

Madhya Pradesh Public Health Workforce

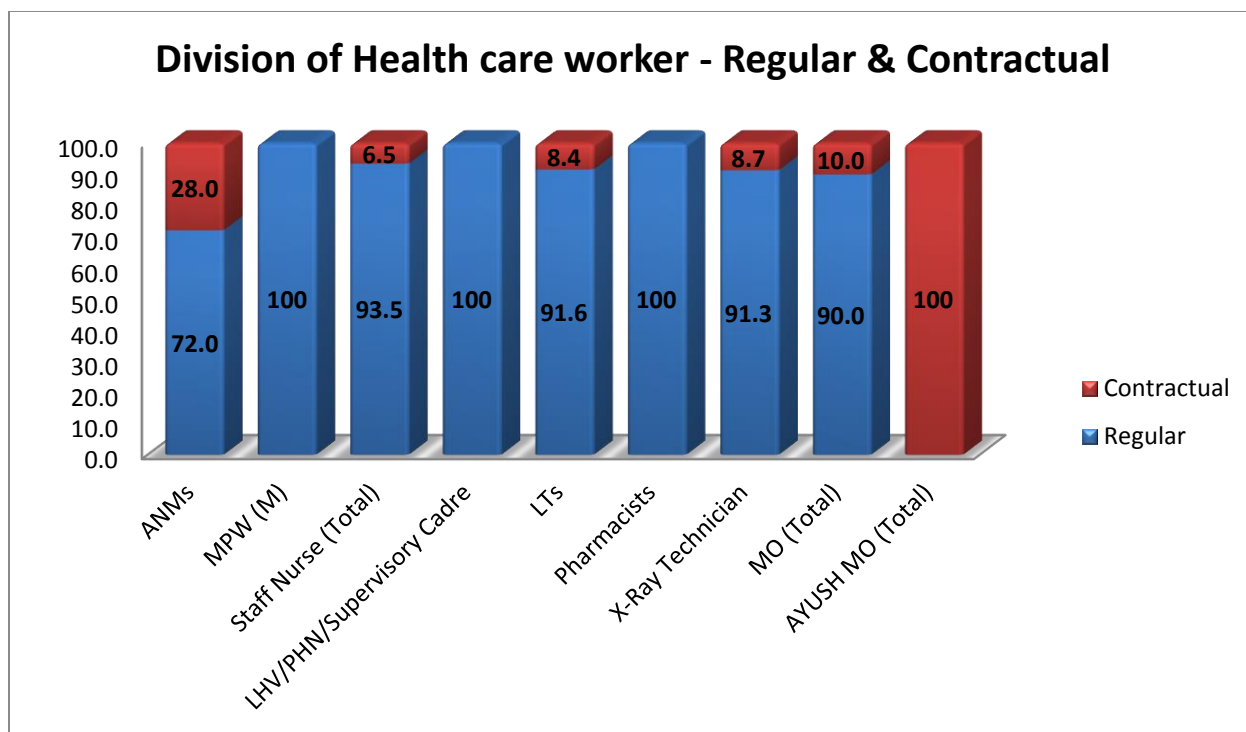
I. Overview of Public Health Workforce

Madhya Pradesh has a population of 72.59 million out of which 72.6 % is the rural population with the following public health infrastructure in 50 districts.

Health facilities		Present	Required
1	District Hospital	50	50
2	Community Health Centers	333(2 Proposed)	726
3	Primary Health Centers	1156(12 Proposed)	3630(@ 1/20,000)
4	Sub Health Centers	8869(56 Proposed)	24199(@ 1/3,000)

The availability of health workforce in the state including contractual workforce is as follows:

State Total						
S. No.	Category	Regular		Contractual		Total in Position
		Sanctioned	In Position	Sanctioned	In Position	
1	ANMs	10559	10561	2679	4102	14663
2	MPW/ Male Health Worker	7816	5466	0	0	5466
3	Staff Nurse	7763	4515	295	316	4831
4	LHV/PHN/Other Supervisory Cadre	2044	1618	0	0	1618
5	LTs	1430	1122	132	103	1225
6	Pharmacists	2248	1190	0	0	1190
8	X-Ray Technician	677	411	0	39	450
9	MO (Total)	3795	2941	134	327	3268
10	AYUSH MO	0	0	0	469	469
11	Specialist (Total)	3057	1141	100	136	1277



