

RRC NE, Guwahati & NHSRC, New Delhi-October'12

Arunachal Pradesh

Public Health Workforce

– Issues and Challenges

I. OVERVIEW OF The state

Arunachal Pradesh is a state of India. Located in northeast India, Arunachal Pradesh borders the states of Assam and Nagaland to the south, and shares international borders with Bhutan in the west, Myanmar in the east and the People's Republic of China (PRC) in the north. Itanagar is the capital of the state.

Arunachal Pradesh means "land of the dawn-lit mountains". It is also known as "land of the rising sun (Pradesh" means "state", "territory" or "region") in reference to its position as the easternmost state of India. Like other parts of Northeast India, a majority of the people native to the state are of Tibeto-Burman origin. A large and increasing number of migrants have reached Arunachal Pradesh from many other parts of India, although no reliable population count of the migrant population has been conducted, and percentage estimates of total population accordingly vary widely. Part of the famous Ledo- Burma Road, which was a lifeline to China during World War II, passes through the eastern part of the state.

The northern border of Arunachal Pradesh follows the McMahon Line, a border delineated in the Simla Accord that was signed by the United Kingdom and Tibet in 1914 but not by China (since Tibet was not Chinese-controlled at that time). Both the Republic of China (ROC) and the PRC claim the northern portion of Arunachal Pradesh as part of the former provinces of the Tibet Area and Xikang (for the ROC), respectively the Tibet Autonomous Region (for the PRC). The PRC often refers to the claimed areas as South Tibet.

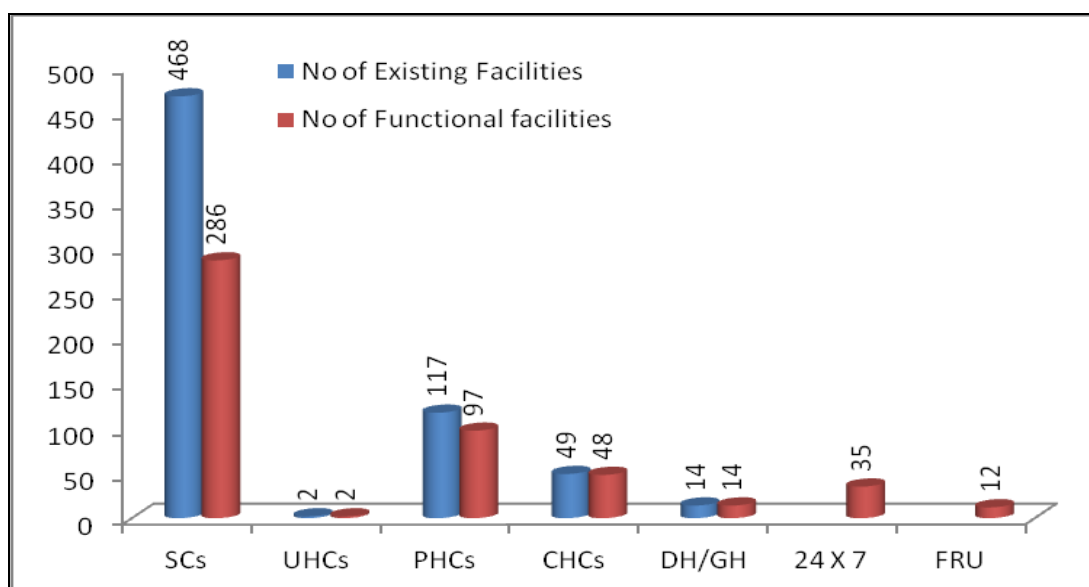
The brief status of the state:

Description	2011 Census			
	Arunachal Pradesh	High Focus Districts		
		Upper Subansiri	East Kameng	Kurung Kumey
Population	1,382,611	83205	72413	89717
Male	720,232	41974	38,974	44226
Female	662,379	41231	39,439	45491
Population Growth	25.92%	50.34	37.14	111.01
Sex Ratio	920	982	1012	1028
Area km2	83,743	7032	4134	6040
Density/km2	17	12	19	15
Literacy	66.95	63.96	62.48	50.67
Male Literacy	73.69	67.36	70.95	57.28
Female Literacy	59.57	60.51	54.18	44.31

II. Overview of the Public Health & Public Health workforce in the state:

The following public health infrastructure in its 16 districts:

Type of the Facilities	No of Existing Facilities	No of Functional facilities
SCs	468	286
UHCs	2	2
PHCs	117	97
CHCs	49	48
DH/GH	14	14
24 X 7		35
FRU		12



District wise break up of SCs/ PHCs/ CHCs:

Name of District	Type of the Facilities	No of Existing Facilities	No of Functional facilities
Tawang	DH	1	1
	CHCs	1	1
	FRUs	1	1
	PHCs	6	5
	SCs	14	7
West Kameng	DH	1	1
	CHCs	4	4
	FRUs	1	1
	PHCs	4	3
	SCs	27	21

East Kameng	DH	1	1
	CHCs	2	1
	FRUs	0	0
	PHCs	9	5
	SCs	41	10
Papum Pare	GH	1	1
	CHCs	4	4
	FRUs	1	1
	PHCs	8	7
	SCs	40	30
	Urban Health Centre	1	1
Lower Subansiri	DH	1	1
	CHCs	2	2
	FRUs	1	1
	PHCs	7	4
	SCs	25	18
Kurung Kumey	DH	0	0
	CHCs	4	4
	FRUs	0	0
	PHCs	10	6
	SCs	45	13
Upper Subansiri	DH	1	1
	CHCs	4	4
	FRUs	1	1
	PHCs	11	7
	SCs	44	25
West Siang	DH	1	1
	CHCs	5	5
	FRUs	1	1
	PHCs	15	14
	SCs	44	28
East Siang	GH	1	1
	CHCs	5	5
	FRUs	2	2
	PHCs	15	15
	SCs	38	38
	GH	1	1
	Urban Health Centre	1	1
Upper Siang	DH	1	1
	CHCs	4	4
	FRUs	1	1
	PHCs	2	2
	SCs	13	11
Lower Dibang Valley	DH	1	1
	CHCs	2	2
	FRUs	1	1
	PHCs	6	5
	SCs	13	11
Dibang Valley	DH	1	1
	CHCs	0	0
	FRUs	0	0
	PHCs	1	1

