

Chapter-II

Human Resources

This Chapter analyses the availability and allocation of human resources, such as, doctors, nursing staff and paramedics, at primary, secondary and tertiary level hospitals, delays in their recruitments and training of human resources.

Audit Objective: *Whether the availability of the necessary human resource at all levels, e.g., doctors, nurses, paramedics, etc., were ensured in public health?*

Brief snapshot of the Chapter

- IPHS prescribes norms for manpower in various types of Health Care Facilities (HCFs). In order to improve quality of care and patient safety, Sustainable Development Goals Vision 2030 Uttar Pradesh provides to ensure availability of human resources as per IPHS norms at facility level.
- The State Government did not fix any norm for human resource to be sanctioned for the different capacity of the DHs, except 100 bedded Combined District Hospital. Further, the State Government has fixed norms of two post for PHC against the IPHS norm of 13 and 17 posts for CHC against the IPHS norm of 46.
- Out of sanctioned strength of 87,279 doctors, nurses and paramedics in the State, 54,429 personnel were available as on March 2022. The overall shortage was 38 per cent of human resources includes shortage of 38 per cent doctors, 46 per cent nurses and 28 per cent paramedics. There were delays in recruitment process.
- In test checked HCFs, audit noticed both excess as well as shortage of doctors, nurses and paramedics vis-à-vis sanctioned strength as well as IPHS norms indicating asymmetric distribution of human resources.

2.1 Introduction

For ensuring efficient operation of public sector hospitals, it is essential to prescribe norms for providing various resources in the hospitals. The delivery of quality healthcare services in hospitals largely depends on the adequate availability of doctors, staff nurses, para-medical and other supporting staff.

IPHS prescribes norms for manpower in various types of HCFs. In order to improve quality of care and patient safety, Sustainable Development Goals Vision 2030 Uttar Pradesh¹ provides to ensure availability of human resources as per IPHS norms at facility level.

2.2 Assessment of human resources

As on 31 March 2022, there were 87,279 sanctioned posts of doctors, nurses and paramedics in the State. This included 24,247 new posts (doctors: 3,877, nurses: 13,958 and paramedics: 6,412) created during 2016-22. The availability of doctors, nurses and paramedics against the sanctioned strength is given in **Table 2.1**.

¹ Additional interventions (2017-24)

Table 2.1: Availability² of doctors, nurses and paramedics in the State against the sanctioned strength as on 31 March 2022

Sl. No.	Posts	Sanctioned Strength	Available	Shortage	Percentage of shortage
1	Doctors	27822	17323	10499	38
2	Nurses	31503	16994	14509	46
3	Paramedics	27954	20112	7842	28
Total		87279	54429	32850	38

(Source: DGMH, SPMU, DGMET).

It could be seen from **Table 2.1** that there was significant shortage of 38 *per cent* doctors and 46 *per cent* nurses in the State. As a result, important medical services affected in the test-checked HCFs as discussed in the **Chapter III** of this Report.

Further, status of the availability of human resources in 106³ DHs, 840⁴ CHCs, 3,513 PHCs and 20,776 SCs in the State as of March 2022 is given in **Table 2.2**.

Table 2.2: Availability of human resources in DHs/CHCs/PHCs and SCs

Particulars	Sanctioned Strength	Person in Position	Availability (<i>per cent</i>)
DHs			
Medical Officer ⁵	3639	2207	61
Nurses ⁶	5552	4051	73
Paramedics ⁷	2700	2141	79
Others ⁸	6634	4986	75
CHCs			
Medical Officer	9579	4562	48
Nurses	8139	5422	67
Paramedics	8945	5598	63
Others	7108	3706	52
PHCs			
Medical Officer	5965	3829	64
Nurses	4464	2070	46
Paramedics	14346	9182	64
Others	8448	4225	50
SCs			
Paramedics	45190	29148	65
Community Health Officers	4833	3089	64

(Source: Health Information Management System (HMIS) data provided by SPMU, Uttar Pradesh and CMSs of DHs)

Table 2.2 shows shortage in all cadres at all levels of hospitals. The availability of medical officers in DHs, CHCs and PHCs ranged between 48 *per cent* and 64 *per cent*. Further, maximum availability of nurses and paramedics was observed in DHs. The details of human resources in DHs, CHCs, PHCs and SCs are given in **Appendix 2.1 (A-D)**.

The district wise persons-in-position as a percentage of sanctioned strength in respect of Medical Officers in CHCs and PHCs are depicted in following Maps:

² The data of Government and Autonomous Medical Colleges is for May 2022.

³ 100 bedded CDH Bhadohi was not functional.

⁴ HMIS data in respect of 840 CHCs, 3,513 PHCs and 20,776 SCs were made available by SPMU.

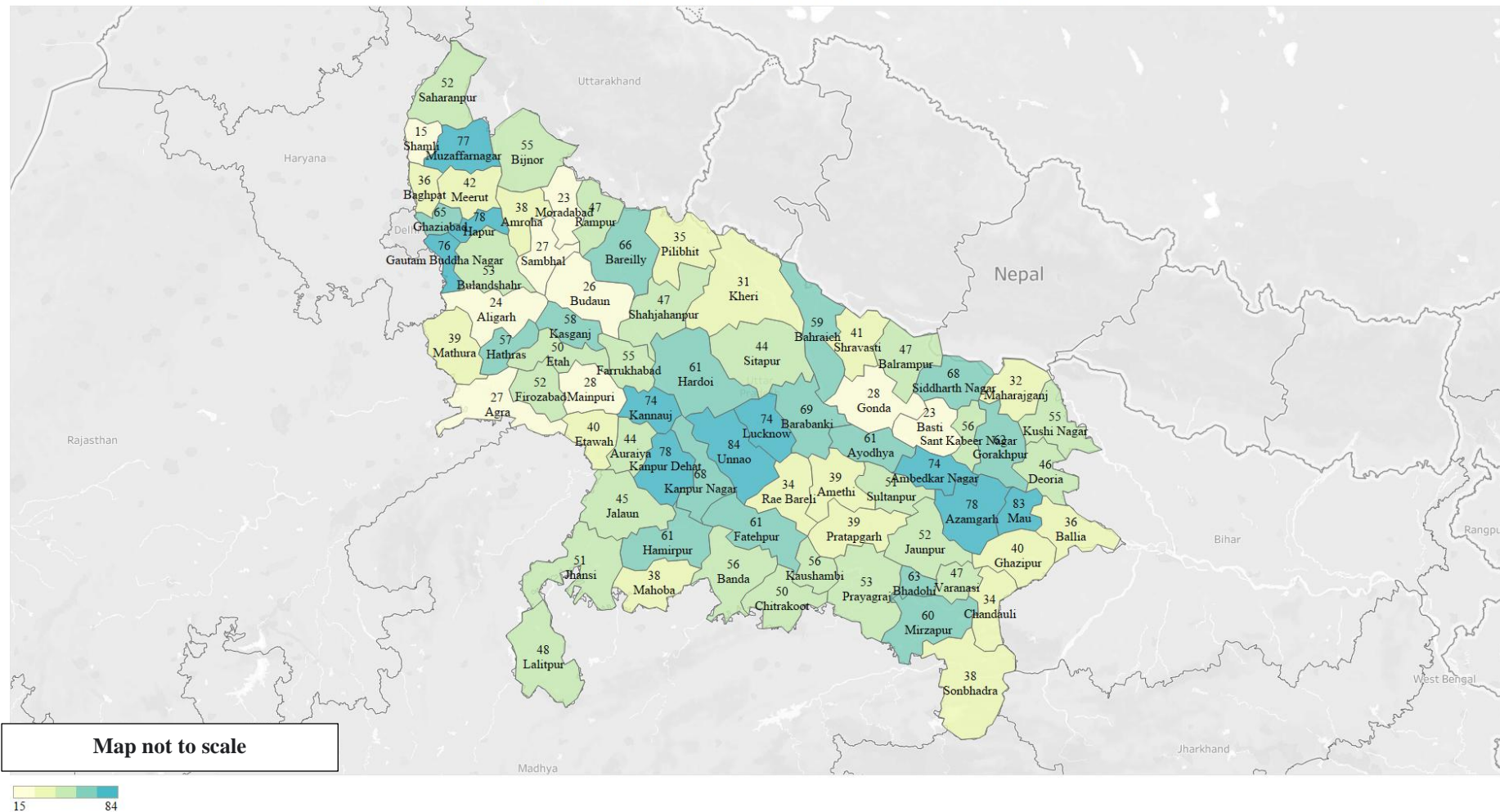
⁵ DH (SSPG Varanasi) did not provide information on Doctors.

