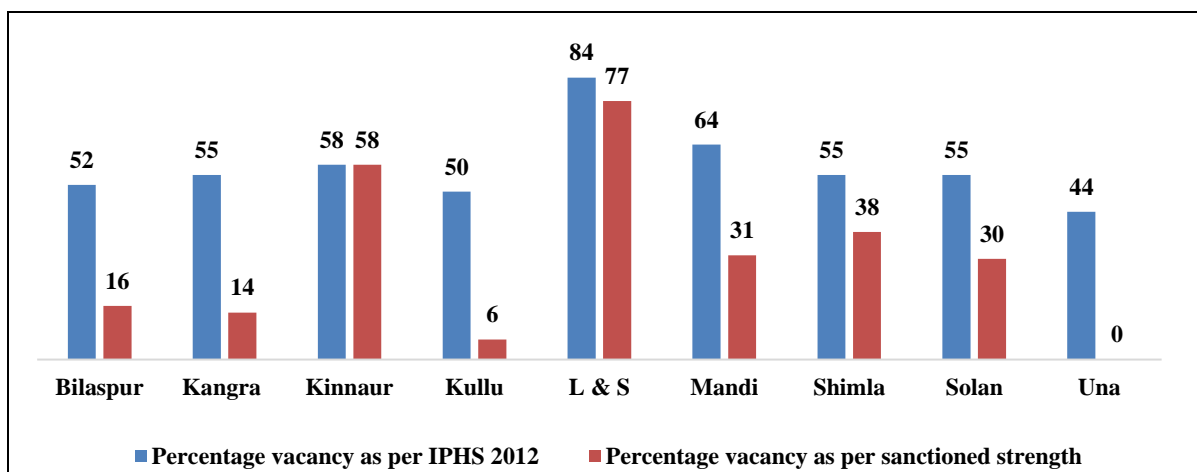
Paramedical staff are responsible for implementation and management of prescribed treatment plan and they also deal with patients in emergent medical situations.

2.2.5.1 Availability of paramedical staff in DHs in the State

IPHS norms 2012 have categorised the availability of the number of paramedical staff at different levels of the hospitals as per bed strength. DHs having 100, 200, 300 and 400 beds should have 31, 42, 66 and 81 paramedical staff respectively.

The status of paramedical staff of DHs across the State as of March 2023 when compared with IPHS norms 2012 and State sanctioned strength is shown in **Chart 2.11**.

Chart 2.11: Vacancy of paramedical staff in DHs (per cent)



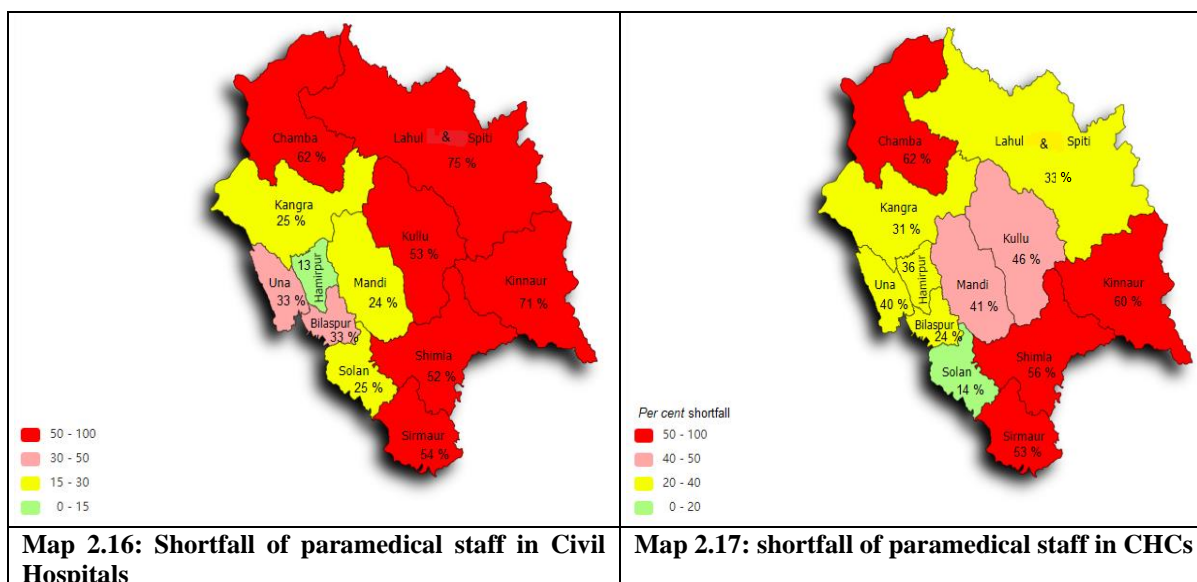
From **Chart 2.11**, it can be seen that shortfall in paramedical staff category in District hospitals:

- When compared with IPHS norms 2012, was lowest (44 *per cent*) in Una and highest (84 *per cent*) in Lahaul & Spiti district.
- When compared with the State sanctioned strength, was lowest (six *per cent*) in Kullu and highest (77 *per cent*) in Lahaul & Spiti district. There was no shortfall in Una district.

2.2.5.2 Availability of paramedical staff in CHs and CHCs

CHs having bed strength of 31-50 and 51-100 should have 27 and 38 paramedical staff respectively. CHC with bed strength of 30 should have 11 paramedical staff.

