

# Public Health Workforce in Karnataka: Issues and Challenges

2013

## I. BACKGROUND

Karnataka state has a total area of 191,791 km<sup>2</sup> and 8<sup>th</sup> largest state. The state has 30 administrative districts with a total population of 611 lakhs (*Census, 2011*) of which 51% are male and 49% are female. It is the 9<sup>th</sup> most populous state having a population density of 319 per sq. km. The sex ratio is 968 (females per 1000 males). The total literacy rate is 75.60% (male – 82.85%, and of female – 68.13%). Almost 34% of the total population in the state lives in urban areas. The State's MMR of 178 (*SRS 07-09*) is the highest amongst the Southern States. The IMR of 41 (*SRS 2009*) has reduced from 52 (*SRS 2003*). Karnataka has a TFR of 2.0 (*SRS 2009*) and it has achieved the national TFR target (of 2.1 by the year 2012). There are 176 sub-divisions /talukas and 176 blocks and 29240 villages, Out of 30 districts in Karnataka, 7 are high focus districts (Bellary, Bidar, Chamrajnagar, Chitradurga, Davangere, Kolar and Raichur). The State has designated 7 'C' category districts based on vulnerability mapping i.e. Bijapur, Bidar, Gulbarga, Yadgir, Koppal, Bagalkote, Raichur. The following public health infrastructures are available in its 30 districts.

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

Public Health Facilities	Present*	Required#	Remarks
District Hospitals	30	30	No of DH required ( 1 per district)
Sub-divisional Hospitals	84 (other than CHC at or above block level but below district level)	146	
Community Health Centers	186		
Primary Health Centers	2175	1862	@1PHC/30,000 population excluding 8 cities having above 1 lakh population)
Health Sub-centers	9236	9066	@ 1 HSC/5000 population excluding 8 cities having population above 1 lakh

\* Source: NRHM State-wise progress, June 2012

# As per provisional Infrastructure/HRH gap analysis, September 2012 (NHSRC)

## II. HUMAN RESOURCES FOR HEALTH POLICY

The **Karnataka State Integrated Health Policy** came into effect in January 2004. It is a comprehensive Policy for the Integrated Health Development and functioning of the health sector

to facilitate the balanced development of health systems and services responsive to health needs and aspirations of people. The policy spells out measures for the state to undertake for operationalising a comprehensive, integrated health service with promotive, preventive, curative and rehabilitative health care services at primary, secondary and tertiary levels, linked together with good referral systems.

Under the State Integrated Health Policy component “**Health Management and Administration**”; it was enumerated that the skills in health management and administration will be strengthened through a process of recruitment of trained personnel and in-service training and to attain it, two cadres in the health services are envisaged, for medical care and for public health respectively. The formation of these two distinct cadres would enhance the quality and outreach of both the public health and clinical services.

Under the policy component “**Education for Health Personnel**”, the regulation of the medical /health education systems, institutions and profession and role of the state are recognized as issues of great importance. Certain principles and strategies for education for health personnel are proposed to be evolved and adopted which focus not only on medical education for doctors but on all allied health professions and on Indian Systems of Medicine and Homeopathy.

**Issues in Policy Areas:** Though the state has given the skill enhancement on health management and administration and regulation of medical/health education systems, institutions, profession and role of state through evolving principles and strategies, as key policy components; it requires a comprehensive and clear Human Resource for Health (HRH) policy which has to be integrated in the overall State Integrated Health Policy.

### III. GENERATION OF HUMAN RESOURCES FOR HEALTH

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

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

Sr. No.	Type of Institute	Type of sector			Annual Intake		
		Govt.	Private*	Total	Govt.	Private*	Total
1.	ANM TCs	14	31	45	420	905	1325
2.	GNM Schools (Diploma in Nursing)**	127	420	547	421	24537	24958
3.	Nursing Colleges	6	334	340	410	17873	18283

	(B.Sc.)*						
4.	B.Sc. in Medical laboratory Technology (BMLT)	16		16			
5.	Ayurvedha (BAMS)+	60		60			
6.	Medical Colleges (MBBS/diploma seats- Anesthesia/O & G)	11/05 /04	32/20/19	43/25/23	1350/28/29	4655/70/72	6005/98/101

\*private includes trust, municipal, corporation etc; \*\*As per NCI/MCI, Dec'2012

Each year, 6005 MBBS graduates are produced in the state. The state runs 11 government medical colleges offering MBBS degrees having 1350 annual seats in 10 districts.

**Table 3: Lists of government medical colleges having MBBS course along with annual intake in Karnataka**

Sr. No.	Name of Medical colleges	Annual Intake	Remarks
1.	Bangalore Medical College and Research Institute, Bangalore	250	
2.	Belgaum Institute of Medical Sciences, Belgaum	100	
3.	Bidar Institute of Medical Sciences, Bidar	100	
4.	ESI Medical college, Bangalore	100	
5.	Government Medical College, Mysore	150	
6.	Hassan Institute of Medical Sciences, Hassan	100	
7.	Karnataka Institute of Medical Sciences, Hubli	150	
8.	Madhya Institute of Medical Sciences, Madhya	100	
9.	Raichur Institute of Medical Sciences, Raichur	100	
10.	Shimoga Institute of Medical Sciences, Shimoga	100	
11.	Bijaynagar Institute of Medical Sciences, Bellary	100	
	<b>TOTAL</b>	<b>1350</b>	

#### IV. RECRUITMENT, SANCTIONED POSTS AND VACANCIES

The Government of Karnataka has passed the “Karnataka Public Health & Family Welfare Department Non-Ministerial (related to Directorate of Health Services) Class-A, B & C Services Recruitment rules”. There is a separate Group C- Nurses Service Recruitment Rules.

