

Tripura: Public Health Workforce -Issues & Challenges

**Regional Resource Centre for North East States
National Health Systems Resource Center**

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I. OVERVIEW OF PUBLIC HEALTH WORKFORCE:

Tripura has a population of 36.71 Lakhs, (Census-2011) of which 31% of them are tribal. The average literacy rate is 87.75% (Census-2011). The state had a total of four districts till Jan 2012. However, as a part of major administrative reorganisation, four new districts have been added since January 21, 2012. Presently the status of public health infrastructure in these 08 (Eight) districts are as follows:

Sl. No	Health Facility	Total State Target	Present Status (31 st Aug'12)	Additional required
01	Medical College	02	02 (01 Private)	0
02	State Hospital (allopathy)	06	02	04
03	District Hospital	03	03	0
04	Sub-Divisional Hospital	17	11 (04 FRU)	6
05	Community Health Centre	30	14	16
06	Primary Health Centre	125	81	44
07	Sub-Centre	1038	719	319

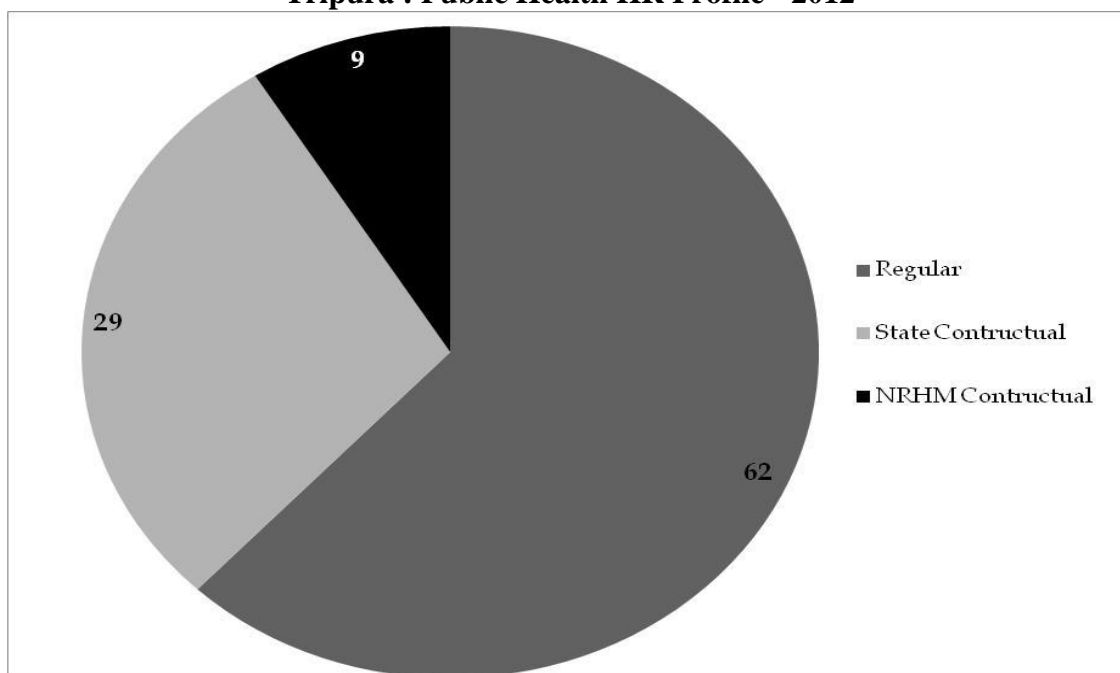
In order to man the above listed public health care facilities the healthcare workforce (inclusive of contractual) available in the state is as follows:-

SL	Name of Dist / Unit	MPW (M)	ANM	Staff Nurse	Phar m asist	Lab. Tech	Radiog rapher	Medical Officer		
								Allo	AYUSH	Dental
1	West	71	111	90	57	13	2	38	49	11
2	Sipahijal	65	94	124	29	11	4	45	28	12
3	Khowai	52	55	94	15	5	3	34	19	6
4	Gomati	59	98	157	36	16	4	68	28	12
5	South	55	89	185	49	19	3	53	25	10
6	Unokoti	22	56	99	17	9	2	39	16	8
7	North	34	48	113	20	16	2	46	22	10
8	Dhalai	65	39	138	27	16	3	55	22	7
9	MC & SH	0	21	617	29	44	21	337	13	14
10	Other	0	90	16	20	0	0	25	3	1
	Tripura	423	701	1632	299	149	44	740	225	91

