

**Andhra Pradesh:
Public health Workforce -
Issues and Challenges**

Public Health Workforce

Andhra Pradesh

I. Overview of Public Health Workforce

Andhra Pradesh has a total population of 84.66 million , of which 66 % is the rural population and public health infrastructure in 23 districts of Andhra Pradesh is given below in table

Health Facilities	Present	Required
District Hospitals	18	23(Srikakulam,Prakasam,Kadappa, Adilabad, Warrangal not available) not proposed in PIP
FRU/CHC/AH	373	846 (if taken as per lakh population)
PHCs	1709(214 more under construction)	2822 (1/30000 population)
SHCs	12476 (827 under construction)	16933 (1/5000 population)

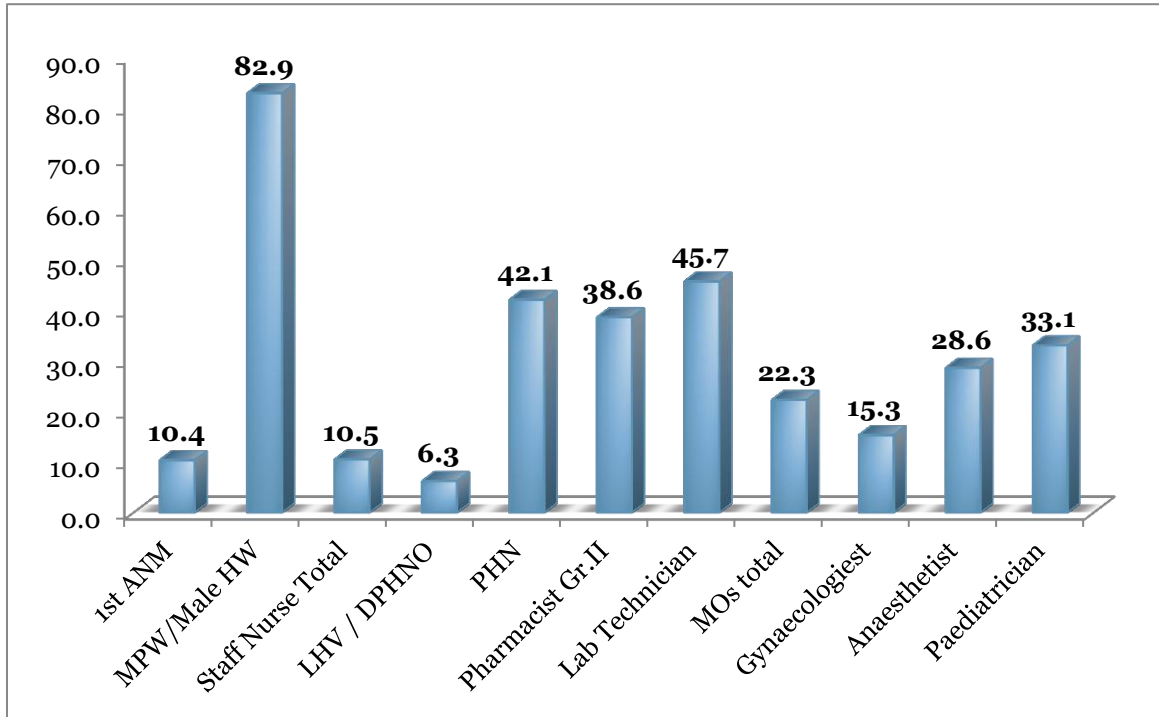
The Health workforce availability at the state level for both regular and contractual staff is as follows.

