Public Health Workforce: Issues and Challenges

Himachal Pradesh

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National Health Systems Resource Center,
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I. Overview of Public Health Workforce

Himachal Pradesh has a population of 6,856,509 including 3,473,892 males and 3,382,617 females as per the provisional results of the Census of India 2011. Himachal Pradesh is divided into 12 districts namely, Kangra, Hamirpur, Mandi, Bilaspur, Una, Chamba, Lahaul and Spiti, Sirmaur, Kinnaur, Kullu, Solan and Shimla. It has 244,587 schedule tribes population which is 28% of the total population. The following public health infrastructures are available in its 12 districts:

Table 1.1: Status of public health infrastructure in Himachal Pradesh

Health Facilities	In-position	Required
District Hospitals	17	18
Sub Divisional Hospitals	36	105 required (SDH+CHC)
Community Health Centers	148	
Primary Health Centers	741 (76)	776
Sub Centers	5076	2228 (@ 1 HSC/3000 population excluding Shimla city above 1 lakh)

* 334 required (@1PHC/20,000 population excluding Shimla city)

Table 1.2 Status of public health infrastructure in Himachal Pradesh

Type of Facility	Status as in March 2011		
	In-position	Required	Population covered per facility
Health Sub-Centers	5076	4904	3862
Primary Health Centers (no. of 24x7)	741 (76)	776	26400
Community Health Centers	148	194	1.54 lakh
No. of FRU/CemONC	26 (with C-section)		
District Hospitals	17	18	15.02 lakh
Medical Colleges	03	6	85.13 lakh

The healthcare workforce (inclusive of contractual) availability in the state is in table 2.

Table 2: District-wise availability of health workers

Sr. No.	Name of district	ANM	Staff Nurse	Pharmacist	Lab. T	M.O
1.	Bilaspur	128	77	43	12	66
2.	Champa	142	88	35	10	77
3.	Hamirpur	158	82	39	8	92
4.	Kangra	454	493	138	NA	214
5.	Kinnaur	35	22	7	0	49
6.	Kullu	124	61	26	NA	59
7.	Lahaul Spiti	36	15	8	NA	29
8.	Mandi	400	149	108	10	159
9.	Shimla	270	486	98	15	341
10.	Sirmaur	144	81	32	13	90
11.	Solan	179	110	67	10	139
12.	Una	140	71	43	2	60
	H.P (Total)	2210	1735	644		1375

Source: PMIS -September 2012

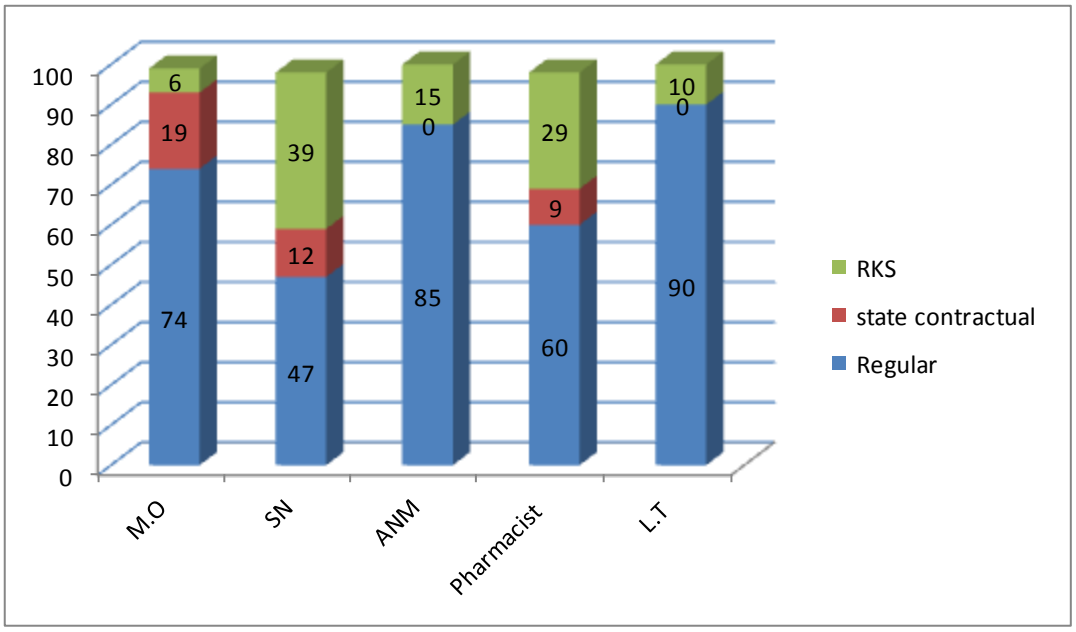
The healthcare workforce in the state can be broadly classified into 3 categories: regular government employees, state contractual employees and RKS contractual.

