



HEALTH SECTOR POSTINGS AND TRANSFERS

Policies and Implementation

A study of five Indian states

NHSRC 2016

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ABBREVIATIONS

ANM	–	Auxiliary Nurse Midwifery
AYUSH	–	Ayurveda Yoga Unani Siddha Homeopathy
CMO	–	Chief Medical Officer
CHC	–	Community Health Centre
DH	–	District Hospital
DGHS	–	Director General Health Services
HRMIS	–	Human Resource Management Information System
GO	–	Government Orders
IAS	–	Indian Administrative Services
KMOA	–	Karnataka Medical Officers Association
MO	–	Medical Officer
P&T	–	Posting & Transfers
PMIS	–	Personnel Management Information System
PHC	–	Primary Health Centre
SC	–	Sub Centre
SN	–	Staff Nurses
SC/ST	–	Scheduled Castes/Scheduled Tribes
§ (Symbol)	–	Section number in a policy/rule

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BACKGROUND

Human Resources for Health act as backbone of the Health systems but in absence of positive work conditions it becomes difficult to keep up the morale and motivation of the human resources to continue services. Shortages of HR are more severe in rural areas than urban areas because of disinclination of health workers towards rural services and inability of public sector to adequately staff rural health facilities.ⁱ Poor working conditions including lack of clear transfers policy, high and uneven caseloads and inadequate housing have been seen as the factors responsible for attrition of HR in public sector.ⁱⁱ Urban area postings are the highly sought-after choices among medical and nursing students.ⁱⁱⁱ On the other hand, rural areas characterized by compromised housing and children schooling facilities and lesser avenues of promotion and professional camaraderie remain as the least preferred choices for posting by health workers.^{iv}

One of the major hindrances among doctors to work in rural and remote areas stems from lack of assurance to get choice of posting after the successful completion of the rural service. In absence of robust and methodical HR policies, it becomes difficult for the staff to avail postings at normal areas even after serving for long periods at rural and difficult areas. This leads to uneven distribution of health workforce largely skewed towards urban areas thereby rendering service delivery gaps in rural areas, which are deemed as less favorable to work.

Robust posting and transfers practices are critical for ensuring retention and enabling performance of healthcare providers in the health system. Efficient and fair human resource management practices including transparent systems of postings and transfers of care providers have been found to foster employee commitment.^v

Postings and transfers practices are resultant outcome of the Transferee¹ and Transferor² interactions based out of their preferences embedded in larger political and social dynamics of the health system and beyond^{vi} Transferees may request for transfers on account of: a) mutual vacancies, b) compassionate grounds or c) other personal reasons. Transferors may affect transfers as a response to these requests or on account of administrative exigencies, public interest or penalty under disciplinary grounds.

The process of postings and transfers in states is often influenced by various external factors. Human Resource management practices are undermined by the parallel systems in which key functions are determined by political connections and side payments.^{vii} Lack of clarity and transparency in the transfer policies leaves more scope for senior administrators and politicians to exercise favoritism and clientelism to give undue preference to candidates in obtaining desirable and avoiding undesirable postings.^{viii} Such practices adversely affect the morale of care providers; contribute to irrational deployment thereby affecting healthcare service delivery.

1 'Transferee' is the term used for the staff who has applied for transfers or gets transferred

2 'Transferor' is the term used for officials and administrators that control authority of transfers and postings of transferees.

EXECUTIVE SUMMARY

Posting and Transfer policy mapping was conducted in Karnataka, Kerala, Maharashtra, Uttarakhand and Himachal Pradesh in order to identify design and implementation gaps. The study was conducted in two phases: *First phase* included collecting and reviewing relevant acts, policies, government orders and rules from states and to gain an overview of the policy framework of the states. The *second phase* was conducted to gain insights over implementation status of the policies and explore issues with regard to postings and transfers. In this phase in-depth interviews were conducted with stakeholders including government officials, service-providers, representatives of staff associations, etc.

The study was conducted to review the policy for postings and transfers and its implementation across five purposively selected states in India. Study findings would inform policymakers in states and at the central level to develop comprehensive guidelines aimed at rationalizing the processes of postings and transfers of care providers in the public healthcare system.

Recognizing the importance of fair and transparent posting and transfers practices; states have undertaken several measures to rationalize procedures for postings and transfers. These include compulsory postings particularly in rural areas and defining mechanisms for compiling priority lists. There are also other initiatives being implemented and include online registration of requests, web based counseling, request prioritization norms, gradation of areas based on degree of difficulty and the rotational transfer of staff. The aim of these measures is largely to: a) improve retention of care providers in rural areas, b) post employees to locations relevant to their qualifications and experience and also to c) address problems faced by the socially disadvantaged and other special cases. States have adopted different mechanisms to try and address these aims and are examples of good practice, which may be adopted by other states.

In Karnataka, a process of computerized counseling has been launched through an act in 2011, which has helped increase transparency in conducting transfers. This newly launched intervention enables candidates to refer to the vacancy list on department website and suggest amendments, if required. The process also involves preparation of priority list, which is uploaded on the web inviting corrections. In addition, a system of counseling is used to finalize transfers – these are based on the final priority list agreed.

Karnataka has also categorized areas under three zones – these are based on their distance from rural areas. Service delivery in rural and sub urban areas carry more weightage than that in urban areas. This differential weightage influences the duration of service for employees in these different zones. Kerala and Karnataka have also identified and prioritized special categories for executing request-based transfers. In contrast, the majority of other states only consider seniority in service as the sole criterion for prioritizing transfer requests.

Kerala is unique in making special provisions to give preference to staff who have had an inter-caste marriage, SC/ST candidates and employees with legally adopted children.

In Uttarakhand, committees have been empowered to provide recommendations for transfers of medical and paramedical staff. This has helped reduce the bias that may arise from decisions taken by a single authority. Autonomy of these committees is strengthened by including an official from departments outside of health.

Minimum compulsory tenures before being eligible for transfer for doctors is a common practice across all five states. Other than Kerala and Uttarakhand, all states in this study have also put a ceiling on the number of total transfers permissible in a year across the health workforce. The authority responsible for the transfer of nursing and paramedical staff are senior directorate officials from the Medical Officer cadre while the controlling authorities for transfer of doctors in all states except Kerala are Senior officials from the Secretariat. In Kerala, the Director Health Services holds the authority for transfers of Medical Officers.

Special considerations for transfer have also been identified across study states. Provision for couples to be posted at same station/district is provided in all states. In addition, senior employees nearing superannuation get preference in selecting their next posting in all states. States like Himachal Pradesh, Karnataka and Kerala also provide relaxations for:

- a. Widows or war aggrieved wives
- b. Specially challenged employees
- c. Terminally ill cases.

While there are some examples of good practices like the Counseling act in Karnataka, some of the state level posting and transfer processes need further streamlining in terms of role clarity, timelines for completing transfers, implementation of agreed policies and mechanisms for improved accountability and system governance. Some recommendations for states to consider include:

1. Robust HR information management systems should be developed and maintained by all states in order to inform authorities on HR status and thus facilitate them in undertaking rational decisions on transfers.
2. There is a need to identify relaxation categories, which could be considered for priority transfers in more states so that the socially disadvantaged candidates get fairness in transfers.
3. Categorization of geographical areas based on the difficulty of terrain (as done in Karnataka) may serve as a basis for staff rotation between normal and difficult areas. Rotational transfers in different area categories may be helpful to ensure equitable system of transfers.
4. In order to bring fairness to processes, there should be a timely and transparent display of vacancy lists and priority lists on the health department website.
5. Web based notification and updation of vacancy lists by inviting feedback, and subsequent process of computerized counseling is carried out in Karnataka. Such processes may help in bringing transparency in establishment in states.
6. Committees including members from different departments from may be empowered to provide recommendations on the transfer requests to preclude chances of bias that may arise out of individual based decisions.
7. Compulsory rural service policies aim to ensure availability of full complement of staff in rural areas for certain duration. If complemented with well-defined guiding rules, such policies may be helpful in ensuring equitable transfers for all the staff.

Qualitative interview techniques were used for primary data collection. Interviews gathered information around several state-specific themes identified based on the review of documents received from states in the first phase. In each state key stakeholders were interviewed ranging from service providers to the competent authorities involved in executing postings and transfers.

Observations from the study indicate that there is a need to adopt new steps and strengthen existing measures to increase transparency in transfer processes. Such interventions have been found to be helpful in building a sense of commitment among service providers, which will also have far-reaching implications on enhancing retention of staff.

MANDATE FOR HEALTH SECTOR POSTINGS AND TRANSFERS: POLICIES & IMPLEMENTATION IN INDIA

- 1. Establishment of Robust HR management information systems (HRMIS)** to help decision making to ensure rational rotation of staff. Also (HRMIS) would minimize chances of error and bias affecting postings and transfers.
- 2. Identification and prioritization of relaxation categories** to determine their priority based on state specific needs. The spectrum of relaxation categories to be extended to include handicapped and terminally ill cases.
- 3. Categorization of areas based on scale of difficulty and service weightage based on tenure in difficult areas** to ensure equitable rotation of staff and a base for compulsory rural service tenure in states (adding weightage for serving in rural areas)
- 4. Designating officials with well defined roles for conducting Postings and Transfers** such as identification, counselling & listing of existing vacancies. Appropriate timelines and officials responsible for implementation.
- 5. Web based systems and computerized counseling for transparent transfer process and easy access to information** for staff to submit feedback and rectify any errors. Online display of vacancies and priority listing of transfer requests.
- 6. Empowering committees to take decisions on transfer requests.** Multi disciplinary committees to avoid any external influences (political pressures) and eliminate bias.
- 7. Successful implementation of Compulsory rural service tenure** by introducing minimum tenure policies for postings in general and rural areas. Relaxations for women and assurance of choice postings after completion of minimum tenure policies.

OBJECTIVES OF THE STUDY

1. To capture information on the policy frameworks of posting and transfers of healthcare workforce.
2. To undertake comparative analysis of policy framework of posting and transfers in states.
3. To identify perceptions and perspectives of key stakeholders on various aspects of these policies.
4. To suggest recommendations for enabling posting and transfers policies across states.

CONCEPTUAL FRAMEWORK

The transparency of the postings and transfers policy allows the health practitioners to have a clear idea of their career progression and acts as a motivating factor. Interventions to increase the transparency in transfer processes make a major component of their relationship and interaction with the health system and build a sense of commitment amongst healthcare service providers. This would in long term enhance the far-reaching implications of retention of healthcare staff.