Human resource availability in Andhra Pradesh

Category / Type of personnel	State total					Total in position A+B+C
	Regular		Contractual			
	Sanctioned posts	In position (A)	Sanctioned posts	In position (through state /other Sources*) (B)	In position from NRHM (C)	
1st ANM	10568	9469	1954	1734		11203
2nd ANM			10500		10650	10650
MPW/Male HW	7589	1296		3612		4908
Staff Nurse Total	7085	6339		257	1194	7790
LHV / DPHNO	48	45				45
PHN	841	487				487
Pharmacist Gr.II	1867	1146		371		1517
Lab Technician	1627	883		372	2	1257
MOs total	5150	4002		1033		5035
Gynaecologist	541	458			81	539
Anaesthetist	377	269				269
Paediatrician	357	239				239

*DFID funded ANMs at sub centers

Shortfall (%) of Regular staff at state



II. Human Resource for Health Policy

In Andhra Pradesh there are three directorates working for the medical and health department which are responsible management of public health workforce in all facilities.

1. Director of Medical Education (DME): The Directorate of medical education is looking after all the teaching hospitals and medical colleges all over Andhra.

2. Andhra Pradesh Vaidya Vidhan Parishad (APVVP): APVVP in Andhra is managing all the facilities CHCs and above up to District hospitals.

3. Directorate of Public Health (DPH): All facilities below PHC are being taken care by DPH.

These three departments are generating their specific requirements individually like infrastructural up gradations, Human resource requirements, transfers, promotions even salaries are also being dispersed from the respective departments for the respective facilities under them.

One of the initiatives taken by Andhra Pradesh was creation of SPHO (Senior Public Health Officer) post at the cluster level. This post of SPHO was created to reduce the administrative burden of the medical officers .The SPHO is looking after all the programmes at the block level, along with the integration of all the three directorates (DME,APVVP,DPH) The SPHO is also collecting data for all the PHCs and

reporting it monthly to the district. The SPHO is a deputy civil surgeon rank officer with public health skills, who works for 4 to 5 PHCs or a cluster and is a direct contact person for all these PHCs under that SPHO. Even for some of the incentive schemes he/she is the signing authority for claiming those incentives.

Another initiative was taken up in the DPM unit in which they placed a DPMO (District programme management officer) at higher rank to DPM for proper functioning of the DPMU. The DPMO is a Public health professional with clinical experience. This post is a regular post in which a regular medical officer of a PHC, after having public health qualification has been posted at the district level in DPM unit. As per the government for planning the public health planning activities, monitoring, implementation of several programs, convergence and continuous process improvement, the felt need for someone who has actually worked in the system with a horizon of public health. The state government has just started deploying these DPMOs at the preferred high focus districts initially but still the state is unclear about the productivity that they will provide at the DPMU unit.

III. Generation of Human Resource

List of government institutes in Andhra Pradesh.

S.No.	Name and Address of Institution	Annual Intake (Seats)
Medical Colleges (MBBS)		
1	Andhra Medical College, Visakhapatnam	150
2	Gandhi Medical College, Secunderabad	150
3	Government Medical College, Anantapur	100
4	Guntur Medical College, Guntur	150
5	Kakatiya Medical College, Warangal	150
6	Kurnool Medical College, Kurnool	150
7	Osmania Medical College, Hyderabad	200
8	Rajiv Gandhi Institute of Medical Sciences, Adilabad	100
9	Rajiv Gandhi Institute of Medical Sciences, Kadapa	150
10	Rajiv Gandhi Institute of Medical Sciences, Srikakulam	100
11	Rajiv Gandhi Institute of Medical Sciences, Ongole	100
12	Rangaraya Medical College, Kakinada	150
13	S.V. Medical College, Tirupati	150
14	Siddhartha Medical College, Vijaywada	100
GNM Nursing Schools Available		
1	Osmania General Hospital, Hyderabad	60
2	Gandhi Hospital, Secunderabad.	60
3	MGM Hospital, Warangal	60
4	Govt. General Hospital, Kakinada.	36
5	King George Hospital, Visakhapatnam.	60
6	Govt. General Hospital, Guntur	60
7	Govt. General Hospital, Kurnool.	60
8	Govt. General Hospital, Vijayawada.	30
9	Govt. Area Hospital, Bodhan.	25

