

# Meghalaya: Public Health Workforce

## – Issues and Challenges

**Introduction:** Meghalaya was formed by carving out two districts from the state of Assam in 1972. The state is bounded on the north by Assam and by Bangladesh on the south. The Tribal people make up the majority of Meghalaya's population such as Khasi and Garo's..

**Population:** Meghalaya has recorded the highest decadal growth of 27.82 per cent among all the seven North-Eastern states, as per the provisional report of census 2011. The population of Meghalaya as of 2011 has been estimated at 2,964,007 of which females comprises of 1,492,668 and males 1,471,339 respectively.

**Religion:** Meghalaya is one of three states in India to have a Christian majority with 70.3% of the population practicing Christianity.

**Economy:** Meghalaya is predominantly an agrarian economy. Agriculture and allied activities engage nearly two-thirds of the total work force in Meghalaya. Meghalaya is considered to have a rich base of natural resources. These include minerals such as coal, limestone, sillimanite, Kaolin and granite among others.

**State government:** Meghalaya has a unicameral legislature. The Meghalaya Legislative Assembly has 60 members at present. Meghalaya has two representatives in the Lok Sabha, the lower house of the Parliament of India; one each from Shillong and Tura. Meghalaya currently has now 11 districts.

### Health & Family Welfare Department, Government of Meghalaya

The State Department for Health and Family Welfare under the Minister for Health and Family Welfare is responsible for maintaining and developing the health care system in the State and guiding and supervising the Health and Family Welfare Programmes in the State. The services offered by the department are Preventive Health Care Services, Promotive Health Care Services, Routine Curative Services, and Rehabilitation Services etc. The activities of the department include establishment and maintenance of medical institutions with necessary infrastructure, implementation of National Disease Control and Eradication Programmes, Control of communicable as well as non communicable diseases, etc.

The Health & Family Welfare Department, Government of Meghalaya is the Administrative Department. It is responsible for overseeing and coordinating the functions of the 3 (three) Directorates:

- Directorate of Health Services, MI (Medical Institutions)
- Directorate of Health Services, MCH&FW (Maternal and Child Health and Family Welfare)
- Directorate of Health Services, R (Research)

The Health & Family Welfare Department normally confines itself to general policies, direction, legislation, assembly business, inter-departmental matters and review assessment of execution of policies and schemes which are normally left to the Head of the Department.

The Department is a part of the Secretariat specified as such in the Rules of Executive Business of the Govt. of Meghalaya which is responsible for the formulation of policies of the Government within its sphere of responsibility and for the reviews and assessment of the execution of that policy.

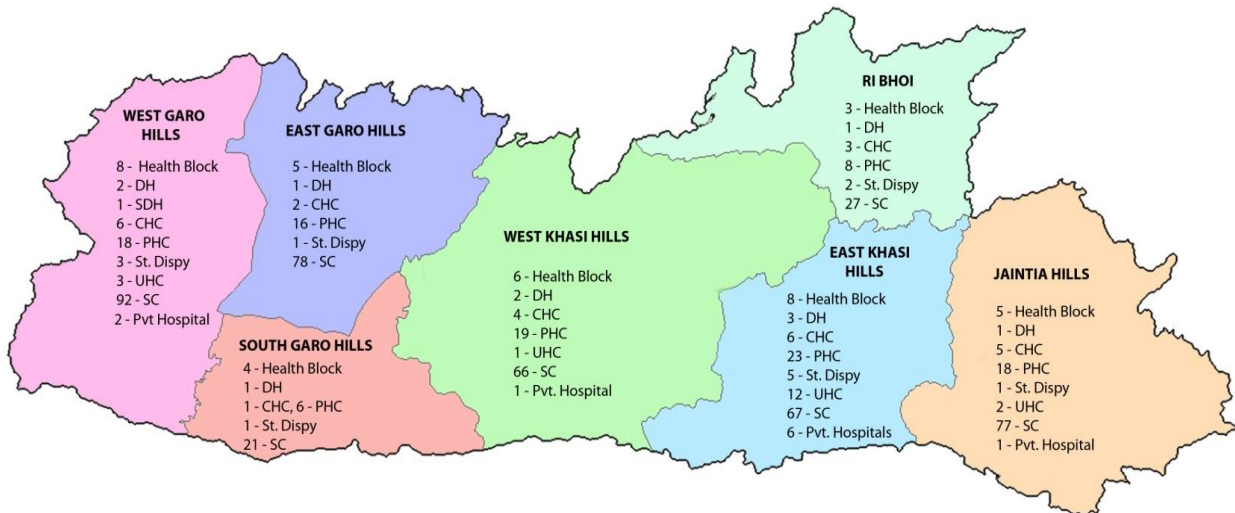
## Functions:

The Department of Health & Family Welfare is mainly responsible for issue of statutory rules, notifications/order pertaining to health care of all citizens and conveys financial sanction order pertaining to schemes under health & family welfare programmes.

### Background Information of Meghalaya

Total Population	2964007 (census 2011)	
No. of Districts	7	
Sex Ration	986 (census 2011)	
Population density per Sq Km	132 (census 2011)	

### Health Infrastructure



Type of health facilities	Present	Remarks
District Hospitals	11	
Community Health Centres	28	
Primary Health Centres	108	
Sub Centres	422	175 shortfall

## Overview of Public Health Workforce

The table shows the healthcare workforce regular and contractual district wise availability at the state exclusively operating in the facilities DH, CHC, PHC, SC and Urban Health Center.

Sl. no	Districts	ANM		Staff Nurse		Pharmacist		Lab. Tech		MO	
		R	C	R	C	R	C	R	C	R	C
1	East Khasi Hill	141	72	146	32	37	2	32	1	94	36
2	West Khasi Hill	92	62	91	28	28	1	25	1	56	15
3	Jaintia Hill	96	13	56	27	25	1	23	1	77	5
4	Ri-Bhoi	45	17	43	12	13	1	9	1	37	12
5	West Garo Hill	128	103	59	23	27	1	23	1	67	12
6	East Garo Hill	116	18	60	11	24	1	24	1	47	4
7	South Garo Hill	45	25	17	6	9	1	8	1	22	2
<b>Sub-total</b>		<b>663+90</b>	<b>310</b>	<b>472+53</b>	<b>139</b>	<b>163</b>	<b>8</b>	<b>144</b>	<b>7</b>	<b>400+117</b>	<b>75</b>
<b>Total</b>		<b>753</b>		<b>525</b>						<b>517</b>	

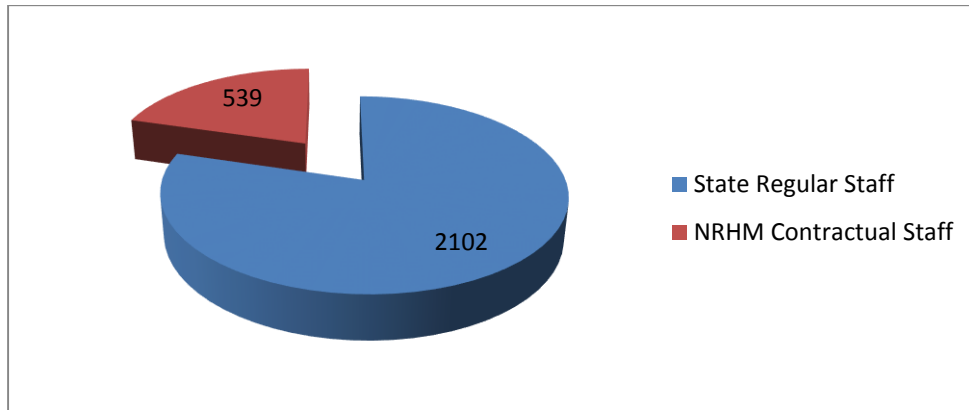
Note: 1. The number of **90** ANM regular staffs who are posted in various district facilities such as Shillong Civil Hospital, Tura Civil Hospital, RP Chest Hospital Shillong, T.B Hospital Tura and some on study leaves are not included in the given sub-total no. of 663 ANMs shown in the table.