Figure 1: Conceptual Framework

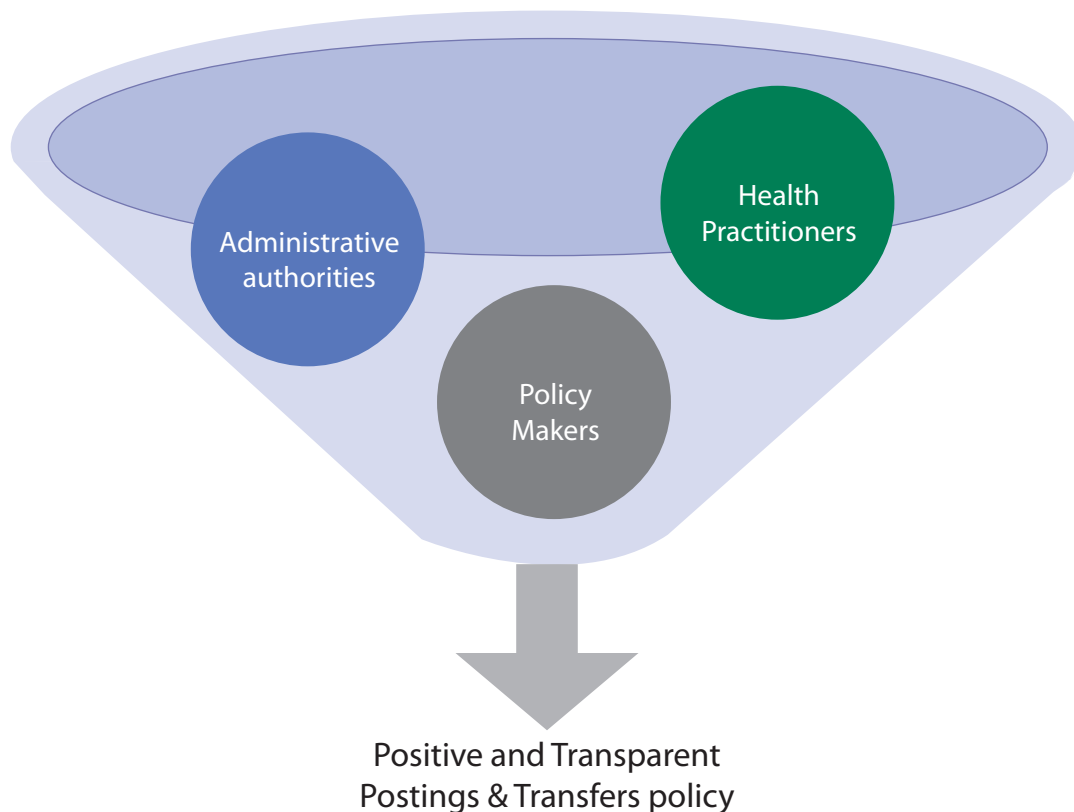
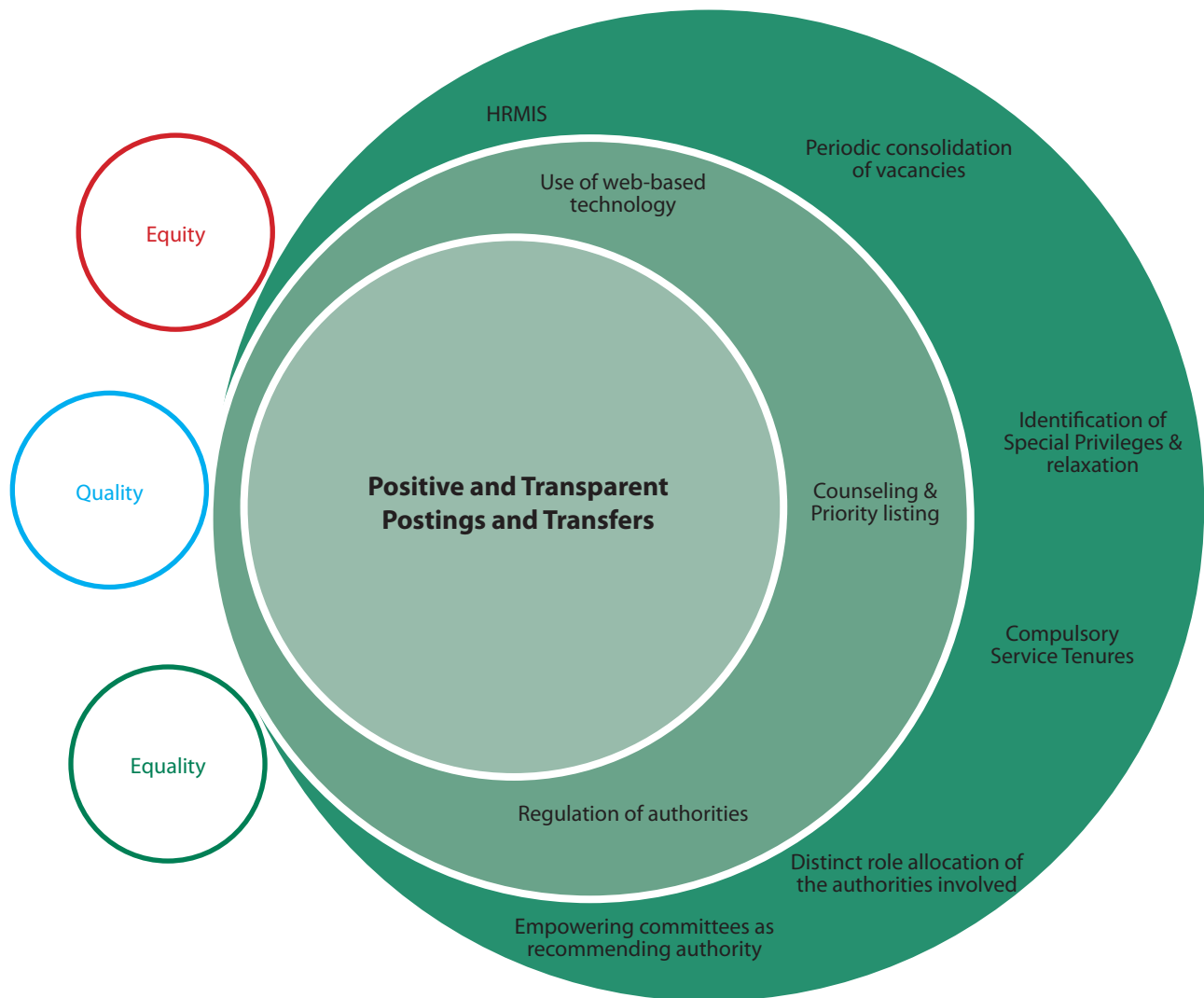


Figure 2: Proposed Implementation Framework for Health Sector Postings & Transfers



METHODOLOGY

Research approach

The need for evidence and lack of any formal compilation of the policy across states to understand the existing postings and transfers practices in states was the rationale for the study.

The lack of transparency and information regarding the same was the major reason we wanted to find out the factors affecting it so as to suggest ways to overcome them. There is very limited literature available to understand these practices. Hence this study aims to understand and propose a way forward for promoting positive and transparent postings and transfers policies.

Policy mapping allows the tracing of policies and their agendas, which have a bearing on the nature of practice in the area^x. Document review involved identification of documents (policies, bills, acts and their amendments, government orders, guidelines and other relevant literature), and analysing them to identify the existing play of the field and roles of different actors, Extractions of texts from these documents were used to build a mapping matrix^x to help identify the design gaps. Interviews with health system stakeholders were then conducted to understand the implementation gaps.

Methods

Policy mapping to identify design and implementation gaps was conducted in the states of Karnataka, Kerala, Maharashtra, Uttarakhand and Himachal Pradesh. Data collection & analysis involved:

- a. Documentation of review policies, acts, guidelines, amendments etc.: To identify key activities and roles of different actors. Findings from document review and interviews were thematically written up, and supported by summary state matrices as follows:

Col 1.	Col 2.	Col 3.	Col 4.
Primary target of policy	Relevant Policy/ Rule/ Order	Type of policy	Activities expected

- b. Interviews with health system stakeholders (interview guide- Annexure 1): Extensive notes from the interviews were analysed and organized into themes for analysis. The interviews were analysed manually and organized into emerging themes to understand the existing practices and stakeholder perspectives. These themes included following:
 - a. Compulsory Service Tenures
 - b. Ceilings on transfers
 - c. Authorities exercising control of transfers and postings
 - d. Periodic consolidation of vacancies

- e. Stipulated timeline for affecting transfers
- f. Special Privileges

In-depth interviews of the following respondents were conducted:

- a. 6 – 8 stakeholders (including policymakers, administrators at the state level including officials in the secretariat) from each state.
- b. 21 service-providers including doctors, staff nurses and pharmacists.
- c. 6 representatives of staff associations including Doctors association, Nursing association, Pharmacy association.

In addition to this, informal discussions with various administrative officials were conducted to understand the factors influencing the postings and transfers

Ethics

Verbal consent was obtained from the interviewees after giving them introduction about study and the objectives. All measures have been taken to maintain the anonymity of the interviewees.

REVIEW OF POSTING & TRANSFER POLICIES AND IMPLEMENTATION MECHANISMS

5.1 Policy Frameworks

Different states have different priorities concerning posting and transfers. For example, Uttarakhand with vast mountainous terrain has a workforce skewed towards the plains. In the other states, it was observed that preferences remain more for the cities and towns where amenities are readily available. To overcome such issues and rationalize the process of transfers, states have introduced enabling instruments such as acts, policies and government orders with the information on processes to be followed. Described below are the policy frameworks that have been adopted across the states.

Karnataka

In Karnataka, consequent to the long-standing requirement of structural framework for rationalization of transfers, Karnataka State Civil Services Act, 2011 (*popularly called 'Counseling act'*) was introduced in 2011. The act was followed by notification of rules in the same year, which categorized all posts and explicitly assigned competent authorities controlling postings over the respective staff categories. The act introduced computerized processes for conducting postings and transfers in the state. The act laid down guiding principles for posting of staff during initial appointment, transfer or promotions and also emphasized on the compulsory appointment of staff in rural areas and of specialists to appropriate posts relevant to their qualifications. It categorized areas into three zones: 1) Zone A in Urban areas, 2) Zone B in Urban areas, and 3) Rural areas. It also incorporated norms of penalties for the competent authority (Government servant) making posting orders in contravention of the act or the rules made thereunder. The rules have detailed norms of counseling, priority listing and procedures that govern postings after initial appointment, promotion, general transfers and mutual transfers of the staff. The act puts a ceiling on the volume of transfers so that they will not exceed five per cent of the working strength of that cadre. Given the magnitude of requests due for long time before the introduction of "counseling act", only a small proportion of the requests get accommodated in the ceiling limit of five per cent.

Kerala

Kerala has a series of Government Orders (GOs) guiding the processes of rationalization of posting mechanisms in the state. These orders specify guidelines for minimum tenure policy, mutual transfers, priority listing for general and request based transfers and relaxation norms for Govt. employees. The state also attempts to do its bit for social upliftment by giving preference in posting to the disadvantaged class through giving special relaxation norms in availing transfers. There is a special relaxation granted for women employees to avoid posting in hilly or remote areas. The order of preference for request-based transfers includes length of continuous service at a station. Service in tribal and remote areas and involving difficult nature of work is being given extra weightage by deeming two years of service as equal to three years.

Maharashtra

Maharashtra introduced a generic act in 2006 for regulation of transfers of all Government servants including Medical Officers. The act mandates staff to stay for a minimum period of three years at a post before which they can't be transferred to a new station unless in exceptional circumstances where the reasons of doing so have to be recorded in writing. The act, however, does not mention anything about request based transfers or priority listings. Although there is no clause in the act pertaining to rational deployment of specialists it does provide relaxations for the employees possessing special technical qualifications or experience to stay at a particular post where such skills are required and a suitable replacement is not available. The act also provides relaxations of forgoing transfers for employees having less than a year for retirement and those working on a project that is in the last stage of completion. It sets a ceiling of thirty percent of employees as the maximum number that can be replaced through transfers in a year. The state is now in the process of upgrading it into a more structured policy where it intends to rationalize the postings and transfers procedures for the staff.