⁶ Three DHs (Chitrakoot, Sambhal and Varanasi) did not provide information on Nurses.

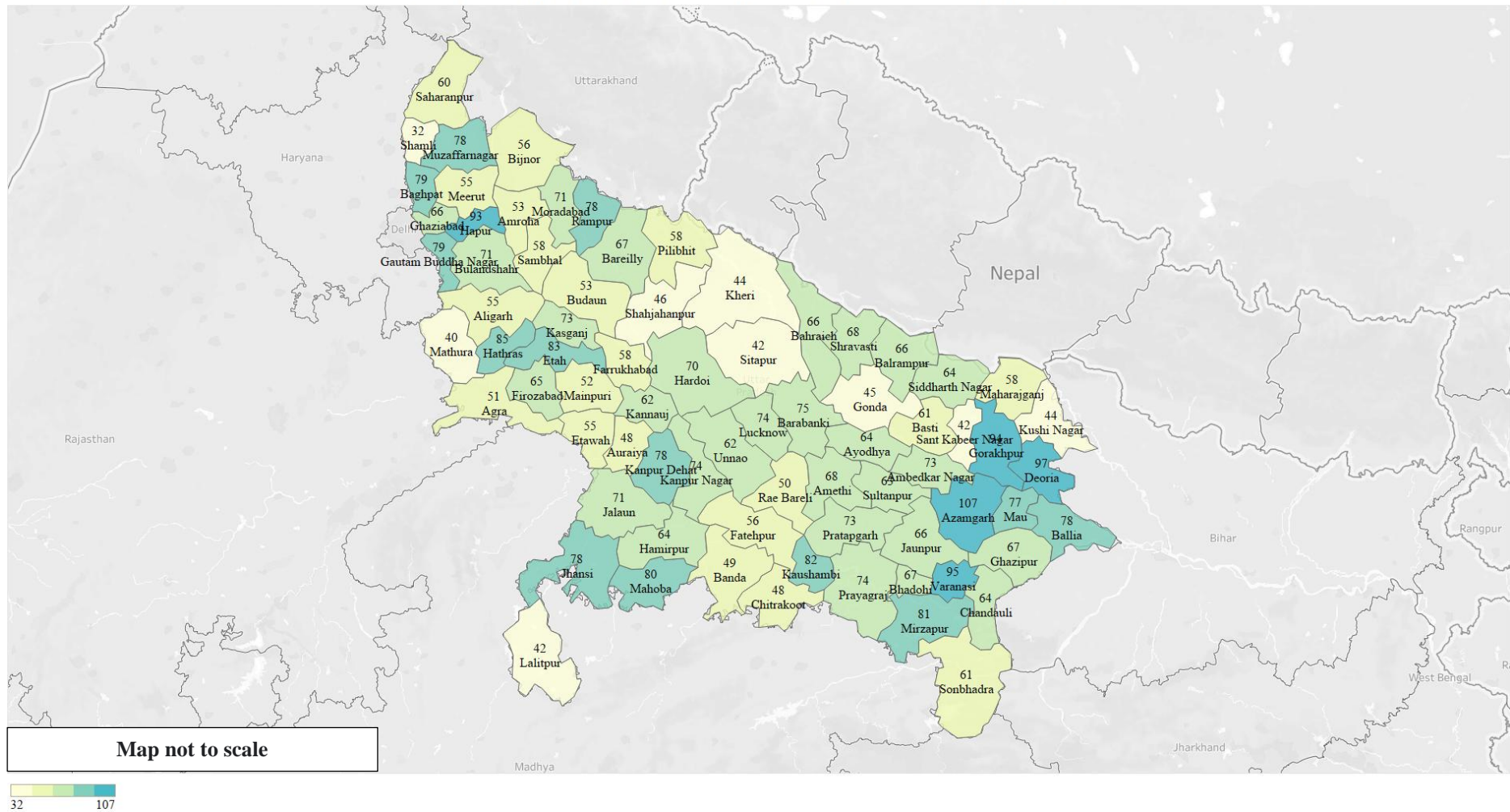
⁷ Three DHs (Chitrakoot, Sambhal and Varanasi) did not provide information on Paramedics.

⁸ 18 DHs did not provide information.

District-wise percentage of PIP against SS (Medical Officers) in CHCs



District-wise percentage of PIP against SS (Medical Officers) in PHCs



The Government's reply was awaited (August 2024) despite reminders.

2.2.1 Norms for allocation of human resources

Indian Public Health Standards (IPHS) guidelines envisage that doctors and nurses should be available round the clock in the IPDs to provide due medical care to the in-patients. These guidelines also prescribe the minimum number of doctors and nurses to be available in different hospitals up to the Primary Health Centre level according to the number of sanctioned beds. The State Government had also fixed norms for allocation of human resources to the various categories of HCFs existing in the State as given in **Table 2.3**.

Table 2.3: Norms for allocation of human resources

Sl. No	Medical Institution	Bed Capacity	IPHS Norm for Manpower	Description of manpower (IPHS)	State Government Norm for Manpower	Description of manpower
1.	Sub-Centre	00	02	ANM – 01 Health Worker - 01	No norms fixed	
2.	Primary Health Centre	04	13	Doctor – 01 Nurse – 03 Paramedics – 05 ⁹ Administrative - 04	02	Doctor – 01 Paramedics - 01
3.	Community Health Centre	30	46	Doctor – 11 Nurse – 11 Paramedics – 11 Administrative - 13	17	Doctor – 06 Nurse – 03 Paramedics – 05 Administrative - 03
4.	District Hospital	31 to 50	77	Doctor – 20 Nurse – 18 Paramedics – 27 Administrative - 12	No norms fixed	
		51 to 99	112	Doctor – 24 Nurse – 30 Paramedics – 43 Administrative - 15	No norms fixed	
		100	117	Doctor – 29 Nurse – 45 Paramedics – 31 Administrative - 12	127 (for combined hospitals)	Doctor – 34 Nurse – 38 Paramedics – 19 Administrative - 36
		200	181	Doctor – 34 Nurse – 90 Paramedics – 42 Administrative - 15	No norms fixed	
		300	272	Doctor – 50 Nurse – 135 Paramedics – 66 Administrative - 21	No norms fixed	
		400	345	Doctor – 58 Nurse – 180 Paramedics – 81 Administrative - 26	No norms fixed	
		500	422	Doctor – 68 Nurse – 225 Paramedics – 100 Administrative - 29	No norms fixed	

(Source: IPHS Guidelines 2012 for Sub-District Hospital, District Hospital, CHC, PHC, SC and Government norms for CHC, PHC and 100 bedded Combined District Hospital)

⁹ Including one Health Worker (Female) for Sub-center area of PHC.