Table 3: Categorization of health workers by type of appointments

Staff category	Type of appointment			
	Regular	State contractual	RKS	Total
M.O	1004 (74%)	268 (19%)	83 (6%)	1355
SN	686 (47%)	179 (12%)	569 (39%)	1434
ANM	1911 (85%)	NA	325 (15%)	2236
Pharmacist	323 (60%)	53 (9%)	156 (29%)	532
L.T	99 (90%)	NA	9	108
X-ray tech	378	NA	NA	
LHV	212	NA	NA	

Source: PMIS -September 2012

Chart 1: Categorization of health workers by type of appointment (chart depiction)



II. Human Resources for Health Policy

HR policies for Doctors, nurses, paramedical staff and programme management staff: Since the launch of NRHM in 2005, the state of Himachal Pradesh initiated systematic and integrated policy changes in relation to recruitment, placement and manpower development which have made it possible to staff most of the institutions in focus districts and difficult areas of the state.

Recruitment of Medical Officers has been lined with eligibility for Post Graduation and the differential pay structure (with higher monetary incentive to serve in tribal and inaccessible areas) has been adopted besides other positive, enabling HR policies to ensure availability of Medical Officers and Staff Nurses in remotest parts of the state. This has led to qualitative improvement in health care service delivery.

Issue: The State does not have a specialist cadre, which makes it difficult for the planners in identifying Medical Officers with post-graduation and posting them in the identified FRUs

The Medical Officer Cadre is managed by the health secretariat and the establishment for paramedical workers is located at the medical directorate.

III. Generation of Human Resources for Health

Medical Colleges (New Colleges and Upgradation of existing ones): The state government has taken following steps to open new medical colleges and upgrade the existing ones. (a) MBBS seats increased from 65 to 100 in IGMC, Shimla (b) MD/MS degree seats in 18 specialties have been increased from 39 to 90 in IGMC, Shimla (c) Recognition of the PG Degree courses in Pathology, Pharmacology, Radiotherapy and Dermatology (d) Opening of B.Sc. Nursing College in IGMC, Shimla in Govt. Sector for starting Basic B.Sc.(Nursing), Post Basic

B.Sc.(Nursing) & M.Sc.(Nursing) Degree Courses (e) During the academic session 2010-11, the admission of 30 candidates for B.Sc.(Para Medical Courses) namely B.Sc. Radiology-10, B.Sc. Medical Lab (f) and B.Sc. Anesthesiology-10 seats respectively have been made.

The current availability of government training institutes in the state is given in table 4

Table 4: Current availability of education institutes and annual intake

Sr. No.	Name of Institute	No. of seats	Remarks
Medical Colleges (all in government sector)			
1.	Indira Gandhi Medical College, Shimla	MBBS (100) PG (90) Dipl. (13)	MBBS Seats increased from 65 to 100 while MD/MS seats increased from 39 to 90
	Dr. RPGMC, Tanda	MBBS (100) PG (48)	
	Total:	**MBBS (200)** **PG (138)**	
Dental colleges			
1.	H.P Govt. Dental college, Shimla	BDS (60) PG (13)	Proposed increase in intake in 2012-13
2.	Himachal Dental college, Sundernagar	BDS (60) PG (18)	Proposed increase in intake in 2012-13
3.	Bhojia Dental college, Nalagarh	BDS (60)	Proposed increase in intake in 2012-13 BDS, PG (12)
4.	MN DAV Dental college, Solan	BDS (60)	Proposed increase in intake in 2012-13
5.	Himachal Institute of dental sciences, Paonta Sahib	BDS (60) PG (21)	Proposed increase in intake in 2012-13 BDS (100)
	Total	**BDS (280)** **PG (51)**	**Proposed increase in intake in 2012-13**
	Recognized GNM & B.Sc. (Nursing) institutes		
1.	Nivedita College of Nursing, IGMC Shimla	B.Sc.(60) P.B.Sc. (30)	
2.	GNM Training School, Zonal Hospital (Mandi)	GNM (30)	
3.	GNM Training School, Dr. RPGMC, Kangra	GNM (30)	
4.	GNM Training School, Zonal Hospital, Bilaspur	GNM (20)	
5.	GNM Training School, Zonal Hospital,	GNM (20)	