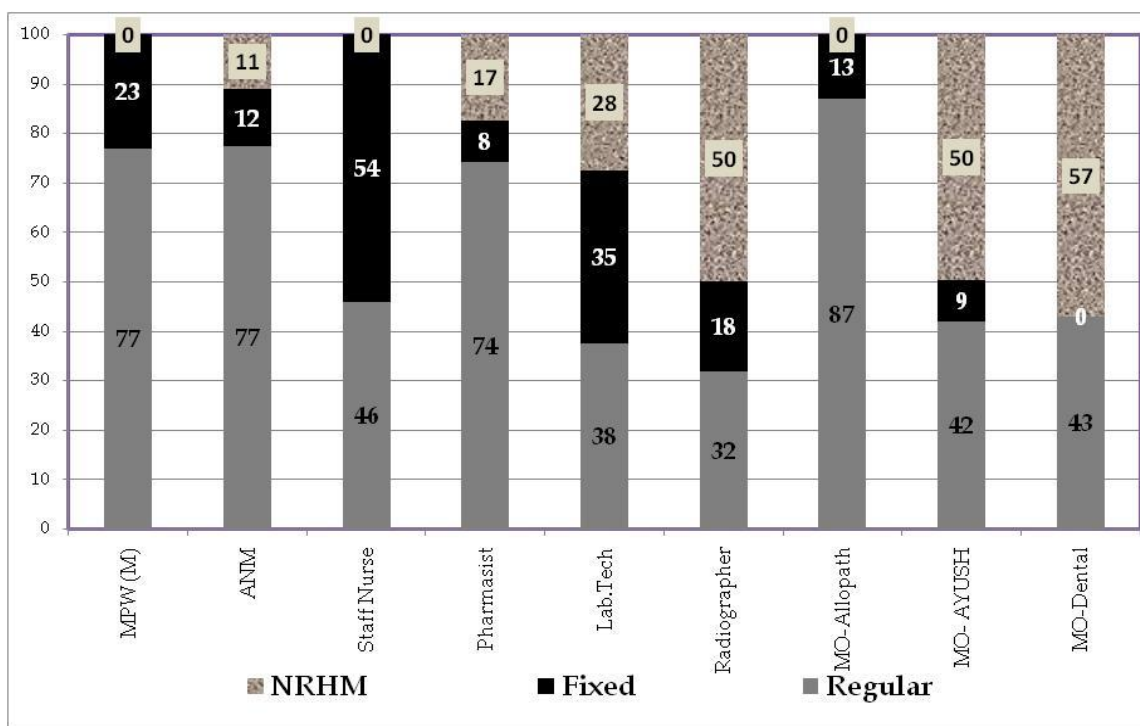
All PHC, CHC & SDH has MCH clinic where Multipurpose Supervisor (MPS) or ANM is posted. In addition to the above the state has 63 nos. allopath dispensaries in different villages where one pharmacist and Group-D (GDA) employee are posted.

The health workforce in the state can be broadly classified into 3 categories: regular government employees, non-regular government employees (fixed, ad-hoc & honorary employees paid through treasury route) and contractual employees under NRHM.

Tripura : Public Health HR Profile - 2012



Tripura : Break-up (%) of Health care worker – Regular & Contractual -2012



II. HUMAN RESOURCE FOR HEALTH POLICY:

State Health Service Rules:

The Tripura Health Service Rules for medical officer (MBBS) was constituted in 1974 and Tripura Dental Service Rules was constituted in 1995. Till 2012, Tripura Health Service Rules has been amended 17 times. Initially there were five grades (Grade I to Grade V) for medical officer but in the 14th amendment Grade V was deleted.

The state does not have specialist cadre. Medical officers are entitled for two additional increments (3% each on pay = basic + grade pay) after post graduation and one after diploma. The Medical Officer cadre is recruited by State Public Service Commission and service of paramedical staff and nurses is maintained by Director of Health Service while ANMs by Director Family Welfare & P.M.

Contractual engagement under NRHM

Since inception of NRHM, the State Health Society has been recruiting different categories of employees including Medical Officer (AYUSH & Dental), Pharmacist, Lab.Tech, ANM and PMU on contract (11 month) basis. HR issues of the employees is being managed by two – three person (Office Assistant) under the direct guidance of Member Secretary, SH&FWS. Process of appraisal, increment, and leave for all categories of staffs is similar.

