2012

# Chhattisgarh: Public Health Workforce; Issues and Challenges

National Health Systems Resource Center
National Rural Health Mission
9/27/2012

## I. OVERVIEW OF PUBLIC HEALTH WORKFORCE

Chhattisgarh state has a total area of 135,190 $km^2$ and is the 16th most populated state in the country having a population of 25,540,196 and density of 190/$km^2$ (2011 Census). The Schedule Castes and Schedule Tribes comprised 43% of its population. It has a literacy level of 64.7%. Chhattisgarh takes its name from the 36 pillars of Chhatishgarhin Devi temple (*chhattis* means "36" and *garh* means "pillar"). The state has 27 administrative districts, 146 blocks and 20129 villages. Out of these 2 new districts (Bijapur and Naryanpur) were carved out on May 11, 2007 and 9 new districts on Jan 1, 2012. The following public health infrastructures are available in its 27 districts.

**Table 1: Status of public health facilities:-**

| Sr. No. | Health Facilities | Sanctioned | Required |
|---|---|---|---|
| **1** | District Hospital | 27 | 18 |
| **2** | Civil Hospital | 14 | |
| **3** | Community Health Centre | 155 | |
| **4** | Primary Health Centre | 764 | 701 (@1PHC/30,000 population excluding 8 cities having above 1 lakh population) |
| **5** | Sub-Health Centre | 5136 | 4480 (@ 1 HSC/5000 population excluding 8 cities having population above 1 lakh) |
| **6** | Civil Dispensary (Urban) | 29 | |
| **7** | Urban family welfare Centre | 10 | |
| **Urban Health Programm (MSSK)-** | | | |
| **1** | Urban Primary Health Centre | 31 | |
| **2** | Health Facility Centre | 316 | |

***Administrative reports health and Family welfare Chhattisgarh government 2012-13**
*# As per provisional Infrastructure/HRH gap analysis, September 2012 (NHSRC)*

## II. HUMAN RESOURCES FOR HEALTH POLICY

As is the case with rest of the country, the state does not have an HRH policy for adopting multi-sectoral and multi-pronged strategies and approaches to effectively plan, develop, and manage the health workforce. The **Integrated Health & Population Policy of 2006** highlighted the Health Human Resource Development as one of the core policy components and envisages that state

planning rest on estimating future health human resource requirements and encouraging a mix of government and private sector institutions to create this human resource. There is a provision for skill up-gradation options available for the medical professional to address the dearth of specialists and the limitations of conventional strategies to close this gap within decades.

There is an **In-service training policy** in addition to the above pre service training/education plans, which provides for periodic retraining and skill up-gradation of all its personnel through a hierarchy of training institutions at state, regional and district level. Management training for all the public health sector staff in health management roles is a major component of this policy. The State Institute of Health & Family Welfare is the apex training institute in charge of all in service training and also playing the role of a policy planning institution for HRD. A mandatory **Continuing Medical Education (CME) program** for all medical professionals is another key area for professional development.

Apart from these, under the aegis of NRHM, the state has also initiated a number of administrative and policy initiatives for human resource development, for recruiting and incentivizing staff working in medically under-served areas such as CRMC **(Chhattisgarh Rural Medical Corps)** introduced in 2009 and for addressing workforce issues and for promoting rational drug use. The transfer policy formulated in 2000 under Madhya Pradesh State Government was adapted by Chhattisgarh state in 2005. To address the acute shortages of manpower at health sub-centers, a **2nd ANM policy was devised in 2010** with the result that a total of 954 posts of 2nd ANM got created in 2010-11.

**Issues in Policy Areas:** Though the state has given the health human resource development as one of priority areas in the state integrated health & population policy of 2006 and re-iterated in state PIP consecutively, it requires a comprehensive and clear HRH policy which has to be integrated in the overall state health policy. In this line, a draft HRH policy formulated requires revision taking into account the need for reorientation of health system architecture in the light of 12th plan along with review of recruitment rules and creation of key cadres.

## III. GENERATION OF HUMAN RESOURCES FOR HEALTH

There is large gap in the production of HRH in the state in both public and private sectors resulting in low HRH availability pool in the market for recruitment.

**Table 2: Availability of medical, nursing /allied professional institutes (government & private) in Chhattisgarh**

| Sr. | Type of Institute | Type of sector | Annual Intake |
|---|---|---|---|

| No. | | Govt. | Private | Total | Govt. | Private | Total |
|---|---|---|---|---|---|---|---|
| 1. | ANM Schools (DMPWS-Female) * | 13 | 75 | **88** | 510 | 2360 | **2870** |
| 2. | GNM Schools (Diploma in Nursing)* | 4 | 29 | **33** | 100 | 1110 | **1210** |
| 3. | Nursing Colleges (B.Sc.)* | 6 | 41 | **47** | 290 | 1870 | **2390** |
| 4. | Health Worker Male (DMPWS-Male) | 3 | 0 | **3** | 180 | 0 | **180** |
| 5. | Physiotherapy College | 1 | - | **1** | 50 | - | **50** |
| 6. | Pharmacy Schools | 1 | 0 | **1** | 60 | 0 | **60** |
| | | | | | | | |

***Health and Family welfare Chhattisgarh government**

The lists of medical, nursing and pharmacy institutes in government sector are given in table 3.

