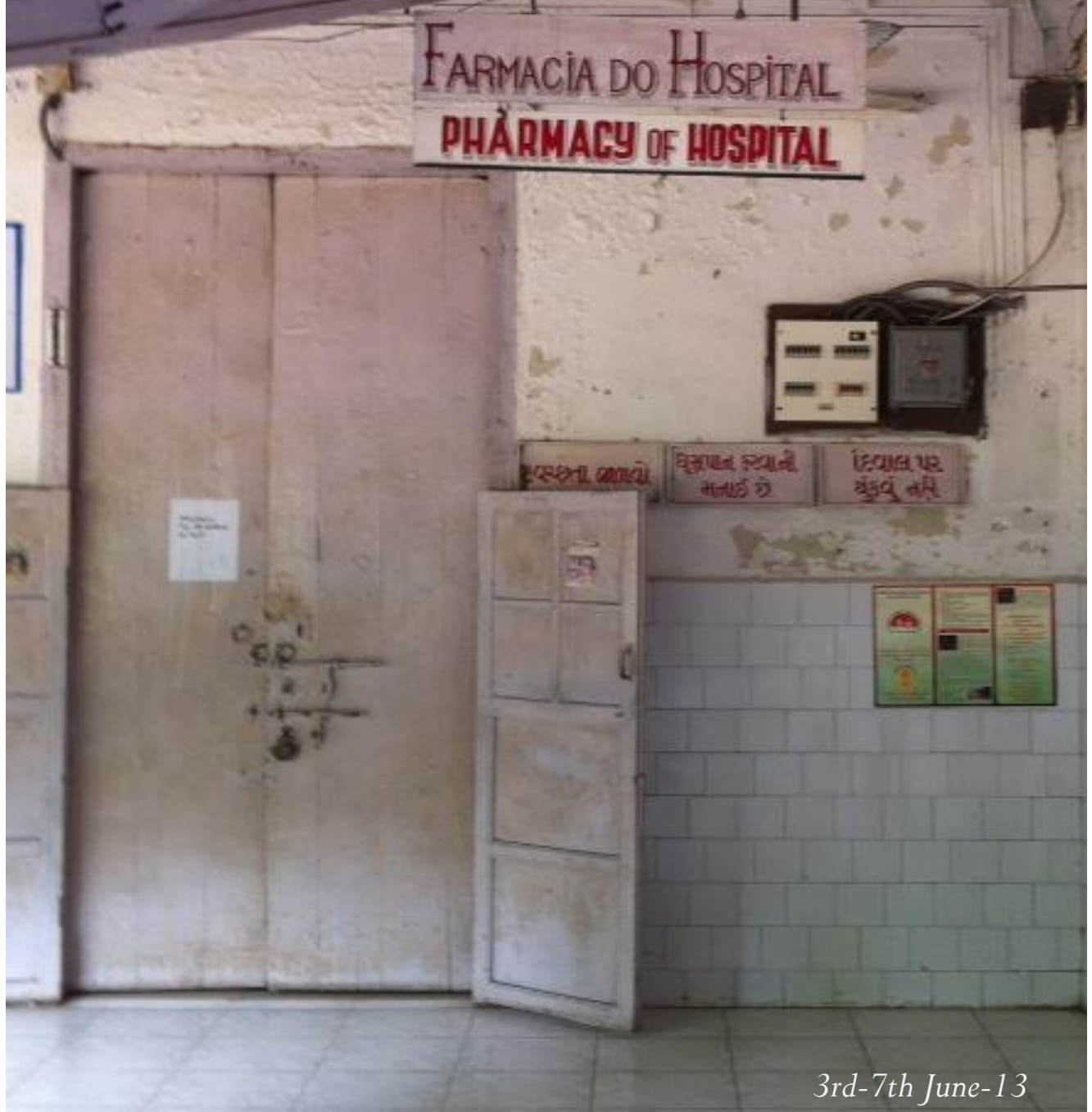


# DAMAN & DIU: PUBLIC HEALTH WORKFORCE STUDY

National Health Systems Resource Centre



*3rd-7th June-13*

## I. OVERVIEW OF PUBLIC HEALTH WORKFORCE

Daman & Diu, along with Goa and Dadra & Nagar Haveli has been the part of Portuguese India for over 400 years. Daman & Diu and Goa were liberated from the Portuguese and incorporated into Republic of India on 19 Dec, 1961. Since then, Daman & Diu & Goa were administered as a single UT, until 1987, when Goa was granted statehood and Daman & Diu became a separate Union Territory. Daman and Diu are, however, two far off located (640 kms away) districts but run by single administration, located in Daman.

Daman & Diu has a population of 2.42 lakhs (Census 2011). The UT has the lowest sex ratio, i.e. 618 in the country with Daman