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

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

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

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

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

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

- It was found that approximately 60% of the M.Os for posts of GDMO and roughly 20% of specialists selected through KPHS /SRC actually joined the state service.
- Limitations of working under Public sector i.e. low remuneration, poor working & learning conditions, bureaucratic hurdles, rural postings are some of reasons for non-acceptance of appointment letters

## 2. Recruitment of Nurses, Paramedics and other clerical staff (Group C &D)

**Recruitment of Regular Nurses:** The recruitment of regular nurses in Karnataka is guided by the rules i.e. Karnataka Public Health and Family Welfare Department, Directorate of Health Services, Group C- 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. Group C), 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, Karnataka 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.

**Recruitment of Paramedics & others:** The recruitment of rest of the paramedics (MPW cadre- male & female worker ANM, surveillance worker, MPW health supervisor cadre- LHV etc, LT, pharmacist, compounder, radiographer, health education extension officer etc) in Karnataka is guided by the Karnataka Health and Family Welfare Department, Directorate of Health Services, Group C Nurses Service Recruitment Rules, 1989.

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

## V. DEPLOYMENT OF HUMAN RESOURCES IN HEALTH

Karnataka does not face much shortage of human resources for health in any categories of health service providers. The number of posts that are sanctioned does not aligned to the staffing pattern as per recommendations of IPHS. The GDMO are recruited through direct appointment after interviews. There is direct appointment and promotion for specialist (regular) from 2012 (March). There were 600 vacant posts of specialists; against which 275 had applied and only 75 reported for joining the public service.

*For example, there are only 7810 sanctioned posts of staff nurses against the 2589 sanctioned posts of medical officers which are more or less as per the standard norms of 3 nurses per 1 doctor recommended by the WHO.* There were no contractual appointments under NRHM in the period from 2008 to 2011 as per order of Supreme Court. The current status of key categories of staff in public health system is given in table 4.

There is **Special Recruitment Committee (SRC)** established in Department of Health & Family Welfare to speed up the recruitment process for doctors through direct recruitment. This process of recruitment usually takes 3-6 months. The recruitments of GDMO and specialists is done through SRC. In the recruitment year for 2009-10; only 60% of MBBS doctors actually joined the public service.

There has been delay in conducting interviews/tests and offering the appointment letters etc due to reasons i.e. court directives, assembly sessions, election code of conduct etc. Of the number of GDMO selected, 60% reported for duty and 40% did not report at all. As for the specialists, hardly 20% reported for service while 80% of specialists did not report. Among the paramedical, almost 90% joined the service. The promotions given are time bound in nature after serving a period of 6 years, 13 years and 20 years in service for medical officers. In March, 2012; 328 doctors (specialists) joined the service. As on 31<sup>st</sup> of January, 2013; there were 122 surgeons (R) and 274 gynecologists (R) working in the state against sanctioned posts of 231 surgeons and 512 gynecologists' posts. Only diploma holders applied for GDMO and 35 of such diploma holders work as specialists for post of GDMO.

There are 2<sup>nd</sup> ANM with qualification of staff nurse working under NRHM in contractual appointments with a salary of Rs.10,000/- per month.

**Table 4: Status of key staff categories in public health system in Karnataka**

S. no	District name	Pharmacist		Lab Technician		Radiographer		LHV		Staff Nurses		ANM		Regular MO (General Duty Medical Officer)	
		San	Vac	San	Vac	San	Vac	San	Vac	San	Vac	San	Vac	San	Vac
1	Bagalkot	78	12	78	24	2	1	-	-	168	12	255	65	66	20
2	Bangalore Urban	111	4	145	77	6	3	-	-	437	108	354	99	134	51
3	Bangalore Rural	60	2	43	14	-	-	-	-	85	61	261	100	60	14
4	Belgaum	192	53	157	46	-	-	-	-	287	68	718	313	175	68
5	Bellary	96	32	77	32	-	-	-	-	184	77	422	186	120	47
6	Bidar	71	19	59	4	-	-	-	-	92	48	287	21	97	29
7	Bijapur	97	16	88	30	1	1	-	-	253	47	319	97	93	34
8	Chamarajana gar	75	48	73	31	-	-	-	-	117	7	266	61	79	12
9	Chikkaballapura	79	16	59	29	-	-	-	-	152	60	318	175	81	23