II. Human Resource For Health Policy

In May 2007, the Madhya Pradesh health and family welfare developed specialist cadre for providing specialized services in public sector. In the same year 1181 posts at the CHCs & other facilities were sanctioned for the post graduate medical officers. The specialists cadre is managed by the secretariat itself. The Nursing cadre is also managed by the secretariat but recently the state has started a decentralized system of recruitment in which the District medical and health officer is having powers to recruit the nursing staff and ANMs and to post them at specified facilities.

Since the inception of NRHM, although, no separate cells have been created for the management of contractual staff but now recently state has proposed new HR cell.

III. Generation of Human resource

The current availability of government training institutes in the state is as follows:

S.no	Name of the Institute	No. of Seats
MBBS		
1	Bhopal	620 MBBS 311 PG 226 Diploma
2	Indore	
3	Gwalior	
4	Jabalpur	
5	Rewa	
Total		1157
Dentist		
1	Indore	40 BDS

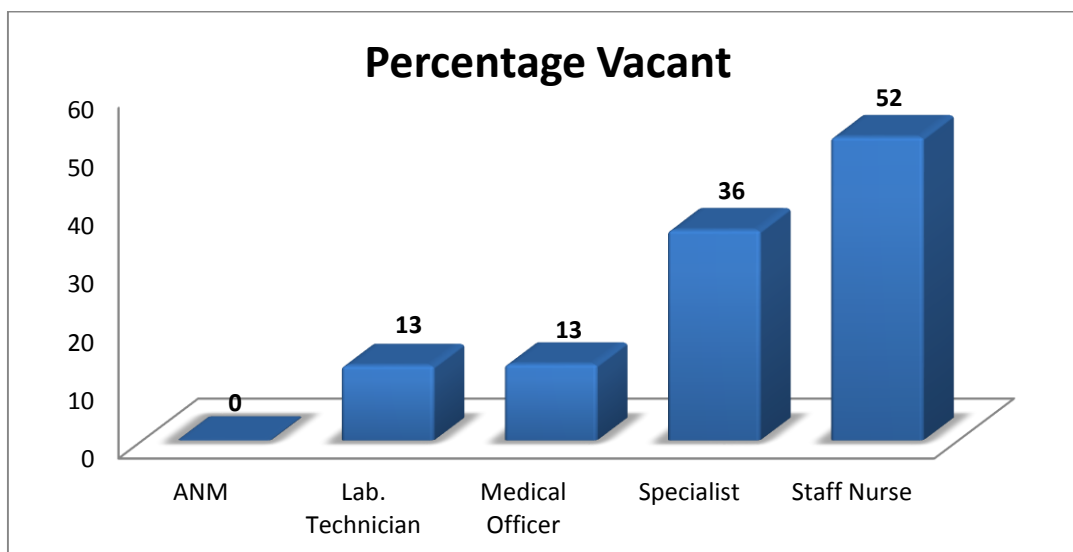
		3 MDS
	Total	43
ANM trainings centre		
1	Betul	60
2	Raisen	40
3	Rajgarh	60
4	Sehore	60
5	Hoshangabad	60
6	Bhind	40
7	Morena	60
8	Datia	40
9	Guna	60
10	Shivpuri	60
11	Dhar	60
12	Jhabua	30
13	Burhanpur	40
14	Barwani	60
15	Balaghat	60
16	Seoni	30
17	Chhidwara	40
18	Madla	60
19	Narsinghpur	40
20	Satna	60
21	Sidhi	30
22	Shahdol	60
23	Chattarpur	60
24	Panna	40
25	Sagar	60
26	Tikamgarh	60
27	Dewas	60
28	Mandasaur	60
29	Ujjain	40
30	Dindori	40
31	Umaria	40
32	Annupur	40
	Total	1610
GNM Colleges		
1	Hameedia Hospital, Bhopal	35
2	M.Y.S, Indore	41
3	J. A.S, Gwalior	41
4	Medcial College, Jabalpur	47
5	GMS, Rewa	32
6	District Hospital, Chhidwara	60
7	District Hospital, Khandwa	60
8	District Hospital, Sagar	60
9	District Hospital, Ratlam	60
	Total	436