being the district with lowest sex ratio (533) in the country. The low sex ratio in the region could be attributed to the large influx of male labor class. Climate of Daman & Diu remains moderate round the year due to its coastal location. During the rainy season (*June to August*), load of waterborne diseases increases in the UT.

*Table 1- Number of facilities at all levels*

Level of Facility	Number present
District Hospital	2
CHC (FRU & non FRU)	2
PHC (24*7 & others)	3
Sub centre	26

*Table 2- List of facilities with the bed strength*

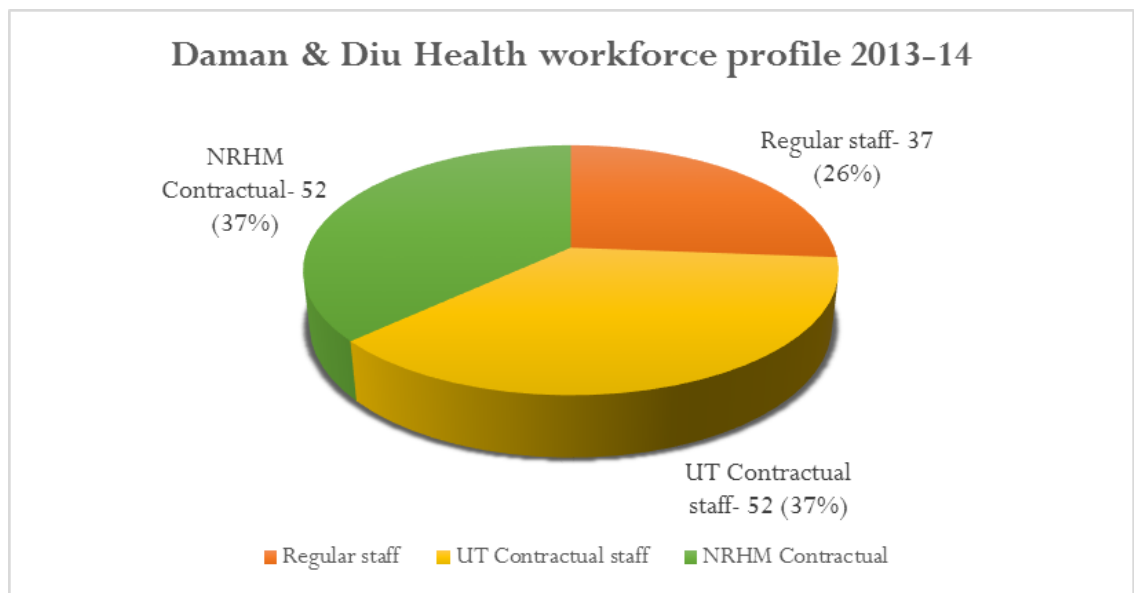
Name of the Institution	Bed Strength
<b><u>Daman District</u></b>	
Govt. Hospital, Daman	100
CHC, Moti Daman	30
PHC, Moti Daman	12
PHC, Kachigam	20
<b><u>Diu District</u></b>	
Govt. Hospital, Diu	40
CHC, Ghoghla, Diu	30
PHC, Vanakbara, Diu	6

