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Assessment of Nursing Management Capacity in Uttar Pradesh

National Institute of Health and Family Welfare
in collaboration with **Indian Institute of Management, Ahmedabad**
with support from **SIDA**

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PREFACE

Since Nurses and Midwives are the back bone for the delivery of quality Maternal and Child Health care services, their major contributions to health care development and to achieve the Millennium Development Goals is extremely crucial. India is committed to Millennium Development Goal 5, to improve maternal health by reducing Maternal Mortality Rate ¾ by 2015. But managing effective nursing care for maternal and child health in the health care institutions and at the community level, necessarily needs appropriate organizational and management structure at the state level. Various Committees and reports have pointed to the need for strengthening the nursing management capacity at the State Directorate level but there is a gap in policy formation documents and its actual translation.

The nursing management capacity, in the country, is quite weak. This gets reflected, in lack of active participation by human resources in nursing in any of the policy decision making processes. Issues and concerns being sidelined though no doubt, nursing constitutes one of the largest health workforces in the country.

It is important to identify the best practices of different states in order to develop a mechanism for its sharing and replication in other states. To address this issue, an exploratory study was undertaken in three selected states of India i.e., Uttar Pradesh, West Bengal and Tamil Nadu with an aim to review the management of nursing and midwifery issues at the State Directorate, Teaching Institutions, Health Care Institutions and other Nursing Professional Bodies; and identify variations, bottlenecks and gaps, if any, in the Nursing Management Capacity at the state level. The study was a joint effort of the National Institute of Health and Family Welfare, New Delhi and the Indian Institute of Management, Ahmedabad.

The study, in its findings, comes out with recommendations to have a separate nursing division at the state Directorate and preferably to be headed by a nursing professional on the post of 'Director Nursing' or its equivalent. The senior most nursing post must have total autonomy in decision making and to a member of all policy making bodies dealing with health and family welfare issues.

The immense human potential among nursing professionals needs to be converted into reality by creating an enabling work environment for them in terms of providing more power in decision making, and sound Human Resource policies. This requires a complete image changeover, keeping in line with the ever emerging importance of nursing profession, accorded universally. The contribution of the nursing to the overall health of the nation demands more visibility. Today the nurses need to be the equal partners in the betterment of health care delivery system.

Deoki Nandan
Director, NIHFW

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We are delighted to submit this study as a part of SIDA project Developing Inter-Institutional Collaboration between Institutions in India and Sweden for Improving Midwifery and EmOC Services in India improve maternal health. We sincerely thank with gratitude to Prof. Deoki Nandan, Director, NIHFW and Prof. Dileep Mavalankar, IIM-A for providing expert guidance from inception to completion of this study. Their constant support and inspiration has been extremely valuable for the study.

Our special appreciation and thanks for the UP State officials and the nursing professionals at the State Directorate, nursing schools, hospitals, training institutions, professional bodies, etc for extending active support to facilitate the research team in data collection. We are particularly grateful to each of the interviewees who provided their valuable time and shared the relevant information to make this study meaningful.

The study could be successfully carried out due to the active support and involvement of research team members and faculty members from NIHFW and IIM-A and particularly put on record the sincere efforts of Mr. Ramesh Gandotra, Mr. G.S. Karol and Mrs. Reeta Dhingra during the process of data collection and analysis.

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Finally we are grateful to all those who supported in this study directly or indirectly and whose names are not reflected but without their support completion of the study was not possible.

In the end we sincerely hope that the study would meet the expectations of those involved in this profession and desirable changes are made in our approach and attitudes towards nursing. Together, definitely we will contribute in reducing maternal deaths and morbidities by improving management capacities of nursing/midwifery professionals.

Research Team from NIHFW and IIM-Ahmedabad

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List of Abbreviations

Sl. No	Abbreviations	Full Form
1.	A.D.H.S.	Assistant Director Health Services
2.	ACR	Annual Confidential Report
3.	AIIH&PH	All India Institute of Hygiene and Public Health
4.	ANM	Auxiliary Nurse Midwife
5.	ANMTC	Auxiliary Nurse Midwife Training Centre
6.	B.P.H.N.	Block Public Health Nurse
7.	BPL	Below Poverty Line
8.	CBR	Crude Birth Rate
9.	CDR	Crude Death Rate
10.	CMHO	Chief Medical & Health Officer
11.	CMO	Chief Medical Officer
12.	CMS	Chief Medical Superintendent
13.	CNE	Continued Nursing Education
14.	D.A.H.S.	Deputy Assistant Director Health Services
15.	D.D.H.S.	Deputy Director Health Services
16.	D.D.O.	Drawing &Disbursing Officer
17.	D.G.	Director General
18.	D.P.H.N.O.	District Public Health Nursing Officer
19.	Dir.(H.S.)	Director (Health Services)
20.	Dir.(MC)	Director (Medical Care)
21.	DNEA (CH)	Diploma in Nursing Education and Administration (Community Health)
22.	Dy. Dir.	Deputy Director
23.	G.B.	General Body
24.	GNM	General Nurse and Midwives
25.	GOI	Government of India
26.	H.A.	Health Assistant
27.	H.S.	Health Supervisor
28.	HRM	Human Resource Management
29.	I.E.C.	Information Education & Communication
30.	ICDS	Integrated Child Development Scheme
31.	IHFW	Institute of Health and Family Welfare
32.	IIHMR	Indian Institute of Health Management & Research

33.	IMNCI	Integrated Management of Neonatal & Childhood Illness
34.	IMR	Infant Mortality Rate
35.	INC	Indian Nursing Council
36.	J.D.	Joint Director
37.	KGMU	King George Medical University
38.	LHV	Lady Health Visitor
39.	M.S.	Medical Superintendent
40.	MMR	Maternal Mortality Ratio
41.	MTP	Medical Termination of Pregnancy
42.	MVA	Manual Vacuum Aspersion
43.	NGOs	Non-Government Organizations
44.	NRHM	National Rural Health Mission
45.	O.T.S.	Operation Theatre Supervisor
46.	P.H.N.	Public Health Nurse
47.	P.N.O.	Principal-cum-Nursing Officer
48.	P.P.C.	Post Partum Centre
49.	PP Unit	Post Partum Unit
50.	R.A.	Research Assistant
51.	R.O.	Research Officer
52.	RCH	Reproductive Child Health
53.	RHFWTC	Regional Health & Family Welfare Training Centre
54.	SIHFW	State Institute of Health & Family Welfare
55.	SWOT	Strength, Weakness, Opportunity and Threatness
56.	TNAI	Trained Nurses Association of India
57.	U.P	Uttar Pradesh
58.	UPHSDP	Uttar Pradesh Health System Development Project
59.	W.B	West Bengal
60.	W.B.G.S	West Bengal Govt. Services
61.	W.B.H.S	West Bengal Health Services
62.	W.B.N.S	West Bengal Nursing Services
63.	WHA	World Health Assembly
64.	WHO	World Health organization

Chapter I

INTRODUCTION

INTRODUCTION

Nursing services in ancient medicine were practices in India since the times of King Ashoka. Florence Nightingale laid down the foundation of nursing education and services in the eighteen century in England. At about the same time British rulers in India organized health services first for their army in India and then gradually they were extended to civilians where nursing played a major role. By the end of British rule it was thought to have a more organized health care system including nursing and midwifery education.

Professionalization of nursing in India began in 1905 when nine European nurse superintendents formed an organization which then got expanded and the Trained Nurses Association of India (TNAI) was established in 1909. Through sustained efforts from the TNAI, the Indian Nursing Council Act was passed in 1947 and the first college of nursing affiliated to the University of Delhi was established which was a concrete step towards professionalization of nursing in India. The TNAI established three sub associations or leagues within TNAI; Health Visitors' League (1922), Midwives and Auxiliary Nurse-Midwives Association (1925) and Student Nurses Association (1929).

Since independence, India has progressed rapidly on various socio-economic indices, but the improvement in maternal health indicators have been slow. The maternal mortality rate is high at 307 per 100,000 live births (RGI, 2003) and more than 50 per cent deliveries occur at home without skilled assistance. The various committees and commissions appointed by government, international agencies support that there is a need to develop a strong nursing and midwifery services in the rural areas where there is a paucity of skilled manpower. WHO has also emphasized that "Nursing and midwifery services are vital for attaining health including maternal health as they form the backbone of maternal health care". They are representing over 50 per cent of the health profession.

As early as in 1948, World Health Assembly (WHA) identified the need to strengthen the roles of nurses and midwives. After half a century later in 2001, the member states in WHA again re-affirmed that nurses and midwives play a crucial and cost effective role in reducing excess mortality, morbidity and disability and in promoting of healthy lifestyles.

Nursing profession in India developed as midwifery constituting of ante natal, natal and postnatal care. Nurses were treated as General Nurses and were rotated in all departments equally (including midwifery). Since the health demands were high and with limited nurses available especially in the rural area, the Auxiliary Nurse Midwives (ANMs) were introduced at the community level to cater to the growing MCH needs. The increase in their services ranged from MCH to additional responsibilities of immunization, family planning and other National Health Programmes, and this diluted the very important midwifery component. Resultantly the midwifery education, which was encouraged in pre-independence era, lost its importance after independence.

As far as Nursing is considered, great imbalances in the manpower situation can be noticed. In comparison to the developed countries, the nurse population ratio in India is far from satisfactory. In 2004, the ratio was 1:2250 in India and 1:100-150 in Europe. The ratio in African countries, Sri Lanka and Thailand is 1:1400, 1:1100 and 1:850, respectively. Many states in India face a shortage of nurses and midwives (Dilip Kumar, 2005). In the Western countries, there are, on an average, 2 to 3 nurses to a doctor, while in India the nurse-patient ratio however varies from 1:5 to 1:60 or 1:100 in different institutions. It strongly indicates that how our nursing care services are not developed adequately.

Two of the major goals of MDGs relate to reduction of maternal and child mortality. Majority of these services are delivered by the nursing personnel at the community level. But the goals cannot be achieved without strengthening the capacities of the nurses and midwives and presently their potential in terms of delivery of these services remains underutilized.

Acknowledging the contributions made by nurses to society, the late Prime Minister Indira Gandhi during a programme at the All-India Institute of Medical Sciences, New Delhi, observed that, "A nurse is not merely an aid and assistant to a doctor, she has an independent part to play in many areas where a doctor need not necessarily be present. In the Western world, a nurse anaesthetist is properly trained, takes on important duties in minor surgical procedures and also takes care of newborns, among others. The nurse is in her own right a key member of the medical team".

Different committees since 1946 emphasized the importance of nurse in health care delivery system. The Health Survey and Development Committee (Bhore Committee, 1946) was the most progressive in terms of its broad perspective and long-term vision for health in the country. It is relevant to mention here that the committee had aimed at a target of one nurse to a 500 population. Most of the recommendations of the Bhore Committee are relevant even today. However, majority of the recommendations have not been taken up for implementation and even those that were initiated have been discontinued.

The Shetty Committee (1954) was setup on the recommendation of Central Committee of Health to review the then prevailing training and service conditions for nurses. The committee recommended that hospital nursing service staff and public health nursing service staff should be combined into a single cadre. The Mudaliar Committee (1961) recommended streamlining of nursing personnel to three grades of nurses: basic nurse with four years of training (including six months midwifery and six months Public Health Nursing). The Kartar Singh Committee (1972) had the greatest impact in terms of quality and long term changes. This committee recommended the introduction of Multi Purpose Workers under Health and Family Planning Programme. The Shrivastava Committee (1975) further consolidated the recommendations of the Kartar Singh Committee. The Bajaj Committee (1986) strongly recommended that the health related vocational courses should be for ANMs.

In 1983, the National Health Policy was officially adopted by the Parliament. 'Health for all' principles and strategies were incorporated for strengthening and expansion of three tier primary health care infrastructures - the subcentre, PHC and CHC. However, there was no qualitative difference in the job of any of the public health nursing personnel. Emphasis was given on orientation training to nursing personnel for implementing the new strategies.

The working and living conditions of nursing personnel have a direct bearing on the status of nursing services. The quality of nursing care depends on the number and quality of nursing manpower. It is also related to working conditions, equipment and supplies in the work place. The quality of nursing service also depends on the opportunities available for enhancement of professional education and incentives for promotions, etc. Taking a serious note of this, a High Power Committee on Nursing was appointed by the Government of India, Ministry of Health and Family Welfare in July 1987 to review the role, functions, status and preparation of nursing personnel; nursing services and other issues related to the development of the profession and to make suitable recommendations to the government. The committee observed that nurses are generally not involved in making policies that govern their status and practice. The committee made several recommendations related to working conditions e.g., nursing education, continuing education and staff development norms for nursing services and education, structural changes in administrative level, job descriptions for all nursing positions, working hours not more than 40 hours a week, opportunity for higher education after 5 years of service, accommodation and transportation facility for safety and security of nursing personnel, nurses to be relieved from the non-nursing duties etc.

The National Health Policy (ref) - 2002 quotes "The ratio of nursing personnel in the country vis-à-vis doctors/beds is very low according to professionally accepted norms. There is also an acute shortage of nurses trained in super-specialty disciplines for deployment in tertiary care facilities. The policy while emphasizing the need for an improvement in the ratio of nurses vis-à-vis doctors/beds lays focuses on improving the skill level of nurses, and on increasing the ratio of degree holding nurses vis-à-vis diploma holding nurses. It recognizes a need for the central government to subsidize the setting up, and the running of, training facilities for nurses on a decentralized basis. Also, the policy recognizes the need for establishing training courses for super-specialty nurses required for tertiary care institutions.

It has been projected that the country requires about 2,00,000 nursing personnel to provide comprehensive care under the National Rural Health Mission (NRHM) project. In order to meet the shortfall in providing quality patient care, the centre has advised the state governments to enhance the capacity of the Auxiliary Nurse Midwives (ANMs) and GNMs by setting up additional nurse training institutions.

With the objective of improving the standard of nursing education and nursing practice, it has been decided to promote evidence-based practice and nursing research and improve the working conditions of nurses.

Management of Nursing and Midwifery Services

Existing situation of nursing and midwifery in India regarding nursing services, nursing education, nursing management, evidence-based, nursing research and regulation are reviewed in a paper by Dilip Kumar (2005). While focusing on the management of nursing and midwifery services, the paper quotes "Nurses and midwives are not well accepted or recognized as leaders or administrators. Nursing management skills, leadership, lobbying and negotiating skills are poor. There are an inadequate number of nurse and midwife leaders at the national and state levels for nursing practice, research, education, management, planning and policy development. Although the nurse is a member of the health team, she/he is never asked to represent the profession in planning and policy formulation for nursing services, education, etc. The nursing chief only looks after the nursing personnel and has no authority to make decisions on pay scales, number of posts, staff development or new interventions". In response to the demand of the Delhi Nurses' Union, the Government of India has sanctioned 5 nursing posts at the national level. It quotes the major nursing issues that need to be addressed as:

- Insufficient contribution of nurses and midwives to health care development due to few positions for nurses and midwives at the state and national levels; inadequate nursing leadership and strategic management; inappropriate nurse to population/patient ratio;
- Poor quality of nursing and midwifery care due to inadequate number of nursing positions as per the recommended staffing norms; migration issues; insufficient number of nurses with Bachelors' and Masters' degrees and in clinical specialties;
- Limited competency of nurses and midwives due to unclear roles and responsibilities of nurses and midwives; ineffective clinical preparation and supervision during training;
- Inadequate standards and guidelines for nursing practice and also ineffective regulation of nursing and midwifery practice;
- Inadequate infrastructure for nursing and midwifery practice;
- Inadequate motivation to provide effective care;
- Poor quality of nursing education to produce qualified graduates for service due to inadequate national nursing and midwifery education plan and development; limited involvement of nurses and midwives at the policy level; shortage of qualified nurse educators; inadequate infrastructure for nursing education; and
- Limited role and authority of the INC in nursing development due to limited roles prescribed in the Indian Nursing Council Act, 1947; inconsistency in the Indian Nursing Council and State Nursing Council Acts; insufficient information systems in nursing and midwifery services; and shortage of staff at the INC and State Nursing Councils.

While addressing to the future of nursing and midwifery in India, the paper suggests, that the Millennium Development Goals to be achieved for nurses and midwives in India have to play a major role to improve the health and quality-of-life of people.

For meeting the challenges, the paper recommends for involvement of nurses in health and nursing policy formulation bodies and to empower the nursing workforce to develop leadership and management skills.

It may be concluded that since the Nurses and Midwives are the backbone for the delivery of effective quality care of MCH services, their major contributions to health care development and to achieve the Millennium Development Goals is extremely crucial. The available research information as presented above provides strong indication for inherent potential of nursing professionals. Though the various committees and reports, (National Health Policy; High Power Committee on Nursing; Macroeconomics and Health) have very articulately listed the main recommendations for strengthening the nursing management capacity but there is gap in policy formation documents and its actual translation. And this requires a strong support at the policy level to ensure policy implementation of the key recommendations of earlier reports. It is important to identify the best practices of different states in order to develop a mechanism for its sharing and replication in other states. Nurses and midwives need to focus to empower themselves and to strengthen their competencies.