Lohit	SCs	3	3
	DH	1	1
	CHCs	4	3
	FRUs	1	1
	PHCs	8	8
Anjaw	SCs	23	20
	DH	0	0
	CHCs	2	2
	FRUs	0	0
	PHCs	2	2
Tirap	SCs	27	13
	DH	1	1
	CHCs	3	3
	FRUs	0	0
	PHCs	7	5
Changlang	SCs	38	20
	DH	1	1
	CHCs	4	4
	FRUs	1	1
	PHCs	8	8
	SCs	29	18

Graphical representation of available facility & functional Facility in the state:

Figure1:

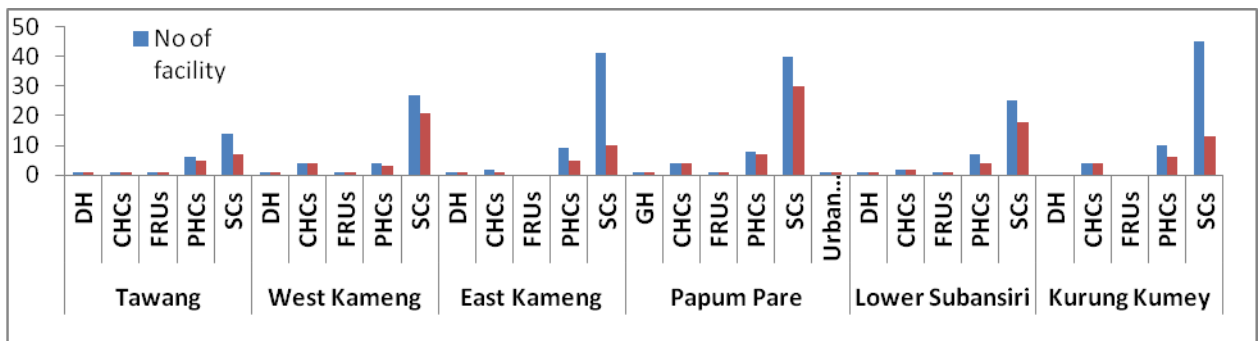
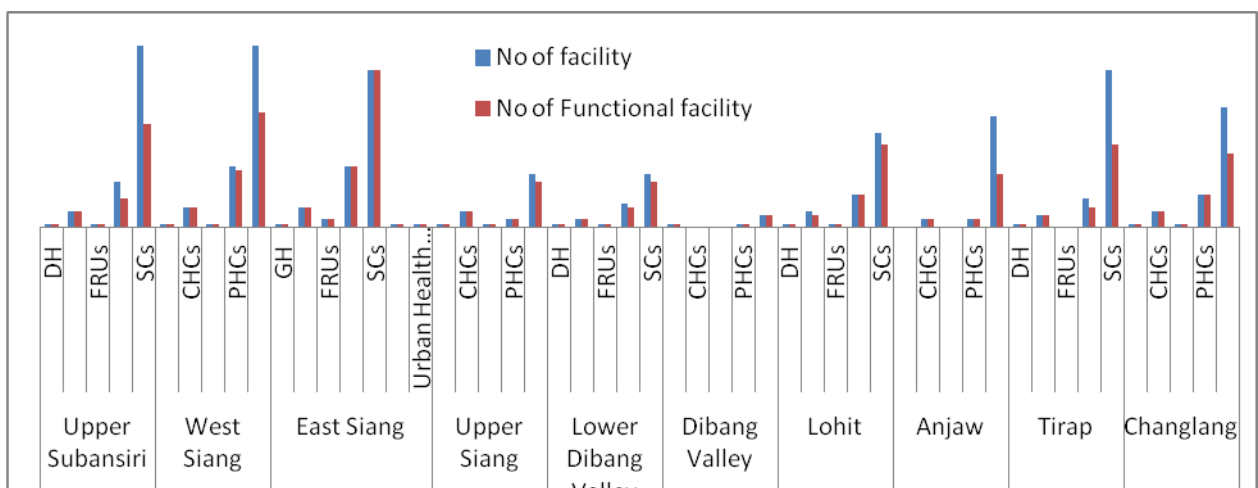


Figure 2:



III. Health Care workforce in the state/ District level :

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

Sl. No.	Discipline	Regular	Contractual	Total
1	Specialists	61	3	64
2	Medical Officer (Allo)	460	52	512
3	Medical Officer (AYUSH)	92	32	124
6	Dental Surgeons	48	15	63
7	ANM	390	158	548
8	SN	192	194	386
9	LT	137	60 +(65+11)= 136	273