Uttarakhand

In Uttarakhand, a policy introduced in 2008 focuses on certain elements such as: 1) Constitution of committees and empowering them with decision-making powers; 2) Mandating staff to complete a minimum and maximum fixed tenure in general and at difficult areas in particular; 3) Putting a ceiling on posting duration at select cities. It also identified certain situations when transfers can be affected like: 1) completion of maximum fixed tenure; 2) promotions; 3) administrative requirements; 4) postings after deputations; and 5) mutual vacancies. However, the policy did not state the defined guiding principles for executing and prioritizing requests for transfers and other general transfers. It also missed to explicitly define which are the '*difficult areas*'. The state introduced an act thereafter in 2011 where efforts were made to define procedures. It also added certain elements to the existing policy like: a) categorization of areas and of employees; b) time schedule for transfers; c) identification of posting places (existing & anticipated); d) Public display of posting places and eligible employees for compulsory transfers and e) grounds that may attract a penalty on violation of the act. However, due to subsequent change in the state government, the act is yet to be implemented and the preceding policy is still in use.

Himachal Pradesh

Himachal Pradesh also launched postings and transfers policy in 2008. Through the policy, the state has fixed minimum posting tenure of three years for all categories of employees and uniquely linked mandatory service at rural areas with promotions. It is mandatory for staff to serve at least 3 years in tribal, difficult and rural areas before they get transferred. The transfers in a year can't exceed three percent of the total workforce working in that cadre. There is a dedicated online database system called Personnel Management Information System, which is updated by the establishment department after every initial appointment, promotion and transfers but in the recent past, updates are not being done in a timely manner.

5.2 Postings and Transfers: Practices in States

There are mainly two types of transfers prevalent in the states:

- a. General transfers: These are routine and are done in order to ensure smooth functioning of delivery system. General transfers usually involve periodic rotation of the staff in different zone areas in such a way that all employees get to work at all grades of stations categorized on the scale of difficulty. It ensures equity in the sense that all staff gets to go through same degree of hardships. Some states have developed well-defined directions guiding the procedures to be undertaken as annual round of general transfers while others have only broadly mentioned rules without precisely stating the procedures involved.

- b. Request based transfers on compassionate grounds, which are largely allowed for certain categories identified by the states for priority. Some states have kept wider range of categories considered under priority list while the others have identified only a few. Web based counseling has streamlined posting procedures and added transparency in Karnataka.

Some of the themes were found to be common within states and these details are listed below:

5.2.1 Compulsory Service Tenures

Compulsory service tenure is an integral element of P&T policies across the states that were part of the study. Broadly it encompasses minimum number of years of work at a particular place that the health worker has to complete before they become eligible for availing transfers. The number of years to be served varies through different cadres and states. Exceptions are allowed in cases where (a) transfers are requested on compassionate grounds by individuals (b) emergent administrative requirements arising from retirement, promotion, resignation, reversion, reinstatement and transfers.

Given below are the minimum compulsory tenures fixed by different states for care providers.

Table 1. Compulsory service tenures across states

	Medical Officers	Nursing and Paramedical staff	Remarks
Karnataka ³	3 years	4 - 5 years*	*4 years for Junior Nursing and Paramedical staff and 5 years for Senior staff
Kerala ⁴	3 years	Not applicable	
Maharashtra ⁵	3 years	6 years	No fixed tenure for the Group D staff
Uttarakhand ⁶	2 - 3 years	3 to 5 years	Service duration is counted as on the last working day of May; Maximum service duration limit of 10 years fixed at Nainital HQs and TehsilHaldwani, Dehradun (except Chakrata Tehsil), Haridwar and Udhamsingh Nagar
Himachal Pradesh ⁷	3 years	Not applicable	

No state except Karnataka has distinct guidelines laid out in government order for direct implementation of these rules. In Kerala, service duration of five years in the district of recruitment is a prerequisite to be eligible for availing inter-district or inter-departmental transfers including mutual transfers by an employee.

Focus on rural areas: To address Human resource shortage in the health system specifically in the rural areas, the P&T policies prescribe certain mandatory periods of work that cadres have to complete through rural postings to be eligible for transfers. Uttarakhand and Karnataka have also defined minimum service tenures for rural areas. In Karnataka, initial appointments are provided in rural areas and promotions are also subject to completion of minimum fixed duration of rural service.

Permissible relaxations of rules: Although compulsory tenures are binding throughout the cadres in all states studied, certain relaxations have been allowed, as in Kerala, where the transfers may be allowed even before completion of compulsory tenure if that's on mutual grounds or if the transfers are sought to the least preferred districts. An employee transferred away from his home/opted district on account of Public

3 Notification no. HFW 89 HSH 2011, Bangalore § 6 for Medical Officers and Notification no. HFW 89 HSH 2011, Bangalore § 6 for Staff Nurses below cadre

4 (G.O. (P) No.12/04/P&ARD) General # 3

5 Maharashtra act no. XXI of 2006 §3 (1), § 4 (1)

6 S.no 588/xxx(2)/2008 § 3 (1) for Medical Officers and § 3 (2) for Staff nurses and below cadre

7 Government of Himachal, Department of Personnel, No. PER(AP-B)E(3)-17/2012 §16 ff

Interest, may also avail transfer back to his/her source district even before completion of minimum service tenure of three years in Kerala. In Maharashtra, the rule may be relaxed in special cases when any complaint of serious nature is registered against the staff.

5.2.2 Ceilings on number of transfers

To avoid large-scale movement of the staff and consequential disruption of services, some states have put ceilings on the number of transfers that may be allowed in a year for certain cadres. Such ceilings have been put by states to avoid extra administrative burden that might arise from large number of transfers of the staff. While some states regarded it vital, some like Karnataka found the ceilings to be insufficient to accommodate huge backlog of requests accumulated over the years.

Table 2. Ceilings put across the states

	Magnitude of ceiling	Remarks
Karnataka ⁸	Ceiling on Transfers on Public interest can't exceed 3 per cent of the working strength in a cadre while for request-based transfers ceiling is put at 5 percent.	Transfers on mutual grounds and request-based transfers of terminally ill cases are kept out of ceiling
Kerala	No ceiling on number of transfers allowed in a year	
Maharashtra ⁹	Transfers up to the maximum of 30 per cent of the cadre strength may be exercised in a year	
Uttarakhand	No ceiling on number of transfers that may be executed in a year	
Himachal Pradesh ¹⁰	Ceiling of 3 per cent of the existing cadre strength put on general transfers	Cases seeking transfers to vacant posts in hilly and difficult regions are kept out of ceiling

5.2.3 Authorities exercising control of transfers and postings

In the study states, the authorities controlling powers were notified explicitly in government rules/orders. Decisions pertaining to postings and transfers of all staff are taken at the state level in all study states. Different officials act as competent authority for affecting transfers in the study states. While for doctors, the authority largely lies with the senior bureaucrats (from IAS cadre) in all states except in Kerala where the Director Health Services holds the authority. For Nursing and Paramedical staff, the authority is exercised by senior technocrats (Director, Additional Director) in all states. Specific designation titles of competent authorities can be seen in Table 3.

Some of the special observations from the study states are as follows:

- In Maharashtra, a three membered committee called as "Nagri Sewa Mandal" comprising Principal Secretary, Secretary and Director-Public Health takes final decision on request based transfer cases of doctors. Earlier the authority to exercise transfers of doctors was with the Director Health Services but after a few reported conflicts related to transfer issues; it has been shifted to the Principal Secretary Health. In cases of matters involving disputes, the Chief Minister in consultation with the Chief Secretary takes the final decision.
- In Uttarakhand, to improve transparency, special committees have been empowered to provide recommendations on decisions related to transfers and postings based on which final decision is taken by the approving authority.

8 Karnataka State Civil Services (Amendment) Rules, 2012 (No. HFW 332 HSH 2012) § 6 (b)

9 Maharashtra act no. XXI of 2006 § 5(2)

10 Government of Himachal, Department of Personnel, No. Per (AP-B)B(6)-1/2013

- In Himachal Pradesh, the last round of annual transfers was done in the year 2013. Currently, ban has been enforced on transfers by the High Court and thus all decisions related to transfers (general as well as request based transfers) are taken at the level of Chief Minister once a year when the ban is lifted for a period of month. The transfer aspirants may submit their requests to their local MPs/MLAs who forward them to the Chief Minister for approval. The Chief Minister's Office then issues orders to the Directorate for conducting the approved transfers. During this process, opinion of Chief Medical Officer (CMO) of the respective district(s) is not taken.

Table 3. Competent authorities for transfers of various cadres of staff across states

	MOs	SNs	Paramedical staff (Pharmacists, LTs, Radiographers)	ANM, MPW/ Health Inspector
Kerala	Director Health Services	Additional Director Health Services- Medical	Additional Director Health Services- Medical	Additional Director Health Services- Family Welfare
Karnataka	Commissioner, Health and Family Welfare Services for MBBS MOs; Director-AYUSH for AYUSH MOs	Director, Health and Family Welfare Services	Director, Health and Family Welfare Services; Director-AYUSH for AYUSH staff	Director, Health and Family Welfare Services
Maharashtra	Principal Secretary	Director Health Services	Director Health Services	Deputy Director (Region wise) for respective regions
Uttarakhand	<p>Recommending body: DGHS chaired Departmental Committee comprising Joint Director (Admin), Director (Medical Health) and one official from other department</p> <p>Final approving authority: Principal Secretary for Sr. MOs (with Graded pay above 5400) and DGHS for MOs (with Graded pay 5400)</p>	<p>Recommending body: DGHS chaired Departmental Committee comprising Joint Director (Para-medical), Director (Medical Health) and one official from other department</p> <p>Final approving authority: Director General- Health Services</p>	<p>Recommending body: DGHS chaired Departmental Committee comprising Joint Director (Para-medical), Director (Medical Health) and one official from other department</p> <p>Final approving authority: Director General- Health Services</p>	<p>Recommending body: DGHS chaired Departmental Committee comprising Joint Director (Para-medical), Director (Medical Health) and one official from other department</p> <p>Final approving authority: Director General- Health Services</p>
Himachal¹¹ Pradesh	Principal Secretary (Health)	Director Health Service	Director Health Service	Director Health Service

Source: Policies, Acts, G.Os received from the respective states; Discussion with key officials

¹¹ Currently general transfers have been banned in the state as per High Court order. Therefore, powers to allow transfers have been shifted up at the level of Chief Minister.

5.2.4. Periodic consolidation of vacancies

In order to arrive at a rational decision of exercising transfers of the staff, it is necessary to have consolidated information on area-specific and position-specific vacancies. All states deploy different mechanisms for consolidation of vacancies and prospective listing of employees to be transferred. Karnataka follows a unique mechanism of correcting discrepancies in provisional vacancy lists posted on departmental website through staff feedback. While Kerala does proactive listing of vacancies even before they occur and forwards requisition to Kerala Public Service Commission beforehand for recruitments so as to evade disruption of services due to posts lying vacant for long.

Specific observations from the study states:

In Karnataka, vacancy lists are compiled before conducting transfers once in a year through Human Resource Management System. Before finalizing vacancy lists, staff feedback on the provisional vacancy lists (posted on departmental website) is also taken within a window-period of seven days. The vacancy listing also takes into account consequential vacancies that may arise as a result of general transfers of staff who have completed minimum prescribed period of service in rural areas.

In Kerala, all data on service duration of the staff and vacancy positions is maintained in an online database through an online registration system called 'Cadre Register' which captures personal and professional details of staff during the time of joining services. It also helps in generating list of vacancies for decision-making to conduct transfers in public interest.

Box 1. Specified criterion for vacancy anticipation in Kerala

In Kerala, a circular was passed in the year 2014, which directs HOD/appointing authority to consolidate anticipated vacancies for every calendar year that are caused by retirement/promotion/creation/deputation etc. or absence of duty. Ever since such lists are prepared in advance and submitted by the HODs. Positions remaining unfilled for six months and above are counted as vacancies except in case of maternity leaves. Reports are then sent to State Public Service Commission by the middle of every calendar year. If no vacancies are anticipated, a 'Nil' report is sent. Department keeps a self reporting format for its own record which captures information under following heads: a) Department name, b) Post title, c) Number of vacancies anticipated, d) Number of vacancies reported to KPSC, and e) Date of reporting to KPSC.

