

Case study on retention of human resources for health (HRH) in remote and rural areas of Chhattisgarh

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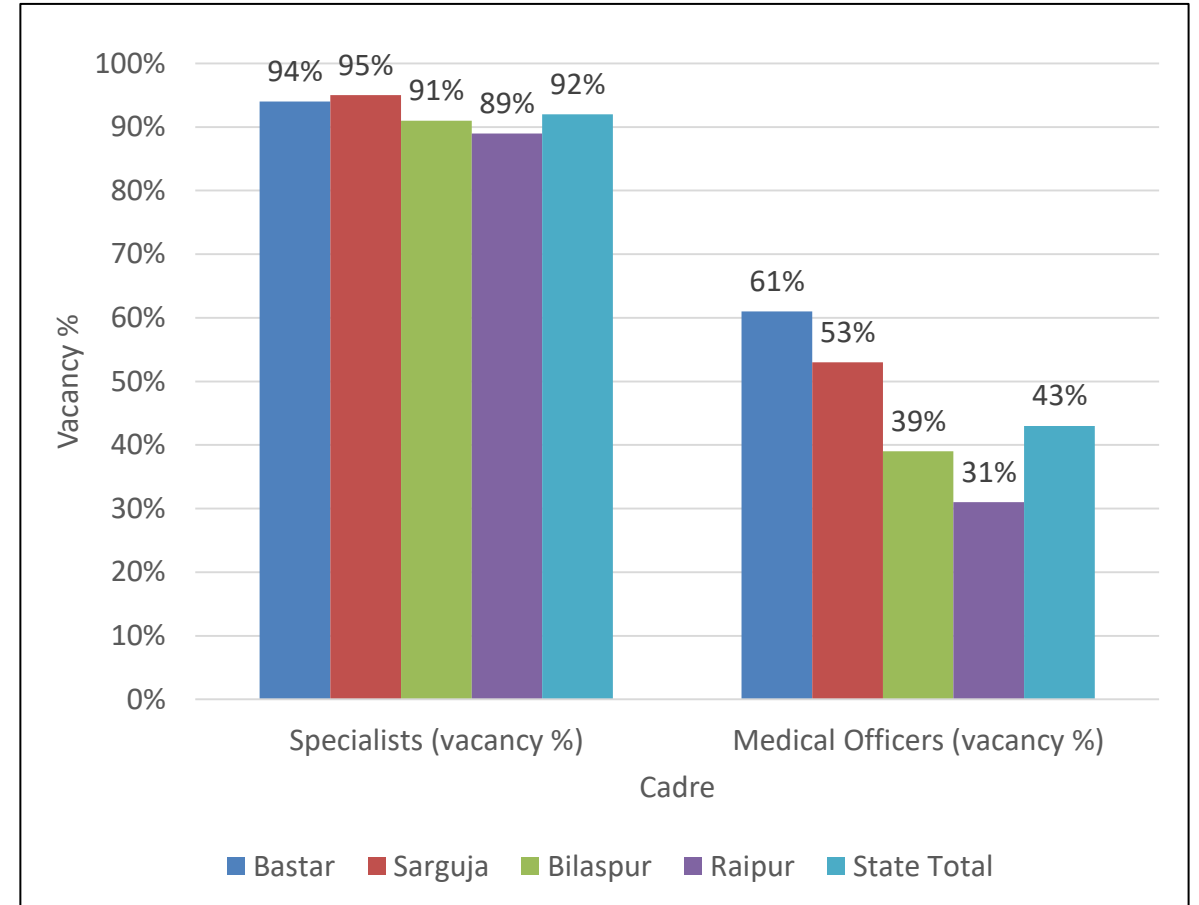
Chhattisgarh: Brief Profile

- Chhattisgarh is a relatively new state, carved out of Madhya Pradesh (MP) in 2000
- Population: 25 million
- Rural population: 77%
- Scheduled Tribes: 31 %
- Area under forests: 44%



Overall HRH issues in the state

- Historically the area has faced neglect, including in educational facilities.
- Though situation has improved, huge gaps still remain between the number of health personnel required and numbers posted.
- Highest shortages among specialists.
- Shortages of HR and especially of doctors found most in these two divisions Sarguja and Bastar divisions that have high tribal population.



Vacancy % of Specialists and Medical Officers in four divisions of the state in 2018-2019

Policy interventions to improve retention of HRH in rural/ remote areas

Educational interventions

- (1) Three year medical diploma course (2001) for preparing medical personnel for rural and remote areas
- (2) reservation of medical seats for vulnerable social groups such as Scheduled Tribe and Schedules Caste
- (3) coaching institutes.