*Table 2- The Healthcare workforce (Regular & contractualstaff) across the facilities*

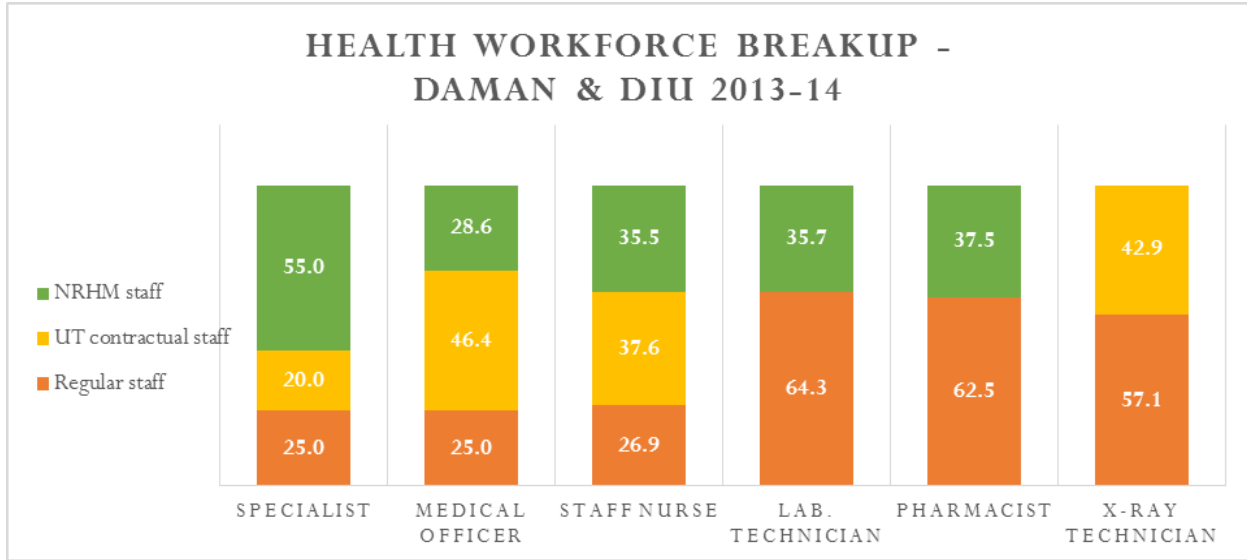
Name of the facility	Specialists	Medical Officer	Staff Nurse	Lab. Technician	Pharmacist	X-Ray Technician
Govt. Hospital Daman	11	10	40	4	5	4
CHC, Moti Daman	3	5	11	2	2	1
PHC, Moti Daman		1	1	0	1	0
PHC, Kachigam		2	5	2	2	0
Govt. Hospital, Diu	4	5	21	2	2	1
CHC Ghoghla, Diu/ PHC Vanakbara, Diu	2	5	15	4	4	1

The Healthcare workforce in the UT is divided into three major categories: a) Regular staff, b) UT Plan fund staff, and c) NRHM Contractual staff