Bsc Nursing Colleges		
1	College of Nursing, Jabalpur	60
2	College of Nursing, Ujjain	60
Total		120
MPW (M) training centre		
1	Vidisha	60
2	Guna	60
3	Barwani	60
4	Chhidwara	60
5	Rewa	60
6	Sagar	60
7	Ujjain	60
Total		420
LHV training Schools		
1	Gwalior PHOTC	75
2	Jabalpur PHOTC	75
Total		150

The state is having high shortages of staff nurses. To handle these shortages the state has also given priority for the recruitment of ANMs passing from the government institutes. Although the state has not proposed any new colleges till now but are in the process of proposing it in the next PIP. There are also nearly 88 private ANM colleges, 194 GNM colleges, 95 BSc Nursing Colleges, with an annual production of 2940 ,7675, and 4750 respectively.

IV. Recruitment, Sanctioned Posts & Vacancies

Irregular recruitments of regular posts have led to the vacancies in critical healthcare workforce positions, in spite of provisions under NRHM to appoint contractual service providers. The state has taken several steps to handle the shortages of the human resource personnel specially at the primary health care level. The number of human resource personnel shortages in Madhya Pradesh against the sanctioned positions is highlighted below.



A Regular Employees:

1. Medical Officers & Specialists

The directorate of medical education along with the help State Service Commission enables the recruitment of regular medical officers, which also enables the remuneration, transfers and promotion etc. The state has not recruited regular medical officers since 2008 .To cope up with the shortages the state is appointing either the contractual or the RCH medical officers. Shortages of specialists are also a major constraint for the facilities not working as Cemonc centre.

Case: Mandla district is having only one Cemonc centre in which 7 specialists posts have been created but only one medical officer is working in that facility. The posts of specialists are vacant for the past 5 years .The only reason for working of one medical officer is that his home town is nearby to this facility.

S.No.	District	Number of Medical Officers
1	ALIRAJPUR	13
2	ANOOPPUR	32
3	ASHOKNAGAR	16
4	BALAGHAT	41
5	BARWANI	48
6	BETUL	44
7	BHIND	61
8	BHOPAL	281
9	BURHANPUR	24
10	CHHATARPUR	69
11	CHHINDWARA	95
12	DAMOH	35
13	DATIA	38
14	DEWAS	43
15	DHAR	73
16	DINDORI	27
17	GUNA	45
18	GWALIOR	126
19	HARDA	23
20	HOSHANGABAD	55
21	INDORE	170
22	JABALPUR	116
23	JHABUA	42
24	KATNI	32
25	KHANDWA	45
26	KHARGONE	69
27	MANDLA	57
28	MANDSAUR	41
29	MORENA	60
30	NARSINGHPUR	40
31	NEEMUCH	30
32	PANNA	27
33	RAISEN	62
34	RAJGARH	52
35	RATLAM	47

S.No.	District	Number of Medical Officers
36	REWA	77
37	SAGAR	78
38	SATNA	67
39	SEHORE	58
40	SEONI	39
41	SHAHDOL	36
42	SHAJAPUR	44
43	SHEOPUR	19
44	SHIVPURI	34
45	SIDHI	33
46	SINGRAULI	3
47	TIKAMGARH	35
48	UJJAIN	75
49	UMARIA	14
50	VIDISHA	47
51	(blank)*	51
	Grand Total	2790

Source: State Health and Family Welfare Department

Note: The above data is of 2011.

**The State is unclear about the postings of these 51 medical officers. They are still under the process of updating it.*

2. Paramedical & Nurses

The state has done no recruitments for paramedical and nursing staff for the past five years. The NRHM and state contractual staff has been appointed to cope up with the shortages. The shortages of staff nurses are so high that the state has deployed ANMs instead of staff nurses, at the facilities, for the proper delivery of health services at least at the primary level.