BSc nursing		
1	College Of Nursing, Nizam's Instt Of Medical, Hyderabad	100
2	Government College Of Nursing, ,Medical College, Kurnool	26
3	Govt College Of Nursing ,Medical College Campus,Ananthpur	50
4	Govt College Of Nursing (R I M S), ,Rajiv Gandhi, Kadappa	60
5	Govt College Of Nursing, ,K G Hospital Campus,Vishakapatnam	25
6	Govt. College Of Nursing, ,Raj Bhavan Road,Hyderabad	60
7	Sri Padmavathamma College Of Nursing ,S V R R, Chittor	100
8	College Of Nursing, Nizam's Instt Of Medical, Hyderabad	100
ANM Nursing Schools		
1	Osmania General Hosp., Hyderabad	60
2	Gandhi Hosp., Sec-bad	60
3	Govt General Hosp., Kakinada	60
4	Govt General Hosp., Kurnool	60
5	Govt General Hosp., Vijayawada	60
6	Govt General Hosp., Guntur	60
7	SVRR GG Hosp., Tirupati	60
8	MGM Hosp., Warangal	60

Besides this in Andhra Pradesh there are 4 MPHA(M) government institutes only and the shortages of MPHA(M) has reached nearly 80% . So state government has just now issued a government order for starting up the MPHA(M) institutes for the year 2012-13 to cover up the acute shortages .Nearly 15 private MPHA(M) training institutes have been reopened after giving relaxation in the infrastructural issues with 40 seats each for the current year. The state is also trying to come with the new nursing and paramedical institutes.

IV. Recruitment, Sanctioned Posts & Vacancies

In Andhra Pradesh, the demands for recruitment are generated specifically by each department. The requirements are then being forwarded to the state level. The 3 directorates are recruiting all cadres with a team at the state level and at the district level.

All regular appointments are done through the state public service commission. The other posts are Contractual regular or Adhoc posts. These posts are created against the sanctioned posts. The difference between the regular and contractual regular is only of the contract which is being renewed annually. The salary structure for both is same. For hiring contractual clinical staff there is a State selection and district selection committee which enables the fair and transparent procedure of recruitment. Only specialists are recruited at the state level rest all other clinical staff is recruited by as per the demands generated by three directorates.

The contractual appointments for SPMU and DPMU unit have been outsourced to a hiring agency. This model has been generated to handle the acute shortage of human resource in health for the state. The state has hired an agency through which they are recruiting staff at all facilities including the DPMU and

SPMU units and other staffs. The agency as a commission takes a minimum percentage amount of nearly 1.68% to 2% of the total salary of any staff recruited by that agency. The agency is hired by the bidding process in which, the lowest quote percentage of consolidated salary is accepted. They also have grievance and redressal mechanism for the staff recruited by external agency.

Contractual and outsourcing staff working under NRHM

		Outsourcing	
		Sanctioned	In position
1	Data Entry Operators for SNCUs	44	2
2	Refrigerator Mechanics	7	7
3	DPO	23	21
4	AO NRHM	23	23
5	Mis Assistant	23	22
6	Computer Assistants	69	45
7	CHNC MIS Assistant	360	360
8	TPMU staff	13	0
9	SPMU consultant	19	2
10	SPMU superintendents	3	3
11	SPMU computer Assistants & Accounts Assistants	35	22
12	SPMU Jr. Assistants	10	9
13	SPMU librarian	1	1
14	SPMU Projectionists	1	1
15	SPMU Drivers	10	9
16	SPMu office Subordinates	18	17
	Total	659	544

V Transfer policies

Andhra health department has laid down the transfer policies with a transparent system in place for all regular posts. The contractual staff doesn't have any transfer policies as it is outsourced. The transfers for regular staff are done annually with staff having an authority to choose the particular destined place. Once the choice has been made at the district level the choices are being reflected at the state level. The choices made by the staff are taken into consideration only after the fulfillment of the certain conditions as per government orders. Out of the total staff available only 20% of the staff is eligible for the transfers in any cadre.

