

INDIA MATTERS

HRH Interventions; Challenges; Way Ahead

9th AAAH Conference

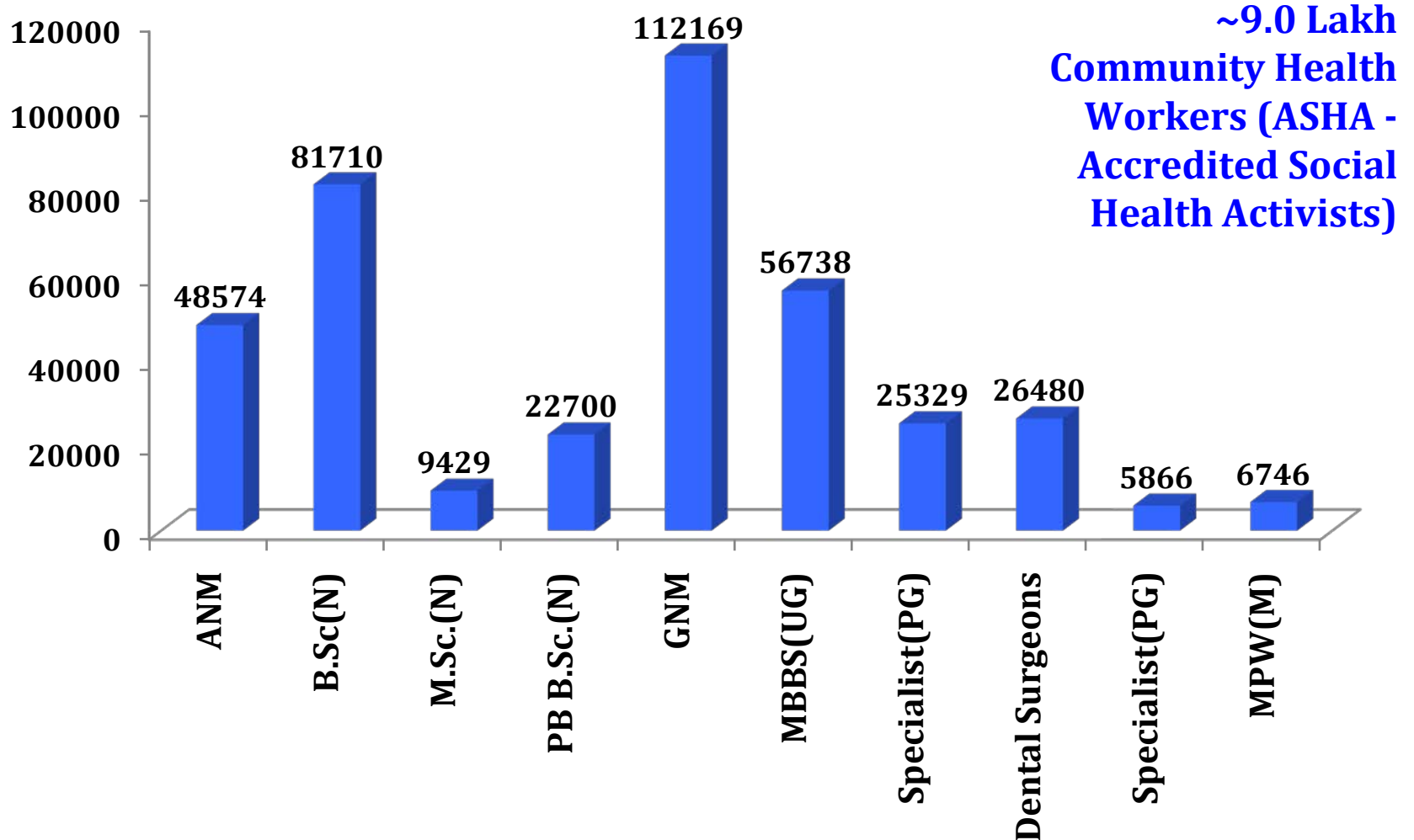
From Strategy to Implementation

Group Members

- Prof. Sanjay Zodpey (Chair)
- Dr. Dilip Singh Mairembam (Presenter)
 - Dr. HKA Galappaththi (Rapporteur)
 - Dr. Boonituan Wattanakul (Observer)
 - Dr. Mihiri Priyangani (Observer)

