

West Bengal:
Public Health Workforce
Study – Issues and Challenges

1. Overview of Public health Workforce

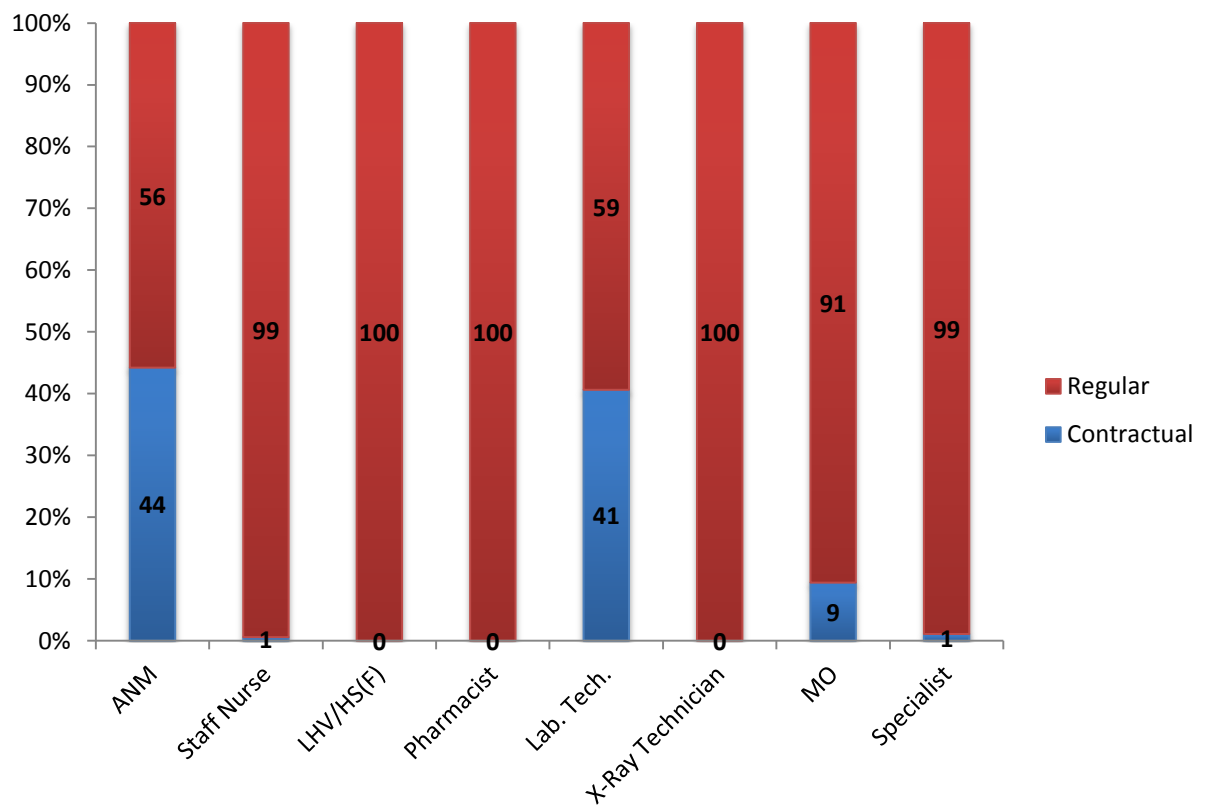
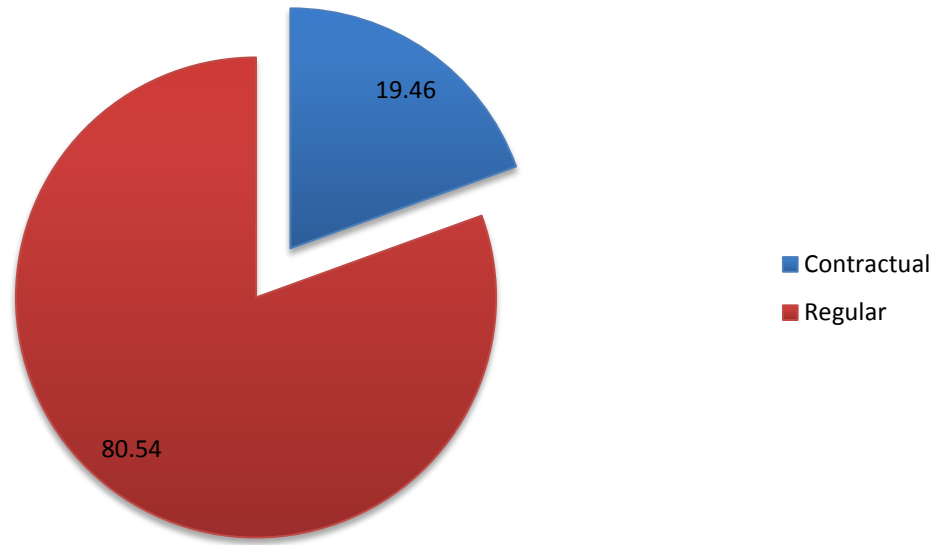
West Bengal has a total population of 91.34 million, 68% of which is rural population with following health infrastructure in 19 districts.

