

INCENTIVES FOR SERVING IN RURAL AREAS OF HIMACHAL PRADESH

Problem Statement

Availability of adequate number of human resources with suitable skill mix and their appropriate deployment at different levels of health care set-up are essential for providing an effective health care service for the population. In India, acute shortage of skilled health workers in rural and remote areas has had a negative consequence on the health outcome.

87% of the households Himachal Pradesh are in rural areas and the lack of availability, skills and performance of healthcare providers is one of the central problems in the state. There are no ANM posted in 380 out of 2067 Health Sub Centers (HSC) and 180 of them are without any health worker. Of the 1597 sanctioned Medical Officers (MO), only 834 posts are filled [including 153 on state contract and 287 on Rogi Kalyan Samiti (RKS) contract].

Program Description

To address the shortage of human resources (HR), the state has initiated systematic and integrated policy changes with relation to recruitment, placement and HR development for ensuring their availability high focus districts and difficult areas. Some of the key strategies adopted for ensuring availability of MOs and staff nurses in rural and remotest areas are (a) eligibility for post graduation (b) differential pay structure and (c) provision of incentives for rural areas. One of the key proposals in Program Implementation Plan (PIP: 2011-12) was provision of special incentives linked with performance for those serving in difficult-to-access areas.

Process Protocol: There are 2071 HSC, 449 PHC, 73 CHC and 12 DHs spread across 12 districts and 51 sub-divisions/talukas in the state. Different regions in the state have been classified into rural, difficult and most-difficult areas.

Classification of areas based on “accessibility”

Rural Areas	Difficult Areas	Most-Difficult Areas
Within the limits of Shimla Municipal Corporation; within the limits of Solan Municipal Committee & within Baddi-Barotiwala-Nalagarh Notified area.	Kinnaur District (except Pooh & Hangrang Sub Tehsil); Bharmour Sub Division of Chamba, Development Block of Chopal, Chohara (excluding DodraKawar) Sangrah, Seraj, Anni, Tissa, ChhotaBhangal of Multan Tehsil and Bara Bhangal Area (Bajinath Block); Development Blocks (Shillai, Jubbal-Kotkhari, Salooni, Rohru, Nankhari, Karsog)	Pangi Sub Division, Lahaul&Spiti District; Pooh area of Kiraur District (Pooh & Hangrang Tehsil); DodraKawar Area of Shimla district

The incentives provided for Allopathic MOs, AYUSH MOs and specialists differ on the basis of accessibility and period of posting in these notified areas.

- Differential incentive (ranging from Rs. 3000/-pm, Rs.6000/-pm to Rs. 9000/-pm) over and above the monthly salary for Allopathic MOs (RKS Contractual) posted

in difficult areas depending upon the place of the posting for serving a period of 2-5 years. The incentives have been further revised w.e.f. 1st July, 2012 (Rs.6,000 to Rs.10,000/-pm and Rs. 9,000 to Rs.15,000/-pm)

- Enhanced salary of Rs.80,000/-pm plus incentives for recruitment of specialists (Gynaecologist, Anaesthetist, Paediatrician, Surgeon) for high focus districts and tribal, hard areas (as notified by the State Government from time to time). The Incentives of Rs.5,000/-pm, Rs.10,000/- pm, and Rs.15,000/- pm for specialist has been revised to Rs.15,000/-pm; Rs. 20,000/-pm and Rs.25,000/- pm
- Provision to qualify for selection for Post Graduate Courses after completion of three years as an MO in a hard or difficult area, while only two years is enough to do so from a most difficult area
- Provision for posting the spouse of a PG student as Senior Resident or Junior Resident in the same Medical College

The financial incentives are paid out of NRHM funds and will be over and above the contractual salary already being paid.

Other initiatives undertaken by the State include provision to regularize the services of RKS Contractual MOs after they put in 6 years of service and to ensure stability of tenure, MOs and Staff Nurses are posted to an institution for an initial period of three years and are not transferable during this period.

Challenges

There are delays and non -payment of dues or trivial grounds. Some doctors stated that it was not clear why incentives was first offered only for RKS Contractual MOs which was later extended to other contractual doctors, and why regular doctors were not getting the incentives. Although these schemes have been successful for availability of medical officers, they have made no dent in the

availability of specialists. It was observed that though a sum of Rs.98,000/-pm is paid to specialists; the state faces difficulty in recruiting specialists in these areas. For example in Kinnaur district, there was no gynaecologist or paediatrician in the entire district in the public health system and only one gynaecologist in the private sector.

Along with incentives, support system such as semi-furnished accommodation for staff posted in difficult and hard-to-reach facilities is needed. Though there is a policy for incentivizing the health service providers on the basis of performance, due to lack of a differential financing based on performance, which needs to be inbuilt in the grant release, it is yet to be implemented in full spirit and on a timely manner.

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