	Nahan		
6.	GNM Training School, MGMSC, Khaneri, Rampur	GNM (30)	
	Total	**GNM (130)** **B.Sc. (N): 60** **P.B.Sc.(N): 30**	

To meet the HR Gap in the public health facilities, the state intends to increase annual intake in its 2 Medical Colleges and operationalize 7 more ANM Training Centers during 2012.

Table 5: District hospital wise current bed strength

Sr. No.	District Hospital	Current bed strength	Projected bed strength
1.	Bilaspur DH	200	Though there are plans to increase the bed strength in district hospitals, the breakup of hospital wise plan is not available
2.	Champa DH	200	
3.	Hamirpur DH	180	
4.	Kangra DH	500	
5.	Kinnaour DH	88	
6.	Kullu DH	200	
7.	Lahaul & Spiti DH	30	
8.	Mandi DH	297	
9.	Shimla DH	673	
10.	Sirmaur DH	150	
11.	Solan DH	124	
12.	Una DH	172	

IV. Recruitment, Sanction Posts and Vacancies

A. Regular employees:

1. Medical Officers and Specialists:

The Himachal Pradesh Public Service Commission (HPPSC) used to conduct recruitments for regular medical officers, through a process of interviews, selected on merit based without conducting screening tests since the notification of the commission in 1971. With the launch of NRHM in 2005, in order to fill up huge vacancies in government medical officer's posts, the state government has adopted an alternative method for recruitment of regular doctors. The recruitment though HPSSC was stopped for some years in between but got revived recently. For the year 2012, UPSC advertisements were issued for the recruitments to fill up 96 vacancies of medical officers.

The regular recruitment drive has been started by the state of Himachal Pradesh through direct walk in interviews which has been regularly conducted on 25th day of every month in the Office of Directorate of Health Services.

Table 6: District wise status of medical officers (All-regular, contractual, RKS)

Sr. No.	District	Medical Officers (All)	
		Sanction	In-position
1.	Bilaspur	86	66
2.	Champa	111	77
3.	Hamirpur	85	92
4.	Kangra	205	214
5.	Kinnaur	45	49
6.	Kullu	75	59
7.	Lahaul Spiti	36	29
8.	Mandi	182	159
9.	Shimla	335	341
10.	Sirmaur	106	90
11.	Solan	107	139
12.	Una	73	60
	Total H.P	**1446**	**1357**

Source: PMIS –September 2012

2. Nurses & Paramedical: The recruitment of regular nurses and paramedicals in Himachal Pradesh is guided by the rules i.e. Himachal Pradesh Public Health and Family Welfare Department, Directorate of Medical Services, **Class-III Nurses Service Recruitment Rules.**

Method of Recruitment: The recruitment to the service, after commencement of these rules are made by the following method namely- (a) By direct recruitment on the basis of merit from amongst the candidates who have polled the prescribed training, and allotted to the Appointing Authority; (b) by promotion of the members of the service cadres and (c) by transfer of persons who hold in a substantive capacity in such post, services as specified. The name of post included in the services (e.g. Matron, staff nurse, public health nurse, LHV etc), classification (i.e. Class III), pay scale and appointing authority are mentioned in Schedule-1 of recruitment rules for nurses.

Appointing Authority: The Appointment Authority for recruitment of matrons and nursing sister is the Director of Medical Services, H.P Health & Family Welfare Department while the Divisional Joint Director of Health Services is the Appointment Authority for recruitment of General Nursing/Senior Midwifery Trainings such as staff nurse, warden, public health nurse, O.T nurse, Lady Health Visitor.

