

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE, NEW DELHI

# Bihar: Public Health Workforce- Issues & Challenges

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## HRH Study Series-I

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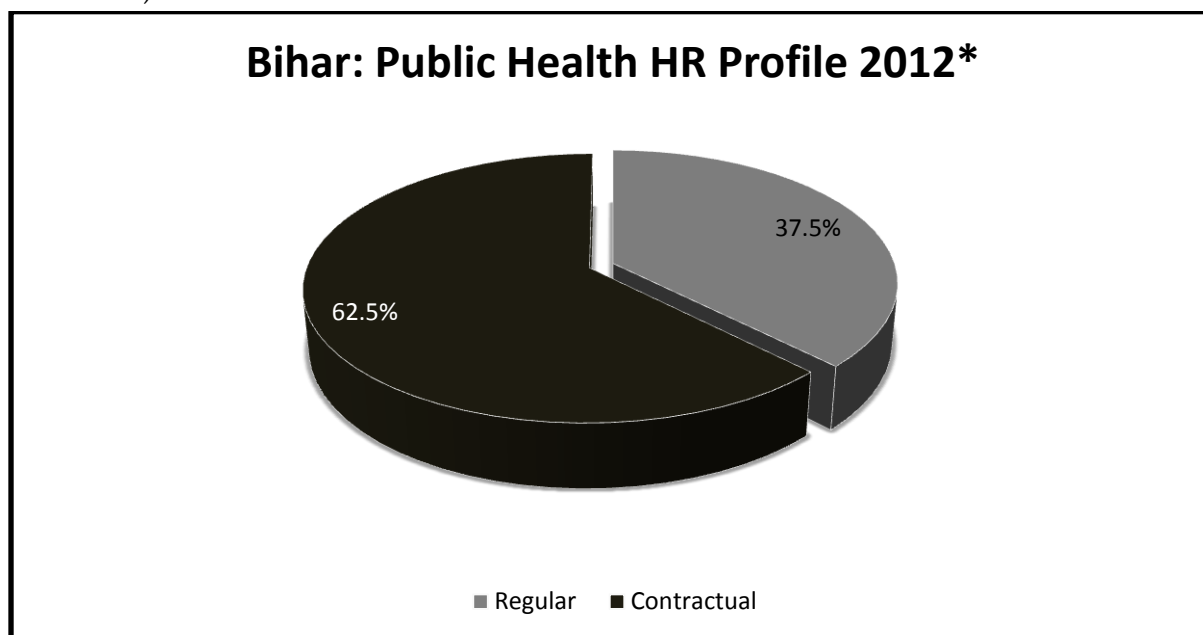


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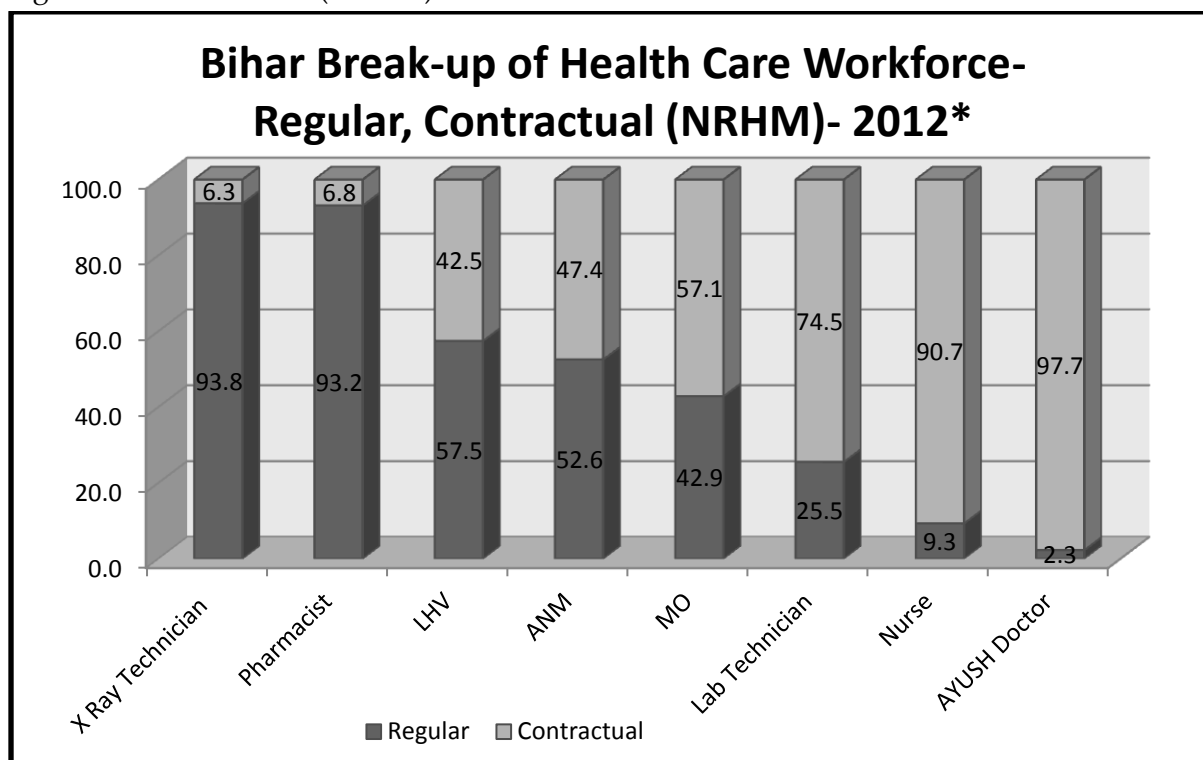
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## Overview of Public Health Workforce

Bihar State has a total population of 54,390,254 living in 38 districts, of which 36 are poor performing districts. Currently health workforce has a mix of both regular and contractual (NRHM) employees. Under NRHM, a good number of recruitments have been done and currently 62.5% of total workforce is employed under NRHM as contractual (source: iHRIS Bihar 2012).



The health care workforce in the state can be broadly categorized into two categories: regular and contractual (NRHM).



\*Source: Bihar State iHRIS data-base accessed on 25<sup>th</sup> September 2012, which is in process of updation & final values may change with complete updation of data.

