



UTTARAKHAND
PUBLIC HEALTH WORKFORCE: ISSUES & CHALLENGES

I. OVERVIEW OF PUBLIC HEALTH WORKFORCE

Uttarakhand has a population of 1.01 crore and a majority of them reside in rural areas. There is clearly a relatively high concentration of population in the middle and foothills, while the Upper Himalayan districts are scarcely populated with difficult terrain and therefore having high shortage of human resources for health. Following is the public health infrastructure in its 13 districts:

Health Facilities	Present	Required	Under Construction	Shortfall	No. Proposed in PIP 13-14
DH	19	18	1 (Champawat District)	0	0
CHC/FRU	75	53	10	19	0
PHC	301	239	21	49	0
SC	1941	1765	230	213	0

*Details structure is in annexure 1

The State has been facing human resource crunch since its inception and is attempting to fill the gaps through the public service commission, contractual employees and recruitment through walk-in interviews. State do not has any specific public health cadre and only out of the sanctioned posts, only 30% of MOs and 86% of staff nurses are in position in the state. There is large number of vacancies in case of lab technicians & MPWs.

Category/ type of personnel	State Total					
	*Required	Regular		Contractual		
		Sanctioned posts	In position (A)	Sanctioned posts	In position (through state/ other sources) (B)	In position from NRHM (C)
1 st ANM	1765	1765	1838	0	0	297
2 nd ANM	722	0	0	0	0	194
MPW/ Male HW	1391*	1391*	722*			
Staff Nurse total	1118	952	502			318
LHV/ PHNs/Other Supervisory Cadre	345	345	290	0	0	0
LTs	300	300	149			13
Pharmacists	770	770	725	0	0	0
AYUSH Pharmacists						186
MOs	2389	2389	570	0	143	0
RMNCH Counselor		15				15
Refrigeration Mechanic	13					13
ANMTC Tutors	18					18

*Source – PIP 13-14

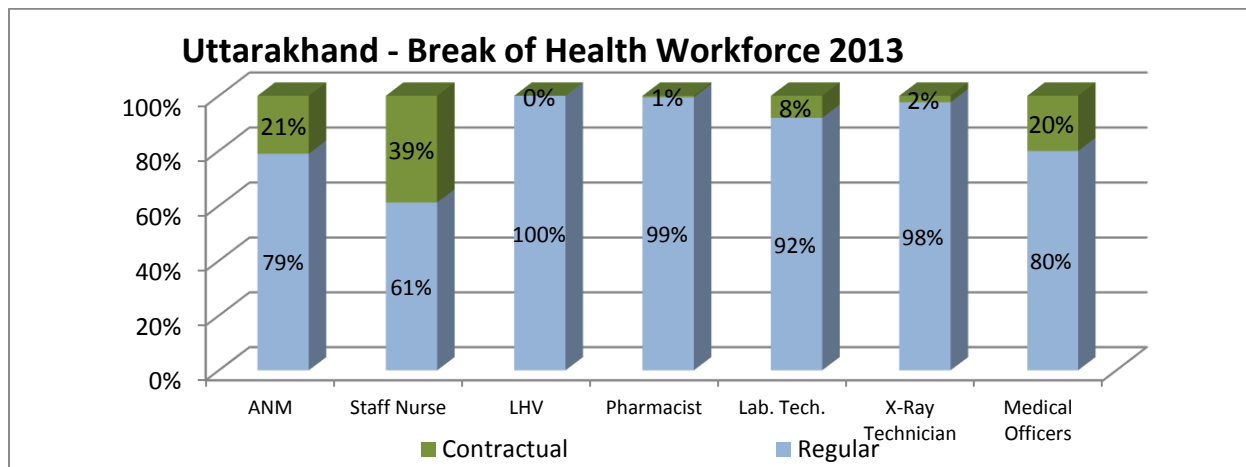
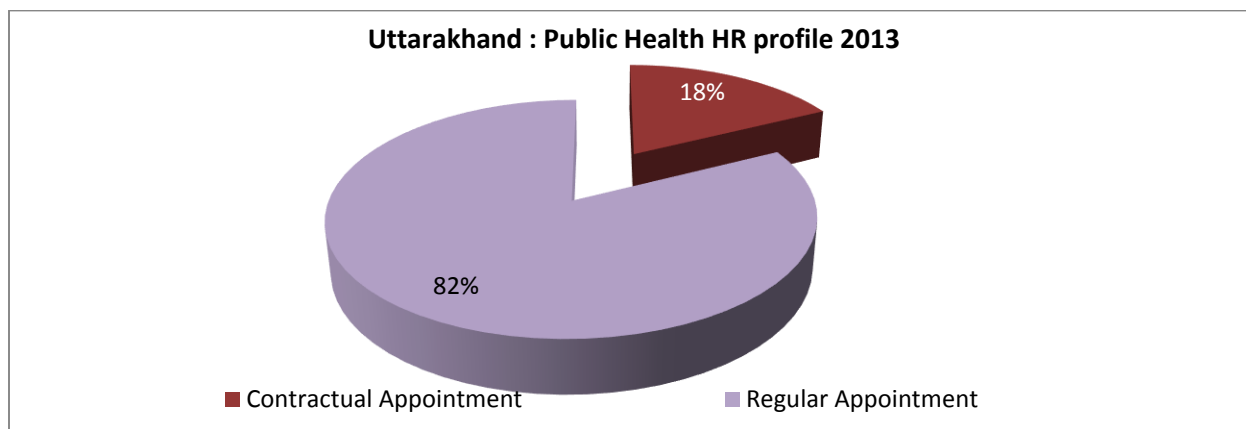
To address the problem of shortage of medical officers and paramedics, the state has initiated various options like graded payments, walk-in interviews, advertisement in national dailies, special incentives for difficult areas etc. Though the situation is on the mend, the slow pace of improvement is hampering efforts to strengthen or upgrade the health facilities to desired levels of FRUs and 2x7.

