



क्रमांक/2392/SHRC/2015

रायपुर, दिनांक : 07.02.2015

प्रति,

संचालक,
स्वास्थ्य सेवाएं,
इंद्रावती भवन, नया रायपुर, (छ.ग.)।

विषय:- Chhattisgarh Public Health Cadre की स्थापना के संबंध में।

उपरोक्त विषयांतर्गत लेख है कि आपके द्वारा राज्य स्वास्थ्य संसाधन केन्द्र को Public Health Cadre हेतु प्रारूप तैयार करने का कार्य दिया गया था। उपरोक्त विषय पर प्रारंभिक चर्चाओं उपरांत चर्चा हेतु एक Concept Note तैयार किया गया है। अतः उपरोक्त नोट अग्रिम चर्चा हेतु प्रेषित है।

संलग्न - Concept Note की प्रति।

PO

कार्यकारी संचालक,
राज्य स्वास्थ्य संसाधन केन्द्र

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प्रतिलिपि:-

1. प्रमुख सचिव, स्वास्थ्य एवं परिवार कल्याण विभाग, नया रायपुर, छ.ग. को सूचनार्थ।
2. मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन, पण्डरी रायपुर छ.ग. को सूचनार्थ।

etc

PO

कार्यकारी संचालक,
राज्य स्वास्थ्य संसाधन केन्द्र

NOTE ON DEVELOPMENT OF PUBLIC HEALTH CADRE FOR FURTHER DISCUSSION

SITUATION ANALYSIS:

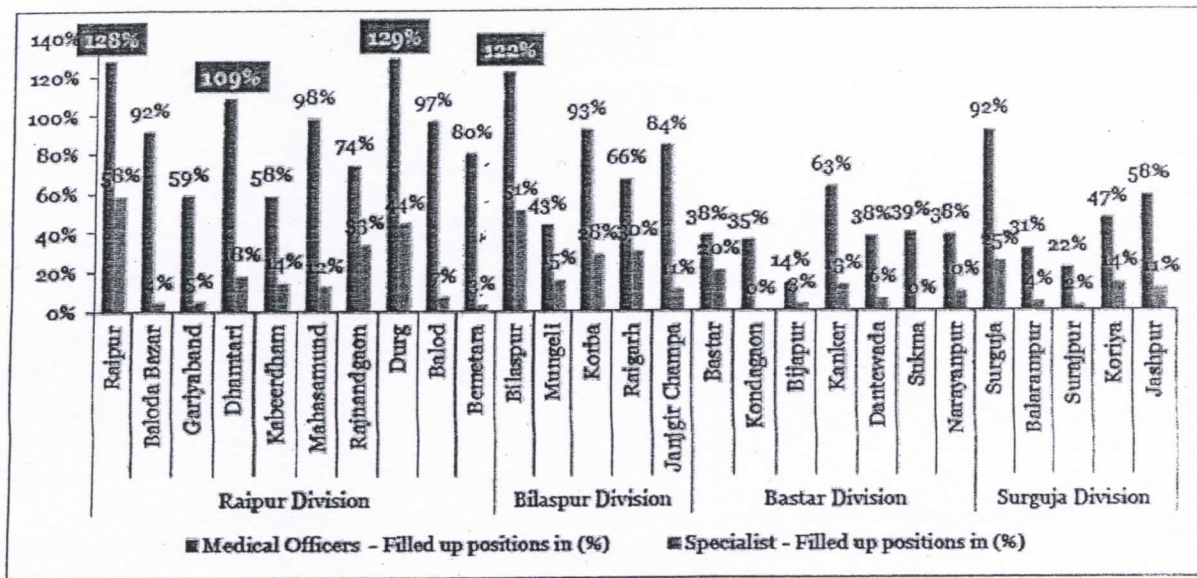
Public health services are one of the prime for reducing mortality and morbidity. The public health activities are focused and targeted on health promotion, prevention and treatment of diseases and increasing the longevity. If holistic health is to be achieved, then the efforts of state government need to be on Public Health Interventions. Human Resource are life line to implement any health care intervention. To improve the public health outcomes, the clinical, public health and administrative activities need to be targeted.