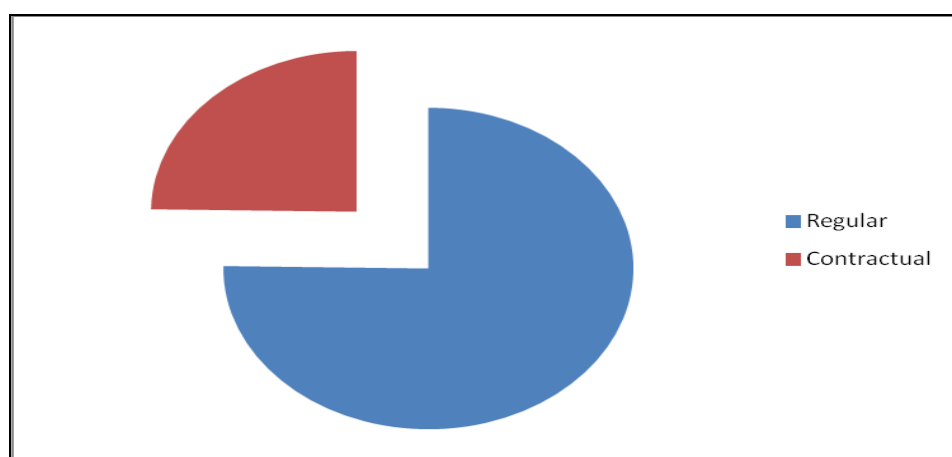


Figure 1: Distribution of Regular/ contractual manpower in the state - 2012

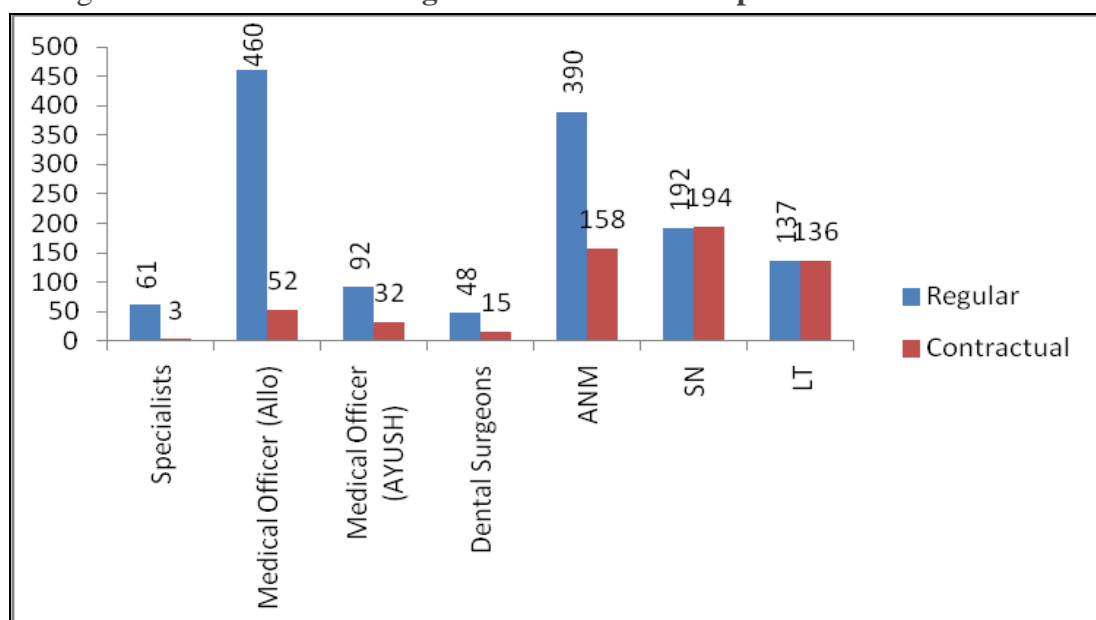


Figure 2: Distribution of manpower regular cum contractual as per the discipline.

Table 1: Distribution of workforce district wise at DH:

Name of the District	TAWA NG	WEST KAME NG	EAST KAME NG	PAPUMP ARE	LOWER SUBAN SIRI	UPPER SUBAN SIRI	EAS T SIA NG	WES T SIA NG	UPP ER SIA NG	L/DIBA NG VALLE Y	DIBA NG VALL EY	TIR AP	CHANGL ANG	LO HIT	Stat e Total
No. of District Hospitals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14
MANPOWER															
Superintendent	1	1	1	1	1	1	1	1	1	0	1	1	1	1	13
Dy . Superintendent	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
CM&HO	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
SDM&HO	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Sr. M&HO	0	0	2	3	0	3	3	0	0	4	0	0	2	0	17
General Surgeon	0	0	0	2	1	0	1	8	1	0	0	0	0	0	13
Physician	0	0	0	2	0	1	1	0	0	0	0	0	0	0	4
Obstetrician / Gynaecologist	1	0	0	3	0	1	1	0	2	1	0	0	0	1	10
Paediatrics	0	1	0	2	0	1	0	0	0	0	0	0	0	0	4
Anaesthetist	0	0	0	2	0	1	1	0	1	0	0	0	0	0	5
ENT specialist	0	0	0	2	0	1	1	1	1	0	0	0	0	0	6
Orthopaedist	0	0	0	2	0	0	1	0	0	0	0	0	0	0	3
Pathologist	0	0	0	2	0	0	1	0	0	0	0	0	0	0	3
Radiologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Dermatologist	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Public Health Programme Manager	0	0	0	0	1	0	0		0	0	0		0	0	1
Eye Surgeon	1	0	0	3	0	0	2	0	0	0	0	1	0	1	8
Male specialist	2	0	0	18	0	0	18	0	0	0	0	1	0	0	39
Female specialist	0	0	0	4	0	0	1	0	0	0	0	0	0	0	5
Other specialists (if any)	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
M&HO	3	0	0	18	0	0	9	4	0	1	0	0	0	0	35
MO (Allopathic)	7	0	9	17	6	8	20	5	7	1	2	4	0	8	94
MO (Ayurvedic / Homeopathic)	1	1	1	5	2	2	1	1	0	0	2	1	1	0	18
Others (Specify)	0	0	0	4	0	0	2	0	0	1	0	1	1	0	9

