

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
STARRED QUESTION NO. 103
TO BE ANSWERED ON THE 22TH DECEMBER, 2017
PAY REVISION OF NURSES**

†*103. SHRIMATI BHAVANA PUNDALIKRAO GAWALI PATIL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the All India Nurses Confederation has demanded review of their pay scale and increase in their allowances;
- (b) if so, the details thereof;
- (c) whether the Government has taken any decision in this regard and if so, the details thereof; and
- (d) whether the Union of Nurses had called a pan-India strike in the recent past and if so, the details thereof along with the action taken by the Government to address their grievances?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (d) : A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 103* FOR 22TH DECEMBER, 2017

(a) to (c) - Government has not received any representation/demands from All India Nurses Confederation. However, representation from All India Government Nurses Federation (AIGNF) was received in the Ministry demanding revision in pay and allowances against 7th Central Pay Commission's report. The Government examined their demands along with demands of other Associations. The Government accepted the Commission's recommendations on minimum pay, fitment factor, Index of Rationalisation, Pay matrices and general recommendations on pay without any material alteration vide Resolution dated 25.07.2016. The recommendation on allowances was referred to an Empowered Committee comprising of Finance Secretary and Secretary (Expenditure) as Chairman and Secretaries of Home Affairs, Defence, Health & Family Welfare, Personnel & Training, Posts & Chairman, Railway Board as Members for further consideration.

AIGNF threatened to go on a nationwide strike with effect from 2nd August, 2016. Their main demands were granting entry pay of PB-3 with GP 5400/- to Staff Nurse (Nursing Officer), Nursing allowance, Nurses to be covered under Risk and Hardship Matrix (R1H1), Uniform and Washing allowance, Knowledge allowance and other allowances according to the Grade Pay. Ministry of Health and Family Welfare examined their demands and recommended entry Grade Pay of Rs.5400/- to Staff Nurse (Nursing Officer) to Ministry of Finance. Detailed note in respect of allowances admissible to nurses vide 7th CPC recommendations, demand of nurses and Ministry's response thereon was sent to Empowered Committee for consideration. (**Annexure**).

(d) AIGNF went on a nationwide strike on 2nd September, 2016 reiterating their earlier demands on revision of pay and allowances. The strike was called off after discussion on 3.9.2016. The Ministry of Health & Family Welfare again referred the demands of the Association along with its recommendations to the Empowered Committee. AIGNF also made their presentation before the Committee on allowances on 15.9.2016.

The Empowered Committee examined the demands of the Nurses Associations. The accepted recommendations on allowances were notified vide Government of India notification dated 06th July, 2017. The Government of India has accepted to retain and rationalize Nursing allowance and Operation theatre allowance. Uniform and washing allowance has been retained and subsumed under the Dress allowance. Most of the demands of AIGNF have been considered and concluded to their satisfaction and a robust system of monthly interaction with nurses has been put in place.

NURSES DEMANDS WITH RESPECT TO ALLOWANCES FROM 7TH CPC**ANNEXURE**

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
a.	Nursing Allowance	3200/- + DA (increase @25% when DA increased by 50%, Presently Rs. 4800	No Changes	5200 (After adding half of 25 % (12.5 %) DA in Rs. 4800) x 1.5 = 7800/- PM + DA (partially increased with DA as it was previous).	<ol style="list-style-type: none">1. Identity of Nurses2. Given due to our Unique professional Knowledge irrespective of place of working and levels.3. Nurses carry out multifarious functions other than direct care provider viz. Advocate of patient and patient care, Counselor, an indenter, as a store keeper, as pharmacy in-charge, as T & P in-charge, as ward manager, as biomedical technician, as dietician, preparing patients for various investigations, as accountant, as cleaning supervisor of ward, as a physiotherapist and many more.4. Nurses have to do multi type of work related to patients but no other category of employee can do nursing care. So nurses are doing multifarious job in nature that strongly supports the Nursing Allowance is the identity of Nurses5. Nurses have to be always in state of Physical and mental alertness while on Duty(Caring the Patients)	Fixed at Rs.7200/- = Rs 4800 x 1.5 as common multiplying factor.

