PUBLIC PRIVATE PARTNERSHIPS IN HEALTHCARE

OUTSOURCING OF RECRUITMENT AND MANAGEMENT OF HUMAN RESOURCES FOR REMOTE AND CONFLICT AREAS IN CHHATTISGARH

A CASE STUDY

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SUPPORTED BY: OXFAM INDIA

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Table of Contents

I. Introduction 4

II. Methodology 7

III. Findings 9

IV. Discussion 20

V. Conclusion 22

VI. References 23

VII. Annexures 25

I. INTRODUCTION

The critical shortage of Human Resources in health service delivery and its unequal geographical distribution in India have been well documented (Hazarika, 2013; Rao, 2013; Garg, 2012). Recruitment of adequate Human Resources (HR) continues to be one of the biggest challenges to health service delivery. It renders the existing public health system ineffective leading to denial of services to the most vulnerable and needy. Providing health care is a human resource intensive activity, and in Chhattisgarh state the shortage of trained health care providers is among the most acute in the entire country (NHSRC et al, undated). This human resource crisis gets more acute as we move to the poorer, remote, conflict ridden and inaccessible areas.

The 8th Common Review Mission (CRM) Report of Chhattisgarh highlights the impact of the high number of vacancies of doctors, nurses and paramedics in Chhattisgarh: "despite scaled up efforts, shortage of specialists and doctors still remains an impediment to providing universal access to quality health care" (CRM, 2014). As per the report, the vacancies that exist in Chhattisgarh are of Specialists (82 per cent), Staff Nurses (52 per cent), Lab. Technicians (52 per cent) and Lady Health Volunteers (LHVs) (43 per cent). In the 'Left Wing Extremist' (LWE) affected Bastar region, 255 out of 277 sanctioned posts of Specialists are lying vacant.

Some of the measures taken by the Chhattisgarh State government to address this issue are described below:

1. Rural Medical Assistants–Soon after the creation of Chhattisgarh state in 2001, through the intervention of the then Chief Minister, a 3 year medical diploma programmeinitially called 'Practitioner in Modern and Holistic Medicine' (P.M.H.M) was started by the state government for candidates from rural areas. The rationale behind it was that candidates from rural areas are more likely to return to rural areas and serve and that a formally trained and skilled health provider is a better option than quacks providing services in the largely underserved rural and remote areas. With the change in government in 2003, the political interest in this course waned (NHSRC et al, undated).No new admissions were allowed from 2004 onwards (GoCG, 2008a). A review of government orders shows that the Government ordered the formal closure of the course in September 2008 (GoCG, 2008a).However, by then, 1391 students had already graduated from this course and in view of the existing shortages in human resource in rural and remote areas, the state government took a decision to employ these P.M.H.M. graduates, by creating a new post of Rural Medical Assistants in the public health system (GoCG, 2008b). The funds for their salaries were taken from the central government through NRHM (GoCG, 2008b). About 303 out of 398 RMA sanctioned posts were filled in this manner by 2009 which was extended to 858 posts, all of which were subsequently filled. Even though they were supposed to work as assistants to MOs, they usually ended up working independently in facilities as these facilities were usually those that had been without Medical Officers for many years (NHSRC et al, undated). Further they were provided a 10-day refresher course from Christian Medical College (CMC) Vellore, which was pushed for and facilitated by the State Health Resource Centre Chhattisgarh (GoCG, 2012).This course included a refresher on the infectious diseases and primary treatment for other state relevant conditions like snake-bite. This initiative received positive feedback in the Sixth Common Review (2012),which stated that, "to a large extent the gap in MBBS doctors is filled by AYUSH doctors and the RMA. In fact, they continue to work as the backbone of the health care system. The skill set of the RMA has been expanded further by 10 days training in CMC Vellore". The CRM further stated that this programme was successful in part, in compensating the shortage of HR and challenges of retention in remote areas (CRM, 2012).

2. Posting AYUSH doctors as MOs- With NRHM, there was an opportunity for state governments to fill up posts of Medical Officers in PHCs through AYUSH doctors. The Chhattisgarh government too had tried it out and had filled nearly 200 posts of PHC Medical Officer through AYUSH doctors (NHSRC et al, undated).

3. Chhattisgarh Rural Medical Corps (CRMC)- In 2009, the Department of Health and Family Welfare, Chhattisgarh through the National Rural Health Mission developed a scheme for incentivising health workers in remote, and hard to reach areas, called the Chhattisgarh Rural Medical Corps (CRMC). Under this scheme, health facilities were categorised into different zones as per the accessibility and difficulty levels. Financial incentives were given accordingly, to various categories of health staff (specialists, doctors, staff nurses and RMAs) in addition to extra marks for PG admissions for doctors, for working in remote and difficult areas.

   An evaluation of the CRMC scheme done in the year 2013-14 yielded positive findings (NHSRC et al, 2014). The report states that CRMC played an important role in attraction and retention of health staff in difficult areas. More than half of the respondents (of total 57 respondents eligible to receive CRMC benefits) joined only after CRMC was introduced and for most financial incentive was a major reason. However the study also found that instances of irregular and non payment affected the morale of the health staff. Further the financial incentives for RMAs were reduced without any valid justification while it was increased for other health staff. Even though CRMC has provided financial incentives and extra marks in PG admissions, the initial design included education benefits for children, housing, insurance, additional leave etc which are not being provided in the CRMC scheme. Further the challenging work environment in CRMC areas such as lack of proper housing and transport, inadequate staff and support staff, gaps in medicine supply and other essentials compromise the services being provided and lead to demotivation of the staff. The evaluation study also cites other issues such as performance indicators for providing CRMC benefits not adequately capturing the performance of the health staff, a weak monitoring and grievance redressal system, and issues in grading of facilities (NHSRC et al, 2014).

   However, despite the hurdles and issues in implementation, the scheme has been showing positive results in attracting and retaining health staff in difficult areas. The Sixth Common Review Mission for Chhattisgarh in its key recommendations states that CRMC incentives to Doctors and Para medics are proving helpful but the gradient needs to be increased for more difficult districts like Dantewada. It also states that the scheme should be evaluated for improving its performance and assessing the adequacy of incentives and the mode and terms of payment.

4. Decentralisation of recruitment- In 2012, efforts were made to decentralise the recruitment of HR in the health set up by the Chhattisgarh government (Joint Director Establishment Interview). Power was delegated to the District Collector to make recruitments for health as per the requirements of the district with funds coming from the District Health Society. However, this was soon disbanded due to irregularities in recruitment and the current policy is that the recruitment of contractual posts upto the post of Staff Nurses is done by the districts, while all regular posts and posts of Medical Officer/Specialists are recruited centrally at the state level through Vyapam.

5. Outsourcing the recruitment and management of Human Resources (HR)

   The Chhattisgarh health department in the second half of 2014 took a decision to outsource the recruitment and management of Human Resources through private agencies for two divisions- Surguja and Bastar. These divisions are considered the most remote and Bastar is also conflict ridden 1. For this reason, other initiatives like the CRMC and various outsourcing initiatives like rural Mobile Medical Units (MMUs) and attempts to outsource PHCs have also been tried out in these regions.