No person shall be transferred before completion of two years of service in a particular station and no person shall be retained beyond 5 years of service in a particular station. Service in all cadres at a station will be counted while calculating period of stay. While affecting the transfers, the competent authority shall give priority as given below, subject to satisfaction of other condition specified in this G.O.

- a. Long standing employee downwards.
- b. Employee working in "hardship areas".

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- c. Employees with outstanding record on request.
 - d. Employees with disabilities of 40% or more as certified by a competent authority as per “Persons with Disabilities (P.W.D) (Equal opportunities, protection of rights and full participation) Act, 1995.
 - e. Husband and Wife cases (Only one of the spouses shall be shifted following the prescribed procedure).
 - f. Employees having mentally retarded children to a place where medical facilities are available.
 - g. Cases of compassionate appointment.
 - h. Medical grounds for the diseases (either self or spouse or dependent children and dependent parents) of Cancer, Heart Operations, Neurosurgery, Bone TB, Kidney transplantation to places where such facilities are available.

The 24x7 PHCs which are not functioning well with an additional staff sanctioned under NRHM can be reallocated to the PHCs which are functioning with a shortage of staff.

In this 3 directorate system one positive point was that cross transfers (between the directorates) i.e, from a PHC to a CHC . A medical officer cadre can be transferred from one DPH to APVVP, if the post is vacant and both directorates agree for his/her transfer.

Problem statement Transfer policies

Contractual appointments do not have any transfer policies. The contractual once placed in a particular facility cannot be transferred to any other facility. The transfers can be done only on the basis of the personal request to the district and then to the state. The staff can also be transferred only in the exceptional cases based on medical grounds like cancer and heart diseases etc. But otherwise whatever the cadre under contractual posts cannot be transferred.

In Andhra Pradesh as private practice has been legalized the issue has raised several questions for the management of skilled health professional. The Doctors and specialists working at the CHCs are so much involved in private practice that they even don't want their promotions as they are earning twice or may be thrice of their salaries. The issue is so intense that the doctor who has got nearly 11 promotions in the past 15 year is not even ready to get a transfer from that particular facility and is engaged in private practice.

VI. Training

In Andhra Pradesh the training requirements are being forwarded by the state to the district level. In this process the state first has to build up the achievable targets of training along with the State institutes of

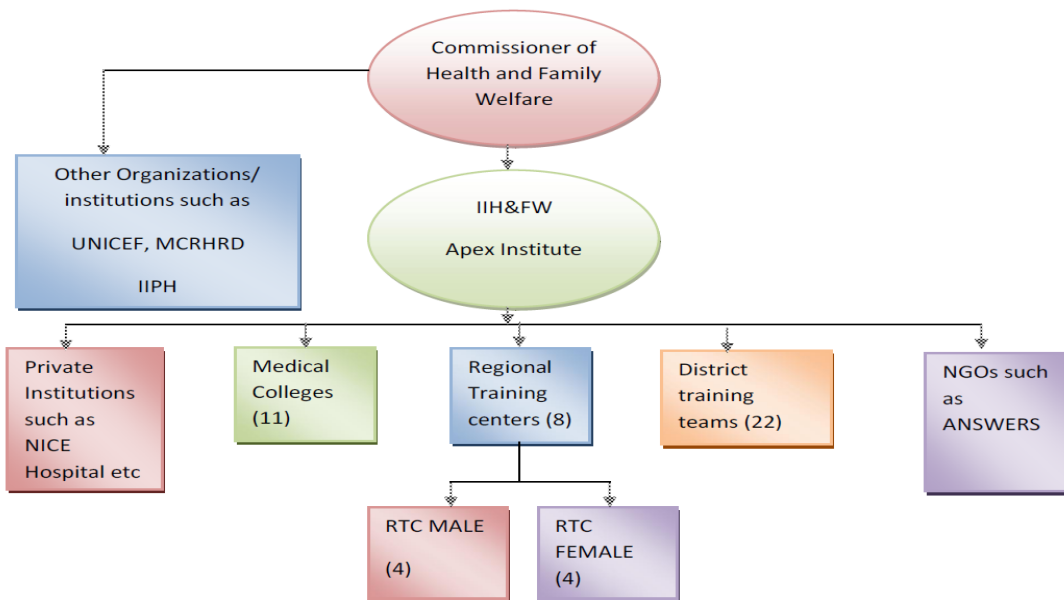
health and Family welfare. These targets are taken into consideration with all the 3 directorates and then training is being done. Once the targets have been set the training department forwards the need of trainings in several districts. The District Medical & Health officer (DM&HO) at the district level looks after the training needs in that particular district. The 3 directorates are held responsible separately for all the trainings except for medical officers (looked after by DPH) and Specialists (looked after by APVVP) all other trainings are being done by the respective 3 directorates. These requirements are sent to the regional training centers which in turn commence the final trainings.