Health Facilities	Present	Required
District Hospitals & Medical Colleges	13+13	
Sub Divisional Hospitals/State General Hospital	44+33	
Community Health Centers	348	500
Primary Health Centers	909	1974
Sub Centers	10356	16324

Healthcare workforce inclusive of Regular & Contractual staff in the state:

Sl. No.	District	ANM	Staff Nurse	LHV/HS(F)	Pharmacist	Lab. Tech.	X-Ray Technician	MO
1	Burdwan	1209	1222	186	169	94	21	327
2	Nadia	826	436	114	92	58	36	153
3	North 24 Parganas	1312	932	130	100	118	45	314
4	Hoogly	1176	720	146	107	73	31	170
5	Bankura	1028	816	120	126	71	18	203
6	Purulia	822	531	84	78	48	17	155
7	East Medinipur	1248	496	156	103	59	12	194
8	West Medinipur	1544	1017	190	124	72	22	260
9	Howrah	776	581	110	91	59	28	113
10	South 24 Parganas	1786	757	202	85	83	45	279
11	Darjeeling	297	932	60	62	33	17	168
12	Jalpaiguri	950	481	102	35	95	15	143
13	Coochbihar	741	505	90	48	41	20	93
14	Uttar Dinajpur	587	268	56	17	36	6	74
15	Dakshin Dinajpur	448	305	39	16	13	11	59
16	Malda	866	404	101	36	61	10	159
17	Mursahidabad	1493	729	169	70	75	25	247
18	Birbhum	843	592	108	81	60	23	112
19	Kolkata	0	4067	0	245	156	104	574
	Total	17952	15791	2163	1685	1305	506	3797

West Bengal : Public Health HR Profile - 2013



2. Human Resource for Health Policy

The state is following its own policy for recruitment and promotion of the human resources in the state. The policies have been revised recently by the state and are implemented for action. These policies have been developed for all cadres at the state level.

Issue : The state is not having a specialist cadre due to which the state is not able to identify the medical officers with post graduation. This leads to a problem for the planners in identifying the medical officers with post graduation to post in FRUS.

3. Generation of Human Resource

The availability of Government Training institutes is as follows:

Sl. No.	Name of the Institute	No. of Seats	Remarks
Medical Colleges			
1	Medical College Kolkata	250	MD/MS- 215
2	NRS Medical College	250	MD/MS- 79
3	R. G. Kar Medical College	200	MD/MS- 122
4	Calcutta National Medical College	150	MD/MS- 61
5	IPGMER	150	MD/MS- 186
6	Burdwan Medical College	150	MD/MS- 90
7	Bankura Medical College	100	MD/MS- 29
8	North Bengal Medical College	100	MD/MS- 42
9	Midnapore Medical College	100	
10	College of Medicine and JNM Hospital	100	
11	College of Medicine & Sagar Dutta Hospital	100	
12	Malda Medical College	100	
13	Mushidabad Medical College	100	
14	School of Tropical Medicine		MD/MS - 32
15	VIMS		MD/MS - 29
16	CSS		MD/MS - 28
17	All India Institute of Hygiene & public Health		MD/MS - 184
18	B. C. Roy PGIPS		MD/MS - 18
	Total	1850	
BSc Nursing College			
1	College of Nursing, SSKM Hospital	30	
2	College of Nursing, MC Hospital, Kolkata	50	
3	College of Nursing, BSMCH	50	
4	College of Nursing, BMCH	50	
5	College of Nursing, MMCH	50	
6	College of Nursing, R G Kar Medical College	50	
	Total	280	
GNM Schools			
1	Kalimpong SD Hospital	20	
2	North Bengal MCH	45	
3	District Hospital, Coochbihar	30	