Support Manpower																
ANM	16	6	18	42	12	8	20	14	9	7	0	9	7	8	176	
Staff Nurse	3	7	4	37	6	4	17	46	3	11	2	6	3	4	153	
Nurse/Midwife	2	0	0	0	0	1	0		0	0	0		0	0	3	
Dresser	2	0	0	3	0	0	1		1	0	0		0	0	1	8
Pharmacist / compounder	2	3	0	9	4	0	3		2	2	1			2	2	30
Blood Technician (Trained)	0	0	0	2	0	0	0		1	0	0			0	0	3
Lab. Technician (Trained)	1	2	2	5	3	1	4	2	1	1	2	1	1	2	28	
Radiographer	1	1	0	2	2	1	2		2	0	0		1	1	13	
Ophthalmic Assistant	1	1	1	5	1	0	1		0	0	0		1	1	12	
Ward boys / nursing orderly	1	6	8	0	0	0	0		0	0	0		5	0	20	
Sweepers	1	6	8	6	7	15	9		4	0	1		4	8	69	
Chowkidar	2	1	1	3	2	0	1		1	0	0		0	0	11	
OPD Attendant	0	0	8	14	4	0	11		4	0	0		0	4	45	
Statistical Assistant/ Data entry operator	1	0	0	0	1	1	0		0	0	1		1	0	5	
OT sister	1	1	0	1	0	0	1		0	0	0		0	0	4	
Trained OT Attendant	0	1	0	1	1	0	1		0	0	0		0	0	4	
Registration Clerk	0	0	0	2	0	0	0		0	0	0		0	0	2	
Ambulance Driver	5	3	0	3	0	4	0		0	0	0		2	2	19	
Any other staff (specify)	0	0	0	0	27	0	0		0	46	1		11	0	85	

Table 2: Distribution of Manpower at the CHC level:

W	Basar	O & G			Surgeon		Anesthetist		Physician		Paediatrician		Dental Surgeon		MO (MBBS)		AYUR		HOM OEO		GNM		ANM		LT		RADIOGRAPHER		PHARMACIST	
		R	C	Multiskilled	R	C	R	C	Multiskilled	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	R	C	
		3	0	0	0	0	0	0	0	0	0	0	1	0	4	0	0	0	1	0	2	1	4	0	1	2	0	0	2	0

Kurang Kumey	Koloriang	12	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	5	0	1	2	0	2	1	0	2	0
	Palin	10	0	0	0	0	0	0	0	0	0	0	0	0	10	1	1	0	1	0	0	0	0	3	0	0	0	1	0	0	0	0
	Nyapin	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
Upper Siang	Geku	8	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	1	1	1	1	2	0	1	0	0	1	0
	Mariyang	8	0	0	0	0	0	0	0	0	2	1	0	0	0	0	2	0	0	0	0	ni l	0	1	1	1	0	1	0	0	1	0
	Jengging	8	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	ni l	1	0	2	2	0	1	0	0	1	0
	Tuting	Under run by Karuna Trust (NGO)																														

Table 3: Distribution of Manpower at PHC levels:

DISTRICT	HEALTH INSTITUTION	Number of DOCTOR										Number of DOCTOR										Number of NURSE / Paramedics											
		O & G			Surgeon		Anesthetist			Physician		Peadiatrician		Dental Surgeon		MO MBBS		AYUR		H O M E O	GN M		ANM		LT		R/Gr aphe r		PHA RMA CIST				
		R	C	Multiskilled MO	R	C	R	C	Multiskilled MO	R	C	R	C	R	C	R	C	R	C		R	C	R	C	R	C	R	C	R	C	R	C	
W/Siang	PHC, Darak	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0
	PHC, Bagra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	PHC, Liromob	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0

IV. Human resource for health policy:

Since its statehood, AP has been following the own Service Code and wanting to improve its own HR policy. But a proper HR policy is in the need of the hour as the state government has been following the Union territory HR policy till date. Of course the Arunachal Pradesh Public Service Code for Health, Medical Education and Family Department (only for Medical Officers) has been established since 2000, which defines norms for remuneration, recruitment, promotion & posting etc.

The state is in the process of having similar codes for the paramedical workers Issue and at present managed by Directorate of Health Services (DHS). The State does have a specialist cadre under Arunachal Pradesh Civil Service, which makes it easier for the planners in identifying Medical Officers with post-graduation and posting them in the identified FRUs.

The Medical Officer Cadre is managed by the health secretariat and the Paramedical workers are located at the medical directorate stated as Directorate of Health Services (DHS). The Directorate of Health services has a Director for Health Services followed Jt. DHS (Family Welfare), and JT DHS for all the vertical Programs.

Since the inception of NRHM, though 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. At present HR cell is managed by a deputed person from the family welfare for the contractual manpower. From NRHM HR Manager Post is not filled up. For the regular staff the workforce is managed by health secretariat & DHS.

Issue: The issue is that the government lacks a clear cut HR policy for the workforce. It has been observed that because of rationalization of manpower posting the services rendered by workforce has a huge discrepancy.

V. Generation of Human Resources:

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

The state does not have a medical college at present. The state has 1 ANM school at present which has been functioning at Pasighat GH. The GH, Pasighat also offers course for Health Assistant along with ANM course. Of course new construction for 1 GNM school at Dapo is on. Even construction of 4 ANM school is also on in Dapo, along, tawang & Tezu. Once the ANM school & GNM school completes a sufficient no of workforce will come out to cater to the needs of the state.