*Chart 1 – Percentage breakup of total health workforce*



*Chart 2 – Category-wise percentage breakup of health workforce*



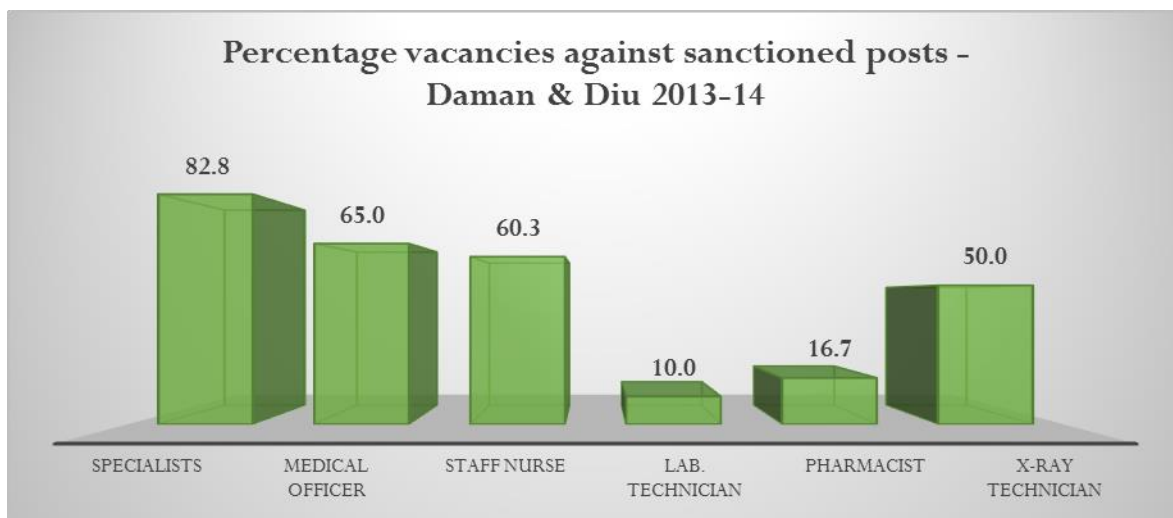
## II. HUMAN RESOURCES FOR HEALTH POLICY

Being a Union Territory, all its recruitment rules (RRs) for the Group 'A' & 'B' Gazetted staff are framed by the UPSC. For rest of the staff, Daman & Diu has framed and follows a policy which details the selection criteria for all Group 'B' (gazetted and non-gazetted), Group 'C' and other Multi skilling staff.

Establishment issues, like transfers, posting and disciplinary procedures are as per the guidelines set by Department of Personnel & Administrative Reforms within the purview of GOI.

## III. RECRUITMENT, SANCTIONED POSTS & VACANCIES

Major vacancies lie for the doctors and specialists whose recruitment is conducted by UPSC.



### Regular Staff

**Medical Officers/Specialists:** UPSC is the agency which looks after all the recruitment issues pertaining to Group 'A' and Group 'B' Gazetted staff in all UTs, including Daman & Diu. It frames recruitment rules, publishes advertisement and conducts recruitment of the Group A and Group 'B' Gazetted staff in UTs all across the country. Whenever need for post creation arise, proposal for new recruitment is sent to MoHFW for administrative approval, which further sends it to Finance Ministry for financial approval. After getting approved from Finance Ministry, it is taken to UPSC for execution. UPSC, being the statutory body takes its own time in conducting recruitments and approval of RRs.

*Table 3: Sanctioned (S) & Vacant (V) posts - Medical Officers & Specialists*

Name of the facility	Regular Medical Officers		Specialists	
	S	V	S	V
Govt. Hospital, Daman	8	4	16	13
CHC, Moti Daman	3	3	2	2
PHC, Moti Daman	1	0		
PHC, Kachigam	1	0		
Govt. Hospital, Diu	4	4	9	7
CHC Ghoghla, Diu / PHC Vanakbara, Diu	3	2	2	2
<b>TOTAL</b>	<b>20</b>	<b>13</b>	<b>29</b>	<b>24</b>

ISSUE- No regular recruitment of doctors/specialists has been done in the UT since 2006 which has led to 37 vacancies lying against 49 sanctioned posts. Since 2007, recruitment rules for group A staff are pending for approval with UPSC for reasons of non-compliance on certain points with the UT and the file has been moving to and fro between UT & UPSC, since then.

**Nursing & Paramedical Staff:** Directorate of Health Services conducts recruitment of rest of the staff, i.e. Group B, C and other multi-skilling staff through a separately constituted Departmental Selection Committee chaired by Special Secretary (Health). Selection procedure generally involves written test for all posts except for some posts like Group B staff (Gazetted) where interview is also taken. 10 percent weightage to academic qualifications is also given for selection of Group B and C posts.