**Table 3: Lists of Medical College/Dental College (UG& PG) and Annual Intake (Seats) (government) in Chhattisgarh**

**Under Graduate (MBBS/BDS )**

| Sr. No. | Name of Institution | Annual Intake (No. of Seats) | All India Quota | C.G. Govt. Quota | Other Quota* |
|---|---|---|---|---|---|
| 1 | Pt. J.N.M Medical College, Raipur | 150 | 22 | 124 | 04 |
| 2 | Government Medical College, NMDC, Jagdalpur | 50 | 07 | 37 | 06 |
| 3 | Chhattisgarh Institute of Medical Sciences, Bilaspur | 100 | 15 | 82 | 03 |
| 4 | Government Dental Medical college ,Raipur | 100 | 15 | 82 | 03 |

**Post-Graduate Seats (MD/MS/Diploma) Pt. J.N.M Medical College, Raipur –**

| Sr. | Subject | All India Quota | State Quota | Total |
|---|---|---|---|---|
| 1 | Anaesthesiology | 02 | 02 | 04 |
| 2 | Anatomy | 02 | 02 | 04 |
| 3 | Community Medicine | 02 | 01 | 03 |

| | | | | |
|---|---|---|---|---|
| 4 | General Medicine | 06 | 06 | 12 |
| 5 | General Surgery | 04 | 05 | 09 |
| 6 | Obstetrics & Gynaecology | 03 | 02 | 05 |
| 7 | Ophthalmology | 03 | 02 | 05 |
| 8 | Orthopedics | 01 | 01 | 02 |
| 9 | Paediatrics | 02 | 02 | 04 |
| 10 | Pathology | 02 | 02 | 04 |
| 11 | Pharmacology | 01 | 01 | 02 |
| 12 | ENT | 01 | 01 | 02 |
| 13 | Physiology | 01 | 01 | 02 |
| 14 | Radio - Diagnosis | 0 | 01 | 01 |
| 15 | Radio - Therapy | 02 | 01 | 03 |
| | **Total** | **32** | **30** | **62** |

## IV. RECRUITMENT, SANCTIONED POSTS AND VACANCIES

The state of Chhattisgarh has adapted the rules for regulating the recruitment to the Madhya Pradesh Public Health and Family Welfare Department Non-Ministerial (related to the Directorate of Health Services) Class –I, II & III Services Recruitment rules, 1989 and named it as "**Chhattisgarh Public Health & Family Welfare Department Non-Ministerial (related to Directorate of Health Services) Class-I, II & III Services Recruitment rules".** There is a separate Class –III Nurses Service Recruitment Rules.

### 1. Recruitment of Medical Officers (M.Os):

**Regular M.Os & Specialist:** As per the Class –I Service Recruitment Rules, the Medical Officers (M.Os) are recruited to the Service. Recruitment to the service, after commencement of these rules are made by the following method namely- (a) By direct recruitment by selection; (b) by promotion of the members of the service cadres (for specialist class-I) and (c) by transfer of persons who hold in a substantive capacity. The **Chhattisgarh Public Services Commission (CGPSC) formed under the provision of Act 315 of the Constitution of India on 23rd May, 2001** conducts examination for the appointment (M.Os/specialist), advice the state government on all matters related with state civil societies, eligibility, transfer and promotion of civil servants. CGPSC issues the advertisements, screening/short listing, conduct written tests (for M.Os) & interviews (specialists) and selection of candidates for M.O/specialist as per the recruitment rules of GoCG. The CGPSC intimates the Government of Chhattisgarh about the lists of selected candidates.

- **Appointing Authority:** The state Government issues the appointment letters for acceptance and joining at the designated public health facilities. Normally, the whole process from issuance of advertisement to the issuance of appointment letters takes almost a year. The recruitment is done on the basis of sanctioned number of public health facilities or institutes. The sanction number of facilities is based on the population norms of IPHS for different types of facilities.

**Contractual M.Os under Directorate of Health Services:** There is a provision for appointment of M.Os on temporary (Ad-hoc basis) in the Directorate of Health Services, Chhattisgarh Health & Family Welfare Department, undertaken by the Appointment Authority (Director of Health Services) as per the requirements and vacancies. Their salary is routed through the Treasury, Directorate of Health Services. These contractual posts are filled up against the vacant posts for regular M.Os.

**Contractual M.Os/specialists under NRHM:** There is a decentralized recruitment of M.Os engaged under NRHM through delegation of recruitment process to the District Health Society under the chairpersonship of the District Collector/ Rogi Kalyan Samitis. A Recruitment Committee & Selection Committee is constituted with minimum 4-5 members headed by the Senior Deputy Director or Joint Director. Other members may include the 1-2 Deputy Directors of specific RCH or DCP (Diseases Control Program) such as Maternal /Child Health, Immunization, RNTCP etc. and 1-2 representatives from State Program Management Unit for supporting the Committee. The vacant posts as against the sanctioned posts of M.Os at all facilities in the district are filled up through walk-in interviews. The process of contractual recruitment takes 2-3 months from date of advertisement to issue of offer letter. The lists of selected candidates on merit basis are shared with the concerned higher authority and the final decision is taken by the Mission Director, NRHM or Chairperson of the Executive Committee, which is the Secretary, Health.