The status of paramedical staff of CHs and CHCs across the State as of March 2023 when compared with State sanctioned strength is shown in **Maps 2.16** and **2.17**.



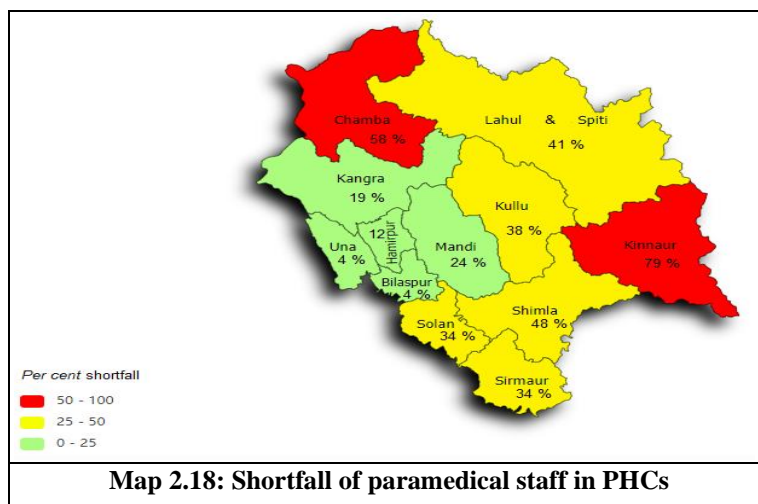
It can be seen from **Maps 2.16** and **2.17** that shortfall in paramedical staff category when compared with the State sanctioned strength:

- In CHs, was lowest (13 *per cent*) in Hamirpur and highest (75 *per cent*) in Lahaul & Spiti district.

- In CHCs, was lowest (14 per cent) in Solan and highest (62 per cent) in Chamba district.

2.2.5.3 Availability of paramedical staff in PHCs

The status of paramedical staff of PHCs across the State as of March 2023 when compared with the State sanctioned strength is shown in **Map 2.18**:



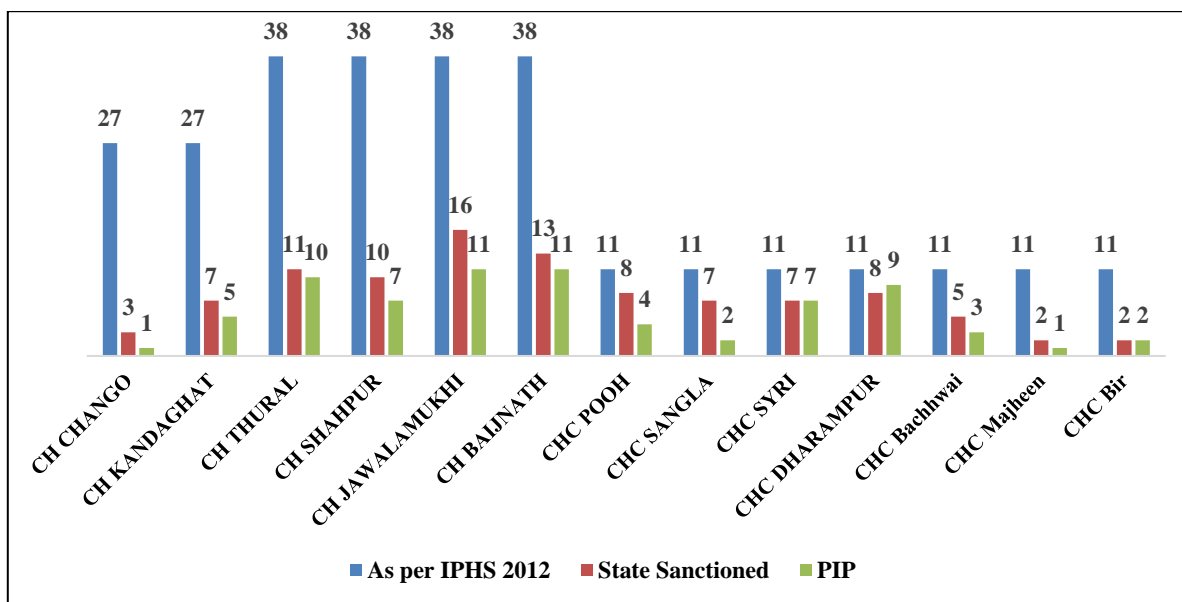
Map 2.18: Shortfall of paramedical staff in PHCs

It is evident from **Map 2.18**, that shortfall in paramedical staff category in PHCs when compared with the State sanctioned strength is lowest (four per cent) in Bilaspur and Una and highest (79 per cent) in Kinnaur district.

2.2.5.4 Comparison of availability of paramedical staff in the selected health institutions

The availability of paramedical staff when compared with both the IPHS norms 2012 and State sanctioned strength as of March 2023 is shown in **Chart 2.12**.

Chart 2.12: Paramedical staff against IPHS norms 2012 and State sanctioned strength as of March 2023



From **Chart 2.12**, it can be seen that:

- In selected CHs, the lowest number of paramedical staff (one) was available in CH,

Chango and highest (11) in CHs, Baijnath & Jawalamukhi.

- In selected CHCs, the lowest number of paramedical staff (one) was available in CHC, Majheen and highest (nine) in CHC, Dharampur.

Shortage of paramedical staff leads to an increase in the workload of the existing workforce, which affects the health services involving taking of blood samples, administering injections, suturing wounds etc. It also affects radiology/imaging services like x-ray, ultrasound, ECG etc. and laboratory services adversely as discussed below.