The outsourcing of HR was seen by the government as a viable strategy to resolve the issue of HR shortages. An advertisement, instead of an open tender, inviting Expression of Interest was floated in December 2014 and payments started being made to the empanelled agencies from January 2015 onwards (ADF office). An official

1http://www.dailypioneer.com/state-editions/raipur/cgarh-remains-hotbed-of-maoist-activity-home-min.html

http://articles.economictimes.indiatimes.com/2014-08-08/news/52594019_1_doctors-health-department-special-package

http://phrsindia.org/wp-content/uploads/2015/08/Evaluation-report-of-Chhattisgarh-Rural-Medical-Corps-2013-14.pdfAvailable from: http://www.cg.gov.in/Archive. [Last accessed on 2013 Oct 10].

approval to fill vacant posts at different public health centres wherein Doctors, Staff nurses, specialists and lab technicians were to be recruited through outsourcing was taken in a cabinet meeting presided by the CM in May 2015[2] and reported in newspapers. This also brought into public focus, the Chhattisgarh government's decision to outsource recruitment of HR.

The HR outsourcing initiative was undertaken in a total of 12 districts, seven in the Bastar division and five in Surguja division. Staff nurses and doctors from within and outside the state were recruited through private agencies in the health facilities in Surguja and Bastar divisions.

The study is an attempt to evaluate the state government's initiative to outsource the recruitment and management of HR, beyond the media reports and political rhetoric, and to gather a nuanced and comprehensive understanding of this policy initiative taken by the Chhattisgarh Health Department to address the critical shortage of Human Resources in health sector.

[2]http://epaper.patrika.com/c/10103767
http://abpnews.abplive.in/jobs/doctor_teacher-118222/

II. METHODOLOGY

The study was a qualitative one, using the case study method. A case study is "an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" and it helps to answer the questions of 'how and 'why about a set of events (Yin, 2009: 16). Moreover, this case study is part of a larger multiple case study research exploring public private partnerships in healthcare in three Indian states. The qualitative method was selected, as the objective of the study was to understand the process, perceptions and interactions, that was not possible through a quantitative methodology (Green & Britten, 1998).

Sampling

Two districts were chosen for the study, Kanker district in Bastar division, representing the southern part of Chhattisgarh and Surguja district in Surguja division in northern Chhattisgarh. These two districts were selected due to the presence of Jan Swasthya Abhiyan network organisations in the district for ease of data collection. Two blocks were selected in each of the districts based on remoteness withsome convenience of access. Durgkondal & Koylibeda blocks were chosen in Kanker while Lakhanpur & Udaipur blocks were selected in Surguja district.

Data Collection

Very little information related to the HR outsourcing process is available on the Chhattisgarh Government's website therefore, the main sources of information were primary interviews, newspaper reports and data collected from the state and districts. Data collection was done through qualitative individual and group interviews with Health Officials at the block, district and state levels, regular staff nurses, outsourced staff nurses and the community including mitanin programme members (Table 1). Separate check-lists were prepared for the interviews. Informed consent was taken verbally from all respondents.

Table 1: List of Respondents

State level (In-depth interviews)	1 State Nodal officer for HR outsourcing 2 Additional Director, Finance 3 State health officials (anonymous)			
District level	Koylibeda	Durgkondal	Lakhanpur	Udaipur
Interview with BMO	1	1	1(Ex BMO)	1
Interview with PHC MO/RMA	1 (PHC)		1 RMA (PHC)	
Interview with (outsourced) Staff Nurses	-	-	2	1
Group Interviews with regular staff nurses/staff	2 group interviews i. Civil Hospital (4 participants) ii. PHC (3 participants)	1 group interview in the CHC (5 participants)		

Attempts were made to discuss with and gather information from the Mitanin (community health worker) programme members and community members on outsourcing and the situation of the health facilities and services after outsourcing of Staff Nurses. Though some of the members in Surguja districts were aware that outsourcing of HR had been done in Kanker, none of the Mitanins were aware of the outsourcing. The ones who were aware however, could not give any information or views about it, as either they had not encountered the relevant staff members in their course of work or had not felt any significant difference in the services being provided.

(ii) Data was also collected from the sample blocks, districts and the state regarding the posting of staff and

other information. Additionally, official documents regarding outsourcing, like the empanelment letter, financial data etc. were collected from the state level.

(iii) Media reports on the issue were collected and analysed.

Analysis

Thematic analysis of data was undertaken based on emerging themes from the primary data collection.

III. FINDINGS

1. The HR situation prior to outsourcing

Table 2 shows that as of December, 2014, there was a 39% shortfall of Nurses in the state when compared to the number of posts sanctioned and those filled. Surguja (61%) and Bastar (58%) divisions had the highest shortfalls, followed by Bilaspur division (45%). Raipur division had the most number of posts filled with a shortfall of only 14%.

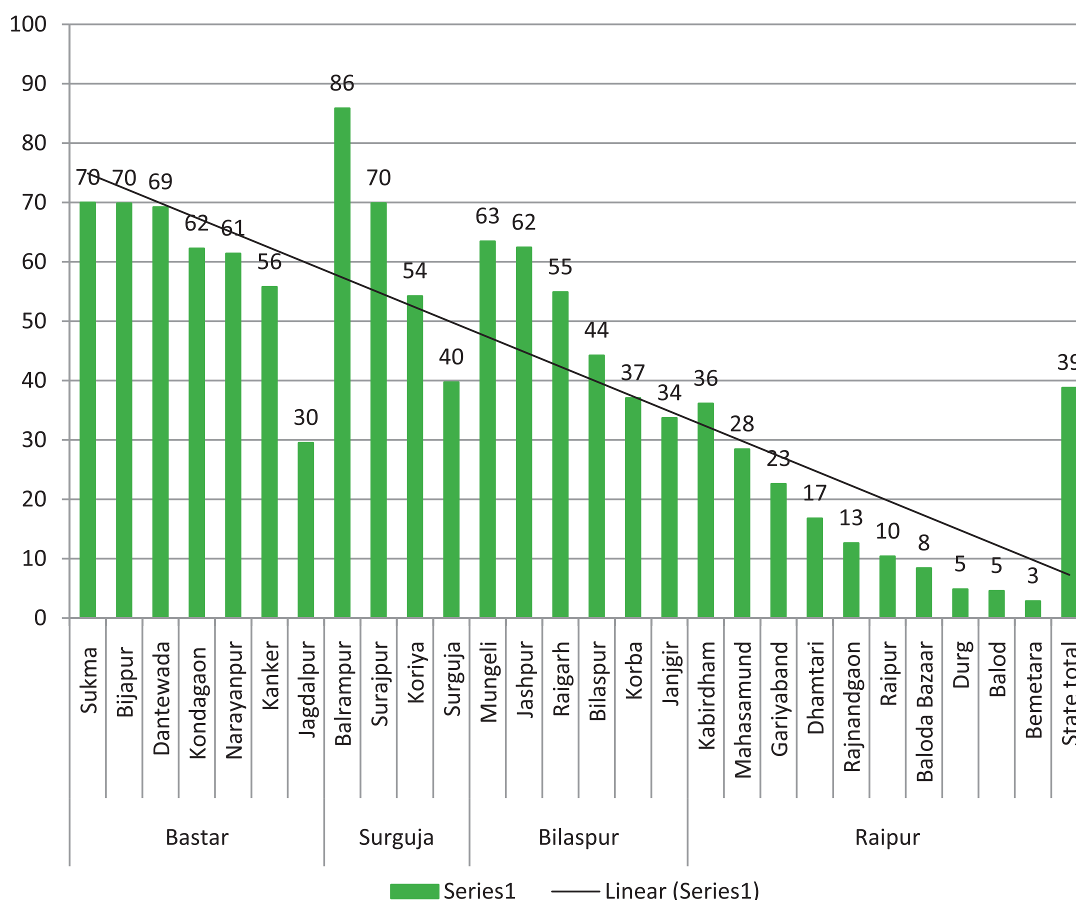
Table2: Posts sanctioned and filled of Nurses division wise as on 31.12.14