*Table 4: Sanctioned (S) and Vacant (V) posts - Paramedical staff*

Name of the Facility	Staff Nurse		Lab. Technician		Pharmacist		X-Ray Technician	
	S	V	S	V	S	V	S	V
Govt. Hospital, Daman	30	16	4	0	5	1	4	3
CHC, Moti Daman	5	1	1	0	1	0	1	0
PHC, Moti Daman	1	0	0	0	1	0	0	0
PHC, Kachigam	1	0	1	0	1	0	0	0
Govt. Hospital, Diu	17	12	1	0	1	0	1	0
CHC Ghoghla, Diu/ PHC Vanakbara, Diu	9	9	3	1	3	1	2	1
<b>TOTAL</b>	<b>63</b>	<b>38</b>	<b>10</b>	<b>1</b>	<b>12</b>	<b>2</b>	<b>8</b>	<b>4</b>

ISSUE – Huge vacancies exist in the regular posts of Staff Nurses (SNs). To join as a regular SN, a candidate is required to produce domicile of the UT. Now since there is no Nursing school in the UT, very few candidates stand eligible for the post thereby filtering out the befitting candidates from other regions.

### **Contractual Staff**

All contractual recruitments are conducted by the Departmental Selection Committee under the chairmanship of Special Secretary (Health), who is also currently holding the charge of Mission Director, NRHM in the UT. The whole process from the advertisement to joining takes about 2-3 months and selection procedure mainly involves walk-in interviews.

ISSUE – Attracting and retaining specialists has been a challenge for the UT specially Diu district. In the last recruitments conducted in Sept-12 in Daman, 2 appointments were offered to Pediatricians, Ophthalmologists but none joined. Similar is the case in Diu, where all posts of Gynecologists are lying vacant at the District Hospital and CHC.

#### IV. GENERATION OF HUMAN RESOURCES

There is no Medical, Nursing College, ANM/GNM school in the UT. However, there is a system of seat allocation through UT quota in Medical and Nursing colleges. For training of GNMs, certain quota of seats is allocated in training schools at in Gujarat every year. Similarly, 6 MBBS seats and 1 each for BHMS and BAMS were allocated by Govt. of India to UT candidates in the select institutes last year. For B.Sc. (Nursing) also, one seat has been allocated in a nursing college in neighboring UT Dadra & Nagar Haveli from this year.

ISSUE – Despite the paucity of specialists, there is no quota allocation of PG seats in Medical colleges for candidates from the UT and MBBS seats also require to be increased up to 15 as per population increase.

#### V. TRAINING & CAPACITY BUILDING

Since the UT doesn't have infrastructure of its own, it has to depend on the NGOs and the neighboring states to conduct the multi skilling training like IMNCI, SBA, etc. For some training such as IUCD, Master trainers train the local staff after getting trained in the national/state level TOTs.

Table: Number and types of personnel trained in various training in last year<sup>1</sup>

Training name	Personnel trained	No. of persons trained
IUCD Training	MOs, LHV, Staff Nurse and ANMs	MOs – 3, LHV – 1, Staff Nurse – 4, ANMs – 2
WIFS training	LHVs, ANMs, BHWs, Health Assts., Link workers, Anganwadi Workers & Supervisors	136
WIFS training	Teachers of public & private schools	54
RTI/STI training	LHV, Health Educator, Extension Educator, ANM, Health Asst., MHW, BHW, PMW and Staff Nurse	73

ISSUE- Despite the paucity of specialists, UT doesn't even have the doctors trained in multi-skilling training like CEmOC, BEmOC, LSAS, MTP, etc. Every year, such training are

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<sup>1</sup> Records from the UT

proposed under the annual training plan but don't get executed because of lack of training infrastructure in the UT and it is also not possible to depute MOs out of U.T. for long Tanning since regular OPD & IPD get affected in absence of Doctors.

