

## Chapter 2

### Human Resources

For an effective and efficient functioning of a health institution, adequate number of motivated, empowered, trained and skilled human resources is essential. Human resource planning is a must before investing in other components like infrastructure, equipment, drugs etc. The number and type of staff in terms of Specialists, General Duty Medical Officers (GDMOs), nurses, allied health professionals, administrative and support staff etc. has to be ascertained taking into consideration medical requirements of the people to which the health institution caters to.

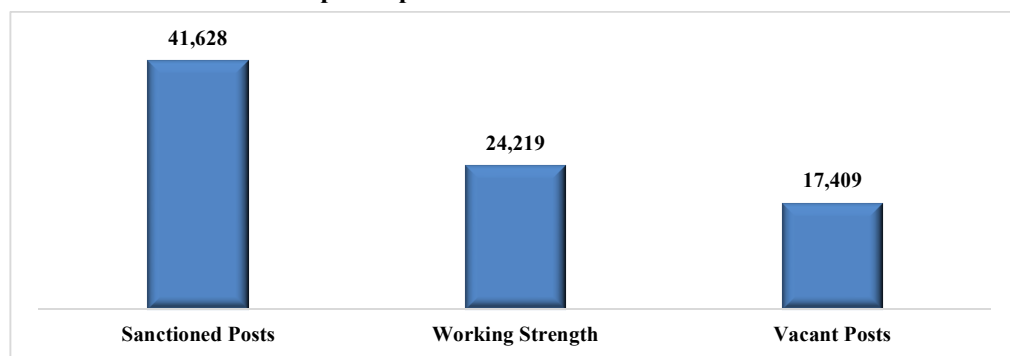
Availability of manpower and related issues have been discussed in this chapter.

#### 2.1 Human resource availability against sanctioned strength

The Human Resource Management System (HRMS), a module of Integrated Financial Management System (IFMS), contains information of permanent staff deployed in various departments under Government of Haryana. Audit obtained the data dump of HRMS as of October 2022 and analysed the data. HRMS data could provide information about the sanctioned strength and manpower deployed in each Government establishment under Department of Health. Year-wise information of sanctioned strength and persons-in-position was neither available in HRMS nor provided by the concerned Directorates. Audit obtained and analysed the data related to:

- i. Director General Health Services (DGHS)
- ii. AYUSH
- iii. Director Medical Education and Research (DMER)
- iv. Family Welfare (FAW)
- v. Food and Drugs Administration (FDA)
- vi. Haryana Medical Services Corporation Limited (HMSCL)

HRMS provides information about sanctioned strength and persons-in-position for all the offices (Directorates, Medical Colleges, District Hospitals (DHs), Community Health Centres (CHCs), Public Health Centres (PHCs), Sub Centres (SCs), Field staff, *etc.*) of the above-mentioned Directorates. The position of sanctioned strength and persons-in-position in the above-mentioned health sector related Directorates in the State taken together as on 31 October 2022 is given in **Chart 2.1**.

**Chart 2.1: Manpower position in Government Health Institutions**

Source: Analysis of data from Human Resource Management System (HRMS), Haryana

Thus, there was 41.82 *per cent* vacancies across the Directorates as evident from the graph. Details of manpower in different health Directorates /institutions is given in **Table 2.1**.

**Table 2.1: Manpower position across the different Health Departments (as of October 2022)**

Name of the Directorate/ Institution	Sanctioned strength	Share in Total Workforce (in <i>per cent</i> )	Working Strength	Vacant Posts	Percentage of Vacant Posts
Director General Health Services (DGHS)	25,307	60.79	15,299	10,008	40
Department of Medical Education and Research (DMER)	10,072	24.20	5,430	4,642	46
Family Welfare (FAW)	3,384	8.13	2,213	1,171	35
AYUSH	2,277	5.47	1,016	1,261	55
Food and Drugs Administration Haryana	583	1.40	257	326	56
Haryana Medical Services Corporation Limited (HMSCL)	5	0.01	4	1	20
<b>Total</b>	<b>41,628</b>	<b>100</b>	<b>24,219</b>	<b>17,409</b>	<b>41.82</b>

Source: HRMS data

Colour code: Red denotes most shortages; yellow denotes moderate shortages.

DGHS and DMER have major share in the total sanctioned strength. They contribute to 85 *per cent* of the total sanctioned workforce of health sector and DGHS Directorate alone contributes 60.79 *per cent* of the total sanctioned workforce. In terms of percentage of vacant posts, the Directorate of Food and Drugs Administration Haryana and AYUSH have the highest shortage of manpower at 56 and 55 *per cent* respectively.

In addition to permanent staff as mentioned in the table above, contractual staff had also been engaged by all the health departments/institutions for better and efficient delivery of services under the State policy for engaging/outsourcing of services, 2015 and through Haryana Kaushal Rozgar Nigam. Position of the same is given in **Table 2.2**.

**Table 2.2: Manpower position of contractual staff across the different Health Directorate (as of January 2024)**

Name of the Directorate/Institution	Working Strength	Main posts filled up through outsourcing
Director General Health Services (DGHS)	10,827	Sweepers, Ward servants, Security men, clerical and other support staff.
National Health Mission (NHM), Haryana	14,468	Total staff including doctors, nurses, paramedics under NHM has been deployed through outsourcing.
Department of Medical Education and Research (DMER)	7,398	Sweepers, Ward servants, clerical and other support staff.
AYUSH	2,234	Doctors, Paramedics and other support staff.
Food and Drugs Administration Haryana	175	Scientific assistants, clerical and other support staff.
Haryana Medical Services Corporation Limited (HMSCL)	106	Security and Multitasking staff.
<b>Total</b>	<b>35,208</b>	

Source: Information furnished by departments concerned

As shown in **Table 2.1**, 17,409 posts were vacant against the regular sanctioned strength in all the health institutions as of October 2022. This gap was filled up by hiring the staff on contractual basis as shown in **Table 2.2**. For NHM, total staff including doctors, nurses and paramedics is being hired on contractual basis. Directorate-wise shortage of staff and impact on various health services is discussed in following paragraphs.

## **2.2 Availability of Staff in various posts under Director General Health Services (DGHS)**

In DGHS, 10,008 posts, i.e., 39.5 per cent of total sanctioned strength of 25,307, were vacant as of October 2022. Category-wise vacancy position is shown in **Table 2.3**.

**Table 2.3: Availability of staff in various Posts under DGHS (as of October 2022)**

Category	Sanctioned post	Working strength	Vacant posts	Percentage of vacant posts
Doctors	5,721	4,081	1,640	28.7
Nurses	5,469	3,564	1,905	34.8
Paramedics	9,112	5,387	3,725	40.9
Others <sup>1</sup>	5,005	2,267	2,738	54.7
<b>Total</b>	<b>25,307</b>	<b>15,299</b>	<b>10,008</b>	<b>39.5</b>

Source: HRMS data

Vacant posts under the above-mentioned categories ranged from 28.7 per cent to 54.7 per cent.

DGHS had engaged contractual staff and as per the information provided by DGHS in January 2024, total 10,827 posts have been filled up through

<sup>1</sup> Others include supportive staff such as clerical staff, sweepers, ward servants, drivers, etc.

outsourced staff. However, no post of doctors and nurses have been outsourced. Out of the above 10,827 posts, 75 posts of paramedics have been filled up through outsourcing and 10,752 persons have been deputed in 'Others' category against the vacancy of 2,738 persons.

Shortage in various posts of doctors, nurses and paramedics against the sanctioned strength under DGHS is given in **Table 2.4**.

**Table 2.4: Post-wise vacant posts under DGHS (as of October 2022)**

Sr. No.	Post Name	Sanctioned Post	Working Strength	Vacant posts	Percentage of vacant posts
<b>Doctors</b>					
1	Deputy Civil Surgeon	122	69	53	43
2	Senior Medical Officer	367	247	120	33
3	Medical Officer	4,211	2,994	1,217	29
4	Senior Dental Surgeon	33	25	8	24
5	Dental Surgeon	773	547	226	29
6	Other Doctors	215	199	16	7
	<b>Total</b>	<b>5,721</b>	<b>4,081</b>	<b>1,640</b>	<b>29</b>
<b>Nurses</b>					
7	Nursing Sister	463	124	339	73
8	Staff Nurse	4,776	3,411	1,365	29
9	Public Health Nurse	176	24	152	86
10	Other Nurses	54	5	49	91
	<b>Total</b>	<b>5,469</b>	<b>3,564</b>	<b>1,905</b>	<b>35</b>
<b>Paramedics</b>					
11	Medical Lab Technologist	1,302	633	669	51
12	Pharmacist	1,156	499	657	57
13	Operation Theatre Assistant	465	209	256	55
14	Radiographer/Ultrasound Technician	389	87	302	78
15	Dental Mechanic Cum Assistant	268	120	148	55
16	Ophthalmic Assistant	225	103	122	54
17	E.C.G. Technician	137	29	108	79
18	Multi-Purpose Health Supervisor(F)	594	318	276	46
19	Multi-Purpose Health Supervisor (M)	622	526	96	15
20	Multi-Purpose Health Worker(M)	3,105	2,181	924	30
21	Other Paramedics	849	682	167	20
	<b>Total</b>	<b>9,112</b>	<b>5,387</b>	<b>3,725</b>	<b>41</b>
	<b>Total</b>	<b>20,302</b>	<b>13,032</b>	<b>7,270</b>	<b>36</b>

Source: HRMS data

Colour code: Red denotes most shortages; yellow denotes moderate shortages and green denotes least shortages.

Shortage of manpower in terms of percentage for Medical Lab Technologist, Pharmacist, Nurses, Operation Theatre Assistant, Radiographer/Ultrasound Technician, ECG Technician is very high. Non-availability of manpower can have impact on essential services in health institutions.

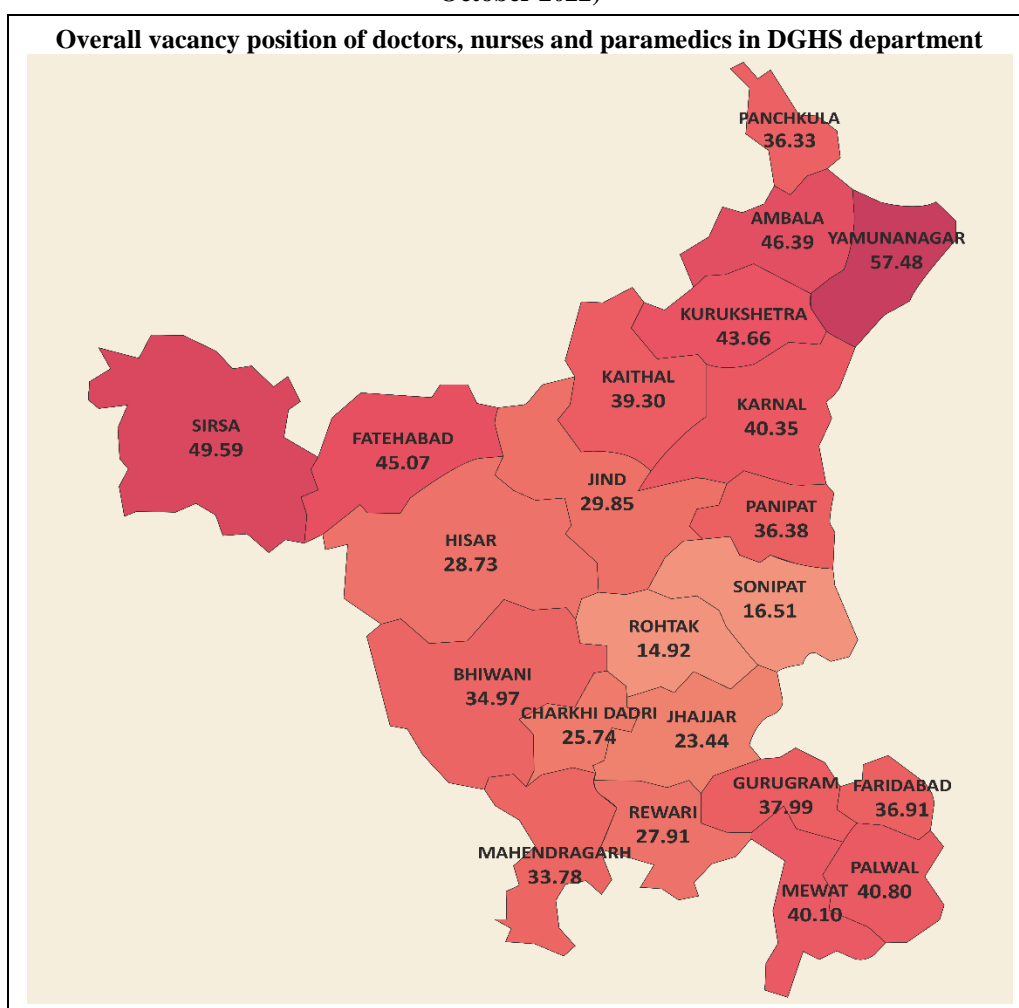


Further, IPHS 2012 norms provide for availability of speciality-wise doctors such as Gynaecologist, Anesthetist, Pediatrician, etc. However, speciality-wise sanctioned posts were not created in DHs and CHCs in the State. Large number of vacancies against sanctioned strength and non-creation of speciality-wise posts of doctors led to non-availability of essential OPD, IPD, and Emergency services as discussed in paragraphs 3.1, 3.2 and 3.3 in this report.