4	District Hospital, Jalpaiguri	30	
5	District Hospital, Dakshin Dinajpur	20	
6	District Hospital, Murshidabad	45	
7	District Hospital, Nadia	30	
8	JNM Hospital, Kalyani	20	
9	District Hospital, Birbhum	25	
10	GNM Training Centre, Purulia	33	
11	Medinipur MCH	20	
12	District Hospital, Howrah	40	
13	District Hospital, Hoogly	30	
14	District Hospital, Malda	30	
15	M. R. Bangur Hospital	20	
16	SSKM Hospital	50	
17	NRS MCH	60	
18	LDV Hospital	25	
19	SN Pandit Hospital	20	
20	Calcutta National MCH	60	
21	RG Kar MCH	45	
22	Medical College, Kolkata	60	
23	District Hospital, Darjeeling	25	
24	Burdwan MCH	50	
25	Bankura SMCH	60	
	Total	893	
ANM Training Schools			
1	Kalimpong SD Hospital	20	
2	District Hospital, Coochbihar	30	
3	District Hospital, Jalpaiguri	30	
4	District Hospital, Dakshin Dinajpur	30	
5	District Hospital, Nadia	30	
6	JNM Hospital, Kalyani	20	
7	Gandhi Memorial Hospital, Kalyani	30	
8	Asansol SD Hospital	30	
9	District Hospital, Birbhum	30	
10	GNM Training Centre, Purulia	30	
11	Medinipur MCH	30	
12	District Hospital, Howrah	30	
13	Dr. H. C. Memorial Health School	30	
14	District Hospital, North 24 Parganas	30	
15	Vidyasagar SG Hospital	30	
16	Kakdwip SD Hospital	30	
17	ID & BG Hospital	30	
18	CRSS Hospital	30	
	Total	520	
Any other training Institute			
	Name of College	Post Basic(N)	M Sc (N)
1	College of Nursing, SSKM Hospital	25	25
2	College of Nursing, MC Hospital, Kolkata	40	25
3	College of Nursing, BMCH	-	10
4	College of Nursing, NRS MCH	50	20
5	College of Nursing, NBMCH	40	-

6	College of Nursing, CN MCH	50	0
7	College of Nursing, ID & BG Hospital	50	0
8	College of Nursing, NIOH	0	10

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

Sl. No.	Name of the Institute	No. of Seats	Remarks
Medical Colleges			
1	K PC Medical College	150	-
2	Institute of Child Health		MD/MS - 13
3	ESI, Joka		MD/MS - 2
	Total	150	
BSc Nursing College			
1	Asia Heart Foundation	100	
2	Ma Sarada	25	
3	Shova rani	40	
4	Peerless	30	
5	Florence	30	
6	Apollo Gleneagles	60	
7	B M Birla	40	
8	Woodlands	30	
9	Neotia	30	
	Total	385	
GNM Schools			
1	Asia Heart Foundation	25	
2	AMRI, Kolkata	30	
3	Burnpur (IISCO)	20	
4	Mission of Mercy Hospital	20	
5	Calcutta Nursing Training Institute	60	
6	CMRI, Kolkata	30	
7	Islamia Hospital, Kolkata	20	
8	Khristiya Seva Niketan, Bankura	25	
9	R K M Seva Pratisthan	40	
10	Rajib Gandhi Ayurvedic College	30	
11	Sova Rani School of Nursing	40	
12	Woodlands School of Nursing	25	
13	Navjeevan School of Nursing	30	
14	Durgapur School of Nursing	40	
15	Siliguri Anondolok Hospital	25	
16	Tarekeswar Vivekanada Seva Kendra	20	
17	Ruby General Hospital	40	
18	Haldia ICARE Hospital	50	
19	Charnok School of Nursing	30	
20	Arobinda Seva Kendra	25	
21	Ramkrishna Mission Matri Bhawan	20	
22	Neutia School of Nursing	40	
23	Desun School of Nursing	30	
	Total	715	
Any other training Institute			
	Name of College	Post Basic(N)	M Sc (N)

	Asia Heart Foundation	40	20
	Ma Sarada	25	0
	Peerless	40	0
	Florence	40	0
	Apollo Gleneagles	20	0
	B M Birla	30	27

Considering the burgeoned requirements of doctors, seats in Medical Colleges have been increased to 1900 from 1085. 3 more Government Medical Colleges have been established to address the dearth.

4. Recruitment, Sanctioned posts & Vacancies

A. Regular employees:

1. **Medical Officers & Specialists:** The state is doing all regular recruitments through state public service commission. The process of recruitment is again very time consuming. The shortages of Medical Officers are high in the state of West Bengal. The state is coping up with the shortages by appointing the medical officers on ADHOC basis, so that once the medical officer is hired on ADHOC basis then after 3 years the person is regularised in the state health department. The whole process of hiring the medical officer on adhoc basis to regularisation doesn't take more than 2 years.

Sl. No.	Name of District	Medical Officers (GDMO)	
		S	V
1	Burdwan	491	194
2	Nadia	204	59
3	North 24 Parganas	375	84
4	Hoogly	219	59
5	Bankura	268	94
6	Purulia	221	71
7	East Medinipur	229	43
8	West Medinipur	292	74
9	Howrah	148	51
10	South 24 Parganas	308	91
11	Darjeeling	256	95
12	Jalpaiguri	178	55
13	Coochbihar	153	67
14	Uttar Dinajpur	114	49
15	Dakshin Dinajpur	84	26
16	Malda	170	29
17	Mursahidabad	304	93
18	Birbhum	126	40
19	Kolkata	814	240
	Total	4954	1514

2. **Nurses & Paramedical:** Earlier, the selection of Staff nurses and paramedical staff was done only by the Public Service Commission. The recruitment was done only from the government nursing and paramedical institutes. Now the state has taken an initiative to recruit staff nurses from both Private as well as Government Nursing Colleges based on the scores achieved in their course. Cadres are well defined for ANMs and SNs.