Division	No. of posts sanctioned for Nurses	No. of posts filled	Percentage of sanctioned posts vacant
Bilaspur	738	405	45
Surguja	654	258	61
Raipur	1257	1076	14
Bastar	626	265	58
Total	3275	2004	39

Source: State Health Department

District analysis shows that of the ten districts with highest vacancy of sanctioned staff nurses, nine fall in Bastar and Surguja divisions. Balrampur in Surguja zone had 86 % of vacant posts while almost 70 % of sanctioned posts for staff nurses were vacant in Sukma, Surajpur, Bijapur and Dantewada districts. Raipur division seemed to fare best with the lowest number of vacant posts (Annexure 1).

Figure 1: District wise percentage of vacant posts out of total sanctioned posts for staff nurses as on 31 Dec 2014



The two divisions of Surguja and Bastar that were selected for outsourcing show a similar trend when it comes to specialists and medical officers. As Table 3 shows, Bastar division had 93% shortfall and Surguja had 87% shortfall of specialists. For medical officers, the situation was better with 58% shortfall in Bastar and 61% shortfall in Surguja divisions. For the post of Staff Nurses, almost three fifth of the sanctioned posts are lying vacant in Bastar (58%) and Surguja (61%) division.

Table 3: Sanctioned and filled posts of health staff in Surguja and Bastar divisions as on December 2014

Posts	Bastar Division			Surguja Division		
	Sanctioned	Filled	% of Vacant posts	Sanctioned	Filled	% of Vacant posts
Specialists	272	19	93	251	32	87
Medical Officers	351	141	60	336	164	51
Staff Nurses	626	265	58	654	258	61

Source: State Health Department

In terms of availability of nurses in Chhattisgarh, as per information from the Chhattisgarh Nursing Council, 9305 eligible candidates have been certified under the council (State Health Department, undated). Of these, 750 have moved out of the state. Of the total certified nurses, 323 are ST and 182 are SC. Moreover, of the total certified nurses residing in Chhattisgarh, only 32% (2704) are employed by the government.

2. The rationale given for outsourcing HR

The following reasons for outsourcing recruitment to a private entity were outlined in a brief that was made available by the department during the study (State Health Department, undated). The brief states that a large number of posts for doctors, nurses and paramedicals have been lying vacant in the state and most of these vacancies are in the scheduled areas. It further states that the department has made various efforts to fill these vacant posts but they have not been able to fill it for various reasons. The reasons have been listed as: firstly, qualified candidates from the state were not willing to go into remote, inaccessible and conflict-ridden areas and secondly, the government had been unable to fill the posts of the reserved (SC/ST) category. In such a situation it was decided that till the government is able to make regular postings in these vacant posts, services were to be provided temporarily by doctors, staff nurses and para medical staff through private placement agencies (State Health Department, undated). The agencies could recruit male or female nurses from within or outside the state. This provided the means to circumvent the reservation and local domicile norms for recruitment of health staff in the state.

The interviews and review of secondary literature provide further insights into the rationale given by the government for outsourcing.

Views of the respondents regarding shortage of nurses, including local and SC/ST nurses

Though the government gave the rationale that the reserved SC/ST seats were vacant, no empirical analysis of the actual vacancies reservation category-wiseseems to have been done (State official). The department therefore could not supply this data either for the current study. There did not seem to be any analysis done on how many nurses or doctors were available in the market or would be shortly available and this analysis was very critical as the number of nursing colleges had increased in the last few years (State official). The state official (who was not the nodal officer) further stated:

"*It does not seem correct that a person from outside the state would be willing to come to these areas while the local people would refuse. I think if recruitments had been done aggressively, then atleast some vacancies would have been met" (State official)*

This was echoed in a number of interviews with the block health officials and nurses, with some difference of opinion among the respondents. While the doctors (BMO, PHC MO in Kanker district) maintained that there was a

shortage of staff nurses especially in the SC/ST category in the state, some of the existing staff nurses refuted that. The BMO in Kanker said that though a number of colleges have opened recently but for most, only one batch has passed out. Moreover, the Nursing council had opened only four years back. However, the PHC MO in Kanker felt that there is actually a shortage of qualified staff despite there being so many colleges, and bringing in people from outside the state through outsourcing filled this gap.

The regular staff nurses and other staff of a PHC in Kanker also believed that there isshortage of qualified staff in the state in the SC/ST category, which is why government is not able to fill the reservation seats. However, they said that a number of qualified candidates in the general category were unemployed and willing to work in remote areas. But as the difficult areas are mostly scheduled areas, with more number of reserved seats, the general category candidates are not recruited for those posts in the regular recruitment process.

On the other hand, regular Staff Nurses in the Civil Hospital and CHC in Kanker said that they did not think that there was a shortage of qualified SC/ST nursing candidates in the state. They also suggested strategies that the government could have itself followed in order to fill the gap, instead of outsourcing. The group in the Civil Hospital said that apart from the numerous private colleges, there were government-nursing colleges in Durg, Bilaspur, Raipur, Ambikapur and Kanker. Even around them they saw a lot of qualified ST candidates. One of the respondents in CHC in Kanker who herself was a tribal said that in the private college she studied in, there were a number of ST students. She and others narrated that when they had applied three years back, some reserved posts had remained vacant because the criteria was that the SC/ST candidates should be from the Bastar region itself. In their view, such a rule has made it all the more difficult to recruit even qualified ST candidates who belong to the state. They said that ST candidates from anywhere in the state should be recruited for these areas. Moreover, they opined that the 'outsourced' posts got filled as the private agency also recruited male nurses, whereas the government only recruits female staff nurses and also because higher salaries were paid to them.