Organizing effective nursing care for maternal and child health in the health care institutions and at the community level, necessarily needs good management and administrative practices. Based on the above facts, the present study was proposed in two states of India i.e. UP and West Bengal. The present study undertakes to describe, besides the current nursing organizational/administrative structure, the key nursing management issues at the State Directorate, teaching institutions, health care institutions and other nursing professionals bodies. The study is aimed to identify the bottlenecks and gaps in the nursing management capacity and delivery of services at all the levels.

Chapter II

OBJECTIVES AND METHODOLOGY

I. OBJECTIVES

The main objectives of the study were:

1. To review the current nursing and midwifery organizational/administrative structure and highlight issues in the state of UP;
2. To review the management of nursing and midwifery issues at the State Directorate, teaching institutions, health care institutions and other nursing professional bodies and identify any constraints;
3. To obtain a perspective and the ideas to strengthen nursing and midwifery management capacities to address maternal health issues appropriately; and
4. To draft the recommendations to strengthen nursing and midwifery management capacities.

II. Methodology

The study on "Assessment of Nursing Management Capacity in Selected State was carried out in the states of Uttar Pradesh, West Bengal , Tamilnadu and Gujarat. The rationale for choosing these three states was to identify the nursing management capacity of the states with the relatively better MCH indicators in comparison to the one with weak indicators. Uniformity was maintained in methodology and objectives for all the three states studied. The present report focuses on the detailed and comprehensive analysis of the data obtained from the state of Uttar Pradesh .

The study is exploratory in nature. Both primary and secondary data were collected to obtain qualitative as well as quantitative information.

III. Study Area

The study was carried out in the states of Uttar Pradesh, West Bengal, Tamilnadu and Gujarat. The relevant information was collected from the officials of the above mentioned states of the following organizations:

1. State Health Directorate.
2. Health care services, especially hospitals.
3. Educational and training institutions (especially the nursing schools and nursing college, and SIHFW).
4. The State Nursing Councils.
5. Professional bodies such as Nursing Associations and other related institutions.

IV. Study Population

Interviews were conducted with the following and information collected:

1. Senior Administrators from the State Health Directorate

2. Nursing officials of the Directorate
3. Commissioner, Health and Family Welfare
4. Additional Director Family Welfare (RCH Officer)
5. Matrons of Civil Hospitals
6. Head of State Nursing Council
7. Principals and other faculty members of the nursing schools and colleges

V. Tools for Data Collection

Primary data were collected by conducting in-depth interviews by using semi-structured interview schedules with key respondents. Using a checklist, a detailed review of secondary data in the form of reports and documents was carried out.

In-depth interviews were carried out from the 19 key informants in Uttar Pradesh. The list of the official's interviewed is attached at Annexure-1.

Table 1 Categories of Key Informants

Sl.No	Designation	Address
1.	Director General (Health Services)	Directorate of Medical and Health, Swasthya Bhawan, Lucknow
2.	Director (Medical Care)	Directorate of Medical and Health, Swasthya Bhawan, Lucknow
3.	Addl. Diector (Medical Care)	Directorate of Medical and Health, Swasthya Bhawan, Lucknow
4.	Joint Director (Nursing)	Directorate of Medical and Health
5.	Director	Directorate of Family Welfare, Swasthya Bhawan, Lucknow
6.	Additional Director	NRHM, Directorate of Family Welfare, Jagat Narain Road, Lucknow
7.	Director	State Institute of Health and Family Welfare, U.P. Health System Development
8.	Joint Director	SIFPSA Office, Lucknow
9.	Dy General Manager (Public Sector)	SIFPSA Office, Lucknow
10.	Secretary, State Medical Faculty and Registrar of State Medical Council	State Nursing Council and State Dental Council
11.	Director (Training)	Directorate of Medical and Health
12.	Principal Tutor	Nursing School, Balrampur Hospital
13.	Senior Matron	Balrampur Hospital
14.	Sister Tutor	Balrampur Hospital
15.	PNS Tutor	GNM School, KGMU
16.	Principal Tutor	GNM School, KGMU
17.	Matron	S.P.Mukherjee Civil Hospital
18.	Sister Incharge	S.P.Mukherjee Civil Hospital
19.	President	Rajkiya Nursing Sangh, UP

The data and information, as presented in this report, in the form of figures and tables were further validated by getting them appraised from the key informants.

The in-depth interviews focused on the following key variables:

Organizational structure and functioning	Health Directorates (education, clinical and public health services) State Nursing Councils Hospitals
HR policy for nursing	? Service and conduct rules for nursing professionals ? Selection and recruitment ? Placement and transfer ? Performance appraisal system ? Job profile ? Nursing cadre ? Career planning/Career graph ? Perceptions/observations/experience for transfer/placement
Training and education (pre-service, induction and in-service)	? Continued Nursing Education (CNE) ? Methodology for induction training for nursing personnel ? Content areas for induction training for nursing personnel ? Methodology for promotional training for nursing personnel ? Procedures for training and development

The In-depth interviews also collected feedback on the following:

- ✧ Policy guidelines to health and related activities in the context of nursing services.
- ✧ Administrative set-up and functioning of nursing personnel and their roles, responsibilities and job description of nursing functionaries.
- ✧ Involvement in decision-making.
- ✧ Perception and views on communication patterns in the Directorate.
- ✧ Perception and views on coordination with other related units in the Directorate.

VI. Secondary Data

The following secondary data were collected:

a. Organizational structure for the nursing administration and management positions, number of staff, their nature of posting, qualification and experience related to nursing etc.
b. Policies and practices related to human resources such as:

   i Job description of different cadres of nursing personnel at state/district levels.
   ii Recruitment transfer rules.

iii Performance appraisal systems.
iv Total nurses in clinical settings and community health settings, and vacancies.
v In-service and pre-service training of nurses and ANMs.

c. Monitoring systems of nursing practice.
d. Annual and other reports.

VII. Data Management and Analysis

Detailed notes were taken of each in-depth interview. Information was analyzed manually. The responses were categorized into themes against the pre-decided categories and triangulated across interviews and with secondary data collected.

VIII. Limitations of the Study

The observations should be viewed in the light of the fact that this was a descriptive study based on the interviews of key informants, and primary data were not collected through a sample survey. The study results derive from the opinions from the personal experiences of the key informants and the researchers' interpretations from the interviews and secondary data sources.

Chapter III

DESCRIPTIVE ANALYSIS OF NURSING MANAGEMENT CAPACITY IN UTTAR PRADESH

DESCRIPTIVE ANALYSIS OF NURSING MANAGEMENT CAPACITY IN UTTAR PRADESH

State profile

Uttar Pradesh is bounded by Nepal on the North, Himachal Pradesh on the North West, Haryana on the West, Rajasthan on the South West, Madhya Pradesh on the South and South West and Bihar on the East.

The state of Uttar Pradesh has an area of 240,928 sq. km. and a population of 166.20 million. There are 70 districts, 813 blocks and 107452 villages. The State has population density of 689 per sq. km. (as against the national average of 312). The population of the state continues to grow at a much faster rate than the national rate.

The Total Fertility Rate of the state is 4.2. The Infant Mortality Rate at 71 and Maternal Mortality Ratio at 517 (SRS 2001-03) are higher than the national average. The sex ratio in the state is 898 (as compared to 933 for the country (Table 2).

Table 2: Socio Demographic and Health Indicators of Uttar Pradesh and India

S. No.	Item	Uttar Pradesh	India
1.	Total population (Census 2001) (in million)	166.20	1028.61
2.	Crude Birth Rate (SRS 2007)	30.1	23.5
3.	Crude Death Rate (SRS 2007)	8.6	7.5
4.	Total Fertility Rate (SRS 2006)	4.2	2.9
5.	Infant Mortality Rate (SRS 2007)	71	57
6.	Maternal Mortality Ratio (SRS 2001-03)	517	301
7.	Sex Ratio (Census 2001)	898	933
8.	Population Below Poverty Line (%)	31.15	26.10
9.	Female Literacy Rate (Census 2001) (%)	42.2	53.7

Source: www. mohfw.nic.in/NRHM/State

As indicated from the above table, the UP state has high MMR, IMR and TFR and even the crude birth rate is higher than the national average, further efforts primarily need to focus on strengthening the midwifery services both in terms of increased number as well as skill enhancement. Thus enhancing the role of nursing personnel becomes extremely crucial to improve the situation.

Poor MCH indicators reflect higher demand for quality MCH/Midwifery services for the UP state.

Table 3: Number of Health Institutions (Nursing) in Uttar Pradesh

Sl. No	Health Institution	Number
Medical Colleges		16
Nursing Colleges (Both Government and Private)		
1.	Ph.D (Nursing)	0
2.	MSc. (Nursing)	0
3.	BSc. (Nursing)	6 (1 Government and 5 Private)
District Hospitals		74
CHC's		386
PHC's		3660
S.C's		20521
Nursing Colleges		6 (1 Government and 5 Private)*
Nursing Schools		
GNM		75 (11 govt. & 64 Private)
1.	Central Government	2
2.	State Government	9
3.	Private	64
LHV training schools		3*
ANM training schools		41*

Sources: U.P Nursing Council Report & *Uphealth.nic.in, www.mohfw.nic.in/NRHM/State, RHS Bulletin, March 2007, (M/O Health and F.W., GOI), UP Nursing Council Report, *upeducation.net/educationprofile/colleges/nursing

The number of medical colleges and nursing educational institutes shown in Table 3 indicate that the number of private nursing educational institutes in the state have largely outnumbered the government aided schools. This may be adding to the cost of nursing education in the state. But it is interesting to note that, in the whole state, there are no institutes imparting post graduate education in nursing.

The present chapter describes the management structures and the management processes especially human resource issues of nursing in the following institutions/organizations:

I. Nursing Issues at the State Health Directorate;
II. Nursing Issues at the Health Care Services especially Hospitals;
III. Nursing Issues at the Educational and Training Institutions (especially the Nursing Schools and Nursing Colleges and SIHFW);
IV. Nursing Issues with the Professional Bodies especially Nursing Council and Nursing Associations; and

V. Nursing Issues as dealt by the local different institutions.

The detailed description of the data collected, are presented under the following headings:

1. Organizational structure (describing the role and functions of each position in the structure).
2. Management Processes
   - ✧ Human Resource Management (HRM)
   - ✧ Selection and Recruitment
   - ✧ Placement and Transfer
   - ✧ Training and Development - Induction, Pre-service, in-service/CNE
   - ✧ Promotion and Career Planning

The analytical description also focuses on decision making processes, leadership roles, supervision and monitoring.

Table 4: Health Infrastructure of Uttar Pradesh

Sl. No	Particulars	Requi-red	In position (%)	Shortfall (%)
1.	Sub-centre	26344	20521 (77.9%)	5823 (22.1%)
2.	Primary Health Centre	4390	3660 (83.3%)	730 (16.6%)
3.	Community Health Centre	1097	386 (35.1%)	711 (64.8%)
4.	Multipurpose worker (Female)/ANM at Sub Centres & PHCs	24181	21900 (90.5%)	228 (9.43%)
5.	Health Worker (Male) MPW(M) at Sub Centres	20521	5732 (27.9%)	14789 (72.1%)
6.	Health Assistant (Female)/LHV at PHCs	3660	2128 (58.1%)	1532 (41.9%)
7.	Health Assistant (Male) at PHCs	3660	4061 (111%)	-
8.	Doctor at PHCs	3660	NA	NA
9.	Obstetricians & Gynaecologists at CHCs	386	123 (31.9%)	263 (68.1%)
10.	Physicians at CHCs	386	123 (31.9%)	263 (68.1%)
11.	Pediatricians at CHCs	386	13 (3.4%)	373 (96.6%)
12.	Total specialists at CHCs	1544	413 (26.7%)	1131 (73.3%)
13.	Nurse/Midwife	6362	NA	NA

Relatively few colleges as compared to nursing schools reflects the need to open more colleges of nursing (B.Sc., M.Sc., and Ph.D) to generate more trainers to improve the nursing education and midwifery services in the state.

I. Nursing Issues at the State Health Directorate

I.1. Organizational Structure

Uttar Pradesh does not have a separate Nursing Division in the Health Directorate as shown in the organizational structure at Figure 1. The nursing section in the state Health Directorate has only two posts for Nursing i.e. one Joint Director (JD) and one Assistant Director (AD). But the post of Assistant Director is lying vacant for the last 7 years and this makes JD (Nursing) as the only nursing professional in the whole Directorate. This single nursing position is in comparison to good number of senior administrators in the Directorate in the form of 11 Directors, 14 Additional Directors and 19 Joint Directors (source: organogram given in the Income Expenditure Guide Performance 2007-08, Department of Medical and Health, Uttar Pradesh, Lucknow). This skeletal human power for nursing positions reflects the marginalized status accorded to the nursing profession which has also lead to paucity of JD's role in decision-making for nursing capacity building in the state. The present JD (Nursing) is in this post for the last 7 years and it needs to be noted that this post was also lying vacant for 14 years till 1994.

The reasons, for these senior level nursing posts at the Directorate, lying vacant for long periods of time, are due to non-availability of the revised seniority list of eligible candidates. Secondly the file processing for the filling of these posts is very slow and many candidates being eligible miss the opportunity.

The main function and the job profile of the JD (Nursing) involve looking after establishment for nursing which includes selection, recruitment, placement, transfer, promotion and disciplinary actions. She is also involved in administrative procedures for court cases. With regard to developing any new proposals and initiatives for capacity building of nursing, this section merely puts up the proposals to the Director, Medical Care. But JD (Nursing) is not involved in any policy decision-making.

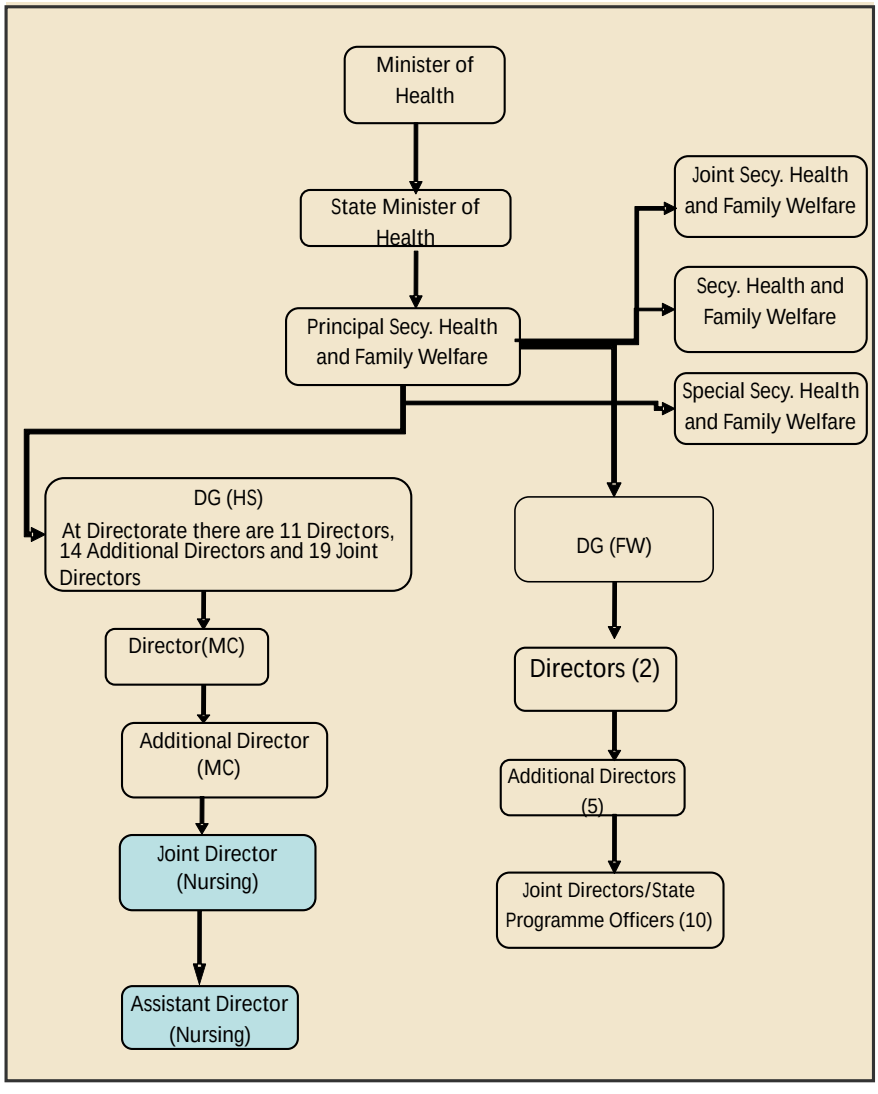
As far as the infrastructure resources are concerned, the division was found to have very scarce infrastructure and no computer or telecom facility was present. This in a way also reflects the marginalized status of the division.

All the nursing human power posted at the rural health set up come under the Director (Family Welfare) and this also includes the contractual nursing staff recruited under RCH II/NRHM at CHC/PHC level.