Selection Committee: There are 2 **Directorate level Selection Committees** for separate nursing cadre which are constituted at different levels as laid out in Schedule-1. The Selection Committee for nursing sister/house keeper/sister tutor and public health tutor comprised of Senior most Joint Director or Joint Director –Nursing Administration-Chairman, Deputy Director (Nursing) and Assistant Nursing-Advisor as members. The recruitment for General Nursing/Senior Midwifery Training such as staff nurse/warden/public health nurse/OT-nurse etc is decentralized to district level and done by Selection Committee

comprising of – (A) For Teaching Hospitals attached Medical Colleges: Professor & Head of Department of Obstetrics & Gynecology (Chairman), Professor or Assistant Professor of P.S.M Department, Senior Sister Tutor and Nursing Superintendent or Matron as members; (B) For District Hospitals (Training Center): Senior Most District Family Welfare cum Health Officer (Chairman), Superintendent of District Hospital or Gynecologist or senior sister tutor and Nursing Superintendent or Matron as members.

Table 7: District wise status of ANM, staff nurse and L.T (sanction against vacant posts)

Sr. No.	District	ANM		Staff nurse		L.T	
		S	V	S	V	S	V
1.	Bilaspur	115	*	85	8	32	20
2.	Champa	215	73	112	24	#	
3.	Hamirpur	135	*	109	27	18	10
4.	Kangra	399	*	673	180	NA	NA
5.	Kinnaur	44	9	49	27	11	11
6.	Kullu	201	77	68	7	NA	NA
7.	Lohaul Shiti	30	*	28	13	#	#
8.	Mandi	321	*	165	16	74	60
9.	Shimla	245	*	879	393	100	85
10.	Simaur	147	3	86	5	23	10
11.	Solar	197	18	136	26	34	24
12.	Una	157	17	82	11	16	14

*** surplus; # incomplete entry**

B. Contractual Service Providers:

The recruitment for contractual staff takes place at two levels: state and district. The contractual appointments done through RKS gets converted into state contractual services on completion of 3 years services with their respective RKS for a period of 1 year at a fixed remunerations.

Doctors & Specialists: The contractual appointment for doctors and specialists is done by the Rogi Kalyan Samiti /District Health Society based on local criteria. In the last 3 years 453 posts of doctors and 679 posts of Staff Nurses have been filled up through the Rogi Kalyan Samitis (RKS) through a Counselling Based System and postings are institution specific with a fixed tenure of 3 years. At the state level, there is a Selection Committee headed by the Mission Director, which recruits Medical Officers (mainly specialists), Consultants for Disease Control Programs. The committee also comprises of an expert panel drawn from the medical colleges and recruitment is done through walk-in interviews. Recruitment of doctors takes place 2-3 times in a year and the entire process from the time of advertisement to joining is completed within a time frame of 1-2 months.

All appointments are given one-year contracts to be renewed annually after performance appraisal. The stay of person so contracted at place of posting is mandatory. The contracted person will not be attached for any purpose at any place. The contracts are place specific, non transferable and the recruitment is through a Counselling Based system which is transparent. Most transparent selection procedure has been adopted as claimed by the state. Vacancies are notified in advance and the candidates are asked to choose from the available vacancies on the basis of their marks in MBBS exam. The recruitment is made through the RKS and the selected doctors are posted to a particular health institution for a fixed tenure of three years. The posting is not transferable.

The recruitment of Specialists (OBG, Aneaesthesia, Pediatrics, Surgery) for Focus Districts and tribal, hard areas (as notified by the State Government from time to time) is done by offering them enhanced salary @ Rs. 80,000/-p.m. + incentives to serve in these areas. (Salary is paid by NRHM).

Issues: The major hurdle is in the non-availability of specialists in the pool, finding specialists willing to join and serve in the designated FRUs which could be attributed to the fact there are very few post-graduate seats in the medical colleges and many of the pass outs prefer private practice (private practice is not allowed for govt. employees) – the state plans to set to new medical colleges to address this issue.

2. Nurses & Paramedics: Recruitments are done at the district level though RKS with the District Collector heading the selection panel. Vacancies are communicated from the state and selection done at the district level - entire process takes about 3-4 months. The local-area criteria are taken into account along with same-block posting.

3. Programme Managers: The process for the appointment of contractual staff i.e. Block Programme Managers and Block Accountants to be engaged under NRHM started in April, 2007 through advertisements and walk-in-interviews were conducted for which Selection Committee got constituted. Emoluments got revised and incentives fixed from 1% to 3% on the basis of performance. There was clear job profile and performance appraisal of various categories of staff under NRHM since 2010.

