



GUJARAT PUBLIC HEALTH WORKFORCE STUDY: ISSUES & CHALLENGES

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE

I. OVERVIEW

Gujarat is the progressively urbanizing 10th populous state with a population of 6.03 crores (Census 2011), out of which rural population constitutes only 57 percent. It has 12 identified tribal districts with 43 tribal talukas.

Table 1. Level-wise number of facilities vis-à-vis IPHS based requirements

S.no.	Health facilities	Number existing	Requirement
1	District Hospitals	24	
2	Sub Divisional Hospitals	27	604 (if taken per lakh population)
3	Community Health Centres	318	
4	Primary Health Centres	1168	2012 (if taken per 30000 population)
5	Sub centres	360	12076 (if taken per 5000 population)

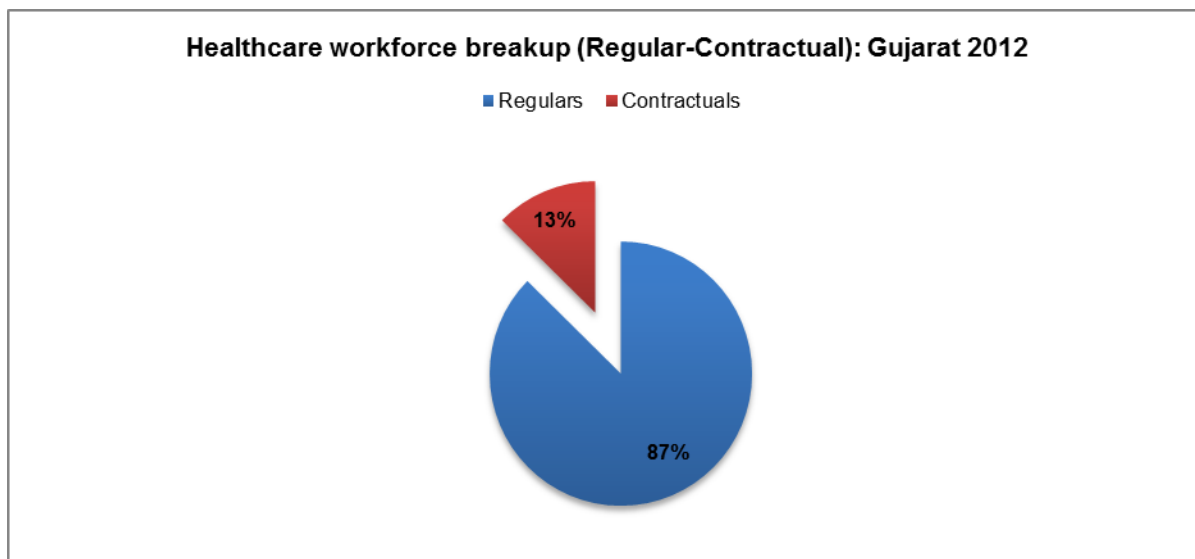
The Healthcare workforce availability (inclusive of contractual staff) is as follows:

Table 2. Consolidated HR figures (Regular & Contractual)

S.no.	District name	ANM	LHV	MPHW	SN	LTs	Pharmacist	MO	AYUSH MO	Specialists
1	Ahmedabad	234	26	212	1075	1051	19	167	35	9
2	Amreli	227	24	203	139	155	30	54	40	3
3	Anand	280	26	174	127	88	19	73	32	9
4	Banaskantha	473	55	304	164	138	37	118	51	2
5	Bharuch	185	19	147	109	94	26	65	27	0
6	Bhavnagar	338	31	240	304	304	35	88	39	1
7	Dahod	359	36	306	114	104	34	66	20	1
8	Dang	44	7	32	46	35	4	12	3	0
9	Gandhinagar	170	21	113	127	108	11	88	29	3
10	Jamnagar	266	34	183	463	450	23	57	21	1
11	Junagadh	370	15	334	210	217	35	114	57	3
12	Kacch	366	12	197	140	139	35	95	23	2
13	Kheda	237	39	140	176	139	29	82	49	3
14	Mahesana	297	45	198	169	156	16	117	49	3
15	Narmada	137	18	85	42	48	11	25	6	0
16	Navsari	293	20	207	125	120	38	77	12	2
17	Panchmahal	402	33	279	148	142	36	83	38	2
18	Patan	210	24	194	96	104	16	78	25	1
19	Porbandar	61	8	68	55	58	2	26	7	1
20	Rajkot	316	39	235	445	441	22	148	43	6
21	Sabarkantha	416	62	339	218	201	39	132	42	0
22	Surat	353	22	316	426	415	38	110	19	3
23	Tapi	191	21	130	140	126	32	48	7	0
24	Surendranagar	219	5	140	53	55	20	43	22	0
25	Vadodara	464	46	53	840	789	71	140	40	9
26	Valsad	330	18	252	102	107	33	76	15	7
	TOTAL	7238	706	5081	6053	5784	711	2182	751	71