B Contractual Employees:

1. Doctors & Specialists

Recruitment for Medical officers is done at the state headquarters. The process is done through publishing an advertisement in the local newspaper. With the minimum percentage selection criteria the students are shortlisted. Then after walk in interviews for specialists and medical officers are deployed to the districts. Due to the shortages of medical officers in the whole state, every 6 months the department is advertising for the posts out of which only 15- 16 doctors are recruited. The number of recruited candidates are very less because of the inaccessibility conditions and lack of basic amenities. The total process of recruitment nearly took 3 months. The state is also trying to develop a decentralized system of recruitment in which districts can generate and recruit human resource by themselves with approvals from state.

The state is also recruiting bonded medical officers. The bonded medical officers have to serve , in rural areas, for 3 years with a basic pay equivalent to the government medical officer. Apart from the salary difference between RCH (45000) doctors and Bonded doctors(20000+TA+DA), the bonded doctors can be absorbed as a regular government medical officer after 3 years of service anywhere in the whole state.

2. Nurses & Paramedics

The situation of Madhya Pradesh is quite different from the other states. In the state the number of ANMs is surplus. But the number of vacancies in the case of staff nurses is quite high due to which again ANMs have to work as their replacement. State is regularly recruiting staff nurses 3 to 4 times a year but the number of turned up candidates are very less. Due to acute shortage of staff nurses the recruitment of Staff Nurses has been shifted from district level to Divisional level, in order to fill up the gap at District

Earlier after having complexity of recruitment procedures, state hired an external agency for these contractual recruitments. MP TAST(a technical support component for NRHM wing) was hired for the recruitment of contractual staff .To make the process more comfortable MP TAST again hired one external agency good for the recruitment and issue a related to it. The interviews were conducted with a month but till now the selection of the candidates has not been done for the past 11 months. The state has not taken decisions for the selection of the candidates.

V. Deployment of Human Resources

Out of 120 CEMONC centres, 11 does not have any specialist at all ,44 facilities which are non-functional. There are 44 facilities which are having either 1 or 2 specialists , out of which 23 facilities are non-functional. The availability of human resource in the CEMONC facilities is still more than the BEMONC facilities as they are located in the rural areas.

Total Number of CEMONC Centres & Human Resource available

Name of District	Running Number of CEMONCs	Obstetrics & Gynae	Anesthetist	Pediatrician
Dewas	2	7	1	6
Ratlam	3	5	5	11
Ujjain	3	9	4	9
Mandsour	2	4	3	5
Neemuch	2	4	3	6
Shajapur	3	4	0	9
Betul	4	3	1	4
Bhopal	4	13	8	8
Raisen	2	3	2	5
Rajgarh	3	2	2	3
Sehore	2	4	5	8
Harda	1	1	1	1
Hoshangabad	3	9	2	5
Vidisha	3	7	3	7
Khandwa	1	4	3	4
Badwani	2	4	2	4
Dhar	5	8	3	5
Jhabua	3	3	2	7

Indore	5	15	5	7
Khargone	3	5	5	8
Burhanpur	1	3	1	3
Alirajpur	1	2	0	1
Ashoknagar	2	3	1	4
Gwalior	3	9	2	6
Sheopur	1	2	2	3
Shivpuri	3	5	2	11
Bhind	2	7	3	6
Datia	2	2	3	5
Guna	3	5	7	8
Morena	2	2	2	3
Dindori	1	0	1	0
Jabalpur	3	15	4	6
Balaghat	2	5	2	3
Chhindwara	5	8	8	7
Katni	3	4	5	7
Mandla	2	2	2	3
Narsinghpur	3	6	4	8
Seoni	2	3	3	6
Anuppur	2	3	1	3
Rewa	2	4	1	5
Satna	2	2	6	8
Shahdol	3	4	1	7
Sidhi	1	2	0	2
Singrouli	1	1	0	2
Umaria	1	1	1	2
Damoh	2	2	1	1
Chhatarpur	2	8	3	9
Panna	1	1	2	4
Sagar	3	5	4	5
Tikamgarh	3	0	2	4
Total	120	230	134	264

The state has also recently redeployed the trained ANMs to the facilities with higher load of deliveries. The exercise is practiced recently in the month October.