III. GENERATION OF HUMAN RESOURCES :

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

SL.No	Name of the Institute	No. of Seats	Remarks
Medical Colleges (2)			
01	Agartala Government Medical College	100	Govt.
02	Tripura Medical College	100	PPP model
	Total	200	
BSc Nursing Colleges (2)			
01	Tripura College of Nursing, Hapania	60	PPP model
02	Tripura Sundari College of Nursing, Agartala	60	Private
	Total	120	
Post Basic BSc Nursing (1)			
01	Inst. of Nursing Science, Agartala Hosp. & Research Centre	40	Private
GNM School (4)			
01	Dr. BRAM Nursing School , Agartala	50	Govt.
02	NTI , AGMC & GBP Hospital	50	Govt.
03	Institute of Nursing Science, Durjoynagar	50	Private
04	School of Nursing , ILS	40	Private
	Total	190	
Male MPW Training Institute (1)			
01	Male MPW training Institute, Agartala	100	Govt.
ANM Training School (3)			
01	ANM Training Institute, Udaipur	40	Govt.
02	ANM Training Institute, Kailasahar	25	Govt.
03	School of Nursing , TIPS	60	PPP model
	Total	125	

The state got its first Medical College in the year 2005. After passing out of doctors from these medical colleges, gap of medical officer is gradually decreasing. To meet the gap of ANMs, state government has established one paramedical college under PPP model. Presently, it has 60 intake capacities and permission is awaited from Nursing Council of India to upgrade the capacity up to 125 ANM and 125 MPW (M). State Government has also initiated to establish Dental, Ayurved and Homeopathic Medical College. Expression of Interest for setting up dental college in a Public Private Partnership has been issued.

IV. RECRUITMENT, SANCTION & VACANCIES :
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A. Recruitment of Regular Employees:

1. **Medical Officer (MO)** : State has 04 (three) type of medical officer (MO) i.e. MBBS, Dental , Ayurved & Homeopath. As per Tripura Health Service norms regular post of medical officer are recruited through Tripura Public Service Commission (TPSC) which had been last done in 2009 for 183 MBBS doctors. After that TPSC has advertised 130 post for MBBS MO in last month. In-between department had recruited 96 MBBS MO in 2011 and 184 nos. in August'2012 on ad-hoc basis. In the same process the department has recruited 21 AYUSH MO (Homeopathy) as honorary doctors and 05 dental MO as Ex-cadre. Department had recruited various category of MO (ad-hoc, honorary, Ex-cadre) , who are getting different type of salary and benefit, but their duty is same.

2. **Paramedical & Nurses**: Recruitment is **carried out** by Health & Family Welfare Department through interview. **From the year 2002 onwards paramedical and nurse staffs are recruited on fixed pay basis. Service of fixed pay employees are regularised after five year.** There is no policy for recruitment and transfer. Transfers are done by directorates as per requirement. Gazette notification of Recruitment Rules (RR) against each category of post is available, which is followed during post creation and recruitment. The last recruitment conducted for various post in different time are as below:

Sl.No	Category of Post	Last Recruitment	Number recruited
1	MPW (M)	January '2012	17
2	ANM	February' 2007	43
3	Staff Nurse	January'2012	96
4	Pharmacist	October'2011	21
5	Lab.Tech	May' 2010	19
6	Radiographer	July'2007	11

B. Recruitment of Contractual Service Providers:

At the state level contractual recruitment process for Doctors and Specialists was undertaken **in different times through wide advertisement and publicity**, but no responses were received.

Issues: - Retired specialist medical officers are not willing to join in designated FRU in rural and difficult areas.

1. **Paramedical:** Recruitment are done at state level through an interview board headed by Mission Director, entire process takes about 3-4 months. Place of posting is finalized in consultation with Director, Family Welfare & Preventive Medicine and Director, Health Services. At the time of recruitment state government rules is being followed and reservation of ST & SC which is strictly adhered.

During this year (2012-13) process is going on to recruit the contractual manpower at district level through a selection board headed by District Magistrate & Collector.

Issue: Inter district posting of ANM hampers in rendering regular service as it is difficult for them to stay alone in inaccessible SC areas.

At present 35 nos. PHC & CHC is functioning without Lab-Technician and 13 PHC without pharmacist. The post of pharmacist and lab-technician was proposed in PIP 2010-11, which was not approved by NPCC.