Healthcare workforce is broadly divided into 2 categories in the state as: a) NRHM Contractual staff and b) Regular Government employees.

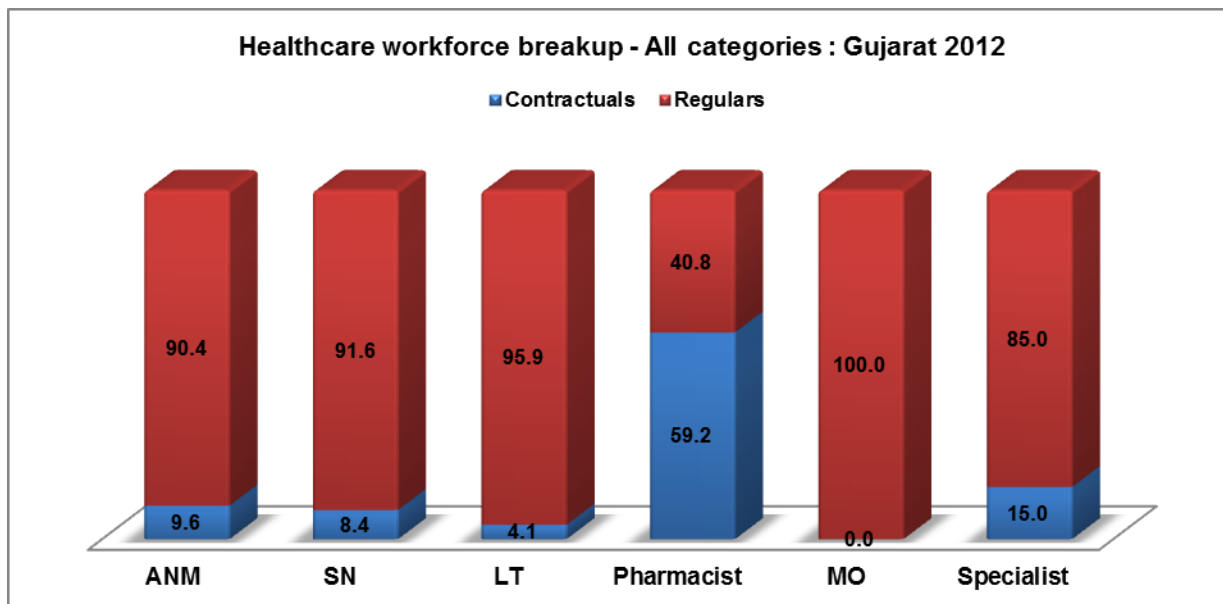
Following pie chart illustrates the percentage breakup of Regular & Contractual staff:



Source: Annexure HR, Gujarat PIP FY 13-14

Unlike other states, Gujarat doesn't deploy any MO on contractual basis. However, it does hire Specialists on hourly basis at some facilities where HR at regular positions is not available.

Following bar chart shows the percentage breakup for different categories of HR in Gujarat-



II. HUMAN RESOURCE FOR HEALTH POLICY

Gujarat follows Gujarat Medical Service Rules for remuneration, transfers & posting of Medical and Paramedical staff. Commissionerate Health looks after the establishment issues of Medical & paramedical staff with its

different sub divisions (*viz. Health, Medical Services, Medical Education, Family Welfare and Vital Statistics*) headed by Additional Directors.

State has a separate cadre for specialists. Specialists enter at the level of CHCs and above whereas non specialists get entry through the PHC route. Within some years after joining, Specialists get promoted to CHC Medical Superintendent, Regional Deputy Director and then finally to Additional Director at the Commissionerate.