The process of anticipation of vacancies allows proactive recruitment for the vacancies. State gets to know beforehand the prospective posts to be filled in upcoming year and can even start the recruitment process proactively. It is also strictly binding on HODs/Appointing authorities to ensure that Not Joining Duty (NJD) is reported to the commission soon after the completion of the time limit prescribed for joining duty.

In Maharashtra, vacancy compilation is done manually through Deputy Directors for their respective circles. There are seven circles (regions) in the state, each led by a Deputy Director. Vacancy lists of Nursing and Paramedical staff from all circles get consolidated by the Chief Administrative Officer (CAO) at state level while vacancies of senior doctors and specialists are consolidated at the level of Principal Secretary. An online HR database of senior doctors and specialists with details about the posting location, cadre, designation, specialization, date of posting and retirement etc. is maintained at the secretariat at state level.

Box 2. Web enabled registration of transfer requests in Maharashtra

The state of Maharashtra has developed a web-enabled system of registering transfer requests for doctors and specialists. The requests for transfers get open for online registration during the months of April and May every year. Individual IDs have been assigned to the staff through which they can register their transfer requests online. In the online application format, the candidate is required to fill three choices of workstations and the prospective posts to be held therein. There is a separate section also provided in the format for mentioning reason for requesting transfer and uploading supporting documents.

The requests registered by staff online reach Deputy Directors of their respective circles who put remarks and forward them to Director Health Services (DHS). The DHS then submits a detailed proposal to Principal Secretary (Health) office for final approval. Government Orders for transfers are then issued by Principal Secretary office against the approved requests. In case of overlapping choices, candidates higher on seniority are given preference for transfers.

In Uttarakhand, every year around the month of January, an official letter is forwarded by the DGHS to all Chief Medical Officers (CMOs) asking for details on background information of HR including years of experience (total and at current place), and the state of vacancies in their respective districts.¹² This is done to update information on HR across the state. CMOs are also asked to produce a list of employees (all groups) who have completed minimum fixed tenure with five choices of posting in their respective districts. Initially a provisional list is prepared and published in all media for employees to verify their details regarding tenure, seniority, post preference, relaxations etc. within a week.

In Himachal Pradesh, Personal Management Information system (PMIS) is used for generating vacancy lists and HR posting information required for decision-making with regard to transfers of staff. Currently ban has been imposed on transfers in the state and the routine process is not followed.

Box 3. Personnel Management Information System (PMIS) in Himachal Pradesh

State has adopted a management information system called as '*ManavSampada*' for maintaining online database of all available contractual and regular Human Resources available in the state. Through this system, the PMIS operator updates online records for every event of transfer and appointment in the state and appointment letters are generated and posted on the departmental website.

This process has reduced the problem of numerical inadequacies and helped the state in: a) Establishing more transparent system with limited involvement of clerical staff (BABUs) in workforce management works thereby negating the scope of bribery, favoritism, b) Lessening scope for malpractices by bureaucratic or political involvement at the state level because the appointment letter is released on the website within short notice and no changes can then be done without the permission of Principal Secretary.

5.2.5 Stipulated timeline for affecting transfers

General transfers are usually done in the months of April and May in all states around the summer vacation time except in Kerala where the time period for transfers has shifted from May to March in 2014 on account

¹² Anecdotal information received from In-depth interviews with Directorate officials

of a date clash with time of code of conduct for state elections. In Maharashtra and Kerala, the time schedule has also been specified for listing of staff due for general transfers, which is done during December to January, the other states have not specified it explicitly.

Additionally, in all states, the transfers in exigencies of administration and on compassionate grounds are exercised round the year. Kerala, Karnataka and Uttarakhand also prepare and publish provisional lists of staff due for transfers online to let them verify their details regarding tenure, seniority, post preference, relaxations etc. within window period of a week. This helps in verification of process and helps the staff to know their anticipated place of posting. Once all appeals against the provisional list are re-examined, the final list is prepared by March to make the transfers effective from April to May.

Largely, applications seeking transfers are received online by December and then the concerned authorities assess and review posting status of the employees. Special transfer requests for emergency cases are received throughout the year.

In Uttarakhand, the transfers generally get extended up till the month of August quite often due to procedural delays in the system which then causes shift in the authority to one level higher officials, i.e. Health Minister for Group A (MOs Grade I); Principal Secretary for the Group B and C staff (MOs with Grade pay 5400, Nursing and Paramedical staff; and DGHS for Group D staff (mostly Inter-district transfers).

Given below are the time periods when transfers take place across all five states:

Table 4. Time schedule for affecting general transfers

	Time period for affecting general transfers	Remarks
Karnataka¹³	In the months of April and May	Apart from this, transfers required to fill critical vacancies and vacancies arising due to transfers of terminally ill cases, can be affected
Kerala¹⁴	March (shifted from May)	Application receiving time changed from "February of same year" to December of preceding year" because of date clash with implementation of code of conduct of state elections
Maharashtra¹⁵	In the months of April and May	
Uttarakhand¹⁶	1st April to 15th June; Transfers affecting beyond 15th June need approval from Health Minister	Transfers in the past few years have been delayed beyond 15th June and thus the authority was exercised by Minister
Himachal Pradesh¹⁷	Between 10th April and 25th May	Currently, general transfers are banned in the state and only request based transfers routed through the Chief Minister are processed which don't follow the scheduled timeframe and can be done in any time of the year

5.2.6 Special Privileges

States have provided special privileges in transfers to certain special categories on compassionate grounds.

13 Karnataka State Civil Services (Amendment) Rules, 2012 (No. HFW 332 HSH 2012) § 6

14 G.O. (P) No. 21/2009/P&ARD (Amendment)

15 Maharashtra act no. XXI of 2006 § 4(2), § 4(2), § 4(4)

16 Government of Uttarakhand, Department of Administration 588/xxx(2)/2008 ff3

17 Government of Himachal, Department of Personnel, No. PER(AP-B)E(3)-17/2012 § 2 ff

Table 5. Categories of special privileges granted across states

S.no.	Category of Privileges	Karnataka	Kerala	Maharashtra	Uttarakhand	Himachal Pradesh
1	Privileges for widows and women	Notification no. HFW 89 HSH 2011 2011 § 10 (1) ff	G.O. (P) No. 22/2009/P&ARD; G.O. (P) No.12/04/P&ARD) § 11 (Maternity benefits)	-	-	G.O. No. PER(AP-B) E(3)-17/2012 § 5 ff
2	Privileges for war aggrieved wives and relatives	-	G.O. (P) No. 15/97/P&ARD	-	-	G.O. No. PER (AP-B) E(3)-17/2012 § 5 ff
3	Privileges for specially challenged	Notification no. HFW 89 HSH 2011 2011 § 10 (1) ff	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § (B)	-	-	G.O. No. PER(AP-B) E(3)-17/2012 § 5 ff
4	Privileges for Terminally ill cases of serious ailments	Notification no. HFW 89 HSH 2011 2011 § 10 (1) ff		-		-
5	Privileges for couples	Notification no. HFW 89 HSH 2011 2011 § 10 (1) ff	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD)	* Not mentioned in policy but in practice	Government of Uttarakhand, Department of Administration 588/xxx(2)/2008 § 7 (2)	G.O. No. PER(AP-B) E(3)-17/2012 § 5 ff
6	Privileges for senior-most employees nearing Superannuation	Notification no. HFW 89 HSH 2011 2011 § 10 (1) ff	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § 13	Maharashtra act no. XXI of 2006 § 5.1(a)	Government of Uttarakhand, Department of Administration 588/xxx (2)/2008 § 7 (4)	G.O. No. PER (AP-B) E(3)-17/2012 § 5 ff
7	Provisions promoting social upliftment	-	G.O. (P) No.13/12/P&ARD § 1 (Inter-caste married employees and employees with legally adopted children); (for SC/ST employees) G.O. (P) No. 22/92/P&ARD; G.O. (P) No. 1/05/P&ARD; G.O. (P) No.15/05/P&ARD; G.O. (P) No.13/12/P&ARD § 2	-	-	

Below are the privileges granted:

- 1. Privileges to widows and women:** States like Himachal Pradesh, Kerala and Karnataka have provided special provisions for widows. Women are also often given special relaxations in posting in difficult/tribal remote areas. In Himachal Pradesh, widows are provided relaxation from getting

posted to the Difficult/Hard/Tribal areas and in Karnataka, widows are given priority for transfers to the desired place of posting. Kerala also makes a point in policy that the employee returning from maternity leave is posted at the same station where she was posted before. If she desires to be transferred, her application is given first preference.

- 2. Privileges for near relatives and dependents of war aggrieved soldiers:** In Himachal Pradesh, their preferred place of posting is provided to near relatives and dependents of soldiers. In Kerala, dependents of ex-servicemen who are permanently disabled due to incidents while in active service and discharged on pension on that account are eligible to get inter-district transfers even before completion of minimum compulsory duration of five years in the district of recruitment.
- 3. Privileges for specially challenged:** In the states of Himachal Pradesh, Karnataka and Kerala, physically challenged candidates are also given priority for transfers provided it is certified by the medical authority. The term '*Physically challenged*' is used by the states to describe permanent disability of a person. They affixed different percentages of disability to be included under the category of Handicapped. In case of Himachal Pradesh, permanent disability is considered with 60% of disability and in Karnataka 40% of disability certified by District Medical Board is taken into consideration.
- 4. Privileges for Terminally ill cases of serious ailments:** In the states, terminally ill cases are described as those for which medical treatment is not available at place of work and transfer is necessary to the place where such treatment is available. In Himachal Pradesh, those Government servant /spouse/children who are terminally ill or suffering from serious ailments are preferred in allocation of posting choices. However, no such transfers are made unless the concerned Government servant produces a certificate issued by the District Medical Board specifying the nature of ailment, stating the fact that the required treatment is not available at the place of present posting. However in Kerala, privileges are granted only in case if an employee is inflicted with a serious disease or accident, which makes him/her dependent on others. Such disease/ accident has to be supported with a medical certificate issued by the Head of relevant Department of a Govt. Medical College. Generally, such cases are entertained on priority all round the year except in Karnataka where such cases also have to wait for the stipulated time to get their transfers affected and often face inconvenience.
- 5. Privileges for couples:** In all study states, efforts are made to give the same or closer place of postings for couples working in the government sector. However, such provisions are largely subject to availability of vacancies. In Kerala, majority of the transfer requests are from couples working in AYUSH Department, and therefore the govt. has earmarked 2% of the general transfers to be considered for such cases beyond which they are not entertained. In Karnataka for the first 10-15 years of service, couples are preferentially posted together in rural areas. But beyond that duration, they are posted in two different but nearby areas/ blocks (within 50-100kms). In Maharashtra, there is no clear rule favoring couple postings as such but couple requests are given preference for nearby posting.
- 6. Privileges for senior-most employees nearing superannuation:** Staff nearing retirement are considered favorably for preferential place of posting. In all study states employees close to their retirement are allowed to continue in their current workstation beyond normal tenure, if they so desire. In Uttarakhand, senior employees who have two years left to retire may request for transfer to any three choices of posting. But there is a precondition that the target station should be vacant and substitute is available for posting at the source station, which often becomes the bottleneck in entertaining requests.
- 7. Provisions promoting social upliftment:** In Kerala, special preference for posting for inter-caste married employees and those with legally adopted children is given. Couples in inter-caste

marriages (where either of the spouse is SC/ST) also get priority while availing postings at locations of their choice. This category has been put third in the order of priority listed in the government order. Kerala also gives preference to employees with legally adopted children. Such provisions were not reported from any other state.