It is evident that the State Government did not fix any norm for human resource to be sanctioned for the different bed capacity of DHs except 100 bedded CDHs.

It was observed that the norms of IPHS was not being followed in State. The State Government has fixed two posts (only 15 *per cent*) for PHC against the IPHS norm of 13 posts. In respect of CHCs, State Government had fixed norms of 17 post (only 37 *per cent*) against the IPHS norm of 46 posts. As against the norms of 11 doctors, 11 nurses and 11 paramedics in each CHCs, the State government had fixed the norms of six doctors, three nurses and five paramedics in each CHC.

The Government’s reply was awaited (August 2024) despite reminders.

The status of availability of human resources against IPHS as well as State Government norms are discussed in succeeding paragraphs:

2.3 Region wise allocation of doctors

Keeping in view the availability of doctors in the State, audit analyzed the distribution of doctors in four regions (Bundelkhand, Central, Eastern and Western) of Uttar Pradesh data (October 2021) provided by Directorate of Medical Health, which is detailed in *Appendix-2.2* and summarised in **Table 2.4**.

Table 2.4: Region wise allocation of doctors as on October 2021

Region	No. of districts	Population (October 2021)	Availability of Doctors as on October 2021	Doctor/ population ratio	Population of the region vis-à-vis total population of the State (in <i>per cent</i>)	Doctor’s allocation in the region vis-à-vis total available doctors (in <i>per cent</i>)
Bundelkhand	7	11864411	855	13877	4.85	5.66
Central	10	43625777	3400	12831	17.82	22.49
Eastern	28	97390017	6351	15335	39.79	42.01
Western	30	91875506	4513	20358	37.54	29.85
Total	75	244755711	15119	16189	100.00	100.00

(Source: DGMH)

The district wise doctor population ratio in the State is shown in the following map:

District-wise population per doctor

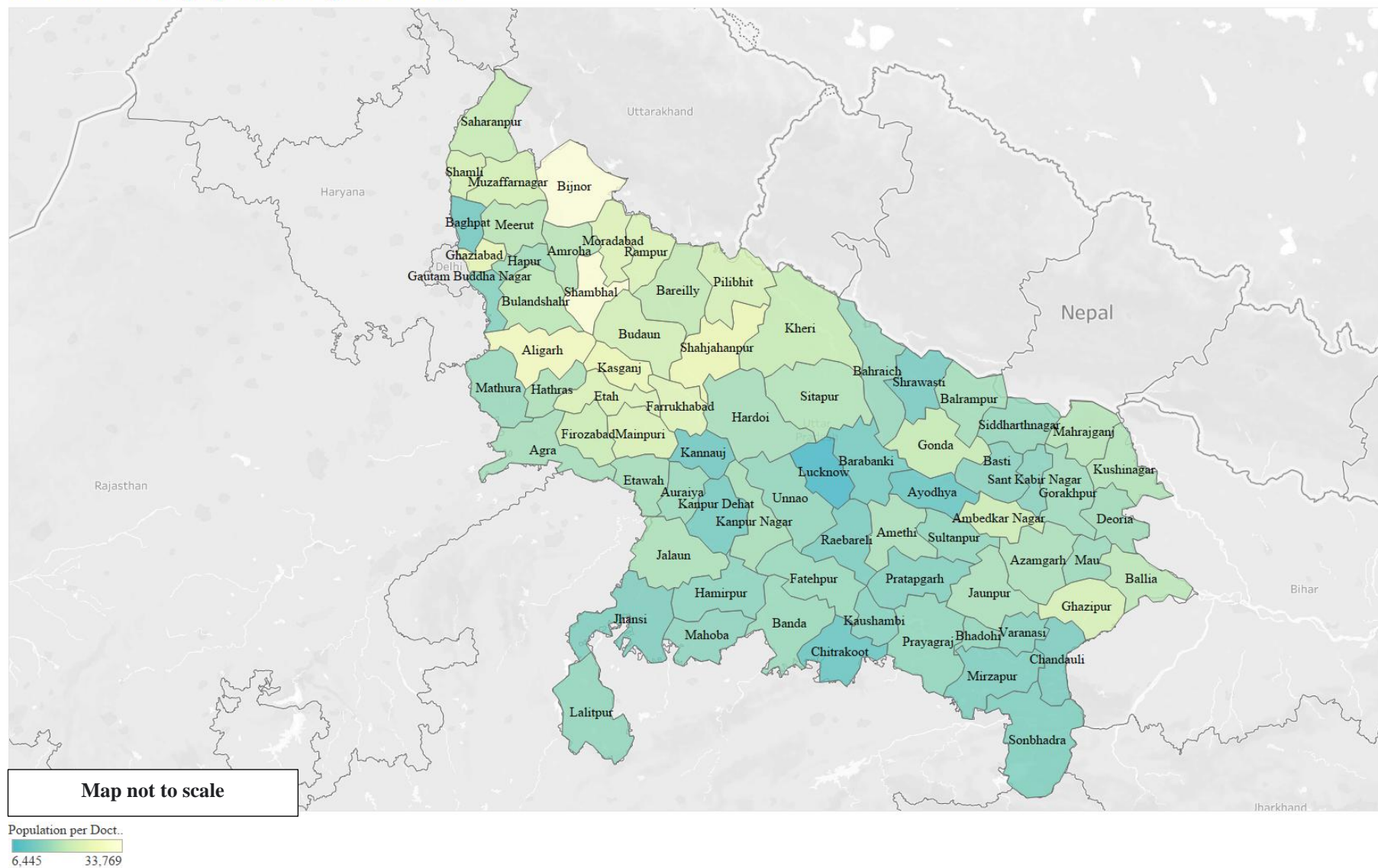


Table 2.4, Appendix 2.2 and map above revealed that:

- 5.66 per cent, 22.49 per cent and 42.01 per cent of doctors were deployed in Bundelkhand, Central and Eastern region though these regions had covered only 4.85 per cent, 17.82 per cent and 39.79 per cent of State's population; and
- only 29.85 per cent of doctors were available in Western region though it covered 37.54 per cent of State's population. Lucknow in Central Region had lowest doctor population ratio (one doctor for 6,445 population) whereas Bijnor in Western Region had maximum doctor population ratio (one doctor for 33,769 population).

Thus, even though the shortage of 38 per cent doctors was in the State, the utilisation of available doctors was not efficient as the deployment of doctors was not on the basis of population covered.