### 2.2.1 Skewed distribution of available manpower in DGHS

It is important for the Government to deploy available manpower uniformly across the State. However, it was observed that 7,270 posts of doctors, nurses and paramedics (as of October 2022) in DGHS were vacant and the available manpower for these categories was unevenly distributed. The vacancy position varied from as low as 14.92 *per cent* in Rohtak district to 57.48 *per cent* in Yamunanagar district as shown in the map below:

**Chart 2.2: Skewed distribution of Manpower across the State under DGHS (as of October 2022)**



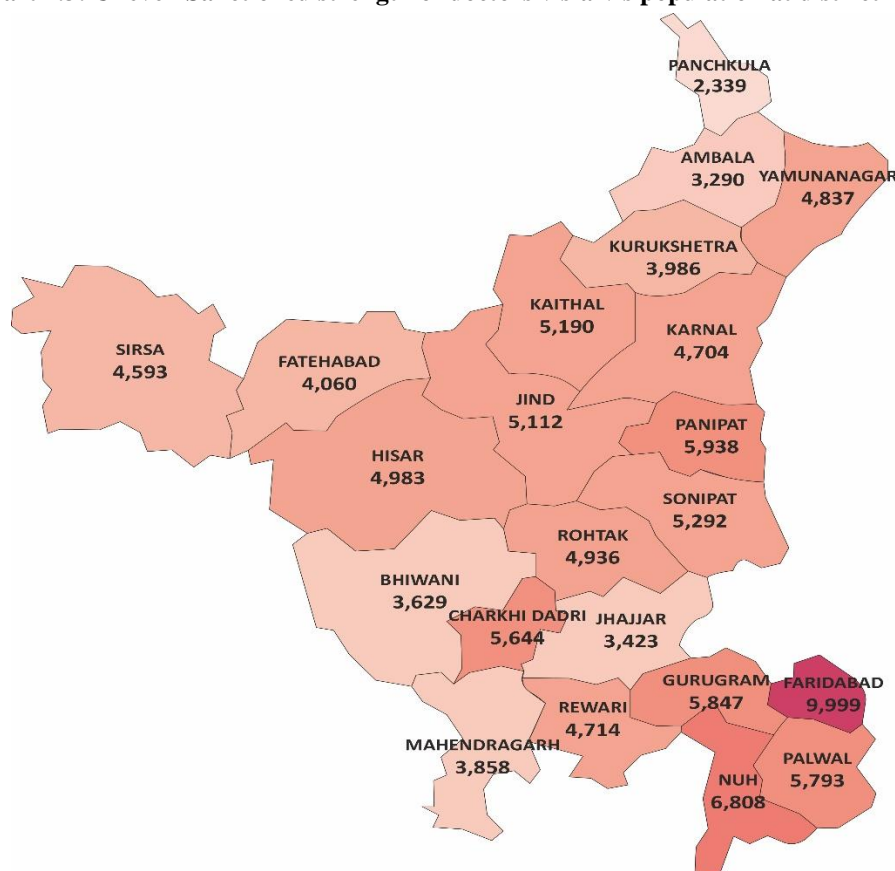
Source: HRMS data

Colour Code: Scaled on light to dark colour. Darker the colour, higher the vacancies.

**(i) Uneven Sanctioned strength of Doctors at District Level**

Haryana State has a total of 5,721 sanctioned posts of allopathic doctors under DGHS, i.e. one government doctor for 4,431 persons. It has been observed that sanctioned posts of doctors have no correlation with the population as shown in the map below.

**Chart 2.3: Uneven Sanctioned strength of doctors vis-à-vis population at district level**



Source: HRMS data

**Colour Code: Scaled on light to dark colour. Dark colour denotes least sanctioned strength and light colour denotes most sanctioned strength of doctors.**

As evident from the map, one doctor is sanctioned for 2,339 persons in Panchkula district whereas one doctor is sanctioned for 9,999 persons in Faridabad district. In 15 districts<sup>2</sup>, fewer doctors are sanctioned than the state sanctioned average of one doctor for 4,431 people.

**(ii) Vacancy position of doctors**

In DGHS, doctors have several designations like Medical Officer, Senior Medical Officer, Additional Medical Officer, Dental Surgeon, Senior Dental Surgeon, Deputy Civil Surgeon, Civil Surgeon, Principal Medical Officer etc. Overall, DGHS has a total of 4,081 public doctors (Allopathic) available against

<sup>2</sup> (i) Charkhi Dadri, (ii) Faridabad, (iii) Gurugram, (iv) Hisar, (v) Jind, (vi) Kaithal, (vii) Karnal, (viii) Nuh, (ix) Palwal, (x) Panipat, (xi) Rewari, (xii) Rohtak, (xiii) Sirsa, (xiv) Sonipat and (xv) Yamunanagar.

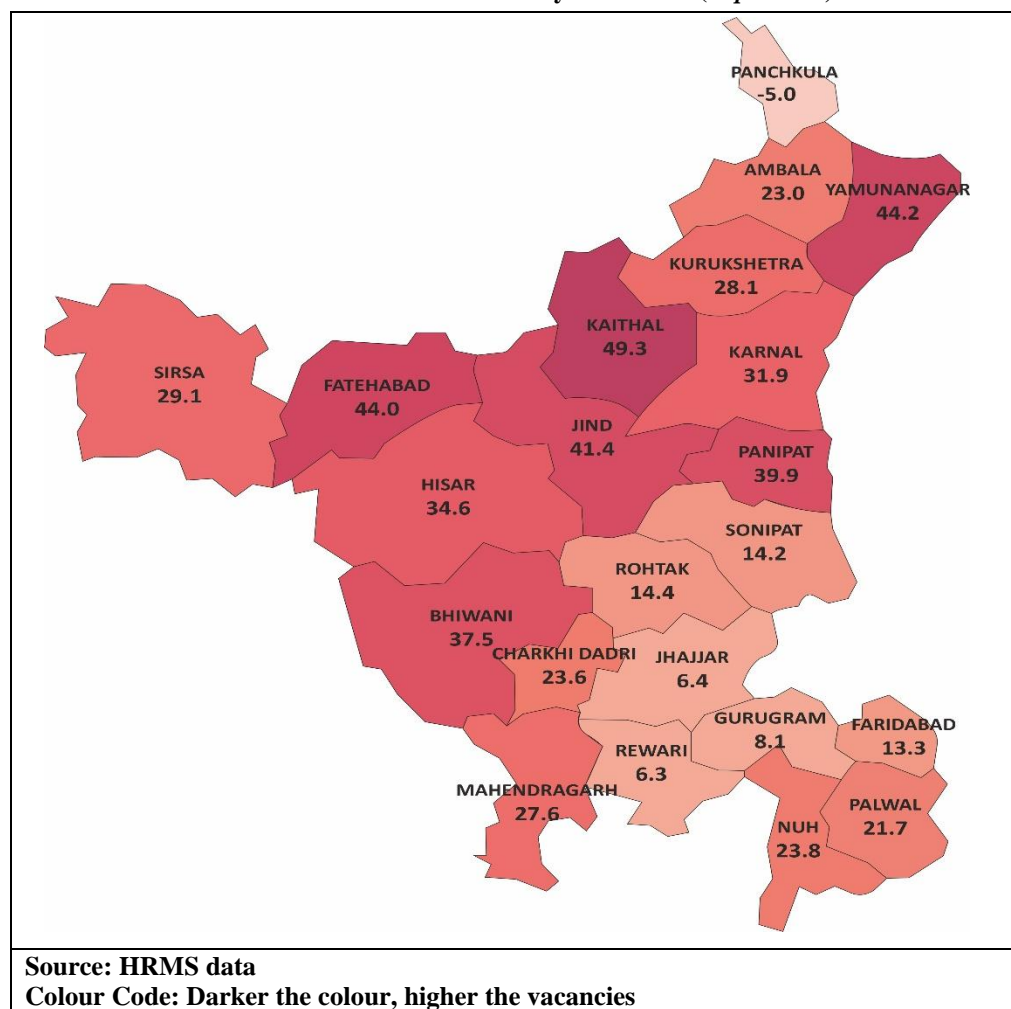
their total sanctioned strength of 5,721 (including Specialist Doctors). Thus, 28.7 per cent posts of doctors are lying vacant in the state. District-wise position along with population of districts is shown in **Table 2.5**.

**Table 2.5: District wise vacant posts of doctors (including Specialist doctors) (as of October 2022)**

District	Population (Census 2011)	Sanctioned Posts	Working Strength	Vacant Posts/Excess	Percentage of Vacant Posts/Excess
Faridabad	18,09,733	181	157	24	13.3
Hisar	17,43,931	350	229	121	34.6
Gurugram	15,14,432	259	238	21	8.1
Karnal	15,05,324	320	218	102	31.9
Sonipat	14,50,001	274	235	39	14.2
Jind	13,34,152	261	153	108	41.4
Sirsa	12,95,189	282	200	82	29.1
Yamuna Nagar	12,14,205	251	140	111	44.2
Panipat	12,05,437	203	122	81	39.9
Bhiwani	11,32,169	312	195	117	37.5
Ambala	11,28,350	343	264	79	23.0
Nuh	10,89,263	160	122	38	23.8
Kaithal	10,74,304	207	105	102	49.3
Rohtak	10,61,204	215	184	31	14.4
Palwal	10,42,708	180	141	39	21.7
Kurukshetra	9,64,655	242	174	68	28.1
Jhajjar	9,58,405	280	262	18	6.4
Fatehabad	9,42,011	232	130	102	44.0
Mahendragarh	9,22,088	239	173	66	27.6
Rewari	9,00,332	191	179	12	6.3
Panchkula	5,61,293	240	252	(-) 12	(-) 5.0
Charkhi Dadri	5,02,276	89	68	21	23.6
<i>PG, Deputation Leave Reserve at HQ</i>		<b>410</b>	<b>140</b>	<b>270</b>	<b>65.9</b>
<b>Total</b>	<b>2,53,51,462</b>	<b>5,721</b>	<b>4,081</b>	<b>1,640</b>	

Source: HRMS data

Colour code: Red denotes most shortages; yellow denotes moderate shortages, light green denotes least shortages and dark green colour denotes excess of doctors.

**Chart 2.4: District wise Vacancy of Doctors (in per cent)**

Posts of doctors were lying vacant in all the districts except in Panchkula district where 12 doctors are posted in excess of the sanctioned strength. Vacancies at district level range from lowest (12) in Rewari to highest (121) in Hisar.

Percentage of vacancies of doctors in each district has been shown in the map above. In terms of percentage, 6.3 *per cent* to 49.3 *per cent* posts of doctors are vacant in the districts of Haryana. This shows a skewed distribution of available doctors across districts in Haryana.

### **(iii) Doctor to Population Ratio in Haryana**

As per 2011 Census, the population of Haryana state was 2,53,51,462. World Health Organisation (WHO) has recommended one doctor for every 1000 persons. Accordingly, the State should have 25,351 doctors.

But as per Haryana Medical Council records the State has a total of 20,891 registered doctors (public & private) as of June 2022. This indicates availability of one doctor for 1,214 people which is less than WHO recommendation.

Haryana State has a total of 6,006 public doctors (4,081 in DGHS, 1,052 in

Medical Colleges<sup>3</sup>, 20 in Family Welfare, 508 in AYUSH<sup>4</sup> and 345 in NHM) in health related departments (as of October 2022). This denotes availability of one public doctor for 4,221 persons in Haryana State.