**Key Issues on Recruitment of M.Os/specialists:**

- It was found that approximately 60% of the M.Os selected through CGPSC actually joined the state service
- Refusal to serve in facilities located in tribal and remote areas is the main reason for non-acceptance of appointment letters

**2. Recruitment of Nurses, Paramedics and other clerical staff:**

**Recruitment of Regular Nurses:** The recruitment of regular nurses in Chhattisgarh is guided by the rules i.e. Chhattisgarh Public Health and Family Welfare Department, Directorate of Health Services, Class-III Nurses Service Recruitment Rules.

- **Method of Recruitment:** The recruitment to the service, after commencement of these rules are made by the following method namely- (a) By direct recruitment on the basis of merit from amongst the candidates who have polled the prescribed training, and allotted to the Appointing Authority; (b) by promotion of the members of the service cadres and (c) by

transfer of persons who hold in a substantive capacity in such post, services as specified. The name of post included in the services (e.g. Matron, staff nurse, public health nurse, LHV etc), classification (i.e. Class III), pay scale and appointing authority are mentioned in Schedule-1 of recruitment rules for nurses.

- **Appointing Authority:** The Appointment Authority for recruitment of matrons and nursing sister is the Director of Medical Services, Chhattisgarh Health & Family Welfare Department while the Divisional Joint Director of Health Services is the Appointment Authority for recruitment of General Nursing/Senior Midwifery Trainings such as staff nurse, warden, public health nurse, O.T nurse, Lady Health Visitor.
- **Selection Committee:** There are 2 Directorate level Selection Committees for separate nursing cadre which are constituted at different levels as laid out in Schedule-1. The Selection Committee for nursing sister/house keeper/sister tutor and public health tutor comprised of Senior most Joint Director or Joint Director –Nursing Administration-Chairman, Deputy Director (Nursing) and Assistant Nursing-Advisor as members. The recruitment for General Nursing/Senior Midwifery Training such as staff nurse/warden/public health nurse/OT-nurse etc is decentralized to district level and done by Selection Committee comprising of – (A) For Teaching Hospitals attached Medical Colleges: Professor & Head of Department of Obstetrics & Gynecology (Chairman), Professor or Assistant Professor of P.S.M Department, Senior Sister Tutor and Nursing Superintendent or Matron as members; (B) For District Hospitals (Training Center): Senior Most District Family Welfare cum Health Officer (Chairman), Superintendent of District Hospital or Gynecologist or senior sister tutor and Nursing Superintendent or Matron as members.

**Recruitment of Paramedics & others:** The state of Chhattisgarh followed the same recruitment rules made by the Governor of M.P as per Article 309 of Constitution of India. The recruitment of rest of the paramedics (MPW cadre-male & female worker ANM, surveillance worker, MPW health supervisor cadre- LHV etc, LT, pharmacist, compounder, radiographer, health education extension officer etc) in Chhattisgarh is guided by the Madhya Pradesh Public Health and Family Welfare Department, Directorate of Health Services, Class-III Nurses Service Recruitment Rules, 1989.

The recruitment to the service, after commencement of these rules are made by the following method namely- (a) By direct recruitment by selection; (b) by promotion of the members of the service cadres and (c) by transfer of persons who hold in a substantive capacity. The recruitment rules for Class-III (includes paramedical and others) stated that methods of recruitment to be adopted for the purpose of filling any particular vacancy or vacancies in the service as may be required to be filed during any particular period of recruitment, and the number of persons to be recruited by each method, shall be determined by the Appointment Authority (refers to "The Chief Medical and Health Officer, or Dean, Medical College for attached Primary Health Centers and sub-centers under their control) in consultation with the Government.

## V. DEPLOYMENT OF HUMAN RESOURCES IN HEALTH

Chhattisgarh has been facing severe shortage of human resources for health in almost all categories of health service providers. The number of posts that are sanctioned does not aligned to the staffing pattern as per recommendations of IPHS. For example, there are only 781 sanctioned posts of staff nurses against the 1667 sanctioned posts of medical officers which are much less than standard norms of 3 nurses per 1 doctor recommended by the WHO. The current status of key categories of staff in public health system is given in table 4 (a) and 4 (b)

**Table 4(a): Status of key staff categories in public health system in Chhattisgarh**

| Sr. No. | Category of Staff | | No. of posts | | | Annual Intake |
|---|---|---|---|---|---|---|
| | Key | Sub | Sanctioned | Vacant | % of Vacancy | |
| 1 | Specialists | Pediatrician | 170 | 130 | 76 | 50 |
| | | Gynecologist | 170 | 139 | 82 | |
| | | Surgeon | 170 | 138 | 81 | |
| | | Anesthetist | 17 | 6 | 35 | |
| | | Physician | 170 | 134 | 79 | |
| | | Ophthalmologist | 17 | 1 | 6 | |
| | | Orthopedics | 17 | 0 | 0 | |
| | | Psychiatrist | 17 | 15 | 88 | |
| | | ENT Specialist | 17 | 11 | 65 | |
| 2 | Medical Officer | PGMO Anesthesia | 149 | 132 | 89 | |
| | | MO | 1667 | 983 | 59 | 200 |
| | Dental Specialist | Dental Specialist | 17 | 6 | 35 | |
| 3 | Nursing Sister | | 182 | 154 | 85 | 100 |
| 4 | Staff Nurse | | 781 | 199 | 25 | 168 |
| 5 | LHV | | 298 | 110 | 37 | |
| 6 | Lab Tech. | | 882 | 607 | 69 | 100 |
| 7 | Pharmacist | | 750 | 290 | 39 | 100 |
| 8 | MPW(male) | | 4715 | 2363 | 50 | 200 |
| 9 | MPW (Female) | | 5415 | 1009 | 19 | 500 |
| 4 | RMA's | | 1233 | 1233 | | |
| | **Total** | | **16854** | **7660** | | |