The Government's reply was awaited (August 2024) despite reminders.

2.4 Human resources in Tertiary level hospitals

The details of sanctioned posts vis-a-vis available doctors in all GMCs and autonomous medical colleges of the State are given in **Table 2.5**.

Table 2.5: Status of availability of doctors in GMCs of the State

Cadre	Sanctioned Strength as on 1 st April 2017	Availability as on 1 st April 2017	Shortage	Percentage of shortage	Sanctioned Strength as of May 2022	Availability as of May 2022	Shortage	Percentage of shortage
Doctors	1844	1227 ¹⁰	(-)617	33	1997	1427 ¹¹	(-)570	29

(Source: DGMET)

Table 2.5 indicates substantial shortages (29 per cent) in the availability of doctors in GMCs against the sanctioned strength as of May 2022. However, shortage decreased from 33 per cent to 29 per cent in April 2017 to May 2022. Shortage in doctors would impact in providing quality healthcare to the patients.

Further, the status of the availability of doctors in autonomous medical colleges in Uttar Pradesh is given in **Table 2.6**.

Table 2.6: Status of availability of doctors in autonomous medical colleges in the State

Cadre	Sanctioned Strength as on 1 st April 2019	Availability as on 1 st April 2019	Shortage	Percentage of shortage	Sanctioned Strength as of May 2022	Availability as of May 2022	Shortage	Percentage of shortage
Doctors (Autonomous Medical College)	235	184 ¹²	(-)51	22	790	526 ¹³	(-)264	33

(Source: DGMET)

It may be seen from **Table 2.6** that sanctioned strength of doctors in the autonomous medical colleges was increased from 235 to 790 (555 post) due to establishment of nine new autonomous medical colleges in the State. Further,

¹⁰ Including 412 contractual

¹¹ Including 513 contractual

¹² Including 50 contractual

¹³ Including 129 contractual

the shortage also increased from 22 *per cent* to 33 *per cent* due to slow pace of recruitment process.

The status of the availability of nurses and paramedics in the medical colleges including autonomous medical colleges in Uttar Pradesh is given in **Table 2.7**.

Table 2.7: Status of availability of nurses and paramedics in Government medical colleges¹⁴ including autonomous medical colleges of the State

Cadre	Sanctioned Strength as on 1 st April 2017	Availability as on 1 st April 2017	Shortage	Percentage of shortage	Sanctioned Strength as of May 2022	Availability as of May 2022	Shortage	Percentage of shortage
Nurses	1482	929	(-)553	37	2239	982	(-)1257	56
Paramedics	868	501	(-)367	42	847	530	(-)317	37
Total	2350	1430	(-)920	39	3086	1512	(-)1574	51

(Source: DGMET)

It can be seen from **Table 2.7** that shortages in the cadre of paramedics decreased from 42 *per cent* in April 2017 to 37 *per cent* in May 2022, however, the shortage was still significant. However, shortage of nurses increased from 37 *per cent* to 56 *per cent* from April 2017 to May 2022.

The Government's reply was awaited (August 2024) despite reminders.

2.4.1 Human resources in test-checked Medical Colleges

The status of human resources (Professor/Associate Professor/Assistant Professor, Nursing staff and paramedics) in test-checked GMCs are given in **Table 2.8**.

Table 2.8: Status of manpower in test-checked GMCs as of March 2021

Sl. No.	Cadre	SS* as on 1 st April 2016	Availability as on 1 st April 2016	Shortage (-)/ Excess (+)	Percentage Shortage (-)/ Excess (+)	SS* as on 31 st March 2021	Availability as on 31 st March 2021	Shortage (-)/ Excess (+)	Percentage Shortage (-)/ Excess (+)
GMC, Ambedkar Nagar									
1	Professor/Associate Professor/Assistant Professor	104	55	(-) 49	(-) 47	104	50	(-)54	(-)52
2	Nursing staff	285	114	(-)171	(-) 60	285	72	(-)213	(-)75
3	Para-medics	151	43	(-) 108	(-) 72	151	49	(-)102	(-)68
	Total	540	212	(-) 328	(-) 61	540	171	(-)369	(-)68
GMC, Meerut									
1	Professor/Associate Professor/Assistant Professor	187	118	(-) 69	(-) 37	192	126	(-)66	(-)34
2	Nursing staff	180	331 ¹⁵	(+) 151	(+) 84	276	386 ¹⁶	(+)110	(+) 40
3	Para-medics	103	82	(-) 21	(-) 20	111	91	(-) 20	(-) 18
	Total	470	531	(+) 61	(+) 13	579	603	(+)24	(+) 04

(Source: test-checked GMCs) * SS- Sanctioned Strength

It can be seen from **Table 2.8** that in comparison to 2016-17, shortage of nursing staff increased from 60 *per cent* to 75 *per cent* in GMC, Ambedkar Nagar. However, excess nursing staff was posted in GMC, Meerut ranging from 151 in April 2016 to 110 in March 2021. In paramedics cadre, slight improvement was seen in GMC, Ambedkar Nagar (shortage reduced from 72 *per cent* to

¹⁴ Excluding manpower of GMCs Azamgarh, Jalaun and Jhansi as data was not provided by DGMET.

¹⁵ Including 183 outsourced nursing staff.

¹⁶ Including 246 outsourced nursing staff.

68 per cent) and GMC Meerut (shortage reduced from 21 per cent to 18 per cent) in comparison to 2016-17.

Further analysis of availability of teaching staff in five sampled clinical departments in test-checked GMCs revealed that GMC, Ambedkar Nagar had shortage of up to 38 per cent doctors in clinical departments whereas GMC, Meerut had shortage of up to 44 per cent doctors in clinical departments as of 31 March 2022. The details are given in **Table 2.9**.

Table 2.9: Shortfall of manpower in test-checked GMCs as of March 2022

Department	GMC, Ambedkar Nagar				GMC, Meerut			
	Sanctioned posts	Available Manpower	Vacant posts	Percentage of Vacancy	Sanctioned posts	Available Manpower	Vacant posts	Percentage of Vacancy
Medicine	9	6	3	33	14	10	4	29
Surgery	9	7	2	22	13	13	0	0
Pediatrics	4	3	1	25	12	9	3	25
Obstetrics and Gynecology	8	5	3	38	18	10	8	44
Orthopedics	4	3	1	25	6	6	0	0
Total	34	24	10	29	63	48	15	24

(Source: GMC, Ambedkar Nagar and GMC, Meerut)

Audit scrutiny further revealed that shortage of doctors in five test-checked departments ranged from 22 per cent to 38 per cent in GMC, Ambedkar Nagar. In GMC, Meerut, Orthopedics and Surgery department had the required number of doctors whereas other departments were facing shortages of 25 per cent to 44 per cent doctors.

The Government's reply was awaited (August 2024) despite reminders.

2.5 Human resources in Primary and Secondary level facilities

Audit noticed huge shortage in the cadre of doctors, nurses and paramedical staff in primary and secondary level HCFs which are required for the functioning of essential medical services, as detailed in **Table 2.10**.