The district-wise break up of availability of health care providers are as follows:

Sl. No.	Name of District	ANM		Staff Nurse		LHV		Pharmacist		Lab. Tech.		X-Ray Technician		Medical Officers	
		C	R	C	R	C	R	C	R	C	R	C	R	C	R
1	Almora	42	209	14	72	0	44	0	110	0	14	0	3	27	74
2	Bageshwar	9	96	10	8	0	7	0	30	3	2	1	1	4	12
3	Chamoli	22	122	1	33	0	22	0	96	3	9	0	4	11	33
4	Champawat	13	66	5	10	0	10	0	52	0	1	0	2	0	22
5	Dehradun	190	22	140	20	0	38	0	97	0	26	0	38	0	84
6	Haridwar	2	164	22	18	0	15	4	40	0	10	0	4	11	20
7	Nainital	21	167	27	96	0	24	0	145	0	28	0	8	45	127
8	Pauri	15	245	4	51	0	40	2	207	4	14	0	4	8	40
9	Pithoragarh	28	180	38	39	0	22	0	82	1	2	0	2	0	21
10	Rudraprayag	79	73	2	18	0	4	0	60	0	2	0	2	0	8
11	Tehri	51	204	7	36	0	26	0	70	0	12	1	4	0	60
12	U.S Nagar	0	192	32	74	0	24	0	60	0	20	0	10	25	47
13	Uttarkashi	19	98	16	27	0	14	0	60	2	9	0	2	12	22
	Total	491	1838	318	502	0	290	6	1109	13	149	2	84	143	570

*C- contractual appointments, R- Regular appointments

The health care workforce in the state can be broadly categorized into 3 categories – regular, state contractual and NRHM contractual. State contractual posts are for MOs & Specialists only



III. GENERATION OF HUMAN RESOURCE

The State has 7 Medical Colleges and 9 BSc Nursing Colleges. There are 13 GNM Schools and 14 ANM schools. Detailed break-up is given below.

Summary of Medical and Nursing Institutes in Uttarakhand						
Category	Public Institutions	Private Institutions	Public Intake	Private Intake	Total Institutions	Total Intake
Medical colleges	4	3	400	200	7	600
B.Sc Nursing School	1	8	60	400	9	460
GNM school	2	11	70	385	13	455
ANM School	5	9	100	305	14	405

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

Sl.No.	Name of the Institute	No. of Seats	Remarks
Medical Colleges			
1	Veer Chandra Singh Garhwali Medical College Srinager, Pauri	100	Availability of faculty positions is an issue
2	Govt. Medical College Haldwani	100	
3	Rishikul Auruvadic College Haridwar	100	
4	Himalayan Institute of Medical Science Dehradun	100	
	Total	400	
BSc Nursing College			
1	State College of Nursing Chandan Nagar DDN	60	
	Total	60	
GNM Schools			
1	GNMTC B D Pandey Nanital	20	
2	State college of Nursing Chandan Nagar DDN	50	
	Total	70	
ANM Training Schools			
1	ANMTC Centre Gadarpur, US Nagar	20	
2	ANMTC Pithoragarh	20	
3	ANMTC Khirsu Pauri	20	
4	ANMTC, Almora	20	
5	ANMTC, Almora	20	
	Total	100	