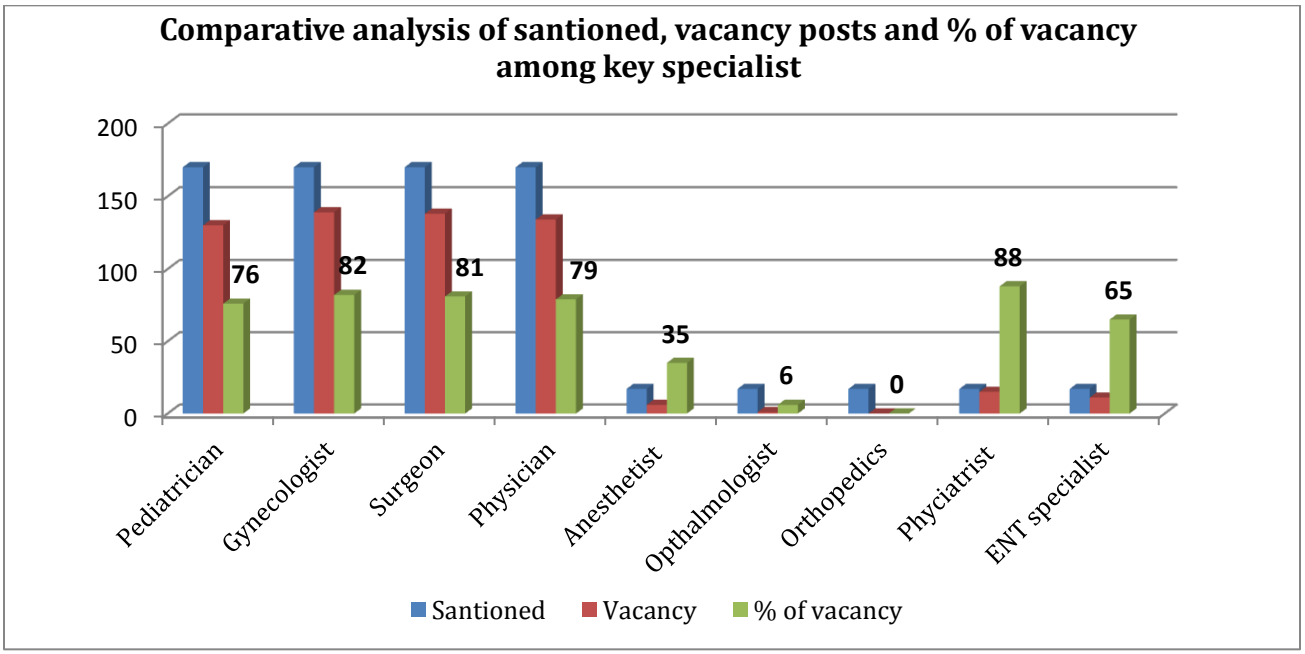
*Source: ROP-Chhattisgarh (2012-13)*

**Table 4 (b): Status of key staff categories in public health system in Chhattisgarh**

| Source: Chhattisgarh Human Resource (Health) as in Jan, 2013 (updated) | | | | | |
|---|---|---|---|---|---|
| **Sr. No.** | **Name of Post** | **Sanctioned** | **In-Position** | **Vacant** | **% of Vacancy** |
| 1 | Specialist | 1257 | 223 | 1034 | 82.5% |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Medical Officer | 1675 | 1107 | 568 | 34% |
| 3 | Rural Medical Assistant | 1233 | 1208 | 26 | 2% |
| 4 | Staff Nurse | 3172 | 1230 | 1942 | 61.5% |
| 5 | ANM | 5900 | 5104 | 765 | 13% |
| 6 | LHV | 1050 | 625 | 425 | 40.5% |

**Chart 1: Comparative analysis of sanctioned posts, vacancy posts and percentage of vacancy across key clinical specialists in Chhattisgarh (as on March 2012)**




It may be noted that out of 117 specialists in 3 key specialist areas (Gynecologist-39, Pediatrician-42, and Anesthetist-36) posted across 18 districts (old); only 2 specialists (Pediatrician) were contractual.