ISSUE- Number of Sanctioned posts of Staff Nurses are considerably less than what is required. Posts were last sanctioned in 1992. There is an urgent need to increase the sanctioned number of posts. The state is also in the process of revising the sanctioned posts for the Staff Nurses.

Sl. No.	Name of District	ANM		Staff Nurse		LHV/HS(F)		Pharmacist		Lab. Tech.		X-Ray Tech.	
		S	V	S	V	S	V	S	V	S	V	S	V
1	Burdwan	765	24	1509	291	194	8	225	56	87	25	22	1
2	Nadia	469	19	698	263	131	17	162	70	63	38	41	5
3	North 24 Parganas	742	17	1113	183	140	10	160	60	93	51	51	6
4	Hoogly	660	14	1016	312	147	1	129	22	70	37	53	22
5	Bankura	564	37	1165	371	133	13	145	19	74	11	18	0
6	Purulia	485	7	643	126	119	35	112	34	77	40	22	5
7	East Medinipur	706	19	723	231	156	0	117	14	49	6	14	2
8	West Medinipur	858	48	1262	260	203	13	182	58	79	35	41	19
9	Howrah	448	7	736	159	110	0	114	23	63	35	39	11
10	South 24 Parganas	1068	49	985	229	218	16	152	67	73	32	55	10
11	Darjeeling	230	17	1151	223	94	34	89	27	39	11	22	5
12	Jalpaiguri	537	4	620	139	102	0	82	47	70	33	31	16
13	Coochbihar	406	12	637	133	90	0	91	43	69	44	35	15
14	Uttar Dinajpur	344	12	382	114	68	12	48	31	31	17	6	0
15	Dakshin Dinajpur	247	7	369	64	45	6	46	30	32	26	12	1
16	Malda	511	7	523	119	101	0	82	46	79	58	23	13
17	Mursahidabad	832	25	728	0	178	9	147	77	91	42	35	10
18	Birbhum	484	14	725	150	117	9	123	42	64	21	30	7
19	Kolkata	0	0	5902	1835	0	0	303	58	272	138	150	46
	Total	10356	339	20887	5202	2346	183	2509	824	1475	700	700	194

B. Contractual :

The state is having a Human resource development cell for the contractual staff. The state level recruitments are taken care by HRD cell. Recruitment of Group A and B staff takes place at the state level whereas recruitment of Group C and D takes place at the District level through District Health and Family Welfare Samiti under the leadership of District Magistrate (DM). Recruitment notification is done in the famous newspapers and on the department's website.

1. **Medical Officers & Specialists:** MOs are hired on the basis of walk-ins, wherein their academic credentials are verified and their prospective work locations are propounded to

them. Thereafter, MOs who give their nod to work at the offered locations are offered appointment letters. The state has also recently started online recruitment system through which the personnel can choose a facility of its own choice thereby ensuring the retention of the personnel

ISSUE- Attracting and retaining Medical Officers at the peripheral locations and countryside is proving to be challenging task for the state government. In August 2012, recruitments were conducted against 52 vacancies in northern districts wherein 39 people were offered appointments. Out of the appointees, only 17 people have joined so far.

2. **Nursing and Paramedical Staff:** Recruitment of Nurses takes place at State level. The process took nearly 2 months from the date of advertisement to place of posting .For rest of the paramedical staff, district level recruitments are done. The state is doing these recruitments at the districts level only to emphasise on the local body selection criteria and to retain the human resource at that facility.

2nd ANM Strengthening: In the state, to handle the acute shortages of contractual ANMs, a new initiative was taken was taken for the 2nd ANM training and deployment. In this , the state has hired private NGOs, under the Public Private partnership model, which acts as a training institute for the training the ANMs and placing them in that particular area. The selection process of the ANM was such, that there was clear preference given to those ANMs who wanted to work in that specific village with the involvement of local panchayat in their selection. The cost of training was incurred under the NRHM and the trained ANMs were placed directly back to their place of selection and as an employee of the local government, and not as part of the state cadre.