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	Chandowla Medical College US Nagar	50	
2	Shusheela Tiwari Medical College Haldwani	50	
3	Guru Ram Rai Medical College, Dehradun	100	
	Total	200	
BSc Nursing College			
1	Dron College of Nursing US Nagar	40	
2	Shri Guru Ram Rai College of Nursing, Dehradun	60	
3	CMI College of Nursing Dehradun	60	
4	College of Nursing HIMT Joyli grant Dehradun	100	
5	Pal College of Nursing, Haldwani	30	

6	Nainsi College of Nursing Nainital	40	
7	Arihimant School of Nursing Roorkey	40	
8	Chinmay Advance Resu Education Care College of Nursing Haridwar	30	
	Total	400	
GNM Schools			
1	Dron college of Nursing US Nagar	30	
2	Swastik Nursing college US Nagar	20	
3	Shri Guru Ram Rai College of Nursing, Dehradun	40	
4	CMI College of Nursing Dehradun	40	
5	College of Nursing HIMT Joyli grant Dehradun	45	
6	Sai school of Nursing Dehradun	40	
7	Madran Global School of Nursing Roorkee Haridwar	40	
8	Nainsi college of Nursing Nainital	40	
9	Pal college of Nursing, Haldwani	40	
10	Arihimant School of Nursing Roorke	20	
11	Chinmay Advance Resu Education Care College of Nursing Haridwar	30	
	Total	385	
ANM Training Schools			
1	Saini School of Nursing Bhagwanpur Haridwar	30	
2	Swastik Nursing college US Nagar	20	
3	Shri Guru Ram Rai College of Nursing, Dehradun	40	
4	CMI College of Nursing Dehradun	30	
5	Kowandra School of Nursing Roorkee	25	
6	Sai School of Nursing Dehradun	30	
7	Bhumanand School of Nursing	30	
8	Nainsi college of Nursing Nainital	40	
9	Pal college of Nursing, Haldwani	30	
10	Chinmay Advance Resu Education Care College of Nursing Haridwar	30	
	Total	305	

Issues: Fresh Graduates do not prefer to join public facilities and no local area provision for admission in nursing and paramedic's institution has been made so far.

IV. RECRUITMENT

Medical officers - Medical Officers are recruited either as regular employees through the Uttarakhand Public Service Commission (UKPSC) or against State Govt. contractual posts.

The Districts give requests for recruitment to the State Directorate, which is then forwarded to the Secretariat. The Secretariat approves the demand and then sends requisition to the UKPSC. The UKPSC conducts interview as part of the selection process (no written examination).

Issue: However the process of selection is very slow and results in delayed postings.

As per UPKSC rules- 50 % seats are for the general category and 27% & 23% are reserved for OBCs & SC/STs respectively.

Issue: If there are no suitable candidates in the reserved category, the posts will remain vacant (**NOT to be filled by general category candidates**). This and the lack of adequate candidates and their unwillingness to join the services have contributed to acute shortage in the state. In the last round of selection held last year, 583 seats were advertised and only 11 MOs joined

Year	Advertised Seats	Selected by UKPSC	Appointed by the government	Candidates who joined
2002-03	430	311	303	205
2003-04	515	292	261	178
2004-05	611	132	129	114
2007-08	875	254	223	92
2011-12	583	67	33	11

Specialists - Specialists are again recruited either as regular employees through the Uttarakhand Public Service Commission (UKPSC) or against State Govt. contractual posts (Walk-in interview every Wednesday at the state level). Another category of select contractual specialists (RCH – Gynecologists, Anesthetists and pediatrician) is recruited through the NRHM District Health Society (CMO office). Salaries of these NRHM contractual specialists are contributed from RKS fund of District.