VI. Training & Capacity Building

The achievable targets are given by the state along with the state institute of health and family welfare . The targets are forwarded to the districts in which CM&HO is decides which training to be imparted and to whom. The trainings are done through State institute of health and family welfare along with the

coordination of training division. There are 3 other regional health and family welfare training centers in Indore, Jabalpur, Gwalior to handle the training process.

Training Load MCH Level 3 Year 2011-12

HR	HR In place	Trainings	Trained
MO	157	EmOC	72
		LSAS	40
SN	549	SBA (21 days)	131
ANM/LHV	289		179
Training Load MCH Level 2 Year 2011-12			
Categories		Target	Trained
MO		931	300
SN		680	205
ANM/LHV		1839	703
Training Load MCH Level 1			
Categories		Target	Trained
ANM/LHV		572	189
Trainings IMNCI			
Categories		Target	Trained
MO		805	805
SN		0	0
ANM		4709	4429
LHV		942	883
Trainings F- IMNCI			
Categories		Target	Trained
MO		1059	478
SN		1173	427

In the year 2012-13, 112 IYCF(Infant and Young Child Feeding) training batches for frontline workers have been planned in 25 districts of the State in which Unicef will be lending technical support. High Focus district Harda has already completed its IYCF training load along with 3 Non High Focus Districts Ashoknagar, Neemuch and Burhanpur

There is another training course for medical officers which the state is providing for the doctors who have served for more than 3 years. The state along with the collaboration of PHFI is providing PGDHM diploma course for the medical officers.

VII. Remuneration

The Low remuneration packages for contractual staff have led to the acute shortages of human resource. The RCH medical Officer is getting a consolidated salary package of Rs 45000 and the bonded medical officers are getting a salary package of nearly 20000 with additional allowances like travelling and

dearness allowances. The state has also offered differential salary packages planned for maternity wing staff at high focus and tribal districts.

Salary Structures of Contractual staffs

	Name of Position	Honorarium
1	Salary of Contractual Anaesthetist, Gynaecologist & Paediatrics	Rs. 48000/- (P.G.) & Rs. 45000/- (Diploma)
2	CEmONC allowance for Gynae., Anesth., LSAS EmOC, NBSU trained MO (regular, contractual & bonded)	Rs. 15000/- for HFD
3	LMO & MOs (Contractual)	Rs. 30000/-
4	LR allowance for LMO of DH (regular, contractual & bonded) in Difficult/HFD	Rs. 9000/- for HFD
5	Staff Nurse (Contractual)	Rs. 15000/-
6	Difficult Area/ High Focus Allowance to Staff Nurse of HFD	Rs. 5000/- for HFD
7	ANM (contractual)	Rs. 8000/-

Issue : Except for the disparity between the salaries of regular and contractual staff, the state is also not providing any salary hikes to the contractual staffs. The salary of the contractual ANM is Rs 8000, while that of a regular ANM is in the slab of 12000 to 34000 depending on the number of years served. The appraisals are done annually but with not salary hikes. The state although has proposed salary hikes for the ANMS in the PIP.

VIII. Retention Strategy

As an additional allowance the state is also providing officer hardship allowance of Rs7000 for male medical officer and Rs 9000 for Lady medical officer. The MBBS students, who have passed recently from government hospitals, have to serve 1 year in rural areas as a compulsion and 2 years in rural areas to do post-graduation. The list of some of the other performance based incentives at the CEmONC and FRU level are given below:

Types of incentives provided

Level of Facility	Staff Categories	Incentives Provided
The 41 identified CEmONC facilities in high focus /difficult/tribal districts. The total packages Rs. 2700/- per LSCS for the team performing ceaserean section.	ASHA / AWW/Link Volunteer	Rs 150 for social mobilization as per due list of beneficiary.
	Gynecologist	Rs 1000 per caesarian
	Anesthetist	Rs 750 per spinal anesthesia
	Pediatrician	Rs 500
	MO	Rs 300 in LSCS/LSCS assisting
	Staff Nurse	Rs 150 in assisting LSCS
FRU	MO LSAS & EmOC trained	Rs 5000 for providing EmOC & LSAS at grade A&B as per incentive criteria a FRUs

