



Manipur: Public Health Workforce - Issues and Challenges

I. OVERVIEW OF PUBLIC HEALTH WORKFORCE

Manipur has a population of 27, 21,756 Lakhs. 5 out of the total 9 districts are Hill Districts, dominated by tribal population. Following is public health infrastructure in the state:

Health Facilities	Present	Required
District Hospitals	7	9 (Required in Imphal East and Imphal West)
Sub Divisional Hospitals	1	1 SDH/ DH at JIRIBAM SUB Division
Community Health Centers	16 CHC	1 CHC Napet palli, Swombung- 30000-50000 population
Primary Health Centers	80	8 PHCs required
Sub Centers	420	

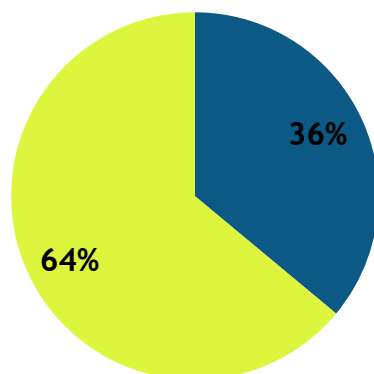
*The entire report is for the purpose of clarity premised on existing facilities. Suitable extrapolation should be done for additional facilities that need to be created.

The healthcare workforce (inclusive of contractual) availability in the state is as follows:

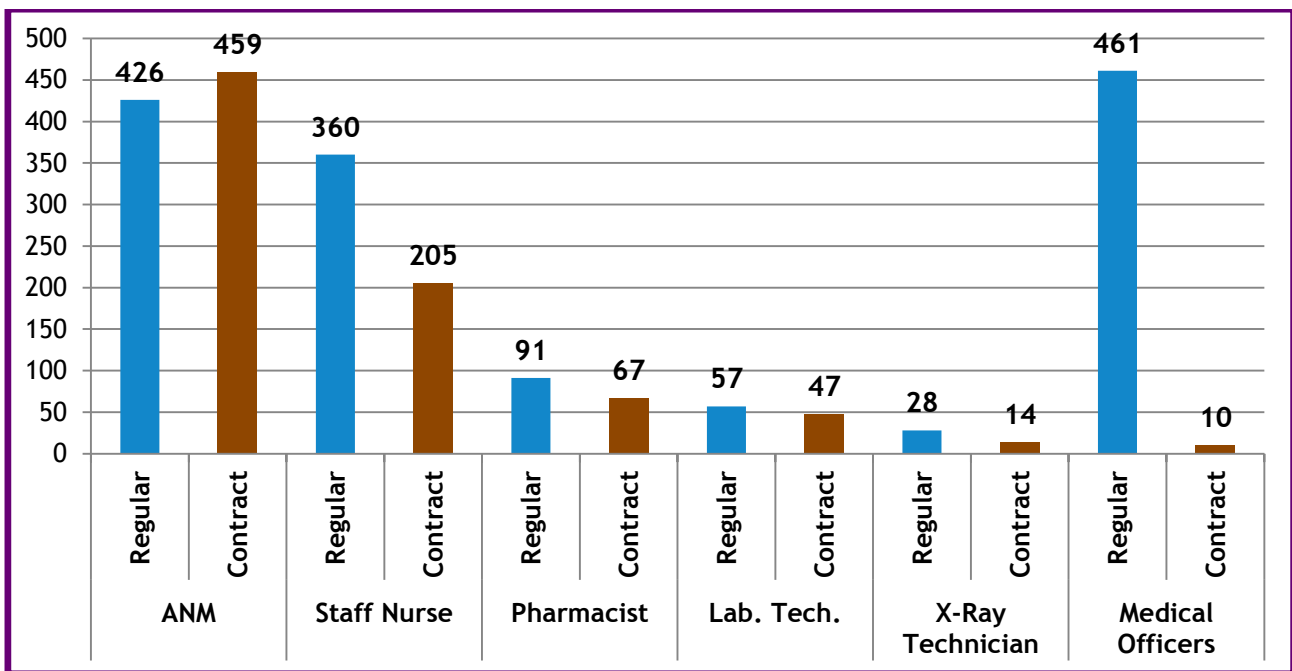
Sl. No.	Name of District	ANM	Staff Nurse	Pharmacist	Lab. Tech.	X-Ray Technician	Medical Officers
1	Imphal East	125	18	22	6	1	59
2	Imphal West	130	20	17	16	3	80
3	Bishnupur	70	16	24	22	5	38
4	Thoubal	112	28	37	17	4	92
5	Chandel	48	3	6	8	3	30
6	Churachanpur	105	11	12	5	4	52
7	Tamenglong	58	11	10	9	3	26
8	Senapati	145	16	22	12	4	55
9	Ukhrul	92	12	8	9	1	29
	Total	885	117	158	104	28	461