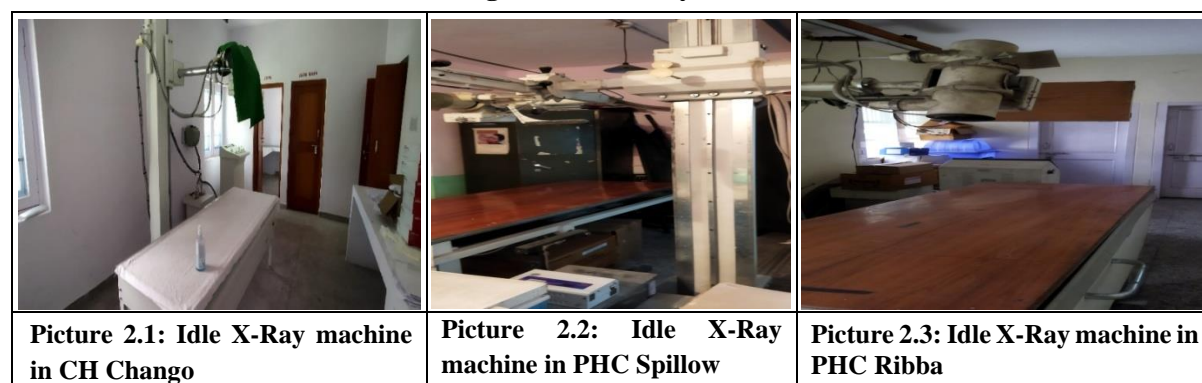
Shortage of radiographers resulted in non-deployment of radiographer in health institutions where x-ray machines were available as seen in one district (Kinnaur) out of the three selected districts. The details are shown in **Table 2.7** and **Pictures 2.1** to **2.3**.

Table 2.7: Showing non-availability of x-ray services due to non-posting of manpower

Name of health Institution	Name of the service	Period of non-availability	
		From	To
CH Chango	X-ray	2016-17	till date of audit (October 2021)
CHC Pooh	X-ray	10/09/2015	10/10/2020
PHC Ribba	X-ray	2016-17	till date of audit (October 2021)
PHC Spillow	X-ray	2016-17	till date of audit (October 2021)

Source: Information provided by the Health Institutions.

Pictures 2.1 to 2.3: Showing idle machinery in different health institutions



Due to non-posting of radiographer in the above-mentioned health institutions of Kinnaur district, the patients of these areas requiring x-ray services were compelled to take treatment in DH Kinnaur or other private hospitals at district headquarters and had to travel long distances of about 25-50 km to avail x-ray services.

- In CH Jawalamukhi, no ultrasound tests were conducted from November 2016 to September 2017 due to transfer of the radiologist. No alternate arrangement was made to provide facility to the patients for about 11 months. A radiologist was posted between September 2017 and December 2021. Further, the radiologist from CH Jawalamukhi was deputed to DH Bilaspur from December 2021 onwards, thereby depriving patients of ultrasound facility and compelling them to spend out of their pocket expenses by availing the services at private hospitals.

The BMO Jawalamukhi, in reply, stated that the decision of deputation of the employees is taken at a higher level.

- In CH Shahpur, no radiologist was posted for over four years (April 2016 to July 2020) and ultrasound tests were conducted twice or thrice in a month by deputing a radiologist from other CHs in the district. Hence, ultrasound facilities to the patients were not provided regularly. Further, as per the ultrasound register for the year 2019-21, it was noticed that no ultrasound tests were conducted from March 2020 to August 2020 due to non-functioning of the ultrasound machine.
- In CH Jaisinghpur (under BMO Thural), ultrasound machine was procured and installed in November 2018 but was intermittently put to use during 2018-21 due to the non-availability of a radiologist. The tests were conducted by arranging the radiologist from CH Thural (32 km from Jaisinghpur) on deputation basis for two days in a week. Thus, ultrasound facility was not provided on all days in the CH, in absence of which patients may have to make alternate arrangements for the same.
- In CH Baijnath, no radiologist was posted from April 2016 till the date of audit (May 2022) and ultrasound tests were conducted two to three times in a month for pregnant women by deputing a radiologist from other CHs in the districts. Further, it was noticed from the records that a medical officer having ultrasound diploma was deputed from PHC Kandari every Tuesday for conducting the ultrasound tests for pregnant women but after July 2021, no doctor was deputed for conducting the tests.
- In CH Jawalamukhi, three ECG machines were received from CMO Kangra during February 2018. Two ECG machines out of these were transferred to PHC Kundian and PHC Darkata. CH Jawalamukhi was already having one ECG machine and both the machines were lying unutilised as shown in **Pictures 2.4** and **2.5** since February 2018 due to non-posting of technicians in the hospital:



Pictures 2.4 and 2.5: New and old ECG machine lying idle in CH Jawalamukhi

- In CH Shahpur, the lone radiologist posted was deputed to DH Chamba, vide Himachal Pradesh Government notification issued during February 2022 and thereafter no tests were conducted in the CH.

In reply, BMO Shahpur stated (March 2022) that orders for posting of the radiologist were issued by the Government so no action had been taken in this regard by their office. It was also stated that matter will be taken up with the Government for alternate arrangements.