Trainings for the year 2011-12

	Name of the Training / Activity	Categories	2011-12	
			Load	Achievement
1	EmOC	Medical Officer	40	0
2	BEmOC		120	58
3	LSAS (for Mos with 5 yrs of experience)		150	18
4	MTP/MVA		40	26
5	RTI/STI		300	0
7	FIMNCI		600	79
8	FBNC		160	0
9	IMMUNIZATION		900	0
10	FIMNCI		480	16
11	FBNC	SNs	40	0
12	Care of Sick Children & SAM			
13	Immunization		3945	0
14	IMNCI	ANM/LHV	3840	872

One of the important aspect of the training was that state government is outsourcing some of the trainings to the institutes like ANSWERS and NICE hospitals to cater their training load.

Organogram of Trainings department under NRHM in AP



Problem Statement Training

Again there are very less provisions of training for the contractual staff in which ever the facility he/she is placed with whatever the load they are handling at that particular facility. The contractual staffs are given training but again the preference for the regular employee is much more than the contractual one. If the person is not able to cope with those clinical requirements of that particular facility, either that person is transferred or he/she is provided with another regular employee (if they have a vacancy over there). Even the career progression facilities are not provided to the contractual staff.

Although the realistic targets are provided by the state and SIHFWs at the state level but the prioritized training procedure was not very clear at the district level. As an example a CHC which have caesarian cases with one anaesthetist, the gynaecologist could have been an LSAS trained for handling caesarian cases in the absence of anaesthetist. But gynaecologist has not been provided with LSAS training and facility is having high load caesarian sections.

VII. Retention

For retaining the skilled worker in that facility they have adopted a “Local candidate” approach for filling up the sanctioned posts. The Sanctioned posts are filled up with adhoc posts in which the local candidates recruited. The Local Candidate refers to the candidate for direct recruitment to any of the post in relation to those local areas where he/she has studied in Education institutes for not less than four consecutive academic years prior to and including the year in which he/she appeared in SSC or its equivalent

examination. So the candidate are hired from a particular block can work in that particular block with transfers taken after 5 years or as desired depending on the availability.

For regular staff like Medical Officers they have compulsory rural bonding for 2 years in the tribal region and 3 years in the plain area to take admission in PG. Even during the completion of PG the salary for that duration is pain by the government along with the fees of that institute.

Apart from all these the government of Andhra Pradesh is using incentive schemes for the retention of all cadres. The Government is providing special incentive for all 24x7 PHCs where the deliveries are conducted. An amount of Rs 500 will be given to each delivery over and above 15 deliveries that shall be shared between the team Rs 400 to the staff nurse/ ANM who conducts the delivery and Rs 100 to the delivery room assistant. The state government is trying to help every cadre but especially for the contractual ANMs they have issued government orders for the 120 days maternity leaves (leaves without pay) and 15 days casual leave per year without any reduction from their remuneration. Even for the regular ANMs the residential facilities are provided which are especially in tribal or remote areas.