There are also large-scale vacancies of specialists in the state, details as in 2012, are as follows. The differential salaries and contractual recruitment drives have also been largely unsuccessful:

Sl.No	Specialty	Sanctioned	In Position	Vacant	% Vacancies	Contractual
1	Obs & Gyn	145	62	83	57.20	1
2	Pediatrician	94	54	40	42.55	4
3	G Surgeon	157	40	117	74.52	1
4	Pathologist	74	26	48	64.86	0
5	General Medicine	129	34	95	73.64	8
6	Ophthalmologist	56	25	31	55.36	0
7	Orthopedician	105	33	72	68.57	0
8	Anesthetist	127	38	89	70.08	0
9	ENT Specialist	32	15	17	53.10	0
10	Neurosurgeon	1	0	1	100.00	0
11	Cardiologist	26	7	19	73.08	0
12	Radiologist	112	31	81	72.32	0
13	Dermatology	28	5	23	82.14	0
14	Chest Physician	3	1	2	66.60	0
15	Others	8	1	7	87.50	0
	Total	1124	405	769	68.41	14

The Directorate of Health & Family Welfare, through merit list and written examination, recruits Regular **Staff Nurses and ANMs**. The District Health Society (CMO office) recruits Contractual Staff Nurses and ANMs on a need-basis.

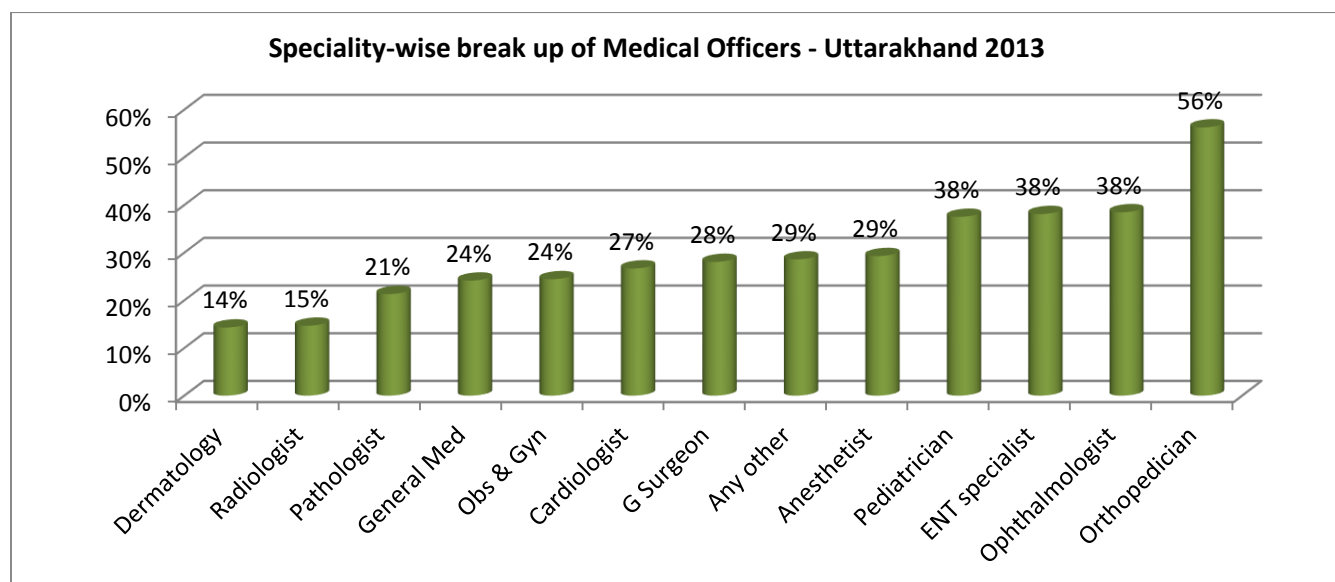
The Directorate of Health and Family Welfare recruits regular **Laboratory Technician and Pharmacists**, whereas the District Health Society (CMO office) recruits However Contractual LT on a need-basis. Vacancies are noted in these categories of health workers as well

Sl.No	Category	Sanctioned	In Position	Vacant	% Vacancies
1	Staff Nurse	941	712	229	24.34
2	Health Supervisor (M)	522	417	135	25.86
3	Health Supervisor (F)	345	340	5	1.44
4	MPW (F)	2255	2084	171	7.58
5	MPW (M)	855	190	665	77.77
6	Lab. Technician	297	202	95	31.99
7	X-Ray Technician	127	63	64	50.39

AYUSH MO are recruited and managed by the Department a need-basis through UKPSC and state contractual basis. AYUSH doctors are posted at CHCs, PHCs, State Ayurveda Dispensaries, State Homeopathic Dispensaries and State Allopathic Dispensaries. BAMS doctors are posted in State allopathic Dispensaries, where they practice allopathic medicines due to shortage of Allopathic Medical Officers.