Government's efforts for regular recruitments

An evaluation of CRMC found that there is lack of publicity about CRMC incentives for remote areas especially during recruitment and among newly graduated health workers and doctors (NHSRC, 2014). A review of advertisements for recruitment of Nurses, RMAs, MOs and Specialists between 2010 and 2013 found that out of seven advertisements, only three mention the CRMC incentives (NHSRC, 2014). As per a media report in December 2015[1], in its advertisement prior to outsourcing, inviting applications from the Chhattisgarh domicile nurses, the state had not offered the incentives and facilities. Government had then cancelled the recruitments saying that the local population in the state does not want to serve in remote areas and soon after this process, the outsourcing was undertaken. The article questioned the move stating that the facilities and incentives were not advertised in the first advertisement so that could not be given as an excuse for recruitments through outsourcing.

Reading of the latest advertisement given on 15th March 2016, for recruiting 1134 staff nurses, shows that there is no mention of the CRMC incentives for nurses willing to be posted in difficult and hard to reach areas.

Moreover, a state official opined that though in the last few years there had been a reduction in recruitments due to reduced budgets, thehealth department could have taken approval for recruitments as per requirement (State official).

Other challenges

The challenges in attracting and retaining HR have got further exacerbated due to the fact that increasingly the government is recruiting contractual rather than regular staff (6th Common Review Mission, 2012). The terms of reference for the contractual posts are quite inadequate when compared to the regular posts. For instance, the staff is contracted in for 5 years, after which s/he is either absorbed or terminated, age limit for the entry is 35

1http://www.bhaskar.com/news/chh-rai-hmu-750-nurses-recruited-by-quietly-outsourcing-5189092-nor.html

years and there is no increment. Therefore, such a package is less attractive to people seeking employment especially in the public sector (6th Common Review Mission, 2012).

3. Implementation of HR Outsourcing

RFP and selection of the Agency

The selection of the agency was done at the state level and therefore only the State Nodal officer could give some information about it. In December 2014, advertisements were given in newspapers inviting companies/agencies for recruitment of health staff i.e. MBBS doctors, Post Graduate Doctors, Paramedical Staff (Lab Technicians) and Nursing Cadre(State Nodal officer). However, no lab technicians were finally recruited (State Nodal officer).

Apart from this, the agency was invited to provide specialised training in various disciplines, like ICU, Trauma care, Operation Theatre, and Sick Newborn Care Units (SNCU), as may be required or permissible.

Seven districts in Bastar division; Bastar, Dantewada, Sukma, Bijapur, Kanker, Kondagaon and Narayanpur and five districts in Surguja division, Surguja, Rajpur, Balrampur, Koriya and Jashpur were selected for this initiative (State Nodal Officer).

Six companies applied for the project. These were First Man Management Services Pvt. Ltd., Maitri Education Society, T&M Services Consulting Pvt. Ltd, Blue Chip Jobs, Career Dreams Consultancy and Candid Guard Services Pvt. Ltd. By January the selection process was completed and all six companies were empanelled. The first two did not continue and only the latter four took up the HR outsourcing. After empanelment, the department provided necessary information regarding the vacancies in the selected districts to the companies for recruitment.

Empanellment of the agencies

There was no MoU between the Health department and the agencies but once the agencies were selected, a letter was sent to them that ‘empanelled’ them to “provide Human Resources viz MBBS and Post Graduate Doctors, staff nurses and other para medical cadre” (Nodal Officer Interview). The terms and conditions under which these services were to be provided to the government, are enumerated below (Directorate of Health Services, 2015):

1. The agency will be empanelled for a period of two years, which may be extended further as decided by Directorate Health Services, Chhattisgarh based on the performance of the agency.

2. Any government agency like the Directorate Medical Education (DME), Directorate Health Services (DHS), Medical Colleges, and Collectors within their districts can directly consult the empanelled agency to fulfill their requirement.

3. The employee deputed by the agency will not be considered as employees of Government of Chhattisgarh.

4. A fixed remuneration will be paid to the agency directly who will in turn pay it to the human resources deployed, as per norms and policies of Government of Chhattisgarh.

5. The agency will not charge any commission from the employee, the service charges will be directly given to the agency at the rate of 8 % for normal areas and 12 % for hard to reach areas as notified by the Government of Chhattisgarh.

6. Leave will be granted to the deployed Human Resources as per government norms.

7. Additional allowances like, House Rent Allowances, CRMC will be negotiable for “difficult to reach/ hard to reach areas.”

Recruitment of the HR by the private agencies

The placement agencies started providing services in September, 2015. Thirteen Medical Officers (MOs) were recruited through the placement agencies, 10 in Bastar and three in Surguja, while 784 Staff Nurses were recruited (439 in Bastar and 345 in Surguja) (Table 4).

Table 4: Recruitment through placement agency as on Sept 2015

	Posts vacant as on Dec. 2014 in Surguja and Bastar zones	Posts filled through outsourcing as on Sept. 2015 in Surguja and Bastar zones
Specialist	472	0
MO	382	13
Staff Nurse	757	784

Source: State Health Department

The private agencies recruited nurses who were domiciled in Chhattisgarh and also nurse from other states. However, disaggregated information on the number of nurses from within the state and from outside, could not be gathered at the state level. One of the respondents revealed that 350 of the recruited candidates were from Chhattisgarh itself and 400 from outside the state ('Outsourced' Staff Nurse). In the three study blocks (except Durgkondal where this information could not be gathered), majority of the candidates from outside the state were from Rajasthan and Madhya Pradesh (MP). For Surguja, as per secondary data collected from the district, the proportion of those whose local domicile was Chhattisgarh was 79% (54) while outstation candidates were 21% (14). This shows that atleast in that region, local nurses were available for even regular recruitment.

One of the stated reasons of the government for outsourcing recruitment to private agencies was that they had been unable to get candidates in the SC/ST reserved posts (State Health Department, undated). Outsourcing gave them the opportunity to recruit 'general' candidates for these posts. The data therefore shows that a larger number of general candidates were recruited through the private agencies. Division of the recruited Staff Nurses (n=784) by social category reveals that 42% of the nurses were from the General caste category, 33% were fromOBC category, with SC (13%) and ST (12%) having the lowest proportions (Table 5).This data could not be compared with the profile of the actual vacancies as the government had not undertaken any analysis on vacancies diaggregated by caste, before outsourcing.

Table 5: Social category-wise recruitment of Staff Nurses by placement agency as on September 2015.

Category	Bastar Zone	Surguja Zone	Total	Percentage to total nurses recruited (n=784)
Unreserved	192	135	327	42%
OBC	147	110	257	33%
SC	40	65	105	13%
ST	60	35	95	12%

Source: State Health Department

Table 6 provides details of the recruitment through different companies in Surguja and Kanker districts. It shows that in these two districts, Blue Chip Jobs Raipur had recruited the most number of nurses, followed by Candid Guard Services.