Problem Statement Retention

Retention for the contractual staff has always been an issue because of the lack of facilities, lower salary structures, fixed pay, annual contract renewals and promotions due to which the people are trying to move either towards private sector or wait and apply for the regular posts. For the contractual staff still the salary packages are less ,like for a contractual ANM the salary packages have been revised from nearly 5000 to Rs 10000 as their consolidated pay but for regular staff the pay scale varied from 10020-29200. The residential facilities are also not provided to contractual staff .

VIII Promotions & Salaries

The regular employees are getting promotions ever year based on the State public service commission rules. The Regular contractual (Adhoc) appointments are also getting timely promotions for all cadres. Only DPMU units are being appraised in which the state is following a self-appraisal system.

For the Dispersion of salaries the regular appointments and Regular Contractual (Adhoc) salaries are being dispersed from the treasury route. The contractual staff salary is dispersed from the outsourced agency and the state government keeps a track record for each facility and the contractual staff being received on first of every month. For regular employees the attendance of every month is forwarded to the state and for contractual staff the attendance for the month is forwarded to the external agency. From state the salaries are dispersed and respectively for the contractual staff agency is responsible for the dispersion.

Problem statement Promotions

There has been a revision of the salary structure for the contractual staff but again the percentages are very less as they cannot go beyond the regular employees salary structure.

The regular employees are getting the promotions every year but for the contractual appointments there are no promotion policies like now the DPMO posts have been created in Andhra Pradesh but for non-clinical DPM there is further up gradation to the DPMO level. That means if a person has joined as DPM will have to remain DPM for his/her whole tenure. The government should have some policies for the up gradation of these DPMs to DPMOs.

Salaries have been one of the major issues for some of the facilities although the state government has laid down very strict guidelines for its dispersion. Like the salary of the ANMs which the Drawing and Disbursing Officer (DDO) which happens to be a medical officer of a PHC, is responsible for the distribution of the salaries, but DDO sometimes have not dispersed the exact salaries which the ANMs were entitled to. The salaries salary of an ANM was nearly 5000 after promotion it was 10000 but the DDO was distributing the salaries as per 5000. Although once the state has released a notice of salary hike at every facility the money was returned to the ANMs as per hiked salary package of Rs 10000. For contractual ANMs also the salary was earlier being dispersed to the DDO but now as the external agency , they themselves are dispersing directly into their account.

IX. Health Human Resource Information System

Andhra Pradesh is not having any health human resource information system. Although the state is trying to develop it in collaboration of National Informatics Centre, Andhra Pradesh.

Immediate Action

- Legal ban on private practice for government medical officers is the immediate priority for the state to improve the health indicators and proper utilization of resources in public health facilities.
- Increase of MPHA(M) training institutes to handle the acute shortages and then rationally deploying them to high focus areas.
- Development of Transfer policies for the contractual staff at the Public health facilities.
- Training the contractual staff for the efficacy of service delivery especially at the primary care level i.e, at the Sub centers as most of the sub centers are not conducting deliveries.
- Revision of the salary structures of contractual staff as compared to the regular staff should be taken into consideration for the retention of trained human resource personnel. Contractual staff

placed by an outsourced agency, the remuneration packages remains the same for many years. Although recently state government has updated the salary packages for all the cadres including contractual staff but this happened after 5 years.

Medium Term

- Creation of transparent promotion policies for the contractual staff especially for ANMs and Staff nurse with their career progression.
- Increase in the number of nursing
- Process for absorption of long term contractual employees in regular staff.
- Building of iHRIS for the efficient management of public health personnel.

Long term

- Career progression for management cadre at the state level especially for the District Programme managers and State Programme managers.
- Integration and coordination of the 3 directorates for the efficient and effective planning at the state level.