

Human Resource Development Policy

**For
The Directorate of Health Services**

Government of Chhattisgarh

INTRODUCTION AND GOALS:

The government of Chhattisgarh adopts this training policy so as to ensure that the public health system has the necessary knowledge and skills for its effective functioning. The goal of such a training policy is to ensure that all the health care facilities – sub health center, PHC, CHC, district hospital, and ISM dispensaries and hospitals, have the requisite skills needed for full capacity utilization and effectiveness.

Training is a very important input in any process to improve the health status and quality of health services. Training is a process of capacity building and of human resource development. All new programmes, and strategies require training of the staff. Even existing programmes need continuous retraining of staff to keep them updated.

Besides training of health personnel, the training structures are also used for training community health workers, advocacy with stakeholders, and capacity building of new players like Panchayati Raj institutions.

This training policy relates only to in-service training. Pre-service training is outside the scope of this document.

OBJECTIVES OF THE TRAINING POLICY:

- 1 Specify the minimum training infrastructure that shall be built up in the state to achieve the training goals.
2. Specify the functions and objectives of each training facility.
3. Specify the training need of each category of staff and how this training need shall be met.
4. Consider the community level capacity building needs and indicate how they shall be addressed.

TRAINING INSTITUTIONS:

Objectives:-

Sl.No.	Name of Institution	Existing number	Number Proposed	Functions
1	State Institute Of Health and Family Welfare	0	1(Raipur)	<ol style="list-style-type: none"> 1. Training of Trainers of all para-medicals 2. Training of trainers for multiskilling existing paramedicals. 3. Coordination of Continuing Medical Education 4. Training Materials development 5. Operational Research, 6. Assistance in various health policy development, 7. Administrative training/training follow-up for medical officers and senior paramedicals, 8. Training Evaluation of all training programmes, 9. Guiding and monitoring implementation of the training policy. 10. Supervision of the functioning of the Regional Training Centers and District Training Centers
2.	Regional Training Center: (accommodation for 60),	1 Bilaspur,	3 Jagdalpur, Sarguja	<ol style="list-style-type: none"> 1. Requisite pre-promotion training for female <i>and</i> male supervisors. 2. Training, planning and material development on IEC and cultural /communication aspects and locale specific IEC training and programme design 3. training of trainers for community level workers
3.	District Training Center(accommodation for 30 to 60)	5	16	<ol style="list-style-type: none"> 1. Training of male and female MPWs and all other class III paramedical support staff. 2. Tele-training reception venue for CME/training for medical officers. 3. Training of ISMs staff for public health goals.
4	Medical College training Center	0	2	<ol style="list-style-type: none"> 1. 30 bed capacity hostel with a well equipped meeting/training class rooms; only for the focus on multi-skilling medical officers 2. Upgrading clinical skills of specialist officers; 3. Support to CME programme, 4. Tele-training

TRAINING NEEDS AND APPROACH FOR PARAMEDICAL STAFF:

Needs:

- There are about 8,000 multipurpose workers –at the block, sector and sub-center level. They require regular training of at least 18 days once every two years. This is for refreshing their knowledge and upgrading their skills and for multi-skilling them to be able to perform their roles as both a supporting paramedical in the 24 hour PHC and as a MPW in a sub center and in the horizontal integration of the staff.
- There are about 1500 supervisors who need to be trained and multi-skilled to act as effective supervisors and as multi-skilled assistants in the PHC.
- Training and multi-skilling of pharmacists, compounders, unipurpose leprosy workers, dressers etc so that all of them can play an equal role as paramedical support staff in the PHC .

Content of training

1. The syllabus for training paramedical(MPWs included) shall consist of knowledge of all RCH components (this shall include all essential obstetric skills for women para-medicals),
2. Knowledge of National Programmes,
3. Ability to do basic laboratory work;
4. Ability to dispense medicines
5. First contact care and first aid/dressing skills based on the standard treatment guidelines and drug formulary for paramedical
6. Interpersonal and community mobilization skills along with better understanding of cultural gaps in a multicultural and ethnically diverse society. This is particularly needed for persons working in tribal areas.

Approach:

Each district training center shall make and maintain a record of each paramedical and support employee and what trainings they have attended. It shall also have a list of the skills available in each facility. Every district training center will aim to ensure that over a five year period every facility in its charge has the necessary skills needed at that level and that every employee in the district has the minimum specified skill sets needed as part of that facility- so that the facility is fully functional and optimally used.

Centrally sponsored training programmes which fit into the above skill set requirement can be reduced from these 18 days. Or else they have to be treated as an additionally over and above these 18 days.

Trainers:

The trainers will be of three types.

- One is the full time trainers working in the facility –largely drawn from senior public health nurses or nurse tutors or LHVs who are effective as trainers.
- The second are from the same group who are trained as trainers but called in only for specific sessions – otherwise attending to their main work.
- A third category may be NGO trainers – who must be persons active in NGO work of their own – who are invited for specific sessions where they are effective as trainers.

Training of trainers shall be largely done at the SIHFW.