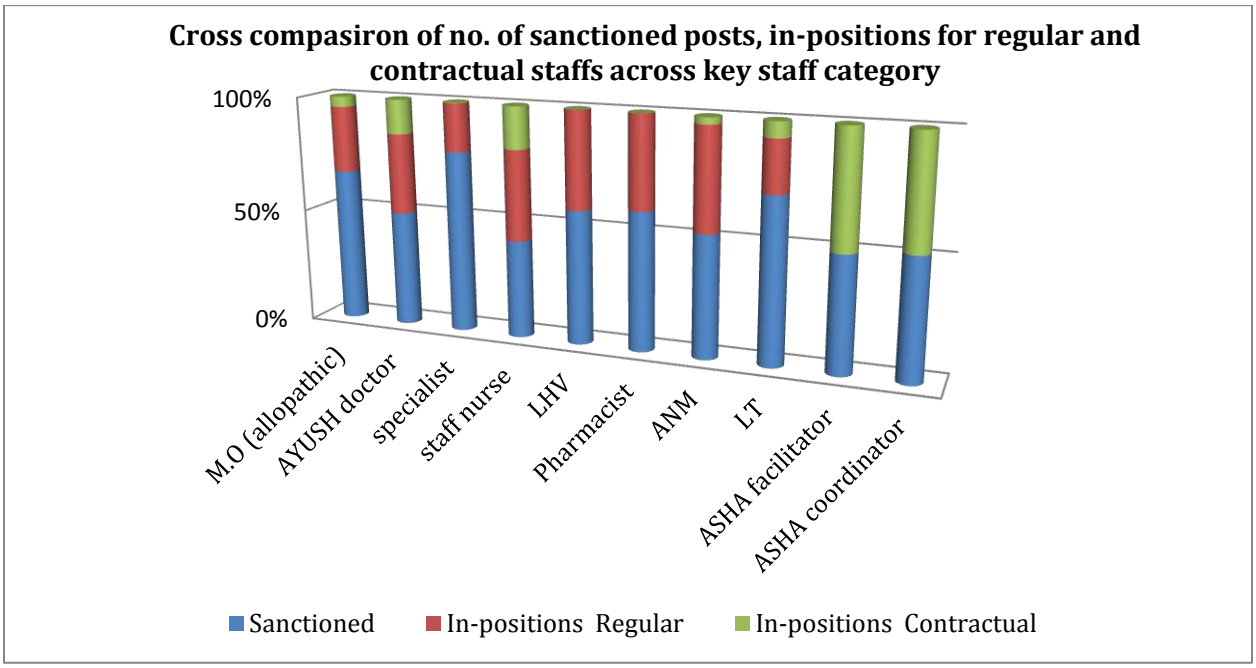
**Deployment of Specialists/Trained M.Os:** Out of total 75 designated FRUs (which has a mix of CHCs, District Hospitals, and Civil Hospital) across 18 districts in the state, 27 FRUs were functional till March 2012 and C-section operations are conducted in 26 FRUs. The exact status of type of specialist/LSAS or EmOC trained M.Os across the functional FRUs is not captured under any information system for all 27 districts, which is a major constraint in effective deployment of these key staffs. The district-wise deployment of type of specialist and trained M.Os (either LSAS/EmOC or both) is given in table 5.

**Table 5: District wise number of designated and functional FRUs, deployment of specialist/PGMO/trained M.O and functionality of FRU in terms of conduct of C-section**

| Sr. No. | Name of district | No. of designated FRU | Functional till March 2012 | No. of FRU where ≥ 1 specialist (A/P/G) /Trained MO –T are posted |
|---|---|---|---|---|
| 1 | Bastar | 4 | 1 | 1 (1 A/1 G), 2T |
| 2 | Bijapur | 1 | 1 | 2 (1P, 1P) |
| 3 | Bilaspur | 7 | 2 | 5 (6P, 2A,5G), 2T |
| 4 | Dantewada | 4 | 0 | 0 |
| 5 | Dhamtari | 4 | 1 | 1 (3P, 2 A, 1G), 2T |
| 6 | Durg | 6 | 2 | 2 (5P, 5A, 9G) |
| 7 | Janjgir | 4 | 2 | 2 (1P, 3A, 2G), 4T |
| 8 | Jashpur | 3 | 1 | 1 (1P, 1A, 1G), 3T |
| 9 | Kanker | 4 | 1 | 1 (5P, 2A, 2G), 1T |
| 10 | Kawardha | 3 | 1 | 1 (2P, 1A), 4T |
| 11 | Korba | 4 | 1 | 1 (1P, 1A), 5T |
| 12 | Koriya | 3 | 1 | 1 (1P), 1T |
| 13 | Mahasamund | 4 | 1 | 2 (2P, 3P, 2G) |
| 14 | Narayanpur | 1 | 0 | 1 (1P), 1T |
| 15 | Raigarh | 5 | 4 | 4 (5P, 6A, 6G), 4T |
| 16 | Raipur | 6 | 4 | 4 (5P, 3A, 3G), 5T |
| 17 | Rajnandgaon | 5 | 1 | 1 (1P, 2A, 2G), 3T |
| 18 | Surguja | 7 | 3 | 3 (3P, 4A, 4G), 1T |
| **Total** | | **75** | **27** | **26** |

**Issues in Deployment**: Acute shortage of specialists (>80% in majority of speciality) in state is a huge constraint for making these designated FRUs functional in the first place. Moreover, deployment of 3 key specialists (anesthetist, pediatricians and gynecologist) or LSAS/EmOC trained M.Os for conduct of emergency/planned C- section operations did not take into account the functionality (i.e. availability of required facilities/O.T/blood storage units/equipments etc) of the designated FRUs with the result that no C-section could be performed at these FRUs

**Chart 2: Cross comparison of regular and contractual in-position along with sanctioned posts for key categories of service providers**




## VI. TRAININGS AND CAPACITY BUILDING

There is a separate **Training Cell** headed by State Program Officer (Training) in the Directorate of Health Services, responsible for overseeing the training related planning, process, monitoring activities and coordination with other state/district training institutes etc. Each district has just started preparing the district training calendar as per prescribed NRHM format, which spell out the available training facilities, venue, training loads, budget etc. District wise training calendar gets collated at state level. Currently there is no state training consultant under NRHM.