10	Chikmagalur	114	59	82	20	2	1	-	-	246	81	380	97	128	46
11	Chitradurga	115	39	86	22	-	-	-	-	277	93	380	129	122	65
12	Dakshina Kannada	94	60	80	16	-	-	-	-	140	21	452	103	96	33
13	Davanagere	119	29	79	8	-	-	-	-	156	21	362	116	127	26
14	Dharwad	45	2	42	7	1	-	-	-	134	6	220	28	52	13
15	Gadag	53	6	51	16	-	-	-	-	126	25	194	61	46	23
16	Gulbarga	129	59	95	45	-	-	-	-	379	163	413	253	178	86
17	Hassan	177	98	131	53	2	2	-	-	323	128	653	340	228	102
18	Haveri	95	21	68	19	-	-	-	-	186	101	324	89	79	25
19	Kodagu	60	41	53	26	-	-	-	-	193	26	243	49	52	23
20	Kolar	89	27	74	37	2	2	-	-	254	76	327	137	87	22
21	Koppal	68	26	63	28	-	-	-	-	149	46	185	55	57	25
22	Mandya	158	54	98	18	-	-	-	-	213	49	431	100	165	31
23	Mysore	177	89	118	48	-	-	-	-	255	99	813	408	189	49
24	Raichur	68	22	60	14	-	-	-	-	127	22	230	74	69	26
25	Ramanagara	75	10	55	12	-	-	-	-	124	29	252	99	71	5
26	Shimoga	121	36	108	53	2	-	-	-	234	105	407	165	160	59
27	Tumkur	181	37	134	30	1	-	-	-	316	106	589	166	166	33
28	Udupi	85	33	78	16	1	-	-	-	137	26	327	76	77	18
29	Uttara Kannada	110	43	96	46	2	1	-	-	226	29	383	49	113	60
30	Yadgir	60	24	58	25	1	1	-	-	115	44	178	96	61	18
31	<b>TOTAL</b>	<b>3052</b>	<b>1017</b>	<b>2488</b>	<b>846</b>	<b>23</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>6085</b>	<b>1784</b>	<b>10943</b>	<b>3807</b>	<b>3228</b>	<b>1086</b>

Table 5: Status of staff nurse, ANM and LT in Karnataka (April-June, 2012)

Sr. No.	Name of district	Staff Nurse				ANM				LT			
		S	R	C	V	S	R	C	V	S	R	C	V
1	Bagalkote	168		168	12	255		30	65	78		5	24
2	Bangalore -rural	85		60	61	261		5	603	43		4	14
3	Bangalore-urban	437		131	108	354		0	134	145		3	77
4	Belgaum	287		333	68	718		16	100	157		11	46
5	Bellary	184		217	77	422		60	189	77		7	32
6	Bidar	92		171	48	287		9	21	59		6	4
7	Bijapur	253		147	47	319		30	97	88		6	30
8	Chamarajanagar	117		124	7	266		20	61	73		3	31
9	Chikkabalur	152		82	60	318		39	175	59		2	29
10	Chikkamagaluru	246		104	81	380		33	97	82		2	20
11	Chitradurga	277		129	93	380		49	129	86		6	22
12	Dakshina Kannada	140		167	21	452		37	103	80		6	16



13	Davanagere	156	75	21	362	0	116	79	5	8
14	Dharwad	134	72	6	220	4	28	42	3	7
15	Gadag	126	104	25	194	11	61	51	5	16
16	Gulbarga	379	281	163	413	55	253	95	6	45
17	Hassan	323	149	128	653	69	340	131	3	53
18	Haveri	186	152	101	324	10	89	68	7	19
19	Kodagu	193	49	26	243	3	49	53	5	26
20	Kolar	254	162	76	327	24	137	74	5	37
21	Koppal	149	171	46	185	35	55	63	11	28
22	Mandya	213	109	49	431	44	100	98	4	18
23	Mysore	255	107	99	813	9	408	118	0	48
24	Raichur	127	178	22	230	76	74	60	8	14
25	Ramanagara	124	75	29	252	16	99	55	4	12
26	Shimoga	234	119	105	407	70	165	108	4	53
27	Tumkur	316	189	106	589	13	166	134	4	30
28	Udupi	137	48	26	327	60	76	78	4	16
29	Uttara Kannada	226	94	29	383	0	49	96	5	46
30	Yadgir	115	143	44	178	73	96	58	5	25
<b>Total</b>		<b>6085</b>	<b>4110</b>	<b>1784</b>	<b>10943</b>	<b>900</b>	<b>3807</b>	<b>2488</b>	<b>149</b>	<b>846</b>

Table 6: Status of key staff categories in public health system in Karnataka

Sr. No.	Category of Staff		No. of posts		
	Key	Sub	Sanctioned	In-position <sup>®</sup>	Vacant
1	Specialists*	Pediatrician	211	87	124
		Gynecologist	512	388	124
		Surgeon	231	129	102
		Anesthetist	201	176	25
		Physician	379	163	216
		Ophthalmologist	176	106	70
		Orthopedics	181	147	34
		Psychiatrist	22	17	05
	ENT Specialist	129	84	45	
2	Medical Officer	GDMO	2586	2297 <sup>®</sup> +85 ©=2382	289
	Dental Officer	Dental Health Officer	245	183 <sup>®</sup>	62

3	Nursing superintendent	69	56 ®	13
4	Staff Nurse	7810	6730 ®	1080
5	LHV	1432	1050 ®	382
6	Lab Tech.	2197	1644 ®	553
7	Pharmacist	2691	2133 ®	558
8	MPW(male)	5810	3500 ®	2310
9	MPW (Female)	10025	8773 ®	1252
<b>Total</b>				

Source: ROP-Karnataka (2012-13); \* refers to regular appointments

**Table7: Staff position of specialists in various hospitals in DHS as on 06/07/2012.**

Sr. No.	Specialists	Sanctioned post	In-position ®	Vacant
1.	Chief Medical Officer/Surgeon	130	104	26
2.	General Medicine	379	163	216
3.	General Surgeon	231	129	102
4.	Obstetrician & Gynecologist	512	388	124
5.	Anesthetist	201	176	25
6.	Pediatrician	211	87	124
7.	Ophthalmologist	176	106	70
8.	Orthopediatrician	181	147	34
9.	ENT surgeon	129	84	45
10.	Dermatologist	66	14	52
11.	Psychiatrist	22	17	5
12.	Radiologist	60	34	26
13.	Pathologist	20	18	2
14.	Family Medicine	11	6	5
15.	Microbiologist	15	14	1