2. The number of **53** Staff Nurses regular who are posted in various district facilities such as Shillong Civil Hospital, Tura Civil Hospital, RP Chest Hospital Shillong, T.B Hospital Tura, District DH&MO office and some staff on study leaves, which are not included in the given sub- total no. of 472 Staff nurses in the table.

3. The number of **117** Medical Officer's who are working in various district facilities such as Shillong Civil Hospital, Tura Civil Hospital, RP Chest Hospital Shillong, T.B Hospital Tura, District DH&MO office and State Directorate Health Office Shillong and some on study leaves which are not included in the given sub-total no. of 400 MOs in the table.

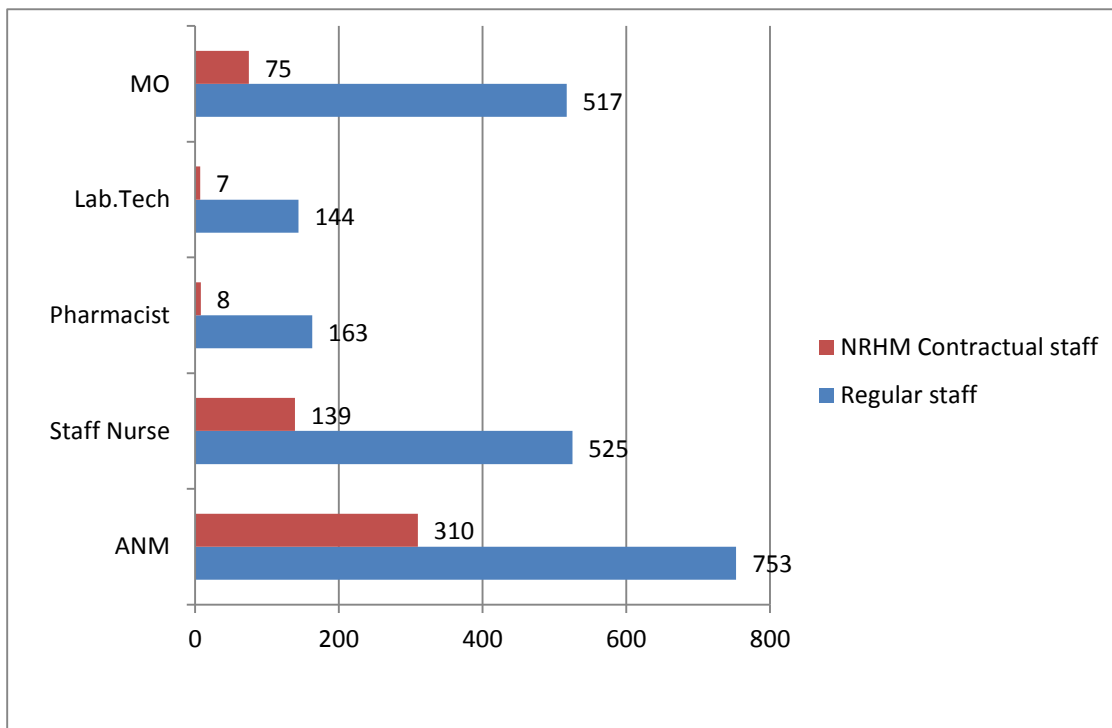
4. The contractual MO's **75** are divided into NRHM state 26 and 49 PPP MO'

The healthcare workforce in the state can be broadly classified into two categories regular government employees and National Rural Health Mission contractual. The PPP mode staffs are also included in the NRHM contractual staff position figures.



The table shows the types of staff and number of regular and contractual staffs presently working in the facilities. Few Medical Officers are recruited under NRHM for Mobile Medical Units (MMU) and Urban Health Centres (UHC), Staff Nurse and ANMs are recruited for PHCs/CHCs and SCs.