The Director training in the Directorate looks after pre-service nursing

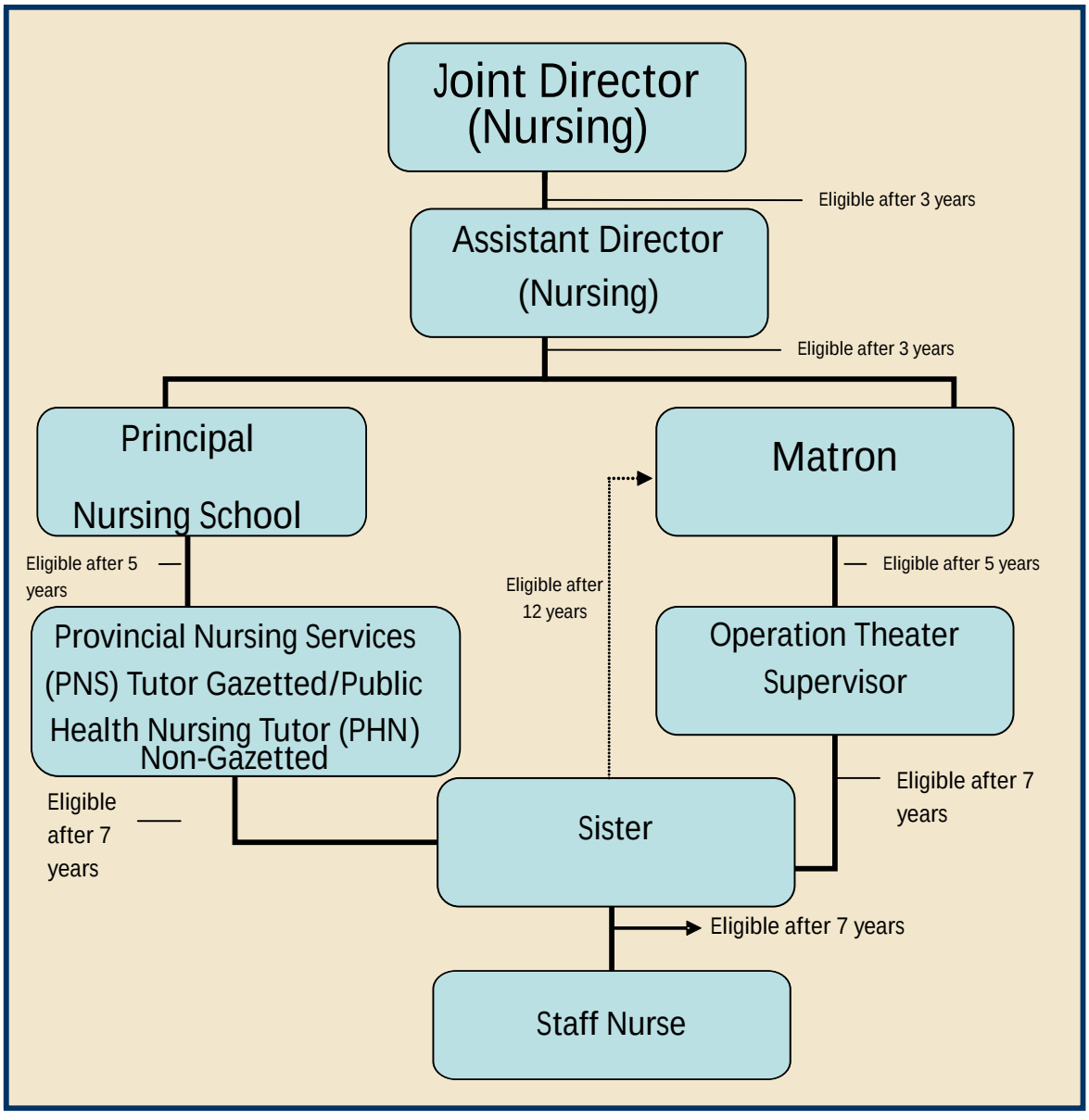
education in the state. Effectively the 9 government GNM schools come under Director training.

Figure 1: Organizational Chart of State Health Department of Uttar Pradesh



Source: Adapted from Income Expenditure Guide Performance 2007-08, Department of Medical Health and Family Welfare, Uttar Pradesh, Lucknow.

Figure 2: Organogram of State Nursing Cadre



Source: Medical & Heath Department, U.P. (Nursing Division-19, Health Directorate, Lucknow).

The nursing cadre of U.P state is shown in Figure-2. The nursing staff strength sanctioned and currently in position as given in the Table 5, shows a marked shortage especially at the senior level nursing administrative posts and also the teaching positions. This may be due to non representation of nursing position as a part of the decision making body in the Directorate and shows how the important decisions regarding selection and recruitment of nursing personnel, at different levels, are taken by non-nursing officials only. Due to the lack of nursing representative at this level, such crucial matters get diluted and administratively delayed.

As per the practice in the last many years, the seniority lists never used to be updated for promotions, which led to senior level posts lying vacant. But recently after the vigorous efforts initiated by the state nursing association, the process for updating the seniority lists, of candidates, for promotions has been initiated. The association is actively taking up various other career promotional issues with the Directorate.

Table 5: Staff Strength of Nursing in Medical and Heath Department

S. No.	Designation	Pay Scales (Rs. Per Month)	Sanctioned Posts N	Filled Posts N, (%)	Vacant Posts N, (%)
Gazetted Post					
1	Joint Dir. (Nursing)	10650-15850	01	01 (100%)	-
2	Asst. Dir. (Nursing)	8000-13500	01	-	01 (100%)
3	Sr. Matron	7500-12500	09	03 (33%)	06 (67%)
4	Matron	6500-10500	142	107 (75%)	35 (25%)
5	Principal Tutor	7500-12500	09	06 (67%)	03 (33%)
6	Provincial Nursing Services (PNS) Tutor	6500-10500	53	33 (62%)	20 (38%)
Non-Gazetted Post					
7	PHN Tutor	6500-10500	25	04 (16%)	21 (84%)
8	OTS Supervisor	6500-10500	54	19 (35%)	35 (65%)
9	Ward Master / Ward Sister	5500-9000	1134	1045 (92%)	89 (8%)
10	Staff Nurse	5000-8000	4940	4018 (81%)	922 (19%)
Total			6368	5236 (82%)	1132 (18%)

The guidelines issued by tphe UP State Medical Faculty and Associated Councils, for the 11th Five Year Plan, there are 9300 nurses and 23600 ANMs working in the state vis-à-vis 40,000 doctors. But this estimation further reflects shortage of 27,000 Diploma nurses and 30,000 ANMs and this shortage is double in number as compared to shortage of doctors in the state. By

calculation these figures comes a nurse doctor ratio of 4.3: 1 (excluding ANMs) and 1.2: 1 including ANMs.

The guidelines also reflect the demand of 1 doctor: 3000 population and 1 nurse: 5000 for the state. But in reality the calculation shows one doctor per 4150 population and one nurse (including ANMs) per 5045 population and one nurse (excluding ANMs) per 17,849 population.

Department of Family Welfare

Under Department of family welfare, the sanctioned posts of various nursing personnel are shown in Table 6. All the sanctioned posts of Principal-cum-nursing Officer (PNO) have been lying vacant and the reason being that the service rules for this post have never been formulated and secondly since the pay scale of PNO is at par with the tutor as well as the PHN, the position hardly gets any aspirants. Moreover currently more than 50% PHN posts are lying vacant. For the midwifery service delivery in the rural sector, most of the posts of field worker (ANM) and their supervisors are filled as shown in Table 5. The large number of vacant posts in the ANMTCs shows the limited capacity of the state to deliver ANM training and this reflects in the quality of services.

Table 6: Staff strength of Nursing Personnel under Department of Family Welfare

S. No	Name of the post	Scale of pay	Sanctioned posts N	Filled Posts N (%)	Vacant Posts N (%)	Place of posting
1.	Principal-cum-Nursing Officer	6500-10500	41	-	41 (100%)	ANMTC
2.	Public Health Nurse	6500-10500	240	100 (41.7%)	140 (58.3%)	ANMTC
3.	Tutor	6500-10500	119	3 (2.6%)	116 (97.4%)	Health Post District Level
4.	Staff Nurse*	4500-7000	192	-	-	CHC/PHC
5.	Female Health Supervisor	4500-7000	3781	3477 (91.8%)	304 (8.2%)	PHC/Sub centre
6.	Primary Health Worker (Female)/ANM	3200-4900	23551	21945 (93.1%)	1606 (6.9%)	Subcentre
Total			27924	25525 (91.4%)	2399 (8.6%)	

*The information about total no. of filled posts could not be obtained

Source: Income Expenditure Performance 2007-08, Department of Family Welfare, Uttar Pradesh, Lucknow.

Effectively there is only one nurse manager in whole of UP state which otherwise requires a strong midwifery support in view of poor MCH indicators in the state.

I.2 Management processes

The nursing development and capacity building is all about having the streamlined management systems and practices in place. There are many constraints identified for nursing capacity building and more importantly there is no HR policy for nursing. But a strong need was identified at the Directorate and the DG, Health Services (HS) plans to propose it in the next budget after taking inputs from the Nursing Association to cover issues like nursing allowances, training, career planning and other grievances.

All the issues related to State nursing services like training/education, human resource issues e.g. transfer/selection and appointment of nursing personnel, and finance and logistics, come under the Director General (HS). Director takes all the decisions related to nursing through DG (HS) and looks after all the nursing functions except finance which is taken care of by the Finance Controller under overall in charge of DG (HS).

The Joint Director (Nursing), though, is supposed to look after nursing affairs e.g administrative issues, human resource issues and also the teaching of the nursing cadre but this position lacks any decision-making powers.

Key HR Issues

I.2.i Selection and Recruitment Procedures

According to the Uttar Pradesh Nursing (Gazetted) Service Rules, 1996, the Uttar Pradesh Nursing (Gazetted) Service is a state service comprising Group 'A' and 'B' posts. According to these rules, the posts of Tutor, Principal Tutor, Assistant Matron, Matron, Senior Matron, Assistant Superintendent, Deputy Superintendent (according to Joint Director, Nursing, the post of Assistant Superintendent and Deputy Superintendent at the Directorate are merged into the post of Assistant Director, Nursing at present) and Joint Director are gazetted posts. Their recruitment is on seniority basis through Selection Committee. But it may be noted, in reference to figure 2, that the senior nursing positions of the Directorate are open to nurses both from the teaching as well as well as service delivery side. As per the rules, the Governor is the appointing authority in respect of the Joint Director and Deputy Superintendent posts and in respect of the other Gazetted posts it means the Director General of Medical and Health Services is the appointing authority. The service rules as given in Annexure-2 highlight recruitment criteria for different levels of the gazetted posts. It also mentions other service related matters e.g appointment, probation period, confirmation, seniority and scale of pay (Annexure-2).

Uttar Pradesh Subordinate Nursing (Non-Gazetted) Service (First Amendment) Rules, 1999 are the amendment of the Uttar Pradesh Subordinate Nursing (Non-Gazetted) Service Rules, 1979. As per these rules, Director (Medical) is the appointing authority for the non-gazetted nursing posts. The posts which are non-gazetted, include those of Theatre Supervisors, Public Health Nurses, Tutors, Sisters, Ward Masters and Staff Nurses.

The selection for non-gazetted nursing posts is both through direct recruitment in accordance with the provisions to the "Uttar Pradesh Procedure for Direct Recruitment Group 'C' Posts" (outside the purview of the Uttar Pradesh Public Service Commission) Rules, 1998, as well as by recruitment by promotion on the basis of seniority. The service rules clearly define that for direct recruitment, 95% seats are for female and 5 percent seats are for male candidates.

These rules highlight recruitment criteria for different levels of posts and also enlist the educational qualifications for entry-level posts. It talks of other service matters also e.g. seniority, scale of pay etc. (Annexure-3). The appointment of the contractual staff nurses/ANMs, recruited under RCH-II/NRHM, are looked after by the Director (Family Welfare).

There are no defined guidelines, for job responsibilities for various levels of nursing cadre at state level as indicated by Joint Director (Nursing). The state follows the norms laid down by TNAI. The well-defined terms of reference exist for contractual staff, appointed under RCH/NRHM as shown in Annexure-4.

I.2.ii Pre-service Training

The various levels of nursing/midwifery training are ANM, LHV, GNM, B.Sc, M.Sc, and Ph.D. But in UP state there are no colleges for Ph.D. and M. Sc (Nursing). At present there are six colleges of B.Sc. nursing, out of which only one is in government and the other five are in the private sector. In 2008, the state government plans to open a college of nursing for both B.Sc. and M.Sc. in KGMC, Lucknow.

There are 75 GNM Nursing Schools in the state, out of which 9 are under the State Government (under Director training), 2 are under the Central government and 64 private schools as shown in Annexure-5. According to DG (HS), total 17 GNM schools are currently needed in the government set up, one nursing training school proposed for each division. The DG (HS) also expressed a strong need for skill-based training of the nursing personnel.

The state had developed a pre-service training policy in 1984 and this was further revised in 1997. But no policy has been developed for the in-service training of nursing personnel in the state and the approach to in-service training is ad hoc at present. No CNE policy exists but reportedly the same is in the process of formulation. For training related issues of nursing, the Training Division coordinates with State Nursing Council.

Shortage of faculty in the nursing schools and colleges is affecting the quality of nursing education in both the government as well as in the private institutes. There is the government additional problem of non-placement of B.Sc. pass candidates as the teaching faculty in the GNM schools. The current situation is the result of a reported conflict of interest between GNM nurses and B.Sc. nurses in the recent past. The B.Sc. nurses wanted to take over the teaching faculty posts in order to assert their monopoly, however the state government took the decision on the contrary.

There is shortage of faculty at nursing teaching institutes. B.Sc. Degree does not guarantee teaching post with the result staff nurses are teaching in the GNM schools.

I.2.iii. In-service Training and Education

State Institute of Health and Family Welfare (SIHFW) plays a central role in the in-service training of nursing personnel and pre-service training of health workers i.e.ANMs, LHVs and PHNs. The training infrastructure under SIHFW includes 11 divisional training centres, 41 ANM training centres, 30 district training centres, 3 LHV training centres and 1 PHN training centre. The PHN training school which is in Banaras conducts the 10 month's training course for Nurse Tutors and two years course for PHNs. SIHFW only has the training supervisory control over the ANM as well as the PHN schools and the budget for the schools which comes from the Directorate is routed through SIHFW. The administrative control of these training institutes rests with the Directorate.

The ANM training was suspended from 1992 onwards and the reason was the surplus of ANMs available in the state. According to the Director SIHFW, a single batch of 1070 ANMs was trained during 2004-06 to cover the backlog of candidates especially belonging to various reserved categories. But again the subsequent batches were not recruited. With the effect that for the last 12 years the ANM training schools have been lying defunct. But in 2008, the process is underway to change the selection process rules and it is aimed to start ANM training in the next three months.

As per work performance guide of Department of Family Welfare (2007-08), the training of LHVs (intake capacity of 180 in a year), which had been suspended for the year 2006-07, has again been resumed from 1st March 2007. This ad-hoc approach for the training of the grassroot level workers (ANM) and their supervisors reflects the lack of will of State Health Department to effectively address the issue of midwifery services at the community level. This further adds to the already precarious health human power situation of ANMs and their Supervisors in the state as already shown in Table 6. There is a provision of refresher training of 12 days duration for ANMs.

Though good infrastructure exists for in-service in the state, there is lack of systematic approach of in-service training of the nursing personnel in the state.

I.2.iv Promotion and Career Planning

According to Senior Health Administrators of various hospitals and Nursing Teaching Institutes, there are rules for nursing personnel (Staff Nurses and Teaching personnel) getting selection grade at the duration of 8, 14, 19, 24 years of service in case they are not promoted to a higher level post. In government organizations, placements at all levels, are seniority-wise rather than with the criteria of seeking additional qualifications like B.Sc and M.Sc (Nursing). This could be one of the causes for less number of teaching institutions of higher learning for nursing in the state. The lack of opportunities for meritbased growth, leads to stagnation among the more qualified nursing personnel. This explains lack of motivation and lack of demand for these courses among the nursing functionaries.

According to the senior administrators at the hospitals, the staff nurses are eligible to be promoted, to the post of sister-in-charge after 10 years of service, to Matron after five years of service as a sister-in-charge and to the post of senior matron after 5 years of service as matron. As stated by DG (HS), for cadre management and retention of nursing personnel, the promotional avenues are being proposed at the Directorate level. ANM to LHV is a promotion post but after completing the 6 months compulsory training.

Though there is a provision of study leave with full pay, this is not linked to any promotional/placement benefits. Leave is also given for attending various workshops. But practically there are problems of non-payment of perks along with administrative delays for sanctioning the leave, as quoted by nursing officials from the hospitals. There are opportunities for educational advancement like staff nurses can do B.Sc nursing after 3 years of clinical experience, they could also go for M.Sc. nursing after attaining experience of two years. But since this does not always translate into enhancing their career prospects, many of these are left with limited choices to join as Principal in a private nursing teaching institute.