Regulatory interventions

- (1) Incorporating three year diploma graduates into government service
- (2) Bond for MBBS and PG graduates mandating rural service and marks for PG degree admission in lieu of service in rural and remote areas.

Financial Incentives for serving in rural and remote areas

- (1) Chhattisgarh Rural Medical Corp (CRMC) (2009)
- (2) Initiative to improve availability of medical officers and specialists in 'Left wing extremist' (LWE) affected districts of Bijapur, Dantewada and Sukma

Three year medical course and incorporating the graduates (RMAs/AMOs) into government service

- Recruitment and posting of the AMOs at PHCs have led to many PHCs becoming functional after many years.
- Improvement and increase in provision of primary healthcare services in rural and remote areas.
- Shortages and retention of human resource especially in remote areas, had been somewhat filled by them.
- A study found that Medical Officers and RMAs were equally competent.
- They are now providing support to the newly developed Health and Wellness Centres (HWCs) as Mid Level Healthcare Providers.

Chhattisgarh Rural Medical Corp (CRMC)

- This scheme incentivises specialists, medical officers, assistant medical officers, nurses working in health facilities according to 'difficulty' and 'inaccessibility'.
- Financial incentives provided as per the grade of a facility after evaluating performance of the health facility.
- Non-financial incentives in the form of marks for Post Graduate admission given as per the length of service of the health staff.
- Studies and evaluations of CRMC have found that it has been instrumental in attracting and retaining health workforce in rural and remote and 'difficult' areas of the state.
- However continuing gaps in the larger health system functioning, availability of residential facilities etc. have reduced the efficacy of the scheme.

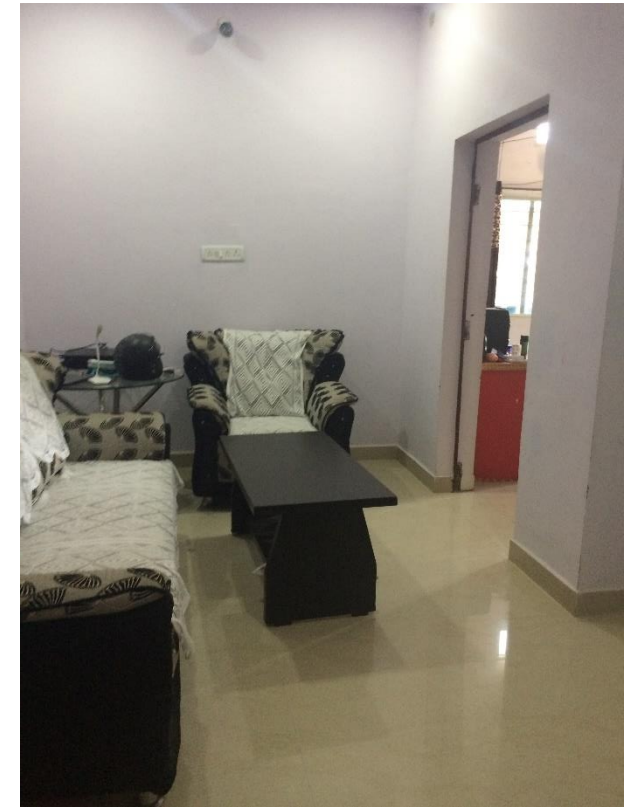
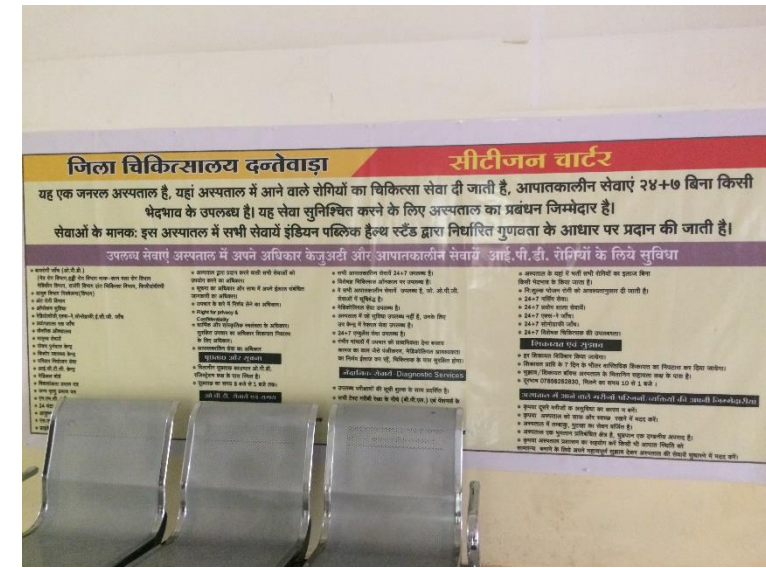
Initiative to improve availability of medical officers and specialists in LWE affected districts