The state transfers the money for various activities to the RKSs. The salary of the staff appointed by the RKSs is being transferred as a Grant-in-Aid to the RKSs from the state budget so as to ensure local control and monitoring over the appointed staff.

Vacancies: State Government has fill up its existing vacancies against sanctioned posts, preferably by contract. Top most priority in contractual recruitments should be for backward districts and for difficult, most difficult and inaccessible health facilities. A differential payment to serve in the tribal, hard and inaccessible areas of the state has helped the state to fill up almost 100% vacancies of Medical Officers in these areas. These appointments are place specific and non-transferable. This year an increase in performance based incentive has also been proposed.

The shortage of specialists can be seen from the availability of specialists in the state (excluding specialists in the Medical Colleges):

Table 8: Vacancy wise of specialist category

Vacancy wise of various categories of specialist				
Gynecologist	Pediatrician	Anesthetist	Surgeon	Physician
27	30	18	22	22

V. Deployment of Human Resources

There is acute shortage of specialists in the state on the whole and this shortage is further compounded when it comes to Focus Districts, Hard and Inaccessible areas. As on July, 2012, there is not even a single OBG specialist, Surgeon and Anesthetist in the high focus districts of Kinnaur and Lahaul and Spiti. There is no OBG specialist in Chamba district as well.

In this light, the state has proposed to appoint Specialists in OBG, Anethesia, Surgery and Pediatrics on Contract in the FRUs (L-3 MCH centres) under NRHM in the focus districts of Kinnaur, Chamba, Lahaul Spiti and also at selected places in the hard inaccessible areas of Sirmour and Shimla district. These specialist will be paid @ rupees 80,000 per month as base salary and will paid incentive as per the classification of the area and payment of financial incentive to be provided to specialists already serving in hard and remote areas in addition to their salaries. The State has categorized these areas as tribal, hard and rural and incentive will be @ ` 18,000/- month, @ ` 13,000/-month and @ ` 8,000/- month respectively.

Table 9: Differential incentive norms for different gradient of accessibility of CHC/DH

Sr. No.	Name of health Institute	Categorization	Salary	Incentive
1.	CHC Nerwa, CHC Karsog	Remote	Rs.60,000/-pm	Rs.30,000/-pm
2.	DH, Nahan CHC, Kothkhai CH, Arki	Difficult to post specialist/ Rural	Rs.60,000/-pm	Rs. 15,000/-pm

To attract Medical Officers to serve in hard and remote areas financial incentive will be provided to them in addition to their salaries. The HP state had categorized these areas as tribal, hard and rural and incentive will be @ Rs 9,000/- month, (b) Rs. 6,000/-month and (c) Rs. 3,000/- per month respectively which has resulted in filling up the posts in remote and inaccessible areas in the state. It is proposed to increase the incentive by Rs. 3000/- pm to Rs. 12,000/-, Rs. 9000/- and Rs. 6000/- respectively.

Table 10: Differential incentive norms for different gradient of accessibility of CHC/DH

Sr. No.	Category of Medical Officers	Area categorization		
		Tribal	Hard	Rural

1.	General	Rs.12,000/-pm	Rs.9000/-pm	Rs.6000/-pm

Source: State PIP-2011-12

Deployment of specialists in FRU:

Though 61 health facilities have been designated as First Referral Units (FRU), 37 of them are conducting Caesarian Sections. Table 11 details the lack of specialists in the designated FRUs, where caesarian sections not being conducted.

Table 11: District-wise classification of designated FRUs against availability status of specialists and functionality of FRUs

District	Designated FRU	FRU not conducting LSCS	Lacking specialist Anesthetist-A, Pediatrician-P, Obstetrician-OG
Bilaspur	2	1	1 A, 1 P, 1 OG
Chamba	1	1	1 OG
Hamirpur	1	0	
Kangra	15	11	10 OG, 8P, 11 A
Kinnaur	4	4	4 OG, 3 P, 3 A
Kullu	1	0	1 A (1 M.O trained in EmOC)
L & Spiti	1	1	1 A, 1 P, 1 OG
Mandi	14	12	12 OG, 11 P, 13 A (1 M.O trained in EmOC)
Shimla	6	2	3 OG, 4 A, 3 P
Sirmaur	2	1	1 A, 1 P, 1 OG
Solan	1	0	
Una	6	5	4 OG, 5 A, 5 P
Total	**54**	**37**	

Transfer Rules: To ensure stability of tenure, the Medical Officers and Staff Nurses are posted to an institution for a period of three years initially and are not transferrable during this period. After completion of this tenure they are entitled to appear again in the counseling to choose a posting of their liking or they can choose the posting of their choice.