I.2.v. Performance Appraisal

For performance appraisal, there is a system of ACR for regular staff. The ACR for the gazetted post is written by Medical Superintendent and for the non-gazetted post it is written by the Matron. Performance Appraisal for Principal of the nursing schools and the nursing tutors is done by Sr. Matron/CMS and for support staff it is written by CMS. No ACR is written for contractual staff appointed under RCH-II/NRHM, but before renewal of contract, recommendation of CMO is required for their work performance.

I.2.vi. Transfer Policy

Uttar Pradesh government has issued a transfer policy 2007-08 for workers of State Health Service, which covers the nursing personnel also. As per the policy document, applicable to all the people working under State Health Department, the transfers are to be carried out as per the administrative needs. During the transfer, consideration is given for issues like posting of husband and wife at the same station and for situations like illness. For officials of Joint Director and above level, the transfers are done through approval of State Minister of Health, and for officials below Joint Director and Gr. A Officers, deployment and transfer are done by Principal Secretary and Secretary. For Gr. B, their deployment and transfer are looked after by in charge of the Section. Group A and B officials, who have completed 10 years in the district, are eligible to be transferred to place more than 100 km from that district (Annexure-6). But however as per the inputs provided by various nursing officials from both teaching as well as service institutions, these guidelines are seldom followed. At the Directorate, the feeling was that there is a Transfer/Placement policy for nursing personnel, its implementation is partial and decisions are taken by the State Government and Directorate implements them. It was also expressed that in transfer policy, there is a lot of political interference. It was considered important to decentralize decision making for transfer/placement to regional/divisional level. As per the concern expressed by the nursing officials from both the teaching as well as service institutions, for the teaching posts, the transfers are done only in case of complaint or on request, otherwise these posts are non-transferable. For transfer purpose the teaching posts are transferable anywhere except the Medical colleges.

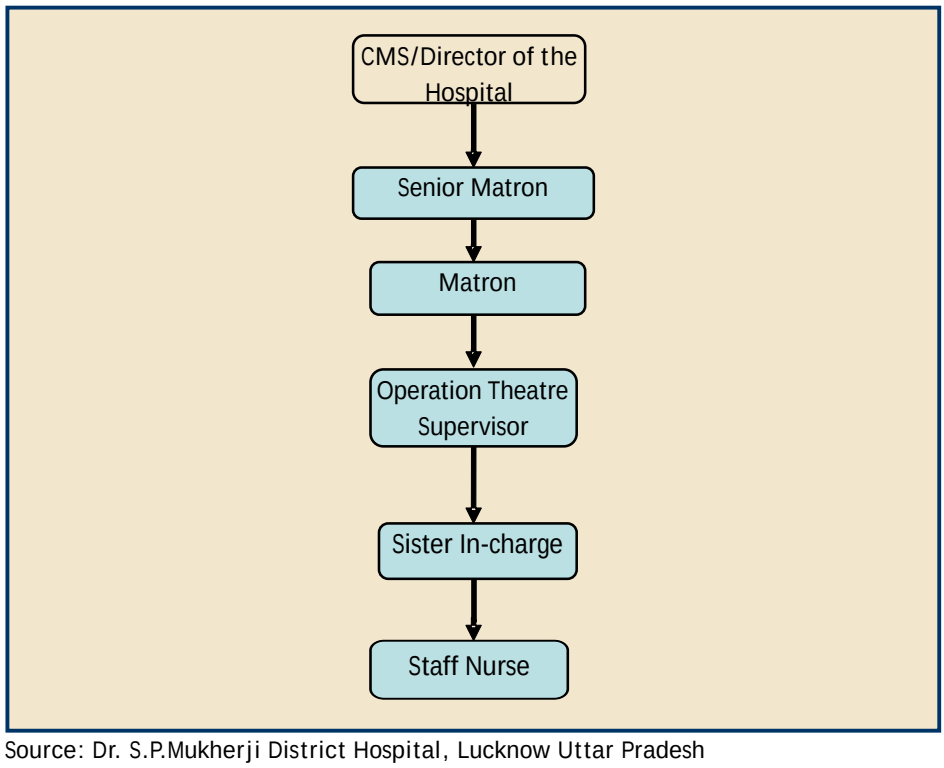
All nursing posts including directorate level posts are promotion posts. The higher education is not linked with further career development. Seniority lists not being updated time-to-time result in senior level positions lying vacant.

II. Nursing Issues at the Health Care Services especially Hospitals

II. 1 Organizational Structure: Chief Medical Superintendent/Director of the hospital is the overall in-charge of the hospital. For nursing services, Senior Matron is assisted by Matron, Operation Theatre Supervisor, Sister In-charge and Staff Nurses.

At community level, there is one post of sister-in-charge and two staff nurses at CHC level. Under RCH/NRHM six additional staff nurses are to be posted as contractual staff at CHC and three at PHC level. At sub-centers, there are two sanctioned posts for ANMs under RCH.

Figure 3: Organisational chart of District/Civil Hospital



Source: Dr. S.P.Mukherji District Hospital, Lucknow Uttar Pradesh

II.2 Managerial Issues

At hospital level, the Chief Medical Superintendent looks after financial and logistic matters. In District/Civil Hospital, the Senior Matron/Matron, the senior most administrative post, looks after the administrative, supervisory, and monitoring functions. The Matron has no role in training and HR issues of nursing personnel. The Matron and other senior nursing personnel are involved in decision making related to nursing services at the hospital only and no

involvement at the Directorate level for policymaking.

As per norms the nurse bed ratio should be 1:5 in the state but in reality, during the interview with the nursing administrators of various hospitals, the view was repeatedly expressed that the nurse bed ratio ranges from 1:50 to 1:100. But in fact nursing human power calculation does not take into account the ground reality and special requirements for special areas e.g. the nurse bed ratio for area like ICU, labour room, post operative ward varies between 1:1 to 1:3. In addition, other areas, like OPD also needs nursing personnel to be deployed there.

Security threat is perceived to be another issue faced by the nursing personnel in the state, especially due to the shift nature of their service duties. The threat is more for the nursing personnel working at the CHC/PHC level.

Uttar Pradesh Nurses and Midwives Council publication, on the syllabus and regulations of Diploma in General Nursing and Midwifery, mentions norms recommended by "Experts Committee On Health Manpower Production and Management" (Resolution of Fourth Conference of Central Council of Health and Family Welfare, on Nursing, 1995), for the hospitals in the states, where the nurses under go clinical training. These are given in Table 7.

Table 7: Categories and Requirement

Sl. No	Categories	Requirements
1.	Nursing Superintendent	1:200 beds
2.	Dy. Nursing Superintendent	1:300 beds
3.	Departmental Nursing Supervisors/Sisters	7:1000 (Plus one for every additional 100 beds)
4.	Ward Nursing Supervisors/Sisters	8:200+30% leave reserve
5.	Staff Nurse for Wards	1:3 (or 1:9 each shift)+30% leave reserve
6.	For OPD, Blood Bank, X-ray, Diabetic Clinic CSR etc	1:100 OPD patients (1 bed : 5 OPD patients) + 30% leave reserve
7.	For Intensive Care Unit	1:1 (or 1:3 for each shift + 30% leave reserve)
8.	For Specialized Departments and Clinic such as OT, Labour Room	8:200+30% leave reserve

Source: Syllabus and Regulations of Diploma in General Nursing and Midwifery, Uttar Pradesh Nurses and Midwives Council.

Nurses face excessive workload due to miscalculation of nurse bed ratio. Since nursing is a female dominated profession, security is a major threat in the light of nature of nursing duties e.g. round the clock shift duties and providing services in the community (at the CHC and PHC level).

II.3 Community Nursing Services

The community midwifery services are being provided by the Auxiliary Nurse Midwives (ANMs) in the state. These ANMs are supervised by the Lady Health Visitor (LHV) which in turn is supervised by the Medical Officer in-charge (MO i/c) Primary Health Center (PHC). The ANM after undergoing 6 months training can become LHV. Both ANMs and LHVs are supervised by the MO i/c PHC.

Now under RCH II/NRHM, staff nurses are being posted at PHC/Community Health Center (CHC) level to provide round the clock midwifery services.

Table 8: NFHS-3 MCH Indicators of UP

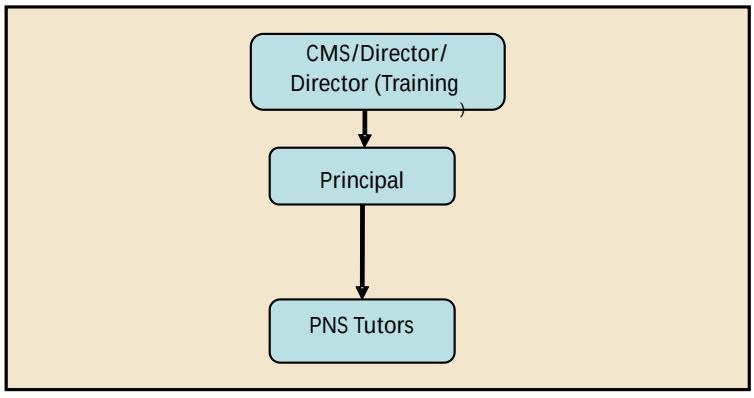
Key Indicators	NFHS – 3 (2005 -06)	
	India	UP
Maternal and Child Health		
Mothers who had at least antenatal care visits for their last birth (%)	50.7	26.3
Mothers who consumed IFA for 90 days or more when they were pregnant with her last child (%)	22.3	8.7
Births assisted by a doctor /nurse/ LHV / ANM/other health personnel (%)	48.3	29.2
Institutional births (%)	40.7	22.0
Mothers who received postnatal care from doctor / nurse / LHV / ANM / other health personnel within 2 days of delivery for their last birth (%)	36.4	14.2
Anaemia among Children and Adults		
Pregnant women age 15-49 who are anaemic (%)	57.9	51.6

III. Nursing Issues at the Educational and Training Institutions especially the Nursing Schools and Nursing Colleges and SIHFW

III.A. Nursing Schools

III.A.1. Organizational Structure: The Principal heads the GNM school. The organizational structure is presented in Figure-4. PNS Tutors help the Principal for teaching and academic activities.

Figure 4: Organizational structure of GNM Nursing School, Uttar Pradesh



Source:- GNM Nursing School, Balrampur, Lucknow

There are well laid out criteria for a GNM school by the Uttar Pradesh Nurses and Midwives Council, which are as follows:

A. For school of nursing with 150 students (i.e., an annual intake of 50 students) the guidelines for the faculty required are given in the Table 9.

Table 9: Faculty strength of School of Nursing (150 students)

Sl. No	Teaching Faculty	No. Required
1.	Principal	1
2.	Vice Principal	1
3.	Senior Tutor	3
4.	Tutor	12
5.	Additional Tutor for Interns	1

For a school of nursing with 60 students (i.e. an annual intake of 20 students) the guidelines for the faculty required are given in the Table 10.

Table 10: Faculty strength of School of Nursing (60 students)

Sl. No	Teaching Faculty	No. Required
1.	Principal	1
2.	Vice Principal	1
3.	Senior Tutor	1
4.	Tutor	5
5.	Additional Tutor for Interns	1

There is lack of supervision of peripheral health staff (ANMs and LHVs) by nursing functionaries i.e no posts of PHNs and DPHNOs.

III.A.2. Managerial Issues

Principals of nursing schools look after the administrative, supervisory, monitoring, and training part for the nursing personnel but the powers for taking any disciplinary action are not vested with them. According to the Uttar Pradesh Nurses and Midwives Council publication, the Principal should be the administrative head, and the drawing and disbursing officer of the School. As per the written document, under the overall budget of the institution, the school should have a separate budget. But in practice, though the Principal looks after the management of the school, the decision making with regard to various matters related to manpower (recruitment, placement, and career development), logistics and budget formulation and allocation of resources lies with the Chief Medical Superintendent and the Director of the hospital.

As per the Uttar Pradesh Nurses and Midwives Council publication, the Principal and Senior Tutors should be part of the selection committee for admission in the GNM school, however, in practice this is not so.

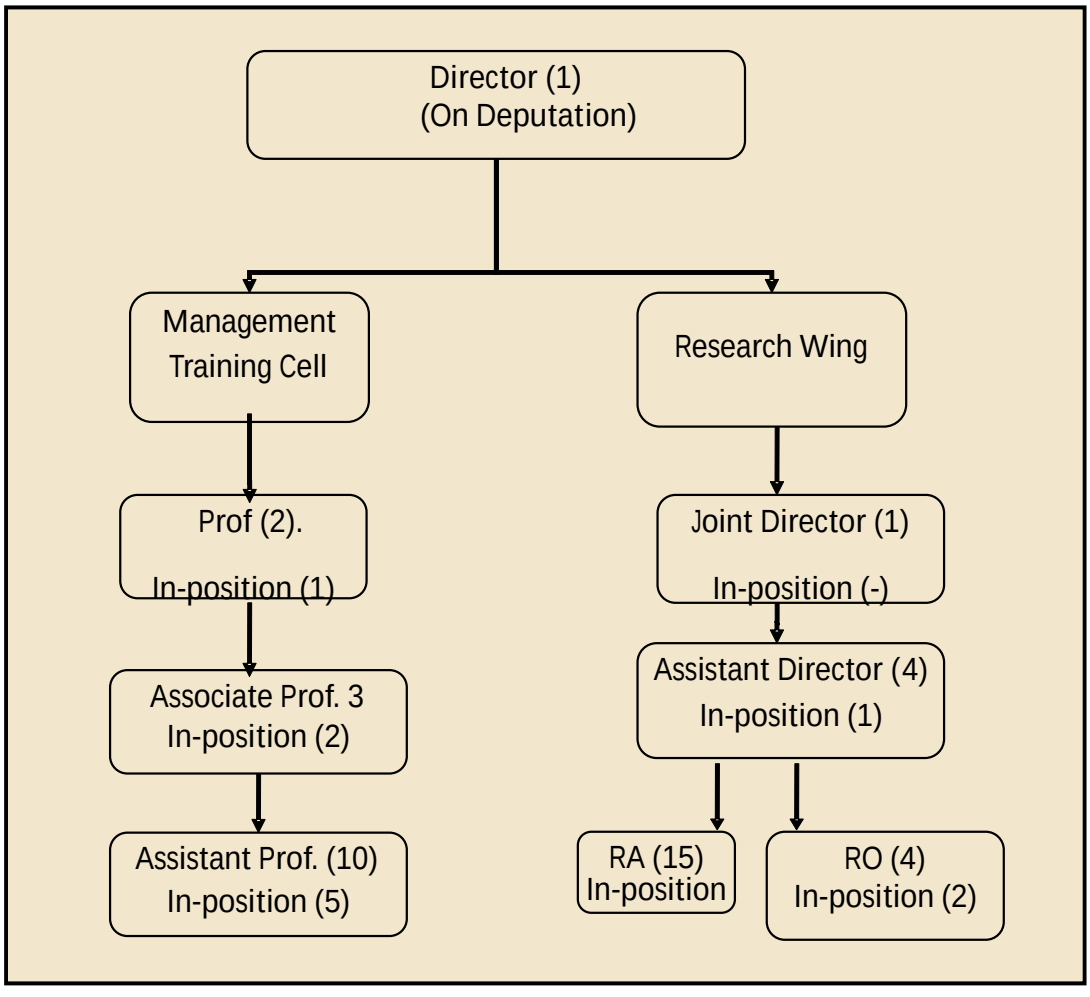
The schools face a problem with finding adequate number of cases for imparting hands on skill based midwifery training as the cases get shared amongst undergraduate and postgraduate doctors and nurse trainees. In such a scenario it's the nurse trainees who are left behind in getting the adequate training.

The Principal being the head of the institution has not been delegated any financial powers and for all the key HR matters and also in the selection of the students of the GNM schools, the Principal has no role to play.

III. B. State Institute of Health and Family Welfare, Lucknow

III.B.1. Organizational Structure: The Director heads SIHFW. Faculty and Research staffs are assisting the Director for carrying out the training and research activities. The Director's post, with a public health background, is a deputation post. The organizational chart of SIHFW is given below:

Figure 5: Organizational Chart of SIHFW, Uttar Pradesh



Source: State Institute of Health and Family Welfare, Indira Nagar, Lucknow, Uttar Pradesh.

III.B.2. Managerial Issues

SIHFW plays a central role in the in-service training of the nursing personnel and pre-service training of health workers (ANMs). Under SIHFW, there are 11 Divisional Training Centers, 40 ANM training Centers, 30 District Training

Centers, 4 LHV Training Centers and 1 PHN Training Centre. The budget to these training centres is routed through SIHFW and the technical supervision is also provided by SIHFW.

Recently SIHFW had taken an initiative to develop a draft training policy for suggesting training of all the health human power in which nurses are kept under Group 10 (Groups signify different levels of health manpower). It envisages induction training for all the health functionaries and also to provide refresher training after every 5-7 years.

According to Director SIHFW, for the last 15 years no ANM training had been conducted, but finally one batch was started during 2004 with a total capacity to train 2400 ANMs. For ANM training, now there are 2 examinations at one year and other at 1 year and six months duration. There is decentralized selection of the candidates. The ANM cadre stops at LHV.

There is no regular training for administrative and management skills for senior Nurse Administrators. But there was a felt need for such training for the nursing personnel in teaching institutions and hospitals especially for Ward Sisters and above in hierarchy.