16.	Bio-chemistry	9	7	2
17.	BB	23	18	5
18.	TB	19	17	2
19.	Nephrologists	261	6	20
20.	Plastic surgeon	12	1	11
21.	Cadiodiologist	6	4	2
	<b>TOTAL</b>	<b>2439</b>	<b>1540</b>	<b>899</b>

**Table 8: District-wise lists of specialist/SMO, Sr. Specialist/DCMO for the sanctioned posts, working (in-position) and vacancy posts /percentage in Karnataka (as on 9<sup>th</sup> July, 2012)**

Sr. No.	Name of district	Sanctioned posts	In-position (R/C)	Vacant
1	Bagalkote	104	47/4	57
2	Bangalore -rural	46	45/2	1
3	Bangalore-urban	170	163/1	7
4	Belgaum	164	74/3	90
5	Bellary	124	68/1	56
6	Bidar	76	41/2	35
7	Bijapur	101	38/0	63
8	Chamarajanagar	56	39/0	17
9	Chikkabalapur	79	51/2	28
10	Chikkamagaluru	56	39/0	17
11	Chitradurga	115	68/1	47
13	Davanagere	116	89/1	27
14	Dharwad	51	21/3	30
15	Gadag	64	22/2	42
16	Gulbarga	165	86/3	79
17	Hassan	125	75/0	50
18	Haveri	94	46/1	48
19	Kodagu	89	62/0	27
20	Kolar	106	84/0	22

21	Koppal	83	39/0	44
22	Mandya	84	70/2	14
23	Mysore	122	109/0	13
24	Raichur	65	30/2	35
25	Ramanagara	67	54/2	13
26	Shimoga	106	73/1	33
27	Tumkur	152	116/2	36
28	Udupi	60	37/1	23
29	Uttara Kannada	147	95/8	52
30	Yadagiri	54	26/3	28
<b>Total</b>		<b>3007</b>	<b>1940/52=1992</b>	<b>1067</b>

### Deployment of Specialists/Trained M.Os:

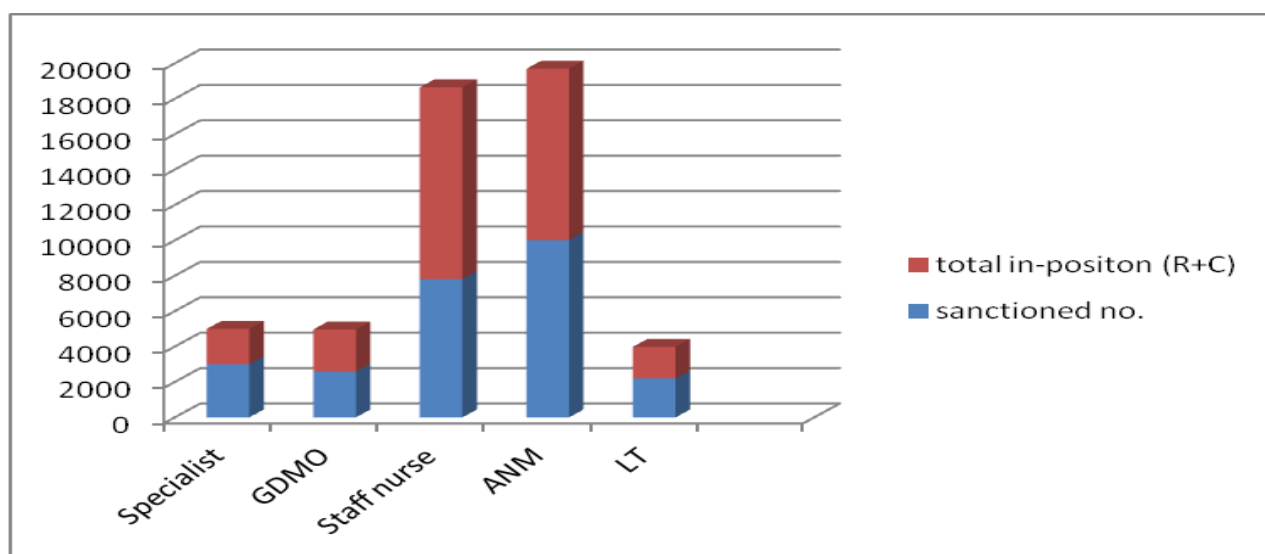
There is not much shortage of specialists in the state. 63% of the specialists (regular) are in position against the sanctioned number of specialists in the state as in July, 2012. If we also add the contractual appointments for posts of specialists; it increased to 66% respectively. The deployment of specialists and trained MOs is more or rational in one of the district i.e. Tumkur. There are 9 designated FRUs (GH/SHDs) across Tumkur district. Out of 20 sanctioned posts of O&G across these 9 FRUs (GH/SDHs); 16 were in-position and out of 9 sanctioned posts of anesthetists, 9 were in position and out of 9 sanctioned posts of pediatrician; 6 were in position respectively. In addition, there are 2 EmOCs and 2 LSAS trained Medical Officers.