Last year, RHFWTC Sola in Ahmedabad was attached to Daman & Diu for conducting all sorts of major clinical training like LSAS, BEmOC, CEmOC, etc. But because of the limited capacity, it managed to conduct training of its own state's personnel only. Now, this RHFWTC has been shifted to Gandhinagar and converted to Medical College.

**VI. DEPLOYMENT OF HUMAN RESOURCES**

There are 2 FRUs each in the districts of Daman and Diu. In Daman, both FRUs are equipped with requisite trio of specialists to conduct C-section deliveries and handling complicated cases. But in Diu, C-section facility is not available at any of the 2 FRUs because of lack of Gynecologists.

District	Designated FRUs	FRUs not conducting LSCS	Lacking Specialist Anesthetist-A, Pediatrician-P, Obstetrician-OG
Daman	2	-	-
Diu	2	1) Govt. Hospital, Diu 2) CHC, Ghoghla, Diu	OG

At the facilities where requirements of doctors & specialists aren't met through regular and contractual staff, specialists are called on visit basis and are paid Rs 2000 for an OPD of 3 hrs.

PHC Kachigaon was in need of specialists for quite long time until when it was realized that the requirements could also be met through hiring specialists from the private sector on the visit basis. The PHC now runs three hourly Pediatrics OPD twice a week, while Gynecology and Surgery OPDs are done 6 days a week with the help of contracted-in specialists.



## **VII. REMUNERATION**

There exists salary differentials between the specialists working under NRHM in the districts of Daman and Diu. A specialist gets monthly salary of Rs 75,000 in Diu while his counterpart in Daman gets Rs 65,000 as monthly salary. Regular and contractual general Duty MOs get the same monthly salary, i.e. Rs 45,000 both in the districts of Daman and Diu.

Specialists are also paid on the visit basis under the UT Plan Fund-Gynecologists get Rs 5,000 for a visit while the other specialists like Radiologists, Pathologists get Rs 2,000 as the honorarium. This system of contracting-in specialists have helped in expanding the range of quality health services to facilities where the specialists weren't willing to join on full time basis.

ANMs are given monthly remuneration of Rs 17,000 under NRHM which is considerably higher than that given in the neighboring states. This raised remuneration helps in addressing gaps left by huge vacancies of the regular staff.

ISSUE- Huge disparity exists between the salary of the contractual and regular Staff Nurses. A regular SN gets a monthly salary of Rs 40,000 while her contractual counterparts are getting Rs 29,000 and Rs 22,000 under UT Plan Fund and NRHM, respectively

## **VIII. WORKFORCE MANAGEMENT**

### **Regular Staff**

Transfers are done only on the request basis or on the basis administrative needs. The transfers & posting of all categories of staff (Group A, B, C & D) is overseen by the Directorate of Health Services as a whole under the signatory authority as Administrator for Group A and B staff (*Doctors & Staff Nurses*) and Secretary- Health for Group C and D staff (*LTs, Pharmacists, X ray technicians, and other paramedical & support staff, among others*).