The healthcare workforce (inclusive of contractual) available in the state is as follows:

<b>Table:1 Health Care Workforce Availability in Bihar -2012*</b>							
<b>S. No</b>	<b>District</b>	<b>Doctor</b>	<b>AYUSH Doctor</b>	<b>ANM</b>	<b>Nurse Grade A</b>	<b>LHV</b>	<b>Prgm. Mangmt Unit Staff</b>
1	ARARIA	65	30	170	27	5	19
2	ARWAL	38	23	119	19	3	10
3	AURANGABAD	96	48	553	76	7	26
4	BANKA	76	26	463	64	19	26
5	BEGUSARAI	118	34	579	89	15	38
6	BHAGAL PUR	108	47	652	75	14	37
7	BHOJPUR	139	27	580	29	9	33
8	BUXAR	98	21	301	19	6	26
9	CHAMPARAN(E)	190	56	761	63	10	35
10	CHAMPARAN(W)	128	34	714	55	23	46
11	DARBHANGA	119	48	522	14	4	39
12	GAYA	152	55	956	85	25	51
13	GOPALGANJ	95	26	281	26	7	32
14	JAMUI	63	20	387	75	10	25
15	JAHANABAD	89	24	289	47	5	20
16	KAIMUR	65	37	288	23	3	22
17	KATI HAR	104	35	465	93	28	36
18	KHAGARIA	62	21	362	57	14	20
19	KISHANGANJ	40	11	189	24	9	19
20	LAKHISARAI	53	15	229	43	3	18
21	MADHEPURA	63	24	134	19	2	31
22	MADHUBANI	129	62	598	25	3	32
23	MUNGAR	75	14	308	48	14	22
24	MUZAFFARPUR	141	55	940	35	14	35
25	NALANDA	157	40	722	108	18	48
26	NAWADA	67	28	344	56	6	32
27	PATNA	351	80	860	75	38	47
28	PURNIA	127	29	611	108	17	38
29	ROHTAS	93	32	472	34	8	42
30	SAHARSA	68	31	292	54	11	19
31	SAMASTIPUR	156	64	861	110	11	42
32	SARAN	142	51	505	36	22	35
33	SHEIKHPUR	43	16	193	35	5	18
34	SHEOHAR	48	9	115	21	0	14
35	SITAMARHI	123	44	317	71	4	26
36	SIWAN	92	43	461	12	22	39
37	SUPAUL	90	24	203	36	4	27
38	VAISHALI	168	39	736	77	22	39
	<b>BIHAR</b>	<b>4031</b>	<b>1323</b>	<b>17532</b>	<b>1963</b>	<b>440</b>	<b>1164</b>

\* Source: State Health Society, Bihar 2012



The State has acute shortage of both human resources and functional public health facilities. Over five years period (from 2007-2011) the state has increased 9% of sub centers, 11% of PHCs. However there has been no change in the number of CHCs in the State during same period.

As compared to the changes in the number of facilities; ANM count has increased to 54% at sub centre level and staff nurse count gone up by 18% at PHC & CHC level during 2007-2011 period. During the same period Medical Officers count at the PHC increased up to 47% however at there was a 16% reduction noted in the MO count at CHC level.

**Table 2- Details of Health Care Facilities in Bihar over five year period (Source-RHS 2007-11)**

Year	Total Sub Centre	ANMs at SC	Total PHCs	Total CHCs	Staff Nurses at PHC & CHC	Medical Officers at PHC & CHC	
2007	8909	7672	1648	70	1425	1850	176
2008	8858	7672	1641	70	1425	1565	104
2009	8858	7672	1776	70	1425	1565	104
2010	9696	7672	1863	70	1425	1565	104
2011	9696	16943	1863	70	1736	3532	151

As per RHS 2011 there are 40-SDH & 36-DH in Bihar

If we compare current public health infrastructure with the required as per the population norm, there is huge shortage at all level of public health facilities. At SC level there is shortfall of 53% whereas at PHC & CHC level the shortfall is 46% and 91% respectively. All districts have district hospital except two districts.

**Table 3-Public Health Infrastructure –Current, Projected**

Type of Facility	Current Status	Projected facilities as per population norm (Census 2011)	Shortfall
SC	9696	20761	11065
PHC	1863	3460	1597
CHC	110	1298	1188
DH	36	38	2

## HR Policy

The State has its own service codes which defines norms for remuneration, recruitment, promotion & posting etc for regular staff. The Medical officer cadre (regular staff) is being managed by the Department of Family Welfare (Directorate of Health Services). For recruitment and management of contractual staff, State Health Society has created a HR cell.

**Issues: The specialist cadre is not identified in the State, which makes it difficult to identify and post specialist in the FRUs. The State also doesn't have any Public health cadre.**



## HR production

The State has 42 ANM schools and 7 GNM schools. There are 11 Medical & 3 nursing colleges also exist in the state. Detailed break-up of the nursing and medical institution is given in the table below.

	Public Institutes	Private Institutes	Public intake	Private intake	Total Institutes	Total Intake
Medical College	7	4	540	360	11	900
B Sc Nursing School	1	2	40	80	3	120
GNM School	4	3	226	110	7	336
ANM School	15	27	383	895	42	1278

\*Source: Indian Nursing Council & State Health Society, Bihar

The State has proposed 2 nursing colleges (1-Post-basic nursing college & 1-BSc nursing college). In addition 3ANM & 2 GNM schools are also proposed to be open from next year. The State has prepared a proposal to be submitted to the Indian Nursing Council to relax the norms for opening-up additional nursing schools in the state. The proposal also includes developing a path for ASHA/Anganwadi/MAMTA workers to pursue nursing carrier, if they possess required qualification. State is also proposing to open a health worker training institute.