The **District Training Centers (DTC)** have been sanctioned in 18 districts to streamline the training and teaching at district level. The Public Health Management training program were conducted by Public Health Resource Network (PHRN) for 200 district officials as on March, 2012 along with various multi-skilling programs (SBA, IMNCI, NSSK, IUD, LSAS, EmOC etc.) to technically equip M.Os, ANM, LT etc. in collaboration with SIHFW.

The **SIHFW (State Institute of Health and Family Welfare)** is the main training center in the state. It needs to be strengthened to accommodate training requirements for operationalization of FRUs, 27x7 PHCs as per the norms and the comprehensive training calendars should be done jointly with SHS and directorate of health Services. The SIHFW is currently understaffed as given in table 6

**Table 6: Core staff faculty position at SIHFW, Chhattisgarh**

| Sr. No. | Designation of Post | | | | | Sanctioned | Occupied | Vacant |
|---|---|---|---|---|---|---|---|---|
| 1 | Director | | | | | 1 | 1 | 0 |
| 2 | Registrar | | | | | 1 | 1 | 0 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4 | Professor * | | | | | | 1 | 0 | 1 |
| 3 | Professor (Medical Officer Training) | | | | | | 1 | 0 | 1 |
| 4 | Associate Professor (Nursing Faculty) | | | | | | 1 | 0 | 1 |
| 5 | Associate Professor (BCC) | | | | | | 1 | 0 | 1 |
| 6 | Assistant Professor (Monitoring and Evaluation) | | | | | | 1 | 0 | 1 |
| 7 | Demonstrators | | | | | | 10 | 0 | 10 |
| 8 | Support and Administrative Staff | | | | | | 10 | 0 | 10 |

* Public health management-training & research

The training target, achievements and proposed targets for 2012-13 is given in table 7

**Table 7: Target and achievement for various trainings in 2012-13**

| Sr. No | Type of training | Target for 2012-13 | Achievement till Dec.'12 | Target Achieved in % |
|---|---|---|---|---|
| 1. | EmoC ,LSAS for M.Os | 62 | Training On-Going | |
| 2. | BeMOC | 295 | 195 | 66% |
| 3. | SBA training for SNs/ANMs/LHVs | 400 | 250 | 63% |
| 4. | MTP training for MOs | 60 | 42 | 70% |
| 5. | Quality ANC | 4830 | 1200 | 25% |
| 6. | IMNCI | 1536 | 48 | 3% |
| 7. | NSSK | 3510 | 1206 | 34% |
| 8. | Family Planning Training | 1710 | 433 | 25.3% |
| 9. | RTI/STI | 900 | 715 | 79% |

**Issues in Trainings:** There is no training needs assessment with standardized mechanism for follow up of trainings, training evaluations and coordination of relevant stakeholders required for quality improvements and achieving overall training targets. Lack of integrated trainings with relevant programmes under NRHM and also with other non-health sectors are also one of the gaps to be addressed in future.

## VII. REMUNERATIONS

The 6th pay commission was accepted and implemented for health workers since 2009. The classification of the service, number of posts includes in the service and the scale of pay is in accordance with the provisions contained in Schedule-I of the recruitment/ promotion rules, 1989 of Class-II, III service of Madhya Pradesh Public Health and Family Welfare Department. The pay fixation cell under the Administration Department deals with issues regarding pay structure for all kinds of cadres. The Appointing authority fixes the pay scale in accordance with the pay fixation rules.

The salary structure for regular M.O starts is same as those under central government, with a pay scale of Rs.15600-39100+ 5400 (grade pay) which come approximately Rs.28000/- per month (gross) at the start of service whereas the medical doctors recruited under contractual appointment of NRHM get lesser (consolidated pay of 23,000/-pm). The regular ANM get a pay scale of Rs.5200-20,000 + 2200 (grade pay) which come to Rs.16000/- per month as gross salary whereas contractual ANM get around Rs.8000/-per month. In the case of faculty, the consolidated emolument for a contractual Associate Professor appointee is Rs.50, 000/-per month whereas the same for a regular appointee is Rs.85,000/-per month.