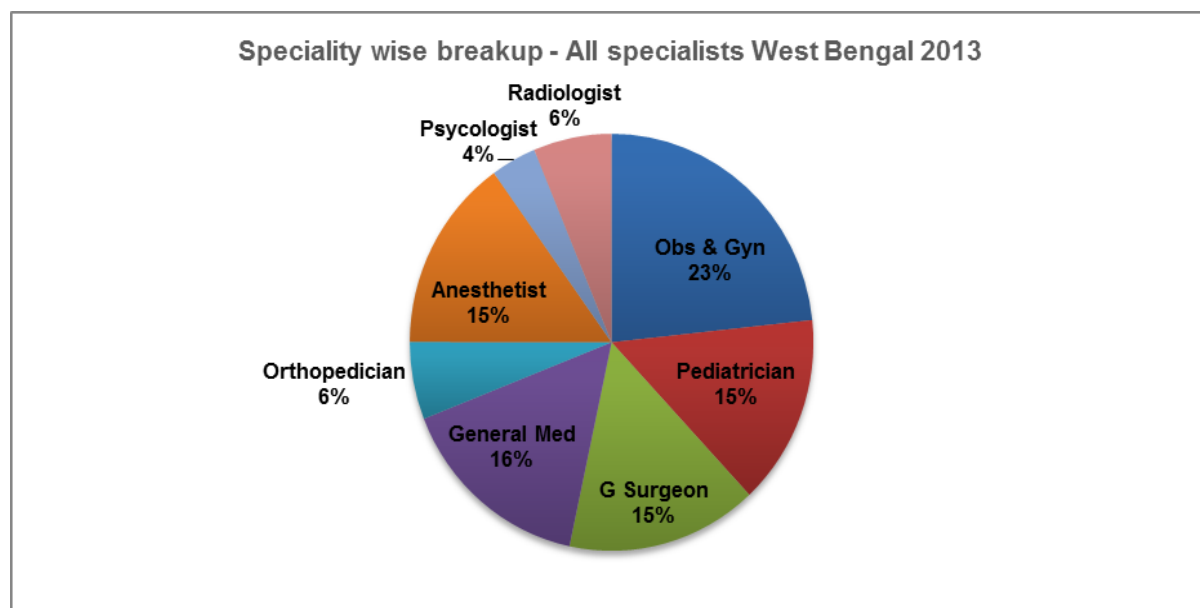
These institutes being administered by NGOs were recognised by the Indian Nursing Council. After the course is over the institute is de-recognised and has to a get INC approval again for recognition. The state has now stopped proposing funds ,for the PPP model, as the acute shortages of ANMs have been sufficed and there are other government ANM training centres also in the state which in an year or two will be able to complete the shortages of the ANMs. The state is now left with only 485 ANMs to be trained by the year 2013-14.

Phase	2nd ANM training		No. of Students enrolled	No. of Passed out Student	No. of 2nd ANM engaged	Year of engagement
	Started From	Ended/to be ended				
1st	2007	2008	3056	2877	2877	2009
2nd	2008	2009	845	843	843	2010
3rd	2009	2010	2526	2489	2489	2010
4th	2009	2011	1096	1075	1075	2011
5th	2010	2012	875	863	863	2012
6th	2011	2013	468			
**7th	2013	2014	17			
Total			8883	8147	8147	

**** In compliance with the High Court Order**

5. Deployment of Human Resource

Availability of specialists (Speciality wise) across the state is as follows:



The state is using different nomenclature for FRUS and 24* facilities i.e, CEmOC and BEmOC facilities respectively. As per the state guidelines, every BEmOC facility must have a BEmOC trained MO and CEmOC to have a CEmOC trained MO with an Anesthetist or LSAS trained MO. State strives to make all its CHCs as CEmOC facilities, wherein complicated C – section deliveries could also be conducted.

Sl. No.	District	Identified CEmOC Centers	CEmOCs center conducting CS /Aneasthesia	Gynae & Obs	Paed	Anaest
1	Bankura	Amarkananda Rural Hospital	YES	0	0	0
2	Bankura	Taldangra Rural Hospital	NO	0	0	0
3	Birbhum	Muraroi RH	NO	1	1	0
4	Birbhum	Saithia RH	NO	0	1	0
5	Burdwan	Mankar Rural Hospital	NO	0	0	0
6	Cooch Behar	Haldibari RH	NO	0	0	0
7	Dakshin Dinajpur	Tapan BPHC	NO	0	0	0
8	Darjeeling-SMP	Kharibari RH	NO	0	0	0
9	Hooghly	Tarakeswar Rural Hospital	YES	0	0	0
10	Hooghly	Pandua Rural Hospital	YES	0	0	0
11	Hooghly	Dhaniakhali Rural Hospital	NO	1	0	1
12	Howrah	Udaynarayanpur SGH	YES	3	0	2
13	Howrah	Domjur Rural Hospital	YES	0	1	1
14	Howrah	Jagatballavpur Rural Hospital	YES	2	1	0
15	Jalpaiguri	Birpara SGH	YES	2	2	0
16	Jalpaiguri	Mainaguri Rural Hospital	YES	0	1	0
17	Jalpaiguri	Dhupguri Rural Hospital	NO	1	1	0