The healthcare workforce in the state can be broadly classified into 2 categories: regular government employees and contractual employees NRHM

Proportion of
Regular and
contractual
service
providers in
the state



■ contract
■ regular



The largest proportion of contractual staff is in the category of ANMs and Staff Nurses. The state Public Service Commission has been conducting recruitment for Medical Officers, thereby most of those in position are regular employees

II. HUMAN RESOURCE FOR HEALTH POLICY

The regular healthcare staff is governed by the Manipur Health Service Rule, which subsequently has undergone amendments since its inception in 1982. The recruitment process is done as per Manipur Health Service Rule under MPSC (Manipur Public Service Commission), which defines norms for recruitment, remuneration, transfer & posting, promotion etc.

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

The doctors are categorized into 5 levels - MHS IV, III, II, I, and Special Grade. While there is no specialist cadre at the joining level (MHS IV), from MHS III level medical officers having postgraduate qualification are designated as specialists, while those without post graduation fill the positions of Senior Medical Officers (SMO) and Program Officers.

Since the inception of NRHM, separate cells for human resource and training/capacity building have been set up to manage the huge contractual workforce as well assist the state machinery.

The NRHM State Health Society does recruitment of contractual staff subject to approval of Committee of Officers and Cabinet of the State. Recruitment for Specialists and MBBS & AYUSH doctor are done at the state level and a decentralized process is followed for recruitment of paramedical and program management staff.

III. GENERATION OF HUMAN RESOURCES

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

Sl. No.	Name of the Institute	No. of Seats	Remarks
Medical Colleges (2)			
1	Regional Institute of Medical Science (RIMS), Imphal West, Manipur	100	30 Seats for Manipur Other NE States <ul style="list-style-type: none"> ▪ Tripura-13 ▪ Meghalaya-13 ▪ Nagaland -10 ▪ Mizoram -7 ▪ Arunachal Pradesh - 7 ▪ Sikkim - 5 Seats for other states: 15 (All India)
2	Jawaharlal Nehru Institute of Medical Science (JNIMS), Imphal East, Manipur	100	85 seats for State Govt. and 15 seats for Central Govt.
	Total	200	
BSc Nursing College (1)			
1	College of Nursing (RIMS Campus)	50	Central Government, Imphal West
	Total	50	
GNM Schools (1)			
1	School of GNM, Medical Directorate, Lamphel	30	
	Total	30	
ANM Training Schools (3)			
1	ANM Training School, Imphal - Lamphel	30	Under Directorate of Health Service, Govt. of Manipur
2	ANM Training School, Churhandpur	30	
3	ANM Training School, Imphal - Lamphel	30	
	Total	90	

Nursing Training Institutes in the private sector are as follows:

Sl. No	Name of the Institute	Location	Annual Intake
ANM Training Schools (8)			
1	F.H.W Training School, RDO, Lamsang,	Imphal West	40
2	School of Nursing, Kangpokpi Christian Hospital, Kangopki	Senapati District	25
3	L.Chaobi Nursing Institute, Porompat	Imphal East	30
4	Rural School of Nursing, Porompat	Imphal East	25
5	Advance Nursing Institute, Porompat	Imphal East	20
	Total		140
GNM Schools (9)			
1	Tentha, Wangjing Nursing Institute	Thoubal	20
2	J.N School of Nursing, Porompat	Imphal East	20
3	Shija Academy of Nursing School, Langol	Imphal West	40