Numbers; Production

NUMBER OF SEATS



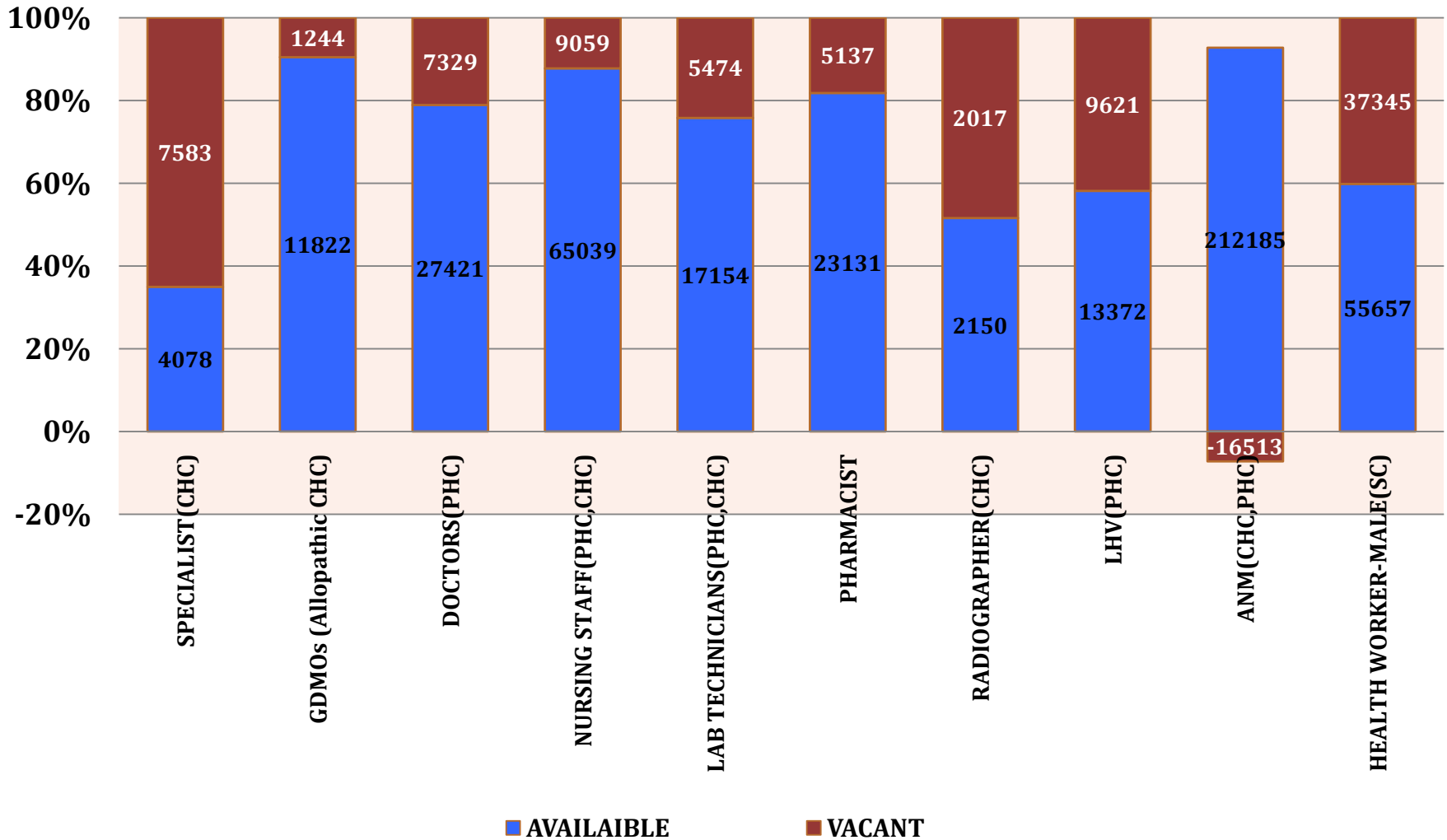
Few Key Initiatives

- Relaxation in norms for setting up new training institutions
- Upgrading District Hospitals to Medical Colleges
- Support for setting up new GNM/ ANM Schools: Funding pattern - 85% Centre & 15% State share
- Strengthening Tertiary Care Services with 15 new AIIMS Hospitals
- Creation of Mid Level Healthcare Providers through Bridge Programs for Nurses and Ayurveda Professionals - Moving towards Comprehensive Primary Healthcare in Health Outposts (Sub Centers)