**Table 9: Number of designated FRUs, deployment of specialist/DGMO/trained M.O in Tumkur district**

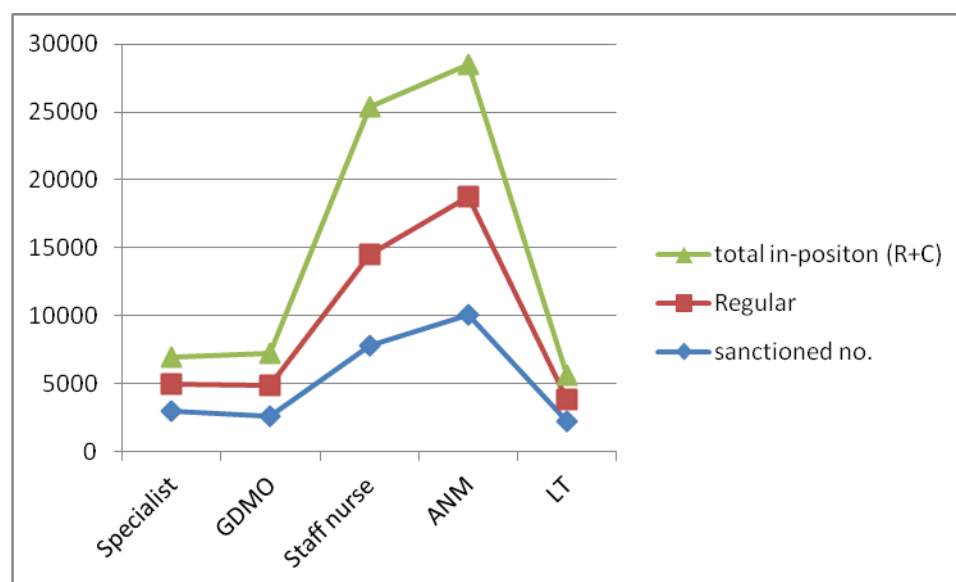
Sr. No.	Name of district	No. of designated FRU	Functional till Dec' 2012	No. of FRU where $\geq 1$ specialist (A/P/G) /Trained MO -T are posted
	Tumkur	9		Out of 20 sanctioned posts of O&G; 16 were in-position; out of 9 sanctioned posts of anesthetist, 9 were in position; out of 9 sanctioned posts of pediatrician; 6 were in position
<b>Total FRUs in the state</b>		<b>192</b>		

**Table 10: Break up of appointments as regular and contractual for various service providers**

Staff Category	Sanction posts	In-position		
		Regular	Contractual	Total
Specialist	3007	1940	52	1992
GDMO/MO	2586	2297	85	2382
Staff Nurse	7810	6730	4110	10840
ANM	10025	8773	900	9673
LT	2197	1644	149	1793

**Chart 1: Cross comparison of regular and contractual in-position along with sanctioned posts for key categories of service providers**

The total availability of health care providers is in syn with the number of sanctioned posts in various categories of staffs except the number of staff nurse, which exceeds the sanctioned posts.

**Chart 2: Break up of posts sanctioned, in-position (total) and regular category of service providers**

## VI. TRAININGS AND CAPACITY BUILDING

For pre-service trainings, Karnataka has adequate number of medical colleges, nursing and ANM schools run by government and private sector. The Nursing schools in Karnataka are under Department of Medical Education. The State has more than required number of staff nurses. The State has 28 ANM training schools run by the government and 30 schools run by private. Each of the Government ANM School takes up a batch of approx 30 (3 tribal ANMTCs have 40 seats) every year. The **SIHFW (State Institute of Health and Family Welfare)** is the main training center in the state. It has helped in making the comprehensive training plan for Karnataka. This plan incorporates all the training under RCH and other health programmes which have been incorporated in the PIP as well. Out of 12 key faculty positions (of Director's levels) including the Director, only 5 had been filled up. There are 3 consultants for monitoring of training activities under RCH. It is the nodal agency for all the in-service trainings under NRHM. The faculty and staff positions of SIHFW are currently understaffed as given in table 11.

**Table 11: Faculty positions at SIHFW, Karnataka and at 19 DTCs\***

Sr. No.	Designation of Post	Sanctioned	Occupied	Vacant
1	Director	1	1	0
2	Joint Director	01	0	01
3	Deputy Director	10	04	06
4	Assistant Administrative Officer	01	01	0
5	Accounts Officer	01	01	0

6	Accounts Superintendent	01	0	01
7	FDA	02	02	0
8	SDA	02	02	0
9	Steno	02	01	01
10	Typist	02	01	01
11	Drivers	05	03	02
12	Group D	08	08	0
13	Principal *	19	18	01
14	Health Education Officer*	19	06	13
15	District Nursing Officers *	19	06	13
16	First Division Assistants*	19	16	03
17	Second Division Assistants*	19	12	07
18	Drivers *	19	07	12
18	Group D*	38	31	07
20	House-keeping*	38	26	12

The **District Training Centers (DTC)** has been functional in 19 districts out of total requirements of 30 DTCs so as to streamline the training and teaching at district level. Trainings are undertaken with the help of 19 DTCs and 4 Regional Health & Family Welfare Training Centers. Each DTC is attached either to a medical college hospital or District Hospital or SDH for clinical practice sessions. Refresher training in SBA is undertaken to bridge the gap in skills especially regarding partigraph, AMSTL etc. The state has a total of 201 BEmOC, 12 EmOC trained Medical officers who are posted in FRUs/DH. At the end of March 2012 80% of the training of Health worker is completed. The monitoring of the training is taken up as an internal audit system through DTCs/HFWTCs and SIHFW on regular basis. Skill lab is set up at all DTCs for development of skill special areas.

The training target, achievements for 2011-12 and for 2012-13 (upto Jan' 2013) is given in table 12.