Under NRHM 48 nos. Homeopathy MO, 74 nos. Ayurved and 52 Dental medical officers are recruited / posted in different PHC, CHC, SDH and DH on contractual basis. **Issue:- Under Health & FW department 21 Homeopath MO are recruited long back as honorary doctor, those are getting Rs.10,000/- pm where as under NRHM AYUSH MOs are getting Rs.22,000/-pm. Therefore, there is a huge disparity in the payment structure for providing the same services.**

There are no radiographer and staff nurse recruited under NRHM till date. X-ray facility is available upto sub-divisional hospital where single radiographer is posted.

Issue: The major challenge is that during leave period it is difficult to run the X-ray unit.

C. Vacancy:

Shortage of qualified manpower & irregular recruitments of regular posts has led to vacancies in critical healthcare workforce. Contractual **appointment made** under

NRHM attempts to fill up the gap of pharmacist, lab-tech and ANMs. Vacancies against regular posts are shown below:-

Vacancies in regular positions against sanctioned posts

S L	Category	Sancti oned	In-position			Vacancy	Recruited Under NRHM
			Regular	Fixed/adhoc/ honorary	Total		
1	MPW (M)	610	325	98	423	187	0
2	ANM	691	542	82	624	67	77
3	Staff Nurse	1778	751	881	1632	146	0
4	Pharmacist	340	222	25	247	93	52
5	Lab.Tech	159	56	52	108	51	41
6	Radiographer	53	28	16	44	9	44
7	MO-Allopath	1480	644	96	740	740	0
8	MO- AYUSH	162	103	21	124	38	122
9	MO-Dental	41	39	0	39	2	52
	Total	5314	2710	1271	3981	1333	388

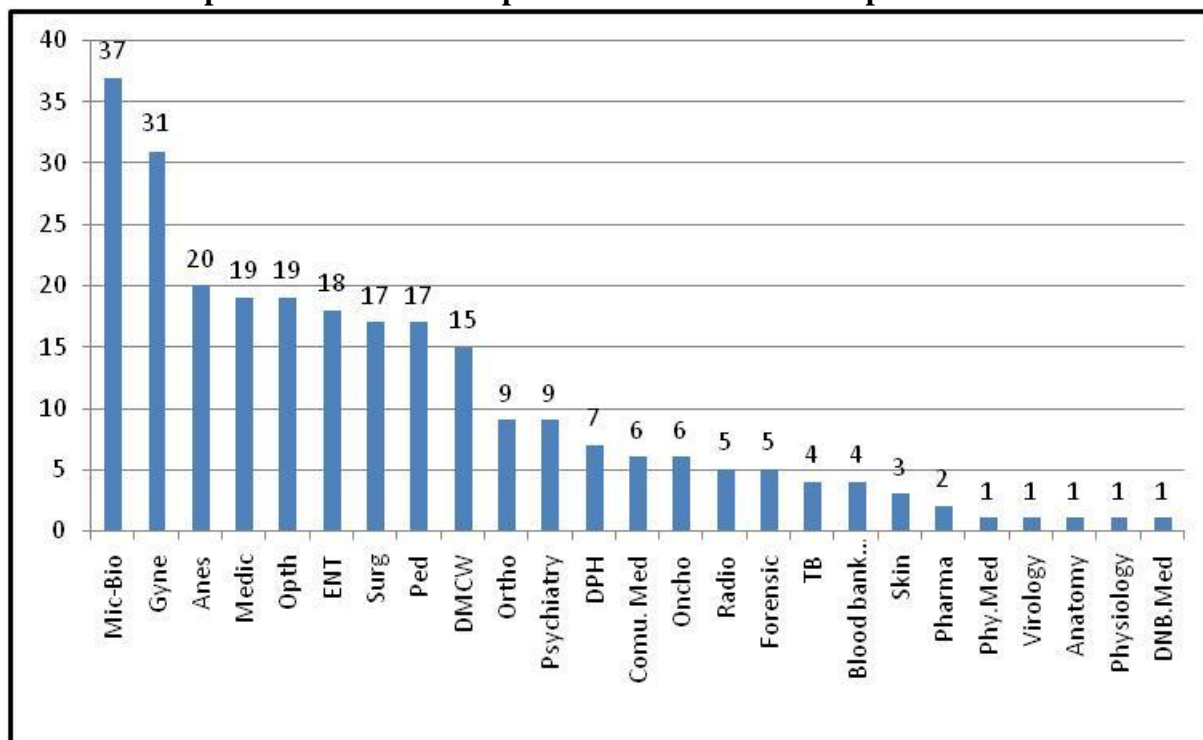
As on date there are 719 functional SC and total 701 ANM are in position. Under NRHM, 77 ANM are recruited as 2nd ANM, but most of them are working as 1st ANM. As per tabulated database of ANM in position, 60 SCs are functioning by makeshift arrangement of ANM from nearby SC, **whereas** following SCs are functioning with more than 03 ANM.