In addition, requests of SC/ST employees in general, are also given priority in Kerala.

5.2.7 Counseling and Priority listing

Counseling process serves as a common platform for all candidates to submit their requests for transfers and prioritizes transfer requests on predefined rules. Karnataka has introduced the system of computerized counseling and laid out guiding rules for the same. All events such as notification of vacancies, listing of the staff due for transfers and their final list of posting locations are published online on departmental website in Karnataka.

Karnataka and Kerala have also identified precise norms for periodic rotation of the staff and for prioritization of staff for transfers under various categories in a systematic manner. In Karnataka, transfer-seeking applicants with service in rural areas get more weightage than their counterparts with service in urban areas.

Karnataka adopts a structured approach in prioritizing both general and request based transfers. Various special categories have been identified for relaxation and order of preference has also been assigned to them. Within all categories, employees with more weighted-service are preferred over the ones with less weighted service.¹⁸ In case of a tie, seniority in service is taken into consideration. In case of tie in seniority also, older age is given precedence. Therefore, the most senior employee or the one with the highest weighted service duration gets to choose from all the vacancy options available.

On the date of counseling, candidates are called in the order of preference and then asked to choose any one of the vacant posts available (displayed on the computer screen). If a candidate fails to turn up for counseling as per their turn, their claim is passed over to the next candidate. If the candidate whose claim has been passed over appears for counseling, they are considered at the end of the counseling session or at the end of the day's session whichever is earlier.

Box 4. Categorization of areas and added weightage for working in difficult areas in Karnataka

States usually categorize areas into zones based on varied degree of hardships involved. But Karnataka has not only categorized the stations into three zones but also assigned graded weightage to the service undertaken in each of these zones. With this initiative, state is able to give preference in choosing posting stations to the candidates who have served in rural areas over their counterparts having equal experience in less difficult urban areas.

All stations in the state have been categorized into three zones:

1. Zone A (main city areas, where one year of service would equal to one year of weighted service).
2. Zone B (other urban and semi-urban areas, where one year would be considered as one and a half year), and
3. Rural areas (where one year of service would equal to 2 years of weighted service). The applicants with the highest weighted service are given preference in choosing their posting stations.

¹⁸ Notification no. HFW 89 HSH 2011 § 10 (1) ff; 10(2), 10(3), 10(4)

Employees who have not completed their mandatory rural service are transferred back to complete minimum prescribed duration for rural areas required for promotion. In Kerala, the order of preference for entertaining requests is assigned based on the length of continuous service of the applicant in the station at the time of his/her applying for transfer. Employees who have had more than a year's service in tribal and remote areas and areas involving difficult nature of work or those who have completed their tenure in the defense services are given preference by deeming two years of such service as equal to three years.

Box 5. Priority listing of transfer requests in Karnataka and Kerala

Certain special relaxation categories have been identified with order of priority in the Karnataka and Kerala. The transfer requests are entertained as per the predefined order of priority. Within all these categories, length of service is seen as the criterion for affecting transfers.

Order of priority of relaxation categories in Karnataka:

1) Terminally ill cases of serious ailments; 2) Employees superannuating in two years; 3) Cases physically disabled with more than 40% of disability; 4) Widows; 5) Spouses requiring nearby postings and 6) Other categories.

Order of priority of relaxation categories in Kerala:

1) SC/ST employees, 2) Physically handicapped, 3) Inter-caste married employees and legally adoptive mothers 4) Ex-servicemen, 5) Relatives of 'Jawans' (soldiers), 6) Spouse of Freedom fighters or Son/daughter of Freedom fighter, 7) Parents of Mentally retarded children, 8) President/General Secretary of a recognized Service Organization, 9) Parents of Deaf and Dumb children.

To counter favoritism, policy also makes mention of rejection of applications presented by relatives of employees or dependents or others in Kerala.

In Maharashtra, notification of vacancies with the date of counseling is done on departmental website. The candidates have to appear for counseling at the directorate conducted by an official at the capacity of Additional Director. The list of posting locations is displayed on the LCD computer screens at the venue site and it gets updated after every single event of processing of transfer request. Duration of service forms the sole criterion for prioritizing requests for transfers. However, this has not been mentioned in policy. Moreover, no special categories have been identified in state to be considered for prioritization of transfer requests.

In Uttarakhand, there is no defined system to notify vacancies, submit transfer requests and to prioritize the critical transfer requests by authorities. This leaves scope for submitting transfer requests arbitrarily at different levels ranging from Directorate officials to MP/MLAs and Ministers. Although the policy offers relaxation in transfers for a few categories but order of preference for addressing transfer requests under the defined categories is not determined by the state.

In Himachal Pradesh, certain relaxation categories have been identified but the order of preference is not defined in the policy. Moreover there is no mention of the rules for affecting annual transfers on how to prioritize candidates for transfers. Whether it is based on the total service duration or specific service in rural or urban areas is still unclear.

Box 6. Categorization of areas based on degree of difficulty in Himachal Pradesh

Himachal Pradesh has also divided areas into five categories based on degree of difficulty for regulating transfers of the staff but there are no norms for assigning differential weightage for service in different area categories unlike in Karnataka.

Categorization of areas has been aimed at equitable rotation of the staff as follows:

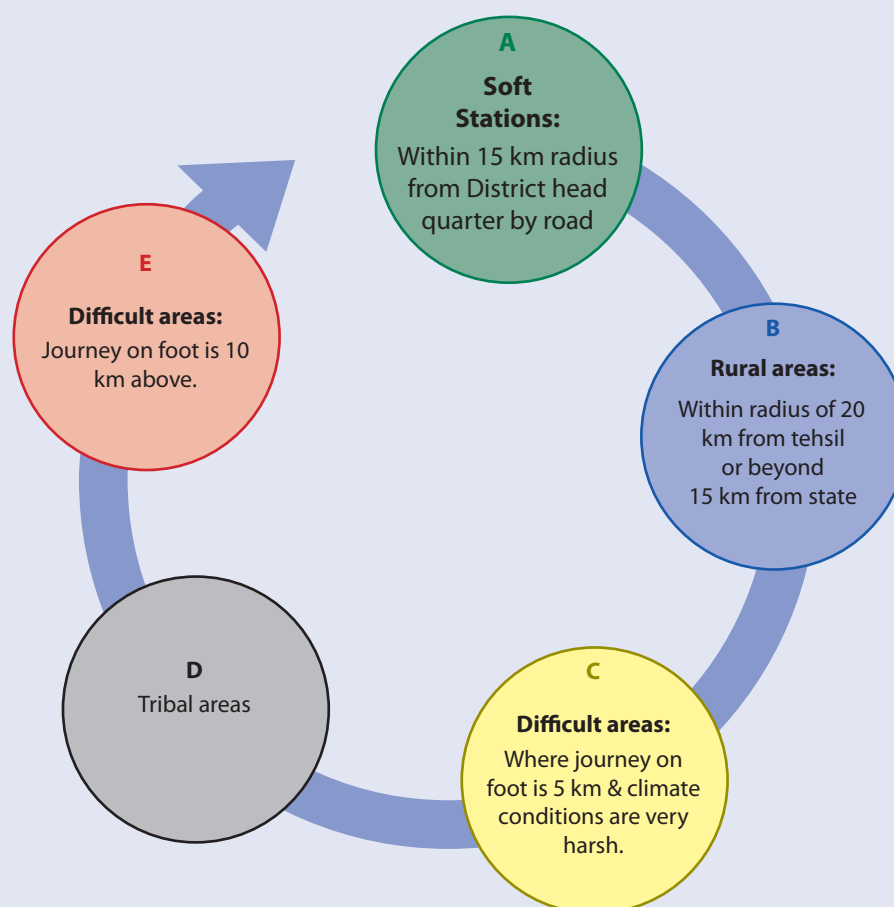


Table 6. Priority listing of transfer requests

	Priority listing for relaxation categories	Basis of preference for approving transfer requests
Karnataka	Yes	Duration of weighted service as per weightage in different zones (within each priority category)
Kerala	Yes	Duration of service (within each priority category); service in tribal and difficult areas is weighed more than the normal areas
Maharashtra	No	Seniority in service
Uttarakhand	No	Seniority in service
Himachal Pradesh	No	Seniority in service

5.3 Other good practices

Box 7. Computerized counseling in Karnataka

In Karnataka through the Postings and Transfers act of 2011, computerized counseling was introduced for the first time in Health and Family Welfare department for conducting initial appointment, promotions and transfers of the staff in fair manner.

For transfers in public interest, state publishes list of the staff, based on length of service, proposed to be transferred in public interest and notifies vacancies proposed to be filled through them and conducts counseling of the listed staff for conducting transfers.

For all other transfers, vacancies are notified on the departmental website and applications are invited from the staff seeking transfers. The HODs and the competent authorities verify transfer applications and publish provisional priority list on departmental website inviting objections, if any. The priority list is finalized and published by the competent authority after submission of objections received.

As per the priority sequence, transfers are conducted based on weighted service till the maximum limit of transfers, i.e. five percent of working strength, is reached. During the counseling process, real-time updating of vacancies is done with all substitutions reflected on the HR database displayed on the website instantly after the transfer is affected.

The list of transfers affected, with the places of transfers against names of officials so transferred, is displayed on departmental website and notice board (s) of the competent authorities.

Box 8. Rational deployment of specialist skill providers in Karnataka and Maharashtra

In Karnataka and Maharashtra, policy mandates the government to ensure rational deployment of highly skilled care providers at the facilities where it is required. According to the policy, the specialists or senior specialists with post graduate degree or diploma shall not be posted or transferred to work at a post which is not identified as specialist post or commensurate to the subject or specialization which s/he possesses. If the specialist is working on a post not relevant for his/her post-graduate degree or diploma specialization, s/he shall be transferred to the post identified for his/her specialist qualification.

However, the posts of District Health and Family Welfare Officer, District Surgeon, Principal of training institute, Joint Director, Deputy Director, Programme Officer at the district level and Hospital Superintendent are exempted from the rule in Karnataka.

Box 9. Online registration system to keep track of seniority to avoid discrepancies in Kerala

In Kerala, transfer requests are addressed based on the order of seniority in service. In the recent past, most of the complaints registered in Kerala were reportedly due to discrepancies in the seniority lists prepared prior to transfers and postings. Therefore the state is now registering all the existing cadres through online registration system, known as 'cadre register', which has to be done by the employee himself when s/he joins the services. The state maintains online database of the existing cadre to promote transparency and effectiveness in establishment processes. Through this web-enabled system, chances of clerical errors are minimized. The data fed by the personnel is linked to the central server which in turn generates the list of the people retiring, prospective places of vacancies and other important information required for the decision making for transfers and postings.

Box 10. Inter-departmental rotation of nursing and paramedical staff to provide all-round experience in Uttarakhand

In Uttarakhand, nursing and paramedical staff is rotated across clinical departments of hospitals every 3 years with the objective of giving them all-round experience. Duration may extend to 5 years in difficult areas. Such periodic rotations are helping the nursing staff in building skills in diverse areas.

Box 11. Combined selection of contractual and regular staff through common exam in Kerala

In order to address delay in filling vacancies through transfers, promotions or any other appointment method due to various reasons, Kerala has adopted system of filling vacancies by appointments of contractual staff. State recruits staff from the waiting list of candidates as per the rank list prepared in State Public Service Commission examinations. This approach reduces time and effort in hiring new staff, and ensures transparency. Nevertheless, there is high dropout rate and possibility of recruiting candidates weaker than those who could be recruited through direct recruitment.