Table 2.10: Shortfall of manpower in primary and secondary level HCFs of the State

Cadre	Sanctioned Strength as on 1 st April 2016	Availability as on 1 st April 2016	Shortage	Percentage of shortage	Sanctioned Strength as on 31 st March 2022	Availability as on 31 st March 2022	Shortage	Percentage of shortage
Doctors	22101	13044	9057	41	25035	15370	9665	39
Nurses	16063	10176	5887	37	29264	16012	13252	45
Paramedics	20674	15321	5353	26	27107	19582	7525	28

(Source: DGMH)

Table 2.10 indicates slight improvement in the cadre of doctors (shortage decreased from 41 per cent to 39 per cent) as of 31 March 2022 though it was still significant in view of key role of doctors in delivering medical services to the patients. Similarly, 28 per cent and 45 per cent shortages were noticed in paramedics and nursing staff respectively. Audit noticed that the recruitment process initiated by the Government could not fetch the intended results to appoint doctors as discussed in **Paragraph 2.7.1**.

The Government's reply was awaited (August 2024) despite reminders.

2.5.1 Human resources in test-checked District Hospitals

The State Government had not fixed norms for allocation of human resources

to District Hospitals except for 100 bedded Combined District Hospitals. Further, IPHS has prescribed norms for manpower up to 500 bedded hospitals. A summary of shortage or excess of manpower resources against the IPHS norm and Sanctioned Strength fixed by the State Government in the cadre of doctors, staff nurse and paramedics is given in **Table 2.11** with details in **Appendix 2.3**.

Table 2.11: Shortfall or Excess manpower in test-checked District Hospitals

Cadre	Shortage in range (in numbers)		Excess (in numbers)	
	As per IPHS norms	As per SS	As per IPHS norms	As per SS
Doctors	3 to 41	1 to 34	0	1
Staff Nurse	15 to 165	1 to 67	0	0
Paramedics	20 to 69	1 to 8	0	0

(Source: Information provided by test-checked district hospitals)

It is evident from **Table 2.11**:

- There was shortage of three to 41 doctors against IPHS norm in all 14 test-checked DHs¹⁷;
- Shortage of one to 34 doctors was noticed against the sanctioned strength fixed by the State Government in 12 out of 14 test-checked DHs. In remaining two DHs (DWH, Hamirpur and DWH, Lucknow), one doctor was available in excess against the sanctioned strength.

Audit further noticed that:

- the sanctioned strength of six¹⁸ out of 14 test-checked DHs were more than IPHS norm (1 to 30 doctors); and
- in seven out of remaining eight test-checked DHs, sanctioned strength of doctors was less than the IPHS norms (7 to 34 doctors).
- In test-checked DWH, Saharanpur, the sanctioned strength was equal to the IPHS norm.

Thus, fixing of sanctioned strength of the doctors was neither in accordance with the IPHS norms nor based on any other criteria.

Audit further observed that in nursing cadre:

- the shortage was 15 to 165 against the IPHS norm; and
- there was shortage of one to 67 against the sanctioned strength of staff nurses fixed by the State Government in all the test-checked DHs.

Similarly, in paramedics cadre:

- there were shortages of 20 to 69 paramedics against the IPHS norm in all test-checked DHs;
- there was shortage of one to 8 paramedics in 10 test-checked DHs; and
- in remaining four district hospitals, the equal number of paramedics were available against the norm fixed by the State Government.

Thus, there was shortage of key manpower resources in DHs under the cadres of doctors, staff nurses and paramedics.

¹⁷ DH Male and DH Women, Ghazipur has been converted into ATH of Medical College from April 2021.

¹⁸ DH Male Hamirpur, Jalaun, Kanpur Nagar, Lucknow, Saharanpur, and Combined District Hospital, Kushinagar.

The Government's reply was awaited (August 2024) despite reminders.

2.5.2 Shortage of specialist doctors

DHs provide specialised medical services, viz., surgery, radiology, medicine, etc. The availability of specialist doctors as per data provided by the CMSs¹⁹ of 106 DHs in the State is given in **Table 2.12**.

Table 2.12: Availability of specialist doctors in DHs in the State as on 31 March 2022

Specialist	Out of 41 DHMs available in		Out of 39 DWHs available in		Out of 26 CDHs available in	
	No.*	Percentage**	No.*	Percentage**	No.*	Percentage**
Anaesthetist	35	85	30	77	18	69
Paediatrician	33	80	36	92	21	81
Dentist	23	56	Nil	\$\$	14	54
Dermatology	21	51	2	\$\$	10	38
ENT	32	78	Nil	\$\$	14	54
Ophthalmology/ Eye	38	93	Nil	\$\$	22	85
General Medicine	27	66	2	\$\$	18	69
General Surgery	36	88	5	\$\$	21	81
Obstetrics and Gynaecology	6 ²⁰	\$	38	97	19	73
Orthopaedics	35	85	Nil	\$\$	19	73
Pathologist	31	76	25	64	17	65
Psychiatrist	11	27	Nil	\$\$	3	12
Radiologist	24	59	17	44	20	77

(Source: CMSs of DHs)

*No.: This represents the number of hospitals in which respective specialists were available.

** Percentage: This represents the percentage of hospitals in which various specialty was available.

[§]DHMs are male hospitals which are not providing services of Gynaecology, as per information provided by the CMSs of DHMs. However, DHM (SPM Hospital Lucknow) had maternity OPD, but no labour room and maternity OT services.

^{§§} CMSs of the DWHs informed that services other than Obstetrics & Gynaecology and Pediatrics were not available/not applicable in DWHs. Further, as per the State Government order (March 2016) for human resources in 100 bedded CDH, specialists for Obstetrics & Gynaecology, Pediatrics, Anesthetics and Radiologists were required for women wing of the hospital. The percentage of specialist available in DWHs have been worked out in view of State Government order (March 2016).

Table 2.12 indicates that none of the DHMs and CDHs had all the required specialists. There was maximum shortfall of Psychiatrists in DHMs (73 per cent) and CDHs (88 per cent) followed by Dermatologists (49 per cent in DHMs and 62 per cent in CDHs) and Dentists (44 per cent in DHMs and 46 per cent in CDHs). The availability of various specialists in DHMs ranged between 27 per cent and 93 per cent whereas in CDHs it ranged between 12 per cent and 85 per cent. Further, 92 per cent pediatricians and 97 per cent Obstetrics and Gynecologists were available in DWHs. Slow pace of recruitment of doctors/ specialists by the recruiting agency was main reason for shortfall as discussed in **Paragraph 2.7.1**. The details of availability of specialist doctors in test-checked DHs is given in **Table 2.13** with details in **Appendix 2.4 (A-K)**.

¹⁹ Out of 107 DHs, one DH (CDH Bhadohi) was non-functional.

²⁰ In six DHMs (Malkhan Singh District Hospital Aligarh, Sri Ram Hospital Ayodhya, Dr Shyama Prasad Mukherjee Hospital Lucknow, District Hospital Mau, Moti Lal Nehru Divisional Hospital Prayagraj and Tej Bahadur Sapru Hospital Prayagraj), Obstetrics and Gynaecology Specialists were posted.