Issues: The non-availability of residential facilities in the high focus or hard to reach districts is one of the challenges for retention. The skilled health care professional, serving in the hard to reach areas, though are not having residential facilities, but even not getting any preferences for transfers at the district hospitals. The poor working condition and lack of residential facilities in hard to reach districts is forcing the health workers either to get the transfers at the district headquarters or to leave the job, which in turn leads to high attrition rates.

IX. Health Human Resource Information System

The state has not developed any human resource information system but is thinking to develop it in the next 2 years.

X. Workforce Management

Regular Employees: The transfer and posting of regular medical officers is done at the state level. The state health and family welfare department is responsible for the same. Although there is no clear guideline for the transfers and postings.

Issue: In the whole state the trained health care professionals want their postings to be done in the cities like Bhopal and Indore. The reason is the availability of basic amenities as well security as a priority reason for their family.

Contractual Employees: There is no scope for transfer and promotions for the contractual staff. Appraisals have been done at the block as well district level. At the district level and below CM&HO is responsible for the appraisal. At the state level for SPMU staff has been appraised annually.

The staff once placed cannot be promoted or transferred. The state has proposed the revision in salary of ANMs , which is to be increased from current 6600/- to Rs 8000/- per month.

Issue: The management cadre working in the state has no salary fixation norms. The consultants working for the past five years are getting the salary lesser then the new recruits.

XI. Management Cadre

- A. **Regular Management Cadre :** At the state level directorate is managing every division or national programmes . At the district level District medical and health officer is managing the programme management unit.
- B. **Contractual Management Cadre:** The state is having the SPMU, DPMU and BPMU in place to help and support at the state, district and block level respectively. At state level HR cell is proposed this year to function in a focused manner. HR Cell would be taking care of all the staff working at all level in focused manner. The state is also proposing the practice of performance appraisal on quarterly basis. There are also the shortages of management staff both at the state as well as district level.

Salary of Management Staff (Contractual)

S.No	Designation	Head	Honorarium	Status	
				Filled	Vacant
1	SPMs, & Senior Consultant	RCH	45000/-	5	17
2	Jr. Consultant – SFM, SFA CA,	RCH	40000/-	4	0
3	Assistant Programme Manager	RCH	30000/-	3	10
5	State Protocol Officer	RCH	20000/-	1	0
6	Data Assistant	RCH	15000/-	1	1
7	Accounts Assistants & Computer Operator	RCH	9000/-	7	10
8	District Programme Manager (DPMs)	RCH	30000/-	45(29 C+16 R)	5
9	District Accounts Manager (DAMs)	RCH	25000/-	24(C Only)	26
10	Data Assistant (DA)	RCH	20000/-	29(C Only)	21

Action Points

Immediate Action

1. Immediate development of Human resource cell in the state for contractual staff which will in turn prepare the new promotion and transfer policies which are actually present but very less implemented.
2. Hiring any external agency for the recruitments & deployment of human resources in health including the management staff.
3. Adequate recruitment of staff nurses to suffice the requirements at least of PHCs and CHCs.
4. Specialist's recruitment and their deployment at the Cemonc facilities & providing them with minimum infrastructure for the nonfunctional Cemonc facilities.
5. Initiation of grade wise salary packages for the contractual staff.
6. Provisioning of residential and basic amenities especially in the high focus districts or hard to reach areas for the retention of Medical officers at least.
7. Development of more incentive schemes for the retention of skilled health professional in high focus districts in a phased manner with priority to staff nurses.
- 8.

Medium term

1. Developing the iHRIS software for the efficient workforce management in the state.
2. Monthly recruitment of staff nurses and Medical officers in each region for regular posts.
3. Development of quality assurance in nursing schools.

Long Term

1. Development of infrastructural requirements in the state and fulfilling it with the adequate number of posts.