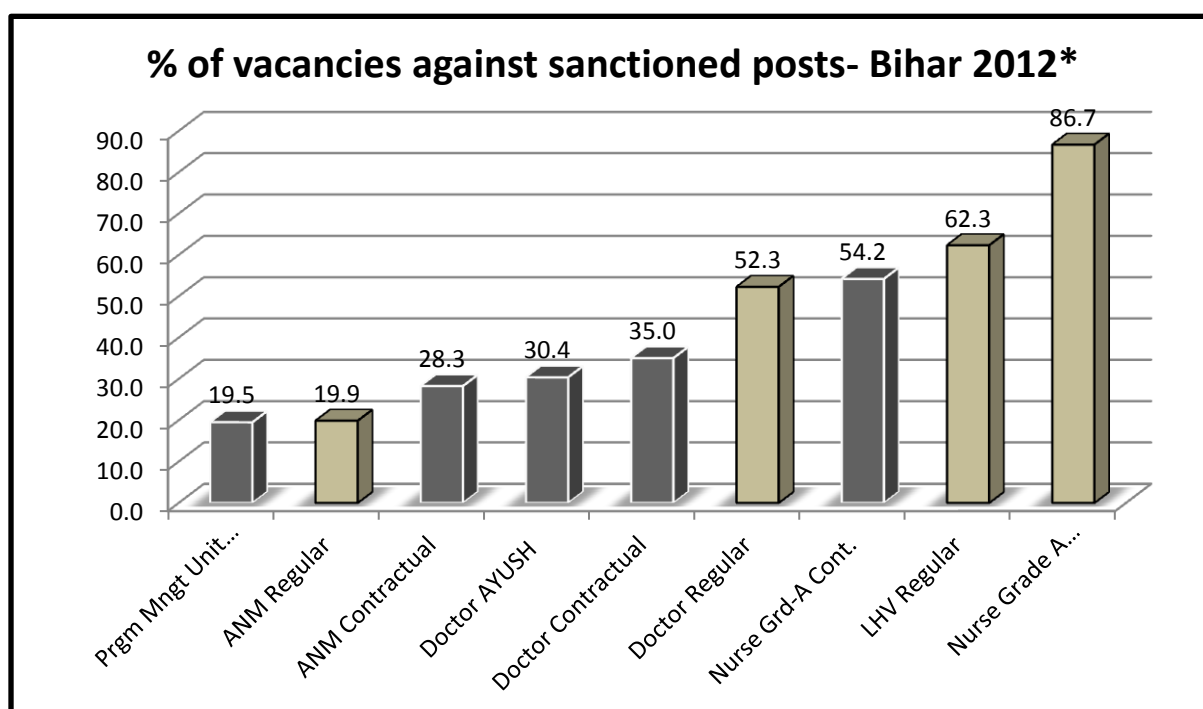
**Issues:** State has huge shortage of nursing and paramedic staff in public facilities and current nursing and ANM schools doesn't have required strength to fill the gap immediately. In addition fresh graduates also don't prefer to work in the public facilities and no local area provision for admission in nursing and paramedic institutes developed so far.

	Public Institutes	Private Institutes	Total Institutes	Public intake	Private intake	Total Intake
<b>Medical Colleges</b>						
GAYA	1	0	1	50	0	50
DARBHANGA	1	0	1	90	0	90
PATNA	1	0	1	100	0	100
BHAGALPUR	1	0	1	50	0	50
KATI HAR	0	1	1	0	100	100
SAHARSA	0	1	1	0	100	100
KISHANGANJ	0	1	1	0	60	60
PATNA	1	0	1	100	0	100
ROHTAS	0	1	1	0	100	100
PATNA	1	0	1	100	0	100
MUZAFFARPUR	1	0	1	50	0	50
<b>B. Sc Nursing School</b>						
PATNA	1	2	3	40	80	120
<b>GNM Schools</b>						
DHARBANGA	1	1	2	40	50	90
MUZAFFARPUR	1	0	1	60	0	60
PATNA	2	2	4	126	60	186
<b>ANM School</b>						

ARARIA	1	0	1	20	0	20
BEGUSARAI	1	0	1	20	0	20
BHOJPUR	1	0	1	20	0	20
BUXAR	0	2	2	0	60	60
DARBHANGA	0	1	1	0	50	50
GAYA	0	1	1	0	30	30
GOPALGANJ	1	0	1	20	0	20
JAMUI	0	1	1	0	40	40
KAIMUR	0	1	1	0	30	30
KATIAR	1	0	1	20	0	20
KHAGARIA	0	2	2	0	70	70
MADHUBANI	1	0	1	20	0	20
MUZAFFARPUR	0	1	1	0	40	40
NALANDA	1	3	4	48	100	148
PATNA	1	12	13	45	390	435
PURBA CHAMPARAN	1	0	1	20	0	20
PURNEA	2	0	2	40	0	40
ROHTAS	0	2	2	0	45	45
SAHARSA	1	0	1	20	0	20
SARAN	1	0	1	50	0	50
SITAMARHI	1	0	1	20	0	20
VAISHALI	1	1	1	20	40	60

## Vacancies & recruitment

Irregular recruitments and lack of qualified manpower has led to vacancies in critical healthcare workforce both in regular and contractual positions.



\* Source: State Health Society, Bihar 2012.

## Regular employee

- **Medical Officers & Specialist:** Directorate of Health Services manages the recruitment for the medical officers, with the help of Staff selection Commission (for non- Gazetted posts) & Bihar Public Service Commission (for Gazetted posts). Last regular recruitment for medical officers was conducted in 1998, when around 200 Medical Officers were recruited by BPSC. In 2011 through Bihar Public Service Commission, Specialist (Anesthetist, Pediatrician & Obstetricians) had been recruited under contractual appointment.

**Issues:** No regular recruitments have been done in the State from last decade and there is no process adopted in the State to regularize contractual medical officers and nurses.

**Table-6 District-wise vacancies for regular doctors- Bihar 2012**

S. No	District	Sanctioned	Vacant	Vacancy (%)
1	Araria	137	89	65
2	Arwal	67	42	62.7
3	Aurangabad	177	109	61.6
4	Banka	103	56	54.4
5	Begusarai	122	59	48.4
6	Bhagalpur	152	95	62.5
7	Bhojpur	127	41	32.3
8	Buxar	82	24	29.3
9	Cham.(e)	184	101	54.9
10	Cham.(w)	132	61	46.2
11	Darbhangha	146	84	57.5
12	Gaya	198	116	58.6
13	Gopalganj	101	51	50.5
14	Jamui	99	63	63.6
15	Jahanabad	99	44	44.4
16	Kaimur	93	47	50.5
17	Katihar	120	60	50
18	Khagaria	101	70	69.3
19	Kishanganj	68	37	54.4
20	Lakhisarai	58	25	43.1
21	Madhepura	106	71	67
22	Madhubani	218	143	65.6
23	Mungar	72	23	31.9
24	Muzaffarpur	172	83	48.3
25	Nalanda	137	53	38.7
26	Nawada	113	66	58.4
27	Patna	422	153	36.3
28	Purnia	136	57	41.9



29	Rohtas	231	182	78.8
30	Saharsa	95	50	52.6
31	Samastipur	192	87	45.3
32	Saran	142	61	43
33	Sheikhpur	80	52	65
34	Sheohar	75	42	56
35	Sitamarhi	168	108	64.3
36	Siwan	157	110	70.1
37	Supaul	117	56	47.9
38	Vaishali	131	10	7.63
	<b>Total</b>	<b>5130</b>	<b>2681</b>	<b>52.3</b>

\*Source: State Health Society, Bihar 2012

- **Paramedical & Nurses:**

There are not regular post created for nursing staff in last 20 year period and recruitment of nurses & ANM is being done through contractual recruitment under NRHM. Regular recruitment of the Lab Technician was done by Staff selection commission in 2008; however details of number and type of recruitment are not known.