District	Name of HSC	Name of Health Facility	ANM
WEST TRIPURA	Shanmura	Narshingarh PHC	4
	Durjoynagar	Narshingarh PHC	5
	Jirania	Jirania CHC	4
	Old Agartala	Ranirbazar PHC	7
SHIPAHIJALA	Uttar Charilam	Bishalgarh SDH	4

V. DEPLOYMENT OF HUMAN RESOURCE :

The state does not have any specialist cadre. Database of place of posting of individual specialist doctors are manually maintained in secretariat section of Directorate of Health Service.

Specialist-wise break-up of Medical Officer in Tripura – 2012



Presently state has 258 specialists, out of that 68% are posted in medical college and state hospital including cancer hospital. Other than PG and Diploma, 09 doctors are trained on Life Saving Anaesthetic Skill (LSAS) and 11 on Emergency Obstetric Care (EmOC). Identified FRUs are not functioning due to lack of specialist. Following table indicates the details of specialist situation in Sub-divisional hospital

SL	Name of Health Facility	Staff In position				Specialist in position			Other essential	
		MO	SN	Phar	L.Tech	O&G	Anaes	Ped	OT	bank/Storage
Functional FRU										
1	Melaghar	4	19	1	3	2(1EmOC)	0	1	Y	Y
2	Belonia	6	23	5	3	2(1EmOC)	1LSAS	1	Y	Y
3	Dharmanagar	7	24	6	3	1	1	1	Y	Y
4	Bimal Sinha Mem	2	27	6	6	1	1	1	Y	Y
Identified FRU										
5	Bishalgarh	6	18	2	8	0	0	0	Y	Y
6	Khowai	9	28	3	4	1	0	0	Y	Y
7	Amarpur	5	12	3	3	0	0	0	Y	Y
8	Sabroom	5	22	3	3	1	1 LSAS	0	Y	Y
9	Kanchanpur	6	16	2	3	1(1EmOC)	0	0	Y	Y

10	Gandacherra	5	17	3	3	0	0	0	Y	Y
11	Chailengta	6	16	2	2	1(1EmOC)	0	0	N	N

According to the data available in Directorate of Health Services and NRHM, following medical officer with the required post-graduate, diploma and skilled trained qualification are working in PHC & CHC level.

SL. No	Specialist Category	Name of Health Facility
01	Orthopaedics	Teliamura CHC
02	ENT	Hrishyamukh CHC
03	DPH	Madhupur PHC
04	Trained in TB & Respiratory	Matai PHC
05	Trained on LSAS	Chebri PHC
06	Trained on EmOC	Machmara PHC, Rajnagar PHC , Manikpur PHC & CMO Office (South Dist)

Jagabandhu para PHC of Dhalai district is functioning without any allopathy doctors and Kakraban PHC of Gomati District is **functioning** with 05 doctors where delivery **load** is less than 06 per month. Staff Nurses are posted more than 07 nos in following PHCs where average delivery per month is less than 06.

1. Bamutia	5. Kakraban
2. Borakha	6. Nalua
3. Ranirbazar	7. Rupaichari
4. Baijalbari	8. Jampui

VI. TRAINING & CAPACITY BUILDING :

Tripura Health Department has three type of training cell, (1) Director of Medical Education looks after the refresher training of clerical staff, radiographer, Lab. Technician, nursing and ANM training (2) Individual training cell of different national disease control programme and AIDS control programme (3) Training cell of NRHM looks after RCH & Immunization training for regular and contractual service provider.