Sl. no	No of institutes	No of seats	Remarks
Medical college	No	0	No medical college in the state.
B.sc. Nursing College	No	No	No B Sc Nursing Colleges in the state
GNM college	0	0	Construction is on for 1 GNM school
ANM Training schools	1(Pasighat GH)	40 seats	Construction for 4(Tawang, Tezu, Dapo, Alongis on

Nursing schools in the private sector is also very few. The name of the nursing schools in the private sector is as under:

No.	Name of the Institute	Location	Annual Intake
1.	R. K. Mission Hospital GNM School	Itanagar	40
2.	Tago Memorial ANM School	Nirjuli	40

To meet the HR Gap in the public health facilities, the state intends to increase the no of Nursing schools & Medical college and annual intake in its operationalize ANM Training Centers. Of course the state government has been requesting Govt. of India & Medical Council to establish a medical college in the existing General Hospital at Naharlagun. Even Expression of Interest (EOI) has also been issued for Public Private Partnerships (PPP) by Govt. of Arunachal Pradesh for improving the medical education in the state.

VI. Recruitment, Sanctioned post & vacancies:

Irregular recruitments for regular posts have led to vacancies in critical healthcare workforce

Position, in spite of provisions under NRHM to appoint contractual service providers.

A. Regular employees:

It has been informed that there are 6055 posts of various categories under the department of H & F W as on 2nd Feb 2012. The status of Permanent & temporary posts are as under:

Permanent Post	Temporary Post	Total Posts
3814	2241	6055

The expenditure on Pay & allowances of these posts are broadly borne as under

State Plan	Non Plan	FW	IDD	Total
256	5541	256	2	6055

The category wise break-up of the 6055 posts is as under

Group A		Group B		Group C	
Medical	Non Medical	Gazetted	Non-Gazetted	PB 1	MTS*PB
637	8	48	733	2652	1977

Group A consists of Medical Officers, Administrative grade officers, GDMOs, Specialists & Program Officers. **Group B** includes non medical posts specially like food safety officers, store superintendent, Drug Inspector, Health Education officers etc. **Group C** includes para-medical staffs basically. The state has created another pool from Group C & Group D **Multi Tasking Posts** which has a total no of 153 Nos.

1. **Medical Officers& Specialists:** The Arunachal Pradesh Health Secretariat, which does recruitments for regular doctors, through process of interviews, recruited 977 doctors in 2009. There has been another round of recruitment in March 2012, which took about 6 months (from

advertisement to appointments) and appointment letters have been issued recently. But gaps still existed and attempts were made to mitigate the gap through contractual employees.

There is no recruitment since 1990 in the specialist cadre. At present so many specialists are working as GDMOs in the SH/DHs/ CHCs because of lack of available posts. (The state could not be able to say the exact no of specialist working as GDMOs; but during the field visits to various districts & interaction with Arunachal Pradesh Doctors Association (APDA) it has been found that many specialists have been working as GDMOs instead of recruitment as a specialist.

2. Paramedical & Nurses: There has been no recruitment for regulars for a long time. The state has been finalizing policies for recruitment, posting & transfers. The first recruitment happened in 1977 and after that in 1990 & 2003. At present there is dearth of Para-medical staffs.

Since there has been no regular appointment or lack of clear cut policies for Para medical staffs, contractual ANMs, meant for SCs (many times, to be the 2nd ANM) are posted at higher facilities to fill vacancies or working as an attachment, leaving Sub Centers without ANMs which makes things more difficult at the periphery level.

B. Contractual Manpower:

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

1. Doctors & Specialists: At the state level, there is a Selection Committee headed by the Mission Director, which recruits Medical Officers, specialists, Consultants for Disease Control Programs. The committee also comprises of an expert panel drawn from the Directorate of Health Services and recruitment is done through interviews. Recruitment of doctors takes place once in a year and the entire process from the time of advertisement to joining is completed within a time frame of 2-3 months. The state has been getting approval for hiring contractual AYUSH MO/ Dental MOs also under NRHM. Even the state has for the first time got an approval to recruit School Health Team where 32 no of AYUSH MO, 32 ANMs, 32 Health Assistant will be recruited. Not Only the recruitment of School Health Team but also the other appointment will also be done at the district level.

This can be attributed to the fact there are very few post-graduate seats in the medical colleges and many of the pass outs prefer private practice (private practice is not allowed for govt. employees) - the state plans to set up new medical colleges to address this issue.

2. Nurses & Paramedics: Recruitments are done at the district level, with the District Collector heading the selection panel but final approval has to be Directorate of Health services. Vacancies are communicated from the state and selection done at the district level - entire process takes about 3-4 months.

VII. Training & Capacity Building:

The Training Cell has 1 Training Consultant (Under NRHM) who help the state in planning and implementation of training calendars under NRHM for both the regular and contractual service providers - EmOC, LSAS, SBA, IMNCI, NSSK, FP trainings and PG Diploma in Public Health Management etc. The state government does not have a comprehensive training plan at all for improving the skills of the manpower which is also the need of the hour. A comprehensive and integrated training plan is drawn up every year under NRHM. The following no of regular and

contractual staffs has been trained under various skill development program which are mentioned below:

Status of Training of Manpower:

Training from 2005 to 2011									
Types of Training	Category of participant	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Total Up to Date
SBA	MO		0	0	0	0	1		1
	ANM/GNM	45		8	0	37	62		152
EmOC	MO	0	0	2	2	2	2	2	10
LSAS	MO	0	1	2	2	1	0		6
MTP	MO		13	29	29	12	22		105
RTI/STI	MO	0	20	0	0	26	26		72
	LT	0	0	0	0	24	35		59
	ANM/GNM		0	0	0	18	35		53
IMNCI	MO	0	23	0	56	20	3		102
	ANM/GNM/AS HA/ AWW	0	0	60	0	9	149		218
IUCD Master Trainer	MO	0	0	2	0		0		2
IUD	MO	0	0	0	20	22	66	11	119
IUCD	ANM/GNM	0	30	53	0	50	87		220
Laparoscopic Sterilization	Gynecologist	0	0	1	0	1	0		2
Ultra Sonography	MO	0	0	2	0	0	0		2
PDC	MO	0	0	13	6	0	0		19
PGDPHM		0	0	2	0	0	0		2
Mini lap	MO					6	14		20
FBNC Training	MO					7	3		10
	ANM/GNM					5	1		6
NSSK	MO				103	20	94		217
	GNM				80	17	114		211
	S/ Tutor						2		2
	ANM					5	11		16
	Internee (BHMS)					16			16

Refresher	ANM					104	12		116
HMIS/ MCTS	Master Trainer					5			5
	MO/ ANM/ Data Personnel/BA- DA					430	52		482
NBCC	Specialist					1			1
	MO					1			1
	GNM					1			1
F-IMNCI	ToT						3		3
	MO						16		16
	GNM						30		30
Blood storage	MO						3		3
	Lab / technician						1		1
Measles Catch Up Campaign for District trainer	DMO, DRCHO, SMO, MO						24		24
Be MOC Training	MO						15	2	17
	GNM						23	7	30
	ANM							1	1
Contraceptive Update	MO							16	16
Capacity Workshop	DPM/DCM							24	24

A model Comprehensive training plan has been attached for ready reference.

Comprehensive training Plan for the state 2012-13:

Sl. No	Type of Training	Category of Participants	Total Training Loads	No. of Batch	No. of Days	Location/ Responsibilities	Tentative Time line	Timeline
Maternal Health								
	LSAS	MO	1	1	126	NIHFW, New Delhi		Q3 & Q4
1	EmOC	MO	2	1	126	NIHFW, New Delhi	Under Training	Q2 & Q3
2	SBA	GNM	20	3	21	GH Pasighat	Oct , Nov	Q3&4
		ANM	20	3	21	GH Pasighat	Nov, Dec	Q3&4
3	RTI/STI	MO	20	8	2	GH/DH	August to Nov.	Q2 & Q3
		GNM	20	8	2	GH/DH	August to Nov.	Q2 & Q3
		Lab Tec	20	8	2	GH/DH	Nov. to Jan	Q3
4	MTP	MO	20	6	15	GH, Nlg/ GH, Psg	Nov.to March	Q3&Q4
		Consellin	20	1	1	APSASC, NLg	Jan' to	Q4

		g Refresher					April	
5	IMEP	MO	20	2	2	SHQ	August	Q2
6	BeMOC	MO	14	6	10	GH, Naharlagun	All the Quarter	Q1, Q2, Q3, Q4
7	MDR	District Committee Members	48	2	2	SHQ	August to Nov.	Q3&4
Maternal Health Training Sub: Total								
Child Health								
1	IMNCI	GNM	20	4	8	GH/DH	Sep to April	Q3&Q4
		ANM	20	4	8	GH/DH	Sep to April	Q3&Q4
		Lab Tec	30	4	8	GH/DH	Sep to April	Q3&Q4
2	F- IMNCI	MO	20	4	11	GH/DH	Sep to April	Q3&Q4
		SN	20	4	11	GH/DH	August to Nov.	Q3 & Q3
3	NSSK	MO	20	2	2	Arunachal Medical Council	August to Nov.	Q2 & Q3
		SN	20	2	2	Arunachal Medical Council	August to Nov.	Q2 & Q3
		ANM	20	2	2	Arunachal Medical Council	Nov. Dec, Jan	Q3&Q4
4	SNCU	ToT	2	1	12	NIHFW, New Delhi	Feb to April	Q4
		MO	4	4	5	GH, Nlg/ GH, Psg	Feb to April	Q4
5	FBMC with SAM	MO	1	1	3	GH, Psg	Jan' to April	Q3 & Q4
		SN	1	1	3	GH, Psg	Jan' to April	Q3 & Q4
Child Health Training Sub: Total								
Other Training								
16	Program Management	DPMSUs	80	4	4	SHQ	April	Q4
		SPMSUS/ Vertical program	25	4	4	SHQ	March	Q4
Other Training Sub Totals								
18	ARSH	ToT MO		1	3	SHQ	Nov. To march	Q3&Q4
		councillor	40	1	5	SHQ	Nov. to, Feb	Q3&Q4
Sub- Total of School Health								
Sl. No	Type of Training	Category of Participants	Total Training Loads	No. of Batch	No. of Days	Location/ Responsibilities		

Family Planning									
1	IUCD	MO	30	8	6	GH/DH	Oct , to March	Q3&Q4	
		GNM	30	10	6	GH/DH	Oct , to March	Q3&Q4	
		ANM	30	10	6	GH/DH	Oct , to March	Q3&Q4	
2	PPIUD	SN	20	10	6	GH,Nlg/GH, Psg	Oct , to March	Q3&Q4	
3	Minilap	MO	15	6	12	GH, Nlg/ GH, Psg	Nov. to April	Q3 & Q4	
4	Contraceptive Update	SMO	17	2	3	SHQ	Feb to April	Q4	

VII. Deployment of Human Resources:

The state does have specialist cadre. But there is no state HR Information System which will try to capture the post-graduate qualification of Medical Officers serving in all the 16 districts. But it has been observed that many of the MOs with post graduate qualifications have been working as GDMOs in many of the PHCs/ CHCs/ DHs.