**Table-7 District-wise vacancies for regular ANM, Nurse, LHV - Bihar 2012**

S. N.	District	Regular ANM			Regular Nurse (Grade "A")			Regular LHV		
		S	V	V (%)	S	V	V (%)	S	V	V (%)
1	Araria	274	130	47.4	39	34	87.2	45	40	89
2	Arwal	125	64	51.2	25	15	60	31	28	90
3	Aurangabad	340	57	16.8	22	17	77.3	23	16	70
4	Banka	279	11	3.94	18	10	55.6	45	26	58
5	Begusarai	366	7	1.91	23	1	4.35	31	16	52
6	Bhagalpur	394	42	10.7	18	5	27.8	59	45	76
7	Bhojpur	361	37	10.2	12	5	41.7	25	16	64
8	Buxar	212	27	12.7	3	0	0	14	8	57
9	Cham.(E)	419	130	31	24	9	37.5	43	33	77
10	Cham.(W)	457	104	22.8	37		0	32	9	28
11	Darbhanga	358	113	31.6	8	4	50	26	22	85
12	Gaya	583	59	10.1	25	8	32	40	15	38
13	Gopalganj	266	43	16.2	18	11	61.1	21	14	67
14	Jamui	230	17	7.39	34	19	55.9	29	19	66
15	Jahanabad	156	5	3.21	13	5	38.5	12	7	58
16	Kaimur	144	21	14.6	44	38	86.4	9	6	67
17	Katihar	362	155	42.8	28	11	39.3	63	35	56
18	Khagaria	206	35	17	13	3	23.1	33	19	58
19	Kishanganj	166	69	41.6	34	29	85.3	26	17	65
20	Lakhisarai	132	0	0	10	1	10	16	13	81
21	Madhepura	196	105	53.6	9	6	66.7	32	30	94

22	Madhubani	584	261	44.7	34	20	58.8	41	38	93
23	Mungar	167	5	2.99	20	1	5	21	7	33
24	Muzaffarpur	583	0	0	32	16	50	30	16	53
25	Nalanda	396	0	0	37	9	24.3	32	14	44
26	Nawada	210	8	3.81	125	116	92.8	10	4	40
27	Patna	527	21	3.98	41	14	34.1	48	10	21
28	Purnia	356	105	29.5	112	96	85.7	60	43	72
29	Rohtas	286	58	20.3	20	13	65	30	22	73
30	Saharsa	198	48	24.2	30	9	30	40	29	73
31	Samastipur	476	20	4.2	24	2	8.33	36	25	69
32	Saran	512	144	28.1	25	15	60	33	11	33
33	Sheikhpur	124	16	12.9	32	31	96.9	16	11	69
34	Sheohar	46	21	45.7	9	8	88.9	2	2	100
35	Sitamarhi	300	98	32.7	17	5	29.4	23	19	83
36	Siwan	370	177	47.8	16	13	81.3	30	8	27
37	Supaul	212	128	60.4	61	59	96.7	32	28	88
38	Vaishali	421	2	0.48	2226	2218	99.6	29	7	24
	Bihar	<b>11794</b>	<b>2343</b>	19.9	<b>3318</b>	<b>2876</b>	86.7	<b>1168</b>	<b>728</b>	62

### Contractual staff

Recruitments for contractual staff takes place at two levels: State and District. All new appointments are given three year contract from 2012, previously contract was given for one year period only and which was renewed every year after performance appraisal.

- **Doctor & Specialist:** At state level, HR cell leads the recruitment process, headed by Mission Director. Each department sends their HR requirement in the state PIP, which after acceptance by MoHFW is forwarded to the HR cell with detailed ToR & salary structures for vacant positions. HR cell announces the opening in the leading new-papers, society website and job portals. After applications are received, applicants' database is prepared and initial short listing is done with the help of an external agency. Final short listing is being done by HR cell & the State program officer of that program. For each vacancy 5-6 people on an average are called for the interview. Interviews are conducted by a committee comprising state program officer, government notified members for SC/ST, senior officers and one female officer for female candidate. Committee selects candidate on scoring sheet of 50 marks covering criteria like introduction skills, communication skills, technical skills, suitability for the post etc. The state follows reservation policy and a waiting list of 10-20% is created. Results are displayed on website and also communicated to individual through emails. At the joining original documents are verified by State Health Society.
- **Nurses & paramedics:** Administrative power has been delegated to the District health Society for selection of program management unit staff, doctor, nurses and paramedical staff for block and district.

In the Khagaria District (district visited) three rounds of recruitment for the ANMs/Staff Nurse have been conducted. **However despite announcement seats remain vacant due to unavailability of candidates.**



The state has developed online application process for doctors, nurses and ANMs. Candidates with requisite qualification can apply directly to the district, whereupon districts do recruitments for suitable candidates. For Medical Officers & Nurses walk-in interviews are conducted one day in each month. State health Society has contracted external agency for the selection and recruitment of ASHAs in the State. The agency is paid on per application and per candidate basis.