Currently, SIHFW is conducting the SBA training for master trainers for three weeks and this is conducted at the 37 District Female Hospitals. The SBA training load in 2008 is 1100. The SBA training is to be given to the medical officers, staff nurses and ANMs in the coming future.

SIHFW potential is not being tapped fully for in-service capacity building of nursing personnel though the Institute has both adequate human resources and infrastructure. Only programme related training carried out here.

IV. Nursing Issues with the Professional Bodies especially Nursing Council and Nursing Associations

IV.1 Organizational Structure

Uttar Pradesh Nurses and Midwives Council was established under the Uttar Pradesh Nurses, Midwives Assistant Midwives (Auxiliary, Nurse-Midwives) and Health Visitors Registration Act 1934 (U.P. Act No. IV of 1934). The aim and purpose of this Act was for the formation of a Council to provide for registration of Nurses, Midwives, Assistant Midwives, (Auxiliary Nurse-Midwives) and Health Visitors in Uttar Pradesh.

As such the Council was established and called the (Uttar Pradesh) Nurses and Midwives Council and the Council is a corporate body and has perpetual succession and a common Seal.

The Director General (Medical Education and Training), Uttar Pradesh is the President of the Council. Meeting of the Governing Body of the Council is summoned as per rules.

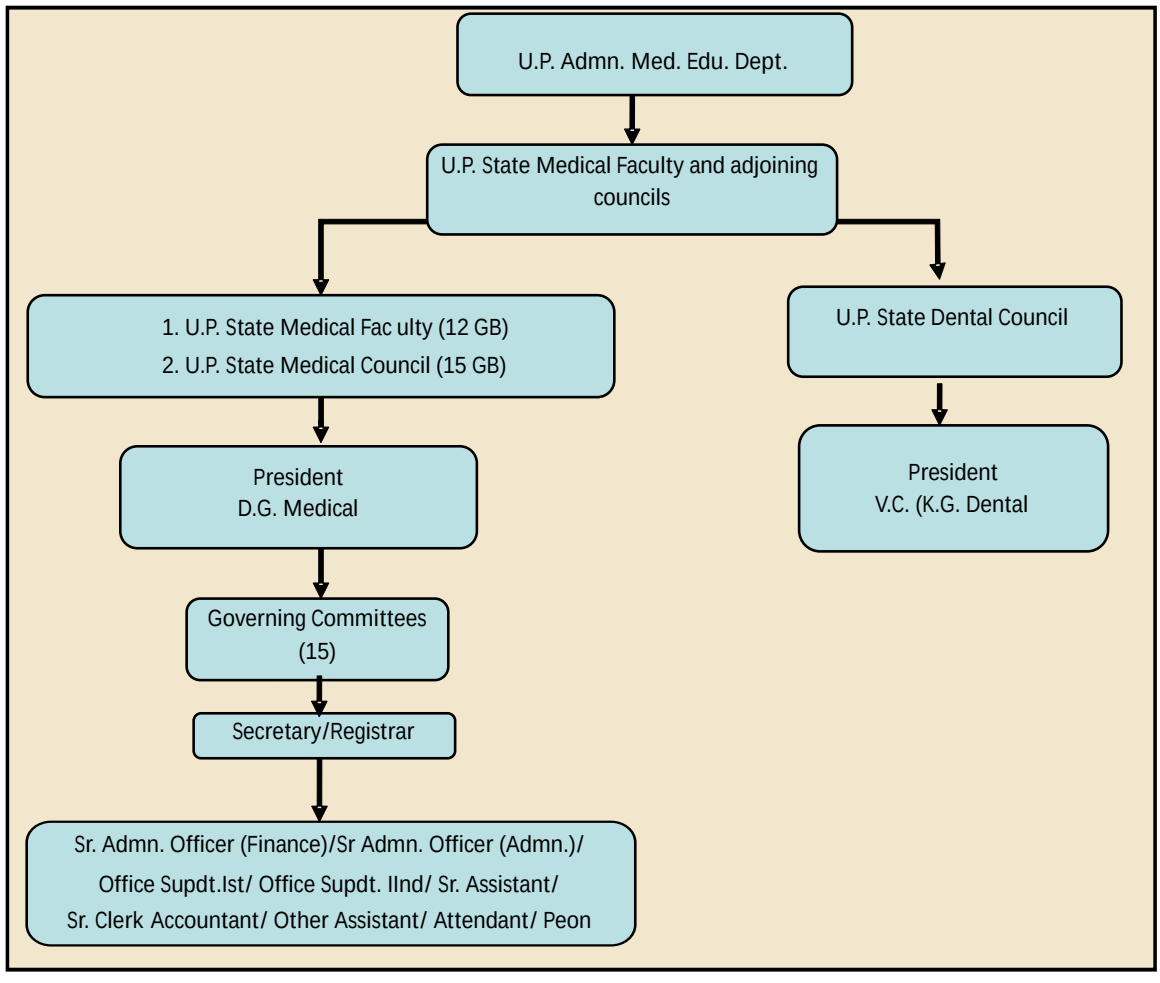
The Council provides registration of various nursing personnel as specified in the Act. Different nursing categories are issued different registration certificates separately as per rules. Uttar Pradesh State Nursing Council acts as a regulatory authority for nursing personnel in the form of conduction of exams, developing syllabus for new courses, investigation of malpractices, registration of nursing manpower, approving authority for opening of new nursing schools. Additional Director of Medical and Health Services is the Vice-President of the Council.

Only one Fulltime technical post of Registrar, State Nursing Council is there, but the official, holding this charge, is a Medical Doctor and is currently chairing this post for the last 9 years. In addition to this, the registrar holds additional charges of Secretary, State Medical Faculty, Registrar, State Medical Council and Registrar, State Dental Council also. The post of registrar is non-transferable, recruitment is through governing body and the requisite experience for the post includes MBBS plus 10 years experience. The Joint Director, Nursing is only the ex-officio member of the Governing Body. Registrar looks after the administration, supervision, monitoring, and HR issues besides the financial matters of the Nursing Council. All decisions at Nursing Council are taken through Governing Body meeting, which is held 6-7 times in a year. But the Registrar is neither a member of any task force nor called for any meeting in the Directorate.

At State Nursing Council, where the registration of nurses is being done since 1939 till date, 139 B.Sc. Nurses, 24,194 GNM Nurses, 27,936 ANMs and 2763 LHVs are registered. At the Nursing Council, for training purposes, the norm of one nursing personal per 5000 population as indicated in Government Health Bulletin on Rural Health Statistics is followed. The training for nursing personnel is done on ad-hoc basis. The syllabus for nursing education is constantly updated every 5-6 years, but the Council officials did not stress upon having the well-documented training policy.

The Uttar Pradesh Nurses and Midwives Council had published the syllabus and regulations of Diploma in General Nursing and Midwifery. The GNM training now is 3 ½ years in duration, which includes internship of six months, and the eligibility criteria is 10+2 pass preferably with science. As per publication of Uttar Pradesh State Medical Faculty and Associated Council, 2007, the per year intake capacity for GNM course is 2067 and the selection of the candidates is done by Health Directorate/university in case of government schools and by the training centre itself in case of private schools.

Figure 6: Organization Chart of State Nursing Council, Uttar Pradesh



Source: Uttar Pradesh Nurses and Midwives Council.

V. Uttar Pradesh Nursing Association

Uttar Pradesh Nursing Association, which was registered in 1977, has been fighting for the career rights of nursing since then. The association is actively involved in sensitization for nursing profession and the nurses have not been getting selection grades and promotions in time and the association is working hard to get the seniority list, job records, service records etc updated. The association is demanding for the service rules to be revised.

Nursing Association is making vigorous efforts to protect the rights of nursing personnel in the state.

The president nursing association expressed the concern about comparatively large number of suspension cases and other court cases against nurses.

There was a general perception expressed by one of the key informants, requesting anonymity, that the nurses face harassment at the time of getting posting and placement orders. Accommodation and security are the other serious issues being raised by the association. As reported there are higher number of court cases against nursing functionaries from the service delivery. Even the suspension cases are also more for nurses.

V.1 Nursing Issues as dealt by the Local Different Institutions

V.1.a. Uttar Pradesh Health System Development Project (UPHSDP)

Uttar Pradesh Health System Development Project (UPHSDP) is a World Bank funded project whose first phase was between 2002-05. Further extension is granted up to 2008. It covers 28 districts and 118 facilities. Its focus is on overall improvement in health facilities and health care delivery. UPHSDP got training needs assessment carried out by IIHMR, Jaipur for various cadres and concluded that matron and sister-in-charge need administrative and management raining. The UPHSDP had conducted a nursing administrative and management training of six days duration at SIHFW in 2003-04 for matrons, sister-in-charge and staff nurses with sufficient experience.

The state needs to encash and exploit the potential of the local non-governmental bodies and also to develop the PPP between the government aided and the other non-governmental agencies for capacity building of nursing personnel.

Chapter IV

INTERPRETATION AND CONCLUSION FROM THE ANALYSIS OF UTTAR PRADESH DATA

Uttar Pradesh is one of the largest States of India. Its population as per census 2001 is 166 million. The UP State has 70 districts. Health and MCH indicators are poorer in UP in comparison to all India. For example the IMR in UP is 71 and MMR is 517. Other indicators like TFR, sex ratio and female literacy rate are also poorer than national average as shown in Table 2. These indicators reflect overall poorer health care delivery system particularly the nursing setup in UP.

I. Interpretation and Conclusion Drawn from the Directorates of Uttar Pradesh

The senior most position of nursing is of Joint Director Nursing in UP. The team observed almost non-existent nursing setup in the health directorate of UP. There are only two sanctioned posts in UP. The office of the Joint Director, Nursing lacked adequate human resource and infrastructure and other resource facilities like telecom facility all was found to be lacking which does reflect limited nursing activities. No active proposals for nursing and midwifery were in pipeline in UP.

Management Process and HR Issues

Leadership and role behaviour: Since the post of JD, Nursing in the state does not have any specific role in decision-making for nursing related issues, the final decision making still rests with the senior policymakers and other Directors and Additional Directors, The skeletal human power for nursing positions reflects the marginalized status accorded to the nursing profession which has lead to paucity of JD's role in decision-making for nursing capacity building in the state. With regard to developing any new proposals and initiatives for capacity building of nursing, this section merely puts up the proposals to the Director Medical Care. But JD (Nursing) is not involved in any policy decision-making. *As quoted by her "My role is only to provide opinion when asked".* As far as the infrastructure resources are concerned, the division was found to have very scarce resources and no computer or telecom facility was present.

In UP, no clear job responsibilities exist, for different levels of nursing human power at the state level, no such clear guidelines exist, leading to more ambiguity in job profile and job delivery.

Selection and recruitment: Promotion to the Directorate in Uttar Pradesh is as per seniority only which affects the quality of human resource for nursing at the state level. This has resulted in lack of motivation amongst nursing professionals for upgrading their qualifications and skills. Various posts, at senior level, leading to delayed decision making proves.

Nursing training and education: In UP, the nursing schools are proportionately more in comparison to nursing colleges. But the availability of nursing teachers in UP is not able to match with the mushrooming of large number of nursing schools especially the private ones. This insufficient number of nursing colleges in the State is ultimately resulting in acute shortage of nursing teaching faculty. Perhaps this could be one of the reasons that only GNM passed nurses are found to be teaching in the schools. This may result in diluting the nursing education.

Since no preference is given to B.Sc passed candidates, the demand of B.Sc nurses to take overall responsibility of the nursing education in the state was not conceded to by the government As a result many of the B.Sc. passed candidates are delivering services in the hospitals rather than working in teaching institutions. As the state has only training guidelines but no training policy, the in-service training and particularly CNE is very ad hoc and not linked to performances and career growth and placement opportunities. This requires establishing a separate cell for CNE.

Career Planning and Promotional Avenues

In UP nursing cadre, since the promotions are based on seniority at all the levels, and additional/higher qualifications do not lead to promotional/service benefits, there is less motivation to make efforts for further professional growth. This could be one of the reasons for fewer number of nursing colleges for higher education in UP.

Moreover the pay scales for JD nursing in UP are relatively lower than those of DD nursing like e.g in WB, though the JD is a higher post. Such disparities in pay scales exist at the other levels also. These ambiguous and non-uniform guidelines need consideration.

Transfer/placement policy: In UP transfers are made across the state. There is partial implementation of the transfer policy for the transfers of the nursing personnel in UP and the main decision making is quite often politically influenced.

II. Interpretation and Conclusion Drawn from the Health Care Services especially Hospitals of Uttar Pradesh

1. Shortage of nursing human power is noticed at all levels in UP. The recommended nurse bed ratio is 1: 5 in UP. But this ratio does not take into account the nurses requirement for special area like I.C.U, OPD, Post operative ward and Labour room where the required nurse bed ratio varies

from 1:1 to 1:3

2. The decentralization of decision-making power with, Nursing Superintendent/Sr. Matron/Matron is lacking. The hospitals have no specific guidelines for involvement of nursing officials in the policy decision making. During interaction, they mentioned how their role is merely confined to day to day supervision and monitoring. Even for small budgets, the financial powers are not delegated. As reported, the involvement of senior nursing administrators in decision-making, is only limited to nursing services at the hospital level, but no involvement at the Directorate level.

3. In UP, as against the sanctioned posts, the posts in positions, especially at higher level are less in number as against the sanctioned posts. This is mainly due to the seniority lists not being revised timely and also the procedures for filling up the senior positions face several administrative delays.

4. In UP, the nursing personnel expressed the desire for more sensitivity from higher authorities for issues like security, provision of accommodation and transport.

5. There is no post of PHN or DPHNO to supervise the field level functionaries in UP.

III. Interpretation and Conclusion Drawn from the Nursing Educational Institutions of Uttar Pradesh

Uttar Pradesh has more Nursing educational institutions especially the nursing schools and also the ratio of private to government institutes is more. But the state has an acute shortage of teachers.

1. Due to the shortage of adequate number of clinical cases, but the state find it difficult to impart optimum hands on skill based training for midwifery in GNM course.

2. SIHFW, UP has a regular full-time Director and adequate faculty, its training activities are more streamlined.

3. Due to lack of financial support and no separate budget, the physical infrastructure of nursing schools visited in UP, was found to be highly inadequate.

IV Interpretation and Conclusion Drawn from the Professional Bodies Especially Nursing Council and Nursing of Uttar Pradesh

1. The post of Registrar in the State Nursing Council of UP is looked after by a medical person, who is holding additional charge of three other councils in the state. But the JD Nursing in UP is not represented in the council and only DG and Additional Director, (Medical and Health Services) are holding the President and Vice-President positions respectively of the Nursing Council. This does reflect the marginalization of the nursing profession in the key Nursing body.

2. The nursing personnel strongly expressed the views that the nursing issues can be further promoted and handled more sensitively if the council' affairs are managed by a nursing professional. Since the registrar is not a member of any task force he/she is not invited for any meeting in the Directorate.

3. There was lack of coordination observed amongst the tripartite of DD, Nursing, Registrar State Nursing Council, and the Principal of the Government Nursing Colleges. This may be one of the reasons for the delay in the pursuance of nursing matters e.g for the education and training and the ones related with the selection procedures for the nursing.

4. The state nursing council in UP has a very responsible and vital role to play to regulate the opening of large number of nursing educational institutions in the private sector. They need to keep a regular check on the quality of education imparted by these private institutions.

Chapter V

SWOT ANALYSIS OF NURSING ISSUES IN UTTAR PRADESH

1. SWOT ANALYSIS FOR THE DIRECTORATE OF UTTAR PRADESH

STRENGTHS	WEAKNESSES
1. Joint director nursing is a higher post compared to deputy director nursing existing in WB. 2. Well documented selection criteria for all the categories of nursing functionaries. 3. Well documented transfer policy for health human power.	1. Senior Nursing position especially JD, Nursing is through promotions based on seniority and not a selection post. 2. Lack of involvement of JD(N) in decision-making and no defined job responsibilities for this position. 3. Policy decision-making (for nursing matters) carried out by non-nursing senior officials. 4. Only 2 nursing posts in the Directorate. 5. No post of Director Nursing 6. UP has skeletal nursing human power in the Directorate, besides without the support of good infrastructure and other resources. 7. Infrastructure and facilities lacking.
OPPORTUNITIES	**THREATS**
1. NRHM is emphasizing on quality of MCH services, and requires developing skill and competency of nurses and midwives. 2. Policy recommendations documented (e.g. GOI's High Powered Committee on Nursing (1989); Macro Econo mics report, 2005; and various recommendations at the high level) and these require initiatives and strong commitment at the Higher level.	1. Systems apathy towards building Nursing Capacities. 2. Decision making particularly the transfers are politically motivated 3. Poor MCH indicators. 4. Female literacy much lower than the National figures.