POSTING AND TRANSFER PRACTICES: STAKEHOLDER PERSPECTIVES

Different groups of stakeholders- beneficiaries and staff associations were interviewed to gain insights on implementation status of the policies in states. It was seen that staff whose parents have grown old or those with working wives or kids to raise usually resist the transfers. Commonly observed notion was that the doctors mainly come from urban background and therefore, it becomes difficult to retain them in rural postings for long. In absence of well-defined policies, postings and transfers were observed as grey areas in most of the states.

"No other department has such a grave problem of postings and transfers as in the Health Department. Some Medical Officers have even quit jobs when transferred to locations not of their preference", quoted a senior official who has been at the helm of administration in different departments.

Definition of 'Vacancy' was not identified in any of the states except Kerala. Kerala identifies positions that remain unfilled for six months or more (except for maternity leaves). Without any specific definition, it becomes difficult for states to identify real vacancies and minimizes the possibility of including absconded positions as vacancies.

Significant proportion of transfers in states was done on grounds of 'Public interest'. Various officials had different understanding of transfers on Public Interest. Some thought of Public interest to be occurring in incidents such as professional misconduct, violating disciplinary grounds such as money embezzlement etc. Some assumed it as the kind of transfers when a candidate gets the transfer orders and has no alternate choice and some considered it as the punishment transfers which accrue when complaint is registered against an employee or on people's demand.

Compulsory Service Tenure

Many of the staff observed that the compulsory service tenure policies are not strictly followed. Most of such cases were on grounds of public interest but rarely in cases of requests. In Uttarakhand, norm of compulsory rural service tenure is not followed strictly because of lack of robust system to collect and maintain HR posting information. HR information is collected arbitrarily through respective Chief Medical Officers (for districts) and Chief Medical Superintendents (for major hospitals).

Although the states have fixed compulsory minimum service tenures for conducting transfers, but no state except Uttarakhand had fixed maximum limit of posting duration beyond which an employee is not allowed to serve at an area/station. Various stakeholders conveyed that the MOs, if allowed to stay longer at a place, tend to indulge in private practice.

Ceiling on number of transfers

All states except Kerala had put ceilings on the total number of transfers that may be exercised in a year. In Karnataka, ceilings were found insufficient to cater huge caseloads of transfer requests pending for long time.

A state official of Karnataka stated, “The earmarked limit of 5% for the request based transfers is not able to suffice the requirements as posed by the backlog accumulated for so many years especially from the time when act wasn’t introduced.”

In contrast, administration of Kerala observes that there is no affect on service delivery due to transfers since the transfers generally nullify each other leaving no balance vacancies.

Authorities controlling Transfers and Postings

All states in the study have identified different authorities for exercising control of transfers and postings of different staff categories to reduce bias and increase accountability. However, it hasn’t helped much in insulating the system totally from the external influences, which get difficult to avoid.

In Uttarakhand, administrative powers of authorities have become limited to the shortlisting only and the final call is taken after approval to the state Health Minister. Associations cited cases of staff nurses who have been transferred from hilly to normal (plain) regions before 3 years of joining their services on the grounds of Public interest.

Periodic consolidation of vacancies

Compilation of vacancies is done through online databases in Karnataka, Kerala, Maharashtra and Himachal Pradesh while in Uttarakhand, it is done manually by consolidating vacancy lists received from districts. It was observed by the staff that manual process of consolidating vacancies keeps information in obscure form and is more prone to clerical errors.

Special privileges and relaxations

In all states in study, significant proportion of the transfer requests are received on *spousal grounds* where the transfer applicant seeks transfers near to their spouse posting areas. Such requests are entertained on priority if vacancies at target stations are present.

“Transfer requests made on compassionate grounds and related to nearby posting of spouses are entertained on priority”, said a staff dealing with transfer related matters at the secretariat. In Karnataka, overwhelming number of requests under this category outnumber requests under all other categories.

States have identified certain posts where no transfers can be done. In Karnataka, no transfers are done for administrative posts. Therefore, doctors prefer to shift to administrative and management posts to avoid transfers, which is leading to lack of care providers. Similarly in Uttarakhand, certain ex-officio posts in the Service Unions are sought after by the staff to dodge away from transfer cycle.

Counseling and priority listing

In Karnataka, many officials appreciated the process of *computerized counseling* and its impact in reducing the time of affecting transfers and in bringing transparency and curbing unwanted influences considerably.

One of the key officials in state observed that, “Counseling and priority listing introduced after the counseling act in 2011 have helped greatly in limiting favoritism, bribery and muscle power”.

Some also pointed out that it has brought rigidity in the decision-making of officials. Now after the advent of structured guidelines, officials just have to follow the policy and can’t use their own discretion in taking such decisions even if valid.

Some candidates reported instances of discrepancy in the published list of vacancies on the website and lack of political insularity. At times, there is delay in issuance of orders due to unavailability of concerned

officer who signs the orders after counseling. In Himachal Pradesh, Maharashtra and Uttarakhand there is no provision for candidates to submit objections on the vacancy list at all.

In Kerala, the process of postings of skilled health professionals has reportedly become transparent after the advent of *web-enabled transfers process*. There is awareness among employees regarding the transfer procedures being undertaken and hence, they anticipate 'when' and 'where' of their next postings since the policy is well understood among the staff. Nevertheless, there are complaints filed in courts regarding transfers. The court then generally orders concerned authorities to re-examine the case and does not usually enforce a decision to maintain impartiality.

Order of preference is not determined in Himachal Pradesh, Maharashtra and Uttarakhand, which leaves bureaucratic and political authorities with more discretionary space in decision-making with regard to conducting transfers.

Other findings

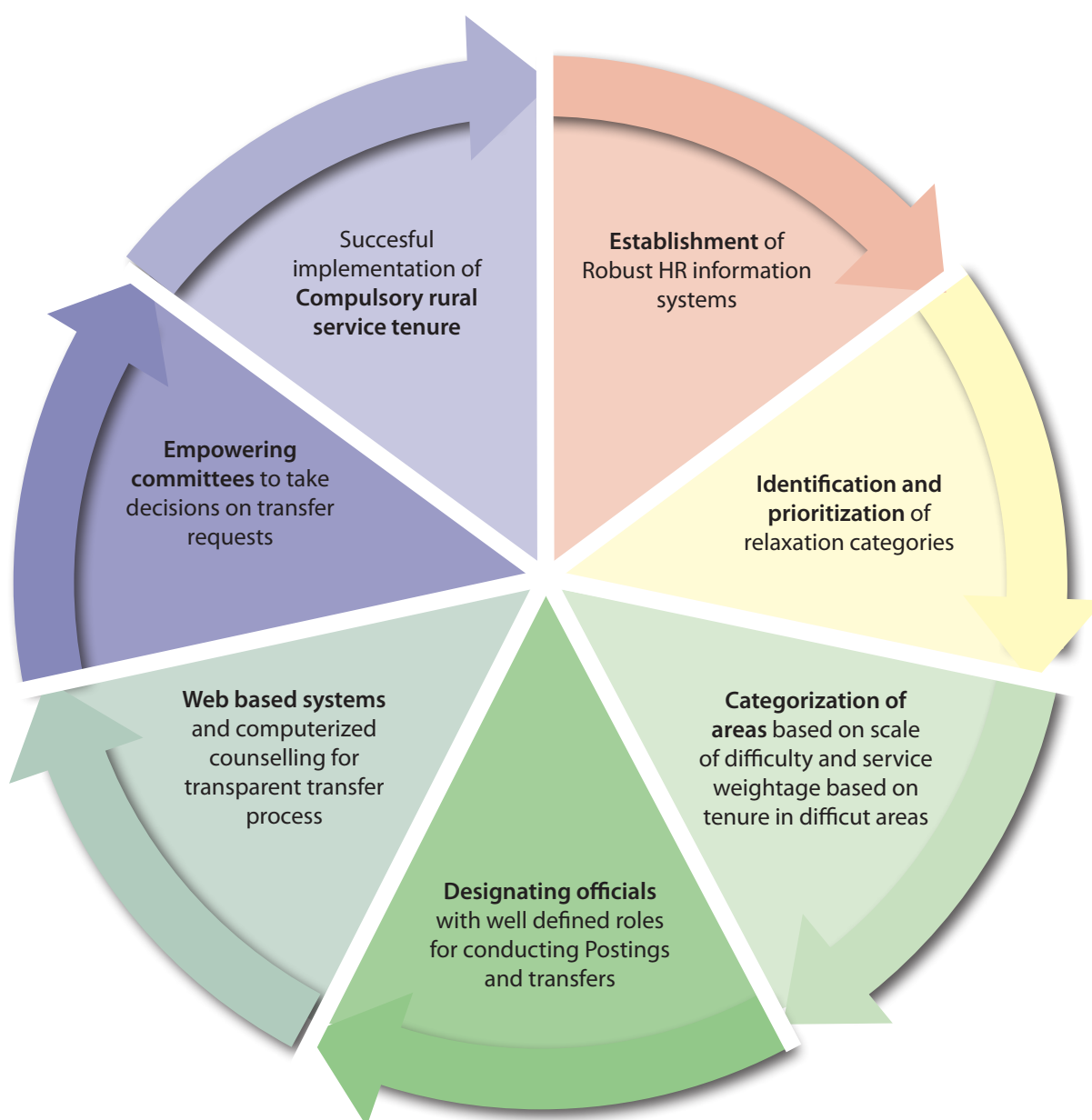
There was a strong felt need for the provisions of transfers for the contractual staff in all states studied. Especially the Staff Nurses, who get relocated to other districts after getting married, have to leave their job because of absence of transfer mechanisms. In Karnataka, as per a recent G.O. released, the Staff Nurses under such special cases have been allowed to get transfers through a long cumbersome process wherein she has to get relieving from her present posting place and get new appointment at the place of their choice for posting. In absence of transfer policy in the state, sometimes when vacancies arise at the preferred places, senior contractual staff working in remote and rural areas don't get the opportunity to get posting at such places on account of absence of transfers policy for contractual staff. Such vacancies get filled by the freshly recruited staff, and raises dissatisfaction among senior staff especially when such postings are highly sought after by them.

RECOMMENDATIONS

- 7.1 Establishment of robust HR management Information systems to help decision-making.** Experience from the states chosen for the study established that the rational rotation of the staff is better ensured through a well-maintained HR database, which is updated periodically. Human Resource Management Information System (HRMIS) may serve as a reliable source of information for competent authorities in decision-making with regard to transfers. This system may help in minimizing chances of human errors and reducing bias in affecting transfers in states.
- 7.2 Identification and prioritization of relaxation categories.** Identification of relaxation categories for transfers and assigning order of preference for each of the categories has been found to be helpful in managing transfer requests. States are urged to identify relaxation categories and determine their priority based on state specific needs. The spectrum of relaxation categories should also be expanded to cover the handicapped & terminally ill cases.
- 7.3 Categorization of areas based on scale of difficulty and service weightage based on tenure in difficult areas.** Categorization of areas based on degree of difficulty is a fundamental step towards ensuring equitable rotation of staff. Categorization of areas also provides a base for implementing norms such as compulsory rural service tenures in states. Assigning added weightage for service in rural and remote areas in availing transfers may also help in boosting morale of staff working rural areas. Such area categorizations if coupled with rotational transfers will be helpful in ensuring an equitable and fair system for transfers and postings.
- 7.4 Defining key activities with well-defined roles of assigned officials for conducting Postings & Transfers.** All major activities such as identification of existing vacancies, counseling, listing of provisional and final list of candidates, etc. should be clearly defined by the states with appropriate timelines and named officials responsible for implementation. Such measures will introduce an element of transparency and accountability in the mechanism for postings & transfers and strengthen the credibility of this process.
- 7.5 Web based systems and computerized counseling for transparent transfer processes.** Web based notification of lists of vacancies and eligible candidates due for transfers on the department website makes the information easily accessible to the staff who may then submit feedback and rectify errors in case of discrepancies. Online display of vacancy lists before the counseling process also helps transfer seeking applicants in making informed decisions during counseling. Open display of list of vacancies and priority list of transfer requests helps in ensuring transparency and builds credibility of the process.
- 7.6 Empowering committees to take decisions on transfer requests.** To rule out the possibility of officials getting biased or pressurized by political or other external interferences, empowered committees comprising of multiple officials may serve as an alternate mechanism. The committees comprising of members from different departments may be involved in decision-making related to transfer requests. This helps to reduce the bias that might affect decisions taken by an official on an individual basis.

