

2013

PUBLIC HEALTH WORKFORCE IN  
PONDICHERRY  
**Issues and Challenges**

National Health Systems Resource Center,  
National Rural Health Mission, Government of  
India



## Public Health Workforce: Issues and Challenges in Pondicherry

### I. Overview of Public Health Workforce in Pondicherry

Puducherry, formerly Pondicherry is a Union Territory of India formed out of four enclaves of former French India and named after the largest, Pondicherry. It was established on the 1 July 1963. Along with Delhi, Puducherry is one of the two union territories in India which is entitled by special constitutional amendments to have an elected legislative assembly and a cabinet of ministers, thereby enjoying partial statehood powers. Under the special provision, the government is permitted to make laws with respect to specific matters. The union territory of Puducherry consists of four small unconnected districts: Pondicherry, Karaikal and Yanam on the Bay of Bengal and Mahé on the Arabian Sea. It has a total area of 492 km and a total population of 1,244,464 inhabitants (2011).

**Table 1.1 Status of public health infrastructure in Pondicherry**

Type of Facility	Status as in March 2013	
	In-position	Required (as per IPHS)*
Health Sub-Centers	80	141
Primary Health Centers (no. of 24x7)	39	33
Community Health Centers	4	4
District Hospitals	5	4
Medical Colleges	7	Surplus

\*As per the Provisional Infrastructure/HRH Gap Analysis using Census 2011, NHSRC

Pondicherry has adequate number of CHC/SDH and DHs while there are shortages of sub-centers while there are excess number of PHCs as per the IPHS norms on health infrastructure.

**Table 1.2 District-wise availability of public health infrastructure in Pondicherry as in March, 2013**

District	CHC	PHC			SC			Remarks
		Urban	Rural	Total	Urban	Rural	Total	
Pondicherry	2	12	15	27	19	36	55	
Kariakal	1	2	9	11	2	15	17	
Mahe	1	1	0	1	4	0	4	

Commented [S1]:

Yanam	0	0	0	0	4	0	4	
<b>TOTAL</b>	4	15	24	39	29	51	80	

The healthcare workforce (inclusive of contractual) availability in the state is in table 1.3.

**Table 1.3: District-wise availability of health workers (both regular and contractual), March 2013**

Name of district	ANM	Staff Nurse	MPW	Pharmacist	Lab. T	M.O	Specialists	AYUSH MO
Pondicherry	213	751	72	114	106	223	54	23
Karraikal	75	250	23	36	29	42	14	15
Mahe	21	81	5	14	10	26	7	9
Yunam	20	63	3	6	4	7	2	5
<b>TOTAL</b>	<b>329</b>	<b>1145</b>	<b>103</b>	<b>170</b>	<b>149</b>	<b>298</b>	<b>77</b>	<b>52</b>

Source:-State Report, Pondicherry

The healthcare workforce in the state can be broadly classified into 3 categories: regular Government employees, state contractual employees and NRHM contractual.

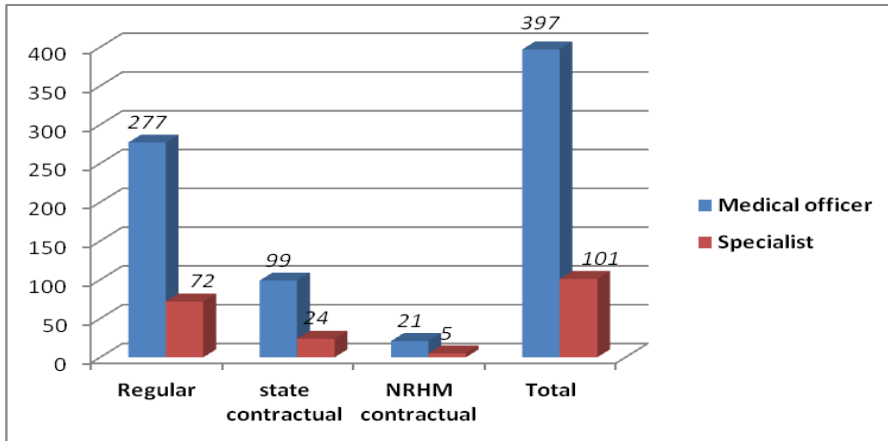
**Table 1.4: Categorization of health workers by type of appointments as in March, 2013**

Staff category	Type of appointment			Total
	Regular	State contractual	NRHM Contractual	
Specialist	72	24*	5	101
M.O	277	99*	21	397
SN	1104	NA	41	1145
ANM	231	NA	98	329
MPW	103	NA	0	103
Pharmacist	162	NA	8	170
L.T	92	NA	57	149
AYUSH MO	14	NA	38	52