VI. Training & Capacity Buildings

Trainings is imparted at the State Health and Family Welfare Training Centre, Parimahal; Regional Training Centre Cheb District Kangra and at District and Block Levels as per the training load, requirements and suitability. These trainings are planned, executed and imparted by H&FWTC Parimahal as nodal agency at all levels. The details of the training are as follow along with the tentative schedule. The State, Health and Family Welfare Training Centre, Parimahal is also responsible for monitoring the ongoing training programme at the district and block levels.

The training cell at SHS, NRHM has 1 training coordinator supervised by DD (NRHM) who is responsible for coordinating, planning and implementation of training calendars under NRHM for both the regular and contractual service providers – EmOC, LSAS, SBA, IMNCI, NSSK, FP trainings and PG Diploma in Public Health Management etc. A comprehensive and integrated training plan is drawn up every year and the numbers trained so far is given in table 12.

Table 12: Targets and achievements of training programme

Category of Trainees	Type of training	Duration	Training load	Batches (no. of participants)	Target for 2012-13	Achievements
M.O	MTP	14 days	30	10 batches (3)	*In process of updation at time of study	
	LSAS	18 weeks	16	4 batches (4)		
	EmOC	16 weeks	32	8 batches (4)		
	NSV training	6 days	40	10 batches (4)		
Staff Nurse	SBA training	21 days	200	50 batches (4)		
Health worker	RCH training	3 days	500	25 batches (20)		
	SBA training	21 days	495	99 batches (5)		

****data was not being updated, process of updation was ongoing at time of study***

VII. Remunerations

Blended payments comprising of a base salary and a performance based component, has been followed and been continuing. The Medical Officers appointed on the Contract Basis get base salary from the state budget and the incentive from NRHM. For other contractual staff also posted in SPMU, DPMU and at block level system of base salary and performance based incentive has been worked out.

The medical officers have to appear in a Departmental Examination for proficiency in hindi language and accounting procedures after which they are eligible to become Drawing & Disbursing Officer (DDO) as well as annual increment of Rs. 1500/- The state contractual medical officers are given a fixed annual increment of Rs.790/-per month. **State contractual M.O gets Rs.26,250/- PM + incentives (as admissible) and Rs.40,000/- only (for Specialists i.e. Anaesthesia, OBG, Surgery, Medicine, Ortho, Radiology, Eye, ENT and Pediatrics) P.M in lump sum plus incentives at the time of joining the service whereas the regular M.O gets a pay scale of Rs 15600-39100 + Grade Pay Rs 5400 (initial pay of Rs.20,300/-+ allowances which comes around Rs.27,000/-PM in entry level).**

VIII. Health Human Resources Information Systems

The state in collaboration with NIC has developed a web-based portal under the name **"Manav Sampata"** which is **PMIS (Personal Management Information Systems)** through which the state has computerized information and records of all personnel (including daily wage earners) working under health sector (regular/contractual/RKS) across all facilities (about 5000 facilities/offices) in all 12 districts of the state. The trainings on NIC software (PMIS) was started in 2008 though data entry was initiated in 2010.

There is a dedicated cell i.e. **PMIS cell** created under Directorate of Health Services manned by 4 staffs under the supervision of 1 nodal officer for PMIS. PMIS maintain a huge comprehensive database for all health personnel which has several features such as e-service records with 12 standardized forms capturing relevant employee's personal information, address, education qualification, date of joining, place of joining, training received and service history, ACR details, employee awards/medals, loan details, departmental proceedings etc. Each employee is given an ID and they can log in for updating the relevant details. The information is updated on daily basis as per needs and requirements. This information is being used for transfer, posting and for rational deployment of staffs across facilities.

IX. Workforce Management

A. Regular Employees: The transfer & posting for medical officers is overseen by the health Secretariat and that of the regular paramedical staff by the medical directorate but there is no clearly defined transfer & posting policy in the state. ACRs and length of service form the main criteria for promotion of medical officers.