The NRHM training cell has one nodal officer, who is also in charge of State ASHA Programme, State Immunization Officer and as Branch Officer NRHM. One pharmacist assists him to **draw the** training plan and execution. A comprehensive and integrated training plan is drawn up every year and the total numbers trained so far are as follows:

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Sl. No	Name of the trg.	Category	Target (2012-13)	Achievement 2012-13 till Sep 2012	Cumulative Achievement till Aug 2012
1	EmOC Training	MO	3	0	11
2	LSAS Training	MO	3	0	9
3	B-EmOC 10 days Training	MO	86	5	44
4	SBA	SN	84	20	265
		ANM	40	0	198
5	NSSK	MO	48	0	147
		SN	24	0	0
		ANM	24	0	0
6	IMNCI	SN	48	0	20
		ANM	48	0	328
7	F-IMNCI	MO	12	0	32
		SN	12	0	0
8	Immunization	MO	48	0	76
		MPW	48	0	901
9	ToT IUD	MO	0	0	30
10	IUCD	ANM	190	0	342
11	NSV	MO	4	0	16
12	LL	MO	0	0	7
		SN	0	0	7
13	MTP	MO	10	0	5
14	Trg. On RTI/STI	MO	100	0	0
		SN	100	0	97
		LT	50	0	0
		ANM	0	0	97
15	Training of School Teacher: WIFS	teacher	870	0	0

State training coordinator was approved in PIP 2009-10, but this was not recruited. There is no state training institution for health & family welfare. Fund for construction of building was approved in 2008-09 and till date it is under process.

VII. REMUNERATION :

Entry level salary of regular service, fixed pay service and contractual employment has different type of pay structure are shown below:

SL. No	Category of Post	Regular Service (approx. salary)	Fixed / Honorary Service	NRHM Contractual
01	Doctors (Allopath)	32000	32000	NA
02	AYUSH MO	32000	10000	22000
03	Staff Nurse	16500	9000	NA
04	Pharmacist, Lab. Tech & Radiographer	14100	7500	10500
05	ANM & MPW (M)	11100	6400	9500

The medical officers recruited through departmental mode without facing the **state public service commission** are not eligible for study leave and availing state seat for PG studies. **But in case of regular medical office after three year of rural service they are eligible to avail opportunity of PG studies in state sponsored seat.** In Tripura at the entry level doctors and assistant lecturer of general college are getting nearly same level of gross salary. **But after 12-14 year of service, doctors are getting 6-8 thousand less salary as per State Government norms.** This is a de-motivating factor for which a good number of newly passed out MBBS doctors are not opting to join State health department.

There is huge disparity in the salary of regular and contractual, which serves as a de-motivating factor. Contractual ANMs joined in 2006-07 are presently drawing Rs.9500/- but in similar period a regular ANMs are drawing nearly Rs.13000/- per month and in fixed pay it is Rs.8000/- per month

Residential facility is a hurdle for contractual of NRHM employee to render service, because **they are not entitled for Govt. quarter.** Regular employees get preferential posting after serving in remote area but NRHM has no transfer rules.

VIII. RETENTION STRATEGY :

Under NRHM **rural posting incentives** has been started in 2008-09 for regular and fixed pay medical & paramedical staff of 30 identified health institution. However the NRHM contractual employees working in the same difficult area were not entitled for this incentive. But in 2011-12 even after the approval of NPCC this incentive has been stopped for the regular employee also.

Raishyabari PHC is situated in the extreme difficult part of the state/district; which caters to nearly 15000 populations, covering a totally hilly area. Water, electricity and communication are very poor. Doctors and paramedical staffs are staying in a common house like hostel arrangement. During the visit of the state team, it was found that the electricity was not available since last 03 days. OPD, MCH Clinic, Cold chain room is functioning in an old building of dilapidated condition. The service provider's feels that monetary incentive is helpful for them especially for transportation. This needs to be ensured for every one irrespective of categorisation

IX. HEALTH HUMAN RESOURCE INFORMATION SYSTEM :

The information of human resources is maintained separately in three separate units in the State Health Department. (1) Records of regular and ad-hoc medical officer are maintained in secretariat section of Directorate of Health Services and regular and fixed category of nurses and paramedical staff's record are maintained in establishment section of same directorate. (2) ANMs and MPWs (Male) records are maintained in establishment section of Directorate of Family Welfare. (3) NRHM has separate establishment for maintaining records of all category contractual employee.

None of the record keeping system is fully computerized. NRHM has initiated this process in January 2012. According to the establishment section of DHS there are nearly 230 categories of posts under health department. Database is maintained manually in different files and books for personal, education, training and service history. Therefore information accumulation and analysis of HR data and utilization for planning is difficult.