- One Lab Assistant was deputed to CH Indora in May 2018 from PHC Darkata under BMO Jawalamukhi. As a result, no lab tests were conducted in PHC Darkata, thereby depriving the patients of the specified health services.

The Department in its reply (May 2022) stated that the matter in this regard would be taken up with the higher authority for posting of a regular radiologist.

The fact remains that timely action in this regard was not taken, as a result of which x-ray and ultrasound facilities etc. to the patients was not regularly provided in the hospitals.

During the Exit Conference, Secretary (Health) to Government of Himachal Pradesh stated that due to shortage of radiographers in tribal areas, despite having x-ray machines, services could not be provided.

2.2.6 Posting of staff without upgrading infrastructure in newly upgraded CHC Bachhwai

The Government of Himachal Pradesh vide notification of August 2019 upgraded PHC, Bachhwai, district Kangra to the level of CHC. Three posts of medical officer (on contract basis) and other supporting staff were sanctioned.



Picture 2.6: Old building of PHC Bachhwai upgraded to CHC

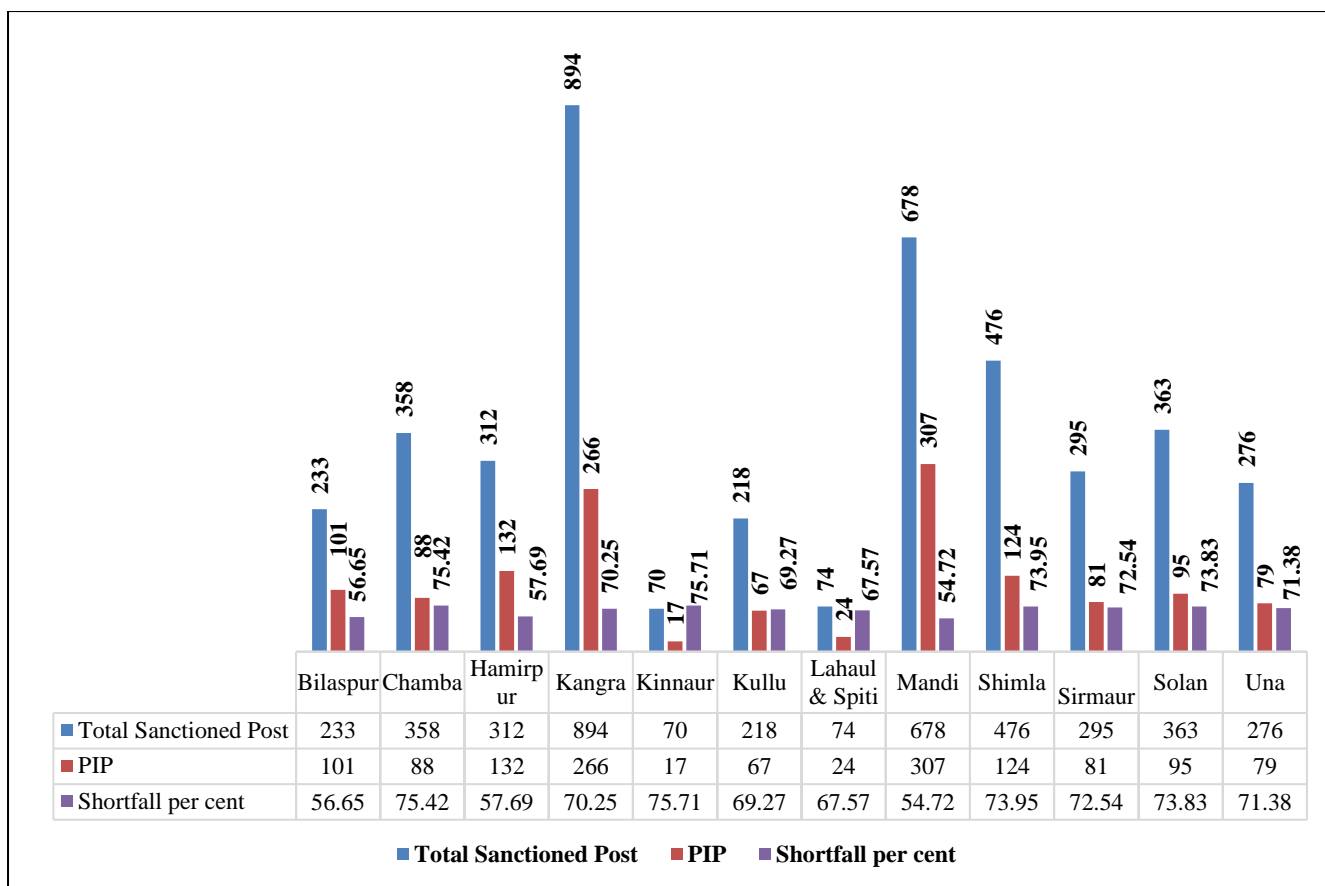
Requirement of infrastructure, human resource, equipment etc. is higher for a CHC as compared to PHC as per the IPHS norms 2012. Though the MOs were posted in the CHC in 2020, however, no additional infrastructure like building was created and no additional equipment were purchased even after three and a half years of notification of upgradation of the CHC.

2.2.7 Availability of manpower in HSCs district-wise in the State

As per IPHS norms 2012, each Health Sub Centre (HSC) should have one Auxiliary Nurse and Mid-wife (ANM)/ Health Worker (Female) and one Health Worker (Male).