Table 2.13: Status of specialist doctors in test-checked DHs²¹ as of 31 March 2022

Specialist	No. of test-checked hospitals	No. of test-checked hospitals in which specialist not available	IPHS norms	Sanctioned Strength	Availability of specialists	Shortfall(-) / Excess(+)	
						As per IPHS	As per Sanctioned Strength
1. General Medicine	08	03	24	28	17	-07	-11
2. General Surgery	08	01	21	25	17	-04	-08
3. Obstetrics & Gynaecology	08	Available	21	50	38	+17	-12
4. Paediatrician	14	03	41	35	32	-09	-03
5. Anaesthetists	14	Available	32	43	28	-04	-15
6. Ophthalmology	08	Available	12	21	18	+06	-03
7. Orthopaedics	08	02	12	25	22	+10	-03
8. Radiologist	14	06	20	29	10	-10	-19
9. Pathologist	14	01	30 ²²	27	21	-09	-06
10. ENT	08	Available	12	13	14	+02	+01
11. Dentist	08	01	15	10	08	-07	-02
Total			240	306	225	-50 +35	-82 +01

(Source: Test-checked DHs)

Table 2.13 indicates that sanctioned strength in DHs were not in conformity with IPHS norms. As against minimum 240 specialists required as per IPHS norms, 306 were sanctioned by the State Government in these DHs with inter-hospital variations. Audit noticed that there was a deficit of 50 specialists in seven clinical departments against IPHS norms. Similarly, there was a shortage of 82 specialists in 10 clinical departments against the sanctioned strength fixed by the State Government.

Audit further observed that deployment of specialists was not in consonance with the requirements, as detailed in **Appendix 2.4 (A-K)**. Three (38 per cent) out of eight test-checked DHs did not have general medicine specialists, whereas there was excess deployment of one doctor vis-à-vis sanctioned strength of general medicine specialist in one DH. Further, three DHs (DHM Hamirpur, DHM Jalaun and CDH Kannauj) had no pediatrician, whereas there was excess deployment vis-à-vis sanctioned strength in four DHs (DWH Hamirpur, DHM Kanpur Nagar, DHM Lucknow and DHM Unnao). Similar cases were noticed in deployment of other specialists among test-checked DHs. Thus, there was lack of rationalised deployment of specialists in test-checked DHs.

The Government's reply was awaited (August 2024) despite reminders.

2.5.3 Community Health Centers

The State Government had fixed norms for allocation of 17 human resources²³

²¹ DH Male and DH Women, Ghazipur has been converted into ATH of Medical College from April 2021.

²² As per IPHS norm, Pathologist was required for hospital having more than 50 beds. However, District Women Hospital, Hamirpur had only 32 beds, therefore, this hospital is not included here.

²³ Physician – (01), Surgeon – (01), Gynecologist – (01), Anesthetic – (01), Radiologist – (01), Dental Surgeon – (01), Lab Technician – (01), X-Ray Technician – (01), Dental Hygienist – (01), Pharmacist – (02), Staff Nurse – (03), Sr. Clerk – (01), Driver – (01), Dark Room Assistant – (01).

against the IPHS norms of 46 human resources for CHCs. The details of the availability of manpower *vis-à-vis* State and IPHS norms in the cadre of doctors, paramedic and nurses in the test-checked CHCs are given in **Appendix 2.5** and summarized in **Table 2.14**.

Table 2.14: Shortfall or excess manpower in test-checked CHCs

Cadre	Shortage/Excess as per IPHS norms				Shortage/Excess as per Government norms			
	No. of test-checked CHCs	Shortage of manpower	No. of test-checked CHCs	Excess manpower	No. of test-checked CHCs	Shortage of manpower	No. of test-checked CHCs	Excess manpower
Doctors	16	01 to 09	3	01 to 03	5	02 to 04	14	01 to 08
Staff Nurse	18	02 to 10	Nil	Nil	2	01 to 02	14	01 to 08
Paramedics	11	01 to 08	6	01 to 07	3	01 to 02	15	01 to 13

(Source: Information provided by CHCs)

It is evident from **Table 2.14** that in the cadre of doctors:

- there were shortages of one to nine doctors in 16 CHCs and one to three doctors were in excess in three CHCs against the IPHS norms;
- there were shortages of two to four doctors in the five CHCs and one to eight doctors were in excess in 14 CHCs against the norms fixed by the State Government.

Similarly, in the cadre of Staff Nurse:

- there were shortages of two to 10 Staff Nurses in 18 CHCs and one CHC had the same number of manpower as required in IPHS norms;
- one to two Staff Nurses were short in two CHCs and one to eight Staff Nurses were in excess in 14 CHCs against the norms fixed by the State Government; and
- three CHCs had the same number of manpower as required in Government norms.

Audit further noticed that in the cadre of paramedics:

- there were shortages of one to eight paramedic in 11 CHCs and one to seven paramedics were in excess in six CHCs against the IPHS norms;
- there were shortages of one to two paramedics in three CHCs and one to 13 paramedics were in excess in 15 CHCs against the norms fixed by the State Government.

The Government’s reply was awaited (August 2024) despite reminders.

2.5.4 Primary Health Centers

The State Government had fixed norm for allocation of two²⁴ human resource against the IPHS norms of 13 human resources²⁵ to PHCs. A summary of manpower availability *vis-à-vis* State and IPHS norms in the cadre of doctors, paramedics and nurses in the test-checked 38 PHCs is given in **Appendix 2.6 (A-D)** and summarized in **Table 2.15**.

²⁴ Medical Officer – (01) and Pharmacist – 01.

²⁵ Including one Medical Officer (MBBS), one Accountant cum data entry operator, one pharmacist, three nurse-midwife (staff nurse), one health worker (female), one health assistant (male), one health assistant (female)/ lady health visitor, one laboratory technician, two multi-skilled group D worker and one sanitary worker cum watchmen.

Table 2.15: Shortfall/ Excess manpower in test-checked 38 PHCs

Cadre	Required as per IPHS norm	Required as per GoUP norm	Availability	Shortage (-)/ Excess (+) against IPHS norm	Shortage (-)/ Excess (+) against Govt. norms
Doctors	38	38	43	+05	+05
Staff Nurse	114	No norm	07	-107	No norm
Pharmacist	38	38	42	+04	+04
Paramedics (excluding pharmacist)	152	No norm	34	-118	No norm
Total	342	76	126	-216	+09 (in case of doctors and pharmacists)

(Source: Information provided by PHCs)

It may be seen from **Table 2.15** that the test-checked PHCs had excess of five doctors and four pharmacists in terms of GoUP norms, though as per IPHS, there was a shortage of 107 staff nurses and 118 paramedics (excluding pharmacists). Nursing staff was not posted in 84 per cent of the test-checked PHCs.

Further, as per IPHS, one MBBS doctor (essential) and one AYUSH doctor (desirable) each were to be posted at each PHC. It was, however, noticed that:

- Out of 43 doctors posted at the test-checked PHCs, 21 doctors were from AYUSH defying the norms of IPHS.
- Further, one test-checked PHCs had two allopathic doctors, one PHC had one allopathic and two AYUSH doctors;
- 15 PHCs were run by allopathic doctors whereas in 13 PHCs, AYUSH doctors were looking after the service.
- No doctor was available in four²⁶ PHCs.

Shortage of manpower in PHCs was impeding the objectives of the Government to provide emergency and medical services to the patients at their nearest location.

Further, each PHC (Type-A²⁷) is to be manned by a Medical officer supported by 12 paramedical and other staff, as per IPHS. Status of manpower in 38 test-checked PHCs in nine districts as of March 2022 is given in **Table 2.16**.