III. GENERATION OF HUMAN RESOURCES

Medical and Paramedical Colleges have burgeoned considerably in state over the last few years. Admission capacity of Medical colleges has doubled to 2930 from 1555 in 2008-09. Government Medical colleges constitute one-third of the total MBBS seats in the state.

Table 3. List of all Medical Colleges in the state with annual intake

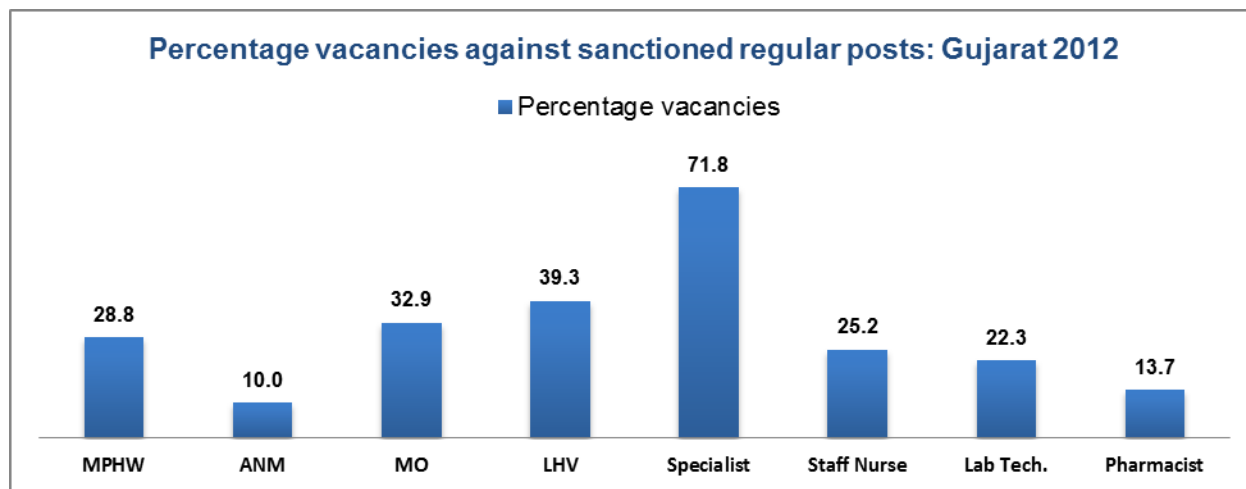
S.no.	List of Medical Colleges (Govt./Society/Municipal Corporation)	Annual Intake
Govt. Medical Colleges		
1	B.J. Medical College, Ahmedabad	250
2	Medical College, Vadodara	180
3	Govt. Medical College, Surat	150
4	M.P. Shah Medical College, Jamnagar	200
5	P.D.U. Medical College, Rajkot	150
6	Govt. Medical College, Bhavnagar	150
	Total	1080
Govt. Society (G.M.E.R.S.) Medical Colleges		
7	Medical College, Sola, Ahmedabad	150
8	Medical College, Gotri, Vadodara	150
9	Medical College, Gandhinagar	150
10	Medical College, Dharpur, Patan	150
11	Medical College, Valsad	150
	Total	750
Municipal Corporation Medical Colleges		
12	Surat Municipal Inst. of Education & Research, Surat	150
13	N.H.L. Municipal Medical College, A'bad.	150
14	A.M.C. Medical Education Trust Medical College, Ahmedabad	150
	Total	450
Self Finance Medical Colleges (Private)		
15	C.U. Shah Medical College, Surendranagar	100
16	P.S. Medical College, Karamsad	100
17	Gujarat Adani Institute of Medical Sciences, Bhuj (Kachha)	150
18	Gujarat Cancer Society Medical College, Ahmedabad	150
19	Smt.B.K. Shah Medical Inst. & Research Centre, Piparia, Waghodia, Dist. Vadodara	150
	Total	650
	Grand Total	2930

Similarly, Annual seat intake in Nursing Colleges has burgeoned manifold from 200 in 2008-09 to 1365 seats in 2008-09.

IV. RECRUITMENT

State conducts walk in interviews on weekly basis for appointment of doctors on adhoc basis. Even after so frequent sessions of recruitments, considerable number of vacancies lies predominately in remote & difficult areas. More such gaps exist for the category of specialists.