**Table 12: Target and achievement for various trainings in 2011-12, 2012-13**

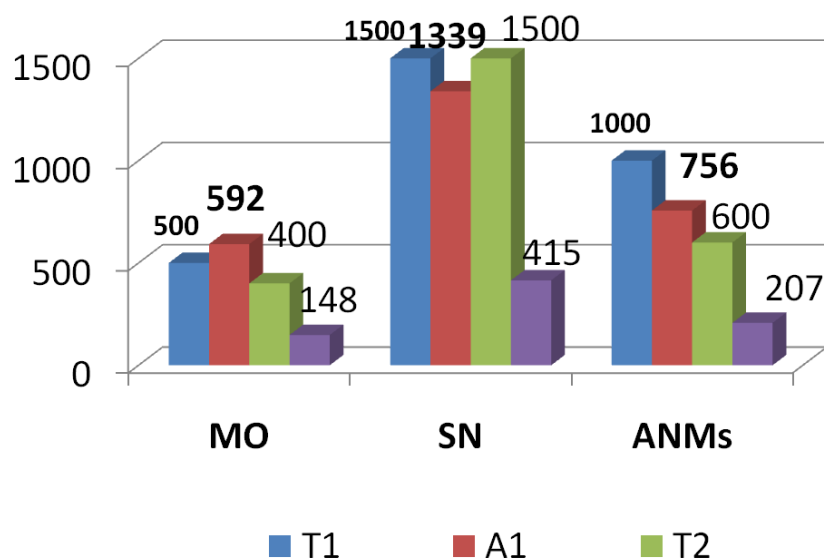
Sr. No.	Type of training	Target /achievement) for 2011-12	Target for 12-13	Achievements for Apr'12-Jan'13
1.	Training of M.Os in BEmOC	500/592 (OA)	400	201
2.	Training of M.Os in EmOC (including c-section)	20/09 (UA)	16	12
3.	Training of M.Os in Life saving Anesthesia skills	20/25 (OA)	12	0
4.	Training of M.Os in safe abortion	40/40 (FA)	40	19
5.	F-IMNCI Training for M.Os	1000/799 (UA)	1000	419

6.	Training on FBNC for M.Os: SNCU	285/76 (M.Os and SNs)- (UA)	57	31
7.	NSSK Training for M.Os	500/1492 (OA)	1000	392
8.	Laparoscopic sterilization training for (9teams of doctor, SN & OT assistant)	NA/ 41	30	26
9.	Training of Medical Officers in IUD	83/2921 (M.Os/SN/LHV)- (OA)	300	259
10.	Training of Staff Nurses in SBA	500/1339 (OA)	1500	877
11.	Training of ANMs/LHVs in SBA	1000/756 (ANM only)	600	371
12.	F-IMNCI Training for Staff Nurses	2000/2380 (OA)	2000	960
13.	NBSU to Staff Nurses	NA/ 199	200	56
14.	NSSK Training for SNs		1000	1204
15.	Training of Staff Nurses in IUD insertion	2500/2430 (FA)	900	691
16.	Training of ANMs/LHVs in IUD insertion	83/2921 (M.Os/SN/LHV/ANM)	1500	1376

**Chart 3: The chart shows the targets, achievements for trainings of various categories of service providers for year 2011-12 and 2012-13 (Jan)**

*MO, S/N from PHC/CHC and FRU which are identified as delivery points are trained on priority. ANMs from PHC & Subcentre which are conducting delivery are taken up for training.*

*(2011-12: T1=Target, A1=Achievement)*





**Trainings of District and Block Management Staffs under NRHM:** The **Institute of Public Health, Bangalore** which is a public health research and training institute conducts regular orientation cum training programmes for district and block programme management cadres under NRHM on various technical thematic areas such as IDSP, Non-communicable diseases (NCD) and chronic diseases and conditions, financial procedures etc. The IPH also conducts district health management course in districts. Recently, it has renewed the district health management course in Tumkur district; for those who did not complete the course earlier and for those who were transferred into the district after the original course was completed. The course was held on 29th and 30th of January 2013 at Tumkur itself. There were 23 participants (out of 30) and all attended both the days. Of these 14 were district or taluk level health officers and the remaining 9 were BPMs from the taluks.

## VII. REMUNERATIONS

The 6th pay commission was not implemented for health workers. The pay fixation cell under the Administration Department deals with issues regarding pay structure for all kinds of cadres. The Appointing authority fixes the pay scale in accordance with the pay fixation rules.

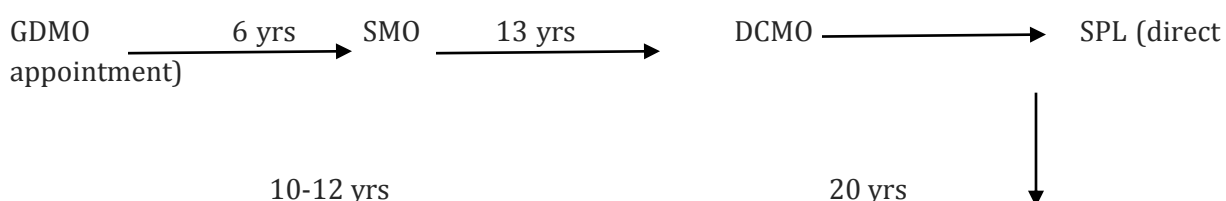
The salary structure for regular M.O (GDMO) has a pay scale of Rs.28100-50100 (grade pay) per month (gross) at the start of service. The regular ANM get a pay scale of Rs.12500-24000 (grade pay) per month as gross salary whereas contractual ANM get around Rs.10,000/-per month. The contractual staffs are paid higher salary at the time of joining as compared to those regular employees, which is good motivating factor for working under NRHM. In spite of higher salary payment to contractual employees, attrition is prevalent among these employees.