X. WORKFORCE MANAGEMENT :

A. **Regular Employees** : The transfer & posting for medical officers and para medical staffs is overseen by the DHS and that of ANM and MPWs are seen by DFWPM. But there is no clear transfer and posting policy in the state. ACRs and length of service is the main criteria for promotion. **Issue: One medical officer (general category) serving as district level programme officer has been promoted after 30 years of service from grade IV to grade III.**

B. **Contractual employees** : Mission Director oversees all category of staff through Member Secretary, SHFWS. After 11 months of contractual service a formal appraisal has been done for further continuation. A detailed format is required to be filled up at 04 levels for appraisal vide 1st level: MO I/c, 2nd level: CMO, 3rd level : Member Secretary and 4th Level: Mission Director. Job responsibility of all level of staff is available in the form of Terms of Reference (ToR).

There is very limited scope for promotion and career development programme for all level of contractual staff including programme management unit. Only 12 CL is

allowed per annum and maternity leave facility is 50% as compared to regular employees.

Issue: There is no specific indicator of performance appraisal in relation to ToR. This is based on the satisfaction of the concerned authority.

XI. MANAGEMENT CADRE :

A. Regular Management Cadre: There is no public health management cadre at state level. As per Tripura Health Service Rules cared strength is as follows

SL	Cadre Grade	No. of post Sanctioned			In position
		Administrative	Clinical	Reserve	
01	Grade –I	04	03	01	01
02	Grade –II	42	74	17	26
03	Grade – III	156	121	41	238
04	Grade - IV	00	888	133	475

B. Contractual Management Cadre: To support the state and district health machineries, NRHM has instituted programme management support unit at the state, district and sub-division level.

The State Programme Management Support Unit (SPMSU) has a State Programme Manager supported by consultant, engineers and other managers looking after various aspect of programme e.g. Planning, Finance, Infrastructure, Community Mobilization, Training, IEC, Family Planning etc. Like as SPMSU programme management unit is in place at district, sub-division and facility level with the following manpower:.

District	Sub-Division	Facility (PHC/CHC)
<ul style="list-style-type: none"> • District Programme Manager • Accounts Manager, • Data Asst, • Dist. Media Expert, • Dist. ASHA Prog. Manager 	<ul style="list-style-type: none"> • Sub-div.Prog. Manage, • Sub-div. A/C Manage, • HMIS Asst. • Media Expert • ASHA Prog. Manager 	<ul style="list-style-type: none"> • Admin. Cun A/C Asst. • HMIS Asst.

Selection of PMUs was done at state level through walk in interview, now initiative has been taken to recruit at district level. Salary of district and sub-district level depends on district allocation. **Issue: Due to lack of fund sub-divisional PMU has not received salary for the last three month** (during field visit at Gandacherra).

ACTION POINTS

A. IMMEDIATE

1. Urgent release of funds to below district level units to regularize salary of contractual service providers and management personals.
2. Extend leave facility (medical & earn leave) of contractual employees along with full benefit of maternity and paternity leave.
3. Appraisal of contractual employee as per ToR and streamline the process.
4. Minimize the timeframe of contractual recruitment process.
5. Strengthening the establishment section (HR cell) of NRHM by involving more manpower with a specialist.
6. Ensure all specialist doctors at FRU level.
7. Relocation of LSAS and EmOC trained doctors in identified FRUs
8. Full time nodal officer for RCH & NRHM training.
9. Accelerate implementation of rural posting incentive and introducing the same for contractual employees.
10. Ensure entitlement of government quarter facilities for contractual employees specially service providers.
11. Scope for professional development training for contractual employees.

B. MEDIUM TERM

1. Increase the salary of honorary homeopath doctors.
2. Computerization of health human resource information system.
3. Creation of post for ANM and radiographer
4. Collocation of different training cell under one umbrella.
5. Filling-up the vacant post of ANM and re-location of posting.
6. Initiating creation of post for upcoming state institute of health and family welfare.
7. Steps to be taken for filling up of all categories of vacant posts.

C. LONG TERM

1. Constitution of service policy for paramedics, nurse and AYUSH doctors.
2. Review of Tripura Health Service & Tripura Dental Service rules.
3. Creation of post for contractual service providers and management personals.
4. Replacement of fixed pay employment system to regular employment.