Following bar chart shows the percentage vacancies lying for different HR categories in regular staff:



As could be seen from the bar chart, huge gaps exist under the category of Specialists and MOs. To address the dearth of Specialists, state has also adopted a strategy of hiring on hourly basis.

A. REGULAR STAFF

Table 4. Number of Sanctioned (S) and Vacant (V) posts - Regular staff

S.n o.	District name	MPHW		FHW /ANM		Medical Officer		LHV		Specialist (Paed)		Staff Nurse		Lab Tech CHC		Pharmacist CHC	
		S	V	S	V	S	V	S	V	S	V	S	V	S	V		
1	Ahmedabad	242	30	279	54	187	20	50	24	4	2	1429	380	14	3	14	0
2	Amreli	247	44	247	20	106	52	41	17	6	6	271	135	15	4	15	3
3	Anand	274	100	274	37	84	11	45	19	1	1	99	16	11	1	11	0
4	Banaskantha	422	118	422	5	175	57	62	7	3	1	280	142	19	9	21	0
5	Bharuch	200	53	200	42	95	30	33	14	1	1	94	8	8	1	8	2
6	Bhavnagar	360	120	360	43	136	48	51	20	1	1	359	62	18	8	18	2
7	Dahod	332	26	332	4	188	122	68	32	3	2	119	22	11	1	11	2
8	Dang	47	15	47	5	30	18	7	0	1	1	39	6	1	0	1	0
9	Gandhinagar	171	58	171	7	90	2	31	10	3	0	162	57	9	0	9	0
10	Jamnagar	265	82	265	22	106	49	36	2	2	2	606	168	13	3	12	5
11	Junagadh	390	56	390	40	145	31	58	43	3	2	300	97	20	1	18	2
12	Kheda	317	120	317	22	115	20	53	41	3	2	204	73	13	0	13	0
13	Kutch	251	111	251	23	114	32	39	0	3	3	169	39	13	3	16	10
14	Mehsana	188	-10	288	25	126	9	50	5	5	2	197	46	14	1	15	0
15	Narmada	116	31	116	7	71	46	23	5	2	2	53	12	4	0	4	0
16	Navsari	281	74	281	17	116	39	41	21	3	2	126	16	11	0	11	0

17	Panchmahals	400	121	400	11	160	77	67	34	3	2	152	19	13	4	13	2
18	Patan	210	16	210	20	100	22	29	5	3	2	193	98	15	10	16	0
19	Porbandar	85	17	85	24	38	12	11	3	1	0	75	20	4	2	4	4
20	Rajkot	330	95	330	49	188	40	52	13	7	6	599	162	17	3	17	3
21	Sabarkantha	413	74	413	41	181	49	70	8	3	3	215	29	21	4	24	1
22	Surat	371	55	373	45	160	50	55	33	0	0	476	73	15	2	15	0
23	Surendranagar	200	70	200	30	95	47	36	15	3	3	205	97	12	2	12	1
24	Tapi	230	90	228	40	89	46	33	28	2	2	63	15	5	0	6	0
25	Vadodara	465	412	465	64	220	80	78	32	3	1	803	47	21	10	21	5
26	Valsad	330	78	330	33	139	63	45	27	2	2	130	33	11	1	11	4
	TOTAL	7137	2056	7274	730	3254	1072	1164	458	71	51	7418	1872	328	73	336	46

MEDICAL OFFICERS & SPECIALISTS

There are 3 patterns being followed by the state for recruitment of Medical Officers:

- Adhoc basis:** Every Tuesday, walk-in interviews are conducted in Commissionerate Office, wherein they get the appointment letters after getting their credentials verified provided they get agreed to work in the required posting areas.
- Government Medical Officers:** Candidates graduating from the Government Medical colleges are bound to work for at least 3 years in the rural areas. In case of breach of the bond, they are required to pay the bond amount affixed as the compensation.
- Gujarat Public Service Commission:** To enter into the regular services, doctors serving on adhoc basis have to appear in walk-in interviews conducted by GPSC. During the last round of interviews, 700 seats were announced of which around 500 appointment offers were released. Out of the selected candidates, around 15% didn't turn up for joining.

State's norm of giving preference to local area candidates in tribal areas has proved to be effective in retention of doctors in tribal areas.

ISSUE- Bond amount of Rs 75,000 has proved to be less effective in retaining medical graduates to Government services after their education. Students after passing degree pay off the bond amount easily and switch for Private practice.