S. N.	Health Facility type	Spe cial ists	Medica l Officer (Allo)	Medical Officer (Homeo)	Medical Officer (Ayush)	Medical Officer (Unani)	Dental Surgeo ns	SN	AN M	LT
1	No. of DH/GH with	11	14	14	9	1	14	14	14	14
2	No. of CHCs with	1	43	28	4	0	18	35	39	38
3	No. of PHCs with		63	20	2	0	3	52	75	50
4	No. of SCs with 1 ANM								10	
5	No. of SCs with 2 ANM								23	
6	No. of SCs with 3 ANM								1	
7	No. of UHCs with		2							

Figure1: Graphical representation of Manpower deployment in DH/GHs

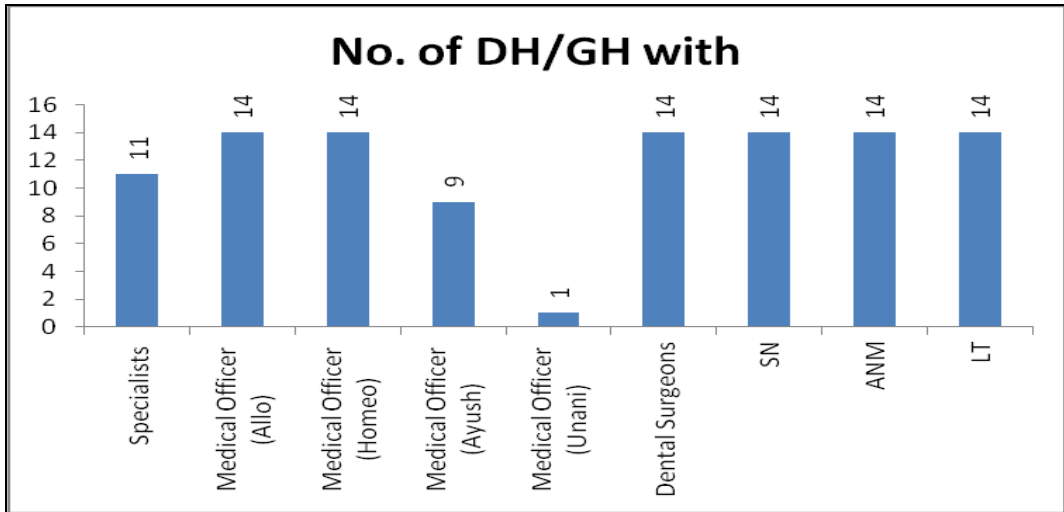


Figure 2: No of manpower in the CHCs across the state

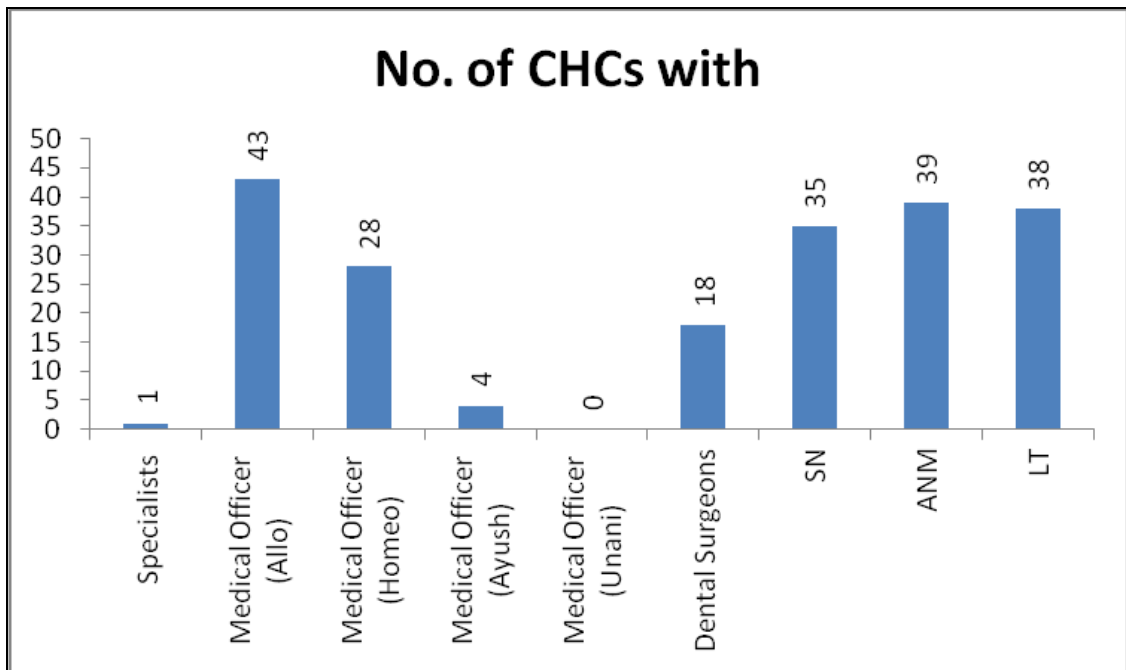


Fig: No of manpower in the PHCs across the state

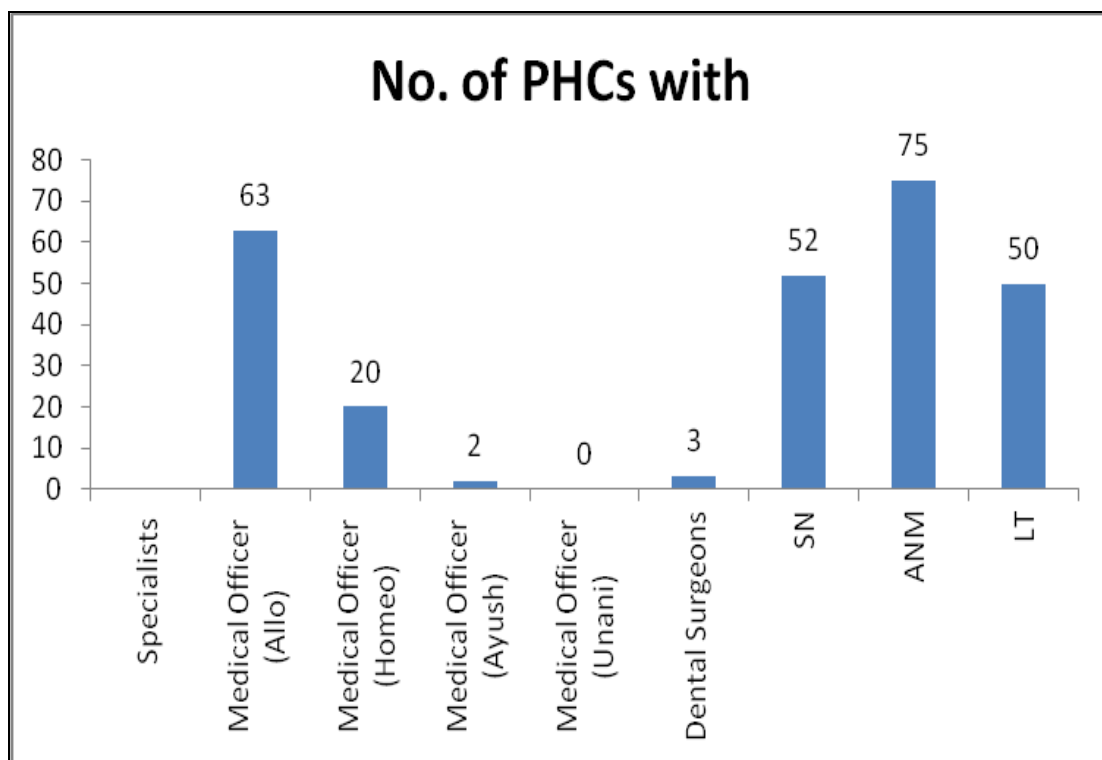


Fig: No of Manpower PHC wise across the state

VIII. Remuneration:

The medical officers are to be selected for their up gradation as per the seniority level. There are no departmental level exams for promotion in the services.

Issue: There is huge disparity in the salary of regular and contractual, which serves as a demotivating factor. Contractual ANMs have had only one increment since their joining and get a salary of Rs. 10000/-, in comparison to regular ANMs who start with Rs. 9-10,000/- per month with periodic increments. A regular ANM whom we met in the Sub Center currently gets a monthly remuneration of Rs. 35,000/-. Among Staff Nurses, contractual get 16,000/- whereas regulars draw a salary of around 42,000/- 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 by high attrition rates among contractual workers.

IX. Retention Strategy:

No retention strategy as such till now from the state.

X. Management Cadre:

A. Regular Management Cadre: At the state level the Director heads the directorate and every division or national program has individual Program Officers cum Jt. DHSs. These divisions also have Additional & Deputy Directors. The Medical Superintendent manages at the district level, aided by a team of Program Officers.

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.

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) does not have a State Program Manager (SPM). It is supported by State Nodal Officer along with deputy director finance, deputy director IEC, Procurement Specialist & M&E officer. The District Program Management Support Unit (DPMSU) has District Program Manager (DPM), District Accounts Manager, District Data Assistant and District Community Mobiliser (ASHA); while at the block level, there is a Block Accountant cum Data Assistant.