4	School of Nursing, RDO, Lamshang	Imphal West	50
5	Kangleipak Nurshing Institute, Khurai Konsam Leikai	Imphal East	30
6	Bethasda School of Nursing, Mualvaiphei	Churchandpur	30
7	Nightingale Nursing Institute, Porompat	Imphal East	30
8	School of Nursing Khabeisoi	Imphal East	30
9	Irengbam Thamcha Nursing Institute, Uripok	Imphal West	30
		Total	280
BSc Nursing College (2)			
1	RDO, Lamsang	Imphal West	40
2	Kangleipak Nurshing Institute, Khurai Konsam Leikai	Imphal East	40
		Total	80

To meet the HR Gap in the public health facilities, the state intends to increase annual intake in its 2 Medical Colleges both for MBBS and P.G. Levels. The state is also working towards starting one B.Sc. Nursing Institute during 2012-13.

Issue: 6 Private ANM TCs have either been upgraded to GNM Schools or have stopped taking admissions, thereby resulting in a decrease of 130 intakes in a year.

Intakes in the functional TCs have also been irregular and moreover, the quality of training, especially in the private centers is also a cause of concern.

IV. RECRUITMENT, SANCTIONED POSTS & VACANCIES

Medical Officers & Specialists: Manipur has a total of 1614 sanctioned posts for doctors cutting across all grades out of which 877 posts are filled up. Till date 177 MBBS MOs and all the 25 Dental MOs have joined. Currently the vacancies in the MHS IV grade is due to non-filling up of reserved seats

Issue: There is a high level of vacancies in the MHS Grade III & II, primarily because there has been no cadre review, even though the Manipur State Health Rules 1982 recommends time-bound cadre review depending on the grade-wise vacancies.

Sl. No	Medical Officers	Grade	Sanctioned Post	In Position	Vacancies
1	Special Senior Medical Officers	Special Grade	2	1	1
2	Senior Medical Officer	I	14	7	7
3	Senior Medical Officers	II	63	35	28
4	Senior Medical officers	III	569	170	399
5	Medial Officers: Entry level	IV	966	664	302
	Total		1614	877	727

A. Regular employees:

1. Medical Officers & Specialists: 322 MBBS & 39 Dental doctors were selected during 2010 out of which only 278 MBBS doctors joined the services. Subsequently another round of recruitment was conducted in 2011 wherein 195 MBBS & 25 Dental Doctors were selected.
2. Paramedical & Nurses: There has been no recruitment for regular paramedics and nurses since 2006.

B. Contractual Service Providers:

Recruitment for contractual staff takes place at two levels: state and district. All appointments are given one-year contracts and renewed annually.

1. Doctors & Specialists: At the state level, there is a Selection Committee headed by the Commissioner Health, which recruits Medical Officers (both allopathic & AYUSH) The Committee for recruitment of specialists is headed by the Chief Secretary who is aided by subject experts.
2. Nurses & Paramedics: Recruitments are done at the district level, with the District Collector heading the selection panel. Vacancies are communicated from the state and selection done at the district

V. DEPLOYMENT OF HUMAN RESOURCES

From MHS Grade II onwards Medical Officers with post graduation are designated as specialists. The break-up of available specialists and their place of posting in the state are as follows:

Sl. No	Specialties	In Position	Place of posting
1.	Medicine	8	5 DH, 1 JNIMS, 1 TB Hospital, 1 CHC
2.	ENT	8	5 JNIMS, 3 DHs
3.	Ortho	5	2 JNIMS, 3 DH
4.	EYE	9	4 JNIMS, 3 DH, 1 DFW, 1 PHC
5.	Pediatric	8	5 DH, 1 JNIMS, 2 CHC
6.	Psychiatrist	5	2 DH, 1 DHS, 2 JNIMS,
7.	Anesthetist	13	7 DH, 3 JNIMS, 2 CHC, 1 DHS
8.	Radiotherapy	1	-
9.	Pathologist	6	4 DH, 1 JNIMS, 1 Dist. TB Center
10.	Biochemistry	9	2 DH, 3 DHS, 1 JNIMS, 1 CMO-SPT, 1 SDH, 1 IW.
11.	Dermatology	4	1 DHS, 2 DH, 1 JNIMS
12.	Surgery	5	4 DH, 1 JNIMS,