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
b	Risk and Hardship Matrix	No Mention of R&H Matrix	Not Recommended for Nurses	R1H1 category	<p>Risk</p> <ol style="list-style-type: none"> 1. Nurses are exposed to more occupational hazards than other health professionals. 2. continuous/ long hours of direct contact with the patients, unsafe environment, inadequate supply of bare essential items like soap antiseptics and sanitizers, needle destroyer, protective devices like gloves, plastic aprons/ gowns, sleepers. 3. Most common risks are needle stick injuries (resulted in many nurses becoming HbsAg + VE, HIV +VE) while providing direct care (e.g. starting IV infusions, administering medicines [oral and parenteral], assisting in invasive procedures, collection of blood samples and body fluids, carrying out of nursing procedures viz., oxygen administration (air borne Infections like Tuberculosis), nasogastric feeding, suctioning (nasal/oral, tracheal), aerosol, therapy, catheterization etc. during which nurses are working in close contact with the patient. 	Either one of the Risk and Hardship Matrix or Nursing allowance was offered and Nursing allowance was preferred.

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
					<p>4. It has been recently reported in the leading Medias of the country that two of staff nurse from Jodhpur has passed away due to Congo hemorrhagic fever and another nursing matron has also lost her life due to H1N1 infection which they acquired in the course of their duty. Also more than 70% of staff of ICU is diagnosed with pulmonary TB.</p> <p>5. Work with minimum infrastructures and PPE (personal protective equipments)</p> <p>6. The Nepal tragedy has witnessed the movement of flock of nurses from India to rehabilitate the dilapidated health status of Nepal. These nurses worked day and night housing extreme fear of the unknown and impending tremors.</p> <p>7. Most of Female Nurses are more prone to get problem like infertility, abortion, still birth problems, which is very emotional issue attached with females.</p> <p>8. Nurses who are working at Radiology department and Operation theatre are at high risk of exposure to radiation.</p>	

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
					<p>Hardship</p> <p>9. Every Nurse in Govt. hospitals works more than prescribed hours or work like reaches one hour before and more than one hour after (Handing over and taking over of patients life and responsibilities to another staff Nurse). This extra time is not being calculated while calculating the hours of work. She even needs to work for double shift or triple shifts.</p> <p>10. Nurses perform 10-12 Night duties in a month even after her/ his 20 years of service rendered.</p> <p>11. Nurses have to Run and rush to laundry, central store, pharmacy, and always need to be on toe to meet the needs of Doctors, Lab technicians, Physiotherapist, and other health care provider with respect to patient care.</p> <p>12. The adverse unsatisfactory ratio of Doctor to nurse (3:1) and patient to nurse (200:1) expose nurses to multiple risks. Due to acute shortage of Nurses and even subordinate staffs each Nurse has to take care of nearly 100 patients in each shift.</p> <p>13. Every 3rd Nurse is Suffering from Intervertebral disc prolapse (severe low backache, sciatica Varicose vien), cervical spondylosis and every 2nd</p>	

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
					Nurse is suffering from Varicose veins.	

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c	Uniform Allowance	Presently it is Rs.750	Combined both uniform and washing Allowance as Dress Allowance and Given annually Rs.15000	Both to be Kept Separate 1300x 1.5 = 1950/- PM +	<ol style="list-style-type: none"> 1. Our uniform has very much sanctity. 2. Nurses' uniform adds to their identity and Honour. 3. We protect our patients, as well community health of public ingeneral unlike other professions such as lawyers, Police personnel. 4. A look at the price index of commodities forces us to believe that the amount paid is not at all sufficient to maintain uniform, round the year especially due totropical conditions. 5. Often the uniform gets soiled due to the lack of supply of protective devices as mentioned earlier. In order to maintain the uniform in a signified way a reasonable cost has been worked out. 	Rs.1800 per month - Rs.1200 x 1.5 common multiplying factor
d	Washing Allowance	Presently it is Rs.450 Jointly: Rs.14400 Presently Entitled to Rs. 15120 (After adding 12.5% DA)		DA (partially increased with DA as it was previous) (1950*12= Rs. 23400 p e r annum)		

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
e	Special Area allowance	Rs.240 Presently: Rs.360 Presently after adding 12.5% DA, Entitled for Rs.390	Abolished	As the present DA is 125% and Special area allowance is partially indeed with DA, and presently it is Rs.390 and if we multiply with common multiplying factor (as given by 7th CPC) 1.5 i.e Rs.390*1.5 + Rs.585	<ol style="list-style-type: none"> 1. Nurses with special knowledge and training (such as Oncology, neonatal Intensive care, critical care prescribed and recognised by Indian Nursing Council) in super speciality units are already working in many Central govt. Hospitals in India. 2. These doctors and Nurses are equipped with adequate skills by virtue of their special training and work as a team to manage in these units. 3. In the 6th CPC the special area allowance was given subjected to not more than 35% of total nursing staff. Now most of Govt. hospitals have such special areas where our nurses are working very efficiently. 	Rs.540/- per month - Rs.360 x 1.5 common multiplying factor
f	Telephonic allowance for Public Health Nurses and other categories	No Mention for Nurses. But other cadres with similar Grade Pay getting Rs.500	Not Mentioned	At par with the other central Govt. Employees after applying universal multiplying factor (As applicable other cadres.	<ol style="list-style-type: none"> 1. The Public health Nurses need to visit community and schools to render services to the community people, they need to communicate each and every aspect of their work telephonically. 2. In case of emergency they need to transfer the message to their higher authorities 	Not found acceptable.