The State Selection Committee (headed by the MD NRHM) does recruitment for the SPMSU & DPMSU. While all the 16DPMSU is fully staffed, but there is attrition rate.

XI. PARA-STATALS:

- 1. Training Centre:** Construction is under process from NRHM.
- 2. State Health Resource Center (SHRC):** The state does not have a state health system resource centre. The state is supported by Regional Resource Centre for NE states. Currently one staff is working. Recruitment for the other staff is on.
- 3. ASHA Resource Center (ARC):** At the state level - 1 State Community Mobiliser, 1 State Data Assistant. In the district level District community Mobiliser (DCM) and Data Assistant are placed in 16 districts as part of the DPMSU. At the block level 348 ASHA facilitators are supporting the DCMs for their work. The state has 3862 ASHAs.

Action Taken Points

IMMEDIATE

1. Urgent appointment of contractual service providers - so that the health facilities can be functional or improved with more manpower.
2. Ensure all obstetricians, anesthetists, pediatricians and EmOC & LSAS trained MOs are posted in designated FRUs through specific government orders. A stringent order has to be given by the government else it will be futile.
3. Ensure all MOs with PG qualifications are posted in CHCs, block PHCs or higher Centers and creation of more specialist post urgently else the workforce will be de motivated.
5. Create adequate number of contractual (3 year term) posts in all Health facilities as well as in SPMSU and DPMSUs & organize recruitments on an urgent basis - outsource recruitment if required. Follow through with twinning each of these institutes with an external institutional "mentor, so as to build capacity and improve their functioning
6. Accelerate implementation of incentive program for difficult areas. Notify all difficult PHCs on declared criterion.
7. Data capturing system for the workforce in the state should be introduced - an excellent initiative will be introducing an e-data management system for managing

Human resource.

8. Deployment of ANMs in SCs by putting rural/ difficult area incentive.

B. MEDIUM TERM

1. Vacancies in regular posts are to be filled & to be created
2. Preferential admission from under-served areas in the nearest ANM / Staff Nurse Training Schools
3. Recruitment of specialist cadre as early as possible.
4. Faculty development program & quality assurance in nursing schools
5. 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