18	Jalpaiguri	Falakata Rural Hospital	NO	1	1	0
19	Maldah	Chanchal SDH	YES	0	0	0
20	Maldah	Gazole Rural Hospital	YES	1	0	1
21	Maldah	R.N. Roy Rural Hospital	NO	1	0	0
22	Maldah	Masaldabazar B.P.H.C.	NO	0	0	0
23	Maldah	Bedrabad B.P.H.C.	NO	0	0	0
24	Murshidabad	Domkal SDH	YES	1	1	0
25	Murshidabad	Krishnapur RH	NO	0	0	0
26	Nadia	Chakdah SGH	YES	2	0	0
27	Nadia	Santipur SGH	YES	3	0	1
28	Nadia	Bethuadahari Rural Hospital	YES	1	0	1
29	Nadia	Bagula Rural Hospital	NO	2	0	0
30	Nadia	Karimpur Rural Hospital	NO	1	0	0
31	Nadia	Tehatta SDH	NO	1	1	0
32	North 24 PGS	Taki Rural Hospital	NO	0	0	0
33	Paschim Medinipur	Sabong Rural Hospital	YES	0	0	1
34	Paschim Medinipur	Debra Rural Hospital	YES	0	0	0
35	Paschim Medinipur	Chandrakona Rural Hospital	YES	1	1	0
36	Paschim Medinipur	Gopiballavpur B.P.H.C.	NO	0	0	0
37	Paschim Medinipur	Kharikamathani B.P.H.C.	NO	0	0	0
38	Paschim Medinipur	Garhbeta Rural Hospital	NO	0	0	0
39	Purba Medinipur	Reapara Rural Hospital	YES	0	0	0
40	Purulia	Raghunathpur SDH	YES	2	1	0
41	Purulia	Bansgarh Rural Hospital	NO	2	0	0
42	Purulia	Muralhar Kotshila Rural Hospital	NO	0	1	0
43	Purulia	Manbajar Rural Hospital	NO	0	0	0
44	South 24 PGS	Kakdwip SDH	YES	4	3	0
45	South 24 PGS	Sonarpur Rural Hospital	YES	1	1	0
46	South 24 PGS	Sagar (Rudra Nagar) Rural Hospital	NO	0	0	1
47	Uttar Dinajpur	Kaliaganj SGH	NO	0	1	0
48	Uttar Dinajpur	Karandighi Rural Hospital	NO	0	0	0

It is interesting to note that there are 6 CEmOC centres conducting C-section deliveries even without any specialist and one CEmOC centre with all required specialists not conducting any delivery. As per state data out of 121 facilities designated as CEmOC centre 93 are conducting C sections but practically the numbers are even lesser.

The shortages of specialists in the state can be clearly seen through the above mentioned data. Out of 93 facilities 20 facilities are not having even a single specialist. 6 CEmOC centres are working with only 1 specialist. The availability of specialists is more in the urban region due to better availability of facilities and civic amenities. The rest of the specialists are available at the higher facilities as the facilities are in the urban region.

6. Training and Capacity Building

The Training requirements are taken up in coordination of SIFHW and the directorate for the training the health care professionals.

Sl. No.	TRAINING	Target	Achievement	Cumulative Achievement till Sept 2012
		2012-13	2012-13 till 9/1/2012	
1	IMNCI Health Worker Training	3000	1118	12209
2	Navjaat Shishu Suraksha Karyakram (MO)	2496	298	2827
3	SBA Health Worker Training	1490	281	4963
4	LSAS Training	16	9	94
5	EmOc Training	16	5	56
6	BEmOC 10 days Training	180	52	360
7	Minilap cum MTP Training	339	21	1552
8	MTP Training	144	38	273
9	Training of Service Provider in CU IUCD 375	2200	983	7582
10	PPIUCD Training	60	32	32
11	NSV Training	328	10	1506
12	ARSH District Level Training	17190	0	0

7. Remuneration

The state has developed a pay parity committee to look after the unequal distribution of salaries between the regular and contractual staff.

Barring Medical Officers and Specialists, all other categories of Service Providers are getting less salary than their regular counterparts. Salary of NRHM staff vis-a-vis regular staff is as follows:

HR category	Salary in NRHM	Salary of Regular Staff
Staff Nurses	17,000	22,000
ANMs	9,300	15,000
LTs	8,000	15,000

The huge variations in the salary structures of the staff have led to huge shortages especially for the staff nurses.

ISSUE- Lot of vacancies of LTs exist in the facilities. To fill the service delivery gap at such facilities, LTs of RNTCP could well be handed over extra responsibilities with extra salary.

8. Retention Strategy

As such state has not provided any incentive schemes for the staff available in the state. The state is only having the annual appraisal system for the contractual staff. The state not having any bonding system for the medical graduates and nor even pre post-graduation compulsions. The state has not even proposed the hard ship allowances for the technical staff.

