Proposed Central Scheme for Incentivisation of skilled professionals to work in public health facilities located in Inaccessible, Most Difficult and Difficult Rural Areas

Draft Note

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE
MINISTRY OF HEALTH AND FAMILY WELFARE
ABBRVIATIONS

ANM  Auxillary Nurse Midwife
CME  Continuous Medical Education
CNE  Continuous Nursing Education
DA   Dearness Allowance
GNM  Graduate in Nursing and Midwifery
NPA  Non practising Allowance
NRHM National Rural Health Mission
PG   Post Graduation
RKS  Rogi Kalyan Samiti
Draft note on

Proposed Central Scheme for

Incentivisation of skilled professionals to work in public health facilities located in Inaccessible, Most Difficult and Difficult Rural Areas

I. Summary

This document briefly outlines the rationale and the objectives and design of a scheme for providing a package of incentives for attracting and retaining skilled service providers in health facilities that are categorised as inaccessible, most difficult or difficult. The rationale, criteria used, the process followed and problems encountered in the measurement and categorisation of public health facilities as inaccessible, most difficult and difficult across states and districts and the previous experience with incentives is part of a separate note. This note is limited to the proposed package of incentives. The incentives are categorised into four categories:

a. Financial Incentives- centre funded.

b. Financial Incentives- suggestions to states

c. Non Financial Incentives- centre funded.

d. Non-financial Incentives- suggestions to states.

II. The Proposal

The basic features of the scheme is therefore proposed as follows:

1. Financial Incentives
   a. By Center- under NRHM

For difficult areas: 30% of the annual basic salary including DA and NPA as eligible would be paid at the end of the year as an annual bonus for serving in the facility with a minimum number of days of attendance and work performance as specified.

For inaccessible and most difficult areas: 50% of the annual basic salary including DA and NPA as eligible would be paid at the end of every financial year as a bonus for serving in that
facility with a minimum number of days of attendance and workforce performance as specified and work performance as specified.

i. Both regular staff and contractual staff would be eligible for the same quantity of bonus and for both it would be paid for by the center. Where it is contractual staff the bonus amount would be calculated using the state specific scales of pay as they would have been eligible for given the number of years they have served- had they been in regular appointment.

ii. The payments for a 12 month financial year are to be made only in April- the first month of the next financial year. Those who have joined the rural facility in the course of the year would be eligible for the bonus only after 12 months of posting are completed- but would then be paid their dues as of April of the current financial year. The next payment to them would be for 12 months in the April of the next financial year. They would not be eligible for the incentive if 12 months of posting is not completed- whatever the reasons for the same- unless the government posted them elsewhere in public interest, without any application from them seeking transfer.

iii. All incentive payments shall necessarily be made by the Rogi Kalyan Samiti of the facility only if the health functionary resides in such a difficult, most difficult and inaccessible health facility. The payment will not be admissible in case of non residence in the village/town where this facility is located.

b. Proposed to states

i. For serving health functionaries, an additional increment for every three years of service may be suggested to states – but states would have to decide on it.

2. Non Financial Professional Incentive

a. By center- under NRHM

i. 10 percent marks for each two years of service in any of these facilities for Post Graduate admission in the all India common examination for post graduation. This would be up to a maximum of 30 percent marks for which they would become eligible after six years of service. This would be for those without any post graduate degree qualification. Those with diploma qualification, wanting a degree would be eligible.

ii. One distance education course paid for from NRHM funds from a set of three recommended distance education programmes with duty leave to attend the contact sessions- courses on Public Health Management, Family Medicine, Epidemiology, after one year of rural service as long as one retains the rural posting. The fees and if needed the stipend would be paid by the candidate to the institution running the programme every six months and reimbursed to the employee on evidence that he or she is still in the course and making progress. This allows a parallel growth of
iii. A minimum one month, preferably three month training programme within the country for every three years of service in such areas. This would be for clinical skill upgradation or public health management related. This would be attractive for specialists who do not need PG admission and for those doctors who do not manage to secure PG admission despite the extra marks given.

b. Proposed to states

i. 10% marks for each year of service where state holds a common entrance examinations for post graduation admission in state medical colleges for MBBS doctors or for admission to B.Sc in nursing for GNMs and ANMs, M. Sc in nursing for B. Sc nurses, GNM training for ANMs. This would be up to a maximum of 30 percent marks

ii. Choice of posting after a three year stint in a difficult, most difficult and inaccessible health facility.

iii. Special life insurance coverage in Naxal affected areas.

iv. Option of retention of family quarters in previous place of non-difficult posting.

v. Facilitation of the spouse’s employment in the same area.

vi. Facilitation of admission for children of those posted here in special boarding schools and could help with fees too if so required.

3. Positive Practice Support environment:

i. All the doctors and nurses posted in the inaccessible, most difficult or difficult areas would be part of either a state or centrally organized CME or CNE programmes which would be done along with a video/TV or internet plus telephonic conferencing sessions.

ii. All doctors posted in these facilities would attend a centrally facilitated two day workshop every three months held at the state headquarters to review progress, and provide support and resolve problems.

iii. All facilities which are declared inaccessible, most difficult or difficult would be provided with a facility specific untied budget to be spent against a plan approved at the district level, but which would give the facility in charge and the local RKS more decision making powers. The plans would mainly cover local mobilization of community support, measures to increase access by local communities and amenities at the health care facility.

iv. Best performing doctor and nurse working in difficult circumstances would be an award instituted for doctors and nurses working in such facilities.