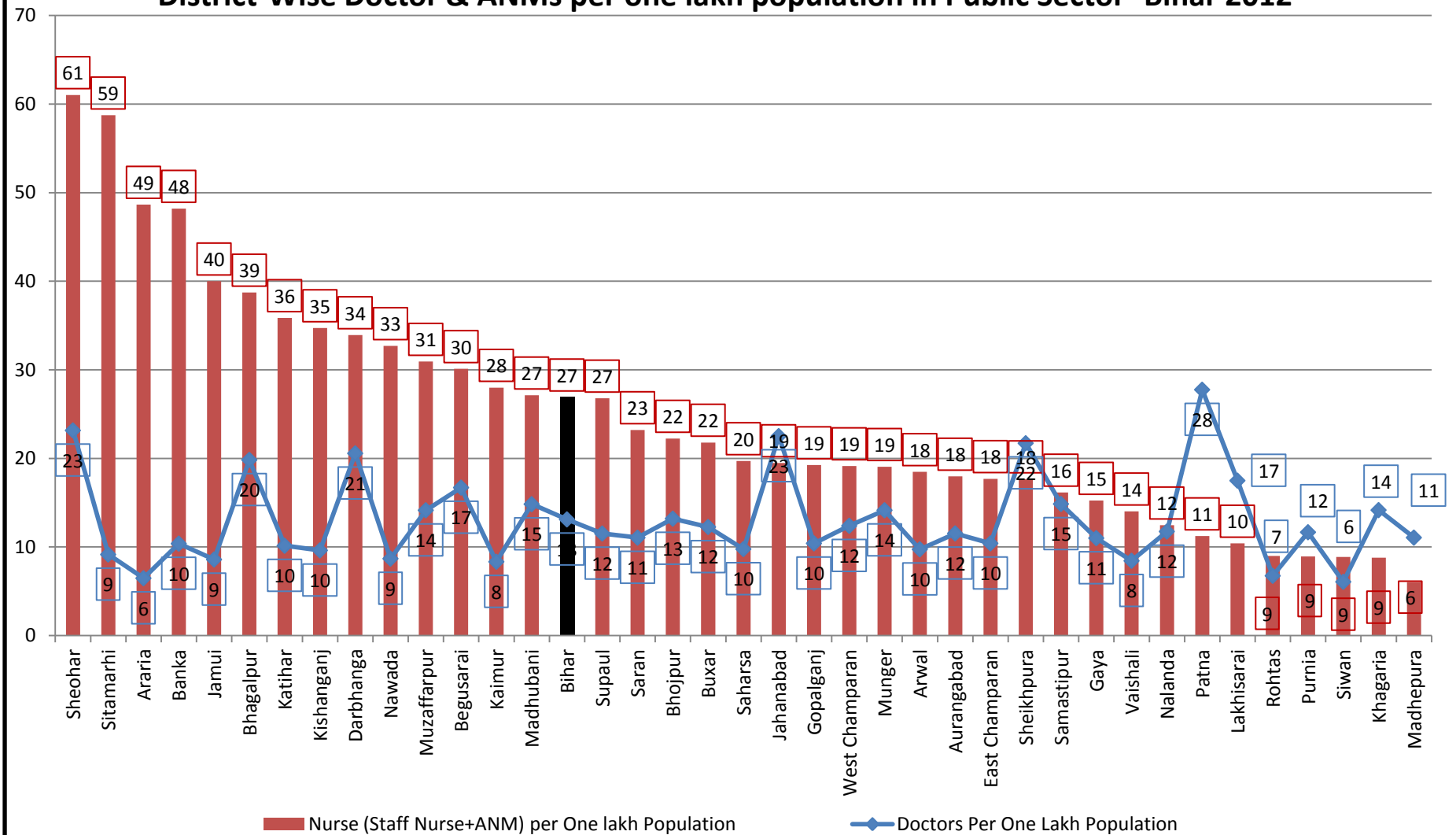
## Deployment of HR

The State does not have any specialist cadre or public health cadre. As per the data available in the state HR information System (iHRIS) has captured data on specialist working in public facilities.

	Contractual	Regular	Not Specified	Total
<b>Allopathic Medical Officers</b>	2347	2827	2	5176
<b>AYUSH Medical Officers</b>	1153	271	1	1425
<b>Doctors (Academic)</b>	76	779	18	873
<b>Program Managers</b>	4	364	0	368
<b>MO Dentists</b>	273	5	0	278
<b>Director/ Deputy Director</b>	4	83	0	87
<b>Total</b>	<b>3857</b>	<b>4329</b>	<b>21</b>	<b>8207</b>

SPECIALTY	NO. OF SPECIALISTS	SPECIALTY	NO. OF SPECIALISTS
Surgery	218	Emergency Medicine	19
Obstetrics and Gynecology	160	Cardiology	14
Orthopedics	115	Dermatology	14
Pediatrics	103	Gastroenterology	12
Pathology	88	Diploma- Clinical Pathology	11
Ayurveda	87	Psychiatry	10
General Medicine	79	Infectious Diseases	6
Anesthesiology	76	Palliative Care	6
Ophthalmology	63	Physical Therapy	5
Ear, Nose and Throat	45	Neurology	4
Radiology	44	Urology	4
Homeopath	43	Allergy and Immunology	3
Diploma in Child Health	42	Hematology	3
Family Medicine	34	Renal Medicine	3
Internal Medicine	31	Respiratory Medicine	3
Public Health	25	Oncology	2
Unani	21	Endocrinology	1
<b>Grand Total</b>		<b>1394</b>	

## District-Wise Doctor & ANMs per one lakh population in Public Sector- Bihar 2012\*



\*Source-Bihar HR Management Information System (iHRIS)-2012, which is in process of updation and final output may change after complete updation of records.



**Table-10: District-Wise Doctor, Staff Nurse & ANMs per one lakh population in Public Sector- Bihar 2012 (iHRIS 2012)**

District	Doctors Per One Lakh Population	Staff Nurse per one lakh population	ANMs per one lakh population
Sheikhpura	22	6.7	54.3
Araria	6	0.2	48.4
Sheohar	23	13.8	45.0
Banka	10	6.2	42.0
Jahanabad	23	3.9	36.1
Kaimur	8	0.6	35.2
Buxar	12	2.2	31.8
Nalanda	12	1.2	31.5
Begusarai	17	1.6	28.6
Khagaria	14	6.4	28.3
Siwan	6	0.7	26.1
Madhepura	11	1.4	25.7
West Champaran	12	1.3	25.7
Munger	14	6.5	24.5
Jamui	9	4.7	23.3
Bhojpur	13	0.9	21.3
Samastipur	15	3.7	19.5
Rohtas	7	0.5	19.2
Arwal	10	0.2	18.2
Vaishali	8	1.1	18.1
Gopalganj	10	1.6	17.9
Madhubani	15	1.7	17.4
Saran	11	0.8	16.9
Bhagalpur	20	22.2	16.5
Aurangabad	12	3.2	14.8
Saharsa	10	1.4	14.7
East Champaran	10	2.4	12.9
Supaul	12	3.5	10.5
Gaya	11	9.4	9.8
Nawada	9	2.2	9.0
Darbhanga	21	9.3	8.4
Patna	28	1.2	7.7
Kishanganj	10	3.0	7.4
Muzaffarpur	14	6.2	6.3
Katihar	10	3.2	5.6
Sitamarhi	9	3.4	5.5
Purnia	12	3.8	5.1
Lakhisarai	17	5.1	0.9
<b>Bihar</b>	<b>13</b>	<b>3.6</b>	<b>18.2</b>

As per the data available in the iHRIS there 1329 specialist in the State, of which 74 are anesthetist, 158 are obstetricians and 143 are pediatricians. **Out of 56 designated & functional FRUs in the State, 34 lack any one of the specialists (Anesthetist, Obstetrician, and Pediatrician) and were not able to perform optimally.** In Khagaria district (district visited) in 80% of SCs second ANM is in place, however there is lack of clarity in what **role is to be performed by each ANM in the sub centre and both end-up doing same work.**