### Meghalaya : Break up of Health care Worker - Regular & Contractual



## Human Resource Position in Public Health Workforce

Sl. No	Category of Post	Sanction	In Position	Short Fall
1	Medical & Health Officers	501	517	16 (Surplus)
2	Surgeon/General Surgery	40	6	34
3	Physician/General Medicine	43	7	36
4	Gynaecologist	14	10	4
5	Anaeasthetist	17	11	6
6	Paediatrician	17	9	8
7	Ophthalmologist/Eye Specialist	38	8	30
8	Orthopaedic Surgeon	11	6	5
9	Psychiatric	9	7	2
10	ENT Specialist	9	4	5
11	Dermatologist	9	1	8
12	Pathologist	11	5	6
13	Radiologist	9	3	6
14	Biochemist	7	4	3
15	Cardiology	2	0	2
16	Oncology	1	1	0
17	Pharmacist	207	171	36
18	Staff Nurse	663	525	138
19	ANM	667	753	86 (Surplus)
20	LHV	80	80	0
21	Lab. Technician	160	151	9
22	X-Ray Technician	39	16	23
23	Dental Technician	34	0	34
24	Radiographer	39	24	15
25	Dental Surgeon	79	52	27

The above table shows the human resource requirement and in position status. The table shows that huge number of specialist like Gynaecologist, Anaeasthetist, Paediatrician, etc. are shortage (i.e., more than 50%).

### Regular Employee

**Medical Officer & Specialist:** The Meghalaya Public Service Commission (MPSC) does the recruitment for regular doctors and specialist, through a process of written examination and interviews this selection process is done based on the requirement of the state.

**Paramedical & Nurses:** The recruitment of nursing staffs is done by through nursing division under the Directorate of Health Services (MI), Meghalaya.

## Contractual Staffs

Recruitment for contractual staffs under NRHM takes place either in the State Directorate Health Services where the State Programme Management Unit (SPMU) is functioning and as well as in the Districts DH&MO Office where the District Programme Management Unit (DPMU) function. The required staffs at State and Districts are projected at the Annual Programme Implementation Plan (PIP) making during the end of financial year. Subjected to the approval of the Record of Proceeding (RoP) by the MoHFW the staffs are recruited.

For the SPMU staff, the recruitment is usually conducted or held at the Directorate of Health Services under the chairmanship of Commissioner & Secretary Health & Family Welfare Department with the committee member like Director of Health Services (MCH&FW) cum Jt. Mission Director NRHM and Jt. Directors and as well as technical person in the respective areas.

The panels for recruiting the staffs are usually conducted by Commissioner and Secretary, Director assisted by SPMU. The recruitment process is either walk-in interview or written and interview in both state and District.

For the DPMU staff, the process of recruitment is usually conducted under the chairmanship of Deputy Commissioner cum Chairman District Health Society, DH&MO and senior District Officials and assisted by DMPU. At the District the kind of posts recruited are District Programme Manager, District Data Manger, District Accountant, District Community Process Coordinator, Block Programme Manager, Data Manager, Accounts Manger, PHC Accountant, MOs, SN, ANM, etc.

All the appointments are given one-year contracts and to be renewed annually base on performance appraisal held under the leadership of respective authority. The annual performance appraisal is conducted by issuing a form to be filled in by the staff and submitted to the concerned authority and after which a personal interview is conducted based on the written form.

**Issues:** *The major hurdle is in the finding of specialist like: Gynaecologist, Anaesthetist and Paediatrician for posting designated FRUs. For the 15 posts were advertised in last year only two turned up for walk in interview and were selected of Rs. 60,000/- pm.*