7.7 Creating mechanisms for successful implementation of compulsory rural service tenure policies. Many states have introduced minimum tenure policies for postings in general and rural areas in public health facilities. But the guiding rules for its effective implementation have been notified only in Karnataka and Kerala. The rules make it mandatory for staff to rotate annually through counseling process. Such rules and well-defined procedures will be helpful in all states so as to ensure equitable rotation of staff across different areas. While implementing such policies, special relaxations for women should be made, normal and safe-working conditions should be ensured for all staff. Staff, before getting transferred to rural areas, should be given assurance to get posting in their area(s) of choice after successful completion of minimum compulsory rural service.

Figure 3: Recommendations for Health Sector Postings and Transfers



ANNEXURES

Annexure 1. Interview Guide

P&T Landscaping study: Topic Guide

Investigator/s: _____

1. **Categorization of areas** for enabling rational transfers. §
2. **Categorization of employees.** §4
3. **Identification & display of posting places** by mapping available/anticipated postings. §5
4. Norms for **Compulsory transfers.** (*Accessible to remote areas and Remote to accessible areas*)
5. **Listing of eligible employees** for compulsory transfers and display on website; Maximum ceiling of compulsory transfers. Prescribed date for **counting of service period.**
6. **Request based transfers** of any employee from accessible to remote area; and relaxation in transfers like
a) *nearby posting for spouses*, and *preference given to b) employees with serious illness/disability; c) parents with mentally retarded children* and d) senior employees due to retire within 2 years. \

Inviting applications for request based transfers.

7. **Constitution and Role of Transfer committee.** Grounds for consideration of transfer proposals (compulsory and request based).
8. **Postings on appointment, promotion and other transfers** (*Mutual Transfers, Disciplinary action based*)
9. **Posting in remote areas compulsory to get promotions.**
10. **Incentives to be given on posting in remote areas.** (*Monetary and enhanced service count*)
11. **Time schedule of general transfers.**
12. **Authority for affecting general and special transfers** for Group A, B, C and D employees.
13. Grounds that may attract **Penalty on violation of the act.**

Full name of respondent _____

Designation of respondent _____

Annexure 2. Policy Activities Matrix for Uttarakhand

Primary target of policy	Relevant Policy/ Rule/ Order	Type of policy	Activities expected
To avoid large scale movement of the staff	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 3 (1), § 3(2)	Official	Minimum Service tenure fixed for Medical Officers (2-3 years) and Nursing and Paramedical staff (3-5 years).
Fairness and reduced bias in transfers	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 6 (2)	Official	Transfers of District level employees of Group C and D would be done based on recommendations by a committee constituted at the district level.
Fixed time-period for transfers	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 10 (1)	Official	All General transfers (Govt./Directorate/District level) to be done by 15th June every year. All transfers to be conducted after 15th June shall seek approval from the Health Minister for Group A and B staff .
Relaxations for Senior employees	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 3(7)	Official	Senior employees who have 2 years left to retire would be posted in any of the 3 posting areas of their choice.
Relaxations for spouses looking for proximal postings	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 7(2)	Official	If both husband and wife are in the regular service, then it should be ensured that they are posted at the same district/town/place.
Relaxations for parents of mentally retarded children	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 7(3)	Official	Parents with mentally retarded children as certified by a Govt Medical Officer may be transferred to a place where proper treatment could be sought.
To negate administrative bias towards the local population	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 4(1)	Official	Home district posting not allowed for Group A and B staff. But relaxation may be allowed for insensitive posts and difficult area postings.
Rationality in postings	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 3(6)	Official	5 posting options are sought at the time of compulsory transfers and posting would be done in any of these 3 posting areas after completion of Minimum fixed tenure at the difficult areas.
Equity in postings for all staff through timely rotations	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 4(7)	Official	Maximum service limit set for the most preferred locations. No employee is allowed to serve beyond 10 years in select locations such as Nainital HQs and Tehsil, Haldwani, Dehradun (except Chakrata Tehsil), Haridwar and Udham Singh Nagar.
	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 9	Official	Public servants holding the President/Secretary level posts in Govt recognized Service Unions shall be transferred within 2 years of joining that position. In no case, the posting shall exceed the duration of 5 years.
Ensuring diversified skillsets through periodic rotation of staff	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 3(7)	Official	Nursing and Paramedical staff is to be rotated within departments every 3 years with object of giving them all-round experience. Duration may extend to 5 years in difficult areas.
Transfers as the coercive tool for penalty	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 5(1)	Official	Serious complaints, misbehavior with senior officials, disinterest in work may result in penalty in the form of transfers.
	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 4(2)	Official	Employees transferred away on disciplinary grounds not to be posted back to source station within 3 years of the transfer.

Primary target of policy	Relevant Policy/ Rule/ Order	Type of policy	Activities expected
To ensure propriety at the sensitive and responsible posts	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 7(1)	Official	Employees with suspicious integrity shall not be posted at the sensitive posts.
Ensure uninterrupted delivery of services at facilities	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 8(2)	Official	Employees working in difficult regions won't be relieved by their controlling authority until their position is taken up by any of their counterpart.
Ensure compliance with policy rules	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 8(1)	Official	If the transferred employees are not relieved in the stipulated time from their source stations, it would be considered as an act of indiscipline and the defaulter would be punished as per defined rules.
	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 8(4)	Official	Employees not joining services after getting transferred to difficult regions would be penalized by curbing their salary increment and would be barred from promotion for another 2 years.
	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 8(5)	Official	Disciplinary action would be initiated against the transferred employees who don't join the services at the target place of posting.
Flexibility for amendments	Annual Transfers Policy for Govt employees No. 588/xxx(2)/2008 § 10 (2)	Official	If any amendment in the transfer policy is felt as required by the department, then the proposal with valid reasons may be submitted to the Chief Secretary and the Chief Minister for approval.

Annexure 3. Policy Activities Matrix for Karnataka

Primary target of the policy	Relevant Policy/ Rule/Order	Type of policy	Activities expected
Rationality and equity in transfers and postings	The Karnataka State Civil Services (Regulation of Transfer of Medical Officers and other staff) act, 2011 § 3; Notification no. HFW 89 HSH 2011, Bangalore § 11 (1)	Legislative	All postings after initial appointment, transfer or promotion of the staff shall be done through the process of counseling.
	The Karnataka State Civil Services (Regulation of Transfer of Medical Officers and other staff) act, 2011 § 6 (2)	Legislative	MOs, on reinstatement from suspension shall not be posted to an area or zone higher than the area or zone, where he was working before suspension.
	Notification no. HFW 89 HSH 2011 § 10 (1) ff	Official	Order of priority of entertaining transfer requests has been determined as follows: a) Terminally ill patients or if the spouse or children of the employee are suffering from terminally ill cases of serious ailments for which treatment is unavailable at his/her place of work and his/her transfer is necessary to a place where such treatment is available so as to provide him/her the required medical treatment. b) Persons who are due to superannuation with 2 years. c) Cases of physically disabled with >40% of disability as certified by District Medical Board. d) Cases of widows e) Cases of husband & wife who are Govt servants and whose cases are to be considered as per provisions of transfer guidelines issued by State govt. f) Other staff
	Notification No. HFW 89 HSH 2011 Bangalore § 10 (2)	Official	Within each priority category, priority list is prepared based on weighted service calculated through multiplication of years of service with the weighted ratio allocated to respective zones, viz. Zone A, Zone B and Rural areas. Staff with more weighted service gets up on priority over the staff with lesser weighted service.
Transparency in conducting transfers	Notification No. HFW 89 HSH 2011 Bangalore § 4(5)	Official	The list of the existing clear vacancies and anticipated vacancies is displayed on the website.
	Notification no. HFW 89 HSH 2011, Bangalore § 16	Official	Display of transfers affected - The list of transfers affected, indicating the places of transfer against the names of the officers/ officials so transferred, shall be displayed on the notice board of the Competent Authority as well as on the Departmental website, before the commencement of the counselling session on the next day.

Primary target of the policy	Relevant Policy/ Rule/Order	Type of policy	Activities expected
Preferential filling of rural postings	The Karnataka State Civil Services (Regulation of Transfer of Medical Officers and other staff) act, 2011 § 4 (1)	Legislative	Vacancies in rural areas to be filled in the first instance while making initial appointment or promotion of the staff to a Government Hospital or Government Institution if the concerned staff has not attained 50 years of age.
	Notification No. HFW 89 HSH 2011 Bangalore § 4 (1)	Official	Any Staff, who, as on the date of commencement of the Act, has not served in rural areas for the specified minimum period under the relevant rules of recruitment and who has not attained the age of fifty years, shall be transferred and posted to work in a rural area.
Fairness in transfers	Notification No. HFW 89 HSH 2011 Bangalore § 4(6) a	Official	Publication of provisional list of the staff on notice board of the department and on the departmental website who have not completed minimum period of service in rural areas.
	The Karnataka State Civil Services (Regulation of Transfer of Medical Officers and other staff) act, 2011 § 4 (3)	Official	If no vacancy is available for initial appointment or promotion, in respect of the post for which compulsory rural service is prescribed, a vacancy may be created by transfer of the staff who has completed the prescribed number of years of rural service to another place in Zone B and if no vacancy is available in Zone B a person who has served longer period in Zone B may be transferred to Zone A (Urban area).
	Notification No. HFW 89 HSH 2011 Bangalore § 4(6)b, § 4 (6)c, § 4(3) and § 4(4)	Official	Submission of objections within 7 days of time of publication of list of the staff to be transferred. Consideration of objections with regard to completion of compulsory service in rural areas and publication of final list.
Stipulated time period for transfers	Karnataka State Civil Services (Amendment) Rules, 2012 (No. HFW 332 HSH 2012) § 6	Legislative	All transfers of General MOs, Dental MOs and Specialists to be done in the months of April and May every year.
Quick processing of transfers	Notification no. HFW 89 HSH 2011, Bangalore § 19	Official	Relieving of transferred MOs and other staff: The officers/officials, who are transferred through counselling, shall be relieved immediately, but not later than seven days.
Enhanced accountability on decision makers	Notification no. HFW 89 HSH 2011, Bangalore § 20	Official	If any Competent Authority or any Government Servant makes an order of posting or appointment or transfer in contravention of the provisions of these rules, such Competent Authority or the Government Servant as the case may be, shall be liable for disciplinary action attracting major penalty as per the provisions of the Karnataka Civil Services (Classification, Control and Appeal) Rules, 1957.