Chhattisgarh state has tremendous deficiency of public health professionals working in the Government Setup. It is found that the entry into public health services is poor as there are very less career development avenues for these professionals, which de-motivate them to enter into public health services. To motivate and retain the public health professionals, promotion avenues need to be expanded and scope for development in career ladder needs to be explored. The main aim of this architectural reform is to establish a separate public health structure, to improve the preventive, promotive and curative services.

For a health care system to be strong, it needs to address the issues of prevention of disease, mortality and morbidity for which public health activities are important. To cater Universal health care to populace of Chhattisgarh the health care system needs to be sound addressing all the issues relevant to health. To win the attention of population and ensuring access and equity in health systems, there needs to be a clear demarcation between public health system and other administrative activities. Establishment of Public health cadre and strengthening implementation of public health programmes, can promise improvement in health indicators.

The Human Resource deficiency is one of the major hurdles what state is facing in implementation of Public health care activities. The study conducted by Price Water coopers related to restructuring and remodeling of DHS highlights evident deficiency of technical staffs (doctors and nurses) in the districts.

Figure 7: Current situation of doctors in the state



Source: Prashaskiya Prativedan, 213-14, DoHFW, GoC

Source: OD review of department of health and family welfare

The data of OD review study also shows that there is wide gap in availability of specialist and medical officers in Public health facilities. Major shortage of doctors in the state necessitates the ministry to embark on new strategies and ways to ensure more entry of medical professionals and specialists in Public Health Systems.

To improve the inflow of doctors and nurses into Public Health system, entails the need for structuring of a Public health Cadre and career opportunity for them. To ensure stability of these professionals in the systems, the Government has to work on policy level for promotion avenues for these professionals.

Aim:

- Improving the Efficiency- clinicians to perform clinical work and preventing administrative load.
- Increasing the promotion avenues for MBBS and other professionals entering the public health systems.
- Improving the efficiency and outcomes of the Public Health Systems.
- Improve the delivery and access to public health services.
- Integration of NHM under public health system.

Processes Followed:

An initial phase of discussion was conducted with the Chhattisgarh Chikitsa Adhikari Sangh For Development of An Architectural Structure for

Name Of The Organisations In The Meeting:

- Directorate Health Services, CG,
- State Health Resource Centre, CG
- Chhattisgarh Chikitsa Adhikari Sangh, CG

Name of Meeting – Public Health Cadre Development in Chhattisgarh

Date of the Meeting – 24.12.2014

Time of the Meeting- 4.30 pm

Venue of the Meeting- Meeting Hall, SHRC

Name of Attendees:

- Dr. Akhilesh Tripathi, Executive President , Chhattisgarh Chikitsa Adhikari Sangh
- Dr. Rajesh Sharma, SPO, Hospital Quality Assurance, CG
- Mr. Sameer Garg, SPC, SHRC
- Dr. Rajesh Awasthi, Divisional President, Chhattisgarh Chikitsa Adhikari Sangh
- Dr. Pramod Tiwari, President, Chhattisgarh Chikitsa, Adhikari Sangh
- Dr. Sumi Jain, PC, SHRC
- Mr. Mittun Dutta, PC, SHRC

Agenda of Meeting:

- Establishment of common consensus on Public health Cadre
- Establishment of common consensus on Career Avenues for Doctors Serving under Government Sector.

Outcome:

- Development Of Common Structure For Public Health Cadre For Further Discussion and Finalization of Structure.

Proposed Core Directorates For the Public Health Cadre:

Directorate of Public Health and Family Welfare:

Directorate of Disease Control:

- Sub Department of Vector Borne Diseases
- Sub Department of Tuberculosis
- Sub Department of Leprosy
- Sub Department of AIDS
- Sub Department of Non communicable Disease Control and Prevention
 - Cancer Prevention, Early Screening ,Treatment and palliation
 - Diabetes Control
 - Hypertension cardiac disease control
 - COPD and other chronic disease control
 - Oral Health and tobacco control
 - mental health promotion and management
 - Blindness, deafness and other congenital problems
 - Geriatric Health Care
- Sub Department of Epidemiology and Integrated Disease Surveillance
- Sub Department of HMIS, Statistics and health informatics

DIRECTORATE OF RMNCH+A:

- Sub Department Maternal and Sexual health
- Sub Department – Child and Adolescent health
- Sub Department -Vaccination and Immunization
- Sub Department- Family Planning
- Sub Department of Nursing and Midwifery

DEPARTMENT OF HOSPITAL SERVICES-

- CORE WORK ON IMPROVING THE FACILITY BASED HEALTH CARE SERVICES.