## VIII. RETENTION STRATEGIES

### 1. Allowance Package:

The regular government employees are given the rural allowance in addition to basic salary for working in rural and remote public health facilities/institutes. As rural allowances, in addition to the basic pay for the grade, the GDMO gets Rs. 16,000/-; SMO gets Rs.17,000/-; the post of DCMO gets Rs. 18,000/-; SPL gets Rs. 17,600/-; SSPL gets Rs. 18,700/-; specialists get Rs.19,800/- and super specialists get Rs. 22,100/- per month respectively.

The line of promotion for GDMO (i.e. MBBS) and/specialists through direct appointment are as follows:



Super specialists ← selective specialists ← SSPL

Across the state, there are 5-6 persons in the rank of super specialists.

## 2. Regulatory Strategy:

The Government of Karnataka had made rules to amend the Karnataka Selection of Candidates for Admission to Government Seats in Professional Education Institutions Rules, 2006 namely ***“Karnataka Selection of Candidates for Admission to Government Seats in Professional Educational Institutes (Amendment) Rules,”*** 2012 that was issued vide Government order No.HFW 79 RGU 2011 dated 17<sup>th</sup> July, 2012. It says that execution of bond by candidates selecting medical seats (MBBS) in Government and Private colleges:- A candidate who selects MBBS seat in any of the medical colleges in required to execute a bond (signed by candidate and parent) giving an undertaking that he is prepared to serve in any government PHCs in rural areas of the state on completion of the course for a minimum period of one year and that in default thereof, the candidate shall be liable to pay a penalty of rupees ten lakh to Government. There is a **Bond Enforcement Cell (BEC)** which deals with the regulatory measures, their compliance to the bond and review of outcome etc. Under BEC, 109 MBBS doctors and 20 specialists had signed the bond. The overseas degrees are not recognized by the Government.

In 2006, the penalty fees for non-compliance to the bond for rural postings for MBBS graduates were Rs. 1 lakh; Rs. 3 lakh for diploma holders and Rs. 5 lakh for P.G holders. From 2012 onwards, the penalty fees has been increased for non-compliance to the bond from 1 lakh to 10 lakhs for MBBS doctors, Rs. 3 lakh to Rs. 15 lakh for diploma holders and from Rs. 5 lakh to Rs. 25 lakhs for PG holders.

Under the compulsory rural bond, it is compulsory for all medical officers and other staff to serve in rural areas as specified in relevant rules of recruitment. A medical officer or other staff, who, as on date of commencement of the Act, has not served in rural areas for the specified minimum period under relevant rules of recruitment and who has not attained the age of fifty years, shall be transferable and posted to work in a rural area.

## IX. HEALTH HUMAN RESOURCE INFORMATION SYSTEMS

Under **Karnataka Health Systems Development and Reform Project**, one post of Chief Planning Officer (CPO) co-terminus with the Project to be filled up by Karnataka Administrative Services Selection Grade officer has been created. Along with a computer section has been established. The above said establishment with the help of NIC (National Informatics Center) has created a HRMS (Human Resource Management Systems) database. The database contains details of nearly **12,374 health institutions** across the state. The above said institutions includes district health offices, taluk health offices, district hospitals, taluk hospitals, district surveillance office, district malaria

office, district leprosy and district programme management office, CHC, PHCs, urban family health centers etc and includes details such as designation wise details, number of sanction posts, number of in-positions staffs, number of vacancies in each institutions, specialists details, address of institutions including distance from district and taluk headquarters, head of institutions etc.

The database also includes comprehensive details of nearly 40,005 employees. The details have information like Education background, KGID number, joining details, present service, past service details, training details, family details etc. The above information is used by the department during transfer counseling, giving promotions and for other purposes. The Chief Planning Officer section established in KHSDRP helps in providing technical assistance to the Health Department officials during updation of HRMS database. It also coordinates with the department in handling information of the health department staff.

## X. WORKFORCE MANAGEMENT

The Karnataka State Legislature in the first sixty first year of the Republic of India has enacted the **Karnataka State Civil Services (Regulation of Transfer of Medical Officers and other staff) Act, 2011** to provide for regulation of transfer of medical officers and other staff of the department of Health and Family Welfare so as to ensure the availability of medical officers and other staff in Government hospitals in rural areas. The initial appointment, transfer or promotion of a Medical Officer or other staff under this Act, is done through a process of counseling conducted in such manner as may be prescribed provided that the provisions relating to transfers through process of counseling shall not apply to the posts identified as project posts, the posts of District Health and Family Welfare Officer, District Surgeon, Principal of Training Institute, Joint Director, Deputy Director, Superintendent of a major hospital of Health and Family Welfare Services and District Ayush Officer and Deputy Director of Ayush Department.

The competing authorities for transfer of Group A officials belonging to posts i.e. senior specialist/specialist/ Deputy Chief Medical Officer/Senior Medical Officer/General Duty Medical Officer, Chief Dental Health Officer/Senior Dental Health Officer/Dental Health Officer is the Commissioner, Health & Family Welfare Services. For the rest of the staffs under Group B, C, D in the Health & Family Welfare Department; is done by the Director of Health & Family Welfare Services. Under the compulsory rural bond, it is compulsory for all medical officers and other staff to serve in rural areas as specified in relevant rules of recruitment. A medical officer or other staff, who, as on date of commencement of the Act, has not served in rural areas for the specified minimum period under relevant rules of recruitment and who has not attained the age of fifty years, shall be transferable and posted to work in a rural area through computerized counseling process. The Competent Authority may also transfer sufficient medical officers/staffs who had completed minimum period of compulsory rural service from rural area to Zone-B and from Zone - B to Zone A, as the case may be and lists of names along with duration of service are prepared on completion of service under each categories of rural/zonal postings. The same applies for specialists post in the order of seniority. The minimum period of stay at a place is three years for

government servants under Group A posts, four years for Group B posts, five years for Group C posts and seven years for Group D posts.