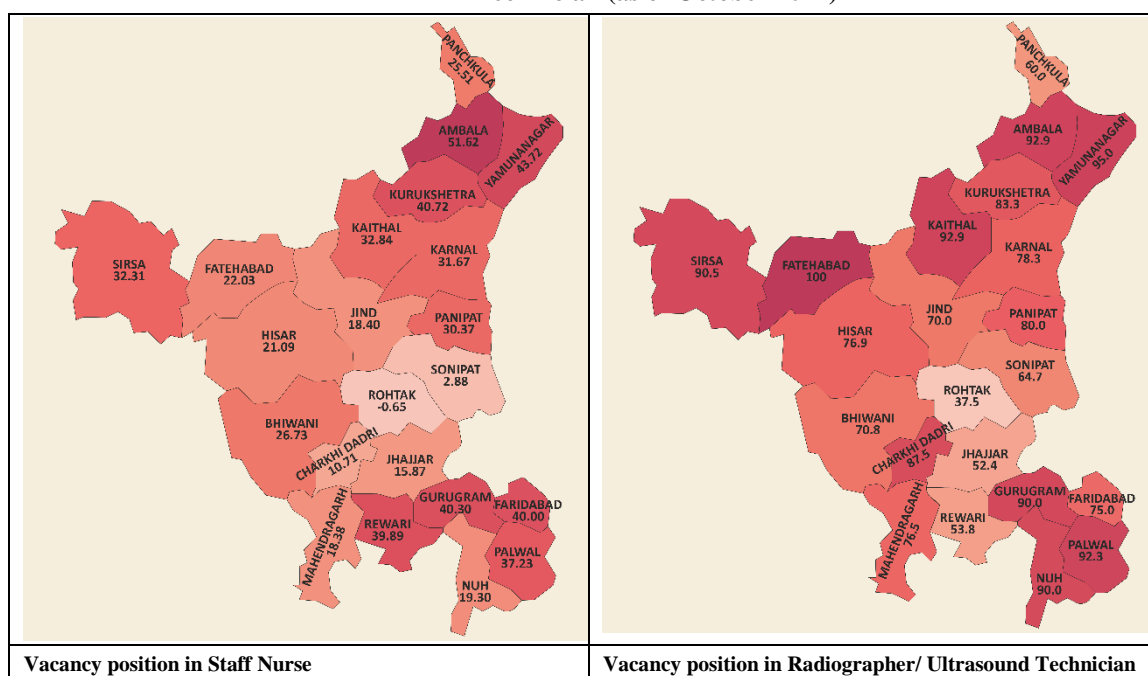
### 2.2.2 Availability of Staff Nurse, Radiographer/Technician, etc. under DGHS

The skewness in availability of manpower categories becomes even more pronounced when the vacancy position is analysed against particular posts. For instance:

- Availability of staff nurse against sanctioned strength varied from excess by 0.65 *per cent* in Rohtak to shortage by 51.62 *per cent* in Ambala district.
- Shortage of Radiographer/Ultrasound Technician against the sanctioned strength varied from 37.5 *per cent* in Rohtak district to 100 *per cent* in Fatehabad district.

The shortage in the above two posts across all the districts is shown in the maps below:

**Chart 2.5: District wise Vacancy position in Staff Nurse and Radiographer/Ultrasound Technician (as of October 2022)**



Source: HRMS data

Colour Code: Scaled on light to dark colour. Darker the colour higher the vacancies.

Similar skewed distribution was observed in other posts and in other departments including DMER, AYUSH and Family Welfare departments.

<sup>3</sup> 1,050 regular and two on contractual basis.

<sup>4</sup> 372 regular and 136 on contractual basis.

### 2.2.3 Availability of Staff in DHs

Availability of Staff (regular) against the sanctioned posts in each District Hospital (DH) is depicted in **Table 2.6**.

**Table 2.6: Availability of Staff in various Posts in each District Hospital (DH)**  
(as of October 2022)

Name of DH	Specialists/Doctors			Nurses			Paramedics		
	S	P	%V/E (+)	S	P	%V/E (+)	S	P	%V/E (+)
Ambala	84	52	38	160	76	53	92	31	66
Bhiwani	84	55	35	162	115	29	95	38	60
Charkhi Dadri	51	43	16	44	32	27	46	22	52
Faridabad	68	57	16	102	62	39	62	31	50
Fatehabad	51	39	24	44	38	14	49	23	53
Gurugram	136	119	13	204	105	49	120	49	59
Hisar	68	56	18	104	91	13	64	41	36
Jhajjar	51	40	22	44	41	7	45	31	31
Jind	68	41	40	102	86	16	61	42	31
Kaithal	68	42	38	102	84	18	61	38	38
Karnal	68	54	21	102	92	10	60	39	35
Kurukshetra	68	52	24	102	63	38	64	36	44
Mahendragarh at Narnaul	51	41	20	44	36	18	45	19	58
Mandikhera (Nuh)	51	41	20	44	35	20	45	16	64
Palwal	51	45	12	44	35	20	49	39	20
Panchkula	84	93	(+)11	160	127	21	92	55	40
Panipat	68	39	43	102	85	17	62	33	47
Rewari	68	67	1	102	53	48	60	40	33
Rohtak	51	48	6	44	40	9	53	40	25
Sirsa	68	49	28	102	71	30	65	26	60
Sonipat	68	58	15	102	92	10	61	45	26
Yamuna Nagar	68	41	40	102	70	31	61	25	59
<b>Total</b>	<b>1,493</b>	<b>1,172</b>	<b>22</b>	<b>2,118</b>	<b>1,529</b>	<b>28</b>	<b>1,412</b>	<b>759</b>	<b>46</b>

S=Sanctioned post, P=In position, V=Vacant Posts, E = Excess (+)

Source: HRMS data.

Colour code: Dark pink colour depicts most vacancies whereas light pink colour depicts moderate vacant posts and white colour depicts least/excess manpower.

There was shortage of doctors in 21 DHs with DH Panipat having maximum (43 *per cent*) shortage. On the other hand, DH Panchkula had 11 *per cent* surplus doctors against the sanctioned strength. The shortage of nurses was maximum (53 *per cent*) in DH Ambala and minimum in DH Jhajjar (seven *per cent*). In case of paramedical staff, the maximum shortage was in DH, Ambala (66 *per cent*) and minimum in DH Palwal (20 *per cent*).

The Health Department replied (July 2023) that some vacant posts are filled as per Government policies of outsourcing and contractual engagement. The National Health Mission (NHM) also supports Health Department to provide specialists, MBBS Doctors, Staff Nurses, Lab Technicians (LTs), Multi-purpose Health Worker (Female), etc. to run First Referral Units (FRUs), Labour rooms, Special New-born Care Units (SNCUs) and other health facilities upto Sub Health Centre as per guidelines of Ministry of Health and

Family Welfare. The services of this manpower are utilised in the same health facility and are serving the same patients as served by the regular staff.

Audit does not agree with the Department's assertion as the purpose of manpower engaged under NHM is to provide health services for various vertical programmes such as non-communicable disease, Janani Shishu Suraksha Karyakarm, SNCU, etc. Such manpower is not engaged against the vacant posts of regular staff. As per the Record of Proceedings of NHM Haryana, the support under HR is intended to supplement and support and not to substitute State expenditure. All the support for HR will be to the extent of positions engaged over and above the regular positions as per IPHS norms and case load. NHM aims to strengthen health systems by supplementing and hence it should not be used to substitute regular HR.

#### 2.2.4 Availability of Staff in SDCHs, CHCs and PHCs

Availability of Staff (regular) against the sanctioned posts in SDCHs/CHCs/PHCs is depicted in **Table 2.7**.

**Table 2.7: Availability of Staff in various Posts in SDCHs/CHCs/PHCs  
(as of October 2022)**

Health Institutions	Specialists/ Doctors			Nurses			Paramedics		
	S	P	%V	S	P	%V	S	P	%V
SDCH	960	664	31	1,150	771	33	1,022	473	54
CHCs	1,142	871	24	1,276	742	42	1,348	1,144	15
PHCs	1,216	814	33	810	438	46	1,607	759	53
<b>Total</b>	<b>3,318</b>	<b>2,349</b>		<b>3,236</b>	<b>1,951</b>		<b>3,977</b>	<b>2,376</b>	

S=Sanctioned post, P=In position, V=Vacant Posts

Source: HRMS data.

As evident from the above table, there was huge shortage of Doctors (33 *per cent*), Nurses (46 *per cent*) and Paramedics (53 *per cent*) in PHCs. The maximum shortage of paramedical staff was 54 *per cent* in SDCHs. The details of manpower of SDCHs, CHCs and PHCs have been appended in **Appendix 2.1**.

#### 2.2.5 Specialists

As per IPHS 2012 norms, DH should essentially have 34 Specialists<sup>5</sup> (15 Specialty) in 300 bedded hospitals, 20 Specialists<sup>6</sup> (12 Specialty) in 200 bedded

<sup>5</sup> (i) Medicine: 3, (ii) Surgery: 3, (iii) Paediatrics: 4, (iv) OBGY: 4, (v) Anaesthesiology: 3, (vi) Ophthalmology: 2, (vii) Orthopaedics: 2, (viii) Radiology: 2, (ix) ENT: 2, (x) Dentistry: 2, (xi) Dermatologist: 1, (xii) Psychiatrist: 1, (xiii) Pathologist: 3, (xiv) Microbiologist: 1, (xv) Forensic specialist: 1.

<sup>6</sup> (i) Medicine: 2, (ii) Surgery: 2, (iii) Paediatrics: 3, (iv) OBGY: 3, (v) Anaesthesiology: 2, (vi) Ophthalmology: 1, (vii) Orthopaedics: 1, (viii) Radiology: 1, (ix) ENT: 1, (x) Dentistry: 1, (xi) Psychiatrist: 1, (xii) Pathologist: 2.



hospitals (DHs and SDCHs<sup>7</sup>), and 17 Specialists<sup>8</sup> (12 Specialty) in 100 bedded hospitals.

Further, in case of 100 bedded SDCHs, 13 Specialists<sup>9</sup> (13 Specialty) are essential and 11 Specialists<sup>10</sup> (11 Specialty) are required in 50 bedded SDCH hospitals. The Health Department, Haryana, which is responsible for administration of DHs, SDCHs, CHCs and PHCs does not have sanctioned posts for specialists (Doctors) which was confirmed by ACS, Health and Family Welfare Department, Haryana during the exit conference (10 January 2023). Accordingly, none of the DHs, SDCHs, and CHCs had specialty-wise sanctioned posts.

Government of Haryana has a policy for sponsoring Post Graduate studies for Medical Officers. MBBS/BDS doctors recruited under Haryana Civil Medical Services (Medical Officers), after completion of four years of regular satisfactory service with atleast two years rural service/remote and difficult areas service in Health Institutions of Haryana, are eligible for pursuing Post-Graduation courses with full pay.

However, the above incentive has not resulted in availability of required essential specialists in Health Institutions with reference to IPHS norms even after considering Specialists engaged under NHM as discussed below:

#### (i) District Hospitals

##### (a) Availability of Specialists against norms

The District Hospitals (DHs) had maximum excess of Specialists in case of 200 bedded DHs when compared against IPHS 2012 norms as given in **Table 2.8**.

**Table 2.8: Availability of Specialists in DHs against IPHS norms (April/ May 2023)**

Type of DH	No. of DHs	No. of Specialists required as per IPHS norms	No. of Specialists available	Excess (+)/Shortage (in per cent)
300 Bedded	3	102	124	(+) 22
200 Bedded	12	240	347	(+) 45
100 Bedded	7	119	140	(+) 18
<b>Total</b>	<b>22</b>	<b>461</b>	<b>611</b>	<b>(+)33</b>

**Source:** Compiled from information furnished by individual health institutions in April/ May 2023

<sup>7</sup> Norms for 200 bedded SDCH are not given in IPHS 2012.

<sup>8</sup> (i) Medicine: 2, (ii) Surgery: 2, (iii) Paediatrics: 2, (iv) OBGY: 2, (v) Anaesthesiology: 2, (vi) Ophthalmology: 1, (vii) Orthopaedics: 1, (viii) Radiology: 1, (ix) ENT: 1, (x) Dentistry: 1, (xi) Psychiatrist: 1, (xii) Pathologist: 1.

<sup>9</sup> (i) Medicine: 1, (ii) Surgery: 1, (iii) Paediatrics: 1, (iv) OBGY: 1, (v) Anaesthesiology: 1, (vi) Ophthalmology: 1, (vii) Orthopaedics: 1, (viii) Radiology: 1, (ix) ENT: 1, (x) Dentistry: 1, (xi) Dermatologist/Venereologist: 1, (xii) Pathologist/ Microbiologist/ Biochemistry: 1, (xiii) Public Health Manager: 1.

<sup>10</sup> (i) Medicine: 1, (ii) Surgery: 1, (iii) OBGY: 1, (iv) Paediatrician: 1, (v) Anaesthetist: 1, (vi) ENT: 1, (vii) Ophthalmologist: 1, (viii) Orthopaedics: 1, (ix) Radiologist: 1, (x) Dentistry: 1, (xi) Public Health Manager: 1.



As is evident from the above table, the Specialists were in excess in 300 bedded DHs (22 *per cent*), in 200 bedded DHs (45 *per cent*) and in 100 bedded DHs (18 *per cent*). Overall position of Specialists in the case of DHs was in excess (33 *per cent*) in the State of Haryana. Though the overall position of Specialists in DHs was good, there was uneven distribution across DHs as discussed in sub-para (b).

### (b) District-wise availability of Specialists

District-wise availability of Specialists in DHs is given in *Table 2.9*.