STATE INSTITUTE OF HEALTH AND FAMILY WELFARE-

- CAPACITY BUILDING AND TRAINING.

PROPOSED ARCHETECTURAL REFORM IN STRUCTURE OF PUBLIC HEALTH CADRE OF MEDICAL PROFESSIONALS:

- **Block Level:**

- MBBS and Post Graduation after MBBS will hold direct entry into Public health and clinical care system. An MBBS candidate will be designated as medical officer and a professional holding post graduate degree will be designated as PGMO.
- After direct entry candidate holding MBBS degree will be called as medical officers. These professionals after six years would be given a choice only once in the career pathway to either continue higher in the public health ladder as **senior medical officer** of the designated health facility or will do post graduation and enter into clinical services and have a clinical career development pathway. The

PGMO (Post Graduate Medical Officer) will develop in the clinical line after six years as Specialist in CHC or District Hospital.

- At block level the hospital based services shall be under the direct control of Block medical and health officer, where as to strengthen the hospital based services, a CHC manager holding -MHA degree will be posted. This CHC manager shall function under the direct control of block medical and health officer.

- In the clinical areas of **hospital based services**, PGMO develops higher in the career development pathway as **specialist CHC/DH** after six years. Later they will be promoted as senior specialist in CHC/ DH after six years. Again these senior specialists will be promoted as senior consultant or head of the department in District Hospital or Higher Health Facilities. These clinicians in the career pathway will be responsible for health care services of the patient and no administrative work will be given to these professionals, which can help them in strengthening the health care services.

- The **senior medical officer** after six years of service can be promoted as **block medical officer** and district programme officers. The posts of district programme officer already exists with-in the set up. These posts can be converted in a sub set of RMNCH+A and Disease Control Departments.

- **District Level:**

- **Public Health Cadre At District Level:**

- **District programme officer** who are promoted from SMO level will be deployed for Department of RMNCH+A- It is proposed DPO- maternal health and family planning(DPHN) , DPO- child health, immunization and Adolescent health attention.
- **District programme officer** who are promoted for Disease Control Programme- It is proposed to have DPO- malaria and leprosy and DPO TB and other vector borne diseases.

- At the district level the Hospital based services shall be administered by **DEPUTY CMHO** (civil surgeon), who shall be under the control and supervision of Chief medical and health officer of the district. This post shall be promotion based where priority will be given to medical professionals holding MHA degrees. The District programme officers and BMO shall be considered for both posts.

- Above the DPO will be CMHO who shall be administrative head of the district for all Public Health care activities.

○ **Clinical Cadre At District Level:**

- The clinical cadre at district level shall be administered by Deputy CMHO, who shall be under CMHO and will be supervising the district level hospital based services. At this level the clinical hospital based services are separated from the other Public Health activities.
- The Hospital Set Up the PGMO (CHC/DH) is proposed to be promoted after six years as specialist at CHC/DH. The specialist shall be promoted at senior specialist at District Hospital and further senior specialist is proposed to be promoted as Senior Consultant or HOD in DH having more than 200 beds or to higher specialized centers.
- At CHC and DH hospital managers are proposed for improving hospital based health care services.

○ **Divisional level:**

- **Public Health Services:** At divisional level the public health services shall be administered by divisional level JDs.
- Hospital consultants and public health consultants are proposed whom shall support the divisional JDs technically for improving the monitoring and supervision of divisional public health activities and Health Facility Based Services.

○ **State Level:**

▪ **Public Health Services:**

- Various deputy directors for maternal health, child health, immunization, family planning and adolescent health services are proposed under department of RMNCH+A.
- To technically support these deputy directors consultants for maternal health, child health, immunization, family planning and adolescent health is proposed. For every department 2-3 consultants are proposed for strengthening the technical services.
- Various deputy directors for vector borne disease, Tuberculosis, Leprosy and Non communicable diseases is proposed.
- To technically support these deputy directors consultants for maternal health, child health, immunization, family planning and

adolescent health is proposed. For every department 2-3 consultants are proposed for strengthening the technical services like planning, monitoring and evaluation.