**Table-11: District-wise specialist position –Bihar 2012 (Source: iHRIS, SHS-Bihar)**

District	Anesthetist	Obs & Gync	Pediatrician	Number of FRUs
Araria	-	-	4	1
Arwal	-	1	3	1
Aurangabad	-	1	3	1
Banka	1	5	2	2
Begusarai	-	5	-	1
Bhagalpur	1	7	-	1
Bhojpur	-	3	4	2
Buxar	-	1	2	1
Darbhanga	10	16	7	1
East Champaran	2	-	2	1
Gaya	5	8	6	3
Gopalganj	-	-	5	2
Jahanabad	2	-	1	2
Jamui	-	2	2	1
Kaimur	-	-	-	2
Katihar	1	1	4	2
Khagaria	1	-	4	1
Kishanganj	-	-	-	2
Lakhisarai	-	1	1	1
Madhepura	2	1	1	2
Madhubani	2	8	4	1
Munger	1	3	1	2
Muzaffarpur	6	8	6	1
Nalanda	-	5	7	2
Nawada	1	1	2	1
Patna	20	46	26	2
Purnia	3	2	2	1
Rohtas	1	3	6	1
Saharsa	1	5	3	1
Samastipur	-	1	3	2
Saran	1	8	6	1
Sheikhpura	1	-	1	2
Sheohar	1	1	6	1
Sitamarhi	-	1	2	1
Siwan	-	1	1	2
Supaul	1	1	3	2
Vaishali	2	2	3	2
West Champaran	2	1	3	1
Not Specified	6	9	7	-
Grand Total	74	158	143	56

## Training & capacity building

Under State health Society a separate training cell has been created which looks after the training and capacity building programs in the state. However each department also conducts some form of training program for their own staff such as for HMIS, finance etc. Annual Training targets are being proposed by the State and accordingly training plans are made and trainees are selected.

<b>Trainings</b>	<b>Total Trainee</b>	<b>Time period</b>
SBA (ANM)	3773	2010-2012
BEmOC (MO)	81	2011-2012
Public Health (MO)	22	2009-2012
IMNCI (HW)	521	2011-2013
MTP (MO/Nurse)	86	2011-2012

There are two type of trainings provided in the state- induction and on job training. Induction training is done for all employees, if not done immediately after recruitment. Mostly induction trainings are being done by the state program officer and training officer. Under on-job training category both management and clinical trainings are provided.

**Management Training-** State conducts management and skill based training programs for management staff with the help of IIMMR, IIMA, XLRI. Every year 3-4 batches containing 30-35 people are send to these institutes for training. Details of types of training are not available.

**Clinical Training-** For clinical trainings such as EmOC/BEmOC/LSAS both contractual and regular staff is given the opportunity to enhance their skills. However preference is given to contractual and willing employees as regular staff is reluctant to attend training program. Contractual staff has to sign bond with the society to undergo training program. After training, trainee may be posted to another facility based on need, which is decided by the society in advance. For LSAS, EMOC, BEMOC trainings ToTs are trained in CMC Vellore.

Training centre is hired at both district and state level for conducting training programs. For clinical trainings Sadar Hospital at district level and Medical College is state level is used as training venue.

**Issues: Quality of training programs- Quality of training and post training follow-up is very weak in the state and it is difficult to identify whether training skills are used in the facility or not.** Using the data available in DHIS (service delivery), iHRIS (HR records) and training data (SBA training) received from DPMU Khagaria, it is evident that training skills are not used in the field. In Kahgaria district 127 ANMs have been trained in the Skill Birth Attendance during 2008-2011period. However there is hardly any evidence of this skill being used in the field. Table below depicts that out of total 127 ANMs trained in SBA skills



79 are posted at sub centre level and have not conducted any single delivery during 2011-12 period.

<b>Table-13: SBA Trained ANMs Position and Number of SBA deliveries in Khagaria District (Bihar) -2011-12</b>			
	<b>Total Facilities</b>	<b>SBA trained ANMs</b>	<b>Facilities reported SBA Deliveries</b>
APHC	12	20	1
PHC	4	7	3
SC	66	79	0
SH	1	21	1
<b>Total</b>	<b>83</b>	<b>127</b>	<b>5</b>

Source: iHRIS, DHIS-2 & Khagaria District Training records. 2012.

The state has assigned one nodal officer for follow-up on each training program. In addition, the state is in process of strengthening district quality assurance committees to supervise training programs. State has requested B-TAST to hire an external agency for quality assurance of training programs.

**In addition State has SIHFW and three RIHFW (Patna, Bhagalpur, Muzaffarpur). SIHFW conducts lot of training programs without coordination with society. RIHFW are not functional currently and need to be revived.**

To improve the quality of services provided by the nursing staff, skill labs are started in all nursing schools for pre-service and in-service training.

## Remuneration

Salary structure of the regular employees is being decided as per the service codes. For contractual staff the state has developed six salary slabs and under each slab there are pay bands for each level of contractual employees. 10% increment is given to all contractual staff every year based on performance. Leave provision is also given including maternity and paternity leaves for contractual staff. All contractual employees are entitled to medical benefit of 200 Rs/month & Accidental Life cover. Specialist salary is high by 5,000 Rs. as compared to the plain MBBS doctors under contractual appointments. To ensure functioning of FRUs and to motivate specialist to manage complications additional incentive of Rs. 1500/- is provided to the facility per c-section. Of which Rs. 500 each is given for RKS & Obstetrician, Rs. 300 is given to anesthetist and remaining Rs. 200 is given to paramedical staff. There have been issues with timely release of salaries of contractual staff in the state due to administrative hassles.

<b>Table-14: Salary structure for contractual employees-Bihar 2012 (Source: HR Cell, SHS, Bihar 2012)</b>		
<b>Regular Post Level</b>	<b>Salary Range</b>	<b>Contractual designations under this range</b>
Additional Director	50000-60000	Additional Director
Deputy Director	45000-55000	Deputy Director





Senior Consultant	35000-53000	Program Manager, Regional program Manager, State Epidemiologist, Regional Accounts Manager, State Health Finance Analysts, Personnel Officer
Consultant	27000-42000	<b>District Program Manager</b> , Regional manager-(M&E), Dist. VBD Consultant, Micro-Biologist, Deputy Program Manager, <b>District Accounts manager</b>
Senior Executive	20000-35000	<b>Hospital Manager</b> , Assistant Manager-IT, Assistant Health Finance Analyst, Consultant Finance-IDSP, VBD Consultant, Training Consultant (IDSP), <b>District M&amp;E Officer</b> , Accountant, Data Officer, Computer Programmer, District Planning Coordinator, <b>District ASHA Coordinator</b> , Coordinator-MAMTA, State Planning Assistant, State Entomologist
Executive	8000-28000	<b>Block Health manager</b> , State Data Manager-IDSP, District Data Manager-IDSP, Block Accountant, Data Assistant, Computer Operator, HMIS Supervisor, <b>Grade-A Nurse</b> , Block Community Mobilizer, <b>ANM</b>

**Issues: Disparity exists in the salary of regular as well as contractual staff, which serves as a demotivating factor.** Contractual ANM at the time of joining gets 11,000 per month and the contractual GNM gets 20,000 per month which is much less as compared to salaries of regular ANM & GNM. **In addition to the lower salaries contractual staff doesn't get any other incentive to work in the rural area. There is no hard area allowance in place.** However state gives relaxation in PG entrance to the doctors serving in the rural areas which have a limited impact due to the lack of civil amenities at peripheral level.