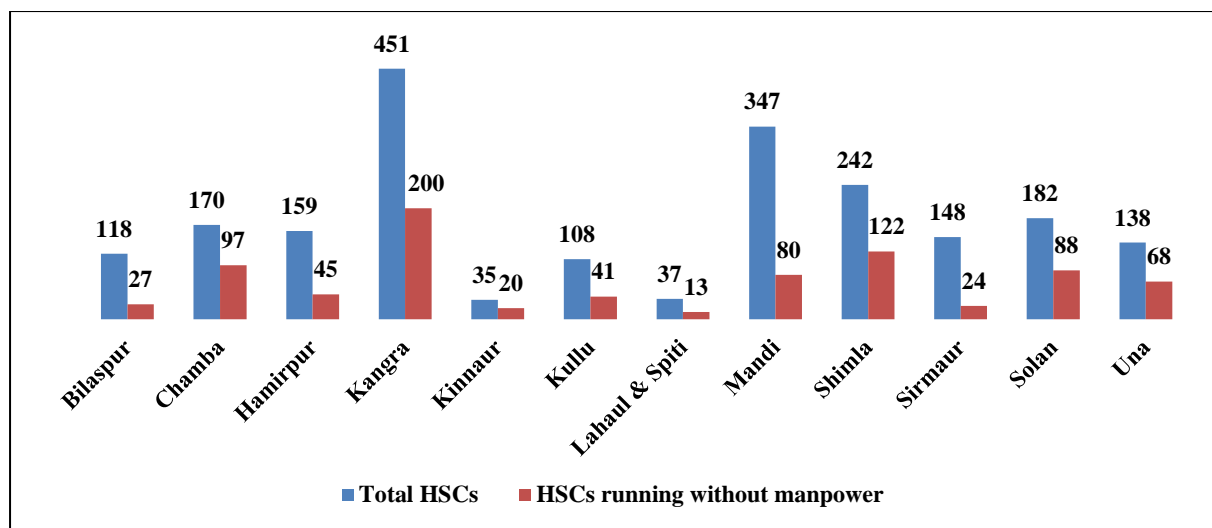
As per information provided by the DHS regarding the deployment of MHW/FHW in the HSCs, it was noticed that against the sanctioned strength of 4,247 male and female health workers, 1,381 male and female workers were in position as of March 2023. Thus, there was shortage of manpower to the extent of 67 per cent for the State as a whole. District-wise position of shortage is shown in **Chart 2.13**.

Chart 2.13: Male & Female Health Workers shortfall



It was also noticed that 825 (39 per cent) HSCs (out of 2,135) in the State were functioning without any health workers as of March 2023. Number of HSCs, district-wise, running without staff is shown in **Chart 2.14**.

Chart 2.14: HSCs running without manpower



From **Chart 2.14**, it can be seen that Kangra and Lahaul & Spiti districts had the highest (200) and lowest number (13) of HSCs respectively, running without male and female health workers.

In the selected districts, it was noticed that 46.10 *per cent* (Kinnaur- 57 *per cent*, Solan- 48 *per cent* and Kangra- 44 *per cent*) i.e., 308 out of 668 HSCs were running without any health workers.

In reply, CMO Solan stated that health workers were deputed from other health institutions on immunisation day and CMO Kangra stated that they are deputed once in a month for immunisation in these HSCs.

Health Sub Centres are assigned tasks relating to interpersonal communication to bring about behavioural change and provide services in relation to maternal and child health, family welfare, nutrition, immunisation, diarrhoea control and control of communicable diseases programmes. Thus, due non-availability of health workers in HSCs, the Health Department failed to provide complete healthcare to the inhabitants of the rural areas.

2.2.8 Unauthorised/ Irregular withdrawal of pay and allowances

Government of Himachal Pradesh issued instructions in July 2000 that salary of a Government servant should be drawn from the place/station where he/she is working. Withdrawal of salary from a place other than the actual place of posting/working was strictly prohibited.

In contravention of the instructions of Government, pay and allowances of 47 employees of different categories⁹ were drawn between June 2006 and June 2022 by nine test-checked units¹⁰ from a place other than actual place of working, due to which health services in some of the health institutions were adversely affected. A few instances are detailed below:

- In RPGMC Kangra, the Department of Nephrology was non-functional as one Associate Professor of Nephrology was deputed to IGMC Shimla from February 2017 to

⁹ Medical Specialists (eight), Medical Officer (six), Paramedical (25), Ministerial staff (six) Chest and TB (one) and ENT (one).

¹⁰ DH Kangra, CMO Kangra, State Training Institute Parimahal Shimla, RPGMC Kangra, IGMC Shimla, KNH Shimla, BMO Jawalamukhi, CHC Dharampur and BMO Thural.

November 2020 and thereafter relieved to AIIMS, Bilaspur, and his/her salary was being drawn from the establishment of RPGMC Kangra from February 2017 to November 2020.

- In Kamla Nehru State Hospital (KNSH) Shimla, the lone gynaecologist posted was deputed to DH Mandi, during May 2019 and to compensate for the deficit, specialists were being deployed from IGMC. There was increase in neonatal deaths from 60 (2018-19) to 120, 97 and 111 during 2019-22. Increase in maternal deaths were also noticed from 2018-19 (seven cases) to nine, eight and 13 during 2019-22. Absence of a regular gynaecologist as a primary reason for the above cannot be ruled out.
- In CH Jawalamukhi, the lone radiologist posted was deputed to DH Bilaspur during December 2021 and the only dental doctor posted in CHC Majheen was deputed to DH Kangra during September 2020.
- In CHC Dharampur, one ENT specialist was deputed from CH Arki during August 2021 where there was no basic medical equipment related to ENT treatment, thereby compelling the specialists to treat normal patients. Another Chest and TB specialist was deputed from CH Arki during August 2021, although a specialised TB Hospital exists within the same campus.