**Table 2.9: District wise availability of Specialists in DHs**

Sr. No.	Name of District	Specialists		
		Required as per IPHS 2012	Available	Excess (+)/Shortage (in <i>per cent</i> )
1.	Charkhi Dadri	17	10	41
2.	Kaithal	20	13	35
3.	Fatehabad	17	12	29
4.	Bhiwani	34	28	18
5.	Jind	20	18	10
6.	Ambala	34	31	9
7.	Nuh	17	17	0
8.	Yamunanagar	20	21	(+) 5
9.	Mahendragarh at Narnaul	17	18	(+) 6
10.	Palwal	17	20	(+) 18
11.	Sirsa	20	24	(+) 20
12.	Panipat	20	27	(+) 35
13.	Faridabad	20	28	(+) 40
14.	Karnal	20	28	(+) 40
15.	Kurukshetra	20	28	(+) 40
16.	Sonipat	20	29	(+) 45
17.	Jhajjar	17	27	(+) 59
18.	Rewari	20	32	(+) 60
19.	Panchkula	34	65	(+) 91
20.	Rohtak	17	36	(+) 112
21.	Hisar	20	45	(+) 125
22.	Gurugram	20	54	(+) 170
<b>Total</b>		<b>461</b>	<b>611</b>	<b>(+) 33</b>

Source: Compiled from information furnished by individual health institutions in April/May 2023

Colour: Red colour depicts most shortage, Yellow colour depicts least shortage and Green colour depicts no shortage/excess.

It is evident from the above table that the maximum shortage was found in DH Charkhi Dadri i.e., 41 *per cent*. Excess number of specialists were found posted/engaged against IPHS norms in 15 DHs<sup>11</sup>.

### (c) Specialty/department-wise availability of Specialists

IPHS 2012 norms provide for availability of specialty-wise doctors such as Gynaecologist, Anaesthetists, Paediatrician, etc. in 15 different specialties. As

<sup>11</sup> Sr. No. 08 to 22 of the Table.

per information furnished by the DHs, the availability of Specialists in each specialty is given in **Table 2.10**.

**Table 2.10: Availability of Specialists in DHs (Specialty wise)**

Name of Specialty	Required as per IPHS norms	Available	Excess (+)/ Shortage %
Medicine	47	51	(+) 9
Surgery	47	43	9
Paediatrics	62	57	8
Obstetrics & Gynaecology	62	67	(+) 8
Anaesthesiology	47	59	(+) 26
Ophthalmology	25	63	(+) 152
Orthopaedics	25	61	(+) 144
Radiology	25	10	60
ENT	25	40	(+) 60
Dentistry	25	81	(+) 224
Dermatologist	3	2	33
Psychiatrist	22	30	(+) 36
Pathologist	40	45	(+) 13
Microbiologist	3	1	67
Forensic Medicine	3	1	67
<b>Total</b>	<b>461</b>	<b>611</b>	<b>(+) 33</b>

Source: Compiled from information furnished by individual health institutions in April/May 2023.

Colour code: Red colour depicts most shortage, yellow colour depicts moderate/least shortage and green colour depicts excess.

As is evident from the above, there was shortage of Specialists in Surgery, Paediatrics, Radiology, Microbiology, Biochemistry and Forensic Medicine. However, there were some specialities such as Medicine, Obstetrics & Gynaecology (OBGY), Anaesthesiology, Ophthalmology, Orthopaedics, ENT, Dentistry, Psychiatry and Pathology, where Specialists were found in excess as compared to IPHS.

## (ii) Sub-divisional Civil Hospital

### (a) Availability of Specialists against norms

Details of Specialists posted in SDCHs against the required norms is given in **Table 2.11**.

**Table 2.11: Availability of Specialists in SDCHs against the IPHS norms**

Type of SDCH	No. of SDCHs	No. of Specialists required as per IPHS norms	No. of Specialists available	Excess (+)/Shortage (in per cent)
200 Bedded	1	20 <sup>12</sup>	30	(+) 50
100 Bedded	10	130	66	49
50 Bedded	30	330	83	75
<b>Total</b>	<b>41</b>	<b>480</b>	<b>179</b>	<b>63</b>

Source: Compiled from information furnished by individual health institutions in April/May 2023

Colour: Red colour depicts shortage, yellow colour depicts moderate shortage and green colour depicts excess.

<sup>12</sup> Norms for 200 bedded SDCH are not given in IPHS 2012. Norms mentioned in the table are those which were given for DHs in IPHS norms 2012.

The Specialists were in excess (50 per cent) in 200 bedded SDCH. Overall, 63 per cent shortage of Specialists was found in SDCHs, mainly in 100 bedded and 50 bedded SDCHs. As is evident from the above table, in comparison to DHs, shortages in SDCHs were more severe.

### (b) SDCH-wise availability of Specialists

SDCH-wise availability of Specialists is given in **Table 2.12**.

**Table 2.12: Availability of Specialists in SDCHs**

Name of District	Name of SDCH	Beds Sanctioned	Beds available	Total doctors posted	No. of Specialists		
					Required as per IPHS 2012	Out of total doctors posted	Excess (+)/ Shortage (in per cent)
Ambala	Ambala Cantt	200	200	56	20	30	(+)50
	Naraingarh	100	100	37	13	2	85
Bhiwani	Bawani Khera	50	50	9	11	1	91
	Deverala	50	2	0	11	0	100
	Siwani	50	50	11	11	1	91
	Tosham	50	50	11	11	1	91
Faridabad	Ballabhgarh	50	50	11	11	13 <sup>13</sup>	(+)18
Fatehabad	Ratia	50	50	4	11	1	91
	Tohana	100	50	27	13	4	69
Gurgaon	Haily Mandi	50	25	7	11	1	91
	Pataudi	50	50	15	11	5	55
	Sohna	50	50	12	11	5	55
Hisar	Adampur	50	50	12	11	3	73
	Barwala	50	50	8	11	2	82
	Hansi	50	50	12	11	4	64
	Narnaund	100	100	18	13	2	85
Jhajjar	Bahadurgarh	100	100	64	13	23	(+)77
	Beri	50	50	14	11	5	55
	Matanhail	50	50	14	11	1	91
Jind	Narwana	100	100	12	13	4	69
	Safidon	50	50	7	11	2	82
	Uchana	50	50	4	11	1	91
Kaithal	Guhla	50	50	8	11	2	82
	Kalayat	50	31	9	11	0	100
Karnal	Assandh	50	50	24	11	2	82
	Nilokheri	50	36	26	11	4	64
Kurukshetra	Shahabad	100	30	26	13	3	77
Mahendragarh at Narnaul	Kanina	50	30	12	11	1	91
	Mahendragarh	100	25	21	13	12	8
Palwal	Hodal	50	50	10	11	4	64
Panchkula	Kalka	50	55	17	11	5	55
Panipat	Samalkha	100	100	11	13	2	85
Rewari	Kosli	50	50	12	11	4	64
Rohtak	Kalanaur	50	50	11	11	4	64
	Meham	50	50	8	11	2	82
Sirsa	Chautala	50	30	8	11	2	82
	Dabwali	100	100	35	13	7	46
	Ellenabad	50	50	9	11	2	82
Sonipat	Gohana	50	50	12	11	2	82
	Kharkhoda	50	24	13	11	3	73
Yamunanagar	Jagadhari	100	100	27	13	7	46
Total		2,700	2,338	664	480	179	63

Source: Compiled from information furnished by individual health institutions in April/May 2023

Colour: Red colour depicts most shortage, yellow colour depicts moderate shortage and green colour depicts least shortage/excess.

<sup>13</sup> Out of 13 specialists, only two specialists belong to DGHS and remaining 11 were deployed by AIIMS, New Delhi.

Out of 179 Specialists deputed in SDCHs, 78 were deputed in four SDCHs having 375 IPD beds i.e. Ambala Cantt, Ballabgarh (2 State Government and 11 AIIMS, New Delhi), Bahadurgarh and Mahendragarh. In remaining 37 SDCHs (1,963 available IPD beds) only 101 Specialists were deployed. In SDCH, Deverala (two IPD beds), no doctor was found deputed. Due to shortage of Specialists, the available bed capacity could not be utilised. Further, due to non-availability of Specialists in many specialties, services could not be provided to the patients.

### (c) Specialty/department-wise availability of Specialists

The availability of essential Specialists in SDCHs is given in **Table 2.13**.

**Table 2.13: Availability of Specialists in SDCHs (Specialty wise)**

Name of Specialty	200 Bedded		100 Bedded		50 Bedded		200 Bedded	100 Bedded	50 Bedded
	Required as per IPHS	Available	Required as per IPHS	Available	Required as per IPHS	Available	Excess (+)/Shortage (in per cent)	Excess (+)/Shortage (in per cent)	Excess (+)/Shortage (in per cent)
Medicine	2	2	10	0	30	1	0	100	97
Surgery	2	5	10	3	30	7	(+)150	70	77
Paediatrics	3	3	10	6	30	10	0	40	67
OBGY	3	1	10	10	30	16	67	0	47
Anaesthesiology	2	3	10	6	30	6	(+)50	40	80
Ophthalmology	1	3	10	6	30	4	(+)200	40	87
Orthopaedics	1	3	10	5	30	4	(+)200	50	87
Radiology	1	2	10	1	30	1	(+)100	90	97
ENT	1	2	10	4	30	1	(+)100	60	97
Dentistry	1	4	10	15	30	28	(+)300	(+)50	7
Dermatologist	NA	NA	10	1	NA	NA	NA	90	NA
Psychiatry	1	1	NA	NA	NA	NA	0	NA	NA
Pathologist/ Microbiologist/ Biochemistry <sup>14</sup>	2	1	10	8	NA	NA	50	20	NA
Public Health Manager	NA	NA	10	1	30	5	NA	90	83
<b>Total</b>	<b>20</b>	<b>30</b>	<b>130</b>	<b>66</b>	<b>330</b>	<b>83</b>	<b>(+)50</b>	<b>49</b>	<b>75</b>

**Source:** Compiled from information furnished by individual health institutions in April/May 2023

**NA:** Not applicable.

**Colour:** Red colour depicts most shortage, yellow colour depicts moderate shortage and green colour depicts least shortage/excess.

It is evident from the above table that in case of 100 bedded and 50 bedded SDCHs, there was shortage in all the specialties except Dentistry as compared to IPHS norms.

### (iii) Results of three specialties (Paediatrics, OBGY and Medicine) in DHs and SDCHs

IPHS 2012 norms provide four Paediatrics, four OBGY and three Medicine Specialists for 300 bedded DHs, three Paediatrics, three OBGY and two Medicine for 200 bedded DHs and SDCHs. Further, two Paediatrics, two OBGY and two Medicine Specialists for 100 bedded DHs are recommended. In

<sup>14</sup> In case of 200 bedded SDCH, only Pathologist is required.

case of SDCHs, IPHS 2012 provide for one Paediatric, one OBGY and one Medicine Specialists for 100 and 50 bedded hospitals.

- (i) The combined availability of Specialists (District wise) in DHs and SDCHs, both regular and contractual, under Paediatrics is given in **Table 2.14**.

**Table 2.14: Availability of Specialists in Paediatrics Speciality**

Name of District	Paediatrics					
	Required as per IPHS	Available	Excess (-)/ Shortage (in per cent)	Paediatrics OPD cases during 2022-23	Average OPD cases per Paediatrician	Spark line of OPD cases during the period 2016-17 to 2022-23
Charkhi Dadri	2	0	100	0		
Bhiwani	8	1	88	33,191	33,191	
Mahendragarh at Narnaul	4	1	75	38,320	38,320	
Jind	5	2	60	42,697	21,349	
Kaithal	5	2	60	24,054	12,027	
Fatehabad	4	2	50	15,826	7,913	
Nuh	2	1	50	22,645	22,645	
Panipat	4	2	50	35,783	17,892	
Hisar	7	4	43	24,904	6,226	
Jhajjar	5	3	40	46,990	15,663	
Ambala	8	5	38	51,820	10,364	
Sirsa	6	4	33	30,875	7,719	
Karnal	5	4	20	34,366	8,592	
Sonipat	5	4	20	51,880	12,970	
Faridabad	4	4	0	94,651	23,663	
Rewari	4	4	0	24,656	6,164	
Rohtak	4	4	0	50,394	12,599	
Yamunanagar	4	4	0	61,846	15,462	
Kurukshetra	6	7	-17	19,983	2,855	
Gurugram	4	5	-25	89,002	17,800	
Palwal	3	4	-33	40,571	10,143	
Panchkula	5	9	-80	69,117	7,680	
<b>Total</b>	<b>104</b>	<b>76</b>	<b>27</b>	<b>9,03,571</b>	<b>11,889</b>	

**Source:** Compiled from information furnished by individual health institutions in April/May 2023

**Colour:** Red colour depicts most shortage, yellow colour depicts moderate shortage and green colour depicts least shortage/excess.

Paediatrics Specialists were not deployed in various DHs corresponding to the number of patients. In Bhiwani and Mahendragarh the OPD load was very high for one Paediatrics Specialist in each DH. On the other hand, at DHs of Kurukshetra, Rewari and Panchkula the OPD load for Paediatrics Specialists was very less. No Paediatrics Specialist was found deployed at DH, Charkhi Dadri. Due to non-availability of specialists, impact on the services in selected Health institutions are discussed in Paragraph 3.5.3.