ISSUE - Contractual staff is deprived of the basic amenities like availing Medical Facilities which the Regular Staff is entitled to get. A contractual Staff Nurse serving in the TB ward in a hospital got infected with MDR TB per se but is striving hard to get the medical facilities from the government.

9. Health Human Resource Information System

The state is not having any Human Resource Information System as such. The state recently has proposed one human resource information system for the better management and efficient data on human resources. The state is trying to envisage it in the next financial year i.e, 2014-15

10. Workforce Management

A. Regular Staff

The state has laid down policies for the transfer and promotion of the personnel. The policies have been revised for certain cadres like medical officers and staff nurses. Some of the features of these policies for medical officers have been highlighted as under:

Promotion Medical Officers

The promotion policies for regular medical officers also exist in the state. The state is having a three member departmental promotional committee which consists of following member.

- a. Director of health Services
- b. Special secretary in charge of the Medical Administration Branch
- c. Director of Medical Education

The promotion of medical officers in the state is done by the promotion based guidelines which consists of scoring sheet with maximum 80 marks. The division of marks is as below

Sl. No.	Criteria	Maximum Marks
1	Length of the Service from the date of regular joining	35
2	Length of the Service in Administrative Post	20
3	Length of the Service in WHPH&AS Cadre from 20.0804	10

4	a. Period of Service as Supdt. Of DH & Equivalent Hospital/CMOH (More than 3 years) - 5	5
	b. Superintendent of SDH/SGH (for more than 3 years) - 3	
5	Post Graduate Qualification. Degree in any discipline for one time - 4	4
	Post Graduate Qualification. Diploma in any discipline for one time - 2	
6	Those who served in the same administrative rank for 5 years or more without any promotion to next higher rank	6
Total		80

Transfers of Medical officers

The state has recently formulated the new transfer policies in the year 2011 in which are highlighted below:

Category A – All the Six districts of North Bengal, Purulia, all PHCs within the district of Murshidabad. All BPHCs/RHs within Jangipur Sub division of Murshidabad, Blocks within Jhargram Sub division of Pashchimi Medicinipur, Blocks within khatra Sub Division of Bankura District, Gosaba, Basanti Sagar & Patharpratima Blocks of South 24 parganas, Sandeshkhali Block of North 24 parganas and Sandeelerbill BPHC, Jogeshganj & Sahebkhali PHCS under Hingalgunj block of North 24 parganas. Areas covered under this category shall be treated as “difficult” for Medical Officers Hailing from areas belonging to other 2 categories.

Category B – All other health institutions outside the KMDA areas.

Category C – Health Institutions within KMDA areas.

Based on these three categories the transfers policies are laid down for the regular medical officers out of which some of it has been highlighted below.

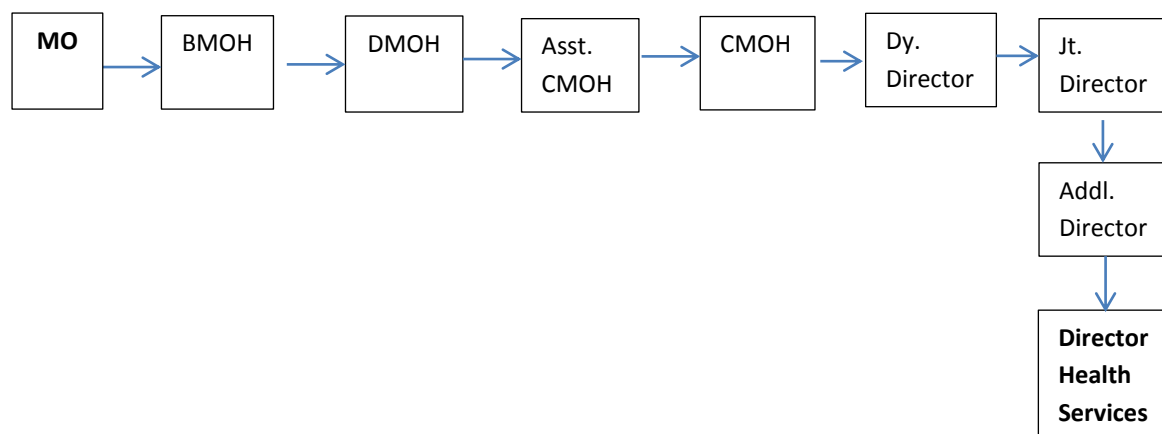
- a. Any Medical Office, no matter which category they belong will move out after three years from one category to another category. Like
 1. Medical Officers working in category C are liable to transfer to category A after 3 years of service period.
 2. Medical Officers working in Category A are liable to get transfers either to category C or to the category A with different zone . But a Medical officer cannot stay back in the same category especially the category A for not more than 6 years.
- b. Medical Officers who have put in at least 6 years of service will be transferred to the upper tier Hospitals.