13.	Radiology	2	1 JNIMS, 1 DH
14.	Microbiology	2	1 JNIMS, 1 MACS
15.	TB & Chest Disease	1	1 JNIMS
16.	Forensic	1	1 DH
17.	Pharmacology	2	2 DHS
18.	Obstetric & Gynecology	18	8 DH, 3 CHC, 3 JNIMS, 2 DHS, 1 PP center, IW 1 under suspension
19.	MDS	5	3 DH, 2 CHC

Issues: Most of the Specialist Doctors are posted in JNIMS, Imphal leading to a shortage of Specialist in the District Hospitals - Even after so many years of NRHM implementation only 1 (Churachandpur) out of the 7 District Hospitals is functioning as a First Referral Unit

VI. TRAINING & CAPACITY BUILDING

NRHM has a HR & Training/Capacity Building Cell headed by a Regular Deputy Director rank Officer

Sl. No	Type of Training	Target 12-13	Achievements against target 12-13	Cumulative till September 2012
1.	SBA - ANM/SN	48	8	330
	AYUSH MOs	20	4	24
2.	EmOC - MBBS	10	-	8
3.	LSAS - MBBS	9	-	9
4.	BEmOC - MBBS	24	-	22
5.	RTI/STI - MBBS	90	-	370
	RTI/STI - SN/ANM	540	-	1322
	RTI/STI - LT	60	-	-
6.	MTP/MVA - MBBS	40	4	36
7.	IUD -MBBS	120	-	305
	IUD -SN/ANM	540	-	1143
	PPIUD - SN/ANM	50	-	-
	NSV - MBBS	12	-	16
8.	IMEP - Para Medical Staffs	90	-	152
9.	NSSK - MO	100	-	80
	NSSK - SN	100	-	80
10.	IMNCI - MBBS students (Pre service)	-	-	130
11.	ARSH			
	MO	90	-	81
	MO (District ToT on NIFS&SH)	27	-	-
	ANM/LHV	136	-	-
	Counselor	68	-	-
	Block level ToT (NIFS&SH)	111	-	-

Issue: Till date the state has 8 EmOC and 9 LSAS trained MBBS MOs, but there is no post-training utilization - only 1 out of 7 DH is functioning as an FRU

VII. REMUNERATION

The regular employees of the state government get a “modified 6th pay commission” scale, which is slightly lower than the 6th Pay Commission.

Issue: There is huge disparity in the salary of regular and contractual, which serves as a demotivating factor. Contractual ANMs have comparison to regular ANMs who start with Rs.10,000/- above per month with periodic increments whereas contractual ANM start with a Basic 7100/- with performance incentive, which is non-existent due to delay in fixing norms for performance-based incentives. A regular ANM whom we met in the Sub Center currently gets a monthly remuneration of Rs. 25,000/-, while the contractual ANM only gets Rs. 7100/-.

Salary revision of all categories of contractual staff is subject to annual performance appraisal, but irregular appraisals have led to stagnant salary structure for these workers.

Healthcare workers get preferential posting in District Hospitals after serving in remote areas. However poor working conditions including improper residential facilities has resulted in unwillingness to work in these areas reflected. For the last 5 years the state could get only 1 Child specialist and posted in Wangoi CHC, Imphal West. The State could not get contractual Specialist.

VIII. RETENTION STRATEGY

The State has not been worked out strategies for retention of Contractual staff. There has been a delay in framing norms for performance-based incentives.

Interaction with service providers reveal that financial incentives will go a long way in ensuring their extended stay in remote areas.

IX. HEALTH HUMAN RESOURCE INFORMATION SYSTEM

There is no Health Human Resource Management Information System.