Primary target of the policy	Relevant Policy/ Rule/Order	Type of policy	Activities expected
Avoid recurrent large-scale movement of staff	Notification no. HFW 89 HSH 2011, Bangalore § 6	Official	Minimum tenure of stay for an MO at a station is 3 years and for Nursing and Paramedical staff is 4- 5 years.
	Karnataka State Civil Services (Amendment) Rules, 2012 (No. HFW 332 HSH 2012) § 6 (b)		The total number of transfers in public interest in a year shall not exceed 3 percent of the working strength in the respective cadre. The total number of request transfers including all other categories of transfers, except mutual transfers, terminally ill cases and transfers under rule 4 and 5 in a year shall not exceed 5 percent of working strength in the respective cadre.
Identifying needful vacancies and prioritizing their filling	Karnataka State Civil Services (Amendment) Rules, 2012 (No. HFW 332 HSH 2012) § 2	Official	Critical vacancies to include following: a) Newly created post in any Govt. Hospital or Institution or consequential vacancy arisen out of change in staffing pattern in a Govt. Hospital or Govt. Institution providing for sanction of additional staff either by creation or by transfer or redeployment, as the case may be. b) Where more than 50% of the sanctioned posts are vacant in any Govt. Hospital or Institution other than a PHC or Sub-centre in non category 'C' districts. c) In case of 'C' districts, more than 40% vacancies shall be deemed to be critical vacancies. d) Absence of one or more specialists among the team of three specialists (OBG, Pediatrician, Anesthetist) who are very much essential for providing care to mother and child health in a Govt. Hospital or Institution.
	Karnataka State Civil Services (Amendment) Rules, 2012 (No. HFW 332 HSH 2012) § 5	Official	While preparing the list, critical vacancies shall be given precedence over non-critical vacancies and shall be filled up in the first instance by notifying only critical vacancies on the department website. The non-critical vacancies may be filled up subsequently subject to maximum limit for affecting transfers.

Annexure 4. Policy Activities Matrix for Maharashtra

Primary target of the policy	Relevant Policy/ Rule/Order	Type of policy	Activities expected of the actor
Rationality in transfers	Maharashtra act no. XXI of 2006 §3 (1), § 4 (1)	Statutory	Minimum Tenure fixed for all categories of staff (3 years for Group A and B; 6 years for Group C staff). Ordinary transfer requests are not entertained for the staff until their minimum tenure at a work station is over.
	Maharashtra act no. XXI of 2006 § 3 (2)	Statutory	Group D staff not subject to Minimum Tenure policy and the staff may only be transferred on mutual consent or when a clear vacancy exists at a station where posting is sought, or when a substantiated complaint of serious nature is received against them.
	Maharashtra act no. XXI of 2006 § 5.1(b), § 5.1c	Statutory	Extension of normal tenure may be considered for: a) Employees possessing technical qualifications/experience required at his current workstation. b) Employee working on a project which is in the last stage of completion.
Prioritization of needful transfers	Maharashtra act no. XXI of 2006 § 4(2), § 4(2), § 4(4)	Statutory	The list of Government servants due for transfer in the month of April and May is prepared every year in the month of January, in the same year.
			Transfers are then affected in the month of April or May in order of priority based on due list.
To check large scale transfers	Maharashtra act no. XXI of 2006 § 5(2)	Statutory	Not more than 30 % of the employees can be transferred from any department in a year.
Special privileges for the staff nearing retirement	Maharashtra act no. XXI of 2006 § 5. 1(a)	Statutory	Senior employees who have less than one year left for retirement are allowed to work at their current workstation beyond the normal tenure.

Annexure 5. Policy Activities Matrix for Kerala

Primary target of the policy	Relevant Policy/ Rule/Order	Type of policy	Activities expected of the actor
Rationality and equity in transfers and postings	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § 17 ff	Official	Criterion for prioritizing transfer requests is: a) Length of continuous service in the station at the time of his/her applying for transfer; b) Employees who have had more than a year's service in tribal and remote areas and areas involving arduous nature of work or who have completed service in the defense service will be given preference by deeming two years of such service as equal to three years.
	G.O. (P) No. 22/92/P&ARD; G.O. (P) No. 1/05/P&ARD; G.O. (P) No.15/05/P&ARD; G.O. (P) No.13/12/P&ARD § 2	Official	Following employees to get benefits in matters of transfers: 1. SC/ST employees, 2. Physically handicapped, 3. Inter-caste married employees, legally adoptive mothers 4. Ex-servicemen, 5. Relatives of Jawans, 6. Spouse of Freedom fighters or Son/daughter of Freedom fighters, 7. Parents of Mentally retarded children, 8. President/ General Secretary of recognized Service Organization, 9. Parents of Deaf and Dumb children
Timely management of transfers	G.O. (P) No. 21/2009/P&ARD (Amendment); G.O. (P) No.12/04/P&ARD § 1, § 14	Official	Timeline fixed for receiving applications and executing the general transfers.
Proactive anticipation of vacancies	Circular No. 10336/ Adv C3/ 2014/ P&ARD	Official	Anticipation of vacancies to be arisen in the upcoming calendar year and Consolidated list is submitted to the Kerala Public Service Commission for proactively conducting recruitments. This is how the state is able to preclude the avoidable time lag between the occurrence and filling vacancies.
Avoid recurrent large-scale movement of the staff	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) General # 3	Official	No candidate having less than 3 years of experience can be transferred unless there is a claimant who has worked for 3 years in an outside station to be superseded there or unless the transfer has become necessary in public interest.
	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) General # 2	Official	General transfers of employees having less than 3 years of experience can't be affected on inter district basis.
	G.O. (Ms) No. 11/96/P&ARD § 1	Official	Mutual or Inter district transfers to be done only after five years of service gets completed in the district of recruitment.
	GO (P) No. 05/2013/P&ARD § 3 (xi)	Official	Only 10% vacancies arising in dept/district in a year shall be filled by inter-district/dept transfer.
	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § 12	Official	Employees selected for district-wise posting shall have to work in the same district, as far as possible.

Primary target of the policy	Relevant Policy/ Rule/Order	Type of policy	Activities expected of the actor
To preclude bias and promote fairness in transfers	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD)	Official	Applications presented by relatives of employees or dependents or others shall be rejected summarily.
Special relaxations on Compassionate grounds	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § (B)	Official	Transfer claimant, if suffering with permanent disability or some serious disease thereby making him/her reliant on others, may seek such transfers provided his/her HOD certifies the disability.
	Circular No. 16481/AR13(2)/11/P&ARD; G.O. (P) No. 12/04/P & ARD § 18	Official	Physically Handicapped employees to be posted in the districts of their convenience while affecting their general transfers and promotions.
Special relaxations for Senior-most employees	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § 9	Official	In the event of shifting of office from one district to another, junior-most employees in each cadre are transferred on priority. The application of candidates willing to move to shifted district shall also be considered.
	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § 13	Official	For the employees nearing retirement - Employees, who have only 2 years to retire may be posted to vacancies in stations of their choice, while giving preference to those who are due to retire earlier.
Special relaxations for women employees	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § 11	Official	Relaxation for Women employee: Women employees, as far as possible, may not be posted to hilly or remote areas.
	G.O. (P) No. 22/2009/P&ARD	Official	Widow or widower also included in the list of employee categories identified for getting benefits of transfers.
Special relaxations for other categories	G.O. (P) No. 06/07/P&ARD; G.O. (P) No. 1/05/P&ARD § 1 and 2	Official	Govt. employees who have entered into inter-caste marriage will be posted at the same station or nearby station if not possible at the same station.
	G.O. (P) No.13/12/P&ARD § 1	Official	Govt employees with legally adopted children will be posted in the same station. If one person in the couple is a state govt employee, s/he will be accommodated along with his/her spouse.
	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD)	Official	Transfers to facilitate spouses to work in the same station will be allowed to the extent possible.
To ensure Local area preference	Minimum Tenure Policy for Govt. employees (G.O. (P) No.12/04/P&ARD) § 4	Official	If in case an employee was transferred away from his home/opted district on account of the need necessitated by HQ vacancies, minimum tenure policy is not applicable and s/he can avail the transfer back to the source district even before completion of 3 years.

Annexure 6. Policy Activities Matrix for Himachal Pradesh

Primary Target for Policy	Relevant Policy/ Rule/Order	Type of Policy	Relevant Activities performed by group
Timely management of transfers	No. PER(AP-B)E(3)-17/2012 §2 ff	Official	Time schedule fixed for General transfers from 10th April to 25th May, every year.
Relaxation in transfers	No. PER(AP-B)E(3)-17/2012 §9.2, §9.3, §23	Official	There is a special provision to get relaxation on the transfer norms in exceptional cases in which approval from Chief Minister is sought.
	No. PER(AP-B)E(3)-17/2012 §5	Official	Relaxation in transfers to handicapped employees, widows, wives of soldiers, and couples working in H.P. government and Senior employees retiring in two years.
Powers of Transfers during Ban period	No. PER(AP-B)E(3)-17/2012 §8 ff	Official	During ban Period, transfers can be done only with the prior approval of Chief Minister.
Rational distribution of staff	No. PER(AP-B)E(3)-17/2012 §12 ff, §16 ff	Official	It is mandatory for an employee to complete at least a single tenure in the tribal, difficult, rural areas. Normal tenure for transfer is three years i.e., 2 winters and 3 summers (those who have crossed 55 are exception).
	No. PER(AP-B)E(3)-17/2012 §15 ff	Official	<p>Categorization of different regions based on difficulty scale: Category A district headquarters with road where on foot journey is less than 2 kms/15 km radius from Distt head quarter by road.</p> <p>Category B is rural areas; station within radius of 20 km from tehsil /Beyond 15 km from state and district head quarter/Home town within radius of 20 kms.</p> <p>Category C is difficult/hard areas: journey on foot is 5 km.</p> <p>Category D is tribal area.</p> <p>Category E is most difficult area: journey on foot is 10 km above.</p>
Quick processing of transfers	No. PER(AP-B)E(3)-17/2012 §13 ff	Official	It is responsibility of the appointing authority or the Controlling authority to relieve the employee to /tribal / hard / difficult area within a period of 7 days.
To avoid large scale movement of staff	No. PER(AP-B)E(3)-17/2012 §10, §10.1	Official	Minimum service tenure of 3 years is mandatory to request for transfers in the state. Government may, however, transfer any employee anytime on account of exigencies.
Rational decision-making in executing transfers	No. PER(AP-B)E(3)-17/2012 §18 §14 ff	Official	HR Database is being maintained through Personnel Management Information System (PMIS). The database provides a basis for rational decision-making in transfers.

Primary Target for Policy	Relevant Policy/ Rule/Order	Type of Policy	Relevant Activities performed by group
<p>Relaxation to the special categories</p>	<p>No. PER(AP-B)E(3)-17/2012 §5 ff</p>	<p>Official</p>	<p>Widows: Not to be posted at the Difficult/Hard/Tribal.</p> <p>Wives of Soldiers: Wives of Officers/Officials of Military/Central Para-Military Forces to be appointed at convenient places.</p> <p>Handicapped: Officers with 60% and above physical disability should be given stations of their choice. If it is not possible (Subject to vacancy) should be given postings on road heads or convenient stations. The entries about physical disability should be made in service books, incumbency statements, seniority lists and any other documents relied upon.</p> <p>Couples: If a couple is working under the state government, efforts should be made to place them at one place or near places as far as possible, subject to vacancy.</p> <p>Superannuation Class-III and Class-IV: Officials who are likely to retire within 2 years, should be posted in convenient places which will be Subject to vacancy.</p> <p>Near Relatives: Father-son, real brothers, wife and near relatives may not be posted in office or in different offices of a department where they are supposed have to work together or subordinate to each other. This will not be applicable to the Non-administrative posts like doctors etc.</p>

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