B. Contractual Employees: There are no transfer policies for the contractual employees. Only one year contracts are provided with annual appraisals done both at state level as well as district level.

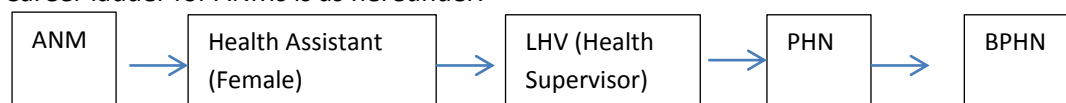
11. Management Cadre

Regular Management Cadre

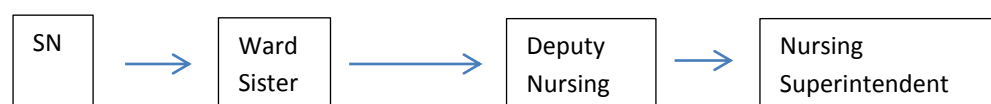
During the service, an MO has the choice of continuing in the clinical side or switch to the Public health cadre, wherein his career path follows the ladder as shown below:



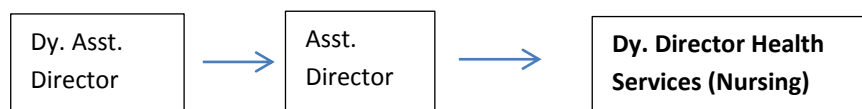
Career ladder for ANMs is as hereunder:



Career ladder for Staff Nurses (*Clinical cadre*) is as follows:



For further higher posts in the cadre, a Nurse has to go through the selection process for Gr. I (1) posts of West Bengal Nursing Services.



Contractual Management Cadre:

Unlike the other structures of SPMU and DPMU units the West Bengal is having a different structure. The district is headed by District Programme Coordinator which is intern responsible for all the activities at the district including the NRHM. At district level there is District Accounts Manager with District Statistical Manager. Both are regular staff from the state public service commission.

At the state level there is programme management support centre headed by 2 or 3 senior programme coordinators which are in turn responsible for all the programmes implemented in the state. This whole setup from state level to district level is meant to provide the technical support.

12. Para-Statals

SHSRC: SHSRC has been functional before the inception of NRHM. Erstwhile it was named as Strategic Planning Sector Reforms Cell (SPRC). It is headed by Executive Director supported by the team of Consultants.

SIHFW: To coordinate and monitor all RCH training in the state, SIHFW has been established in the state. It also conducts TOTs in the state. SIHFW is technically headed by the Principal supported by Consultant ROs and Consultant Management.

13. Action Points

Immediate

1. The state is not having any specialist's cadre existing due to which it is difficult in planning the specialists at the FRU level. As an immediate action the state has to create a specialist cadre.
2. Pay parity committee has to equate the salary structures of the different cadres especially the salary structures of Laboratory Technicians.
3. The state should also development hardship allowances especially for the inaccessible areas. Difficult or hardship area allowance should be fixed for the personnel with high attrition rates like the doctors.
4. The state should also develop the performance based incentive schemes for different cadres which will also help in the quarterly appraisal system which is done annually right now.
5. Redeployment of Human resources has to be taken by the state as an immediate action. The specialist's availability is more in the urban regions which is very less in the rural regions. The redeployment strategy can be adopted for posting of specialists at the FRUs with potential of conducting C sections.
6. Development of transfer policies at the state level for the better dispersion of Human Resources, as there are no transfer policies in the state for contractual staff. The state should first ensure the development of transfer policies. If sometimes ,the transfers are done on the humanitarian grounds, the transfers can be done only in the same district samiti i.e, the person cannot be transferred to another district. So flexible transfer policy can be adopted for the better dispersion of human resource.

Medium Term

1. Grievance and redresal unit should be established at the state for the understanding the grievances of human resource especially the contractual health care providers.
2. Compulsory rural bonding for medical officers should be a mandate for 2 years as a pre PG compulsion to retain them at the hard and inaccessible regions.

Long term

1. Creation of Adequate number of health facilities.
2. Creation of adequate number of posts for the health facilities existing and to be created

Annexure – 1

Bed strength of District Hospitals in the state is as follows:

Sl. No.	District Hospital	Current Bed Strength
1	Burdwan Medical College	1555
2	Nadia	700
3	North 24 Parganas	900
4	Hoogly	650
5	Bankura sammilani Medical College	1247
6	Purulia	506
7	East Medinipur	530
8	Medinipur Medical College	861
9	Howrah	610
10	South 24 Parganas	910
11	Darjeeling (two DH)	708
12	Jalpaiguri	700
13	Coochbihar	500
14	Uttar Dinajpur	400
15	Dakshin Dinajpur	400
16	Malda Medical College	750
17	Mursahidabad Medical College	800
18	Birbhum	806
19	Kolkata Medical Colleges (5 colleges)	8008