\*as in June, 2013; Source: State Report, March 2013

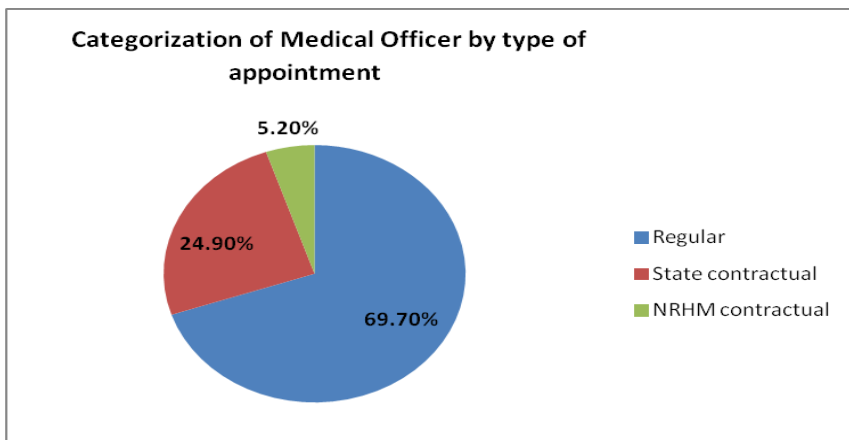
Except for the posts of MOs and Specialists, none of the Group B and Group C staffs had been recruited under the state contractual appointment/adhoc. The categorization of medical doctors (allopathy) under various types of appointments is given in Chart 1.1 as below.

**Chart 1.1: Categorization of doctors (allopathic) by type of appointment**



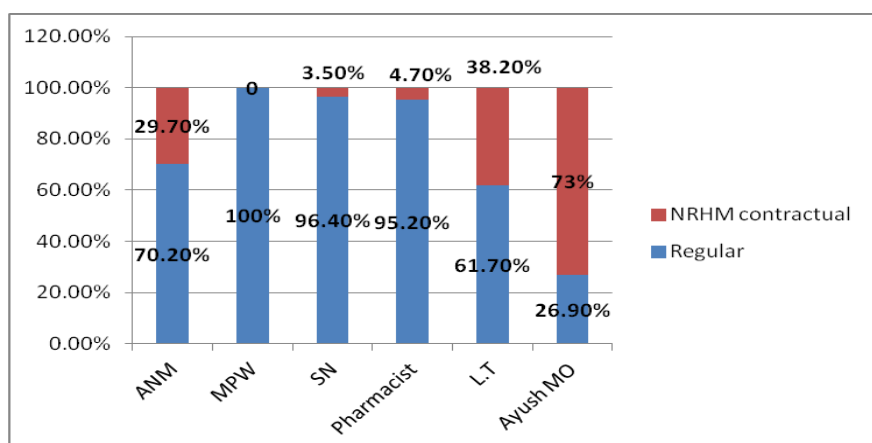
As given in the chart above, the appointments of medical officers and specialists under the state contractual or adhoc basis is higher than that of contractual appointments under NRHM funded by Central Government.

**Chart 1.2: Categorization of Medical Officer by type of appointment**



69.7% of medical officers are recruited under regular (UPSC) appointments, 24.9% of them under state contractual appointment routed through treasury and hardly 5.2% of them were under the NRHM contractual appointments.

Chart 1.3: Categorization of paramedical staffs by type of appointment



Of the ANMs recruited, 70.2% of them were of regular appointments while 29.7% of them were under NRHM contractual appointment. No contractual appointment was made for MPW. Majority of staff nurse i.e.96.4% of them were regular employees so as pharmacist with 95.25% of them working as regular staffs. 61.70% of L.T were regular employees while 38.2% of them were NRHM contractual staffs. As for AYUSH doctors, majority i.e. 73% of them were NRHM contractual and 26.9% of them were regular employees.

**Table 1.5: Sanction, existing strength, vacancy and contractual positions (under Government of Pondicherry) of GDMO sub-cadre as on 12<sup>th</sup> June, 2013**

District	Status of GDMO positions				
	Sanction	In-position	Vacant	Contractual	Physical vacancy
Pondicherry	262	210	52	51	1
Karaikal	68	37	31	29	2
Mahe	26	24	2	2	0
Yanam	22	5	17	17	0
<b>TOTAL</b>	<b>378</b>	<b>276</b>	<b>102</b>	<b>99</b>	<b>3</b>

The physical vacancy for specialists i.e. 23 is higher than that of GDMO positions i.e. only 3 in Pondicherry.