The total number of transfers in a year including other transfers except mutual transfers and transfer under transfer rules does not exceed five percent of working strength in respective cadre.

***All posting as notified in the Transfer Act and Rule, 2011 was done through the computerized counseling and any mis-match of specialization was rectified when the Transfer Act got implemented.*** For example, the GDMOs who had not completed 6 years of rural service were transferred to institutions located in rural area. The request for transfer, posting of promoted officials, posting of officials returned from deputation, posting of officials returned after completion of higher studies and updation facility was enabled for few days to only those employees who were transferred or obtained higher qualification.

**The transfer of staff usually takes place around the month of April and May. The last transfer happened in April-May 2012 as per the Karnataka Transfer Act 2011.** In that period, 190 GDMO; 108 specialists; 12 T.H.O (Taluka Health Officer) and 18 P.O (District Programme Officer) got transferred. The MBBS doctor with diploma/Master degree in Public Health gets promoted to THO after 13 years of service and from THO to D.P.O and D.P.H.O at district levels.

There is policy against voluntary retirement of medical officers as per KCSR rules, 285 (1) (A). There were regular posts of 276 GDMO and 900 specialists which had not been filled up due to non-availability of candidates for M.O posts.

The **CAO -Control Appeal Rules (CAR)** are responsible for dealing with issues related to disciplinary or administrative matters. The appointment authority of the concerned cadre /positions is responsible for taking disciplinary actions. The types of disciplinary actions may be of various types as follows:

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

There are no performance assessment systems for posts of specialists, M.O and staff nurses, ANM etc though for the contractual managerial staffs under SPMU, DPMU/BPMU; there is a defined checklist for assessing their annual performance.

## XI. MANAGEMENT CADRE

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

The draft Public Health Act is in the process of getting finalized; to be implemented in the next government. The state is also planning to adopt the Public Health Cadre for efficient management of public health services in the state.

**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, *Sahhiya*, Finance, HR, Infrastructure, Training, M & E, Family Planning etc.

There is a revised activity check lists for contractual managerial staffs i.e. District Programme Managers, District Account Managers, Block Programme Managers as per Government order dated September, 2011. The performances of the managerial staffs are appraised as per the revised checklists since 2012. A well defined, clear cut Terms of reference (ToR) for BPM is available.

The overall programme managerial lies in the responsibility of District Programme Health Officer, who is a regular employee and DPM and other NRHM contractual staffs report to DPHO.

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

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

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

## XII. PARA-STATALS BODIES

- A. **Karnataka State Health Resource Center (SHRC):** The Karnataka State Health Resource Centre was registered on **2<sup>nd</sup> March, 2009** to function as a Center of Excellence for facilitating implementation of NRHM and provide technical support in the process of health sector reforms and provision of additional technical support to the Department of Health and Family Welfare, for improving the access, quality and equity of public health system. It has assisted the Health Department in conducting relevant research studies primarily in areas of RCH, ASHA evaluation etc.
- B. **State Institute of Health & Family Welfare (SIHFW):** The **SIHFW (State Institute of Health and Family Welfare)** is the main training center in the state. It needs to be strengthened to

accommodate training requirements for operationalization of FRUs, 27x7 PHCs as per the norms and the comprehensive training calendars should be done jointly with SHS and directorate of health Services.

### XIII. ACTION POINTS

#### A. IMMEDIATE

- There is a need to **fill up the existing vacancy posts** through contractual appointments

#### B. MEDIUM TERM

- A **training cadre** has to be developed for effective management of training institutes, systematic review of training programs; linking with training outcomes and programme deliverables, conduct CME and mobilize resources for sustainable capacity development.
- The state need to conduct a **detail and scientific gap analysis of the HRH requirements** and facilities across districts taking into account the classification of rural-urban-tribal-city-town population as per Population Census of 2011 as well as contextual needs and requirements. It may be done in association with SHRC/NHSRC or other technical partner.
- **Preferential admissions from underserved areas** in the nearest ANM/staff nurse training schools. **Faculty development program** needs to be strengthened for quality assurance in nursing schools.
- A **standardized performance assessment system** needs to be developed for service providers including regular government employees.
- The **Karnataka Health Systems Development and Reform Project**, though is a good initiatives should have the scope for collecting data on contractual employees under NRHM (service providers as well as administrative/programme managerial staffs)

#### C. LONG TERM

- There is a need to establish a **separate HRH cell** to oversee the HRH policy, planning and strategy development, conduct relevant studies on HRH to inform policy from time to time and facilitate innovative recruitments process and for efficient work-force management in the department.

- The state requires comprehensive and well defined Human Resources for Health (HRH) policy, which can be integrated in the overall State Integrated Health Policy though the state has given the skill enhancement on health management and administration and regulation of medical/health education systems, institutions, profession and role of state through evolving principles and strategies, as key policy components.
- A two-pronged approach is needed for rapid expansion of “**in-state production**” capacity and develop RFP in the context of augmentation of existing medical, nursing colleges and establishment of new colleges with increase of PG seats, annual intake in existing colleges, new/proposed in District hospitals.