- (ii) The combined availability of OBGY Specialists (District wise) in DHs and SDCHs, both regular and contractual, is given in **Table 2.15**.

**Table 2.15: Availability of Specialists in OBGY specialty**

Name of District	Obstetrics & Gynaecology (OBGY)					
	Required as per IPHS	Available	Excess (-)/ Shortage (in per cent)	OBGY OPD cases during 2022-23	Average OPD cases per OBGY	Spark line of OPD cases during the period 2016-17 to 2022-23
Kaithal	5	0	100	52,365		
Kurukshetra	4	1	75	27,086	27,086	
Mahendragarh at Narnaul	4	1	75	62,004	62,004	
Jind	6	2	67	91,994	45,997	
Bhiwani	8	3	63	51,076	17,025	
Charkhi Dadri	2	1	50	31,794	31,794	
Fatehabad	4	2	50	40,527	20,264	
Sirsa	6	3	50	72,246	24,082	
Hisar	7	5	29	51,726	10,345	
Rewari	4	3	25	37,152	12,384	
Karnal	5	4	20	72,619	18,155	
Ambala	8	8	0	1,42,199	17,775	
Jhajjar	5	5	0	77,404	15,481	
Panipat	4	4	0	70,195	17,549	
Rohtak	4	4	0	60,346	15,087	
Sonapat	5	5	0	69,038	13,808	
Yamunanagar	4	4	0	90,337	22,584	
Panchkula	5	6	-20	1,50,151	25,025	
Palwal	3	4	-33	40,770	10,193	
Nuh	2	4	-100	21,430	5,358	
Faridabad	4	10	-150	64,867	6,487	
Gurugram	6	15	-150	1,27,615	8,508	
<b>Total</b>	<b>105</b>	<b>94</b>	<b>10</b>	<b>15,04,941</b>	<b>16,010</b>	

Source: Compiled from information furnished by individual health institutions in April/May 2023

Colour: Red colour depicts most shortage, yellow colour depicts moderate shortage and green colour depicts least shortage/excess.

It can be seen that no OBGY Specialist was posted in district Kaithal despite having 52,365 OPD cases in 2022-23. Further in seven districts only 13 OBGY Specialists were deputed against the requirement of 34. In these seven districts, total OBGY OPD cases in one year were 3.77 lakh<sup>15</sup>. As such, it can be observed that in eight districts (including Kaithal) the OPDs for OBGY were being partially handled by the non-specialist doctors. Due to shortage/ non-availability of Specialists, impact on the services in selected Health Institutions are discussed in Paragraph 3.5.2 (iii).

(iii) The combined availability of Medicine Specialists (District wise) in DHs and SDCHs, both regular and contractual, is given in **Table 2.16**.

<sup>15</sup> (i) Kurukshetra, (ii) Mahendragarh at Narnaul, (iii) Jind, (iv) Bhiwani, (v) Charkhi Dadri, (vi) Fatehabad and (vii) Sirsa.

**Table 2.16: Availability of Specialists in Medicine specialty**

Name of District	Medicine					
	Required as per IPHS	Available	Excess (-)/ Shortage (in per cent)	Medicine OPD cases during 2022-23	Average OPD cases per MD	Spark line of OPD cases during the period 2016-17 to 2022-23
Fatehabad	4	0	100	20,745		
Mahendragarh at Narnaul	4	0	100	1,39,032		
Palwal	3	0	100	1,02,882		
Yamunanagar	3	0	100	1,45,091		
Jind	5	1	80	2,68,608	2,68,608	
Sirsa	5	1	80	1,65,320	1,65,320	
Rewari	3	1	67	71,696	71,696	
Bhiwani	7	3	57	2,02,027	67,342	
Charkhi Dadri	2	1	50	62,251	62,251	
Kaithal	4	2	50	1,86,493	93,247	
Hisar	6	4	33	1,81,742	45,436	
Karnal	4	3	25	2,23,301	74,434	
Rohtak	4	3	25	1,49,899	49,966	
Jhajjar	5	4	20	1,28,405	32,101	
Ambala	6	5	17	3,38,432	67,686	
Faridabad	3	3	0	2,06,265	68,755	
Kurukshetra	3	3	0	2,15,482	71,827	
Nuh	2	2	0	49,256	24,628	
Panipat	3	3	0	1,47,710	49,237	
Sonipat	4	4	0	1,33,471	33,368	
Gurugram	5	6	-20	1,47,375	24,563	
Panchkula	4	5	-25	1,36,140	27,228	
<b>Total</b>	<b>89</b>	<b>54</b>	<b>39</b>	<b>34,21,623</b>	<b>63,363</b>	

**Source:** Compiled from information furnished by individual health institutions in April-May 2023

**Colour:** Red colour depicts most shortage, yellow colour depicts moderate shortage and green colour depicts least shortage/excess.

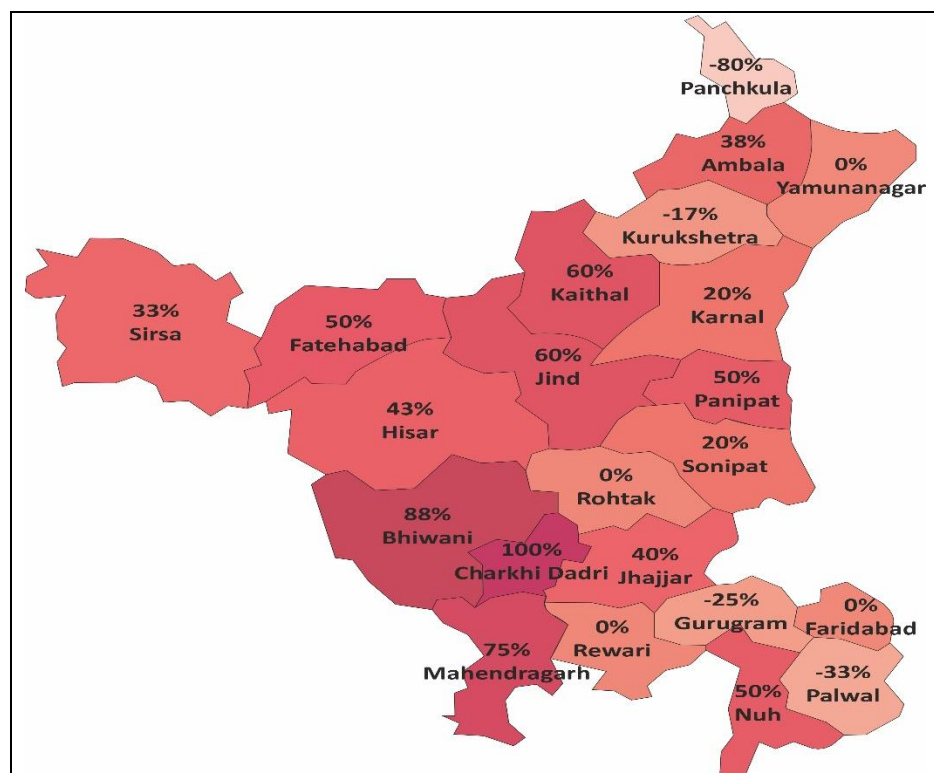
There was no Medicine Specialist in districts Fatehabad, Mahendragarh and Yamunanagar. As such, in these three districts, 3.05 lakh OPD cases during 2022-23 were handled by non-specialist doctors. In Palwal Physician/ Medicine Specialist was available in DH Palwal from 25 August 2022 to 09 March 2023 and in Jind and Sirsa two Medicine Specialists were deputed against the requirement of 10. As such the Medicine OPDs were partially hold by Medicine Specialists.

During the exit conference (January 2023), the ACS, Health and Family Welfare Department, Government of Haryana, while agreeing to the audit observations, stated that the exercise for rationalisation of manpower and creation of specialist cadre is under process and would be completed soon. Final action was awaited (December 2023).



The distribution of the above Specialists across the districts has been mapped as shown in **Chart 2.6**.

**Chart 2.6 (i): Excess (-)/Shortage (in per cent) of Specialists in Paediatric specialty**



**Chart 2.6 (ii): Excess (-)/Shortage (in per cent) of Specialists in OBGY specialty (District wise)**

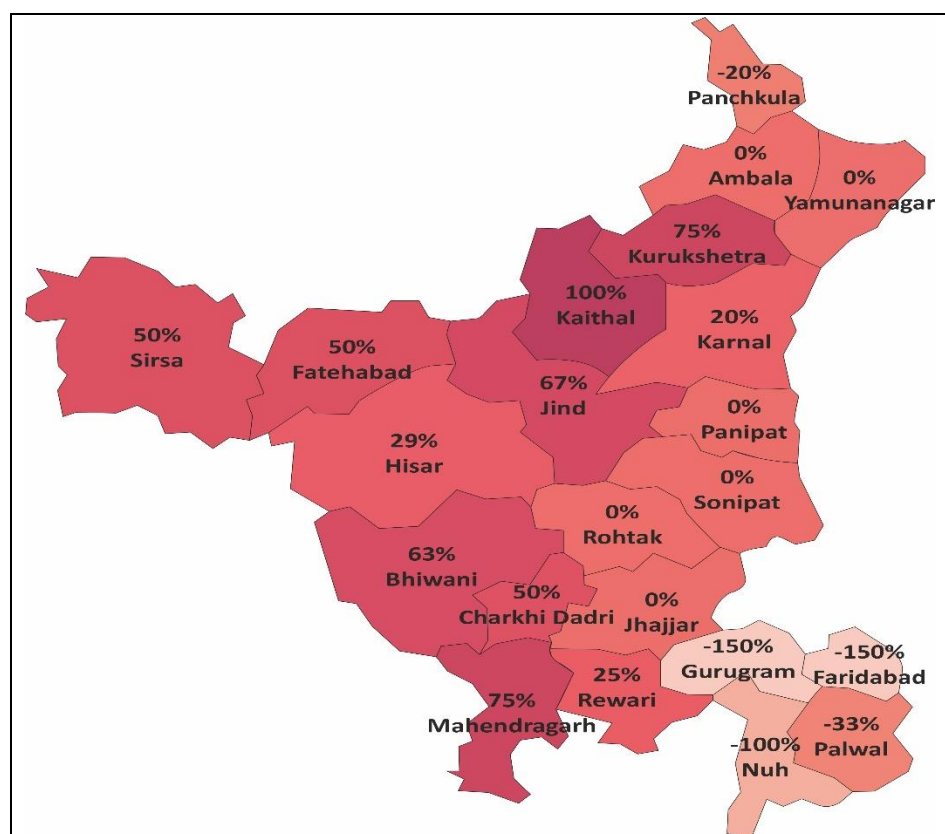
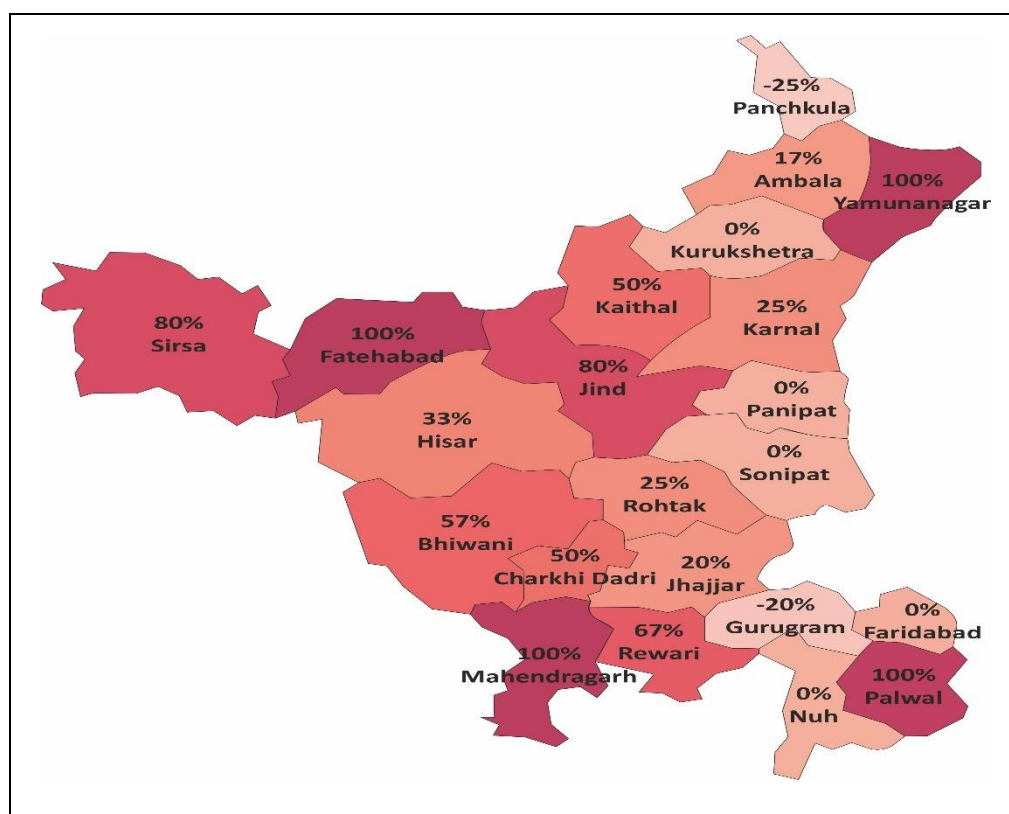




Chart 2.6 (iii): Excess (-)/Shortage (in per cent) of Specialists in Medicine specialty (District wise)



Source: Compiled from information furnished by individual health institutions in April/May 2023

Colour: Scaled on light to dark colour. Darker the colour higher the shortages

#### (iv) Specialty/Department-wise distribution of Specialists in CHCs

As per IPHS 2012 norms, a CHC should have a Physician/Family Medicine Specialist, Surgeon, Obstetrician & Gynaecologist, Paediatrician, Anaesthesiologist and MO Dental.