Table 6: Company wise detail of Staff Nurses recruited through outsourcing for Surguja and Kanker Districts (as on Dec. 2015)

Name of the Agency	Surguja	Kanker	Total
T & M	2	15	17
Blue Chip Jobs Raipur	33	51	84
Career Dreams	7	22	29
Candid Guard services	15	35	50
Total	57	123*	180

Source: CMHO office- Kanker and Surguja

*Apart from this, 26 recruited nurses had resigned as on Dec. 2015 in Kanker

Postings in Kanker and Surguja districts

Table 7shows the posting details of staff nurses for Kanker and Surguja districts. A total of 123 Staff Nurses (61 males and 62 females) were posted in Kanker district, while 68 staff nurses (23 males and 45 females) were recruited for Surguja district. In Kanker, of the male nurses, a higher proportion was posted in PHCs and the Civil Hospital while most of the female nurses were posted in the CHCs and the DH. In Surguja, the maleand female nurses were posted equally in CHCs and PHCs, with only female nurses being posted in the DH. One state official questioned the recruitment of male nurses. According to him, the main purpose of posting a staff nurse in PHC or CHC is to operationalise the labour rooms and facilitate institutional deliveries. However, with a male nurse being posted in the PHCs, this purpose may be defeated (state official).He further opined that Surguja and Bastar were treated as broad categories and individual facilities that were remote and without staff, were not prioritised. Therefore,a large number the nurses who were recruited through 'outsourcing' were posted in district headquarter and more mainstream blocks like Jagdalpur and Ambikapur, where local nurses may also have been available. The other block level posting details are enumerated in Annexure 2.

Table7: Facility-wise recruitment in Kanker and Surguja districts

District	Kanker				Surguja			
Type of facility	Number of health centres with posting	No. of Male Nurses	No. of Female Nurses	Total	Number of health centres with posting	No. of Male Nurses	No. of Female Nurses	Total
District Hospital	1	2	18	20	1	0	11	11
Civil Hospital	1	20	2	22	No Civil Hospital in Surguja			
CHC	8	13	37	50	6	18	20	38
PHC	27	26	5	31	15	5	14	19
Total	37	61	62	123	22	23	45	68

Source: CMHO office, Kanker and Surguja

Process of recruitment and counselling of candidates

The recruitment of the candidates was done by the agency. However, once the company had selected candidates, the government then undertook the process of verifying the qualifications, degrees, and other documents of the ones selected. Only after verification by the government were the appointments approved. The Registrar Nursing Council also helped in the process of verification (State nodal officer).

The company also undertook counselling of the HR in which they were offered a choice for preferred location of posting and were posted accordingly (Staff Nurses' group interview).

A Staff Nurse from Surguja who was recruited by the private agency recounts her selection process:

"The agency was involved in the whole recruitment procedure like giving advertisement, interviewing process

and joining. The agency had given online open advertisement inviting eligible candidates from all over India by the first week of February 2015. I applied online and the agency called me for an interview in last week of February at Raipur. The process in Raipur involved only the document verification and I was asked about my choice for place of joining. I got an appointment letter from the agency in which I was offered a remuneration of Rs. 16000 per month, which included the amount that would go to the Provident Fund".

Another Staff Nurse said she received information that a private company called Blue Chip is providing assistance in hiring for government jobs. When she went to their office, they made her fill a form and told her and everyone else that they will be informed of any vacancy when it comes. They were informed about the postings one month later. Counselling (in terms of selection of posting area) and document verification was done at Dau Kalyan Singh Bhavan (Health Department/Nursing Council office). They were informed that it is a contractual job but it may be made permanent later and it is also possible that they are absorbed in the government. They were then given appointment letters and she joined in late August. They understood that the contractual job would continue for at least a year. However, they were given the termination letter after four months of joining.

Payment structuere and issues in remuneration of the HR

Payment structure: Salary has been documented to be an important factor in the willingness of health staff to work in rural areas (Chomitz 1997; Serneels, Lindelow et al. 2007). The payment structure for the candidates recruited through the placement agency was decided by the Director Health Services according to the difficulty in accessibility of the particular block where they have been posted. This information was also provided to the Collectors of the respective districts. There seem to have been seven categories in the remuneration structure, ranging from Rs. 12500 to Rs. 30000, depending on the remoteness of the facilities (Table 8).

Table 8: Categories of salaries for Staff Nurses

Salary amounts	No. of Staff Nurses
12500	35
14000	61
16000	138
18000	213
20000	196
25000	121
30000	20
Total Staff Nurses	784

Source: State Health Department

For nurses in the difficult and inaccessibile the area, remuneration was higher, for example,in Orchha it was Rs. 30000 per month, Rs. 24000 in Sukma, Rs. 20000 in Dantewada and so on. In the less remote areas and towns it ranged from Rs. 12000 to Rs. 14000.

As per information given by the health department 82% (643) of the Staff Nurses (SN) who had been recruited through outsourcing were earning less than the regular staff nurses while 18% SNs (141) were earning more than the regular SNs. In any case, the remuneration offered to SN recruited via outsourcing was significantly higher than that offered to the contractual appointments of Staff Nurses within NHM hence making it more attractive.

Mode of payment: As per the agreement between the government and the private agency, the state government paid to the contracting agency, which then paid the employees. The company would first make claims to pay the staff salary, which was based on the attendance given by the district. On the basis of attendance, the company prepared an invoice. The finance department verified the claims and then made payment to the company.

Issues in payment of salaries: Respondents complained of delays in receiving their salary. Two SNs recruited through outsourcing who were interviewed, said that they did not receive their salaries on time. Their salaries for November and December 2015 were still pending at the time of interview in January 2016. They said that

when they approached the company, the staff told them that the government had not yet released the salaries.

However, as per information given by the office of the Additional Director, Finance,the payments for the bills received for the period (January 2015 – January 2016) had been made to the company. There was no information in the department as to why the company had not made further payments for the last two months to the staff but they confirmed that the government had made the payments to the company (ADF Office).

Work division and performance of the staff recruited through outsourcing

As gathered from the interviews with block health officials, all vacant positions of staff nurses were filled after the recruitments through outsourcing. The nature of work being done by these Staff Nurses was similar to the work of the regular nurses.

"Staff would be given work in any of the three shifts. Major tasks involved assisting delivery, general care of patients and other work assigned by the BMO" ('Outsourced' SN).

Another 'outsourced' SN stated that while nurses would work in shifts in the CHC and DH, in PHCs they were expected to be available for 24 hours. The day shift would be of six hours and night shift for 12 hours.

"After outsourcing I started posting staff in shifts which resulted in better delivery of services to population" (PHC MO).

In a Group Interview in Civil Hospital in Kanker district, regular Staff Nurses said that after the new staff came, their workload decreased. According to them, patients got a lot of facilities because of increased HR. Since a lot of them were male staff they would go into the field for school health camps etc. Now that the 'outsourced' nurses have left the regular staff nurses feel that the workload has increased greatly for them. Similarly, in another Group interview of regular staff nurses and other staff of a PHC in Kanker, the respondents said their workload decreased once the outsourced staff (three male nurses) was posted.