NURSING AND PARAMEDICAL STAFF

Recruitment for both Nursing and paramedical staff is done through an entrance test conducted by Gujarat Service Selection Board. Vacancy announcements are made almost every year at the state level. It takes around a year for a recruitment process to take place wholly (*from advertisement to joining*). A fresh recruit gets regularized after five years of probationary services.

ISSUE - All the paramedical staff has to go through a probation period of five years, during which they are deprived of various benefits which are otherwise availed by regular staff. This demotivates the staff to continue services in difficult & remote areas.

B. CONTRACTUAL STAFF

MEDICAL OFFICERS & SPECIALISTS

State doesn't hire contractual MOs through NRHM route. All the contractual MOs working on adhoc basis in the state get their remuneration funded through the state budget. However, part-time specialists are being deployed by the state on hourly basis through NRHM.

Vacancies are communicated from the state level and recruitments are conducted at district level. District Development Officer heads the selection panel for recruitments of Medical staff. Whole process of recruitment takes about 2 months from the time of advertisement to joining.

NURSING & PARAMEDICAL STAFF

Vacancies are communicated from the state level but recruitments take place at the district level. District level selection committee chaired by District Development officer, and constituting District Health Officer as the Member Secretary, does the selection. Whole duration of the recruitment takes place around two months' time. Local area criterion is followed for the selection.

V. DEPLOYMENT OF HUMAN RESOURCES

Rational deployment of human resources is a point of concern for the state for which state has undertaken certain measures too.

Reports comprising information on HR availability status and basic performance indicators are asked from all FRUs on monthly and quarterly basis. This helps the state and the FRU heads per se in tracking the performance and identifying HR gaps in the respective FRUs.

District	Total Designated FRUs	Name of the centres which are not performing C-Section (April 2012 to Dec.2012)	Type of facility	Number of specialists lacking Obs- Gyn (OG), Anaesthetists (A), Pediatrician (P)
Ahmedabad	8	Singarva	CHC	A-1, P-1
Kheda	5	Balasinor	CHC	A-1, P-1
Anand	7	Umreth	CHC	OG-1, A-1, P-1
		Anklav	CHC	OG-1, A-1, P-1
		Sojitra	CHC	A-1, P-1
Surendranagar	6	Chotila	CHC	OG-1, A-1
		Patdi	CHC	OG-1, A-2
		Surendranagar	DH	OG-1, A-1, P-1
		Limbdi	SDH	OG-1, A-1, P-1
Gandhinagar	4	Charada	CHC	A-1, P-1
Mehsana	7	Kadi	CHC	A-1, P-1
		Visnagar	SDH	All available
		Vadnagar	SDH	OG-1, P-1
		Vijapur	CHC	P-1
Patan	3	Siddpur	SDH	P-1

