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Research Paper Healthcare

To Study Staffing Pattern in Rajasthan Public Healthcare Delivery System.

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ABSTRACT

The health situation in Rajasthan is far from encouraging despite an extensive physical infrastructure and large health manpower engaged in the delivery of health services. The MMR and IMR are also higher than the National Average. In the view of the above, the Government has launched on 24th August 2004, the World Bank assisted ambitious five-year Project to streamline and strengthen its health sector by providing a high quality, responsiveness, affordable, and accountable healthcare system. The Project's total cost is Rs. 472.58 Crores, wherein the State share is 75.72 Crores (16.02%) and the share of The World Bank is 396.85 Crores Summary Under this study we have seen that how this study have been conducted in such as way that we could be near or close to the realities are going on in Government system we can see just last year reports and the programmes have been run by Government & NGO's national as well as international just been flop in the society or people residing in India. What are the standards been laid down by Govt. of India could implement & its money could utilized properly especially for Human Resource & infrastructure. We could understand from the study that RHSDP have received huge amount of money from World Bank but the output is not so much appropriate work is being done but not like other state like Gujarat Govt. have done a tremendous work in health system. We can know more after reading this.

Keywords :

Introduction:

According to the Project aims at:

1. Improving performance of health care through improvement in quality, effectiveness and coverage.
2. Narrowing the current coverage gap by facilitating access to health care particularly by women.
3. Achieving better efficiency in the allocation & utilization of health care resources through policy and institutional development.

The Project is assisting the state in achieving the following outcomes targeted in the Rajasthan's Health Vision -2025:

- Reducing IMR to less than 30 per 1,000 live births by 2025 (65 per 1,000 live births in 2005-06)
- Reducing MMR to less than 100 per 100,000 live births by 2025 (445 per 100,000 live births in 2006)
- Increasing assistance at delivery by qualified attendants to 85% by 2010 (21% in 1999 and 32% in 2006)
- Increasing full immunization coverage under 1 to 90% by 2010 (17% in 1999 and 88.89% in 2006-07)
- Increasing the percentage of TB cases treated to 85% by 2015

The Project consists of three main components:

Component-1: Policy Development and Project Management

In this component mainly the management structure of the project is established. The investment cost for this component is 56.41 crores, recurrent cost is 31.15 crores thus the baseline cost is 87.56 crores. It has following sub components:

- Improving Institutional framework for policy development
- Establishment of the project management structure
- Training and capacity building
- Strengthening HMIS

Component-2: Improving Quality of Public Health Care Services at the Primary & Secondary Levels

Improvement of referral mechanisms and health care waste management are the main tasks under this component. The investment cost for this component is 216.63 crores, recurrent cost is 27.50 crores thus the baseline cost is 244.13 crores. It includes the following sub components:

- Civil Works -Physical renovation and up-gradation of facilities
- Improving Health care waste management system
- Upgrading Quality of Clinical management and support services
- Improving Referral mechanisms

Component 3: Improving Access to Health Care Services for the Poor Population

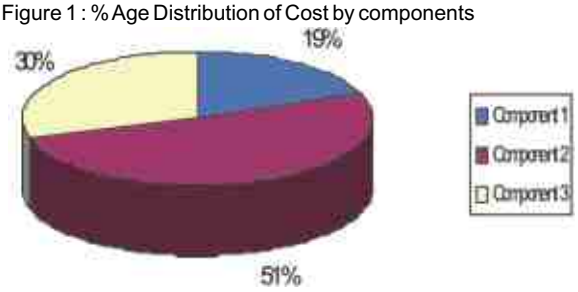
The investment cost for this component is 124.89 crores, recurrent cost is 15.99 crores thus the baseline cost is 140.88 crores. It has the following components:

- Improving Health Seeking Behavior Behaviour Change Communication (BCC), Information, Education and Communication (IEC)
- Enhancing Access to Care- Community based health initiatives (CBHI)
- Public Private Partnership

The following figure shows the overall distribution of the cost by three components mentioned above:

Three Main Components of RHSDP

Figure 1 : % Age Distribution of Cost by components



Facilities included in the project:

RHSDP has identified 238 health care facilities (one in each block) in the project; these facilities will be strengthened through various measures. These include 28 District Hospitals, 23 Sub-Divisional Hospitals, 113 Community Health Centers (CHCs at the Sub-divisional level), 72 CHCs (at the block level) and 2 Block Primary Health Centers (BPHC). Selected facilities under RHSDP are shown in Table 1:

Table 1: Distribution of the selected facilities under RHSDP by the selected indicators

S.No.	Category	No. of Beds	No. of Facilities in State With such No. of Beds	No. of Facilities under project With such No. of Beds
1	I	300-300+	08	08
2	II	150-299	20	20
3	III	100-149	12	10
4	IV	50-99	81	62
5	V	30-49	222	138
	Total		343	238