The Department in its reply (February 2022) stated that the above specialists have been posted as per the orders of the higher authorities and their services are being utilised for treating general OPD patients.

The reply of the Department was not acceptable as the officials should be posted in the place where he/she was drawing pay. Not doing so deprives the patients of specialist services.

2.3 Training of health professionals

The quality and capacity of health workers at public facilities should be enhanced through continuous professional development and refresher courses and in-service trainings after a thorough training needs assessment.

2.3.1 Training by three institutes - SIHFW Shimla, RHFWTC Kangra and STDC Solan

In the selected districts, there are three training institutes namely State Institute of Health and Family Welfare (SIHFW), Shimla; Regional Health & Family Welfare Training Centre (RHFWTC), Kangra and State TB Training and Demonstration Centre (STDC), Solan¹¹ for providing training to doctors, nurses and paramedic staff.

2.3.1.1 Availability of manpower in the training institutes

Human resource is an asset to an organisation that contributes to the greater part of an organisation's success. Trained faculty are essential for the development of trainees' knowledge and translating the learnings into practice.

Audit observed that:

¹¹ Training centre attached with TB Sanatorium, Dharampur, Solan

- In RHFUTC Kangra, against the sanctioned strength of six training faculty, only three were deployed as of March 2022.
- In SIHFW Shimla, several important posts like epidemiologist (not available during 2016-21), Communications Officer, Health Education Instructor, Sr. Health Instructors, and Lab technician were lying vacant during 2016-22.
- In STDC Solan, there was no faculty sanctioned for the centre itself. However, faculty members were posted in Intermediary Reference Laboratory (IRL), Dharampur at TB Sanatorium, Dharampur. Against the sanctioned strength of eight members as per SDTC norms, only three staff were posted at IRL as of March 2022. There was no Sr. Lab technician (against sanctioned strength of two) and shortfall of three RNTCP trained lab technicians (against sanctioned strength of five) was noticed.

2.3.1.2 Trainings imparted by the three institutes

The year-wise trainings provided by the above three institutes are detailed in **Table 2.8 A**.

Table 2.8 A: Target and achievement of trainings organised for health professionals

Year	Number of trainings provided to health professionals								
	SIHFW, Shimla			RHFUTC, Kangra			STDC, Solan		
	Target	Achievement	Shortfall (in per cent)	Target	Achievement	Shortfall (in per cent)	Target	Achievement	Shortfall (in per cent)
2016-17	135	129	4	21	11	48	Not defined	10	NA
2017-18	158	144	9	29	39	None	-do-	4	NA
2018-19	83	71	14	39	50	--do--	-do-	5	NA
2019-20	141	127	10	75	53	29	-do-	10	NA
2020-21	103	84	18	38	5	87	-do-	9	NA
2021-22	79	66	16	26	37	None	-do-	8	NA

Source: Information provided by the institutions. NA- Not applicable.

Details of health professionals covered in the training provided by the three institutes during the period 2016-21 is given in **Table 2.8 B**.

Table 2.8 B: Number of health professionals who were imparted training during 2016-21

Year	SIHFW, Shimla						RHFUTC, Kangra					STDC, Solan
	Doctors	Nurse	Paramedical staff	HW	ASHA	Others	Doctors	Paramedical staff	HW	ASHA	Others	Paramedical staff
2016-17	523	430	850	352	298	1102	101	89	56	0	61	203
2017-18	283	134	NA	236	183	775	96	538	303	0	148	78
2018-19	270	279	157	221	141	981	183	393	419	119	189	148
2019-20	544	320	230	187	482	764	129	334	339	704	55	357
2020-21	263	174	198	312	147	336	17	21	3	69	5	106

Source: Information provided by the institutions.

It is evident from the **Table 2.8 A** and **B** that:

- In SIHFW Shimla, there was shortfall in providing number of trainings against the targets fixed during 2016-22, ranging between four to 18 per cent.
- In RHFUTC Kangra, there was shortfall during 2016-17 and 2019-21 ranging between 29 to 87 per cent while number of trainings organised in three years (2017-19 and 2021-22) exceeded the targets.

- In STDC, Solan, no target was specified for number of trainings to be conducted. However, all participants who were to be imparted trainings did not attend the training due to lack of intimation or non-relieving by the parent offices.

SIHFW Shimla in its reply (May 2022) stated that no TA/DA was provided to the participants in the State norms for training and due to shortage of staff in health institutions, the participants did not come for training.

STDC Solan Stated that (February 2022) that participants either not relived by their officers due to shortage of staff or not being informed timely.

2.3.2 Training through NHM

NHM framework stipulates that the implementation teams, particularly at district and State level, require development of specific skills.

Details of training provided to medical and paramedical staff during 2016-22 are shown in **Table 2.9:**

Table 2.9: Training provided to medical and paramedical staff

Year	Target of persons	Achievements	Shortfall (<i>per cent</i>)
2016-17	703	465	238 (33.85)
2017-18	2,040	1,781	259 (12.70)
2018-19	2,167	1,118	1,049 (48.41)
2019-20	4,963	2,589	2,374 (47.83)
2020-21	1,337	986	351 (26.25)
2021-22	2,785	1,033	1,752 (62.91)
Total	13,995	7,972	6,023 (43.04)

Source: Information provided by the Department.