### Retention strategy

For ANM & GNM proposal is being prepared to absorb them into regular service after 4 years of contractual duty, where 4 years of service will also be counted in the service. Currently limited promotion opportunities are available for the ANMs & GNMs. However State is finalizing the proposal through which an ANM can become LHV, Block Public Health Nurse and District Public Health Nurse with due experience and qualification. Similarly a GNM can become Asst. matron and Matron over a period of time with due qualification and job experience.

**Issues: There is no promotion and transfer policy for contractual staff in the State. No retention strategy has been developed for the doctors to work in public sector.**



## HR Management Information System (iHRIS)

iHRIS was started in the State from July 2010 in coordination with Intra-health and NHSRC. Initially piloted in the Vaishali district and data was collected for the medical officers only. Later it was scaled to all districts and for all employees in the State health department.

A committee has been formed with participation from State Health Society, Family Welfare Department and Intra-health to design the format for data collection. ID & password for block and district M&E officer has also been provided to collect and upload data in the application. To use the application officers were trained at the regional level. Till now the application has 12228 regular employees record and 10669 contractual employees records. State has decided to upload all employees' data into the iHRIS in phased manner. In first phase medical officers' data is being verified and updated. In second phase staff nurse data will be verified and updated. ANM, Other staff and ASHA data will be updated and verified in 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> phase respectively.

For data entry and use of application, training was given at divisional level for district and block officials and are provided access to the application. Now block and districts are uploading data online at their level.

**Issues: The analysis function is not made available in the application and dashboard is yet to be developed.**

## Workforce management

The state has proposed to introduce performance diary for both contractual and regular staff. The performance diary is developed by the staff selection commission for performance management of the regular staff, which will also be used for contractual staff performance management.

### Regular employees-

The transfer and posting for medical officers is overseen by the Department of Family Welfare. However the process of transfer and promotion is very irregular in the State. In regular service of 30 years ACP is provided at 10, 20& 30 years however promotion is not given at regular time periods. **Usually 5 years is norm for the promotion to the next level but it takes 8-10 years usually in the state.** Deputation within district has been stopped by order from department and norm for transfer outside district is set to minimum three years. However a MO in the block can attach ANM from SC to work in PHC for one or two days of the week and Civil Surgeon can make similar arrangements between blocks. **Promotions for nurses are very irregularly. As per the ANMs only staff Nurse can be promoted to the level of ward sister after 10 years of service, if the post is vacant. Otherwise they receive only financial incentives.**

### Contractual employees-

There is no policy for promotion and transfer of the contractual staff. However the contractual staff is transferred to other facility if s/he he takes part in any of the clinical skill building training program (LSAS/BEmOC/EmOC).



Performance assessment system is in place, which is measured based on achievements against annual targets, behavior with colleagues and on other parameters essential for performance assessment. Initially employee self appraises which is further appraised by the supervisor and finally by the administrative officer. **However in the field this process is not done meticulously and by a file note all employees are appraised by the administrative officer.**

On the basis of financial grounds, administrative grounds, and behavior with colleagues disciplinary procedures are being taken against contractual employee which can be even lead to termination from the current post. Controlling and appointing authority terminates the person.

## Management cadre

### Regular Management Cadre:

At the state level Directorate is headed by Director-in-Chief and every other program division has individual program officers. The CHMO manages at the district level, aided by a team of Program Officers.

### Contractual Management Cadre:

At State level State Program management Unit supports program management, headed by SPM. To support him there are various consultant and program officers e.g. IEC, Finance, HR, Infrastructure, Training, M & E, Family Planning etc.

At District level District Program Management Unit (DPMU) manages the program and the activities. DPMU has District Program Manager (DPM), District Community Mobilizer, District Data Assistant (ASHA), District Accounts Manager, District M& E Officer & District Program Coordinator, and while at the block level, there is a Block Health Manager (BPM), Block Accountant and a Block Community Mobiliser. In addition at both the levels technical support staff is also available.

The State Selection Committee (headed by the MD NRHM) does recruitment for the SPMU. At district level Selection committee headed by the District Magistrate recruits DPMU & BPMU staff.

## Para-Statals

- ASHA Resource Centre
- SIHFW
- RIHFW



## Recommendations

### Immediate

1. Ensure all specialist and Medical Officers trained in LSAS & EmOC skills are posted in the FRUs.
2. Power should be delegated to the Districts to recruit specialists as per the need and state should intervene only when districts are unable to find candidates.
3. Release of salaries of contractual service providers on regular basis. Avoid delay in salary release for regular staff as well.
4. Ensure all MOs with PG qualifications are posted in CHCs, block PHCs or higher centers.
5. Till vacancies are not filled district should be able to directly recruit nursing candidates from nursing schools outside the state.
6. Develop and strengthen district quality assurance committees for monitoring of training programs. On job training support with follow-up should be provided to the trainees. Use of training skills should be linked with performance appraisal & incentives (non financial/ carrier progression).
7. Training should be done in coordination with SIHFW, Regional institute of Health and Family Welfare (RIHFW) should be revived and strengthened. RIHFWs should be used as training institute for all regional trainings in the State.
8. Transparent appraisal system and clear plan for career progression of contractual employees should be carved.
9. Faculty development program & quality assurance in nursing schools.
10. Decrease salary gap between contractual and regular staff.
11. iHRIS should be strengthened further with more analysis functions and routine data update.

### Medium Term

1. Local area admission criteria should be applied for admission in the nursing and paramedical institutes, wherein candidate should serve minimum of two-three years in public facilities of that district.
2. Incentive for working in rural/difficult area is to be developed and notified. This will help in motivating service providers to work in far-flung difficult areas.
3. Creation of a specialist cadre.
4. Process should be initiated to absorb long serving contractual employees in regular services.
5. Clear promotion and transfer policies for doctors and nursing staff. Efforts should also be needed for the timely implementation of the policy.