Banaskantha	9	Deodar	CHC	OG-1, A-1, P-1
		Mehmadpur	CHC	OG-1, A-1, P-1
Sabarkantha	10	Bhiloda	SDH	A-1, P-1
		Talod	CHC	A-1, P-1
		Ganbhoi	CHC	OG-1, A-1, P-1
Vadodara	8	Chhota Udaipur	CHC	OG-1, A-1, P-1
		Kwant	CHC	OG-1, A-1, P-1
Bharuch	4	Vagra	CHC	OG-1, A-1, P-1
Narmada	4	Dediapada	CHC	OG-1, P-1
		Rajpipla	DH	OG-1, A-1, P-1
		Tilakwada	CHC	OG-1, A-1, P-1
		Sagbara	CHC	OG-1, A-1, P-1
Dahod	4	Zalod	CHC	OG-1, A-1, P-1
		Limkheda	CHC	OG-1, A-1, P-1
Panchmahal	6	Santrampur	SDH	A-1, P-1
		Shehera	CHC	OG-1, A-1, P-1
		Gogamba	CHC	OG-1, A-1, P-1
Surat	9	Mandvi	CHC	OG-1, A-1, P-1
		Mangrol	CHC	OG-1, A-1, P-1
		Olpad	CHC	OG-1, A-1, P-1
		Klaranj	MCs	OG-1, P-1
		Zankhov	CHC	OG-1, A-1, P-1
Tapi	4	Uchchhal	CHC	OG-1, A-1, P-1
Valsad	7	Nana Pondha	CHC	OG-1, A-1, P-1
		Kaprada	CHC	OG-1, A-1
Navsari	5	-	-	-
Ahwa - Dang	1	-	-	-
Bhavnagar	8	Gadhada	CHC	OG-1, A-1, P-1
		Gariadhar	CHC	OG-1, A-1, P-1
		Palitana	SDH	OG-1, A-1, P-1
		Talaja	CHC	OG-1, A-1, P-1
		T.M.Vadodaria Hospital, Botad	GIA	P-1
Amreli	8	Babra	CHC	OG-1, A-1, P-1
		Dhari	CHC	OG-1, A-1, P-1
		Rajula	CHC	A-1, P-1
		Khambha	CHC	OG-1, A-1, P-1
Junagadh	9	Keshod	CHC	OG-1, A-1, P-1
		Manavadar	CHC	OG-1, A-1
		Una	CHC	OG-1, A-1, P-1
		Talala*	CHC	OG-1, A-1, P-1
		Mangroad	CHC	OG-1, A-1, P-1
Porbander	1	-	-	-
Rajkot	9	Jasdan	CHC	OG-1, A-1, P-1
		Vinchhiya	CHC	OG-1, A-1, P-1
		Paddhari	CHC	OG-1, A-1, P-1
Jamnagar	7	Dhrol	CHC	A-1
		Dwarka	CHC	OG-1, A-1, P-1
		Jamjodhpur	CHC	OG-1, A-1, P-1

		Khambhalia	DH	OG-1, P-1
		Bhanvad	CHC	OG-1, A-1, P-1
		Lalpur	CHC	OG-1, A-1, P-1
		Kalavad	CHC	OG-1, A-1, P-1
Kutch - Bhuj	10	Mandvi	SDH	A-1, P-1
		Mundra	CHC	OG-1, A-1, P-1
		Nakhatrana	CHC	OG-1, A-1, P-1
		Gandhidham	SDH	OG-1, A-1, P-1
		Rapar	CHC	A-1, P-1
		Naliya	CHC	OG-1, A-1, P-1
		Khavda	CHC	OG-1, A-1, P-1

Out of the total 163 FRUs, 74 FRUs aren't conducting C-section. 46 FRUs are lacking of all three specialists, viz. Gynecologist, Anesthetist and Pediatrician. Furthermore, 55 FRUs are functioning without any Gynecologist.

First off, state may focus on the non-functional FRUs lacking only 1 specialist followed by the FRUs lacking 2 specialists and so forth.

VI. REMUNERATION

Remuneration of contractual specialists have been categorized into 3 slabs (Rs 50000, Rs 70,000 & Rs 1,00,000) based on deliverables like IPD, OPD, Deliveries and Operations.

All paramedical staff has to go through a probation period of five years before getting regularized. During this period, they aren't paid certain allowances meant for Regular employees only. After 5 years, they get entitled to get HRA or Housing facilities (if applicable). This sometimes acts as the demotivating factor for the staff working in difficult & remote areas.

However for Medical officers, state has kept the remuneration same for Adhoc and Regular MOs. For rest of the HR categories, disparity exists between the salary of contractual and regular staff. For instance, a contractual ANM or SN gets monthly salary of Rs 11,000 whereas a Regular SN gets Rs 23,000 as monthly salary.

VII. RETENTION STRATEGIES

AT PRESENT

To fulfill requirements of specialists in the High Focus areas, state has adopted a strategy of deploying services of the specialists on part time basis and paying them as per their deliverables, like OPD, IPD, Delivery, Operations, and no. of times Anesthesia is given. Much on the similar lines, performance based incentives of Rs 300 per delivery have been affixed for Staff Nurses in the High focus area FRUs so as to optimize health service delivery in High focus areas.

Regulatory strategy: State imposes rural service bond for three years to all candidates passing out from government Medical Colleges. Once they get admitted to their college, their list is sent to the health department to help them track after their graduation. In case any candidate breaches bond, he is required to pay a compensation amounting Rs 75,000. Now the state is under the process to further enhance the bond amount to Rs 5 lakhs.