**Table 1.6: Sanction, existing strength, vacancy and contractual positions (under Government of Pondicherry) of Group “A” specialist sub-cadre as on 12<sup>th</sup> June, 2013**

District	Status of Group “A” specialist sub-cadre positions				
	Sanction	In-position	Vacant	Contractual	Physical vacancy
Pondicherry	76	51	25	14	11
Karaikal	22	14	8	3	5
Mahe	11	5	6	3	3
Yanam	10	2	8	4	4
<b>TOTAL</b>	<b>119</b>	<b>72</b>	<b>47</b>	<b>24</b>	<b>23</b>

## II. Human Resources for Health Policy

### Health Policy:

The health policy and strategy of Pondicherry is one of comprehensively addressing the issues arising out of preventive and curative problems. Health protection, promotion and rehabilitation are given attention in a holistic manner. The approach in policy implementation consists of: ensuring availability, accessibility and acceptability for the population; ensuring quality in health care by monitoring and effective supervision; ensuring effective health care provision; and implementation of preventive health care programmes as per the Government of India guidelines.

### HR policies for Doctors, nurses, paramedical staff and programme management staff:

Recruitment of GDMO sub-cadre and specialists regular cadre is through the UPSC, reserved for UT. The vacant posts against the sanction posts of medical officers and specialists are filled up through the contractual appointment routed under the Government of Pondicherry. Since the UT has very good transport and communication connectivity across districts and no proper rural or remote areas, there is no policy for retention of doctors through the compulsory rural service bond and differential pay structure (with higher monetary incentive to serve in tribal and inaccessible areas) to ensure availability of Medical Officers or other staffs.

The Medical Officer Cadre is managed by the health secretariat and the establishment for paramedical workers is located at the medical directorate.

## III. Generation of Human Resources for Health

**Medical Colleges:** Pondicherry has already surplus number of medical colleges, nursing institutes etc and there is currently no plan to increase the number of institutes. The current availability of government and private medical, nursing training institutes in the UT is given in table 3.1 below.

Table 3.1: Current availability of education institutes and annual intake

Sr. No.	Name of Institute	No. of seats	Remarks
<b>Medical Colleges ( government sector)</b>			
1.	Indira Gandhi Government Medical College & Research Institute, Kathirkamam, Pondicherry	MBBS (150)	
<b>Private Medical Colleges</b>			
1.	Pondicherry Institute of Medical Sciences, Kalapet, Pondicherry	MBBS (100)	
2.	Mahatma Gandhi Medical College & Research Institute, Kirumampakkam, Pondicherry	MBBS (150)	
3.	Arupadai Veedu Medical College, Kirumampakkam, Pondicherry	MBBS (150)	
4.	Vinayaga Mission Medical College, Karaikal	MBBS (150)	
5.	Vengateshwara Medical College & Research Center, Ariyur, Pondicherry	MBBS (150)	
6.	Sri Manakula Vinayaga Medical College, Madagadipet, Pondicherry	MBBS (150)	
7.	Sri Lakshmi Narayana Medical College, Osudu, Pondicherry	MBBS (150)	
	<b>TOTAL</b>	<b>1000 MBBS seats</b>	
<b>Lists of B.Sc. Nursing Colleges (Government)</b>			
1.	Mother Theresa Post Graduate & Research Institute of Health Sciences, Pondicherry	80	
<b>Lists of B.Sc. Nursing Colleges (Private)</b>			
1.	Sri Manakula Vinayagar Nursing College, Madagadipet, Pdy	100	
2.	Sabari College of Nursing, Kirumampakkam, Pdy	50	
3.	Vinayaka Mission's College of Paramedical Sciences, Kirumampakkam, Pdy	60	
4.	Vinayaka Mission's College of Nursing, Karaikal	60	
5.	Kasturba Gandhi Nursing College, Kirumampakkam	100	
6.	Pondicherry Institute of Medical Sciences college of Nursing, Kalapet, Pdy	60	
7.	East Coast institute of Medical Sciences, Moolakulam	50	
8.	Raak Nursing & Paramedical College	60	
9.	Indirani College of Nursing	100	
	<b>TOTAL</b>	<b>640</b>	
<b>Lists of ANM Training Schools (Private) (DMPHW-F)</b>			
1.	Indirani College of Nursing	20	