V. DEPLOYMENT OF HUMAN RESOURCE

The State has a well-defined specialist cadre including gynecologists, anesthetists and pediatrician serving in the 13 districts. As Uttarakhand has high percentage of difficult-to-access areas therefore recruitment and retention of specialist in public facilities is challenging.



Though 30 health facilities are designated as first Referral units (FRU – except DH/SDH/Medical Colleges), only 22 of them are conducting cesarean sections. Following are the details of specialist unavailable at the FRUs.

District	Designated	FRUs not conducting LSCS	Lacking Specialist
	FRUs		Anesthetist-A, Pediatrician-P, Obstetrician-OG
Champawat	CHC Lohaghat	CHC Lohaghat	OG
	CHC champawat	CHC champawat	A
	CH tanakpur	CH tanakpur	A
USNagar	CHC Kichha		Nil
	CHCJaspur		Nil

	CHC Gadarpur	CHC Gadarpur	A, P, OG
Pithoragarh	CHC Dharchula	CHC Dharchula	A, P, OG
	CHC Didihat	CHC Didihat	A, OG
Rudraprayag	CHC Agustmani	CHC Agustmani	Nil
	CHC Jakholi	CHC Jakholi	Nil
Bageshwar	CHC Baijnath	CHC Baijnath	OG
Tehri	CHC Hindolakhali	CHC Hindolakhali	Nil
	CHC Baleshwer	CHC Baleshwer	Nil
Pauri	CHC Munsyari	CHC Munsyari	A, P, OG
Chamoli	CHC Joshimath	CHC Joshimath	Nil
	CHC Karanprayag		P
	CHC Gairsain	CHC Gairsain	Nil
Almora	GSM ranikhet		OG
	CHC Dwarahat	CHC Dwarahat	A, P, OG
	CHC Chaukhatiya	CHC Chaukhatiya	A, OG
	CHC Bhikyasen	CHC Bhikyasen	A, P, OG
Haridwar	HMG Haridwar		A, P, OG
	CRW		A, P, OG
	CHC Bhgwanpur	CHC Bhgwanpur	OG
	CHC Narsin	CHC Narsin	OG
	CHC Lausar	CHC Lausar	OG
Uttarkashi	CHC Naugaon	CHC Naugaon	P, OG
	CHC Purola	CHC Purola	A, OG
Dehradun	CHC Doiwala		A, OG
	CHC vikas nagar		Nil

VI. TRAINING AND CAPACITY BUILDING

State does not have a State Institute of Health and Family Welfare (SIHFW) or any separate training cell. All the trainings are conducted by Program Officers at the state level, Master Trainers at the District Level.

Type of Training	No. of Medical Colleges conducting training	No. of District Hospitals conducting training	Any other Facilities conducting training	No. of Master Trainers Trained	Total Target under NRHM period (up to 2017)	Total Achievement cumulative till March 2012	Target for 2012-13	Achievement from April'12 till Nov'12	Target for 2013-14
LSAS	1	0	0	0	36	26	10	0	10
EmOC	1	1	0	4	36	16	12	0	8
BEmOC (MOs)	0	1	0	4	80	28	20	0	20
SBA (ANM/SN/LHV)	0	13	2	30	2000	762	300	222	300
MTP	0	1	1	12	340	218	20	18	20
RTI/STI	0	0	0	4	900	22	300	178	300

*Source - PIP 13-14

Following table details the EmOC and LSAS trained doctors. 3 EmOC trained doctors are pursuing PG course and 2 LSAS trained doctors are on-job leave for PG course. One LSAS trained doctor in Tehri Garhwal is underutilized as patient load in PHC Chaam is very low.

Districts	Total number of MOs	MOs trained in LSAS	MOs trained in EmOC
Almora	101	1	9
Bageshwar	16	0	2
Chamoli	44	0	02
Champawat	22	1	1
Dehradun	84	1	1
Haridwar	31	2	2
Nainital	172	4	2
Pauri	48	4	1
Pithoragarh	21	2	2
Rudraprayag	8	0	0
Tehri	60	1	3
U.S Nagar	72	3	3
Uttarkashi	34	01	01
Total	713	20	26

*Source - PIP 13-14

VII. REMUNERATION

All regular employees of the state get remuneration as per the 6th Pay Commission. Three salary slabs exist according to the level of difficulty of terrain.