Feedback was taken from state officials regarding the quality and performance of the outsourced staff. One official who is involved in training of health staff said that the quality of a number of the outsourced staff from outside the state was very poor and that they did not even have the basic skills. The official further stated that there were differences in the quality nurses according to the state where they came from, with nurses who had come from Madhya Pradesh, being the worse.

It is pertinent to note here that interviews with the community or *Mitanins* did not reveal any information about outsourcing. They said that they were not aware of any such changes. It means that in the months that the outsourcing happened, the outcome had not been significant enough to change the perception of the community regarding availability and quality of services in those facilities.

Role of state/district/block in outsourcing and monitoring

The department was not concerned with "how, from where, or through what process the company gets these employees" (State Nodal). The role of the state department was as follows:

- Advertising and agency selection

- Verification of documents of candidates submitted by the agency

- Cross-checking attendance during payment to the staff via agency.

This has been critiqued by one official who says that there were no quality checks by the government as to the quality of HR being recruited and as a result, a very variable quality of nurses was finally recruited. He opines that the government should have put down quality norms, like type of college etc. (state official).

All the other block officials we spoke to said that the block officials had nothing to do with the recruitments nor did they have any relation or interaction with the outsourcing agency. One BMO stated that he does not have any knowledge about the recruitment procedure as the agencies were involved in it and health administration had no role in it. He would only receive official notification for the allotment of posting by the department.

However, after the postings were made, it was the BMO who decided the duty schedule and assigned tasks.

"I had no major role in the whole process other than giving general instructions about the tasks to the staff" (BMO Lakhanpur).

The BMO also assigned to whom reporting would be done and also who would sign the attendance sheet/pay data, which had to be sent to CMHO. The CMHO then sent it to the agency on basis of which salary claims were made by the agency to the government.

4. Perspectives of the regular staff (block/health officials/staff nurses etc.) regarding the outsourcing

The BMOs and the regular staff nurses and other staff were asked about their views on outsourcing, whether they considered it as a positive step or a negative one. Though most respondents said that this step was advantageous mainly because it led to filling the posts lying vacant for many years, most also said that local people should be preferred and recruited.

A BMO in Kanker said that the salaries of staff recruited through outsourcing in his block were higher than the regular recruitments. According to him the government is only increasing the budgetary load by additionally paying a commission (8 % for normal areas and 12 % for hard to reach areas) to the company instead of recruiting directly. He said that the government had earlier made attempts to recruit doctors in remote areas on high pay scale but that has not been done for staff nurses. He said that if the government directly recruits for these same posts at these higher salaries, then people would definitely join (BMO, Kanker district).Another BMO in Kanker said that through the outsourcing, vacant posts had been filled which was a good thing. He narrated his experience of more than a decade in working in that region and said that there was acute shortage of staff and these posts had always been vacant. Though the reason he mentioned was that whenever the government tried to fill these posts, people with political clout made sure they stayed near the headquarters and not in remote areas. In comparison, he now found it useful that the staff recruited through outsourcing was staying in the remote areas. He lamented that after they have left, the load on the regular staff has also increased.

One BMO in Surguja said that the Government benefitted more from outsourcing as less salary had to be paid (compared to regular staff) and the staff was more efficient. However, a RMA in Surguja, in whose PHC two nurses had come from Rajasthan, said that he was not happy with the outsourcing. According to him, the staff did not follow the timings of health centre and had less knowledge about nursing. He said that people who have been recruited come from outside and reside in the town or city and as public transport is not easily available, they have trouble coming to the PHC located in the village. He opined that the Government should recruit local people who are familiar with the area and language.

5. Perspectives of the HR from Chhattisgarh who were recruited through outsourcing

The Staff Nurses domiciled in Chhattisgarh and recruited through outsourcing were asked whether they felt that outsourcing was advantageous for them. They unanimously said that the government should undertake regular recruitments. An 'outsourced' staff nurse from Surguja said that outsourcing was not needed, as there were three nursing colleges in Ambikapur itself. According to her there were many qualified unemployed people in the state and the employability of local people was in danger as the 'outsourcing' process did not adhere to domicile rules and opened the door for people from outside the state to be employed in the public services. Another Staff Nurse opined that the Government should stop outsourcing and bringing in staff from outside the state and instead local people should be recruited for regular posts. However, a staff nurse from Chhattisgarh who was recruited through outsourcing and stationed at Kondagaon opined that the outsourcing of recruitment

had helped to post staff in areas, which would otherwise be vacant especially in difficult and remote area.

6. Financial information

As per information given by Additional Director Finance, prior permission was not taken from the Finance Ministry before starting the initiative and hence the initiative initially ran short of funds. It was also expected that NHM funds would pay for the initiative but that did not materialise initially. This hurdle became the reason there were delays in the initial payment of salaries to the nurses. The finance department granted the approval in May 2015 and approval was taken for the funds in the first supplementary budget. The Joint Director Establishment informed that some of the funds went through Central government's funds of NHM.

Funds were provided to the Health department for the initiative in 3 phases after the permission/approval from the finance department in May 2015:

1. On 1st June 2015, under the Contingency fund under "Direction and Administration" 5 crore rupees was approved by the Finance Department. This amount was later approved in the first National Health Mission (NHM)supplementary budget.

2. On 30th November 2015, under the head "expenditures for special services" under "Direction and Administration", Rs. 8 crores were requested and the amount was released on 10th December 2016.

3. Through appropriation, additionally 5.10 crore was made available.

In this manner, a total of Rs. 18.10 crore was made available, against which Rs. 17,65,82,599 was spent.

Table 9: Expenditure on HR outsourcing

Approval in instalments	Amount (Rs.)
1st	5 crore
2nd	8 crore
3rd	5.10 crore
Total approved	18.10 crore
Total utilised	17,65,82,599

Source: Office of the Additional Director, Finance, Government of Chhattisgarh

Though the finance department approved the outsourcing proposal post facto, it advised the health department that in future, funds for such initiatives should be taken from the 'contingency' budget head. It also recommendedthat such outsourcing should be done through open tender rather than through simply an advertisement, as was done in this case (State Health Department, undated). None of the four interviewed block health officers or MO had any idea about the budgetary allocation for the whole initiative as the company paid the staff salaries directly.

7. Controversy around outsourcing and suspension of the project

The whole process of outsourcing came under much flak just months into its implementation. The newspapers reported that the government was 'secretly' filling up health posts through outsourcing. Political opposition ensued with the opposition party alleging that the government had cheated unemployed people by not following the reservation rules and Schedule 5 of the Constitution. The Opposition staged a walkout in the state assembly in December 2015[2]. There was also opposition from local nurses from the state who accused the government of recruiting health staff from outside the state despite many qualified candidates from Chhattisgarh[3]. The Director, Medical Education gave a statement in the newspaper/press that they will give preference to local people first, and only if local people are not available, will they recruit people from outside the state. He further stated that qualified candidates are generally not available for conflict-affected areas, and hence outsourcing

[2] http://indiatoday.intoday.in/story/cong-stages-walkout-in-cgarh-assembly-over-outsourcing-issue/1/549771.html
[3] http://www.bhaskar.com/news/CHH-OTH-MAT-latest-kanker-news-021504-2829922-NOR.html

is beneficial for those areas.