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
g	Professional Update Allowance	No Mention	No Mention for Nurses but other cadres are being entitled for Rs. 15000 Annually	<u>Rs. 15000 Per annum</u>	<p>1. The Govt. of India has made it mandatory to undergo 150 hours of CNE training programs every five years for the purpose of renewal of registration.</p> <p>2. Sufficient numbers of CNE training program are not available and the Nurses are not deputed to such training programs on the pretext of shortage of staff.</p> <p>3. As a result, the nurses are not in a position to update their knowledge and skills in the emerging areas of specialization in the field of health and nursing.</p> <p>4. With the emerging demand for super specialization in the health sector, there is an urgent need to increase the number of super speciality skill-based sources. For continuous updating of the skills, it will be beneficial to have a separate Continued Nursing Education (CNE) Cell.</p>	Not found acceptable.

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
h	<u>Field allowance for Public Health Nurses and Other Categories</u>	No Mention for Nurses. But other cadres with similar Grade pay getting Field allowance.	Not Mentioned	Field allowance may be given to public health nursing staff working in community/Public health such as in hospitals OT allowance is given to nursing staff	1. There are instances of high risk involved in discharge of duties instantly, hardships faced by the field staff in comparison to in office environment as to general facilities & utilities even the non-availability of drinking water, toilet and public assault in case of adverse conditions in diagnostics.	As per admissible rates of other central government employees.

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
i	NPA (Non practice Allowance)	No Mention of NPA	No Mention	NPA 25 % of Basic	<ol style="list-style-type: none"> 1. Nurses are registered with Council where they obtain education and where they work like the medical professionals. 2. Nurses are registered to practice as professional nurses even as psychiatry Nurse, paediatric Nurse, Geriatric Nurse, O.T Nurse Registration with councils is a statutory requirement to practice. 3. Nurses are licensed to practice independently as they possess professional qualification, knowledge, skills to provide wide spectrum of health/nursing services to the individuals/ patients in health agency/ at home / other health establishments like ambulatory clinics, diagnostic centers, therapeutic clinics, maternity and child health centers, schools individual units Nurses cover a wide spectrum of Nursing Services. 	Not accepted as Nursing allowance is being paid.

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
					<p>4. Nurses independently conduct and manage so many health packages like services for mother and children at the sub-center level and even block level also.</p> <p>5. Visits to individuals requiring services like assessment and treatment of minor ailments, physical examination assess Blood Glucose level, HB, BP measurement, urine for acetone and sugar, immunization (oral and parental), providing first-aid monitoring patients on continuous peritoneal dialysis, ventilator cardiac monitoring etc</p> <p>6. Provide health education on nutrition, health problems and prevention of illness, does counselling of patients such patients with psychiatric illness, chronic illness (Cancer). Communicable Diseases, sexually transmitted diseases.</p> <p>7. Assist the surgeons in performing complicated surgeries.</p>	

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
j.	Night Duty Allowance	No mention	No mention	To be Given to All Nurses	<ol style="list-style-type: none"> 1. Nurses work for 24*7 all the time without any breaks in the morning, evening and night shifts. 2. Nurses stay awake whole night so that comprehensive patient care to be rendered and to render peaceful night to the patients. 3. Nurses should be honoured for their stringent night duties by implementing the night duty allowance. 4. Night work convention, 1990 of International labour organization, states in Article 8: "Compensation for night workers in the form of working time, pay or similar benefits shall recognise the nature of night work." 7th CPC too have convinced that the need for compensating night work is widely recognised and should be continued. due to increasing bed strength in hospitals, increasing staff turnover and delayed appointment/ recruitment of nurses, nurses in various set-ups are forced to work more than the statutory norms. 	

S.No	ISSUES	6th CPC	7th CPC	DEMANDS	JUSTIFICATIONS	REMARKS
					5. Nurses are performing 10-12 night duties per month (12 hours each) without any breaks	
h	Conveyance allowance for PHNs	No Mention for Nurses But other Cadres with same grade Pay getting Rs.3300 P M		At par with the other Central Govt. Employees	To be given to all PHNs at par with other employees getting Conveyance allowance	Not accepted.