TRAINING NEEDS AND APPROACH FOR MEDICAL OFFICERS AND SPECIALISTS

Continuing Medical Education

Scheme for medical doctors to upgrade their knowledge and skills shall be initiated. The CME shall be credit based and shall have a core compulsory area and an optional area

Credit points can be gained in one of five ways:

- (a) Completing reading of a web-based topic or department CME publication and then sending a feed back form .This could cover core topics like the management of immunisation and the cold chain etc
- (b) Attending CME programmes, organised by professional bodies:
- (c) Completing a professional periodical based feed back form that is filled in after studying the concerned section or sections - a sort of questionnaire- but there is no pass and fail- only a proof of having read it.
- (d) Attending training workshops,
- (e) Specific Training in special clinics (private or public sector) for acquiring skills like specific surgery or doing ultrasound etc.

The core area topics and publications shall be specified by the department and must be covered by all. The optional areas are what the individual medical officer chooses to benefit by.

The SIHFW will lay down the credit points for various programmes and shall coordinate various training programmes to be conducted by Department and by Professional bodies.

The SIHFW in collaboration with the training cell in the medical colleges would bring out the CME publications and periodical and would administer the CME programme.

Skill Sets For CHCs: Need for multiskilling and Specialisation.

Functional CHCs require much higher degrees of skills than are currently available, especially as specialists are not available in most CHCs and even in many district hospitals.

Multiskilling general medical officers for specialist skills in specific priority areas become essential. Multiskilling has begun with short-term courses in anesthesia and emergency obstetric care- but this would be extended to many more skills till every CHC and district hospital has the minimum skill sets required as per the declared norms.

A related issue is that with some further inputs specialists like general physicians and general surgeons can handle more complex but essential procedures. A general surgeon being trained in laparoscopy is one such example. This training would be a function of the training centers proposed in the two medical colleges. Other tertiary care centers could be accredited for this purpose.

Training for Administration, Management, Accounts and Leadership:

All programme officers, district officers and block medical officers need a formal induction in public health management, some aspects of hospital administration and in epidemiology.

The SIHFW/directorate of health services shall enter into an MOU with a health management training institution for a **three month** course of distance education with some contact classes that shall be made available to all medical officers with administrative responsibility.

It will be desirable that all block medical officers and programme officers undertake this course within the next three years.

A more rigorous and through course on public health management of short/long term duration would also be encouraged and for this purpose the state would consider sponsoring candidates to health management institute of national/international repute.

COMMUNITY LEVEL CAPACITY BUILDING:

Mitanins:

- Another major focus of the health department would be to train trainers for the Mitandin Programme. The Mitandins themselves would be trained near their home villages, but to train 54,000 Mitandins for over a number of years requires about 2700 trainers and these would use the training infrastructure and training manpower available.
- These 2700 trainers would need approximately 15 days of training for the next 5 years per year.
- This training would be undertaken by the state health resource center, working in collaboration with the state, regional and district training centers.

Dais:

- Training of Dais is yet another major training load.
- This would be coordinated and monitored from the district training centers. Trainers would be trained at the regional centers
- Dai training would be undertaken in institutions (both public and private sector) conducting deliveries over 30 per month and where trainers have been trained. The directorate may enter into MOU with private sector also for this purpose.
- As and when such institutions are identified three persons would be trained and equipped to act as trainers.

Panchayats:

Training programme for panchayat leaders and functionaries on health programmes and local health planning is essential. This would be undertaken in cooperation with the department of panchayats.

Private Sector Involvement:

- Training is also needed for doctors in the private sector especially in relation to public health programmes and diseases of public health importance. These will be undertaken by district training centers.
- Training for depot holder, self help groups, Anganwadi workers and traditional healers shall be conducted time to time for better convergence.

Training for ISM staff:

The Directorate of Indian Systems of Medicine has a number of medical officers and para-medicals who would also have a regular in-service training programme.

The main emphasis of training of ISM staff would be to build knowledge and skills in ISM areas.

Recognising the lack of synergy between the ISM staff and the staff under the Directorate of Health Service, a number of measures are being introduced to mainstream ISM facilities and staff into public health work. As part of the effort for mainstreaming ISM

facilities and staff to help in reaching public health goals, training programmes would be prepared and all the staff would be trained in it.

Preparation of syllabus would be the responsibility of directorate of ISMs in coordination with the SIHFW and Ayurvedic College. Conduct of training programme would be by the District Training Centers in cooperation with the district ISM officer.

Financing Training Programmes:

- Pooling of resources from various national programmes.
- Budgetary training fund allocations from GOI and state Government
- National and international donors/funding agencies.

DIRECTORATE OF TRAINING

The SIHFW would play the role of supervision and planning for all training functions and of all the training institutions. The heads of all the training institutions in the regional level and district level would be of sufficient seniority and experience

The director of SIHFW would be of the seniority and pay and rank of joint director and can be/on deputation.

The director of SIHFW must be a person, not necessarily but preferably a medical doctor, who has played a role in conducting and organizing health training programmes, and in the development of health training materials and who has handled administrative functions. Working experience in public health management, in health advocacy, in IEC work and working with NGOs is advantageous.

The SIHFW shall preferably be registered as a society so as to enable it to function with adequate flexibility.

Management of the SIHFW can be outsourced if deemed fit by the Government.

In Conclusion:

The objective of the Government in enunciating this policy is to facilitate the blossoming of the potential of each and every employee of the Directorate of Health Services and the Directorate of ISMs and of partners who are working with the directorate to their fullest, so as to enable him/her to contribute their best to the provision of quality health care for all.