### **Contractual Staff**

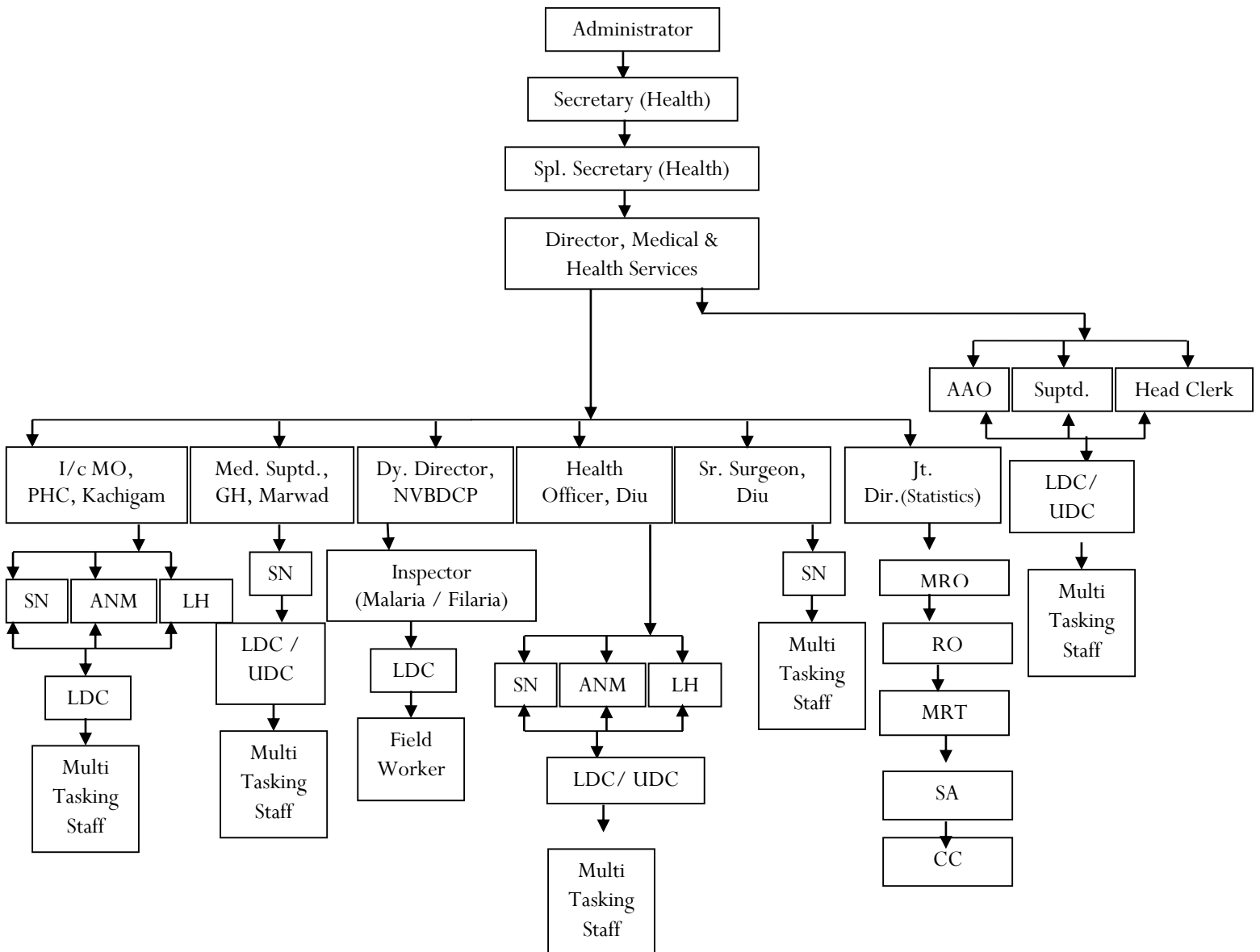
No provision of transfers for the contractual staff. Yearly contracts are given to the staff which get renewed based on the annual performance appraisal.

ISSUE – Every year, at the inception of new fiscal, salary of NRHM staff gets delayed for months attributing to the time taken by MoHFW for ROP approval. During the visit to facilities, it was reported by the staff of having not received the salary for the last 3 months.