**Issues in Salary/Compensation:** The salary or compensation offered to contractual staff is far lesser compared to those of regular staff of the same category of service provider while the reverse ought to be the case!. This is one of the key reasons for lack of motivation and commitment to the current job resulting in high attrition rate among contractual staffs

## VIII. RETENTION STRATEGIES

1. **Incentive Package:**

   **Chhattisgarh Rural Medical Corps:** It is one of the state innovations for reach the unreached group of population, which was constituted and implemented since 2009 to ensure availability of health workers and improve health service delivery, in difficult and remote rural areas by taking the services of current and retired employees of department of health and family welfare as well as from private sector as doctors, specialists and staff nurses in those identified health facilities. The health facilities (PHC, CHC, DH) are identified under 3 zones –Most Difficult (MD), Zone-I (Difficult –D) and Zone-II (Normal areas). It got revised with the identification of "difficult" areas in 2010. It is completely financed by NRHM. Some of the key features are as follows:

   - Monthly incentive honorarium; Group insurance scheme
   - Relaxation in qualifying service period for admission in PG course- & reservation of seats for those serving in CRMC after 3 years (normally 5 years)
   - Retention of government accommodation in urban areas for their family

- Leave travel concession; Assurance of posting in general area after completion of tenure
- Automatic extension after retirement (only for clinical services)
- Transfer with mutual consent
- Compensation upto Rs.10 lakh in the event of loss of life due to Naxalite attack

Six service categories (specialist, PGMO, doctors, RMA, nursing sister and staff nurse) come under CRMC with variations in terms of incentives provided as per the zonal categorization of health facilities. For example, the specialist posted in hardest (most difficult) institutions in the 1st & 2nd years of service in CRMC gets Rs. 15000/-pm as incentive while in those serving in hard (zone-I; difficult institutions) gets only Rs.10000/-pm. In the 3rd and 4th years, it increased to Rs. 18,000/-pm for hardest institutions and Rs.13000/-pm for hard institutions. Standardized performance evaluation of CRMC with minimum performance benchmarks was developed for staffs working in DH, CHC & PHC. If the performance does not meet the minimum benchmarks in 1st & 2nd years, no incentive is given in 3rd and 4th year of service in CRMC. If transfer is sought before 4 years then, permission of Commissioner (Health) is required with issue of a three months notice. A one month incentive should be deposited to State Health Society (SHS), Chhattisgarh and under this; the general transfer rules of the state government is not applicable.

**Key Issues:** The incentive package under CRMC may not be appropriate or adequate enough for attraction and retention of staffs in facilities considering the inflation rate and in the light of 6th pay commission in the absence of adequate support systems.

**2. Regulatory Strategy:**

The compulsory regulatory bond for serving in rural/tribal areas for regular M.Os was closed in 2009 due to lack of effectiveness and repeated non-compliance.

## IX. HEALTH HUMAN RESOURCE INFORMATION SYSTEMS

There is a web- based system for management of database on HRH for the state. The HRMIS (Human Resource Management Information Systems) is developed in collaboration with NIC. The information for regular and contractual HRH (such as employee's name, designation, qualification, course, date of birth, date/place of joining, date/place of posting, name of home state/district) were entered and uploaded for 18 districts.

For the contractual employees, there are few additional columns for the NRHM order no, appointing authority and contract period. The HRH data/information for the newly formed 9 other districts could not be uploaded on the current system, which is a hindrance to effective use of the system for HRH planning and management. The current use of this information for planning, trainings is limited. The data and information is being updated on quarterly basis.

## X. WORKFORCE MANAGEMENT

In accordance with the provisions contained in Schedule-I of the recruitment/promotion rules, 1989, promotion committee are constituted at directorate (state) level and divisional level (district) for different categories of service class –I, II and III respectively.

The 1st **transfer policy** was drafted in October 2000 and got revised recently. The revised transfer policy, 2012 is being followed currently. A minimum of three years in the current services should be served which may be waived off on certain grounds such as medical, spouse transfer or administrative issues etc. ***The transfer and exchange of place of posting is done with mutual consent and staff coming from general category institutions to CRMC institutes is considered as "new" contract.***

**Issues in posting/transfer:**

- The vacancy posts against the sanctioned specialist posts are filled up by non-specialists (PGMO/trained M.O) cadres due to huge shortage of specialists in the state
- There has been no regular promotion for last several years which act as a barrier for potential candidates who may otherwise be considering to join the public health system in the state
- The transfer and posting of staffs are mainly done through mutual consent or with political interference, which is a challenge for rational deployment of key staffs in facilities.

Service conduct rules is in place for dealing with issues related to disciplinary or administrative matters. The appointment authority of the concerned cadre /positions is responsible for taking disciplinary actions. The types of disciplinary actions may be of various types as follows:

- Explanatory call; Show notice
- Suspension from current services
- Conducting enquiry or investigations by constituting of departmental enquiry cell
- Demolition and Termination

It is possible that one or two steps may happen concurrently and the process and outcome may vary depending on the severity of the case/matter.

The performance appraisal system was introduced in 2009-10 for all categories of HRH staffs (clinical and management of contractual/regular staffs). A standard performance appraisal formats was developed and used for different categories of staff, which was conducted on an annual basis by the end of each financial year. The formats comprised of two parts- general self-assessment format and a graded performance based format. Based on the grade of the final appraisal, decision is taken for continuation/extension of contract, reallocation and promotion.

## XI. MANAGEMENT CADRE

**Regular Management Cadre**: At the state level the Director heads the directorate and every division or national program has individual Program Officers. These divisions also have Additional, Joint Directors & Deputy Directors. The Chief Medical officer (CMO) assisted by teams of District Programme Officers (D.P.O) manages at the district level and the D.P.O are aided by a team of Bock Program Officers (B.P.O).