The details of availability of Specialists and Dental in 126 CHCs in the State of Haryana is given in **Table 2.17**.

**Table 2.17: Availability of Specialists in CHCs (as on 12 May 2023)**

Sr. No.	Name of Specialty	Requirement per CHC as per IPHS	Total Requirement as per IPHS 2012	Availability (in number of CHCs)	Shortage (in per cent)
1	General Surgeon	1	126	1	99
2	Physician	1	126	3	98
3	Obstetrician & Gynaecologist	1	126	4	97
4	Paediatrician	1	126	1	99
5	Anaesthetist	1	126	1	99
6	MO Dental	1	126	85	33

Source: Compiled from information furnished by individual health institutions in April-May 2023.

Colour: Red colour depicts most shortage and orange colour depicts least shortage.

Thus, in case of CHCs, there was huge shortage of Specialists in all specialties except Dental.

Due to shortage of specialists, impact on specialties in selected DHs, SDCHs and CHCs are discussed in 3.1.1, 3.1.5, 3.2.5, 3.2.6, 3.2.7, 3.3.4 and 3.6.1.

## 2.3 Human Resources under Directorate of Medical Education and Research (DMER)

DMER which includes sanctioned strength of five medical colleges and Pt. BD Sharma University of Health Sciences, Rohtak has the second highest sanctioned strength of 10,072 after DGHS. Position of manpower in DMER is given in **Table 2.18**.

**Table 2.18: Manpower position under DMER (as of October 2022)**

Medical College/Office Name	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of Vacant Posts
Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak	4,872	2,838	2,034	41.7
Bhagat Phool Singh GMC* for Women, Khanpur Kalan, Sonipat	1,621	1,132	489	30.2
Shaheed Hasan Khan Mewati GMC, Nalhar, Nuh	1,059	372	687	64.9
Shri Atal Bihari Vajpayee GMC, Faridabad	967	195	772	79.8
Kalpana Chawla GMC, Karnal	954	467	487	51.0
Maharaja Agrasen Medical College, Agroha	494	329	165	33.4
Directorate of Medical Education and Research, Haryana, (Headquarter Office Panchkula)	105	97	8	7.6
<b>Total</b>	<b>10,072</b>	<b>5,430</b>	<b>4,642</b>	

Source: HRMS data

\*GMC: Government Medical College.

As shown in the table above, shortage of manpower exists in all the five medical colleges and in PBD Sharma UHS, Rohtak. Shri Atal Bihari Vajpayee GMC, Faridabad has the highest shortage of manpower followed by Shaheed Hasan Khan Mewati GMC, Nuh.

Category-wise position of manpower in DMER is given in **Table 2.19**.

**Table 2.19: Category wise position of Manpower under DMER (as of October 2022)**

Category	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of Vacant Posts
Doctors	1,757	1050	707	40.2
Nurses	2,651	2,018	633	23.9
Paramedics	2,149	806	1,343	62.5
Other	3,515	1,556	1,959	55.7
<b>Total</b>	<b>10,072</b>	<b>5,430</b>	<b>4,642</b>	

Source: HRMS data

As shown in the table above, there was shortage of 40.2 *per cent* doctors, 23.9 *per cent* nurses and 62.5 *per cent* paramedic staff in the five Medical Colleges and PBD Sharma UHS, Rohtak.

Shortage of manpower for some of the specific posts in DMER is given in **Table 2.20**.

**Table 2.20: Manpower position of some specific posts in DMER as of October 2022**

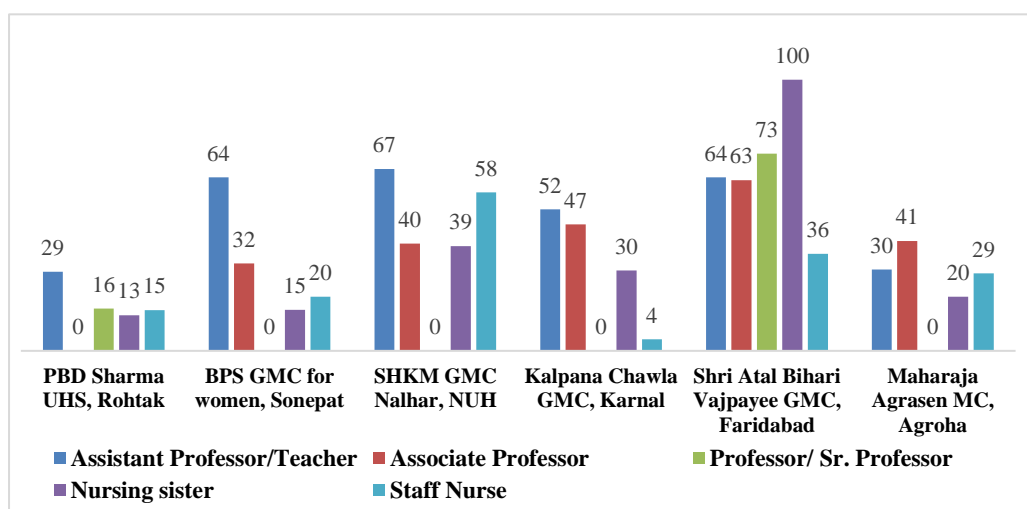
Sr. No.	Post Name	Sanctioned Post	Working Strength	Vacant Posts	Percentage of vacant posts
1	Professors/Sr. Professors	256	242	14	5.5
2	Associate professors	216	133	83	38.4
3	Assistant Professors	691	391	300	43.4
4	Other Doctors	594	284	310	52.2
	<b>Total</b>	<b>1,757</b>	<b>1,050</b>	<b>707</b>	
1	Staff Nurse	2,184	1,679	505	23.1
2	Nursing Sister	383	284	99	25.8
3	Assistant Nursing Superintendent	44	22	22	50.0
4	Other Nurses	40	33	7	17.5
	<b>Total</b>	<b>2,651</b>	<b>2,018</b>	<b>633</b>	
1	Lab Technician & Laboratory Technician	351	198	153	43.6
2	Lab Attendant	205	38	167	81.5
3	Operation Theatre Attendant/ Assistant	168	90	78	46.4
4	Technical Assistant	141	19	122	86.5
5	Radiographer & Radiographic Tech.	88	52	36	40.9
6	Operation Theatre Technician	80	55	25	31.3
7	Other paramedics	1,116	354	762	68.3
	<b>Total</b>	<b>2,149</b>	<b>806</b>	<b>1,343</b>	

Source: HRMS

Colour code: Red denotes most vacancies; yellow denotes moderate vacancies and green denotes least vacancies.

To fill the gap of manpower in medical colleges and the University of Health Sciences, the Department hired staff on contractual basis. As of January 2024, two posts of doctors i.e. one Associate Professor (MCH Nalhar) and one Research Scientist (BPS Sonapat) have been filled up on contract basis. Further, 431 posts of nurses and 560 posts of paramedics have been filled up through outsourcing. Even after deploying outsourced staff, 705 posts of doctors, 202 posts of nurses and 783 posts of paramedics were vacant.

Post wise vacancy in the five Medical Colleges and PBD Sharma UHS, Rohtak as of October 2022 is given in **Chart 2.7**.

**Chart 2.7: Shortfall of staff in Medical Colleges under DMER (In per cent) as of October 2022**

Source: HRMS data

As seen from the chart:

- i. In PBD Sharma UHS, Rohtak, 29 *per cent* Assistant Professors, 16 *per cent* Professors/Sr. Professors and 15 *per cent* Staff Nurses posts were vacant.
- ii. In BPS GMC, Sonipat, 64 *per cent* Assistant Professors, 32 *per cent* Associate Professors and 20 *per cent* Staff Nurses posts were vacant.
- iii. In SHKM GMC, Nalhar 67 *per cent* Assistant professors, 40 *per cent* Associate Professors and 58 *per cent* Staff Nurses posts were vacant.
- iv. In Kalpana Chawla GMC, Karnal, 52 *per cent* Assistant professors, 47 *per cent* Associate Professors and 30 *per cent* Nursing Sisters' posts were vacant.
- v. In Shri Atal Bihari Vajpayee GMC, Faridabad 64 *per cent* Assistant Professors, 63 *per cent* Associate Professors and 73 *per cent* Professors posts were Vacant.
- vi. In Maharaja Agrasen MC, Agroha 30 *per cent* Assistant Professors, 41 *per cent* Associate Professors and 29 *per cent* Staff Nurses posts were vacant.

Further, regular Directors and Medical Superintendents were not appointed in any of the Medical Colleges under DMER except Pt. B.D. Sharma, University of Health Sciences, Rohtak. These categories play a major role in providing public health infrastructure and management of health services.

Director, Kalpana Chawla GMC, Karnal replied (January 2023) that the institute has made its best efforts to fill up the vacant posts and request had been sent to Government for granting permission to advertise the posts. It was also intimated that most of the posts of Group C are promotional posts and are required to be filled up through promotion.

## 2.4 Human Resources under Family Welfare Department

The Family Welfare Department constitutes 8 *per cent* of the total workforce of Health Institutions under Government of Haryana with total sanctioned strength of 3,384. Against which, 2,213 posts were filled and 1,171 posts were vacant. As such, 34.6 *per cent* of posts were vacant in the department. Position of manpower in each category as of October 2022 is given in **Table 2.21**.

**Table 2.21: Position of manpower under Family Welfare Department**

Category	Sanctioned Posts	Working Strength	Vacant posts	Percentage of Vacant Posts
Doctors	51	20	31	60.8
Nurses	18	2	16	88.9
Paramedics	2,833	2,020	813	28.7
Other	482	171	311	64.5
<b>Total</b>	<b>3,384</b>	<b>2,213</b>	<b>1,171</b>	<b>34.6</b>

Source: HRMS data

As shown above, 28.7 per cent to 88.9 per cent posts were lying vacant under different categories in Family Welfare Department. It has shortage of 60.8 per cent Doctors, 88.9 per cent Nurses and 28.7 per cent Paramedical staff. No contractual staff has been deployed in the department.

Shortage of manpower in some specific posts under Family Welfare Department is given in **Table 2.22**.

**Table 2.22: Shortage of manpower in some specific posts**

Post Name	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of Vacant Posts
MPHW(F)	2,774	1,993	781	28
Clerk	109	38	71	65
Driver	82	21	61	74
Assistant	64	49	15	23
Deputy Civil Surgeon	38	4	34	89
Class IV	38	10	28	74
Peon	31	11	20	65
Statistical Assistant	29	15	14	48
Junior Auditor	21	2	19	90
Refrigerator Mechanic	20	6	14	70
Deputy Superintendent	18	2	16	89
Statistical Investigator	17	2	15	88
District Public Health Nursing Officer	12	0	12	100

Source: HRMS data

Colour code: Red denotes most vacancies; yellow denotes moderate vacancies and green denotes least vacancies.

As shown in the above table, percentage of vacant posts for different types of posts ranged from 23 per cent to 100 per cent.

## 2.5 Human Resources under AYUSH

Sanctioned strength for AYUSH Department is 2,277 which is 5.5 per cent of the total sanctioned strength of Health Institutions under Government of Haryana. It was observed that 1,261 (55 per cent) posts were vacant in this department as far as regular employees are concerned. Shortage had been observed in many key posts which has been discussed in succeeding paragraphs. Category-wise position of manpower is given in **Table 2.23**.

**Table 2.23: Manpower position under AYUSH as of October 2022**

Category	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of Vacant Posts
Doctor	750	372	378	50.4
Nurse	27	2	25	92.6
Paramedics	1,208	480	728	60.3
Other	292	162	130	44.5
<b>Total</b>	<b>2,277</b>	<b>1,016</b>	<b>1,261</b>	

Source: HRMS data

The department has shortage of 50.4 per cent Doctors, 92.6 per cent Nurses and 60.3 per cent Paramedical staff. There was shortage of 44.5 per cent staff in other category also which includes posts of Clerks, Accountants, Assistants, Sweepers, Ward-boys etc.

Shortage of manpower for some key posts in AYUSH Department is depicted in **Table 2.24**.