- Bundle of interventions to retain HRH started first from Bijapur District Hospital in 2016.
- It spread to District Hospitals & Community Health Centres in neighbouring Sukma and Dantewada districts.
- Interventions included existing provisions and additional elements introduced by the districts.
- Districts have made use of a combination of funds from the District Mineral Foundation (DMF), Corporate Social Responsibility, National Health Mission (NHM) and the state to finance the interventions.
- Their implementation differs among the three districts in terms of design and timelines. However, similar principles have been followed.

Design of the policy

1. Financial incentives (CG Rural Medical Corp+DMF+NHM)
2. Bonus marks for PG admission for working in 'difficult' areas
3. Increase in the bond money against compulsory service in rural areas after completing MBBS
4. Provision/facilitation of residential, transport and other facilities
5. Strengthening the health facilities- Health centres upgraded and renovated with improved availability of equipment, diagnostics, medicines, support staff.
6. Improvement in organisational culture, delegation of duties and tasks, increase in motivation, autonomy, flexible leave policy.
7. Decentralised recruitment, use of social media

Changes: a glimpse

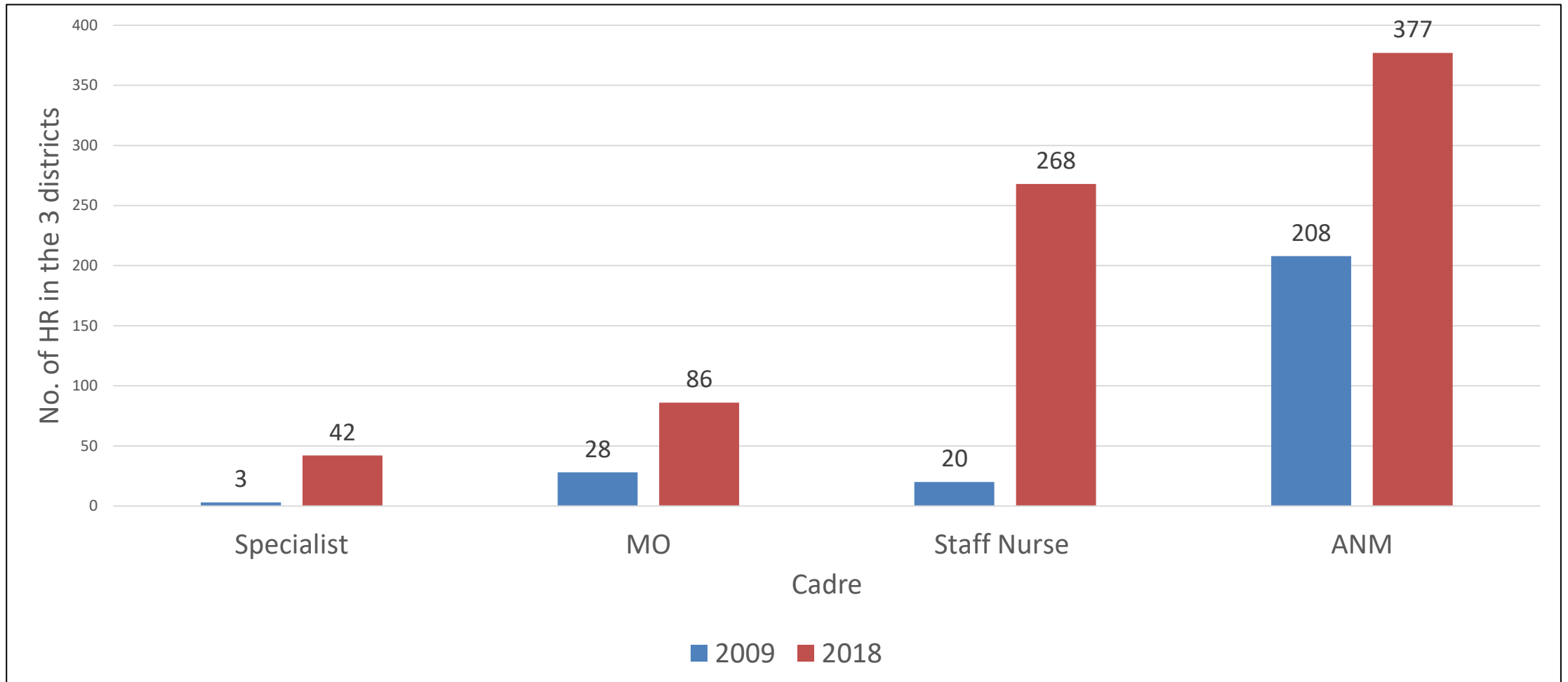


Dantewada & Bijapur District Hospitals, Bhairamgarh
CHC

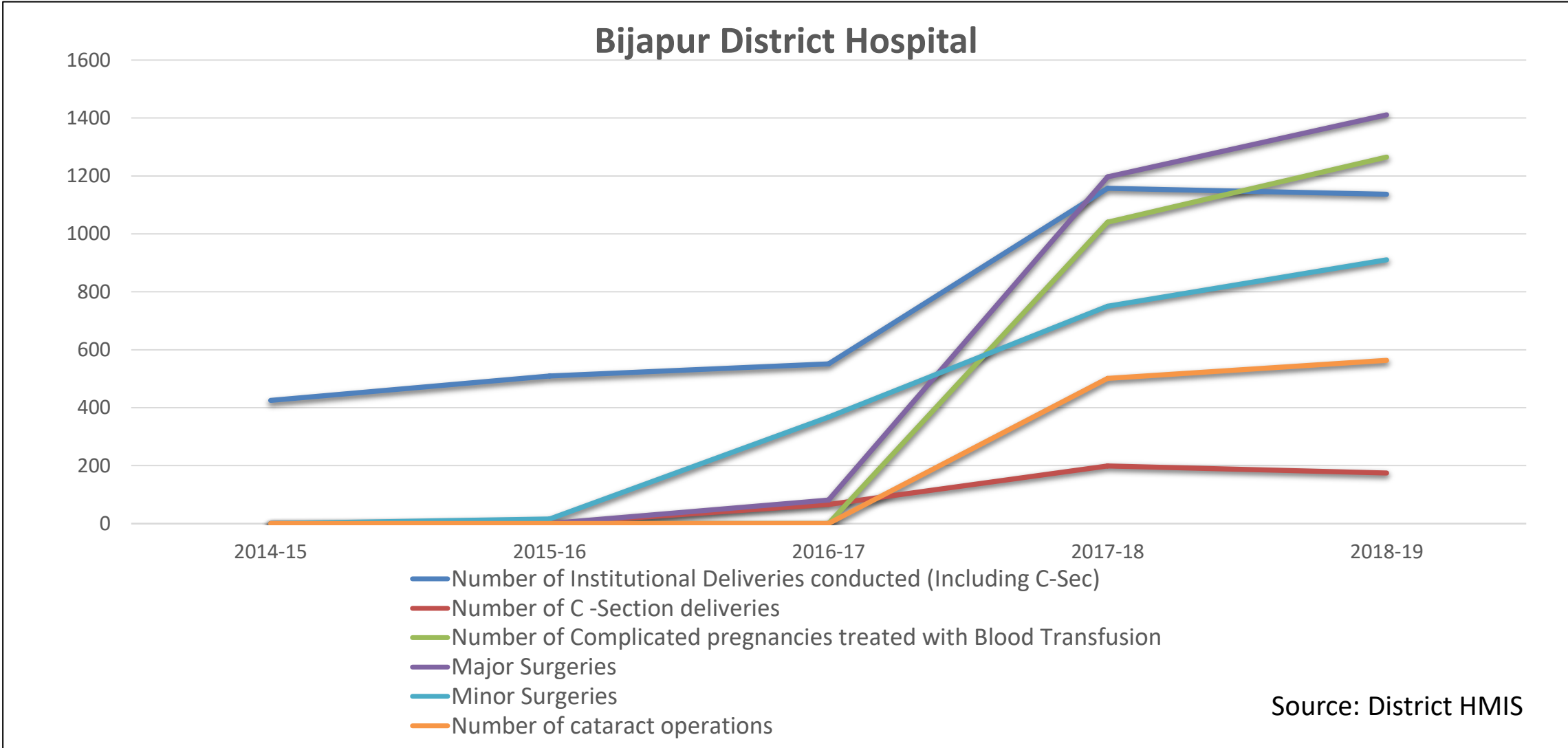


Dantewada and Bijapur District Hospitals/Maternity Hospital

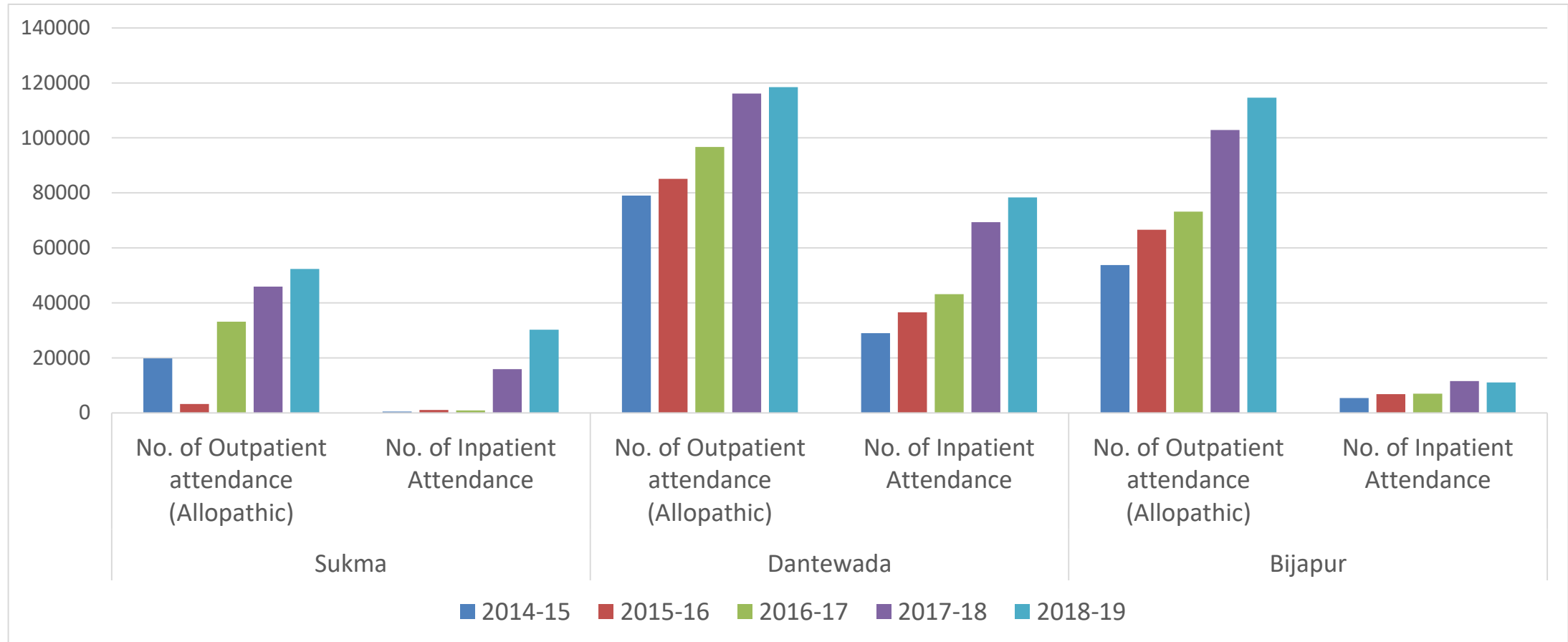
Increase in availability of MBBS doctors and specialists in health facilities (2009 and 2018)



Increase in type of services (2014-15 to 2018-19)



Increase in the number of persons availing services at the facilities (2014-15 to 2018-19)



Source: District HMIS

Conditions for success/enablers that have had a positive effect

1. Bundling of financial and non-financial interventions
2. Combination of national and state policies and district innovation
3. Flexibility
4. Ownership and leadership at district level
5. Significance of Mid-level healthcare Providers

Plans for future interventions

- Plan under the Universal Health Care initiative of state to institutionalise and expand these programs.
- A number of reforms related to HRH planned, such as restructuring of salaries, the development of a Specialists cadre.
- Capacity building trainings to improve/expand services.
- Plans for rational deployment plan for doctors .
- Financial incentives may be expanded to other health cadres.

Lessons

The case study illustrates that:

- Despite numerous challenges, it is possible to make a positive impact in retaining HRH in rural and 'remote' areas through implementing comprehensive and complementary strategies.
- The combination of financial and non-financial incentives along with a degree of flexibility and decentralisation, innovation and leadership gave positive results.
- There is a clear link between strengthening of the public health facilities and motivation of the health workforce, leading to improved services for people.
- The possibilities for strengthening public hospitals, even in rural/remote areas to cater to communities, exist.
- If government hospitals can be improved in districts such as Bijapur, Dantewada & Sukma that are considered some of the most 'difficult' districts in the country, it can be done elsewhere too.

THANK YOU