<b>Lists of GNM Training Schools (Government)</b>			
1.	Mother Theresa Post Graduate & Research Institute of Health Sciences, Karaikal	60	
<b>Lists of GNM Training Schools (Private)</b>			
1.	Vinayaga Mission's College of Paramedical Sciences, Kirumampakkam, Pdy	50	
<b>TOTAL</b>		<b>B.Sc. (N): 720</b>	
		<b>GNM: 110</b>	
		<b>ANM: 80</b>	

There are total 1000 MBBS seats distributed across 1 government medical college and 7 other private medical colleges in Pondicherry. The annual intake of B.Sc (nursing) undergraduates is 720 inclusive of both government and private institutes while the number of annual intake for GNM course is 110 and for ANM, it is 80 respectively. In the current scenario, there is no requirement or plan to open up new institutes given the surplus number of institutes available in Pondicherry.

#### IV. Recruitment, Sanction Posts and Vacancies

##### A. Regular employees:

##### 1. Medical Officers and Specialists:

The recruitment of medical officers and specialists is through the UPSC (Union Public Service Commission) through a process of written tests (for medical officers) or interviews (specialists). With the launch of NRHM in 2005, in order to fill up vacancies in government medical officer's posts, the UT government has adopted an alternative method for recruitment of regular doctors.

**Table 4.1 District wise status of medical officers (All-regular) and Adhoc MO**

Sr. No.	District	Medical Officers ( Regular)		Adhoc MO	
		Sanction	Vacant	Sanction	Vacant
1.	Pondicherry	262	52	NIL	
2.	Mahe	26	2		
3.	Yanam	0	22		
4.	Karaikal	68	30		
	<b>TOTAL</b>	<b>378</b>	<b>101</b>		

*Source: State Report, March 2013*

**Schedule- III of Recruitment:** The method of recruitment, field of selection for promotion and the minimum qualifying service in the immediate lower grade or lower grades for appointment for promotion of officers to Group "A" duty posts in the Pondicherry Health Services (Allopathy).



**Table 4.2 : Table showing the post, scale of pay along with method of recruitment and field of selection and the minimum qualifying service for promotion for SAG, specialist sub-cadre and general duty sub-cadre under regular appointments**

Sl. No.	Name of the post and scale of pay	Method of recruitment	Field of selection and the minimum qualifying service for promotion
<b>1.</b>	<b>Senior Administrative Grade (SAG)</b>		
i.	Director of Health & Family Welfare Services,  Rs.18,400-500-22,400/-	By promotion	From a combined field of the following officers:  1. Specialist Gr. -I: of any speciality (Rs.14,300-400-Rs.18,300) with 3 years regular service in grade of Specialist sub-cadre  2. Chief Medical Officer (NFSG) in the grade (Rs. 14,300-400-18,300) with 3 years regular service in the grade of general duty sub-cadre
<b>2.</b>	<b>Specialist Sub-Cadre</b>		
i.	Specialist Grade -I  Rs.14,300-400-18,300	By promotion on the basis of Selection cum Seniority without linkage to vacancies	
ii.	Specialist Grade -II (Senior Scale) other than super specialities (Rs.12,000-375-16,500)	By promotion on the basis of Selection cum Seniority without linkage to vacancies	Specialist Grade -II Officers in the scale of Rs.10,000-325-15,200 with 2 years regular service in the grade
iii.	Specialist Grade -II (Senior Scale) Super specialities (Rs.12,000-375-16,500)	By direct recruitment	See Schedule V for qualification, experience and age limits etc

iv.	Specialist Grade –II (Junior Scale) Rs.10,000 -15,200	By direct recruitment	See Schedule V for qualification, experience and age limits etc
<b>3.</b>	<b>General Duty Sub-Cadre</b>		
i.	Chief Medical Officer (Non-Functional Selection Grade) Rs.14,300-400-18,300	By promotion as per the criterion and procedure prescribed by Government from time to time for this purpose	Chief Medical Officers (Rs.12,000-375-16,500) with 14 years regular service in Group A posts
ii.	Chief Medical Officer (Non-Functional Selection Grade) Rs.12,000-375-16,500	By promotion on the basis of Selection-cum-Seniority without lineage to vacancies.	Senior Medical Officer in the General duty Sub-Cadre with six years regular service in the grade  OR  On completion of 10 years combined regular service as Medical Officer and Senior Medical Officer of which at least 2 years regular service shall be as Senior Medical Officer
iii.	Senior Medical Officer Rs. 10,000-325-15,200	By promotion on the basis of Selection-cum-Seniority without lineage to vacancies.	General duty Medical Officers with four years regular service in the grade

**2. Nurses & Paramedical:** The recruitment of regular nurses and paramedicals in Pondicherry is guided by the rules i.e. Pondicherry Health and Family Welfare Department, Directorate of Medical Services, **Class-III Nurses Service Recruitment Rules.**

The recruitment of Group C and Group D is done locally through paper advertisement, local employment exchange (lists is obtained). The post of Group “D” is reclassified or upgraded as “Group C” after the 6<sup>th</sup> Pay Commission.

