



# Uttar Pradesh: Public Health Workforce - Issues and Challenges

**PUBLIC HEALTH WORKFORCE SITUATION:** Against the regular sanctioned posts, there are substantial vacancies in all categories of healthcare workforce in the state.

Regular Workforce				
Sl. No	Cadre	Sanctioned posts	In position	Vacancies
1	Doctors	14785	10260	4525
2	Nurses	5795	5148	647
3	Paramedical	10646	8089	2557
4	ANM	23578	21166	2412
5	BHW (M)	8857	2566	6291
6	Pharmacist	5409	3933	1826
7	Lab. Technicians	2286	1836	450
8	X-Ray Technicians	818	531	287

Although, NRHM has provisions for engaging health care providers on contractual basis; which would help reduce the gap, the state has been unable to fill all the posts.

Contractual Workforce				
Sl. No	Cadre	Sanctioned posts	In position	Vacancies
1	Specialist	176	35	141
2	MBBS Doctors	1487	180	1307
3	AYUSH Doctors	2284	1498	786
4	AYUSH Pharmacist	569	549	20
5	Dental Doctors	70	52	18
6	Staff Nurse	3213	1156	2057
7	ANM	6204	2429	3775
8	Paramedical	1915	267	1648

These sanctioned posts are for the public health facilities, which is based on the earlier census population norms, which when revised will require revision according to the additional facilities that need to be created

Current Status of Public Health Facilities in the State		
Health Facilities	Number Functional	Average Population Covered
Sub Centers	20521	7558
PHC	3692	58290
CHC	773	250321
District Hospital	157	1488805

The 20521 Sub Centers in the State were sanctioned on the basis of 1991 census. GOI has been requested to sanction an additional 12000 SCs as per census 2001. The approval is awaited. According to 2011 Census, the State would need about 20000 additional SCs

**ISSUES:**

- Large Number of vacancies for all categories of health care providers; both regular and contractual
  - Sub Centers without ANMs (almost 100 in Jhansi)
  - In Jhansi, the 44 Sub Centers, which function as delivery points (some with High Delivery load) being managed by single ANM
- Availability of specialists is a major hindrance in operationalizing First Referral Units in the State e.g. In Jhansi District, there is 1 contractual anesthetist and all the 6 sanctioned regular posts are vacant. Only 1 FRU each is functional in Jhansi & Hardoi District.
- AYUSH MOs have been recruited in place but their functioning has been affected by irregular supply of AYUSH Medicines and they end up practicing allopathic care
- Shortage of Ward Boys / Ayas and cleaning staff, although some have been hired on payment basis under RKS & user charges schemes

**HUMAN RESOURCE GENERATION: Government Sector Medical Colleges in the state:**

Sl. No.	Name of the Institute	Total Seats
<b>State Government Medical Colleges (9)</b>		
1	C.S.M. Medical University, Lucknow	250
2	G.S.V.M. Medical College, Kanpur	190
3	S.N. Medical College, Agra	150
4	M.L.N. Medical College, Allahabad	100
5	L.L.R.M. Medical College, Meerut	100
6	M.L.B. Medical College, Jhansi	100
7	B.R.D. Medical College Gorakhpur	50
8	U.P. Rural Institute of Medical Sciences & Research, Saifai, Etawah	100
9	Mahamaya Rajkiya Ellopathic Medical College, Ambedkar Nagar	100
	<b>Total</b>	<b>1140</b>
<b>Centrally Aided Medical Colleges (2)</b>		
1	Institute of Banaras Hindu Medical Sciences, Varansi	59
2	Jawaharlal Nehru Medical College, Aligarh	150
	<b>Total</b>	<b>209</b>
<b>Dental College (1)</b>		
1	Dental Wing, C.S.M. Medical University, Lucknow	70

In addition, there are 14 Medical Colleges with a total annual intake of 1550 and 26 Dental Colleges with a total annual intake of 2500 in the Private Sector

The details of ANM & Nursing Schools are as follows:

Institutes	Government		Private	
	Number	Intake	Number	Intake
ANM Schools	40	2400	84	3870
LHV Schools	4	120	-	-
GNM Schools	-	-	148	6570
MPHW Schools	11	660	-	-
Post-Basic BSc Nursing College	1	25	11	360
BSc Nursing College	1	60	36	1660
MSc Nursing College	-	-	4	85

#### ISSUES:

- Due to inadequate faculty, admissions in the ANM TCs have been highly irregular.
  - The candidates are selected during a state level selection process and allocated to ANMTCs in different districts, but the process was last carried out in 2009.
  - ANMTC at Moth, Jhansi District has produced only 1 batch of ANMs in the past 6 years.

**RECRUITMENT, TRANSFER & POSTING:** Recruitment for Regular Doctors is done by the UP Public Service Commission and posting & transfer is done at the Secretariat level, which is primarily vacancy-based. Around 1700 Doctors were recruited in the recent round of recruitment carried out in September/October 2012, who are in the process of joining the service. The Office of the Director General, Medical & Health Services does the recruitment for Nurses & Paramedics.

Contractual recruitment is done at the district level by a committee headed by the District Magistrate and the Chief Medical Officer as one of the members. District wise sanctioned posts are communicated by the state and recruitments are done through interviews

#### ISSUES:

- Irregular recruitment process and lack of candidates has resulted in inability to fill vacancies
- There are no waiting lists for regular appointments; hence there is no system to fill up posts of those who did not join the services.
- The state only recognizes UP registration for recruitment
  - In a district like Jhansi, which is surrounded by Madhya Pradesh on 3 sides, only 39 contractual ANMs could be appointed (September 2012), out of a total vacancy of 162

**TRAINING AND CAPACITY BUILDING:** At the State Level, there is a State Institute of Health & Family Welfare (SIHFW) situated in Lucknow. Apart from this there are 11 Regional Health & Family Welfare Training Center (RHFWTC), which are the nodal centers for multi-skilling and skill-upgradation of service providers.