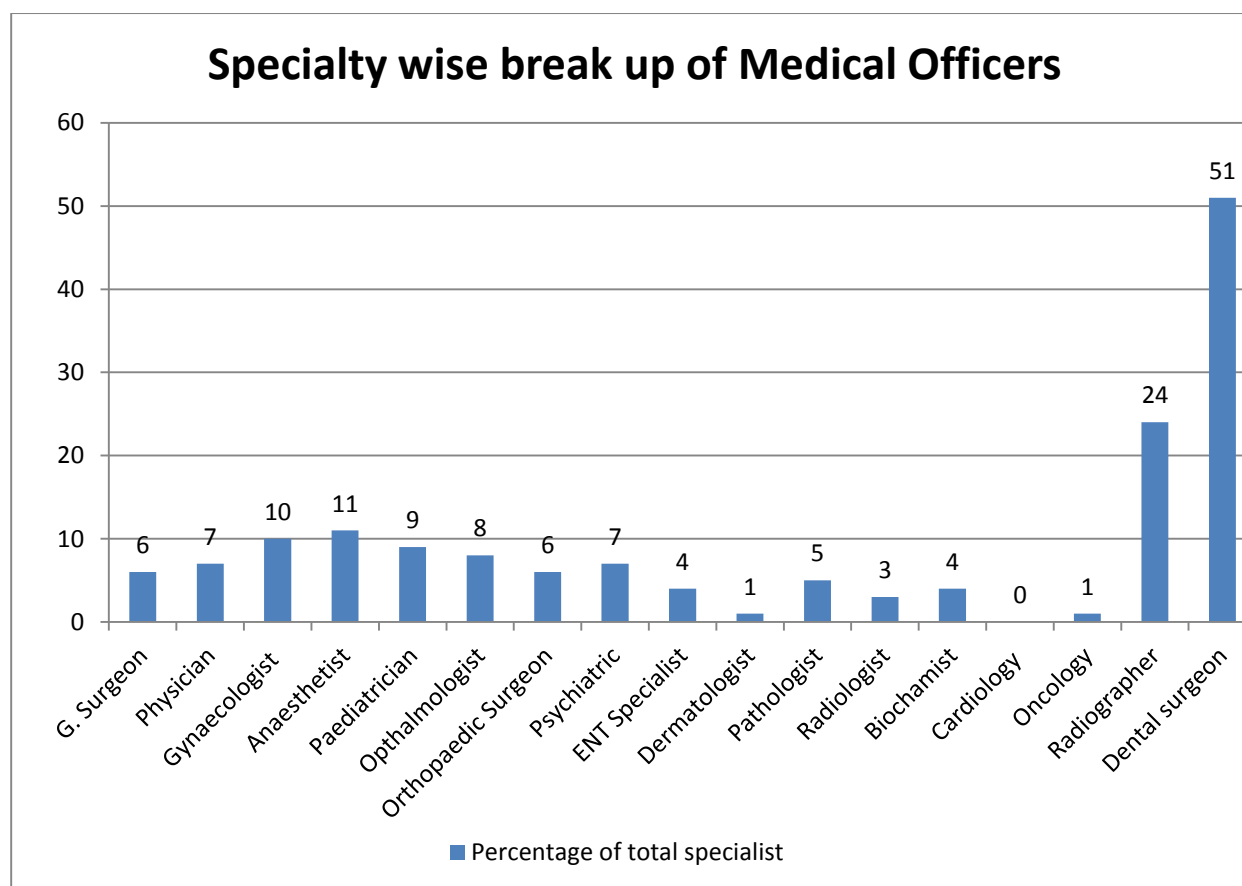
## Human Resource for Health Policy

Currently there is no State Govt. of Medical College in Meghalaya except Govt. of India Medical College, i.e., North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS).

Sl. No	Name of the Institute	No. of Seats	Remarks
<b>Medical College (1)</b>			
1	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences ) Govt. of India)	50	ArunachalPradesh-4 <b>Meghalaya-9</b> Mizoram-3 Nagaland-8 NE (open to all NE students including Sikkim)-18 All India Common Entrance Test by CBSE-8
<b>B.Sc. Nursing College (1)</b>			
1	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences ) Govt. of India)	50	
<b>GNM School (2)</b>			
1	Ganesh Das Hospital, Shillong	40	
2	Civil Hospital, Shillong	40	
<b>ANM Training Schools (2)</b>			
1	Ganesh Das ANM Training School, Shillong	20	
2	Rongkhon ANM Training School, Tura	30	

### Deployment of Human Resources

The state of Meghalaya does not have any specialist cadre.



The above table shows the specialist Medical Officers Position in the state of Meghalaya.