## IX. MANAGEMENT CADRE

### Regular Staff

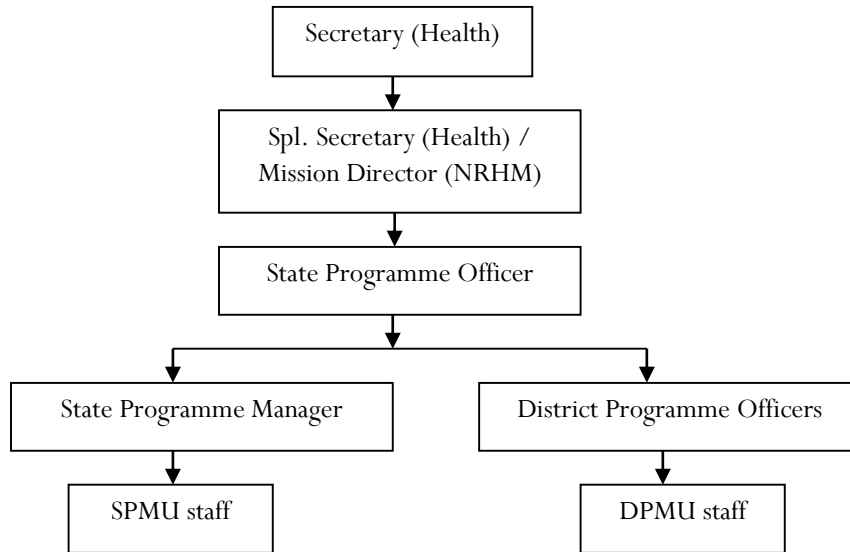
*Administrative structure of the Health department is as shown below:<sup>2</sup>*



<sup>2</sup> Records from the UT

## Contractual Staff

Administrative structure under NRHM:<sup>3</sup>



## RETENTION STRATEGIES

Considering the chronic vacancies in Diu, monthly salary of Rs 1 lakh has been proposed with an objective to attract & retain Gynecologists in the region. UT has also sought to hire specialists on pay per OPD basis at the facilities, where retention of specialists was proving to be big challenge.

ISSUE – Despite the highly competitive salaries being offered in Diu, posts of Gynecologists have been lying vacant for the past 3 years in Diu. This reason attributed is be its far flung location from the major cities.

## INNOVATIONS

*Link workers as Community Health workers:* Daman and Diu hires Link workers in lieu of ASHAs, as Community Health workers. These link workers get a fixed salary of Rs 1,500 per month plus

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<sup>3</sup> Records from the UT

the incentives based on their achievement against the deliverables. Their roles & responsibilities are all similar as that of ASHAs.

*Doctors at Sub-centers:* There is a unique provision of evening OPD at some sub-centres where the labour class is located. OPDs are taken in the evening since the wage laborers remain busy during the day. These OPDs are attended by 1 MBBS & 2 AYUSH MOs each thrice a week for the shift timings of 4-7 pm or 5-8 pm. The MOs get paid at the rate of Rs 700 per visit, and ANMs and Attendant at the rate of Rs 300 and Rs 150, respectively.

Now, Labour class people are being able to avail the health services through the evening OPDs at the sub-centres without even losing their day wages. Roshan, a labor class worker in a distillery, told that erstwhile he had to switch to quacks to avail health services for himself & his family because he couldn't afford losing his day wages at the cost of availing the services during daytime. But now with the advent of evening OPD system at the nearby sub-centre, he, like his many other counterparts, is able to get health services from the qualified service providers when needed without even losing day wages.

## RECOMMENDATIONS

### IMMEDIATE

- All unmet need of training for service providers should be addressed on priority by tying up with the institutes in neighboring states/UTs.
- UT may seek measures, like for approval of RRs, proposals, in consultation with the UPSC officials so as to promote coherence between the UT and UPSC and to avoid issues of non-compliance which are now recurring, time and again. The TOR would act as an instrument of checking compliance towards prescribed standards.
- Contracting-in of specialists should be expanded further to the facilities where specialist services are required but not available.
- There should be a certain quota of seats in ANM Training schools also in the neighboring states/UTs.

### MEDIUM TERM

- UT may envisage a (HRIS) Human Resource Information System for better tracking of HR.
- Salary disparity between the contractual and regular staff should be lessened.

### LONG TERM

- Creation of Nursing school and if possible, Medical College also so as to train local candidates on Nursing and Medical education.
- There should be adequate number of regular posts generated to meet the requirements of UT.