2. SWOT ANALYSIS OF NURSING SERVICES IN HEALTH CARE FACILITIES IN UTTAR PRADESH

STRENGTHS	WEAKNESSES
1. Well established public health setup. 2. The posts of Ward sister and Staff nurse, majority in position.	1. Senior level nursing posts vacant. 2. Sr. Matron/Matron not represented in any policy decision making. 3. Senior nurse administrators of hospitals have no say in training and HR issues of nursing personnel. 4. Human power shortage due to poor manpower planning and lack of concern for ground realities. 5. Issues like security, provision of accommodation and transport not accorded any attention. 6. Low pay scales in comparison to centre. 7. No proper guidelines and provisions in place for skill enhancement and also particularly in super specialty areas. 8. Financial powers not delegated even for small budgets. 9. Lack of decentralization leads to unnecessary delays for administrative and other managerial affairs of the hospital. 10. Higher education not linked to career growth. 11. Grievance issues related with job related harassment do not get an easy redressal may be due to key nursing matters decided by non-nursing administrators/professionals in the Directorate.
OPPORTUNITIES	**THREATS**
1. Qualified nursing personnel (unemployed) can be utilized. 2. Well drafted guidelines for the requirement of human resources especially nursing personnel developed by nursing council. 3. NRHM focuses on skill enhancement especially for MCH services. 4. Central Govt. keen on developing PPP models for effective service delivery.	1. Due to lack of employment opportunities, the well qualified nurse human power shifting to private sector. 2. Moreover the large population, coupled with high TFR, is putting pressure on the available health care resources. This in a way is a big challenge for the quality of midwifery services.

3. SWOT ANALYSIS OF THE EDUCATION AND TRAINING OF NURSES IN UTTAR PRADESH

STRENGTHS	WEAKNESSES
1. Large number of Nursing schools, but especially private nursing schools outnumber the Government ones. 2. Well laid out criteria given by the Uttar Pradesh Nurses and Midwives Council for the GNM schools in the form of teaching curriculum for the GNM course. 3. SIHFW, in the state has a regular full-time Director 4. SIHFW has good infrastructure and other resources. 5. Some initiatives for in-service capacity building of nurses have been taken e.g. Administrative and Management training courses for the nurses.	1. Less number of Nursing colleges. 2. Midwifery component of 6 months is less in GNM course. 3. Not enough opportunities for skill development particularly midwifery skills. 4. GNM pass nurses teaching in the schools, as no opportunities given to B.Sc. Pass candidates 5. Lack of availability of adequate number of teachers. 6. No separate teaching cadre, postings can change between the hospitals and teaching institutes. 7. As no separate budget for the teaching institutions, these are poorly equipped with deficient infrastructure. 8. No existing training policy though a draft proposal prepared by the SIHFW.
OPPORTUNITIES	**THREATS**
1. Universally the demand for nursing human power is increasing requiring for setting up more number of nursing educational institutions. 2. Well laid out guidelines for nursing education by INCI 3. NHP-2002 has already emphasized the need for the Central Government to subsidize the setting up, and the running of, training facilities for nurses on a decentralized basis. 4. In-service training emphasized under NRHM 5. Coordination with UPHSDP, SIFPSA can be further enhanced with SIHFW for capacity building of nursing human power.	1. Dominance of private nursing schools which outnumber the government educational institutions. 2. There is a short fall of qualified trainers to meet the demand of theses colleges. 3. The dominance of private nursing schools also adds to the higher cost of nursing education in the state. 4. At present, the dependence of the state, to train more nurses, only on the private sector, thus increasing the cost of nursing education in the state; and not encashing on the PPP initiative.

4. SWOT ANALYSIS OF THE PROFESSIONAL BODIES IN UTTAR PRADESH (STATE NURSING COUNCIL)

STRENGTH	WEAKNESSES
1. Attempts made to increase the number of nursing schools. 2. Well maintained records at the State Nursing council. 3. The council publication for GNM diploma highlights the deployment norms for the nursing personnel in the hospitals. 4. Council has adequate resources. 5. There is no system of renewal of registration.	1. JD Nursing not occupying any executive post in the council. 2. The registrar post of the council is held by the Medical person, who is simultaneously holding additional charge of three other councils. 3. Non-nursing health administrators holding the key positions in the council.
OPPORTUNITIES	
1. As per the emphasis made be National Health Policy, there is a need for the council to establish training courses for super-specialty nurses required for tertiary care institutions. 2. More thrust required to establish more degree colleges. 3. National Health Policy has asked for the minimal statutory norms for the deployment of nurses in medical institutions under the Indian Nursing Council Act.	

Genesis of the SWOT Carried Out

The SWOT analysis presented above lists the key strengths of the nursing in terms of well established Public health setup and available nursing human power. This coupled with policy guidelines in terms of selection, recruitment, teaching, training and development, and other service matters.

But the strengths are not optimally capitalized due to the certain inbuilt weaknesses of the health system say e.g. in the organizational structure of the policy-making body of the Directorate in the states. In the absence of any nursing position at the top decision-making level in the Directorates, all the policy decisions are framed by the non-nursing personnel. The systems apathy towards building nursing capacities have translated in to human resource shortage in the both teaching as well as the service delivery sector. Lack of decentralization in terms of no financial powers delegated, have led to unnecessary delays for administrative and other managerial affairs. The current scenario shows that how the weaknesses tend to overpower the strengths due to the systems apathy to address the ground realities.

For moving toward betterment of the nursing capacity building, it is important to pay attention to the opportunities existing in the present day. NRHM, the flag ship programme of Government of India, emphasizes on quality of MCH services, which require focusing on capacity building and skill enhancement of nurses. Of the various strategies/models available, Public Private Partnership models for effective service delivery have already started to show positive results.

Universally the demand for nursing human power is increasing with an estimation that 3.5 lakh nurses would be required by 2015. This requires immediate attention to establish 225 new nursing colleges, 769 schools to be upgraded and 266 colleges to be strengthened, as quoted in the "Report of the National Commission on Macro Economics and Health" (2005).

We cannot ignore the emerging threats in terms of increasing shortage of well trained skilled nurses. There is concern of low quality of instruction and skill acquisition more particularly in private nursing institutes (Report of the National Commission on Macro Economics and Health, 2005). With the ever growing demand from private sector and other countries for skilled nurses, the Government health system need to re-design the HR strategies for the career growth and retention of nursing manpower.

How the threats are minimized and resolved, require strategic attention to encash on the strengths and opportunities.

Chapter VI

RECOMMENDATIONS

RECOMMENDATIONS

After carrying out the detailed analysis of nursing scenario in UP, and by identifying the constraints, the report attempts to draw the following recommendations:

At the foremost the nursing as such needs a complete image changeover keeping in line with the ever emerging importance of nursing profession accorded universally. From the image of being submissive and at the receiving end, they need to shift to play the more proactive role. This requires a change in the mind set right from the top level of the planners up to the community and stake holders. Their immense human potential needs to be converted in to reality by creating an enabling work environment for them in terms of providing more power in decision making, and sound HR policies. The contribution of the nursing to the overall health of the nation demands more visibility. Today the nurses need to be the equal partners in the process of health care delivery to achieve the United Nations' Millennium Development Goals.

The professional bodies need to apply more concern for protecting the rights of nursing personnel and this also needs more gender sensitivity among the policy planners. This also requires suitable laws, if needed, to be enacted.

- The state Directorate should have a separate nursing division and preferably to be headed by a nursing professional at the post of 'Director Nursing' or its equivalent. The senior most nursing post must have total autonomy in decision making and to be member of all policy-making bodies dealing with health and family welfare issues.
- The nursing division should be adequately staffed and for example the WB nursing branch can be taken as a model.
- The structure of the nursing division to have Joint Directors/Additional Directors each for Nursing services, Nursing education and training and Public Health Nursing/Community Nursing.
- Clear cut job profiles to be developed for all levels of the nursing cadre from top to bottom.
- The nursing personnel interviewed, all required the uniformity in the pay scale particularly in reference to the central scales.
- ACR and performance appraisal needs reforms to give due recognition to the conduction and documentation of research carried out by nursing personnel. The criteria for work performance should be objectively linked to the job profile.
- The selection committee for recruitment and promotion should have nursing representatives from service delivery, from educational as well

as professional bodies. The selection process for admission to nursing educational institutes should also have similar representation.

- For effective manpower planning and development for nursing, its extremely important to develop the Human Resource (HR) policy which will take into consideration future human resource planning for nurses. The HR policy also to focus on developing guidelines for training and development of the nurses keeping in view the demand generation.
- The career path should provide flexible opportunities i.e. the transfer from service delivery side to educational and vice versa. But the transfer and placement should be supported by the requisite skill development.
- The nursing transfer policy to emphasize that nurses with the specialized and super- specialized training to be transferred to the other service delivery set ups in their area of specialization.
- Higher educational qualifications should be linked to career growth. But seniority should not be completely ignored, and there can be a certain percentage for seniority based promotions.
- Since the working and enabling work environment are the pre-requisite for the quality of nursing services, the nursing service rule must re-frame guidelines for issues like security, accommodation, and transport.
- For the service delivery setup, the nurse bed ratio calculation should take in to account the requirement for specialized areas, e.g. for labour room, ICU and other super speciality areas.
- The hospitals also need to have nursing division headed by senior nursing administrators with more leadership and management skills to make nursing workforce more proactive.
- More decentralization with budgetary powers to senior nursing functionaries in the hospitals.
- The Government needs to focus on creating more nursing educational institutions (both schools and colleges), by keeping in mind the demand and supply gap for nurses in the service as well as the education sector.
- The skills of the teaching faculty of the institutions should be strengthened, and the infrastructure and other resources to be provided to facilitate quality nursing education.
- With the emerging demand for super-specialization in the health sector, the need is to increase the number of super-specialty skill-based courses.
- Along with developing the clinical skills of the nurses, it is extremely important to provide Behavioral skill training especially in Leadership Skills, Assertive Skills, Communication Skill, Conflict Management and Negotiation Skills etc.
- Adequate opportunities for development of midwifery skills for hands on training need to be worked out.
- To address the need for providing quality health services, the feasibility

of developing nurse practitioners and their placement needs to be worked out.

- ✧ Moreover teaching posts also need to be created for adequate placement. This can be compensated by the creation of more nursing colleges i.e. both B.Sc and M.Sc.
- ✧ The post of registrar of the State Nursing Councils should be occupied by a Nursing Professional only, to comply with the recommendations of the Nursing Act. The Executive heads of the Governing and other Bodies of the State Nursing Council should preferably be Nursing Professionals.
- ✧ Nursing being a woman dominated profession and to protect their rights, it is considered extremely significant for each state to setup Sexual Harassment Committees as per Supreme Court guidelines.
- ✧ It is suggested that the State Nursing Divisions should organize inter-state exchange visits of the key nursing functionaries (from administrative units, service delivery centres and the nursing faculty). This will help in sharing the best practices and experiences for nursing capacity building.

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ANNEXURES

Annexure-1

List of Officials Interviewed

Sl. No	Name	Designation	Address
1.	Dr.L.B.Prasad	Director-General (Health service)	Directorate of Medical and Health Swathya Bhawan, Lucknow, U.P
2.	Dr. R.D. Singh	Director (Medical Care)	Directorate of Medical and Health Swathya Bhawan, Lucknow, U.P
3.	Dr. B.P. Azad	Addl. Diector (Medical Care)	Directorate of Medical and Health Swathya Bhawan, Lucknow, U.P
4.	Mrs. Savitri Arya	Joint Director (Nursing)	Directorate of Medical and Health Swathya Bhawan, Lucknow, U.P
5.	Dr. J.L. Chittoria	Director	Directorate of Family Welfare Jagat Narian Road, Lucknow, U.P
6.	Dr.C.B.Prasad	Additional Director	NRHM, Directorate of Family Welfare
7.	Dr.Neera Jain	Director	SIHFW, U.P. Health System Development
8.	Dr. Shishir Mittal	Joint Director	SIFPSA Office, Lucknow
9.	Dr.M.K.Sinha	Dy General Manager (Public Sector)	SIFPSA Office, Lucknow
10.	Dr. Rajesh Jain	Secretary, State Medical Faculty and Registrar of State Medical Council	State Nursing Council and State Dental Council
11.	Dr. Raeed Ahmed	Director (Training)	Directorate of Medical and Health
12.	Mrs. Monika Rizvi	Principal Tutor	Nursing School, Balrampur Hospital
13.	Mrs. Shakuntala Singh	Senior Matron	Balrampur Hospital
14.	Mrs. Santosh	Sister Tutor	Balrampur Hospital
15.	Ms. Lakshmi Chauhan	Sister Tutor	Balrampur Hospital
16.	Ms. Vimla Kumari	Sister Tutor	Balrampur Hospital
17.	Smt. Vijay Laxmi Mathur,	PNS Tutor	GNM School, KGMU

18.	Mrs. Lakshmi Gupta	PNS Tutor	GNM School, KGMU
19.	Mrs. P.J. Prisco	Principal Tutor	GNM School, KGMU
20.	Ms. Madhubala	Matron	S.P.Mukherjee C ivil Hospital
21.	Ines Singh	Sister Incharge	S.P.Mukherjee Civil Hospital
22.	Mrs Rudh Danial	President	Rajkiya Nursing Sangh, UP

Annexure-2

A. THE UTTAR PRADESH NURSING (GAZETTED) SERVICE RULES, 1996

Part –I - General

1. Short title and commencement

(i) These rules may be called to the Uttar Pradesh Nursing (Gazetted) Service Rules, 1996;

(ii) They shall come into force at once.

2. Status of the service- The Uttar Pradesh Nursing (Gazetted) Service is a state service comprising Groups 'A' and 'B' posts.

3. Definition- In these rules, unless there is anything repugnant in the subject or context:

a. Appointing authority' in respect of the Joint Director and Deputy Superintendent means the Governor and in respect of the other posts in service means the Director General.

b. Constitution' means the Constitution of India.

c. Director General' means the Director General of Medical and Health Services, Uttar Pradesh.

d. Government' means the State Government of Uttar Pradesh

e. "Governor' means the Governor of Uttar Pradesh
'

f. Member of the Service' means a person substantively appointed under these rules or rules or orders in force prior to the commencement of these rules to a post in the cadre of the service.
'

g. Service' means the Uttar Pradesh Nursing (Gazetted) service.
'

h. Substantive appointment' means an appointment not being an adhoc appointment, which according to the rules.

i. 'Year of recruitment' means the period of 12 months commencing from the first day of July of a calendar year.

Part –II – Cadre

4. Order of Service

1) The strength of the service and number of posts for each category would as such determined by the government from time to time.

2) The strength of the service and number of posts thereon shall remain same until

orders shall be passed under sub-rule (1) as given in the Appendix to these rules.

Provided till:

a) The appointing authority may leave the post vacant or the Governor may postpone the recruitment to the post thereby entitling no person can claim its entitlement to the position.
b) The Governor may create such additional temporary or permanent posts from time to time as he may consider appropriate.*Part –III – Recruitment*

5. Source of Recruitment

Recruitment to the various categories of post in the service shall be made from the following sources:

1) Tutor: By promotion from amongst "Substantatively appointed" Sisters and Ward Masters, who have completed 7 years of service as such from the first day of the year of recruitment.
2) Assistant Matron: By promotion from amongst "Substantatively appointed" Sisters, who have completed 7 years of service as such from the first day of the year of recruitment.
3) Principal Tutor: By promotion from amongst "Substantatively appointed" Tutors and Public Health Nursing Tutors, who have completed 5 years of service as such from the first day of the year of recruitment.
4) Matron: By promotion from amongst "Substantatively appointed" Assistant Matrons and Female Operation Theatre Supervisors, who have completed 5 years of service as such from the first day of the year of recruitment.
5) Senior Matron: By promotion from amongst "Substantatively appointed" Matrons, who have completed 3 years of service as such from the first day of the year of recruitment.
6) Assistant Superintendent: By promotion from amongst "Substantatively appointed" Principal Tutors and who have completed 3 years of service as such from the first day of the year of recruitment.
7) Dy. Superintendent: By promotion from amongst "Substantatively appointed" Senior Matrons.,who are in service as such from the first day of the year of recruitment.
(Note: This post has been converted into the post of Assistant Director (Nursing).
8) Joint Director: By promotion from amongst "Substantatively appointed" Assistant Superintendents and Dy. Superintendents, who are in service as such from the first day of the year of recruitment.

6. Reservation-
Posts are reserved for the SC, ST and OBC categories which are filled according to the government rules enforced at the time of recruitment.

Part –IV – Procedure for Recruitment

7. Determination of vacancies-
The appointing authority shall determine the number of posts for recruitment in a year and under rule-6 he also determine the number of posts to be reserved for SC/ST and other category.

8. Procedure for recruitment by promotion through selection committee

1. For the posts of Tutor, Principal Tutor, Assistant Matron, Matron, Senior Matron, Assistant Superintendent, Deputy Superintendent and Joint Director, the recruitment through promotion is being rejected and it will be done on the basis of seniority by following constituted selection committees.