State Administrative Heads:

- These deputy directors will be monitored under administrative control of Director RMNCH+A, Director Disease Control Programme.
- For hospital based services **Director Hospital Services** is proposed who shall be responsible for monitoring and improvement in functioning of hospital based services.
- **Deputy director (recruitment, promotion, leave and CR):** It is proposed that a post of Deputy Director (recruitment, promotions) need to be created, which shall reduce the administrative burden of all the other medical professionals. This strategy of division of administrative and clinical cadre can be
- **Deputy Director, (legal, RTI, Jandarshan, PC-PNDT)-** it is proposed to create a new post of a deputy director (legal matters) will all legal issues under health.
- A **JD for hospital based services** is proposed for strengthening hospital based services. The BMO and District programme officers holding MHA degree shall be given preference for promotion to the post of JD Hospital services.
- **Director general health and family welfare** will monitor and supervise the work of Director RMNCH+A and Director Disease Control.
- It is proposed to merge **MD NHM as additional DGHS health and family welfare.** He shall hold direct control on NHM officials and will directly report to commissioner health and family welfare.
- The **Post of Director general Health Services / commissioner health services** can be one. It is proposed that the MD NHM(Additional DGHS) will report to DGHS.

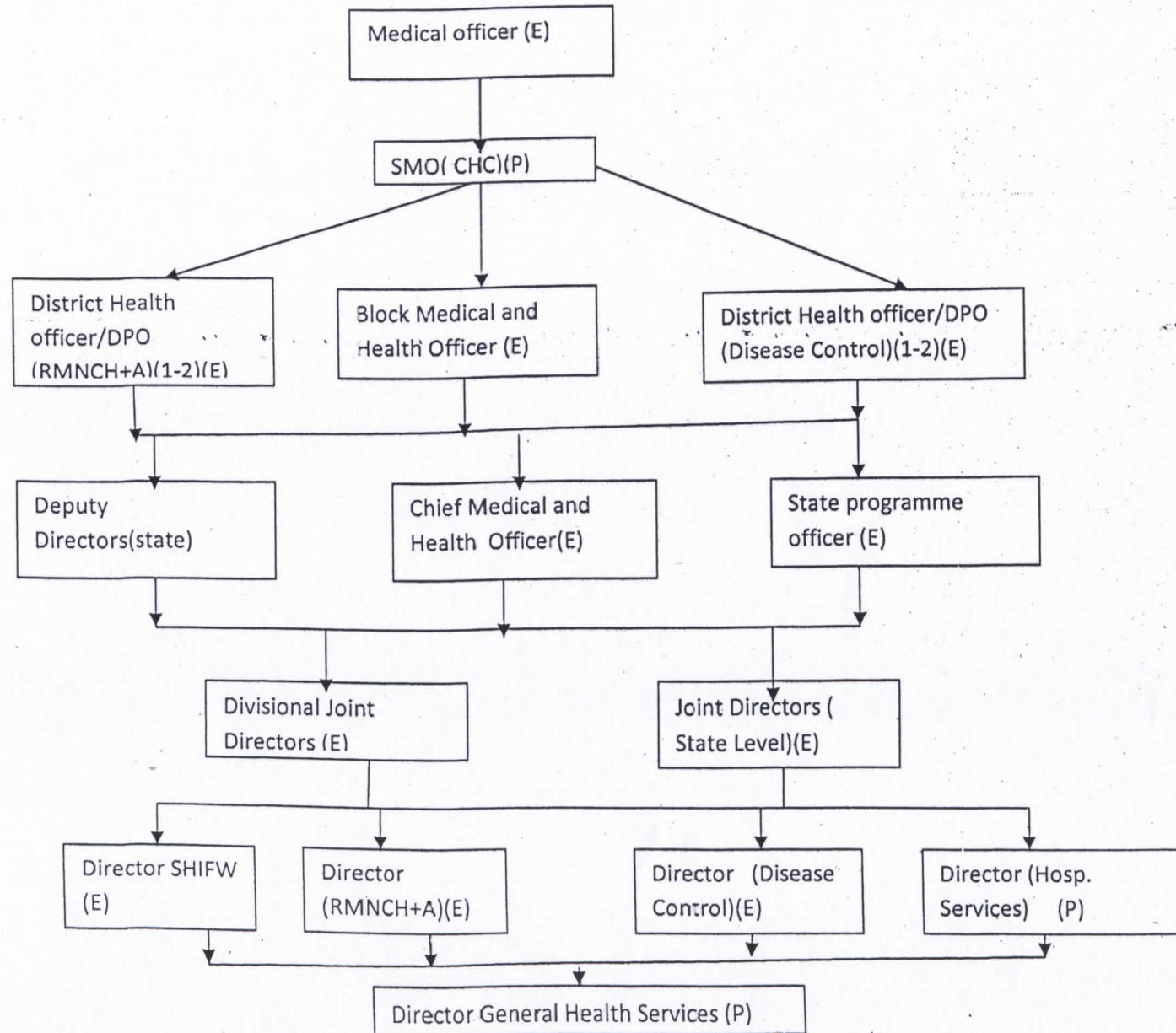
S.No	Level(State/District/Block)	Name Of the Post	Entry-Direct/ Promotion based	Existing/Created New	Justification
1	Block Level	ANM	Direct	Existing	
2	Block Level	MPW	Direct	Existing	
3	Block Level	LHV/ male MPW	Promotion based	Existing	
4	Block level	BPHN	Promotion Based	To be Created New	
5	Block level	Disease Control Supervisor/BEE	Direct Recruitment and	Existing	The post of BEE can be converted into disease control supervisors
6	Block Level	Block Medical Officer cum CHC In-charge	Promotion Based	Existing	
7	Block Level- Clinical	Medical officer	Direct	Existing	
8	Block Level- Clinical	Senior Medical Officer	Promotion Based	To be created New	In a health facility based on seniority the
9	Block Level- Clinical	PGMO (after PG)/ Junior Specialist	After PG(direct entry + promotion based)	To be created New	After post graduation from MO will function as Junior specialist in CHC/DH
10	Block Level- Clinical	Specialist (CHC/DH)	Promotion Based	Existing	Junior specialist will be promoted to Specialist(CHC/DH)
11	Block Level- Public Health	CHC Manager	Direct	To be created new	Hospital managers to support administrative activities in CHC. This move shall remove the