Table 2.16: Status of manpower in test-checked Type-A PHCs

Sl. No.	Name of district	Number of PHCs audited	PHCs running without paramedical staff					
			Lab Technician	Pharmacist	Accountant cum Data Entry Operator	Health Workers (Female)	Health Assistant (Male)	Health Assistant (Female)/Lady Health Visitors
1.	Ghazipur	4	4	0	4	4	4	4
2.	Hamirpur	4	4	0	4	0	2	4
3.	Jalaun	4	3	0	4	1	2	2
4.	Kannauj	4	4	0	4	3	4	4
5.	Kanpur Nagar	4	4	0	4	3	3	4

²⁶ PHC Jalalpur and PHC Puraini (Hamirpur), PHC Jaura Bazar and PHC Sakrauli (Kushinagar).

²⁷ PHC with delivery load of less than 20 deliveries in a month.

Sl. No.	Name of district	Number of PHCs audited	PHCs running without paramedical staff					
			Lab Technician	Pharmacist	Accountant cum Data Entry Operator	Health Workers (Female)	Health Assistant (Male)	Health Assistant (Female)/Lady Health Visitors
6.	Kushinagar	4	4	1	4	3	4	4
7.	Lucknow	6	5	0	6	2	6	6
8.	Saharanpur	4	4	1	4	2	4	4
9.	Unnao	4	4	0	4	4	4	4
Total		38	36	2	38	22	33	36
Shortage in per cent			95	5	100	58	87	95

(Source: Test-checked PHCs)

It may be seen from above that Lab Technicians, Health Workers (Female), Health Assistant (Male) and Health Assistant (Female)/Lady Health Visitors were not available in 36 PHCs of nine districts (95 per cent), 22 PHCs of eight districts (58 per cent), 33 PHCs of nine districts (87 per cent) and 36 PHCs of nine districts (95 per cent) respectively. Furthermore, no Accountant cum Data Entry Operator was posted in test-checked PHCs. The details are given in *Appendix 2.7 (A-E)*.

The Government's reply was awaited (August 2024) despite reminders.

2.5.5 Sub Centers

The State Government had not fixed norms for allocation of human resources to Sub Centers. However, as per IPHS, one ANM/Health Worker (Female) and one Health Worker (Male) are required for functioning of SCs.

Audit observed that in all 72-test checked SCs in nine districts, health workers (Male) were not posted. Further, six SCs in three districts had shortfalls of 13 per cent to 38 per cent ANMs/Health Worker (Female). However, audit noticed that in Kushinagar district, five SCs had two ANMs at a time.

This was indicative of the fact that these SCs were not delivering the intended benefit to the rural population. The details are given in *Appendix 2.8 (A-B)*.

The Government's reply was awaited (August 2024) despite reminders.

2.5.6 Health and Wellness Centre

Under the *Ayushman Bharat* Programme, 10,689 sub-centre level Health and Wellness centres (HWCs) were established in Uttar Pradesh as of March 2022. The Mission Director, SPMU of NHM fixed (August 2021) norm of one Community Health Officer (CHO) for each HWC at Sub-Centre level to provide various healthcare services²⁸ to the public.

Scrutiny of records revealed that State Government appointed 11,572 CHOs for these SC-HWCs on contract basis, out of which 10,463 joined the post. However, only 7,529 CHOs were working in these 10,689 SC-HWCs as of September 2022, leaving 3,160 SC-HWCs (30 per cent) without CHOs. Audit further noticed that in 18 test-checked HWCs, three HWCs did not have CHOs. The details are given in *Appendix-2.9*.

The Government's reply was awaited (August 2024) despite reminders.

²⁸ Anti natal care to all maternal women; New born care; Childhood and adolescent care; family planning related services; OPD for the patients, management of communicable diseases, screening, referral and follow-up of non-communicable diseases and community level services.

2.6 Human resources under NHM

Scrutiny of records of the Mission Director, State Program Management Unit revealed huge shortage of doctors, nurses and paramedics under NHM, which are engaged on contractual/outsourced basis. The details are given in **Table 2.17**.

Table 2.17: Shortfall or excess manpower at State level – under NHM

Cadre	Sanctioned Strength as on 1 st April 2016	Availability as on 1 st April 2016	Shortage	Percentage of shortage	Sanctioned Strength as on 31 st March 2022	Availability as on 31 st March 2022	Shortage	Percentage of shortage
Doctors	7870	5995	1875	24	9865	6372	3493	35
Nurses	7931	6257	1674	21	19599	10283	9316	48
Paramedics	6658	5238	1420	21	10401	5630	4771	46

(Source: SPMU, Lucknow)

(Note: Sanctioned Strength and Availability includes contractual and outsourced personnel)

It could be seen from **Table 2.17** that there was increase in the sanctioned strength as on March 2022 as compared to April 2016. However, as on March 2022, there were shortages in the cadre of doctors (35 per cent), nurses (48 per cent) and paramedics (46 per cent).

The Government's reply was awaited (August 2024) despite reminders.

2.7 Assessment of vacancies

As per order issued (October 2014) by the Department of Personnel, Government of Uttar Pradesh, all departments are required to send the proposal of recruitment (*Adhiyachan*) to the Uttar Pradesh Public Service Commission (UPPSC). Further, the State Government notification (December 2014) states that proposals for recruitment for the posts having grade pay from ₹ 1,900 to less than ₹ 4,600 would be sent to the Uttar Pradesh Subordinate Service Selection Commission (UPSSSC). Accordingly, MHFW Department was sending proposals for recruitment of doctors and nurses to UPPSC. The assessment of vacancies was a continuous process as the vacancies to be created in the next three years due to superannuation of the employees, were to be assessed by the department by factoring in posts reserved for SC/ST/OBC, etc., categories for submission to the recruiting agencies for further processes.

Test-check of the records of DGMH revealed that the department did not assess the vacancies timely. Rather than assessing the vacancies in advance, the department sent the proposals with vacancies created in past years to the recruiting agencies. Further scrutiny disclosed that proposals for recruitment of 4,727 posts of nurses falling vacant (including 1,101 new posts) during 2016-17 to 2018-19 were sent between June 2016 (2,930 posts), January 2017 (1,101 posts) and November 2019 (696 posts). Similarly, proposal for recruitment of 174 dental surgeons (including 110 pots created between July 2017 to June 2021 due to retirements, creation of new posts, etc.) was sent in October 2021. This was not only against the Government order but may have led to accumulation of shortage of manpower year after year.

The State Government (MHFW) replied (February 2023) that proposals for recruitment (*Adhiyachan*) of dental surgeon for the year 2017 and 2021 had been sent.

2.7.1 Delays in recruitment processes

Audit analysed the recruitment process of the doctors, nurses and paramedics in MHFW and MET from the records made available by the MHFW, MET, UPPSC and Uttar Pradesh Subordinate Service Selection Commission (UPSSSC).

Recruitment of doctors

State Government notified (August 2004) Uttar Pradesh Medical and Health Service Rules, 2004 for recruitment of doctors in the department of MHFW which was further amended in May 2011 and December 2020. According to May 2011 amendments, doctors were to be appointed on the basis of interviews held by UPPSC. Further, as per amendment in December 2020, eligible candidates were to undergo a written examination followed by the interview.