For recruitment of Group C, Secretary Health is the Chairperson of Promotion Committee while Group A & B posts is the Lieutenant Governor is the Appointment Authority; all appointment, transfer, posting, posting, study leave, trainings etc are made with the approval of Lieutenant Governor.

**Method of Recruitment:** The recruitment to the service, after commencement of these rules are made by the following method namely- (a) By direct recruitment on the basis of merit from

amongst the candidates who have polled the prescribed training, and allotted to the Appointing Authority; (b) by promotion of the members of the service cadres and (c) by transfer of persons who hold in a substantive capacity in such post, services as specified. The name of post included in the services (e.g. Matron, staff nurse, public health nurse, LHV etc), classification (i.e. Class III), pay scale and appointing authority are mentioned in Schedule-1 of recruitment rules for nurses.

**Appointing Authority:** The Appointment Authority for recruitment of matrons and nursing sister is the Director of Medical Services, Pondicherry Health & Family Welfare Department while the Divisional Joint Director of Health Services is the Appointment Authority for recruitment of General Nursing/Senior Midwifery Trainings such as staff nurse, warden, public health nurse, O.T nurse, Lady Health Visitor.

**Selection Committee:** There are 2 **Directorate level Selection Committees** for separate nursing cadre which are constituted at different levels as laid out in Schedule-1. The Selection Committee for nursing sister/house keeper/sister tutor and public health tutor comprised of Senior most Joint Director or Joint Director –Nursing Administration-Chairman, Deputy Director (Nursing) and Assistant Nursing-Advisor as members. The recruitment for General Nursing/Senior Midwifery Training such as staff nurse/warden/public health nurse/OT-nurse etc is decentralized to district level and done by Selection Committee comprising of – (A) For Teaching Hospitals attached Medical Colleges: Professor & Head of Department of Obstetrics & Gynecology (Chairman), Professor or Assistant Professor of P.S.M Department, Senior Sister Tutor and Nursing Superintendent or Matron as members; (B) For District Hospitals (Training Center): Senior Most District Family Welfare cum Health Officer (Chairman), Superintendent of District Hospital or Gynecologist or senior sister tutor and Nursing Superintendent or Matron as members.

**Table 4.3: District wise status of ANM, staff nurse, LHV and other allied health professionals (regular sanction against vacant posts) as on March, 2013**

District	ANM		Staff Nurse		L.T		LHV		Radiographer		Pharmacist	
	S	V	S	V	S	V	S	V	S	V	S	V
Pondicherry	142	16	721	5	66	18	19	1	21	10	110	10
Mahe	16	3	76	2	6	3	2	0	3	3	12	1
Yanam	16	0	62	1	3	3	1	0	4	4	5	0
Karaikal	57	6	245	3	17	7	7	2	5	1	35	1
<b>TOTAL</b>	<b>231</b>	<b>25</b>	<b>1104</b>	<b>11</b>	<b>92</b>	<b>31</b>	<b>29</b>	<b>3</b>	<b>33</b>	<b>18</b>	<b>162</b>	<b>12</b>

\* surplus; # incomplete entry

#### **B. Contractual Service Providers:**

The recruitment for contractual staff takes place at two levels: state and district. The contractual appointments done through RKS gets converted into state contractual services on completion of 3 years services with their respective RKS for a period of 1 year at a fixed remunerations.

**Doctors and Specialists:** The contractual appointment for doctors and specialists is done by the State or District Health Society based on local criteria. At the state level, there is a Selection Committee headed by the Mission Director, which recruits Medical Officers (mainly specialists), Consultants for Disease Control Programs. The committee also comprises of an expert panel drawn from the medical colleges and recruitment is done through walk-in interviews. Recruitment of doctors takes place 2-3 times in a year and the entire process from the time of advertisement to joining is completed within a time frame of 1-2 months.

All appointments are given one-year contracts to be renewed annually after performance appraisal. The stay of person so contracted at place of posting is mandatory. The contracted person will not be attached for any purpose at any place. The contracts are place specific, non transferable and the recruitment is through a Counselling Based system which is transparent. Most transparent selection procedure has been adopted as claimed by the state. Vacancies are notified in advance and the candidates are asked to choose from the available vacancies on the basis of their marks in MBBS exam. The recruitment is made through the RKS and the selected doctors are posted to a particular health institution for a fixed tenure of three years. The posting is not transferable.