There is a training calendar and trainees selected after training needs assessment

Training Status under NRHM (2005-12)				
Training	ANM	Staff Nurse	LHV	Medical Officer
IUCD	452	54	32	32
NSSK	764	627	15	940
SBA	2340		-	-
FBNC/F-IMNCI	-	486	-	625
BEmOC	-	-	-	643
EmOC	-	-	-	77
LSAS	-	-	-	134
MTP/MVA	-	37	-	147
NSV	-	-	-	314
Minilap	-	68	-	99
CCSP	5586	-	721	484
In addition, 41122 ASHAs have been trained under CCSP program				

**Comprehensive Child Survival Program (CCSP)** is a skill intensive training program, which integrates Home Based Newborn Care (HBNC) and Integrated Management of Newborn and Childhood Illnesses. This training has been done in 18 districts in collaboration with UNICEF and NRHM. Jhansi being one such district, the ANMs and ASHAs were found conversant with newborn care measures. The IMR in this district has decreased in the last few years and is currently on par with the national average

#### ISSUES:

- Training plan and post training deployment plan not in place in the districts
- Progress of training is poor resulting in low levels of achievements of SBA, NSSK, LSAS and other trainings
  - So far in Jhansi, only 1 round of SBA Training has been conducted for ANMs and LHVs (in 2008), where 16 of them were trained. This, in a district where high delivery loads were noted in some of the sub centers visited by the CRM team (Ghugua and Barata) is a matter of concern.

**RETENTION STRATEGIES:** Weak financial & non-financial incentive mechanism for healthcare providers working in rural & remote areas.

There is an incentive of Rs. 100/- per month, only for doctors working in the rural areas. The State intends to enforce the 3-year mandatory rural posting for the 1700 doctors recruited recently.

#### ISSUES:

- The state does not have a comprehensive strategy to attract and retain healthcare providers in the rural areas
- The financial incentive in place is too low to make a difference - incentive should be substantial enough to attract and offset opportunities lost
- Other categories of healthcare providers are not in the ambit of the incentive scheme

**WORKFORCE MANAGEMENT:** Salaries of the regular healthcare workforce has been fixed according to the 6<sup>th</sup> Pay Commission. The doctors are entitled to time-bound scale revision after a period of 5 years and 16 years.

There are 7 levels of Uttar Pradesh Provincial Medical Health Services (PMHS) Doctors, and the Departmental Promotion Committee decides on the promotion. Annual Confidential Reports (ACR) also forms one of the criteria for these promotions.

The state had experimented with separate cadres for public health and clinical streams in the early 2000 but had to revert back to a single cadre due to career progression issues

<b>Sanctioned and Working Strength of PMHS Doctors</b>			
Levels	Total Sanctioned	In Place	Vacancies
L1: Medical Officer	5530	4859	671
L2: Senior Medical Officer	3422	695	2727
L3: Deputy CMO	3136	2271	865
L4: CMO/ Joint Director/ Consultant	2571	2329	242
L5: Additional Director	104	67	37
L6: Director	20	16	4
L7: Director General (Health / Family Welfare)	2	2	0
<b>TOTAL</b>	<b>14785</b>	<b>10239</b>	<b>4546</b>

#### **ISSUES:**

- Irregular process of cadre review has resulted in vacancies at almost all levels, most so in the L2 (SMO) level
- Issues related to promotions payment and HR management is multiple
  - There is no system of performance appraisal and workforce management, particularly for the contractual workforce - including their renewal process, pay parity with regular employees and increments

#### **AREAS FOR IMPROVEMENT**

##### **Training Institutes:**

- Revive admissions in all ANMTCs in the state and plan for setting up new ones, ensuring equitable distribution in underserved areas
- Preference for candidates from under-served areas in the ANM/Nursing Schools
- Faculty development program & quality assurance in nursing schools

##### **Innovate Recruitment Processes:**

- Till all regular posts are filled, monthly interviews are held in each division, after advertisements.

- Draw up waiting lists from each round of interview
- Relax recruitment norms- recognize qualifications from other states, for contractual appointments

**Training & Capacity Building:**

- Training calendar based on needs assessment and strict adherence to training plan

**Ensure Rationalization:**

- Pooling of available specialists to ensure a full compliment of Obstetrician/ Anesthetist/ LSAS/ EmOC MOs in designated FRUs for operationalization
- Ensure all MOs with PG qualifications are posted in CHCs, block PHCs/ higher centers
- Priority posting of 2<sup>nd</sup> ANMs in Sub Centers with high delivery load

**Retention Measures:**

- Clear categorization of health facilities in difficult, most difficult & inaccessible areas and financial incentives for all levels of health care providers, substantial enough to offset the opportunities lost in serving in the rural & remote areas
- Implementation of other non-financial incentives including the proposed compulsory 3-years rural posting for their first promotion

**Workforce Management:**

- Protocols for performance assessment and workforce management including renewal of contractual staff
- Develop a Human Resources Management Information Systems (HRMIS) in collaboration with relevant stakeholders/ partners to ensure “real-time” information on health human resource in the state

**Policy Matters:**

- Decrease salary gap between contractual and regular staff
- Creation of adequate number of regular posts, to meet requirement in health facilities - existing & to be created (1991 population norms are still being followed in the state)
- Rework policies and work towards recreation of Public Health & Specialist Cadre