						administrative burden of a doctor posted in CHC. Can improve the service delivery in health facilities.
12	Block Level- Public Health	BPM	Direct	Existing under NHM need to be integrated		
13	District level- Public Health	District programme officers	Promotion Based	Existing		The posts can be converted into two categories of Disease Control and RMNCH+A. In each unit 2-3 district programme officers are proposed.
14	District Level- Clinical	Senior specialist(DH)	Promotion Based	To be created New		To be promoted from specialist and posted at district hospital.
15	District Level- Clinical	Subject Expert (HOD)	Promotion Based	To be created New		To be promoted from senior specialist to Subject Expert who will be posted at DH more than 100 beds/ specialized hospitals.
16	District level- Public health	District Level Consultants	Direct Recruitment	Need to be created New		Strengthening technical support at district level.
17	District level- Hosp Services	Deputy CMHO (Renaming post of civil surgeon)	Promoted from BMO and DPO	Existing		The post of civil surgeon can be converted as deputy CMHO, who shall provide hand holding support to DH for administration and shall work under the CMHO.
18	District Level- Public health	Chief Medical and Health Officers	Promotion Based	Existing		
19	District Level	DH managers	Direct	Already existing		Hospital managers

			Recruitment	in NHM (need to be regularized)	to support administrative activities in CHC. This move shall remove the administrative burden of a doctor posted in CHC. Can improve the service delivery in health facilities.
20	District level	DPM, DAM and District Data Officer	Direct Recruitment	Already Posted Under NHM need to be integrated with in health systems.	
21	Divisional level	Divisional Consultants – (health care and hospital management)	Direct Recruitment	To be created new	To support the JDs in technical areas.
22	Divisional level	Divisional Joint Directors	Promotion Based	Existing	Will be supported by technical staff for supporting the JDs in supervision and monitoring of activities.
23	Divisional level	Divisional programme managers	Direct recruitment	Existing(contractual) can be regularized by EUSPP fund	Strengthening monitoring and evaluation at divisional level
24	State level	Joint Director-Hospital Services	Promotion Based	To be created new	Proposed to strengthen Hospital based services.
25	State Level	Deputy Directors/- State programme officers	Promotion Based	Existing- (Two new posts proposed)	Two new posts of Deputy directors are proposed- Deputy director-administrative activities and Deputy director legal activities.
26	State Level	Director Disease Control	Promotion based	To be created - new	Will administer and technically lead all communicable and non communicable diseases.