**Issues:** The major hurdle is finding specialists willing to join and serve in the CHCs which could be attributed to the fact though there are adequate post-graduate seats in the medical colleges, many of the pass outs prefer private practice (private practice is not allowed for govt. employees) or migrate to other states/abroad for better opportunities.

**2. Nurses & Paramedics:** Recruitments are done at the district level though RKS with the District Collector heading the selection panel. Vacancies are communicated from the state and selection done at the district level - entire process takes about 3-4 months. The local-area criteria are taken into account along with same-block posting.

**3. Managerial/Administrative Staffs under PMUs:** The process for the appointment of contractual staff i.e. under through advertisements and walk-in-interviews were conducted for which Selection Committee got constituted. There was no clear cut job profile and the same performance appraisal of various categories of staff under NRHM has been in use since 2009 onwards.

The UT transfers the money for various activities to the RKSs. The salary of the staff appointed by the RKSs is being transferred as a Grant-in-Aid to the RKSs from the state budget so as to ensure local control and monitoring over the appointed staff.

**Table 4.4: District wise status of ANM, staff nurse, LT, pharmacist and medical officer under contractual appointments in RCH/MFP (sanction strength, on roll/in-position, vacant posts) as on March, 2013**

District	ANM			Staff Nurse			L.T			Pharmacist			Medical Officer*		
	S	P	V	S	P	V	S	P	V	S	P	V	S	P	V
Pondicherry	55	55	0	33	28	5	27	27	0	3	3	0	16	12	4

Mahe	4	4	0	5	4	1	3	3	0	2	2	0	3	2	1
Yanam	4	4	0	0	0	0	1	1	0	1	1	0	2	2	0
Karaikal	17	17	0	5	5	0	7	7	0	1	1	0	5	4	1
<b>TOTAL</b>	<b>80</b>	<b>80</b>	<b>0</b>	<b>43</b>	<b>37</b>	<b>6</b>	<b>38</b>	<b>38</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>26</b>	<b>20</b>	<b>6</b>

## \*RNTCP

**Vacancies:** State Government has fill up its existing vacancies against sanctioned posts, preferably by contract. Top most priority in contractual recruitments should be for backward districts and for difficult, most difficult and inaccessible health facilities. A differential payment to serve in the tribal, hard and inaccessible areas of the state has helped the state to fill up almost 100% vacancies of Medical Officers in these areas. These appointments are place specific and non-transferable. This year an increase in performance based incentive has also been proposed.

The shortage of specialists can be seen from the availability of specialists in the state (excluding specialists in the Medical Colleges):

**V. Deployment of Human Resources**

There is shortage of specialists in the UT. As on July, 2012, there is not even a single OBG specialist, Surgeon and Anesthetist in the high focus districts of Kinnaur and Lahaul and Spiti. There is no OBG specialist in Chamba district as well.

**Deployment of specialists:**

There are no designated FRUs in Pondicherry, and most of the deliveries are conducted in District Hospitals and few in CHC. None of the CHC conducts caesarian sections. Table 11 details the lack of specialists in the designated FRUs, where caesarian sections not being conducted.

**Transfer Rules:** To ensure stability of tenure, the Medical Officers and Staff Nurses are posted to an institution for a period of three years initially and are not transferrable during this period. After completion of this tenure they are entitled to appear again in the counseling to choose a posting of their liking or they can choose the posting of their choice.

In one of the visited CHC, Karikalampakkam in Pondicherry district which is located at a distance of 15 kms from Pondicherry serving population of 30839 with 4 sub-centers, there is shortfall of manpower like specialists (Physician, Surgeon and Pediatrician), radiographer

**VI. Training & Capacity Buildings**

Trainings are imparted at the State Health and Family Welfare Training Centre, as per the training load, requirements and suitability. These trainings are planned, executed and imparted by H&FWTC as nodal agency at all levels.

The training cell at SHS, NRHM has 1 training consultant supervised by a programme manager from regular cadre who is responsible for coordinating, planning and implementation of training calendars under NRHM for both the regular and contractual service providers. A training plan is drawn up every year and the numbers trained so far is given in table 6.1.