Scrutiny of records of MHFW, MET and UPPSC revealed that during 2017-18 to 2020-21, proposals for the recruitment of 6,576 doctors in MHFW were sent to UPPSC, which was notified by UPPSC. However, only 3,816 (58 *per cent*) candidates were recommended for appointment. Audit observed that UPPSC took minimum seven months in one case and maximum 38 months in another case for recruitment process.

In case of MET, against the proposals sent for the recruitments of 1,301 Principals, Professors and Assistant Professors in MET, only 498 (38 *per cent*) could be recommended. The time taken by the recruitment agency was ranging between six to 41 months. Audit observed that proposals for the recruitment of 160 lecturers (Assistant Professors) sent to UPPSC in September 2014 and 265 lecturers (Assistant Professors) in November 2017, were not completed due to change of designation, age and eligibility as the recruitment rules were amended in November 2018. The proposals were sent back to the MET in April 2019. Thus, even after one to four years of sending the proposals to UPPSC, the recruitment could not be completed though there was ample time with the department and UPPSC for completion of process prior to the amendment of recruitment rules in November 2018. Delays in the recruitment process ultimately led to shortage of doctors in the GMCs.

The Government (MHFW) replied (February 2023) that delays in the recruitment process pointed out by audit are procedural. Reply of the Government was awaited (August 2024) in respect of MET despite reminders.

The fact remained that either entire vacancies remained unfilled or filled partially.

Recruitment of nurses

Scrutiny of records revealed that out of 9,417 proposals (MHFW) for recruitment of staff nurses, 5,402 (57 *per cent*) nurses were recruited during 2016-22 and 3,722 posts could not be filled due to unavailability of the candidates with desired qualifications. The time taken for the completion of the recruitment process was better than the time taken for doctors, though still quite late, as out of two proposals for recruitment of 4,674 staff nurses sent by MHFW to UPPSC in July 2016, the recruitment of 2,388 nurses (54 *per cent*) against a proposal of 4,381 was completed in 26 months in September 2018 whereas proposal for recruitment of 448 nurses (including 155 posts of MET) could not

be completed owing to matter being sub-judice in the Hon'ble High Court. Similarly, out of three proposals for recruitment of 4,743 nurses sent by MHFW and MET between February 2020 and November 2020, UPPSC recruited 3,014 nurses by January 2022 after taking time ranging from 13 to 22 months from the date of receipts of proposals from MHFW and MET.

Recruitment of paramedic staff

UPSSSC is responsible for the recruitment of paramedical staff. Scrutiny of records of the UPSSSC revealed that nine proposals for the recruitment of 9,814 eye examination officers, technologists, health workers, X-ray technicians, biologists and dental hygienists were sent to UPSSSC during 2015-22 by MHFW. Of which, eight proposals containing recruitments of 9,668 posts were pending at UPSSSC for five to 77 months²⁹ whereas one proposal was pending at the DGMH level for 30 months.

Similarly, 13 proposals sent by MET for recruitments of 1,514 paramedics in 2015-16 (one³⁰ post), 2016-17 (192³¹ posts) and 2020-21 (1,321³² posts) were pending at UPSSSC for seven to 85 months³³ as of May 2022.

As such, no recruitment was made by UPSSSC against these proposals for recruitments of 11,328 posts sent by MHFW and MET as of May 2022 leading to shortage of paramedics.

On being pointed out in audit, UPSSSC informed (February 2023) that the recruitment process could not be initiated either due to lesser number of post or unavailability of similar posts in adequate number or proposal received from Department were not in accordance with the updated reservation provisions. Further, recruitment process remained interrupted due to Covid-19 during February 2020 to August 2021. The State Government did not provide reply in respect of delays in recruitment of nurses and paramedic staff.

2.8 Training

Training is a continuous process for improvement of the skills of an organisation's manpower. Training assumes greater significance in the case of the medical department because of the frequent advancements in the medical field. The development of training courses suited to advance medical facilities is of optimum importance to equip the employees in these areas.

2.8.1 State Institute of Health and Family Welfare

State Institute of Health & Family Welfare (SIHFW), Uttar Pradesh is an apex institute of State for Research and Training in the area of Medical, Health and Family Welfare.

The training courses are mainly of two types, *viz.*, induction courses for new recruits and promoted personnel and in-service courses for existing employees.

²⁹ Information relating to pendency of three proposals at UPSSSC level was not furnished to audit.

³⁰ Physiotherapist

³¹ Lab Technician

³² Dark Room Assistants, Dental Hygienists, Dental Mechanics, ECG Technicians, OT Technicians, Occupational Therapists, Physiotherapists, OT Technician (Heart Disease), X-Ray Technicians and Lab Technicians.

³³ Information relating to pendency of six proposals at UPSSSC level was not furnished to audit

Induction training course

The year-wise induction course conducted during the year 2018-19 to 2021-22 is given in **Table 2.18**.

Table 2.18: Induction courses organised

Year	No. of training course organised	No. of Batch	No. of days	No. of participants
2018-19	02	04	27	119
2019-20	02	11	28	262
2020-21	00	00	00	00
2021-22 (upto December 2021)	00	00	00	00

(Source: SIHFW)

It would be seen from the **Table 2.18** that no induction course was organised during the period 2020-22 whereas only two training courses were organised in the year 2018-19 and 2019-20.

The Government's reply was awaited (August 2024) despite reminders.

Training course for in-service staff

The year-wise in-service courses conducted during the year 2018-19 to 2021-22 is given in **Table 2.19**.

Table 2.19: In-service courses organised

Year	No. of training course organised	No. of Batch	No. of days	No. of participants
2018-19	39	103	290	5539
2019-20	26	82	293	2288
2020-21	02	12	18	179
2021-22 (up to December 2021)	10	43	112	1017

(Source: SIHFW)

It would be seen from the **Table 2.19** that 39 training courses were organized in the year 2018-19, which were subsequently decreased to 26 in 2019-20, two in 2020-21 and 10 to 2021-22 (up to December 2021).

The Government's reply was awaited (August 2024) despite reminders.

2.8.2 Training for human resources of Medical Education and Training

The scrutiny of records in the offices of Director General, Medical Education and Training and the two test-checked GMCs, Ambedkar Nagar and Meerut revealed that no training calendars were prepared during the period from 2016-17 to 2021-22.

The Government's reply was awaited (August 2024) despite reminders.

To sum up, the State Government has fixed human resources norms only for 100 bedded DHs, CHCs and PHCs. Thus, DHs, below and above 100 beds and sub-centres were running without assessing the human resources. Region wise deployment of doctors was uneven and the public health care was reeling under huge shortage of Doctors, nurses and paramedics as recruitment processes were delayed inordinately either due to incomplete proposals of the Government or longer time taken by the recruitment

agencies. All these impediments affected the service delivery in Government hospitals.

Recommendations:

State Government should:

- 1. fix human resources norms for below and above 100 bedded district hospitals and sub-centres;*
- 2. in consultation with the recruitment agencies expedite the recruitment and fill up posts of doctors, nurses and paramedics to mitigate huge shortage in these cadres;*
- 3. remove region wise imbalance in deployment of doctors.*