Audit noticed that the State targeted 13,995 personnel under various programmes for training during 2016-22, against which only 7,972 personnel were trained, resulting in shortfall of training of 6,023 (43 *per cent*) personnel. The shortfall ranged between 13 and 63 *per cent* during 2016-22. Thus, the objective of capacity building in increasing the skill and efficiency among health personnel under NHM remained underachieved.

In reply (January 2023), Deputy Mission Director, NHM stated that multiple trainings were being conducted at district and State level and the participants were the same, hence there was shortfall of nominations for training. Most of the slots in the training centre were not available. The reply was not acceptable as this issue should have been considered at the time of fixing of the targets.

- In RHFWTC Kangra, ₹ 10.04 lakh was received from the DHS during March 2013 for conducting training for the health functionaries. Out of the amount of ₹ 10.04 lakh, ₹ 2.69 lakh was still lying unutilised in the savings bank account due to short conducting of training.

In reply, Principal, RHFWTC Kangra stated that due to Covid, the trainings could not be conducted. The reply was not acceptable as Covid was from March 2020 but the funds were received during March 2013.

- During the year 2017-18, funds of ₹ 75.06 lakh were received by the Principal, RHFWTC Kangra from Mission Director, NHM, out of which ₹ 31.08 lakh was received during March 2018. This shows that 41 *per cent* funds were released by NHM during March 2018 and funds received during March 2018 remained unspent due to delay in release of funds.
- Out of total availability of ₹ 113.52 lakh during 2020-21, an amount of ₹ 61.84 lakh was surrendered to the Mission Director, NHM Shimla and unspent balance was ₹ 26.84 lakh. Thus, 54 *per cent* funds were not utilised by RHFWTC, Kangra.

2.4 Seats in Medical Colleges and Nursing Colleges in the State

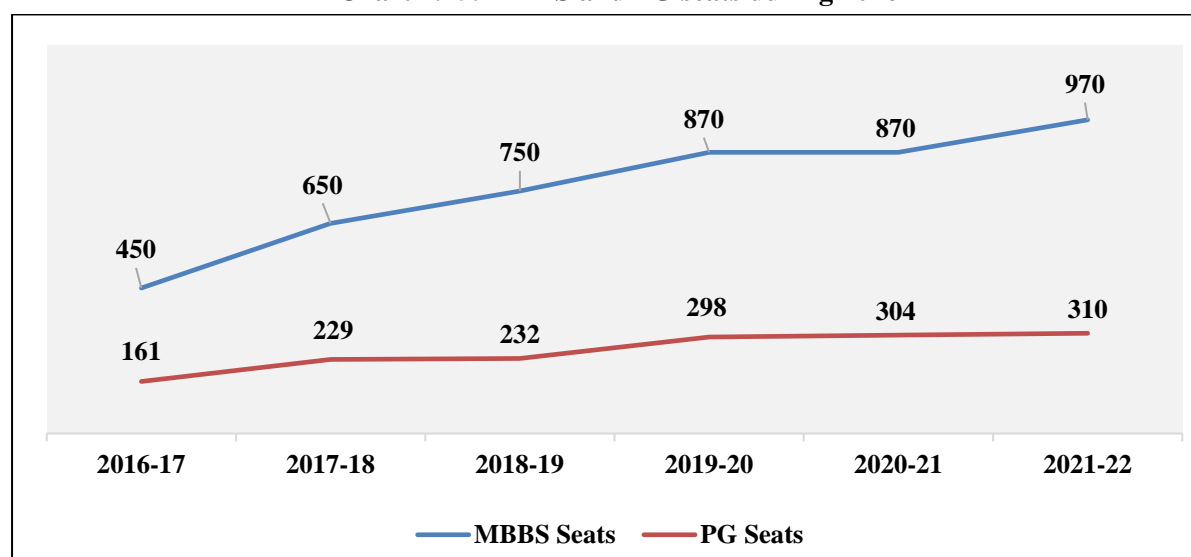
The position of availability of seats in medical colleges and nursing colleges for undergraduate and postgraduate courses in the State is detailed below.

2.4.1 Seats in Medical Colleges

There were 970 MBBS seats (100 seats in AIIMS Bilaspur, 120 each in six Government colleges and 150 in a private college) and 310 Postgraduate (PG) seats (218 in three government colleges and 92 in a private college) as on 31 March 2022 in the State.

The details of MBBS and PG seats during 2016-22 are shown in **Chart 2.15**.

Chart 2.15: MBBS and PG seats during 2016-22



Source: Information provided by the Directorate.

2.4.2 Seats in Nursing Colleges

A total of 2,376 nursing seats are available in the State. Out of this, there are 2,195 seats for Undergraduate course (150 seats in two Government nursing colleges and 2,045 seats in private nursing colleges) and 181 seats for Postgraduate course (25 seats in one Government nursing college and 156 in four private nursing colleges).