**Table 6.1 Targets and achievements of training programme**

Type of training	Duration	Target for FY 2012-13	Achievement for FY 2012-13	Cumulative Achievement /percentage of achievements
LSAS	18 weeks	NA	NA	NA
EmOC	16 weeks	NA	NA	NA
BEmOC		NA	NA	NA
SBA training	21 days	8	8	124/100%
IUCD		180	180	180/100%
NSSK		30	30	---
F-IMNCI		24	23	----
ARSH		60	58	----

In Pondicherry district, there are a total 10 delivery points out of 15 24x7 PHCs (27 PHCs) and the number of SBA trained staff nurses is 114 though deliveries are conducted mostly in CHC/DHs. No caesarean sections take place in CHC in Pondicherry.

## VII. Remunerations

Blended payments comprising of a base salary and a performance based component, has been followed and been continuing. The Medical Officers appointed on the Contract Basis get base salary from the state budget and the incentive from NRHM. For other contractual staff also posted in SPMU, DPMU and at block level system of base salary and performance based incentive has been worked out.

**Remuneration of M.Os:** The entry salary of allopathic M.O under NRHM contractual appointment in 2012-13 was Rs. 33,000/-PM (consolidated) while that of NRHM AYUSH doctors was Rs.27,500/-PM. The state contractual MO (GDMO) got a remuneration of Rs.30,000/-PM and specialists got a starting salary of Rs.40,000/-PM with upto 10% increment each year (not fixed) and Rs. 40,000/-PM to Rs.45,000/- PM depending upon place of posting. **The regular M.O gets a pay scale of Rs 15600-39100 + Grade Pay Rs 5400.**

The entry salary of ANM under contractual appointment is Rs.11,000/-PM while that of regular ANM got Rs. 27,000/-PM. The Staff Nurse (contractual) gets a starting salary of Rs. 15,000/-PM

while the regular SN got approximately Rs.40,000/-PM. The starting salary of contractual LT is Rs.13,000/-PM while the regular LT. get Rs. 39,000/-PM.

Representatives of NRHM contractual staffs commented that “we have been getting 20% increment in the last 2 financial years (2011-12, 2010-11). However, in financial year 2013-14; there is no increment. On the basis of rising cost of living, the lack of financial increment has affected the staffs. Though we are working equally with the regular staffs in government sector, our salary is fixed very low. More than 300 staffs out of total 524 NRHM staffs has been working for more than 6 years, and there is no job security. For example, in this financial year, NRHM has given only a 6 months contractual agreement i.e. April 2013 to September, 2013 only.

#### VIII. Health Human Resources Information Systems

**NRHM Contractual Staffs:** State Health Mission has developed and maintained a computerized excel sheet for recording the personal details, date and place of joining, education qualification for contractual staffs belonging to service and administrative categories under NRHM.

**Regular Staffs:** The U.T in collaboration with the NIC has developed a web-based portal through which the state has maintained the computerized information and records of various personnel working under Directorate Headquarter office, various technical departments of health sector (regular) in 4 districts of the U.T. The data entry was initiated in 2010.

The Account Section of Directorate of Health Service maintains a database for health personnel with forms capturing relevant employee’s personal information, address, education qualification, date of joining, place of joining, and attendance for using the information primarily for administrative purpose i.e. payment of monthly salary and allowances etc. No facility based reporting has been started yet.

#### IX. Workforce Management

**A. Regular Employees:** The transfer & posting for medical officers is overseen by the Health Secretariat and that of the regular paramedical staff by the Medical directorate, there is a well defined transfer & posting policy in the UT. The ACRs and length of service form the main criteria for promotion of medical officers.

**Career progression:** On job induction training, regular orientation/skill up-gradation/ refresher training is organized. Both clinical and non-clinical (management, accounts, NRHM) aspects are covered in these CMEs.

**Modified Assured Career Progression Scheme (MACPS):** The Department of Personnel & Training, vide OM No. 35034/3/2008-Estt. (D), dated 19<sup>th</sup> May, 2009 had issued MACP for the central government civilian employees. The scheme will supersede the ACP scheme which was in

force earlier, and clarifications issued under the said ACP scheme, applicable to all regularly appointed Group "A" & "B" & "C" employees except the officers of organized Group "A" services. The status of Group "D" employees would cease on their completion of prescribed training and would be treated as Group "C" employees. As per MACPS, there shall be three financial upgradation under the MACPS, counted from the direct entry grade on completion of 10, 20 and 30 years service respectively and will be admissible whenever a person has spent 10 years continuously in the same grade pay. The financial upgradation would be admissible up to the highest grade pay of Rs. 12,000/- in the PB-4.

**Rational deployment:** The doctors and nurses are posted as per requirement and also keeping in view the coverage of entire population for the purpose of effective service delivery.