X. 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.

B. Contractual employees: The HR Cell that has been constituted at the State NRHM Office essentially manages the contractual workforce. This cell is headed by a Deputy Director (from the regular service) and assisted by Consultant HR & Training. They are responsible for mapping vacancies, facilitating recruitment process and coordinating various training programs under NRH.

There is no scope for career progression among contractual workers. They are given one-year contacts, to be extended each year.

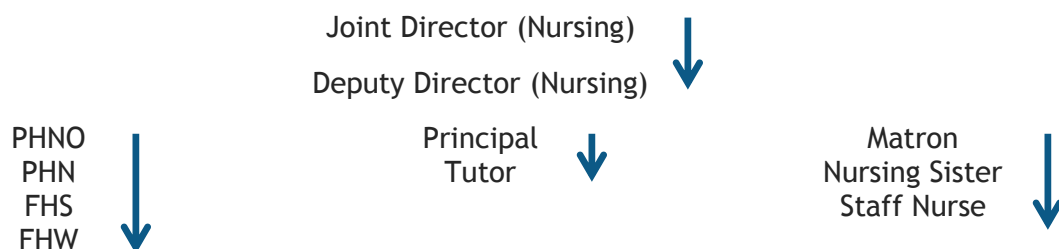
Issue: Due to a ruling by the state government, salaries for the contractual workforce had to be reworked - basic salary and performance-based incentives. But due to a delay in framing norms, performance-based incentives are yet to be paid. Result is that they are only getting the basic salary, which is much less than what they were initially getting e.g. the SPM now gets paid around Rs. 12,000/-, which is almost half of what she used to get. Irregular payment of salaries is another area of concern - Interaction in the field revealed that the NRHM ANM had not received salary for the last 2 months.

XI. MANAGEMENT CADRE

- A. **Regular Management Cadre:** The Director of Health Services with a team of Joint & Deputy Directors manages the administration at State level and each program division has a Program Officer. The Chief Medical Officer, aided by a team of District Program Officers, heads the district team.

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

The state has a total of 426 regular ANMs, 275 of which are paid and managed by the Family Welfare Department and the rest by the Health Department. The Nursing structure in the state looks like:



- B. **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/BCC, Finance, HR, Infrastructure, ASHA Program Manager, Training Assistant, M & E, Family Planning etc. Senior Officers from the regular services have been deputed to NRHM to oversee these divisions.

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

The State Selection Committee (headed by the MD NRHM) does recruitment for the SPMSU is done at State level. The DPMSU and the BPMSU staff are recruited by a selection panel of the District Health Society (headed by the DC). Selection of Doctor and Specialist Doctors are done at State level due to lack of Doctors and specialist in the Districts.

XII. PARA-STATALS

There are no para-statal organizations in the state.

ACTION POINTS

A. IMMEDIATE

1. Urgent release of salaries to contractual service providers - who have not been paid for many months
2. Accelerate finalization of norms for payment of performance-based incentive - for both program management staff and service providers
3. Process for contractual appointments of specialists, doctors, nurses & paramedical staff to be with the districts - and states should recruit only when districts are unable to find candidates
4. Ensure all obstetricians, anesthetists, pediatricians and EmOC & LSAS trained MOs are posted in designated FRUs - operationalize FRUs at the earliest
5. Ensure all MOs with PG qualifications are posted in CHCs, block PHCs or higher centers -

B. MEDIUM TERM (with respect to rules)

1. Revive admissions in all ANMTCs in the state and plan for faculty development program & quality assurance in nursing schools
2. Preference for candidates from under-served areas in the ANM/Nursing Schools
3. Creation of a specialist cadre.
4. Protocols for performance assessment and workforce management including renewal of contractual staff
5. Develop a Human Resources Management Information Systems (HRMIS) in collaboration with relevant stakeholders/ partners to ensure “real-time” information on health human resource in the state
6. Decrease salary gap between contractual and regular staff.

C. LONG TERM

1. Creation of adequate number of regular posts for health facilities - existing & to be created
2. Creation of adequate number of health facilities.