Challenge - 1

Availability in Public Health Facilities

Availability vs. Sanctioned Positions



Distribution

- Urban Vs Rural distribution of doctors - 70:30*
- Doctor density per 10,000 populations is 2.42 and 9.12 in rural and urban area respectively*
- Chances are that professionals will be more enticed to relocate, in absence of any incentives thus increasing shortages of health care workforce in rural areas

Challenge - 2

HRH Measurement



- I. Professional Council's Data
 - MCI, INC, CCIM, CCH, PCI
- II. Annual Formal Publications from Ministry of Health & Family Welfare
 - Rural Health Statistics in India
 - National Health Profile
- III. Census 2001/2011
- IV. HMIS - Quarterly & Annual forms
- V. Human Resource Management Information Systems
 - Diverse systems
 - Inability to capture information from the private sector
 - Interoperability/ Integration - with Health Management Information System (HMIS), Training Management Information System (TMIS)

Challenge - 3

Accreditation Mechanism

- Currently accreditation available for Doctors and Nurses through Professional Councils
- Public Health Professionals; Allied Health Professionals and Frontline Workers are left out

Key Milestone to Focus on..

1.3: Increasing Access to a Health Worker

- Rural Retention Strategies
- Flexible Norms for Engaging Specialists; Initiatives by National Board of Examinations (NBE), College of Physicians & Surgeons
- Use of Technology
- Continued support from National Health Mission (181706 Clinical & Management Staff added)

Chhattisgarh Rural Medical Corps (CRMC)

EVALUATION REPORT OF
CHHATTISGARH RURAL
MEDICAL CORPS (CRMC)
2013-2014



- Hardship Area Allowance
- Transport Facility
- Education Allowance for Children
- Housing Facility in Transit Hostels
- Insurance Coverage
- Earned Leave for 30 Days
- Casual Leave for 10 Days
- One LTC for Tour in India
- Risk Allowance

4.2; 4.3: Human Resource for Health Information

- Some non-negotiable minimum data elements for all State HRMIS
- National Dashboard with few key elements
- Security of the system - safeguarding important
- Online Transfers & Postings - Digital Signatures/ Scanned copy uploaded
- Time-Bound Scale/ Promotions – including Pension Payment Order (PPO) on retirements
- All Payments through Public Finance Management System (PFMS)
- Linking with HMIS/ TMIS – Facility & HR Performance

1.1: Accreditation of Health Training Institutions

- Engagement with the Government and other Stakeholders
- Review existing mechanisms of accreditation for Doctors and Nurses and understanding the gaps
- Developing and validating accreditation framework for each profession through consultative process
- Creation of councils/regulatory body for allied health & public health professionals

Key Stakeholders

- Government of India - National Health Mission:
Funding and Monitoring
- Health Professional Institutions and Universities
- Professional Councils and Associations
- National Health Systems Resource Center:
Technical Support; Operational Research etc.
- Academic Agencies (Public Health Foundation of
India)
- State Governments: Funding and Implementation
- International Partners such as WHO; UNICEF etc.
- Development Partners and Technical Support
Agencies

Monitoring & Evaluation

- Supportive Supervisory Visits
- Regular Review Mechanism including Program Implementation Plan (PIP) Meetings
- Common Review Missions
- National Good Practices and Innovation Workshops
- Periodic Surveys

To Sum it Up

- Continued Support under National Health Mission (Government of India)
- Consolidate gains made in many states to leverage scale-up in others
- Consider strengthening other themes such as 3.3 (Regulatory Mechanisms to promote Patient Safety and adequate oversight of the Private Sector)

Thank You