**Table 2.24: Position of manpower in some key posts under AYUSH Department (as of October 2022)**

Post Name	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of Vacant Posts
Pharmacist Ayurvedic	548	383	165	30
Ayurvedic Medical Officer	546	304	242	44
Trained Dai	484	36	448	93
Lecturer	37	15	22	59
MPHW(F)	34	0	34	100
Homeopathic Medical Officer	33	3	30	91
Dispenser Homoeopathic	29	17	12	41
Reader	28	13	15	54
Professor	28	13	15	54
District Ayurvedic Officer	22	13	9	41
Ayush Yog Coach	22	0	22	100

Source: HRMS data

Colour code: Red denotes most vacancies; yellow denotes moderate vacancies and green denotes least vacancies.

As shown in the table above, 30 per cent to 100 per cent posts were vacant in some key posts. Skewed distribution of posts in AYUSH Department at District level is shown in **Table 2.25**.

**Table 2.25: District wise skewed distribution of AMOs under AYUSH Department as of October 2022**

District Name	Population as per 2011 census	Total posts				Ayurvedic Medical Officer			
		Sanctioned Post	Working Strength	Vacant post	Vacant post Percentage	Sanctioned Post	Working Strength	Vacant post	Vacant post Percentage
Faridabad	18,09,733	30	14	16	53	8	6	2	25
Hisar	17,43,931	164	67	97	59	53	21	32	60
Gurugram	15,14,432	68	35	33	49	13	12	1	8
Karnal	15,05,324	97	47	50	52	28	17	11	39
Sonapat	14,50,001	92	53	39	42	27	18	9	33
Jind	13,34,152	116	50	66	57	36	12	24	67
Sirsa	12,95,189	117	49	68	58	40	21	19	48
Yamunanagar	12,14,205	66	33	33	50	18	10	8	44
Panipat	12,05,437	64	27	37	58	19	4	15	79
Bhiwani	11,32,169	104	65	39	38	25	23	2	8
Ambala	11,28,350	108	39	69	64	18	13	5	28
Nuh	10,89,263	77	24	53	69	16	6	10	63
Kaithal	10,74,304	86	42	44	51	26	14	12	46
Rohtak	10,61,204	99	72	27	27	32	27	5	16
Palwal	10,42,708	72	25	47	65	15	8	7	47
Kurukshetra	9,64,655	229	113	116	51	20	17	3	15
Jhajjar	9,58,405	100	42	58	58	30	16	14	47
Fatehabad	9,42,011	62	26	36	58	19	9	10	53
Mahendragarh	9,22,088	237	56	181	76	39	13	26	67
Rewari	9,00,332	63	31	32	51	18	16	2	11
Panchkula	5,61,293	131	82	49	37	19	14	5	26
Charkhi dadri	5,02,276	95	24	71	75	27	7	20	74
<b>Total</b>	<b>2,53,51,462</b>	<b>2,277</b>	<b>1,016</b>	<b>1,261</b>	<b>55</b>	<b>546</b>	<b>304</b>	<b>242</b>	<b>44</b>

Source: HRMS data

Colour code: Red denotes most vacancies; yellow denotes moderate vacancies and green denotes least vacancies.

The table given above shows that posts have been sanctioned unevenly at district level. The range of total posts sanctioned for districts varies from lowest (30) in

Faridabad to highest (237) in Mahendragarh. Panchkula has the lowest population of 5.61 lakh and 131 posts are sanctioned for it whereas for Faridabad which has the highest population of 18.09 lakh, only 30 posts are sanctioned. It shows that posts have not been sanctioned by considering the population of the district.

Further, the available manpower in the Department has not been distributed uniformly. The range of vacant posts in the districts lies between 16 and 181 in absolute figures and in terms of percentage 27 *per cent* to 76 *per cent* posts are vacant at district level.

Total 44 *per cent* posts of Ayurvedic Medical Officer (AMO) were lying vacant in the State. At district level, the lowest 8 *per cent* (Gurugram) to the highest 79 *per cent* (Panipat) posts were vacant for AMOs. In terms of absolute numbers also, there exists a huge variation in the vacant posts of AMOs as in Gurugram district only one post of AMO was vacant whereas in Hisar district 32 posts of AMOs were lying vacant.

In addition to regular employees, as of January 2024, AYUSH Department has deployed 2,234 contractual staff also which takes the total deployed manpower to be more than the sanctioned strength. It shows that the sufficient manpower was deployed against the sanctioned strength but out of 2,234 contractual staff, 916 were Yog Sahayaks and 1021 were Sweepers, Water Carriers etc.

AYUSH Department replied (January 2023) that requisitions had been sent to Haryana Public Service Commission (HPSC) and Haryana Staff Selection Commission (HSSC) for recruitment of District Ayurvedic Officer, Ayurvedic Medical Officer, Homeopathic Medical Officer, Ayurvedic Pharmacist, Homeopathic Pharmacist, Ayush Yog Coach and MPHWH.

## 2.6 Availability of Staff under National Health Mission (NHM)

National Health Mission Haryana provides quality healthcare, specially to the vulnerable groups by facilitating their access to quality primary healthcare. Position of manpower under NHM is given in **Table 2.26**.

**Table 2.26: Availability of staff in various Posts under NHM (as of January 2024)**

Category	Approved strength	Working strength	Vacant posts	Percentage of vacant posts
Doctors	648	345	303	47
Nurses	2,764	2,324	440	16
Paramedics	8,385	6,823	1,562	19
Other	5,989	4,976	1,013	17
<b>Total</b>	<b>17,786</b>	<b>14,468</b>	<b>3,318</b>	

Source: Information furnished by NHM, Haryana as of January 2024.

Above table shows that 47 *per cent* posts of doctors were vacant in NHM, Haryana.



## 2.7 Human Resources under Food and Drugs Administration Department (FDA)

Total sanctioned strength of FDA, Haryana is 583. It was observed that 56 *per cent*, i.e., 326 posts were lying vacant in FDA. Shortage of manpower for some of the posts in FDA are shown in **Table 2.27**.

**Table 2.27: Manpower position under FDA including contractual staff (as of October 2022)**

Post Name	Sanctioned Posts	Working Strength	Vacant Posts	Percentage of vacant posts
Drug Control Officer (DCO)	46	12	34	74
Assistant	46	19	27	59
Food Safety Officer (FSO)	45	12	33	73
Chemist	29	12	17	59
Laboratory Technician	29	19	10	34
Deputy Superintendent	27	3	24	89
Laboratory Attendant	25	6	19	76
Reader	23	0	23	100
Designated Officer	22	5	17	77
Analyst	11	3	8	73

**Source: HRMS data**

**Colour code: Red denotes most vacancies; yellow denotes moderate vacancies and green denotes least vacancies.**

Percentage of shortage for the above-mentioned posts ranged from 34 *per cent* to 100 *per cent*.

As of January 2024, 175 contractual<sup>16</sup> staff has also been hired by FDA but most of the staff was related to clerical and multitasking posts.

The Department stated (December 2022 and January 2023) that selection of 26 DCOs was finalised in 2020 but the matter is under litigation. Further, requisition for the post of Chemist and Laboratory Attendant had already been sent to HSSC during the year 2022. The post of Reader was sanctioned by the Government in 2018 but preparation of service rules is under process. The posts of Assistants, Deputy Superintendents and Designated Officers were to be filled up by promotion, but due to non-availability of suitable candidates, these posts remained vacant.

## 2.8 Shortage of drivers/Emergency Medical Team (EMT) for Ambulance Services

The revised guidelines of NHM Haryana issued in May 2019 for implementation of Referral Transport Scheme stipulate that:

- (i) three drivers should be posted for each Advance Life Support (ALS) Ambulance/Basic Life Support Ambulance (BLS)/Neonate and Patient

<sup>16</sup> 175 posts of Group C & D staff had been filled up on contractual basis by FDA, which included mainly (i) Clerical staff: 66, (ii) Multitasking staff: 80, (iii) Drivers: 8 and (iv) Scientific assistants: 11.



Transport Ambulance (PTA). One driver should be posted for Kilkari Ambulance.

- (ii) three EMTs should be posted for each ALS/BLS/Neonate ambulance. Even if the available EMTs are less than the norms, the number of operational ALS/BLS/Neonate ambulances may be reduced for ensuring three EMTs are posted for each ambulance. The preference should be given firstly to ALS ambulance, secondly to BLS and then to Neonate ambulance.

Details of shortage of drivers/EMTs on ambulances in the test-checked districts as of April 2022 (Panipat) and June 2022 (Nuh and Hisar) is given in **Table 2.28**.

**Table 2.28: Shortage of manpower for Ambulance and Emergency Medical Team**

Name of District	Number of Ambulances	Drivers			Emergency Medical Team (EMT)		
		Required	Available	Shortage (In per cent)	Required	Available	Shortage (In per cent)
Panipat	28	84	57	32	84	25	70
Nuh (Mewat)	30	90	66	27	90	34	62
Hisar	27	81	65	20	81	35	57
<b>Total</b>	<b>85</b>	<b>255</b>	<b>188</b>	<b>26</b>	<b>255</b>	<b>94</b>	<b>63</b>

Source: Information furnished by test-checked Districts

Colour code: Red denotes most vacancies; yellow denotes moderate vacancies and green denotes least vacancies.

As per revised guidelines, 255 drivers (85 ambulances X 3 drivers) should have been posted on these ambulances against which only 188 drivers were posted. Against required 255 EMTs (85 ambulances X 3 EMTs), only 94 EMTs were available.

Civil Surgeon, Panipat replied (January 2022) that additional 27 drivers (included in the table above) had been posted on ambulances in January 2022 from Director, State Transport Haryana. In the case of EMT, it would be recruited after receipt of sanction and guidelines from National Health Mission, Haryana. The reply was not tenable as there was still shortage of 27 drivers in Panipat district. No reply received from the other two districts.

NHM replied (January 2023) that there was a requirement of 244 Drivers and 156 EMTs as stated by the Department. Out of 244 drivers, 168 drivers were available; while out of 156 EMTs, 95 EMTs were available in these districts. Indent for 614 drivers had already been placed on Haryana Kaushal Rozgar Nigam Limited (HKRNL) portal and till date 240 drivers in all districts had been provided by HKRNL, out of which, nine drivers in Panipat, 12 drivers in Nuh and 17 drivers in Hisar had already been provided. The reply was not tenable as the requirement of drivers assessed by NHM was not as per norms. Further, even after approval of the State Government for recruiting manpower through HKRNL, there was still shortage of drivers in NHM.

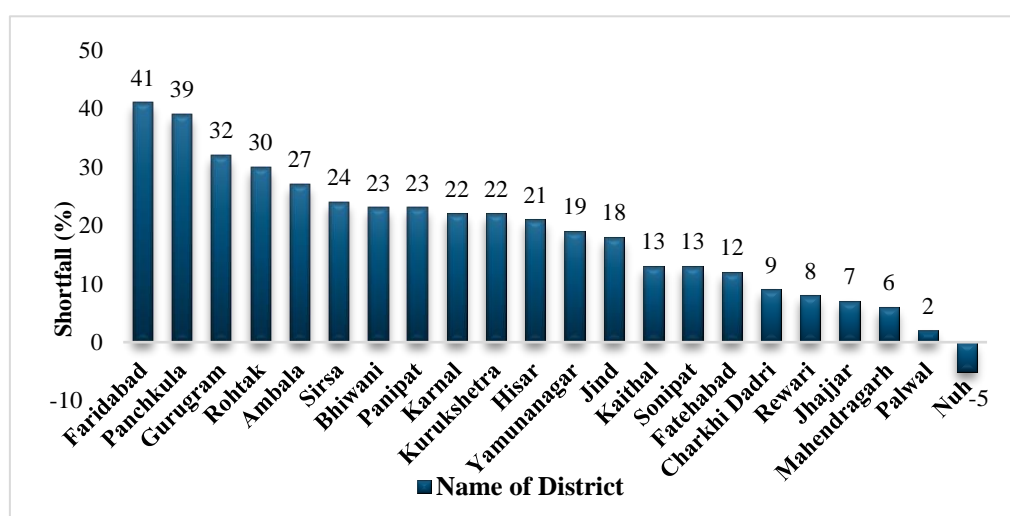
## 2.9 Availability of Accredited Social Health Activists (ASHAs)

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist, Accredited Social Health Activist (ASHA). Her roles and responsibilities in the society is to create awareness and to provide information to the community on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health and family welfare services. She also counsels women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunisation, contraception, prevention of common infections including Reproductive Tract Infection/ Sexually Transmitted Infection (RTIs/STIs) and care of the young child. As per roles and responsibilities, ASHAs facilitate in Ante Natal Check-up (ANC), Post Natal Check-up (PNC) and escort/accompany pregnant women and children requiring treatment/ admission to the nearest PHC/CHC/FRU. Further, they also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy, Iron Folic Acid Tablet (IFA), Chloroquine, Disposable Delivery Kits, Oral Pills and Condoms, etc.