Career progression: State government has notified a policy to regularize the services of the RKS doctors after he / she has put in six years of service as RKS Contract doctor. Induction training, regular orientation/skill up-gradation/ refresher training is organized. A special programme of **Rural CME** has been started to give an opportunity to the doctors posted in the remote and difficult areas to interact with specialists and to update their skills and also to clarify their doubts. Both clinical and non-clinical (management, accounts, NRHM) aspects are covered in these CMEs.

Rational deployment: The doctors and nurses are posted as per requirement and also keeping in view the coverage of entire population for the purpose of effective service delivery.

Stability of tenure: The Medical Officers and Staff Nurses are posted to an institution for a period of three years initially and are not transferrable during this period. After completion of this tenure they are entitled to appear again in the counseling to choose a posting of their liking or they can choose the posting of their choice.

Sustainability of HR under NRHM: All the policies are notified by the Government of Himachal Pradesh after the approval of the Cabinet and these are implemented by the Department of Health and Family Welfare.

B. Contractual employees: There is no scope for promotions. They are given one-year contacts, to be extended after a process of annual appraisals against their terms of reference (TOR), which are held at state and district levels. The increments are decided during these appraisals.

The terms of reference, defining job responsibilities, for all categories of contractual workers including program management staff are available in the state. They have also designed a detailed format for performance evaluation, to be used during the annual appraisal along with general behaviors with supervisors/colleagues etc.

Incentive for both the HSP and the facility based on functioning: A system of incentivizing the **HSP** is provided in case of deliveries conducted in off hours.

Issues: Though there is a policy for incentivizing the HSP on the basis of performance, due to lack of a differential financing based on performance which should be built in the grant release, it is yet to be implemented in full spirit and on timely fashion.

Performance appraisal against benchmarks, renewal of contracts based on performance: Job profile of the Contractual Appointees under NRHM such as District/Block Managers, Consultants, Co-ordinators, District/Block accountant has been notifies and circulated with clear benchmarks and standards. Renewal of Contracts is dependent upon performance. On the basis of total marks scored by individual staff, ranking is given as outstanding (31-40 marks), very good (21-30 marks), good (11-20) and inadequate –performance needs improvement (<11 marks). The ranking having outstanding gets an annual rate of increment of 3%, very good gets an increment of 2%, good gets an increment of 1% and inadequate ranking gets no increment.

Incentives for performance above benchmark, special incentives for difficult areas: Incentive for performance has been built in the benchmarks notified or the staff. In addition the Medical Officers posted in the difficult areas are paid differential incentive (ranging from 3000 to 9000 rupees per month) over and above the monthly salary depending upon the place of the posting

X. Management Cadre

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

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

Contractual Management Cadre: To help and support the state and district machineries, NRHM has instituted program management support units at the state, district & block levels.

The State Program Management Support Unit (SPMSU) has a State Program Manager (SPM) supported by Consultants looking after various aspects of the program e.g. IEC, *Sahiyya*, Finance, HR, Infrastructure, Training, M & E, Family Planning etc.

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

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

The State Selection Committee (headed by the MD NRHM) does recruitment for the SPMSU & DPMSU and the BPMSU staff are recruited by a selection panel of the District Health Society (headed by the DC). There are total 154 staffs working in SPMU/DPMU in the state. High attrition rate has been a consistent problem among the contractual appointees.

XI. Action Points

A. IMMEDIATE

1. Ensure all obstetricians, anesthetists, pediatricians and EmOC & LSAS trained MOs are posted in designated FRUs.

2. Ensure all MOs with PG qualifications are posted in CHCs, block PHCs or higher centers and to follow through with twinning each of these institutes with an external institutional "mentor, so as to build capacity and improve their functioning.

3. Sustain and build on PMIS which is an excellent initiative though it is crucial to ensure completeness, correctness and timeliness of data entry along with regular updation.

B. MEDIUM TERM (with respect to rules)

1. Creation of a specialist cadre

2. Faculty development program & quality assurance in nursing schools

C. LONG TERM

1. The policy for conversion of a state contractual appointment into permanent after serving minimum 3 years services is a good initiative and needs to be translated into action in the coming years.

2. Creation of adequate number of health facilities as per requirements.

3. Development of projected number of medical/nursing and allied professional institutes for enhanced production of health workers.