**Stability of tenure:** The Medical Officers and Staff Nurses are posted to an institution for a period of three years initially and are not transferrable during this period. After completion of this tenure they are entitled to appear again in the counseling to choose a posting of their liking or they can choose the posting of their choice.

**Sustainability of HR under NRHM:** All the policies are notified by the Government of Pondicherry after the approval of the Cabinet and these are implemented by the Department of Health and Family Welfare.

**B. Contractual employees:** There is no HR policy for contractual employees under NRHM. There is no scope for promotions. Transfer is based on mutual consent and on the basis of circumstances, necessity that arise from time to time. They are given one-year contracts, to be extended after a process of annual performance appraisals against their broad and generic terms of reference (TOR), which are held at state and district levels. The increments are decided during these appraisals and vary from case to case, usually increment of upto 10% is given.

There are no specific, well defined and clear cut terms of reference and/or job responsibilities for any categories of contractual workers including program management staff in the UT. A common, generic performance appraisal format developed for any category of staff is used at the end of the contract which includes 2 parts (part A), (part B) and (part C) to be filled by the individual, reporting officer and reviewing officer along with four types of grade (very good, good, satisfactory and average).

**Performance appraisal against benchmarks, renewal of contracts based on performance:** Job profile of the Contractual Appointees under NRHM such as Consultants, state/district/block accountant, data entry operator and other administrative staffs has been notified and circulated with clear benchmarks and standards. Renewal of Contracts is dependent upon performance under general summing up and based on the remark obtained as very good, good, satisfactory and average, renewal of contract is decided.

**Issues:** There are no proper and standardized terms of reference and performance appraisal format for various categories of individuals; due to which various issues relating to workforce management, increment and renewal of contract does arise.

## X. Management Cadre



**Regular Management Cadre:** At the state level the Director heads the directorate and every division or national program has Directors, Joint Directors, Deputy Directors, and Assistant Directors. The Chief Medical officer is assisted by teams of District Deputy and Joint Directors at the district level.

**Contractual Management Cadre:** Puducherry State Health Mission has implementing the RCH, DDP and Programme for Non-communicable Diseases, National Deafness Programme and National Mental Health Programme, as per guidelines of NRHM/GoI.

To help and support the state and district machineries, NRHM has instituted program management support units at the state and district blocks. The State Program Management Support Unit (SPMSU) has a State Program Manager (SPM) who are regular officers working on deputation and supported assistant looking after various aspects of the program e.g. IDSP, RCH, IMM, IEC/BCC, Training, Finance, HR, Family Planning, RNTCP, NVBDCP, NIDDCP, NPCB, NPPCD etc.

In the State Health Mission, there are administrative staffs (consultant/accountant/assistant) for looking into various divisions i.e. IEC/BCC, Statistics/HMIS, Training, Finance, HR/administration.

**The management cadres at state and district levels are supervised and their performances are appraised by State and respective District Programme Managers (regular).**

The District Program Management Support Unit (DPMSU) has District Program Manager (DPM), District Accounts Manager, District Data Manager and District Program Coordinator (*Sahhiya*); while at the block level, there is a Block Program Manager (BPM) and a Block Accounts Manager.

The State Staff Selection Committee (headed by the MD NRHM) does recruitment for the contractual service providers and administrative staffs of SPMSU and for district Pondicherry and Karaikal. The DPMSU and the BPMSU staff are recruited by a selection panel of the District Health Society (headed by the DC).

## **XI. Action Points**

### **A. IMMEDIATE**

1. To fill up the vacancy through contractual appointments under NRHM for staff categories i.e. specialists, ANM, laboratory technicians and pharmacists. If no specialists are available for contractual appointments, those doctors who qualified as DNB and working at GDMO cadre may be posted.
2. To start the multi-skilling trainings of medical doctors on EmOC, BEmOC, LSAS as per ROP of 2013-14. These trained doctors may be posted either at DH or CHC as per the needs and requirements also taken into account the availability of other support systems in facilities.

3. Need to build on the HRMIS software which is currently in very initial phase so that comprehensive data and information is collected and updated pertinent to HRH (for both regular as well as contractual appointments ) to ensure completeness, correctness and timeliness of data entry.

**B. MEDIUM TERM (with respect to rules)**

1. Establish an HRH cell manned by 2-3 manpower with relevant qualification and experiences to look into HRH/administrative issues and advise the Government in policy and decision making processes.

**C. LONG TERM**

1. The policy for giving reservation of contractual employees with 5 or more than 5 years of service during the screening/selection of permanent into permanent after serving minimum 3 years services is a good initiative and needs to be translated into action in the coming years.