ISSUE- Very less adherence to the Rural Service bond was observed in the state. *In 2012, only 97 out of 909 graduates from Govt Medical Colleges continued with the Government Services. In 2011, 1054 graduates passed out from Government Medical Colleges, out of which only 127 continued with Government services.*

UNDER RECOMMENDATION

- In the PIP FY 2013-14, additional allowance of 25% of salary has been proposed for the staff posted in high focus and tribal areas.
- Bond amount of Rs 75,000 is also proposed to be revised considering the increasing ineffectiveness of the bond to retain fresh medical graduates from government medical colleges into the government services.

VIII. HEALTH HUMAN RESOURCE INFORMATION SYSTEM

Work on HR-MIS is underway in the state, for which Master entries are being done at the district level in the phased manner. Employee Ids are being assigned to all Human Resources for Health working in the state. Individual Employee Ids are linked to the information like Designation, Age, Posting area, Training qualifications, etc. Third party agency has been given contract for developing the software package.

IX. WORKFORCE MANAGEMENT

A. REGULAR STAFF

Transfer & Posting of Medical and Paramedical staff is overseen by Commissionerate Health but in case of Medical Officers, final nod from Principal Secretary-Health is required. ACR and length of service act as the main criterion for the promotion.

B. CONTRACTUAL STAFF

No avenues for promotion of Service delivery staff. However, Program Management staff gets promotion at some levels. Like, some among the staff who started from the level of District Programme Coordinator (DPC) have reached up to the level of Project Officers at the Commissionerate.

One year contracts are granted to all contractual staff working under NRHM, which get renewed based on performance appraisal against the Terms of Reference (TOR) fixed for their post. By and large, all staff gets an increment of 10 % on annual basis.

Terms of Reference and Job responsibilities are well in place for all contractual staff, including the Program Management Staff.

X. MANAGEMENT CADRE

C. REGULAR STAFF

At the state level, Commissioner – Health heads the Health Commissionerate. Commissionerate further has different wings headed by Additional Directors, each looking after recruitment & establishment issues of different staff categories.

All Additional Directors come through the cadre of Medical Officers (Specialists) based on seniority and Annual Confidential Reports. These Additional Directors are further assisted by Project Officers, each looking after separate sub head.

D. CONTRACTUAL STAFF

State doesn't have State Programme Manager. Project Officer (HR) is currently handling the responsibility of State Programme Manager. SPMU also comprises Consultant and Sr. Consultant

District Programme Management Unit (DPMU) comprises District Programme Coordinator (DPC), District Accounts Manager (DAM) and Data Entry Operators (DEO). Consultants/Programme Officers are also placed to assist the management staff.

Performance Monitoring Control Cells (PMCC) have been set up at the state and district level to monitor performance of the Service delivery staff over some predefined performance indicators. M&E Assistants at District level make 15-20 calls to the Taluka M&E Officers and Service delivery staff to procure data on predefined performance indicators and send the reports to Project Officers who further report to M&E Nodal Officer positioned at State level.

XI. PARA STALAS

1. **Indian Institute of Public health Gandhinagar (IIPH G):** Established on 7th April 2008, this institute aims to develop & nurture professionals in the realm of Public Health through various training programmes and workshops. It also provides research based health policy advice to Government of Gujarat.
2. **State Health Systems Resource Centre (SHSRC):** It is headed by an Executive Director. It provides support to the state government in strengthening Health Systems.
3. **State Institute of Health and Family Welfare (SIHFW):** It is headed by a Director. It looks after the coordination and monitoring of all RCH training in the state.

XII. ACTION POINTS

IMMEDIATE

- Ensure all designated FRUs get equipped in terms of HR to conduct C-section deliveries. EmOC & LSAS trained MOs to be deployed at the places where the specialists aren't available. On priority basis, redeployment efforts should be made for the facilities lacking only 1 specialist.
- Admission Quota in Medical Colleges should be provided to the candidates from difficult/High focus areas against which some bond should be filled. This would help in improving retention of doctors in Difficult/High Focus Districts.

MEDIUM TERM

- Preferential admission from under-served areas in the nearest ANM/Staff Nurse training schools.

- Faculty development programme & Quality assurance of Nursing Schools
- Disparity between the salary of regular and Contractual staff should be lessened
- Bond amount should be increased for the students studying in Government Medical Colleges.
- Preference (*through Credit marks system*) should be given to the Medical Officers serving in rural areas for selection in PG colleges.

LONG TERM

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