> **Issue:** All these are regular posts, to be filled by officers from the cadre of government medical officers, promoted on the basis of their seniority and annual confidence reports. However, the existing practice has to be studied**.**

**Contractual Management Cadre**: To help and support the state and district machineries, NRHM has instituted program management support units at the state, district & block levels. The State Program Management Support Unit (SPMSU) has a State Program Manager (SPM) supported by Consultants looking after various aspects of the program e.g. IEC, *Sahiyya*, Finance, HR, Infrastructure, Training, M & E, Family Planning etc.

**The management cadres at state and district levels are supervised and their performances are appraised by State and respective District Programme Officers (regular).**

The District Program Management Support Unit (DPMSU) has District Program Manager (DPM), District Accounts Manager, District Data Manager and District Program Coordinator (*Sahhiya)*; while at the block level, there is a Block Program Manager (BPM) and a Block Accounts Manager.

The **State Selection Committee** (headed by the MD NRHM) does recruitment for the SPMSU & DPMSU and the BPMSU staff is recruited by a selection panel of the District Health Society (headed by the DC). High attrition rate has been a consistent problem among the contractual appointees.

## XII. PARA-STATALS BODIES

A. **State Health Resource Center (SHRC):** The State Health Resource Centre, Chhattisgarh provides additional technical support to the Department of Health and Family Welfare, Chhattisgarh for improving the access, quality and equity of public health system. It has 32 staffs including field staffs. Its main role is to provide support in the process of health sector reforms. Since 2004 the SHRC has been functioning as a fully autonomous institution.

B. **Public Health Resource Network (PHRN):** Public Health Resource Network (PHRN) has been active since 2005. It conducts Public Health Management training program for 200 district officials as on March, 2012 along with various multi-skilling programs (SBA, IMNCI, NSSK, IUD, LSAS, EmOC etc.) to technically equip M.Os, ANM, LT etc. in collaboration with SIHFW. Currently there are 2 staffs based in PHRN office in Raipur (Chhattisgarh) as in September, 2012.

**C. State Institute of Health & Family Welfare (SIHFW):** The **SIHFW (State Institute of Health and Family Welfare)** is the main training center in the state. It needs to be strengthened to accommodate training requirements for operationalization of FRUs, 27x7 PHCs as per the norms and the comprehensive training calendars should be done jointly with SHS and directorate of health Services.

## XIII. ACTION POINTS

### A. IMMEDIATE

1. The existing **HRMIS software needs revamping** since it gives no scope for entry of data/information for 9 newly created districts resulting in non-availability of HRH/facility wise information for these districts. There is also a need to **pilot the Health Manpower information management project which is currently underway in Bihar, Jharkhand, H.P and Karnataka to assist in manpower planning and management** in the state.

2. There is a need to **fill up the existing vacancy posts** through contractual appointments, with effective decentralization of recruitments and allowing specialists, doctors, nurses from other states to apply for regular posts which have been lying vacant for years.

3. To consider for immediate clearing **of all pending promotions** to boost staff morale and create avenues for junior staffs for growth. **Time bound promotion policy** is needed for medical officers.

### B. MEDIUM TERM

1. There is a need felt to carry out a scientific study to **assess the effectiveness of CRMC** in strengthening of public health delivery system in Chhattisgarh and for any amendments to the current scheme.

2. The **NRHM training plans** should **be integrated with other department (HIV) and other relevant non-health sector** (e.g. nutrition, water and sanitation) at district and state levels.

3. There is a need for **amendment of outdated recruitment, promotion rules** with scope for flexibility in recruitments outside the purview of Public Service Commission along and effective implementation of transfer policy (modified in 2012) without scope for political interference.

4. There is a need for development and adoption of a **differential salary package** for contractual and regular staffs as well on the basis of location of posting, availability of residential quarters, performance appraisal. The compensation offered to contractual staffs which may be at par or higher than regular staff.

5. The state need to conduct a **detail and scientific gap analysis of the HRH requirements** and facilities across districts taking into account the classification of rural-urban-tribal-city-town population as per Population Census of 2011 as well as contextual needs and requirements. It may be done in association with SHRC/NHSRC or other technical partner.

6. **Preferential admissions from underserved areas** in the nearest ANM/staff nurse training schools.

7. **Faculty development program** needs to be strengthened for quality assurance in nursing schools.

**C. LONG TERM**

1. There is a need to establish a **separate HRH cell** to oversee the HRH policy, planning and strategy development, conduct relevant studies on HRH to inform policy from time to time and facilitate recruitments process in the department.

2. The state is in the process of revision of the **draft HRH policy in the light of 12th five years plan and HLEG recommendations,** which may be expedited through a broader, consultative and multi-pronged approaches involving other related department/professional councils/para-statal bodies/ and integration into the state integrated health & population policy.

3. A two-pronged approach is needed for rapid expansion of "**in-state production** "capacity and develop RFP in the context of augmentation of existing medical, nursing colleges and establishment of new colleges with increase of PG seats, annual intake in existing colleges, new/proposed in District hospitals.