Meanwhile the media published information regarding the number of nursing colleges in Chhattisgarh and questioned why the pass outs from these colleges were not provided government service when they were working in the private sector for less money[4]. The Director Health Services responded to this, stating that the incentives and favourable packages could not be offered to nurses under government rules. However, as per a report published in Dainik Bhaskar on 10th December 2015[5], a High-level government inquiry committee report revealed that 10000 governments as well as private staff nurses are available in the state and there was no need for recruitment of 750 nurses from out of the state. Questions were hence raised in the report on the role of the health mission officers, director of health service in this regard. The Health Minister accepted that if 8000 staff nurses were available in the state, then there was no need for outsourcing and that legal action will be taken against responsible officers. He then circulated the official notification regarding amendments on rules for contractual and regular recruitment of nurses. He said that preference would be given to local people during the recruitment process. He said that list of nurses was received from nursing council and district wise list of trained staff nurses will be made. The Health Minister said that in future preference will be given to local resident nurses of Chhattisgarh at SHC, PHC, CHC and other government health centre posting. He also mentioned that reservation rules would be followed along with choice of posting according to residence area.

By December 2015 end the government was forced to take back the initiative under growing pressure. The staff nurses were given one-month notice till 31st January 2016 for the termination of services[6]. The staff nurses from within the state that were terminated,sat in a protest from 17thJanuary 2016 in the state capital with a six-point demand list that included the demand that they be reinstated and regularised and paid the last two months' dues[7]. The opposition parties supported this protest[8]. The Director of Health Services urged the nurses to call off the strike. He assured them that the proposal of recruitment of 1200 staff nurses had been sent to the government and the recruitments would be done through Vyapam in accordance with the existing rules[9].

8. Current Situation

On 16th November 2015 the government approved filling of 3059 posts of which 1271 posts are for staff nurses through its regular recruitment process. It was later decided that 1134 posts will be filled through the regular recruitment process by Vyapam by March 2016. In case the posts are not filled, only then will any kind of outsourcing be done for the vacant posts. However, a reading of the advertisement shows that it too does not mention anything about the CRMC benefits. At the time of writing the report, information was received from the department that candidates have been selected for all the posts advertised by Vyapam and that health staff is also being recruited by the districts themselves, however the information on how many have been selected and finally joined their post was not available at the time of writing the report.

The NHM Recruitment Rules 2014 also gives the Mission director the power to directly recruit the *Mitanin*s, who have been chosen for skill development/ further studies as GNM or BSc Nursing with government sponsorship, upon completion of the course and registration in case of vacant posts. More over, currently, short-term paramedic courses are being run under the skill development programme in Kanker and other districts that have the possibility of complementing the health team.

[4]http://www.bhaskar.com/news/chh-rai-hmu-750-nurses-recruited-by-quietly-outsourcing-5189092-nor.html
[5]http://www.bhaskar.com/news/CHH-RAI-HMU-MAT-latest-raipur-news-030521-3183363-NOR.html
[6]http://epaper.patrika.com/c/10104101
[7]http://naidunia.jagran.com/chhattisgarh/raipur-staff-nurses-started-a-relay-hunger-strike-641782
[8]http://www.patrika.com/news/raipur/raipur-sit-in-protest-against-outsourcing-health-deteriorated-nursing-staff-1167956/
[9]http://epaper.patrika.com/c/10104173

IV. DISCUSSION

A large part of the investigation in the study went into trying to understand whether outsourcing was actually required and whether it was the best way to fill the HR gap.

The study finds that the issue of HR shortage was a real problem that needed to be dealt with, however, the findings point to the fact that the government may not have done enough to resolve the issue prior to outsourcing. However, the outsourcing initiative did fill the HR gaps and ensured that a large number of people especially nurses joined the health workforce. This led to a decrease in workload for the existing staff.

But the outsourcing led to mainly nurses being recruited, with the gaps in MOs and Specialists still remaining. The number of medical colleges in Chhattisgarh has increased in the last few years. The government has been unable to recruit adequate doctors due to gaps in the recruitment process and in this case too, the extra incentives under CRMC are not well advertised. There is a real shortage of specialists in the state, which needs to be resolved through multi skilling and also through more broad based medical courses like the family physician course.

Moreover, higher number of HR were posted in the District hospitals and CHCs where nurses could have been recruited through the regular process rather than outsourcing. And though there was an actual increase in HR, it is not clear whether it resulted in better quality or expansion of services. Though most of the block officials interviewed said that the increase in HR had resulted in improving their facility's functioning, the impact of outsourcing on the quality of services at the facilities is debatable. This is especially because the community and community health workers did not seem to register this increase in HR nor any expansion in the services. Moreover, though most of the block officials seemed positive about the recruitment of male nurses, their role in making the labour rooms functional seems dubious.

The question remains, whether the government could have taken an alternative strategy to outsourcing in order to fill its HR gaps. The study reveals that adequate analysis regarding available HR and strategizing how to make best use of them was not done. At the time of its bifurcation from the state of Madhya Pradesh, Chhattisgarh had no government nursing college and only a single private college of nursing admitting 30 students for a four year BSc Undergraduate degree course. However, four years after the creation of the state, the Government College of Nursing started functioning at the state capital, Raipur, with an annual intake of 33 students. It is possible that aggressive recruitment, publicity and awareness of CRMC benefits and the willingness of the government to recruit regular staff could have led to resolution of the issue to an extent. Also, prior to outsourcing, disaggregated situation analysis was not undertaken in order to understand the exact need.

Unfortunately, outsourcing was also a way to bypass the constitutional safeguards for the vulnerable social groups. It also helped to circumvent rules related to gender and domicile. The Government maintained that there were no ST/SC candidates in the state to fill the quotas, and recruitment through outsourcing led to more general candidates being recruited. The question arises, whether it is justifiable to circumvent such safeguards even for a short period. There could be a danger of such stopgap arrangements slowly becoming the norm. The department took permission from cabinet to undertake this initiative, instead of which they also could have drafted an alternative short-term policy in order to resolve the HR issue while maintaining some of the safeguards. The respondents themselves had suggested a few options, like: 1) SC/ST candidates from other districts, including non-tribal districts could have been posted in the reserved seats, 2) general candidates from the state could have been posted in SC/ST reserved posts for a short term, 3) Government could have offered the same salary to Chhattisgarh nurses directly without outsourcing recruitment, even as contractual employees.

In the interviews, most respondents stressed the need for recruiting local people rather than people from

outside the state. According to Sheikh et al (2012), solutions for rural workforce retention must be founded on an "appreciation of the importance of community". The authors suggest that the strong community linkages and ethnic identity (notably of underprivileged groups) are the definitive factors favouring doctors' decisions to remain in rural service, thus highlighting health providers' deep rootedness in local communities (Sheikh et al,2012). Therefore, recruitment from outside the state would have proved detrimental to the state's health system and its responsiveness in the long run.