Sl.	Category	Medical Officers	Diploma Holders	Specialist	Staff Nurse	ANM
1.	Lower Himalayas	48,000	52000	55000	18	15
2.	Middle Himalayas	52000	56000	59000	15	12
3.	Upper Himalayas	60000	60000	63000	12	9

Salaries for contractual specialists are flexible and decided by the RKS according to the geographical difficulties

VIII. RETENTION STRATEGY

Financial incentives are provided in three slabs, again depending on the geographical terrains

Sl. No	Category	Gynecologists	Anesthetists	Pediatrician
1.	Lower Himalayas	2000	1000	500
2.	Middle Himalayas	3000	1500	1000
3.	Upper Himalayas	4000	3000	2000

A MoU has been signed with the Medical College Haldwani, wherein the MBBS graduates will have to compulsorily serve in the rural areas for 3 years. However there were a lot of defaulters in the 1st batch of pass outs.

IX. HUMAN RESOURCE INFORMATION SYSTEM

The State initiated Personal Information System (PIS) in 2010, which is based on self-recording process. PIS do not have any database of health professionals, it comprises of only 60 records. There has been no regular updation and currently PIS is not functional and can even be considered as non-existent.

X. WORKFORCE MANAGEMENT

The 'Uttarakhand Annual Transfer for Public Servants Act 2011' defined model codes for transfer & posting including the levels of difficulty of various areas and the duration of service required in these areas. This however has been discontinued and a new one is being drafted

The contractual staffs are given contracts for 11 months, and renewed based performance appraisal. But currently the practice prevalent is a self-appraisal format.

Issue: The contracts for ANMs expired on 12th March 2013 and there has been no renewal till now (20th March). Last year also there was a delay of about one month in renewal of contracts. The ANMs interviewed over the phone (they were at home since their contract has ended) expressed that this proves demotivating.

However extension for the program management has been timely. In the districts, the MO I/C appraises BPMU staff and the DPMU staff by the CMO/Dy. CMO and increments is linked to these appraisals. But this process is not being carried out on a regular basis.

The state has also fixed performance levels for each level of health facility (CHC, PHC, SC) and financial incentive is paid to the care providers for any extra achievement beyond the fixed level (e.g. Rs. 400/- for an additional institutional delivery)

XI. MANAGEMENT CADRE

Regular Management Cadre: At the state level the Director-General heads the directorate and is aided by 3 directors and other additional, joint directors & program officers looking after various divisions. The Chief Medical Officer manages at the district level, aided by a team of Program Officers.

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.

XII. PARA STATAL

The establishment of a SIHFW is under process. There are 2 Regional Health & Family Welfare Training Centers (Dehradun & Haldwani) and the RHFWTC at Haldwani is being upgraded as SIHFW

Proposal for SHRC has been proposed with a budget of Rs. 50 Lakh and one of the prime activities will be hiring of Consultant

ACTION POINTS

A. IMMEDIATE

1. The state has to innovate and implement a comprehensive package to address the shortage of medical officers and paramedics. Though the state has initiated various options, it doesn't seem to have worked very well - only 11 MOs out of the advertised 583 posts joined the services in 2011-12.
2. Streamlining of contract renewal process to ensure that contractual service providers under NRHM (e.g. ANM) do not have long gaps between renewals and service delivery is not hampered.
3. Create a Human Resource Management Cell under NRHM for effective management of all contractual staff – including recruitment, contract management and regular performance appraisals.
4. In view of the huge shortage of specialists, ensure that all EmOC and LSAS trained doctors are posted & utilized to operationalize the FRUs. A supportive mechanism also needs to be developed for these doctors to perform optimally.
5. Ensure all MOs with PG qualifications are posted in CHCs, block PHCs or higher centers
6. Organize recruitment for the SHRC on an urgent basis– outsource recruitment if required.

B. MEDIUM TERM (with respect to rules)

1. Revive and strengthen the Personal Information System (PIS) for real-time human resource information in the state – outsource if necessary. This will help rational deployment in a HR constrained state like Uttarakhand.
2. Adoption of the revised 'Uttarakhand Annual Transfer for Public Servants Act 2011', which will ensure retention and availability of HR in the difficult-to-access areas.
3. Revive admissions in all ANMTCs (no trainings were being conducted at the ANMTC, Uttarkashi) and give preferential admission from under-served areas
4. Introduce bridge courses to select, train and deploy a mid level care provider in the sub-center who is able to assess the public health status to effectively provide public health services and primary health care, especially in the remote areas, where doctors are unavailable.

C. LONG TERM

1. Creation of a MO-PG (Medical Officers with PG qualification) and Public Health Cadres