A. For the posts of Tutor, Principal Tutor, Assistant Matron, Matron, Senior Matron, Assistant Superintendent

a) Director General Medical and Health …….Chairman
b) Additional Director Medical, …… Member

Health and Family Welfare , UP
(dealing with Nursing establishment)
Joint Director ……..Member
(dealing with Nursing establishment)

B. For the post of Joint Director and Deputy Superintendent

a) Principal Secretary or Secretary or both as case may be to the Government, Medical Health and Family Welfare Department.
b) Secretary to the Government in Personal Department or his nominee not below the rank of Joint Secretary
c) Director General Medical and Health, Uttar Pradesh
Note – The Senior Secretary shall be the Chairman of the Committee

2. The appointing authority shall prepare eligibility list of the candidates, in accordance with the Uttar Pradesh. Promotion by Selection (on the posts outside the purview of the Public Service commission), Eligibility list Rules, 1980 and place the same before the Selection committee along with their character rolls and such other record pertaining to them, as may be considered proper:

Provided that where there are few or more different feeding cadres

a) bearing different pay scales, the candidates belonging to the cadre bearing higher pay scale shall be placed higher in the eligibility list.
b) bearing the same pay scale the names of the candidates shall be arranged in the eligibility list in order of the date of their substantive appointment in their respective cadres.

3. The Selection Committee shall consider the cases of the candidates on the basis of records referred to in sub-rule (2) and, if it considers necessary it may interview the candidate also.

4. The Selection Committee shall prepare list of selected candidates arranged in order of seniority and forward the same to the appointing authority.

PART V- *Appointment, Probation, Confirmation and Seniority*

9. Appointment

(1) The appointing authority shall make appointments by taking the names of candidates in the order in which they stand in the list prepared under rule 8.
(2) If more than one order of appointment are issued in respect of any one selection, a combined order shall also be issued, mentioning the names of the persons in order of seniority as it stood in the cadre from which they are promoted.

10. Probation

(1) A person shall be appointed to a post in the service on probation for a period of one year.
(2) The appointing authority for reasons to be recorded, extend the period of probation in individual cases specifying the date up to which the extension is granted.
Provided that, save in exceptional circumstances, the period of probation shall not be extended beyond one year and in no circumstances beyond two years.
(3) If it appears to the appointing authority at any time during or at the end of the period of probation or extended period of probation that a probationer has not made sufficient use of his/her opportunities or has, otherwise failed to deliver satisfaction he/she may be relieved from his/her substantive post.
(4) A probationer, who is reverted under rule (3), shall not be entitled to any compensation.
(5) The appointing authority may allow continuous service, in a post included in the cadre or any other equivalent or higher post, to be taken in to account for the purpose of computing the period of

probation.

11. Confirmation

(1) Subject to the provisions of sub-rule (2), a probationer shall be confirmed in his/her appointment at the end of the period of probation or the extended period of probation, if-

(a) his/her work and conduct at regular intervals is found to be satisfactory.

(b) his/her integrity is certified, and

(c) the appointing authority is satisfied that he/she is otherwise fit for confirmation.

a) Where in accordance with the provisions of Uttar Pradesh State Government Servants Confirmation Rules, 1991, confirmation is not necessary the order under sub-rule (3) of rule 5 of 5 of these rules declaring that person concerned has successfully completed the probation shall be deemed to be the order of confirmation.

12. Seniority

The seniority of person substantively appointed in any category of post, shall be determined in accordance with the Uttar Pradesh Government Servants Seniority rules, 1991 as amended from time to time.

13. Scale of Pay

(1) The scales of pay admissible to persons appointed to the various categories of posts in the service shall be such as may be determined by the Government from time to time.

(2) The scales of pay at the time of commencement of these rules are given as follows:

Sl. No.	Name of the post	Pay Scale (In Rs.)
1.	Joint Director	3200-100-3500-125-4875
2.	Deputy Superintendent	2200-75-2500-EB-100-4000
3.	Assistant Superintendent	2000-60-2300-EB-753200-100-3500
4.	Senior Matron	2000-60-2300-EB-753200-100-3500
5.	Principal Tutor	2000-60-2300-EB-753200-100-3500
6.	Matron	2000-60-2300-EB-753200-100-3500
7.	Assistant Matron	2000-60-2300-EB-75-3200
8.	Tutor	2000-60-2300-EB-75-3200

14. Pay during Probation-:

(1) Not withstanding any provisions in the Fundamental Rules to the contrary, a person on probation, if he/she is not already in permanent

Government service, shall be allowed his/her first increment in the time scale whom he/she has completed one year of satisfactory service, and second increment after two years service when he/she has completed the probationary period and is also confirmed:

Provided that, if the period of probation is extended on account of failure to give satisfaction, such extension shall not count for increment unless the appointing authority directs otherwise.

(2) The pay during probation of a person, who was already holding a post under the Government, shall be regulated by the relevant Fundamental Rules:

Provided that, if the period of probation is extended on account of failure to give satisfaction, such extension shall not count for increment unless the appointing authority directs otherwise.

(3) The pay during probation of a person already in permanent Government service shall be regulated by the relevant rules, applicable to the Government servants generally serving in connection with the affairs of the State.

15. Criterion for crossing efficiency bar-:

(1) No Tutor, Assistant Matron, Principal Tutor and Matron shall be allowed to cross the efficiency bar unless he/she has undergone, the prescribed Refresher Course, his/her work and conduct are found to be satisfactory and unless integrity is certified.

(2) No senior matron shall be allowed to cross efficiency bar unless he/she has shown administrative ability has worked steadily and to the best of his/her ability, and his/her work and conduct are satisfactory and unless his/her integrity is certified.

PART VII – *Other Provisions*

16. Canvassing

No recommendations either written or oral, other than those required under the rules applicable to the post will be taken into consideration. Any attempt will be on part of the candidate enlist support directly or indirectly for his/her candidature will disqualify him/her for appointment.

17. Regulation of other matters-:

In regard to the matters not specifically covered by these rules or special orders, persons appointed to the service shall be governed by the rules and

regulations and orders applicable generally to Government Servants serving in connection with affairs of the State.

18. Relaxation from the condition of Service

Where the State Government is satisfied that the operation of any rule regulation, the conditions of service of persons appointed to the service causes undue hardships in any particular case, it may notwithstanding anything contained in the rules applicable to the case, by order, dispense with or relax the requirements of that rule to such extent and subject to such conditions, as it may consider necessary for dealing with the on so in a just and equitable manner.

19. Savings

Nothing in these rules shall affect reservations and other concessions required to be provided for the candidate belonging to Scheduled Castes, Scheduled Tribes and other special categories of persons in accordance with the orders of the Government issued from time to time in this regard.

The sanctioned strength of service commencement of rules:

Sl. No.	Group A	Permanent	Temporary
1.	Joint Director	1	1
2.	Deputy Superintendent	1	1
	Group B		
1.	Assistant Superintendent	1	1
2.	Senior Matron	2	7
3.	Matron	49	42
4.	Principal Tutor	1	12
5.	Assistant Matron	27	55
6.	Tutor	52	22
Total		125	139

Annexure-3

UP Subordinate Nursing (Non-Gazetted) Service Rule

MEDICAL HEALTH AND FAMILY WELFARE DEPARTMENT, U.P.

In pursuance of the provisions of clause (3) of Article 348 of the Constitution, the Governor is pleased to order the publication of the following English translation of notification no. 96374/5-11-99-N (92)-86, dated December 29, 1999.

No. 96374/5-11-99-N (92)-86
Lucknow dated : December 29, 1999

In exercise of the powers conferred by the provision to Article 309 of the Constitution, the Governor is pleased to make the following rules with a view to amending the Uttar Pradesh Subordinate Nursing (Non-Gazetted) Service Rules, 1979:

THE UTTAR PRADESH SUBORDINATE NURSING (NON-GAZETTED) SERVICE (FIRST AMENDMENT) RULES, 1999

1. Short title and commencement-
   (i) These rules may be called the Uttar Pradesh Subordinate Nursing (Non- Gazetted) Service (First Amendment) Rules, 1999.
   (ii) They shall come into force at once
2. Amendment of rule 3 - In the Uttar Subordinate Nursing (Non-Gazetted) Service Rules, 1979, hereinafter referred to as the said rules. In the rule 3 for existing clauses (a) and (b) set out in Column 1 below, the clauses as set out in Column 2 shall be substituted.

Column 1	Column 2
Existing clauses	Clauses as hereby substituted
'appointing authority' means the Additional Director.	'appointing authority' means the Director,
'Additional Director' means the Additional Director, Medical and Health Services, Uttar Pradesh, appointed as such by the Government	'Director' means the Director (Medic al), Uttar Pradesh.

3. Substitution of Rule 5. In the said rules, the existing rule 5, set out in column 1 below, the rule as set out in column-2 shall be substituted, namely

Column 1 Existing rule	Column 2 Rule as hereby substituted
Source of recruitment:- Recruitment to the various categories of post in the service shall be made from the following sources:-	Source of recruitment:- Recruitment to the various categories of post in the service shall be made from the following sources:-
a) Theatre Supervisor-By promotion from amongst Ward Masters and Sisters who have put in a minimum 5 years' service as on the basis of seniority subject to rejection of unfit.	a) Theatre Supervisor- By promotion from amongst substantively appointed Ward Masters and Sisters, who have completed seven years' service as such on the first day of the year of recruitment.
b) Public Health Nurse Tutors - By promotion from amongst Sisters possessing a Diploma in Public Health Nursing awarded or recognized by the State Medical Faculty on the basis of seniority, subject to rejection of unfit.	b) Public Health Nurse Tutors - By promotion from amongst substantively appointed Sisters and Ward Masters, who have completed seven years, service as such on the first day of the year of recruitment.
c) Sisters and d) Ward Masters - By promotion from amongst the Staff Nurses who have put in 5 years' service as such on the basis of seniority subject to rejection of unfit.	c) Sisters and d) Ward Masters - By promotion from amongst substantively appointed Staff Nurses who have completed seven years service as such on the first day of the year of recruitment.
e) Staff Nurse- By Direct recruitment from amongst student nurses and midwives who possessed diploma in Medical and Surgical Nursing and diploma in Midwifery awarded or recognized by the State Medical Faculty and who are registered with the U.P. Nurses and Midwives Council.	e) Staff Nurse- (1) Ninety five percent by direct recruitment from amongst Government Female Student Nurses and midwives who possessed the qualification laid down in rule 10 for Female Staff Nurse. (2) Five percent by direct recruitment from amongst male candidates who fulfil the qualification laid down in rule 10 for Male Staff Nurse.

4. Substitution of rule 7

Column 1 Existing rule	Column 2 Rule as hereby substituted
7. Eligibility: Only women candidate will be eligible for direct recruitment to the service.	7. Eligibility: Ninety five percent female candidates and fiv e percent male candidates will be eligible for direct recruitment to the service.

5. Substitution of rule 10

Column 1	Column 2
Existing rule	Rule as hereby substituted
10. Academic qualifications-	10. Academic qualifications-
1) A candidate for direct recruitment to the post of Staff Nurse (Female) must:- i. have passed High School examination of the Board of High School and Intermediate Education, Uttar Pradesh, or an examination recognized by the Government as equivalent thereto. ii. possess Diploma in Medical and Surgical Nursing registrable with the U.P. Nurses and Midwives Council; iii. possess diploma in Midwifery registrable with the U.P. Nurses and Midwives Council: iv. possess certificate of registration as Nurses from U.P Nurs es and Midwives Council: v. have working knowledge in Hindi.	1) A candidate for direct recruitment to the post of Staff Nurse (Female) must:- i. have passed High school exam with science and passed intermediate examination of the Board of High School and Intermed iate education, Uttar Pradesh or an exam recognized by Govt. as equivalent there to; ii. possess Diploma in Medical and Surgical Nursing registrable with the U.P. Nurses and Midwives Council; iii. possess Diploma in Midwifery for female candidates registrable with the U.P. Nurses and Midwives Council; iv. possess certificate of registration as Nurse from U.P. Nurses and Midwives Council
	2) A candidate for direct recruitment to the post of Staff Nurse (Male) must:- i. have passed High School Exam with Science and passed Inte rmediate exam. of the Board of High School and Intermediate education, Uttar Pradesh or an exam recognized by the Govt. as equivalent thereto; ii. possess diploma in Medical and Surgical Nursing registrable with U.P. Nurses and Midwives Council; iii. possess diplom a in Psychiatry registrable with U.P. Nurses and Midwives Council; iv. possess certificate of registration as Nurse from U.P. Nurses and Midwives Council.

6. Substitution of rule 14

Column 1	Column 2
Existing rule	Rule as hereby substituted
14. Determination of vacancies- The appointing authority shall determine and notify to the Employment Exchange in accordance with the rules and orders for the time being in force, the number of vacancies to be filled during the course of the year as also the number of vacancies to be reserved for candidates belonging to Scheduled Castes, Schedules Tribes -and other categories under rule 6. If sufficient number of qualified candidates is not available through Employment Exchange applications may be invited from other sources also.	14. Determination of vacancies- The appointing authority shall determine the number of vacancies to be filled during the course of the year as also the number of vacancies to be reserved for candidates belonging to Scheduled Castes, Schedules Tribes -and other categories under rule 6.

7. Substitution of rule 15

Column 1 Existing rule	Column 2 Rule as hereby substituted
15. Procedure for direct recruitment- 1) For the purpose of recruitment, there shall be constituted a Selection Committee comprising:- i. Additional Director, or an officer not below the rank of Joint Director of Medical and Health Services Women), U.P., nominated by him. ii. Deputy Director of Medical and Health Services (Nursing), U.P. iii. Deputy Superintendent of Nursing Services, U.P.	15. Procedure for direct recruitment- 1. Direct recruitment to a post in the service shall be made in accordance with the provisions to the Uttar Pradesh Procedure for Direct Recruitment Group 'C' Posts (outside the purview of the Uttar Pradesh Public Service Commission) Rules, 1998, as amended from time to time.
2) The Selection Committee shall scrutinize applications and require the eligible candidates to appear in an interview.	
3) The Selection Committee shall prepare a list of candidate in order of merit, as disclosed by the marks obtained by them in the interview. If two or more candidates obtain equal marks, the Selection Committee shall arrange their names in order of merit on the basis of their general suitability for the post. The number of the names in the list shall be larger (but not larger by more than 25 percent) of the number of vacancies.	

8. Substitution of rule 16

Column 1	Column 2
Existing rule	Rule as hereby substituted
16.Procedure for recruitment by promotion 1) Recruitment by promotion shall be made on the basis of seniority subject to the rejection of unfit through the Selection Committee constituted under rule 16.	16. Procedure for recruitment by promotion 1. Recruitment by promotion shall be made on the basis of seniority subject to the rejection of unfit through selection committee constituted in accordance with the provisions of the U.P. Constitution of Depa rtmental Promotion Committee for posts outside the purview of the Service Commission, Rules, 1992 as amended from time to time. Note: Nomination of Officers for giving representation to the Scheduled Castes, Schedules Tribes and other backward Classes of citizens in the Selection Committee shall be made in accordance with the order made under section 7 of the Uttar Pradesh Public Service (Reservation for Scheduled Castes, Scheduled Tribes and other Backward Classes) Act, 1994, as amended from time to time.
2) The appointing authority shall prepare an eligibility list of candidates, arranged in order of seniority, and place it before the Selection Committee along with their character roles and such other record, pertaining to them, as may be consider proper.	2. The appointing authority shall prepare eligibility list of candidates in accordance with the Uttar Pradesh Promotion by Selection (on posts outside the purview of the Public Service Commission) Eligibility List Rules, 1986, as amended from time to time and placed the same before the Selection Committee along with their character rolls such other records pertaining to them, as may be considered proper: Provided that where there are two of more feeding cadres: a. Bearing different pay scales the candidates belonging to the cadre bearing higher pay scale shall be placed higher in the eligibility list; b. Bearing the same pay scale the name of the candidates shall be arranged in the eligibility in order of their date of substantive appointment in their respective cadres. But it the date of substantive appointment of two or more candidates is the same, then in such situation the candidate who is older in age shall be placed higher in the eligibility list.

3) The Selection Committee shall consider the cases of candidates on the basis of the records, referred to in sub-rule (2).	1. The Selection Committee shall consider the cases of candidates on the basis of records, referred to in sub -rule (2) and, if it considered necessary, it may interview the candidates also.
4) The Selection Committee shall prepare a list of selected candidates arranged in order of seniority and forward the same to the appointing authority.	2. The Selection Committee shall prepare a list of selected candidates in order of seniority as it stood in the cadre from which they are to be promoted and forward the same to the appointing authority.

9. Substitution of rule 17

Column 1	Column 2
Existing rule	Rule as hereby substituted
17. Appointment 1) On the occurrence of substantive vacancies, the appointing authority shall make appointment by taking candidates in the order in which they stand in the list prepared under rules 15 and 16, as the once may be.	17. Appointment 1) The appointing authority sh all make appointment by taking her names of candidates in order in which they stand in the lists prepared under rules 15 or 16, as the case may be.
2) The appointing authority may make appointments in temporary and officiating vacancies also from the lists referred to in sub -rule (1) If no candidate borne on those lists is available, he may make appointments in such vacancies from persons eligible for appointment under these rules. Such appointment shall not continue beyond one year or till the next sel ection which ever is earlier.	2) If more than one order of appointment are issued in respect of any one selection, a combined order shall also be issued, mentioning the names of the persons in order of seniority as determined in the selection as the case may be, as it stood in the cadre from which they are promoted

10. Substitution of rule 18

Column 1	Column 2
Existing rule	Rule as hereby substituted
18. Seniority – Seniority in any category of post in the service sha ll be determined from the date of order of substantive appointment and if two or more persons are appointed together from the other in which their names are arranged in the appointment order: Provided that- 1) The seniority of persons appointed to the serv ice by promotion shall be same as it was in the substantive post held by them as the time of promotion.	18. Seniority - The seniority of persons substantively appointed in any category of post shall be determined in accordance with the U.P. Govt. services seniority Rules 1991, as amended from time to time.