Though 17 health facilities have been identified as First Referral Units (FRUs), only 7 of them are functional and conducting Caesarian Sections. The following table shows lack of specialists in the designated FRUs, where caesarian sections are not being conducted:

District	Designated FRUs	FRUs not conducting LSCS	Lacking Specialist Anesthetist-A, Pediatrician-P, Obstetrician-OG
EKH	3	Ganesh Das Hospital	
		Cherapunjee CHC	1-A, 1-P, 1-OG
		Pynursha CHC	1-A, 1-P
WKH	3	TSM Hospital, Mairang	
		Nongstoin DH	1-A, 1-P
		Ringdo CHC	1-A, 1-P
JH	3	Jowai Civil Hospital	
		Khliehriat CHC	1-P, 1-OG
		Laskein CHC	1-A, 1-P, 1-OG
RB	1	Nongpoh DH	
WGH	4	Tura MC Hospital	
		Ampati CHC	
		Phulbari CHC	1-A, 1-P
		Dalu CHC	1-A, 1-P, 1-OG
EGH	2	Williamnagar DH	
		Resubelpara CHC	1-A, 1-P, 1-OG
SGH	1	Baghmara DH	1-A, 1-P
<b>Total</b>	<b>17</b>	<b>17</b>	<b>24 (9-A, 10-P, 5-OG)</b>

### Training and Capacity Building

The training cell has 1 Training Coordinator who help the state in planning and implementation of training calendars under NRHM for both regular and contractual service providers like: EmOC, LSAS, SBA, BEmOC, IMNCI, FIMNCI, NSSK, FP training and PG Diploma in Public Health Management etc. A comprehensive and integrated training plan is drawn up every year and numbers trained so far are as follows:

Sl. No	Training	Target 2012-13	Achievement 2012-13 (till July 2012)	Cumulative Achievement till July 2012-13
<b>Medical Officers</b>				
1	EmOC	4	14	1
2	LSAS	6	5	
3	BEmOC	55	4	
4	NSSK (MO)	55	230	
5	FIMNCI	262	20	
6	MTP (MO)	25	64	20
7	RTI/STI (MO)	-	148	
8	Blood transfusion (MO)	-	34	



9	Mini Lap	27	35	
10	ARSH (MO)	-	148	
11	IUCD	110	195	20
12	NSV	6	4	
<b>Staff Nurse</b>				
1	SBA	34	274	4
2	NSSK	98	243	
3	IUCD	186	279	20
4	FIMNCI	160	26	10
<b>ANM</b>				
1	SBA	122	211	42
2	NSSK	298	449	
3	RTI/STI	731	295	
4	IUCD	439	439	77
5	ARSH	557	295	
6	IMNCI	728	108	101

### Remuneration

There is no must disparity in terms of the salary paid in regards to state regular and contractual staffs of NRHM so far. The state regular MOs who are newly recruited in service received approximately amount of Rs. 28500/- p.m. inclusive of all allowances. Even the contractual staff MOs recruited by NRHM received amount of Rs. 31625/- p.m. which are slightly higher than the regulars.

The Staff Nurse posted by NRHM at facilities are paid amount of Rs. 14520/- p.m. little less than the staff regular staff who are paid amount of Rs. 18580/- p.m. Even the ANMs of state regular cadre received higher Rs. 15220/- p.m. as compared to NRHM appointed contractual ANM Rs. 10645/- p.m. The salary for staff of NRHM is based on annual percentage increment there is no mechanism in placed such as performance assessment or performance appraisal.

The state too does not follow any performance appraisal system for the salary increment, but strictly based on the seniority of service.

### Recruitment of HRH

The last recruitment of doctors was held in the year 2009-10 conducted by the Meghalaya Public Service Commission (MPSC) this was conducted based on the number of vacancy available in the state.

Like the other North eastern state, the state of Meghalaya also has what is known as the state quota in the medical colleges in India for MBBS and PG. But this numbers of seats differs from year to year vacancy. For this current year the state has about 57 seats

Regards to 3F policy of state the doctors are appointed on contract basis for the period of four months and renewed subsequently for four months period again, till the MPSC conducts the recruitment and doctors apply for the regular post.