### Long Term

1. Creation of adequate number of regular posts for health facilities – existing & to be created
2. Creation of adequate number of health facilities



### Annexure- I List of Level-III Facilities not providing critical services

A- FRUs (Level III) not providing MTP Services (Bihar: 2011-12)		
S. N.	District	Name of Facility
1.	ARWAL	Sadar Hospital Arwal
2.	BANKA	RH Amarpur
3.	BEGUSARAI	Sadar Hospital Begusarai
4.	BHAGALPUR	Sadar Hospital Bhagalpur
5.	BHOJPUR	Sub Divisional Hospital Jagdishpur Bhojpur
6.	DARBHANGA	RH Jalley
7.	GAYA	District Hospital Lady Eligrim Gaya
8.	GAYA	Sub Divisional Hospital Sherghati Gaya
9.	JAMUI	Sadar Hospital Jamui
10.	JEHANABAD	RH Makhdumpur
11.	KAIMUR	RH Ramgarh
12.	KAIMUR	Sadar Hospital Bhabua Kaimur
13.	KATI HAR	Sub Divisional Hospital Varsoi Katihar
14.	KHAGARIA	Sadar Hospital Khagaria
15.	KISHANGANJ	Sadar Hospital Kishanganj
16.	LAKHISARAI	Sadar Hospital Lakhisarai
17.	MADHEPURA	Sub Divisional Hospital Uda Kishanganj Madhepura
18.	MUNGER	Sub Divisional Hospital Tarapur Munger
19.	MUZAFFARPUR	Sadar Hospital Muzaffarpur
20.	NAWADA	Sadar Hospital Nawada
21.	PASCHIM	Sadar Hospital M.J.K Bettiah Paschim Champaran
22.	PATNA	Sub Divisional Hospital Danapur Patna
23.	PATNA	Sub Divisional Hospital G.G.S. Patna city
24.	PURBI	Sadar Hospital Motihari Purbi Champaran
25.	ROHTAS	Sub Divisional Hospital Bikramganj Rohtas
26.	SAMASTIPUR	Sadar Hospital Samastipur
27.	SARAN	Sadar Hospital Chapra Saran
28.	SHEIKHPURA	RH Barbihga
29.	SHEIKHPURA	Sadar Hospital Sheikhpura
30.	SHEOHAR	Sadar Hospital Sheohar
31.	SITAMARHI	Sadar Hospital Sitamarhi
32.	SIWAN	RH Mairwa
33.	SIWAN	Sadar Hospital Siwan
34.	SUPAUL	RH Raghapur
35.	SUPAUL	Sadar Hospital Supaul
36.	VAISHALI	Sub Divisional Hospital Mahua Vaishali

<b>B- FRUs (Level III) not providing Blood Transfusion (Bihar: 2011-12)</b>		
<b>S.No.</b>	<b>District</b>	<b>Name of Facility</b>
1.	ARWAL	Sadar Hospital Arwal
2.	BANKA	RH Amarpur
3.	BHAGALPUR	Sadar Hospital Bhagalpur
4.	BHOJPUR	Sub Divisional Hospital Jagdishpur Bhojpur
5.	DARBHANGA	RH Jalley
6.	GAYA	District Hospital Lady Eligrim Gaya
7.	GAYA	Sadar Hospital Pilgrim Gaya
8.	GAYA	Sub Divisional Hospital Sherghati Gaya
9.	GOPALGANJ	Sub Divisional Hospital Hathua Gopalganj
10.	JEHANABAD	RH Makhdumpur
11.	KAIMUR	RH Ramgarh
12.	KATIHAR	Sub Divisional Hospital Varsoi Katihar
13.	MADHEPURA	Sub Divisional Hospital Uda Kishanganj Madhepura
14.	MUNGER	Sub Divisional Hospital Tarapur Munger
15.	NALANDA	Sub Divisional Hospital Hilsa Nalanda
16.	NAWADA	Sadar Hospital Nawada
17.	PATNA	Sub Divisional Hospital G.G.S. Patna city
18.	PURBI	Sadar Hospital Motihari Purbi Champaran
19.	ROHTAS	Sub Divisional Hospital Bikramganj Rohtas
20.	SAMASTIPUR	Sadar Hospital Samastipur
21.	SAMASTIPUR	Sub Divisional Hospital Pusa Samastipur
22.	SHEIKHPURA	RH Barbihga
23.	SHEOHAR	Sadar Hospital Sheohar
24.	SIWAN	RH Mairwa
25.	SUPAUL	RH Raghapur
26.	VAISHALI	Sub Divisional Hospital Mahua Vaishali

<b>C- FRUs (Level III) not conducting Caesarian Sections (Bihar: 2011-12)</b>		
<b>S.No.</b>	<b>District</b>	<b>Name of Facility</b>
1.	PASCHIM	Sadar Hospital Arwal
2.	PATNA	RH Amarpur
3.	PATNA	Sub Divisional Hospital Jagdishpur Bhojpur
4.	PURBI	RH Jalley
5.	PURNIA	Sub Divisional Hospital Sherghati Gaya
6.	SAHARSA	RH Makhdumpur
7.	SAMASTIPUR	RH Ramgarh
8.	SAMASTIPUR	Sub Divisional Hospital Varsoi Katihar
9.	SHEIKHPURA	Sub Divisional Hospital Uda Kishanganj Madhepura
10.	SITAMARHI	Sub Divisional Hospital Tarapur Munger



11.	SIWAN	RH Barbihga
12.	SUPAUL	Sadar Hospital Sheohar
13.	SUPAUL	RH Mairwa
14.	VAISHALI	Sub Divisional Hospital Mahua Vaishali

<b>D- FRUs (Level III) not managing Obstetric Complications (Bihar: 2011-12)</b>		
<b>S. No.</b>	<b>District</b>	<b>Name of Facility</b>
1.	ARWAL	Sadar Hospital Arwal
2.	BANKA	RH Amarpur
3.	BHAGALPUR	Sadar Hospital Bhagalpur
4.	BHOJPUR	Sub Divisional Hospital Jagdishpur Bhojpur
5.	DARBHANGA	RH Jalley
6.	GAYA	Sub Divisional Hospital Sherghati Gaya
7.	JEHANABAD	RH Makhdumpur
8.	KAIMUR	RH Ramgarh
9.	KATIHAR	Sub Divisional Hospital Varsoi Katihar
10.	MADHEPURA	Sub Divisional Hospital Uda Kishanganj Madhepura
11.	MADHUBANI	Sadar Hospital Madhubani
12.	MUNGER	Sub Divisional Hospital Tarapur Munger
13.	NAWADA	Sadar Hospital Nawada
14.	PURBI	Sadar Hospital Motihari Purbi Champaran
15.	SHEIKHPURA	RH Barbihga
16.	SIWAN	RH Mairwa
17.	VAISHALI	Sub Divisional Hospital Mahua Vaishali