27	State level	Director RMNCH+A	Promotion based	To be created - new	Will administer and technically lead all Reproductive, child health and RCH services.
28	State Level	Additional Director General Health Services	NA	NA	Merging NHM with the Directorate of health.
29	State level	DGHS (Director General Health Services)	NA	NA	The post of commissioner can be converted into DGHS. DGHS will report to Principal secretary health and family welfare
30	State Level	Principal Secretary health and Family welfare	NA	NA	

Proposed Career Development Pathway of Medical officers In Public Health Systems:



BLOCK LEVEL:

- **Entry Level:** The entry levels will be ANM as community functionary and Staff Nurse(B.Sc Nursing and GNM training institutes)
- **Public health Cadre: LHV:** The block level functionary would be working for RCH and Midwifery activities with-in the community as a outreach service. The LHV can be promoted as BPHN (Block Level Public Health Nurse). The BPHN will work at Block level administering and providing technical supervision at block level to community health workers(LHV and ANM) and to facility(SHC, PHC and CHC) based services.
- **BPHN (Block Public Health Nurse):** This is a public health cadre post which is proposed for a block level. She will be heading the RMNCH+ A activities of ANM, LHV and Staff nurses posted in CHC under block level. This BPHN will be a promotional post where an LHV after six years of experience can be promoted to this post. The GNM and B.Sc Nurse after three years of service will be promoted as BPHN. She will be responsible for supportive supervision of RMNCH+ A activities and support for execution of facility based protocols.

District Level:

- **DPHN (District Public Health Nurse):** The activities of Block level under RMNCH+A of BPHN will be monitored and administered by a DPHN. This post shall be a promotion based where BPHN after five years will be promoted as DPHN. She will be responsible for implementation of RMNCH+A activities at District Level. The BPHN will report the developments to DPHN. This cadre already exists in the set up though very few are functioning in this capacity. It is proposed to revive this post and to fill all the posts for strengthening monitoring and supervision of Nursing and Midwifery activities under RMNCH+A.

Divisional Level:

- **Divisional Public Health Nurse:** It is proposed that there needs to be a divisional post of Public Health Nurse who can be functionary under the divisional JD. They shall work for supervision and monitoring of RMNCH+A activities of Nurses, ANM and GNM.

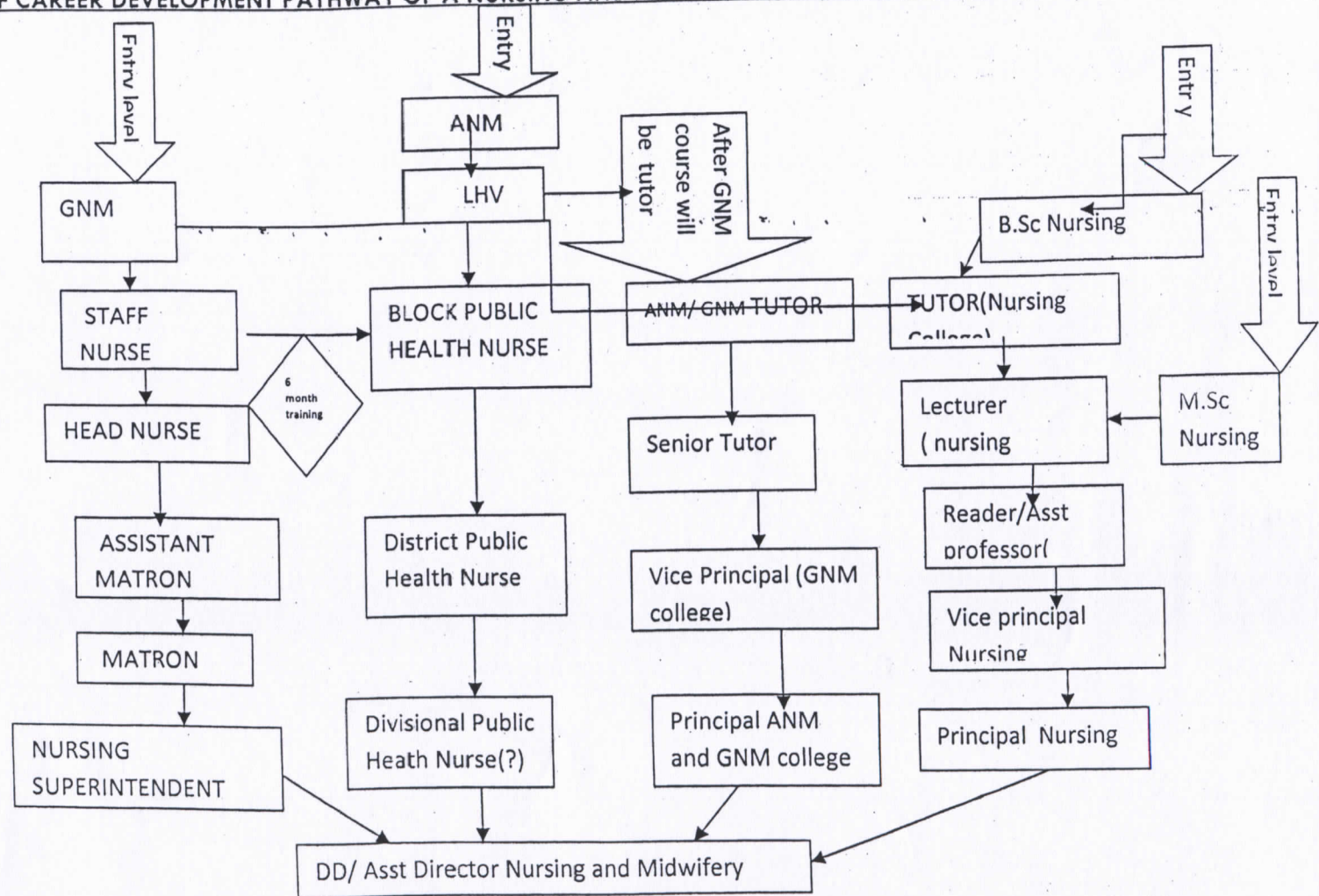
State Level:

- **Deputy Director (Nursing and Midwifery):** A post of nursing deputy director at state level already exists as Assistant Director. They shall be administratively responsible for the nursing and Midwifery activities under RMNCH+A. They will be reporting to Director RMNCH+ A.

State Level:

- **Deputy Director (Nursing and Midwifery):** A post of nursing deputy director at state level already exists as Assistant Director. They shall be administratively responsible for the nursing and Midwifery activities under RMNCH+A. They will be reporting to Director RMNCH+ A.

PROPOSED STRUCTURE OF CAREER DEVELOPMENT PATHWAY OF A NURSING AND MIDWIFERY PROFESSIONALS WITH IN HEALTH SYSTEM:



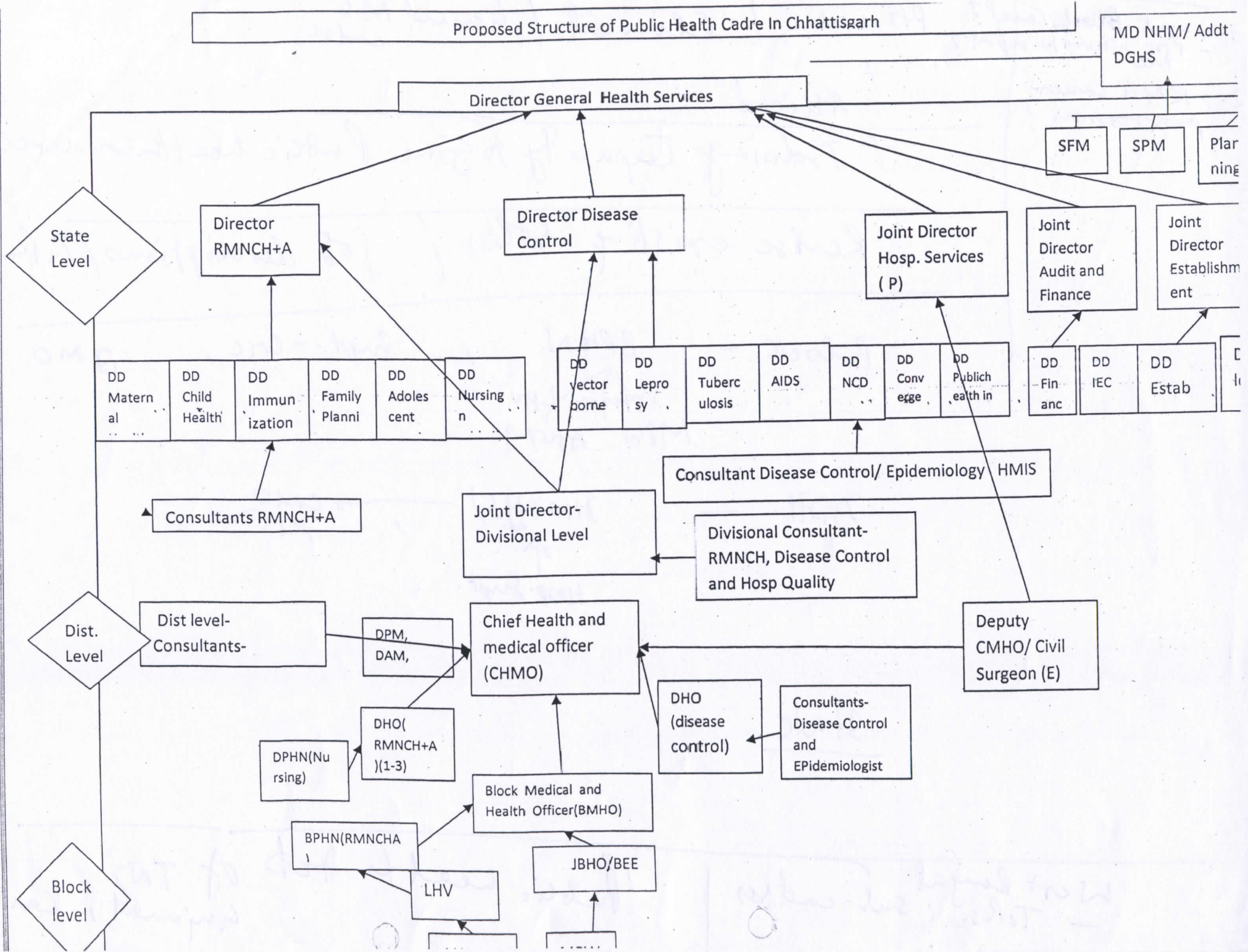
Outcome:

- Increased promotions and pay increments for both clinical and public health professionals
- Segregation of Clinical (hospital based) and administrative cadre.
- Structural reform proposed for Integration of NHM into the regular health set-up
- Provision of ample technical staffs at various levels in public health system.
- Further clarification for grade pays and years of promotion for all posts after wider consultation for Public health cadre.

Proposal From State Health Resource Centre:

- A proposal of public health structure with separation of clinical and administrative structure is for medical officers with career development options.
- A proposal of reform in the structural organization of the department of health and family welfare.