As per guidelines issued on ASHA by the Central Government in 2005, one ASHA is required per one thousand population. As per population (2,53,51,462) of Haryana in 2011, there is requirement of 25,351 ASHAs against which there was availability of 20,405 (shortfall of 20 *per cent*) ASHAs in Haryana as of October 2022.

District wise shortfall (in percentage) in availability of ASHAs is as under:

**Chart 2.8: District wise shortfall (in *per cent*) in availability of ASHAs as per IPHS norms**



Source: Information furnished by Department.

From the above table, it is evident that the availability of ASHAs in all districts is uneven. The shortage of ASHAs was ranging between two *per cent* in district Palwal to 41 *per cent* in district Faridabad.

Further, Oral Contraceptive (OC) pills (13,770) and condoms (38,82,720) expired in various health institutions during the period 2016-21. As per NFHS 5 (2020-21), mothers who had at least four antenatal care visits was 60.4 *per cent* in Haryana. Mothers who consumed iron folic acid for 180 days or more when they were pregnant was 32 *per cent*. ASHAs facilitate delivery of health services and also create awareness and popularise health services and family planning methods. Therefore, it cannot be denied that if required number of ASHAs were available, the expiry of OC pills and condoms could have been reduced, if not avoided completely. Health indicators especially related to child and maternal health could have also been improved.

Information regarding availability of number of ASHAs per Sub Centre (SC) along with the name of village was sought from National Health Mission, Haryana. But the Department (October 2022) intimated that the number of ASHA according to SCs and population is not required at NHM HQ, therefore, this data was not available. The reply was not tenable because an 'ASHA portal & Mobile App' has been developed by NHM, Haryana which is being implemented through android mobile phones supplied to the ASHAs. The main purpose of the mobile app is to cover real-time data for such activities e.g., Village Health Nutrition Day celebration, Village Health Sanitation & Nutrition Committee meetings, maintaining Village Health Register/Line-listing of Households etc., which are currently not authenticated through existing databases in the health system and all these are also required to be linked in such a manner that without confirmation/ validation of any of these activities, the incentive claims should not be approved for release of incentive payments. So, in the absence of real time availability of number of ASHAs and village-wise population, the purpose of the app application along with android phones may not be effective.

During the exit conference (January 2023), the ACS, Health and Family Welfare Department, Government of Haryana directed NHM to maintain data related to deployment of human resources at all levels for better monitoring and deployment of ASHAs.

## **2.10 Shortage of staff and its impact on delivery of health services in test-checked districts**

The number of sanctioned/ filled posts of Medical Officers/Nursing Sister/Officers/Paramedical Staff in the test-checked districts is given in **Table 2.29**.

**Table 2.29: Position of manpower in test checked Districts (as of October 2022)**

Name of District	Name of Institution	Doctors			Nurses			Paramedical Staff		
		Sanctioned	Filled	Excess (+)/ Shortfall (in per cent)	Sanctioned	Filled	Excess (+)/ Shortfall (in per cent)	Sanctioned	Filled	Excess (+)/ Shortfall (in per cent)
Nuh	DH Mandi Khera	51	41	20	44	35	20	45	16	64
	CHCs	18	19	(+)6	20	15	25	22	15	32
	PHCs	15	10	33	10	5	50	20	6	70
Panipat	DH Panipat	68	39	43	102	85	17	62	33	47
	SDCH Samalkha	14	11	21	20	16	20	18	18	0
	CHCs	36	25	31	40	18	55	41	51	(+)24
	PHCs	18	8	56	12	2	83	24	9	63
Hisar	DH, Hisar	68	56	18	104	91	13	64	41	36
	SDCH Adampur	14	12	14	20	14	30	18	8	56
	SDCH Narnaund	51	18	65	44	18	59	48	13	73
	CHCs <sup>17</sup>	41	22	46	50	41	18	52	46	12
	PHCs	27	18	33	18	13	28	36	26	28

Source: HRMS Data

Colour code: Red denotes most vacancies; yellow denotes moderate vacancies and green denotes least vacancies/excess.

It is evident from the above table that more shortage in case of Medical Officers was seen in district Panipat and Hisar as compared to district Nuh. Further, more shortage in case of paramedical staff was seen in district Nuh as compared to districts Panipat and Hisar.

It is pertinent to mention that as per IPHS 2012 norms, a PHC should have a Medical Officer. It was, however, noticed that no Medical Officer was posted in PHC Mangal Khan and Puthi Samain, Hisar.

During the exit conference (January 2023), the ACS, Health and Family Welfare Department while agreeing to the audit observations stated that the exercise for rationalisation of manpower and creation of specialist cadre is under process and would be completed soon.

Due to shortage of staff, the delivery of health services in the test-checked health institutions was hampered as several such cases have been highlighted in this report as detailed in **Table 2.30**.

**Table 2.30: Details of services hampered due to shortage of staff**

Sr. No.	Impacted Service	Para reference
1.	Non-availability of specialty OPD services in test-checked health institutions due non-availability of Specialists	3.1.1, 3.1.2 & 3.1.3
2.	Number of OPD cases per doctor were uneven in selected health institutions	3.1.5
3	Non-availability of Major/Minor surgeries in test-checked health institutions due to shortage of surgeons	3.2.4
4.	Operation theatres were not functional in some test-checked health institutions	3.2.6
5.	Emergency services were not available in some of the test-checked health institutions	3.3.1, 3.3.2 & 3.3.3
6.	Maternity services were not available in some test-checked health institutions due to shortage of required staff.	3.5.2 (iii)

<sup>17</sup> During field study, CHC-cum-SDCH, Barwala was considered as CHC, Barwala.

Sr. No.	Impacted Service	Para reference
7.	Ventilators supplied in health institutions were not put to use due to shortage of skilled manpower	4.4.2
8.	Out of total upgraded Health & Wellness Centres, some HWCs were not operational due to shortage of staff	5.6.2
9.	Out of total AYUSH Health & Wellness Centres, some were not operational or providing partial services due to shortage of staff	5.7
10.	Infrastructure not put to use appropriately in test checked health institutions	5.9

## 2.11 Availability of manpower in upgraded AYUSH Health and Wellness Centres

As per the AYUSH HWCs operational guidelines issued in May 2020, there should be an appropriate trained primary health care team, comprising of multi-purpose workers, ASHAs, auxiliary nurse midwife (ANM) led by a community health officer (a qualified AYUSH physician). A qualified/certified Yoga instructor would be deployed at all HWCs on a part time basis to provide continuous and customised Yoga training to the community at HWC and various other identified public places.

The availability of manpower against requirement in 346 upgraded AYUSH HWCs in the State is depicted in **Table 2.31**.

**Table 2.31: Availability of manpower against requirement in upgraded AHWCs**

No. of HWCs upgraded upto November 2021	No. of HWCs having Yoga instructor	No. of ASHAs to be deployed @5 per HWCs	No. of ASHAs deployed in actual in HWCs	No. of ANMs to be deployed @2 per HWCs	No. of ANMs deployed in actual in HWCs
346	0	1,730	1,363	692	484

**Source: Information furnished by AYUSH, Haryana.**

It was intimated (November 2021) by the department that out of 346 AHWCs upgraded, none of the HWCs has a yoga instructor. The above table also shows shortage of ASHAs and ANMs in the upgraded AHWCs as against the sanctioned posts of 1,730 ASHAs and 692 ANMs, only 1,363 posts (79 *per cent*) and 484 posts (70 *per cent*) respectively were filled. Further, out of these upgraded AHWCs, in 51 HWCs of Hisar and Jind districts, no ASHA/ANMs were deployed.

It was further intimated (November 2021) that the process for recruitment of yoga instructors was delayed due to stay imposed by the Honøble High Court. Further, the deployment of ASHAs and ANMs was to be done by the Health Department because these primary health care workers were under the control of Civil Surgeons at district level.

Further, in the test-checked districts, against the requirement of 55 Community Health Officers (CHOs)/Ayush Medical Officers (AMOs), only 50 CHOs/AMOs were deployed. It was further intimated by District Ayurvedic Officers (DAOs) of the respective test-checked districts that as a stop gap arrangement, four CHOs/AMOs in district Panipat had been assigned with additional charge of four nearby AHWCs, where the post of CHOs/AMOs were vacant. Similarly,

in Nuh district, four CHOs/AMOs had been assigned with additional charge of four nearby SCs. In the existing arrangement, the adverse impact on patient health care could not be ruled out as the CHOs were not attending the OPDs regularly on all working days, due to additional attachments.

On being pointed out by audit, the Department stated (January 2023) that file was under process for appointment of regular AYUSH doctors. Now, the Government of Haryana had approved the posts of full time *Yog Sahayak* to be appointed at *Yog* and *Vyayamshalas*. It was further stated that ANMs and ASHAs were under the administrative control of the Health Department and instructions had been issued to the Civil Surgeons concerned for the deputation of ANMs and ASHAs.

## 2.12 Recruitment of manpower

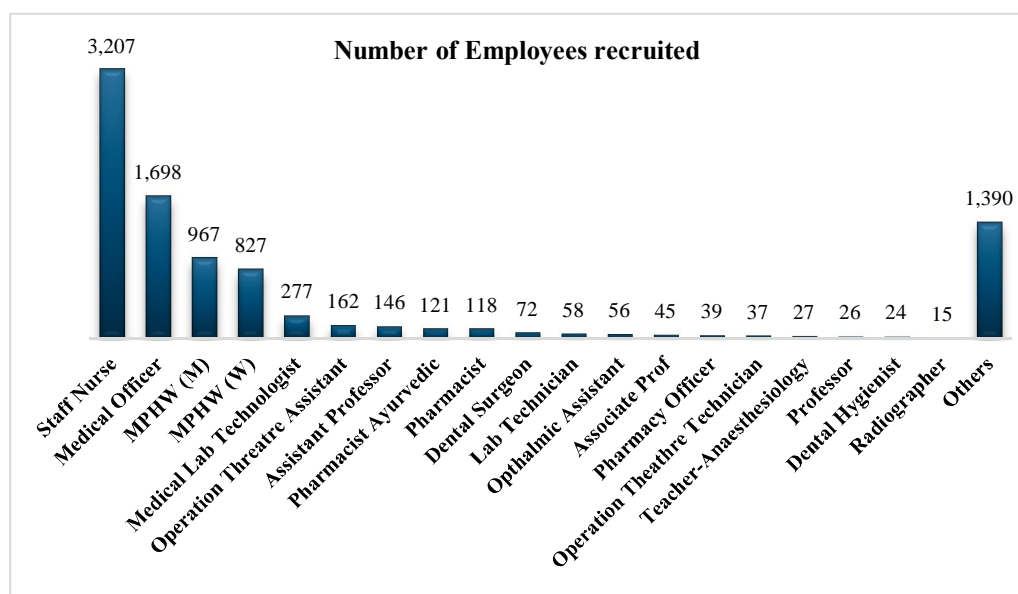
Analysis of HRMS data revealed that out of total 24,219 employees under health sector related directorates, 9,312 employees (38.4 *per cent*) were recruited during the period April 2016 to December 2022. Details of year-wise recruitment are given in *Table 2.32*.

**Table 2.32: Manpower recruited during the period 2016-17 to 2022-23**

Year	Doctors	Nurses	Paramedics	Others	Total
2016-17	70	56	8	4	138
2017-18	353	1,057	213	322	1,945
2018-19	132	98	1,012	288	1,530
2019-20	131	2	475	204	812
2020-21	703	416	16	123	1258
2021-22	47	188	117	21	373
2022-23 (upto Dec 2022)	682	1,390	967	217	3,256
<b>Total</b>	<b>2,118</b>	<b>3,207</b>	<b>2,808</b>	<b>1,179</b>	<b>9,312</b>

Source: HRMS data.

**Chart 2.9: Category-wise number of Employees recruited**



Source: HRMS data.

It is evident from the above table and chart that out of 9,312 persons recruited during the period 2016-17 to 2022-23 (up to December 2022), 3,256 persons had been recruited during 2022-23 only. This constituted almost 35 *per cent* of the manpower recruited during the period 2016-17 to 2022-23 which shows that the pace of recruitment has increased. Apart from the above, out of the total recruitment, 34 *per cent* and 18 *per cent* were nurses and medical officers respectively.

### **2.13 Conclusion**

Government has not created sanctioned posts in the Health sector considering IPHS norms as the benchmark. Specialist cadre has not been created under Health Department. 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, radiographers/ultrasound technicians, pharmacists, etc., which 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. Though the overall availability of Specialists in DHs is good, there is a wide variation across districts leading to shortage in many DHs. The SDCHs have very few Specialists when compared to IPHS norms.

### **2.14 Recommendations**

- 1. Government should consider bringing in sanctioned strength of Health departments including Specialists at par with the IPHS norms.**
- 2. Government should focus on expediting recruitment process in order to fill vacancies in the sector.**
- 3. 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 complimentary 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. Government should bring out a long-term strategy and policy to reduce variations in doctor-population ratio across districts.**
- 4. Government should plan through State policy for assessment of medical personnel, sanction of posts, recruitment and deployment of doctors, nurses and paramedical staff.**