Notes: (i) A candidate recruited directly may lose her seniority if she fails to join without valid reasons when a vacancy is offered to her. The decision of the appointing authority to the validity of the reasons will be final. (ii) Where the appointment order specifies a particular back onto with effect from which a person is to be appointed substantively that date will be deemed to be the date of order of substantive appointment. In other case it will mean the date of issued of order.	

11. Substitution of rule 20

Column 1	Column 2
Existing rule	Rule as hereby substituted
20. Confirmation- A probationer shall be confirmed in her/his appointment at the end of the period of probation or the extended period of probation, if-	20. Confirmation- (1) Subject to the provisions of sub -rule (2), a probationer shall be confirmed in his appointment at the end of the period of probation or the extended period of probation, if-
(a) her/his work and conduct is reported to be satisfactory; (b) her/his integrity is certified; and (c) the appointing authority is satisfied that she/he is otherwise fit for confirmation.	(a) his work and conduct is found to be satisfactory, and (b) her/his integrity is certified.
	(2) Where in accordance with the provisions of the Uttar Pradesh State Government Servants Confirmation Rules, 1991, confirmation is not necessary, the order under sub-rule (3) of rule 5 of these rules declaring that the person concerned has successfully completed the probation shall be deemed to be the order of confirmation.

12. Substitution of rule 21

Column 1	Column 2
Existing rule	Rule as hereby substituted
21. Scales of Pay 1) The scales of pay admissible to persons appointed to the various categories of posts in the service; whether in a substantive or officiating capacity or as a temporary measure, shall be such as may be determined by the Government from time to time.	21. Scales of Pay 1) The scales of pay admissible to person appointed to the various categories of post in the services shall be such as maybe determined by the Govt. from time to time.
2) The scales of pay at the time of the commencement of these rules are given as follows- i. Theatre Supervisor – Rs. 400-15-475 E. B-15-550. ii. Public Health Nurse – Rs. 400-15-475-E-B-15-550 iii. Sister and Ward Master – Rs. 350-15-425-E. B-15-500. iv. Staff Nurse – Rs. 280 -8-296-9-350-E. B -10-100-E-B-12-400.	2) The scales of p ay at the time of the commend of the U.P. subordinate Nursing (Non-Gazetted) Services (First Amendment Rules, 1998 are given as follows:- i. Theatre Supervisor – Rs. 6500-200-10,500. ii. Public Health Nurse – Rs. 6500-200-10,500. iii. Sister and Ward Master – Rs. 5500-175-9000. iv. Staff Nurse – Rs. 5000-150-8000.

13. Omission of rule 22: In the said rules, the existing rule 22 shall be omitted.

Annexure-4

Duties and Responsibilities

For General Nursing Midwives

Those who have been appointed for one year on contractual basis need to be present in the appointed place with the help of Inst. Deliveries and Immunisation 5-6 times more than the existing. These are the salient features, duties and responsibilities of the GNM.

1) According to the rule those who are working during this period their main duty is to register the pregnant ladies, giving TT dosage, providing the Iron tablets to pregnant ladies. Advice them for rest, weight checking and recognize any kind of complications, care and their management and also to help and coordinate with NGOs for executing the activities.
2) Taking care of the pregnant ladies during deliveries and normal delivery and support the doctors in all the activities in the labour room.
3) Look after the newly born babies, and give important advice to the mother about breast feeding and to advice the mothers to continually breast feed their babies for 6 months and then give extra food for the baby.
4) Look after the pregnant ladies after deliveries and advice and diagnose any difficulties.
5) Identify any critical conditions in newly born babies and manage any difficulties caused thereof.
6) Provide full knowledge about family welfare methods to the ladies after the delivery
7) Provide immunization services to the child and give knowledge about their proper nurture.
8) Provide assistance to MO official in PHC for running the programmes which are run by government from time to time.
9) Any other assignment given by higher officers.

If any discrepancy is found in the working during the contractual period, a warning is given. If the discrepancy in the work continues then the contract will be terminated.

Annexure-5

List of Nursing and paramedical training schools adjoining UP State Medical Faculty

Sl. No.	List of Training Centre	Government/ Private	Starting year	Recruitment Capacity	Selection of Trainees
1.	S.V.B.P. Hospital, Meerut	Government	Before 1960	66	Health Directorate
2.	S.N Hospital, Agra	Government	Before 1960	58	Health Directorate
3.	District Hospital, Bareily	Government	Before 1960	23	Health Directorate
4.	S.R.N. Hospital, Allahabad	Government	Before 1960	54	Health Directorate
5.	U.H.M.Hospital, Kanpur	Government	Before 1960	35	Health Directorate
6.	L.L.R. Hospital, Kanpur	Government	Before 1960	67	Health Directorate
7.	Balrampur Hospital, Lucknow	Government	Before 1960	23	Health Directorate
8.	G.M. and A. Hospital, Lucknow	Government	Before 1960	77	Health Directorate
9.	District Hospital, Gorakhpur	Government	Before 1960	50	Health Directorate
10.	J.N. M.C Hospital, Aligarh	Government	Before 1960	24	
11.	Clara Swain Hospital, Bareily	Private	Before 1960	24	University level
12.	Methodist Hospital, Jai Singh Pura, Mathura	Private	Before 1960	20	University level
13.	Krishi Chayan Hospital, Jai Singh Pura, Mathura	Private	Before 1960	20	Training centre
14.	Krishi Chayan Hospital, Khasganj, Ata	Private	Before 1960	25	Training centre
15.	Krishi Chayan Hospital, Harvantpur, Ajam gad	Private	Before 1960	20	Training centre
16.	R.K. Mission Hospital Vrindavan, Mathura	Private	1980	20	Training centre
17.	Fathima Hospital, Mau	Private	1986	30	Training centre
18.	Saint Judas Hospital, Sipri Bazar, Jhansi	Private	1985	20	Training centre
19.	Fatima Hospital, Lucknow	Private	1985	20	Training centre

20.	Vivekanand Polyclinic, Lucknow	Private	1987	20	Training centre
21.	B.S.M. Hospital, Khairabad, Sitapur	Private	1990	30	Training centre
22.	Najrath Hospital, 13/A, Kamla Nehru Road, Allahabad	Private	1989	40	Training centre
23.	Himalayan School of Nursing Swami Ramnagar, Dehradun	Private	1998	45	Training centre
24.	K.K. Hospital Near River Bank Colony, Lucknow	Private	2003	50	Training centre
25.	Sardar Patel School of Nursing Chaudhary Vihar, Uthartiya, Rai Bareily Road, Lucknow	Private	2003	20	Training centre
26.	P.D.M.C. School of Nursing 58, N.H. Delhi-Haridwar By Pass Road, Subhas Puram, Meerut	Private	2003	40	Training centre
27.	A.I.C.C.E.D. Society, Near Railway Station, Ajamgad	Private	2003	30	Training centre
28.	Era School of Nursing, Safdarjung, Musa Bagh, Picnic Spot, Hardai Road, Lucknow	Private	2003	50	Training centre
29.	Heritage School of Nursing, Block No. 3, ARI Complex Lanka, Varanasi	Private	2003	20	Training centre
30.	Ganga Sheel School of Nursing 2, Rampur Garden, Bareily	Private	2003	50	Training centre
31.	Gangotri Devi School of Nursing, Gorakhpur	Private	2003	20	Training centre
32.	Vivekanand School of Nursing, Kath Road, Muradabad	Private	2003	30	Training centre
33.	Mariam Pur Hospital, Shastri Nagar, Kanpur	Private	2003	30	Training centre
34.	Saint Catherine Hospital, Kanpur	Private	2003	20	Training centre

35.	Mayo Medical Centre Vishal khand, Gomti Nagar, Lucknow	Private	2003	40	Training centre
36.	Institute of Medical Centre, 56, Matiyari, Deva Road, Chin Hut, Lucknow	Private	2003	50	Training centre
37.	Nightingale Education Society C-56/4, Sector-62 Noida	Private	2003	60	Training centre
38.	Aligarh School of Nursing Gulmarg Complex, Purani Chungi, Anoop Shahar Road Aligarh	Private	2003	30	Training centre
39.	Shanti Mangalik Hospital Fatehbad Road, Agra	Private	2003	30	Training centre
40.	Noida Medicare Centre C-17, Sector-26 Noida	Private	2003	40	Training centre
41.	Santosh Medical College, Santosh Nagar, Pratap Vihar Gaziabad	Private	2004	50	Training centre
42.	Keshalta Hospital Stadium Road, Delapur, Bareily	Private	2004	40	Training centre
43.	Kailash Institute of Nursing G-29, Sector-27, Noida	Private	2004	50	Training centre
44.	Florence Nursing School of General Nursing and Paramedical Science Shah Jahan Pur	Private	2005	50	Training centre
45.	G.S.R.M. Memorial School of Nursing D-16, Sarojani Nagar, Lucknow	Private	2005	50	Training centre
46.	Tamana Institute of Alied Health Sciences 27-B, Hashim Pur Road Allahabad	Private	2005	30	Training centre
47.	Sanjay Gandhi School of Nursing Sultanpur, Puran Pur, Pilibheet	Private	2005	40	Training centre

48.	Prakash Institute of Physio Rehabilitation and Health Sciences 9-A, Sector-P-2, Greater Noida Gautam Budh Nagar	Private	2005	40	Training centre
49.	Jeevan Jyoti Hospital and Jeevan Jyoti Institue of Medical Sciences 162 Bai Ka Bazaar, Allahabad	Private	2005	30	Training centre
50.	Amodha Institute of Professional and Technical Education 7 Km, Stone, Meerut Road, Morta, Ghaziabad	Private	2005	30	Training centre
51.	Chandni Charitable Society School of Nursing 347, Lakhanpur Vikasnagar, Kanpur	Private	2005	20	Training centre
52.	Charak Institute of Paramedical and Health Sciences Near Dubanga Mandi Hardai Road, Lucknow	Private	2005	40	Training centre
53.	F.I School of Nursing 37, Cantt Road, Lucknow	Private	2005	40	Training centre
54.	Brij Chikitsa Sansthan School of Nursing Daresi Road, Mathura	Private	2005	30	Training centre
55.	G.G. School of Nursing Block 106/2, Sanjay Place Agra	Private	2005	20	Training centre
56.	Pushpanjali School of Nursing Pushpanjali Place, Delhi Road Agra	Private	2005	40	Training centre
57.	Shri Ram Murti Smarak School of Nurisng Bareily	Private	2005	30	Training centre
58.	Indian Education Trust School of Nursing 631, Husain Bad, Jaunpur	Private	2005	30	Training centre

59.	Maheshwari School of Nursing Hathras Adda, Agra Road Aligarh	Private	2005	50	Training centre
60.	D.J. College of Paramedical Sciences Niwari Road, Modi Nagar, Ghaziabad	Private	2006	30	Training centre
61.	Meridian School of Nursing Ashapur, Gazipur, Varanasi	Private	2006	40	Training centre
62.	S.A.S School of Nursing Singra, Varanasi	Private	2006	40	Training centre
63.	Mata Gayatri Devi School of Nursing Ganj Dara Nagar Bijanaur	Private	2006	40	Training centre
64.	Uma Lok School of Nursing C-111, Samrat Palace Gad Road, Meerut	Private	2006	40	Training centre

Source: Uttar Pradesh State Medical Faculty and Adjoining Councils, 5 Sarvepalli, mal Avenue Road, Lucknow

Annexure-6

Transfer Policy
No-2674/Sec.2-Five-2007-06 (21)/04 TC-VII

Sender,
Arun Kumar Mishra,
Chief Secretary,
U.P. Government

To,
Director General
Medical & Health
U.P, Lucknow

Medical Section-2 ` Lucknow: Dated: 15 June, 2007

Sub: Transfer Policy for the year 2007-08 for State Medical Services Cadre Medical Officers/ employees.

Sir,

In regarding the Medical officers in Medical and Health issuing the prior transfer policy Government Order No.-4531/Sec-2-Five-2006-6(21)/04 dated 22-6-2006revising the order peforma Sec-4 order no.-1/2/96-19-4-2007, dated 24th May, 2007 regarding Medical officers/employees in Medical Health and Family Welfare Deptt transfer policy for year 2007-08 are according to these following points:

1. A. Transfer for administrative requirement
   B. Promotion, lapse of service, retirement
   C. Personal reason like medical or education of child, vacant of placed mutual understanding
   D. If husband wife both are in govt. service to be posted at one place
   E. Transferred person should not be at the old place

2. Group A & B: Those Medical Officers posted at present time in the district, those who have completed 10 years of services, they are transferred within 100 km. from his/her district.

3. Group A & B: Medical officers those who have completed retirement, dated 30.06.2008, if they want to leave his desired place (Janpad) his application will be considered.

4. Those Specialist Medical officer who have qualification of DHA/MCH or equivalent are exempt from the transfer policy.

5. According to Level-1 the number of transferred officers/employees should

be limited to 10% of all employees of the deptt. But according to level-2 to 3, for Group A & B permission from the Chief Minister is required and for Group C & D Ministers permission is required.

6. Transfer will be done under the provision of transfer expenditure. Transfer expenditure limitations are there but with extraordinary reason, expenditure is given with the approval of the Chief Minister, with the adjustment from Finance Deptt. Post-approval, for income-expenditure extra money is provided.

7. Transfer will be completed on 30 June, 2007 in the Administrative level, Deptt. level, Divisional level and District level. After 30 June, 2007 no transfer will be done. But after this date transfers are done according these following guidelines:
   i. Low-level-8(1) & 8 (2) regarding Chief Ministers approval is must.
   ii. Low level-8(3) regarding Deptt. Ministers' approval is required.
   iii. Group C & D; personal transfer should be consider a one higher level official than who are able to transfer.

8. Other principal Guidelines:-
   i. All deptts officials of Joint Director and above level will be done through approval of State Minister of Health.
   ii. Officials below Joint Director and Group 'A' officers deployment and transfer will be done by Principal Secretary and Secretary.
   iii. For Group 'B' their deployment and transfer will be looked after by Incharge of Section i.e., DS(HS) and below that will be done by the Office Icharge, i.e., Director (MC).
   iv. Doubtful persons are never posted at sensitive posts.
   v. Posting of parents of mentally disabled children appropriately certified by Govt. doctor, receive options, posted at places where there is proper medical facilities are available for them.
   vi. Persons of Group 'A' & 'B' will not be posted in their home towns. These provisions are applicable for District level Deptt/offices.
   vii. Handicap personnel or those personnel whose depended family members are handicap are exempted from transfer. These personnels should have received certification from a competent authority certifying that transfers are to be avoided due to unavoidable reasons. Handicap persons will be posted in their home towns depending on the availability of posts.
   viii. Group 'A' and 'B' officers who are converted by MGO Level-31 and posted in home towns are not posted in as per converted in their home towns.
   ix. Group (iii) C personnel who have left 2 years of his/her services should be given preferences to be posted in their home district depending on their willingness and should not have any matter pending against them.

9. Relieving of transferred persons:
   (i) Transferred persons will be relieved and join within a week without

waiting of the reliever and concerned persons will relieve the transferred persons as soon as possible within the time.

(ii) Persons who are transferred, do not join the post at the posted place will face administrative actions against him.

(iii) Persons who have been posted in Bundelkhand has to complete his posting tenure. He cannot come before his relieving is sanctioned.

10. Transfer of officials recognizing Govt. Employees Service Union:

(i) Recognizing the Govt. Employees Services Union officials- President and Secretary can be transferred before a year from the date of joining the post in Union, if transfer is essential, the transfer approved of the official from officials above the level will be required i.e., District level branched officials should be transferred with the approved of district level officials.

11. Stay of transfer and Recommendation:

i. Transferred personnels stay of transfer will not be forwarded, if a Govt. employee is treated as under the Govt. employee behaviour rules, 1965, rules-27. The UP Govt. personnel (discipline and appeal) rules-1999, suspension, procedure will be done and if do not leave the post in time frame pay is not given for the given period and such informations are given to the transfer officer.

12. Change Note:

i. At new place a official joining the new post, needs some time to learn about the work. So transferred persons make a some changes for important matter/development programmers/projects so that newly officials feel easy to do work.

13. In Public interest Respected Chief Minister has the order to transfer of any personnel.

4. In necessary of Deptt. of Medical and Family Welfare for technical and specialist needs transfer would be done by providing approval of Chief Minister, to the Minsiter of Medical and Health.

5. This transfer policy will remain enforced till this is repugnant by the authority.

Chief Secretary

Copy for the information and necessary action for:

1. Dir. (Ad.) Medical & Health Services, Directorate, U.P., Lucknow
2. D.G., Family Welfare, U.P., Lucknow