- Proposal for staff nurses with separation of teaching faculty, clinical and public health professionals.
- Proposal for improving the technical capacity of various department under health by appointing regular technical human resources at various levels.
- Proposal for wider consultation for above mentioned strategies is a must for finalization of re-structuring and reconstitution of public health cadre- To develop a common consensus to work up pay scales and years for promotion to be fixed for all the new posts either proposed to be integrated from NHM or newly created.

Proposed Structure of Public Health Cadre In Chhattisgarh



State Level

Dist. Level

Block level

Director RMNCH+A

Director Disease Control

Joint Director Hosp. Services (P)

Joint Director Audit and Finance

Joint Director Establishment

- DD Maternal
- DD Child Health
- DD Immunization
- DD Family Planni
- DD Adolescent
- DD Nursing

- DD vector borne
- DD Leprosy
- DD Tuberc ulosis
- DD AIDS
- DD NCD
- DD Conv erge
- DD Public eath in

- DD Financ
- DD IEC
- DD Estab

Consultants RMNCH+A

Joint Director-Divisional Level

Consultant Disease Control/ Epidemiology HMIS

Divisional Consultant-RMNCH, Disease Control and Hosp Quality

Dist level-Consultants-

DPM, DAM,

Chief Health and medical officer (CHMO)

Deputy CMHO/ Civil Surgeon (E)

DPHN(Nursing)

DHORMNCH+A(1-3)

DHO (disease control)

Consultants-Disease Control and EPidemiologist

Block Medical and Health Officer(BMHO)

BPHN(RMNCHA)

LHV

JBHO/BEE