2.5 Recruitment of manpower

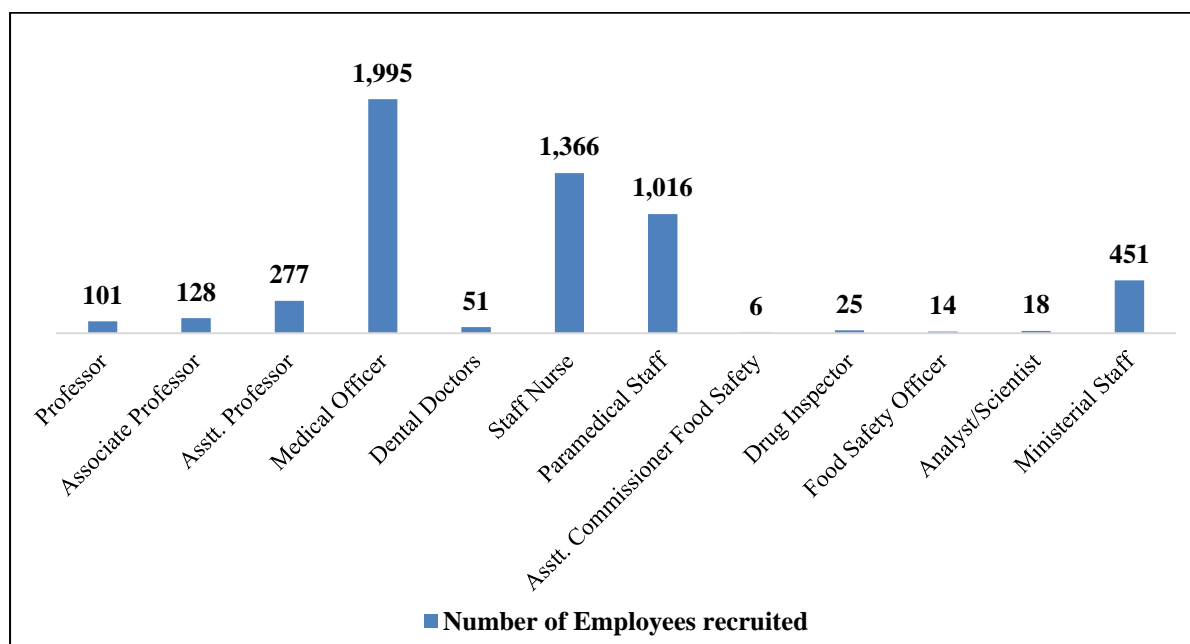
A total of 5,448 employees were recruited during the period April 2016 to March 2022. Details of year-wise recruitment is given in **Table 2.10**:

Table 2.10: Manpower recruited during the period 2016-22

Financial year	Number of employees recruited
2016-17	830
2017-18	770
2018-19	1,257
2019-20	855
2020-21	987
2021-22	749
Total	5,448

Source: Information provided by the Directorate.

Break-up of recruitment undertaken for different cadres is given in the **Chart 2.16**.

Chart 2.16: Category-wise number of employees recruited

Source: Information from the four Directorates (DH&FW, DDH, DHS&R, DMER).

From **Table 2.10**, it can be seen that 5,448 employees were recruited, which constitutes almost 34 per cent of the present available manpower. This implies that 34 per cent of the current workforce was recruited during the last six years. Further, sanctioned strength has increased by 23.44 per cent during 2022-23 as compared to the sanctioned strength of 2016-17. The overall shortage of staff was 38.91 per cent during 2016-17, which increased to 41.87 per cent during 2022-23. This shows that proportionate recruitment of staff was not done by the Government. The year-wise recruitment plans/targets, though called for in audit, were not produced.

2.6 Conclusion

Human resources, which are an essential resource for providing smooth and uninterrupted health management services witnessed persistent shortages in all important cadres, including in the selected health institutions. The Government has not created sanctioned posts in the health sector considering IPHS norms as the benchmark. Further, there is shortage in available manpower against the sanctioned strength as well, adversely affecting health services. This shortage is quite high in several key posts such as doctors, staff nurses, etc. who play a very important role in delivering comprehensive healthcare to the beneficiaries. Moreover, available

manpower has not been distributed uniformly across the districts and this trend has been witnessed across all the departments and in most of the crucial posts as well. Further, the pace of recruitment is not at par with the consistent vacancy persisting in different cadres.

- There was an overall shortfall of 41.47 *per cent* in human resources deployed at health institutions across all categories in the State as a whole as of March 2023. Acute shortages especially in the category of specialist doctors, nursing services, technicians etc. were also noticed in the selected DHs, CHs and CHCs.
- Against the State sanctioned strength, shortage was noticed in availability of medical officers in the selected districts.
- There was shortage of doctors in most of the departments with reference to sanctioned strength by the State government in both the selected government medical colleges.

2.7 Recommendations

Government should:

- *Consider revising the sanctioned strength of Health Departments at par with the IPHS norms.*
- *Focus on expediting the recruitment process in order to fill up vacancies in the sector.*
- *Allocate human resources in the health institutions throughout the State in a uniform manner. In the short term, the existing staff should be rationalised across districts and health institutions. While rationalising, it should be ensured that the postings are done in such a way that complementary healthcare professionals i.e., doctors, nurses, paramedics, technicians and other support staff are posted in each health institution. Availability of infrastructure and other crucial components should be considered during such rationalisation.*
- *Incentivise doctors to serve in remote and far-flung areas of the State.*
- *Strengthen Training Needs Assessment for proper utilisation of training slots.*
- *Plan through State policy for assessment of medical personnel, sanction of posts, recruitment and deployment of doctors, nurses and paramedical staff.*