From the interviews it was also understood that one reason for less number of HR in remote and conflict areas is that many who are posted there, are able to get a transfer out of there through political influence. This leads to de-motivation for the people living and working in these areas. The current practice of non-transparent posting and transfer policy is fraught with political interference and needs to be corrected.

V. CONCLUSION

The study shows that there is need to implement a more robust and transparent system of recruitment, posting and transfer and aggressively recruit health staff with proper publicity regarding the incentives under CRMC. A progressive Human Resource policy needs to be put into place. Schemes, like CRMC, providing incentives to staff for remote and rural areas should be properly implemented and Nursing and other medical colleges need to be regulated and their quality improved. The 6th CRM recommends, that, "a clearer strategy for addressing health care needs in conflict areas needs to be put in place" for which "only a separate task force would be able to take on such an organizational challenge" (CRM, 2012). The Chhattisgarh government would benefit from implementing these recommendations.

A positive development has been that in its roadmap for priority action, Chhattisgarh state's Record of Proceedings 2015-16 (ROP 2016-16) document states that it intends to prepare a separate HR policy for doctors, nurses and other staff. The major issues highlighted that need to be addressed within HR shortages, are "minimizing regular vacancies, expeditious recruitment of paramedics including ANMs, nurses, lab technicians only through competency assessments, merit based public service oriented and transparent selection, opportunities for career progression and professional development, rational and equitable deployment, effective skills utilization; stability of tenure; sustainability of contractual HR under RCH/NRHM, performance measurement and performance linked payments" (ROP 2015-16).Moreover, the number of nursing colleges in the state has increased exponentially in the last few years, with nursing colleges now having a capacity of more than 5000 students. The state will soon see an explosion of nursing graduates. This provides an opportunity for the state to utilise its resources.

There is an urgent need for the Chhattisgarh government to look beyond stop-gap arrangements, to more long term and sustainable solutions without bypassing constitutional safeguards and taking into account local strengths, resources and need.

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VI. ANNEXURES

Annexure 1

Posts of nurses sanctioned and filled district-wise before recruitment through outsourcing as on 31.12.14

SN	Division	District	No. of posts sanctioned for nurses	No. of posts filled	No. of posts vacant	Percentage of sanctioned posts filled	Percentage of sanctioned posts vacant
1	Surguja	Balrampur	99	14	85	14	86
2	Bastar	Sukma	60	18	42	30	70
3	Surguja	Surajpur	113	34	79	30	70
4	Bastar	Bijapur	73	22	51	30	70
5	Bastar	Dantewada	78	24	54	31	69
6	Bilaspur	Mungeli	52	19	33	37	63
7	Bilaspur	Jashpur	173	65	108	38	62
8	Bastar	Kondagaon	106	40	66	38	62
9	Bastar	Narayanpur	57	22	35	39	61
10	Bastar	Kanker	147	65	82	44	56
11	Bilaspur	Raigarh	224	101	123	45	55
12	Surguja	Koriya	118	54	64	46	54
13	Bilaspur	Bilaspur	165	92	73	56	44
14	Surguja	Surguja	151	91	60	60	40
15	Bilaspur	Korba	116	73	43	63	37
16	Raipur	Kabirdham	119	76	43	64	36
17	Bilaspur	Janjgir	181	120	61	66	34
18	Bastar	Jagdalpur (Bastar)	105	74	31	70	30
19	Raipur	Mahasamund	116	83	33	72	28
20	Raipur	Gariyaband	84	65	19	77	23
21	Raipur	Dhamtari	131	109	22	83	17
22	Raipur	Rajnandgaon	182	159	23	87	13
23	Raipur	Raipur	154	138	16	90	10
24	Raipur	Baloda Bazaar	107	98	9	92	8
25	Raipur	Durg	185	176	9	95	5
26	Raipur	Balod	109	104	5	95	5
27	Raipur	Bemetara	70	68	2	97	3
Total			3275	2004	1271	61	39

Annexure 2

Facility wise posting details of Staff Nurses for Kanker District (As on December 2015)

District	Block	Type of health centre	Number of health centres with posting	Male	Female	Total
Kanker	Antagarh	CHC	1	0	6	6
		PHC	2	2	0	2
	Charama	CHC	1	1	2	3
		PHC	5	4	1	5
	Bhanupratappur	CHC	1	1	5	6
		PHC	2	1	1	2
	Dhanelikanar	CHC	1	0	8	8
		PHC	4	5	1	6
	Koylibeda	CHC	1	3	7	10
		PHC	5	5	1	6
		Civil Hospital	1	20	2	22
	Narharpur	CHC	1	4	3	7
		PHC	0	0	0	0
	Amoda	CHC	1	4	5	9
		PHC	5	5	1	6
	Durgkondal	CHC	1	0	1	1
		PHC	4	4	0	4
	Kanker	District Hospital	1	2	18	20
TOTAL			37	61	62	123

Facility-wise posting details of SN (As on Dec 2015) in Surguja District

District	Block	Type of health centre	Number of health centre	Male SN	Female SN	Total SN
Surguja	Lakhanpur	CHC	1	2	2	4
		PHC	3	2	5	7
	Mainpat	CHC	1	6	2	8
		PHC	2	0	2	2
	Dhourpur	CHC	1	2	5	7
		PHC	6	1	5	6
	Udaipur	CHC	1	4	5	9
		PHC	2	0	2	2
	Sitapur	CHC	1	2	4	6
		PHC	2	2	0	2
	Batouli	CHC	1	2	2	4
		PHC	0	0	0	0
	Surguja	District Hospital	1	0	11	11
TOTAL			22	23	45	68

PUBLIC HEALTH RESOURCE NETWORK

Public Health Resource Network (PHRN) is a network of individuals and organizations with the perspective of strengthening technical and management capacities to take action towards the common goal of 'Health for All'. Its main objective is to contribute and strengthen all efforts directed towards the goal of 'Health for All' through promotion of public health, social justice and human rights related to the provision and distribution of health services, especially for those who are generally left underserved.

JAN SWASTHYA ABHIYAN

Jan Swasthya Abhiyan is the Indian circle of the People's Health Movement, a worldwide movement to establish health and equitable development as top priorities through comprehensive primary health care and action on the social determinants of health. The Jan Swasthya Abhiyan coalition consists of over 20 networks and 1000 organisations as well as a large number of individuals that endorse the Indian People's Health Charter.

OXFAM INDIA

Oxfam is marking its 67th year in India this year. In 1951, Oxfam Great Britain came to India during the Bihar famine to launch its first full-scale humanitarian response in a developing country. Over the past 66 years, Oxfam has supported civil society organisations across the length and breadth of the country. In 2008, all Oxfams working in India came together to form Oxfam India, a fully independent Indian organisation (with Indian staff and an Indian Board), which is a member of the global confederation of 18 Oxfams.

Jan Swasthya Abhiyan
People's Health Movement-India