RHSDP Management Structure

STATE LEVEL

State Empowered Committee

Headed by Chief Secretary, Govt. of Rajasthan

|

Project Steering Committee

Headed by Principal Secretary, Medical, Health and FW, Govt. of Rajasthan

|

Project Implementation Unit

Headed by Project Director, RHSDP

|

Strategic Planning Cell

Headed by Joint Director

|

Equipment Procurement and Maintenance Cell

Headed by Addl. Director

|

Engineering (Civil Works) Cell

Headed by Chief Project Engineer

|

Finance Management Cell

Headed by FA and CAO

|

Quality and Systems Improvement Cell

Headed by Addl. Director

|

Human Resources Cell|

Headed by Addl. Director

|

Community Access and Equity Initiative Cell

Headed by Addl. Director

|

DISTRICT LEVEL

|

Project Co-ordination and Monitoring Committee

Headed by District Collector

|

District Project Management Cell

Headed by District Project Coordinator

2. The Project was supposed to make necessary arrangements for providing training to the staff. These training included: managerial, clinical, technical, quality improvement, referral mechanism, rational use of drugs, BCC, and health care waste management. It was reported that 75% of the proposed training finished. Capacity building of a total of 50% nursing/ paramedical staff followed by 25% doctors, and 24% support staff was done.

3. In order to improve the quality and effectiveness of the hospital services, and medical personnel, regular in-service trainings of medical personnel are designed to upgrade their clinical, professional and managerial skills. Approximately 2072 trainings are under procedure.

4. HMIS is done manually at the district hospitals.

Component-2

1. As per the presentation for mid-term review of the Project, civil work is completed at all 343 facilities, and additional works planned to facilitate CTF operations. A total of 74 health facilities were updated. PHC were upgraded as BPHCs and 72 BPHCs were upgraded as CHCs.

2. Sensitization workshops have been conducted for improving health care waste management system at every level. Besides sensitization, guidelines, protocols and formats have been developed and supply to various facilities. It was observed during the visit to the hospitals that refresher training and supervision is required.

3. To lower down the heavy pressure and overcrowding, the Referral protocols are developed and disseminated, for this workshops and trainings completed at state and district level.

Component-3

1. To improve health seeking behavior the Information Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as television campaigns, walls painting, slogan writings, posters with slogans and pictures etc. are used. The Project has coordinated with the Department of Transport are used for disseminating information on various schemes, etc.

2. To improve the access to health care to the poor the government interventions are strengthened through

- Chief Minister's Jeevan Raksha Kosh (Life Saving Fund)
- BPL Card Scheme
- Rajasthan Medicare Relief Society
- Reproductive and Child Health Camps

3. Public Private Partnership

It was observed in the hospital visits that Laundry and Security services are outsourced.

District Level-

To know the component wise findings at district level, a meeting with District Project Coordinator (DPC) was arranged and after the meeting a permission letter to visit the district hospital was issued.

Introduction:

In any health services system, it is health Workers professionals, technicians, and auxiliaries who in the final analysis determine what services will be offered; when, where, and to what extent they will be utilized; and as a result, what impact the services will have on the health status of individuals. The success of health activities depends largely on the effectiveness and quality with which these resources are managed.

At the same time, problems can be observed in the performance of the health systems due to lack of policies and technical definitions in the field of human resources, which limits the possibility of meeting the objectives. The viability of certain institutional changes (such as the introduction of new health care models) is also a problem, given the lack of participation and support by health workers and/or the institutions responsible for their education.

It was decided in consultation with the RHSDP officials that the study would include the following major areas of HR:

- Staffing
- Working Conditions
- Training
- Motivation

Study objectives:

The study aims at understanding HR issues in public health system in Rajasthan are to

I. Study the staffing pattern against the IPHS norms at various facility levels.

II. Assess the working conditions provided by the Govt. of Rajasthan.

III. Assess the training needs of staff.

IV. Understand motivation related issues among the health functionaries.

Methodology:

For having feasibility of above mentioned issues Additional Director (HR, training) suggested to visit the facilities under project in the state. For the study purpose the study team divided the state into three zones: Desert, Tribal and Plain. In each zone, one district was selected.

Study respondents:

A total of 30 respondents / health care functionaries have been interviewed in each district and therefore 90 respondents were included in the study. The respondents included medical officers, nursing staff, paramedical staff and other staff. In each the study team could interview the following:

Methods of data collection:

The following methods were used for data collection:

- Interview
- Review of records and reports/ documents etc.
- Informal discussion
- Observation.

Data collection tools:

- Interview schedule
- Data sheet
- Web Sites

Methods/ process:

The data were collected during May 4th,2008- May 20th, 2008. The following steps were taken:

- Permission letter from Project Director of RHSDP for field visit.
- Developing Interview schedule.
- Information collection

1. Interviews

i. Discussion with staff

ii. Observations and self assessment

iii. Literature review

iv. Written Material (handouts)

2. Documentation

i. Description of departmental study

ii. Critical Analysis

iii. Conclusion

Findings:

The study reveals the following findings:

Staffing-

a. Staff was absent 32 % in different facilities.

b. It was found that staff was not Punctual.

c. Less number of staff was positioned against the sanctioned at CHC level.

d. About one-fourth of the staff was against Post. Somehow they could manage to stay at the facility.

e. Staff is not getting T.A, D.A at stipulated time mainly in rural areas.

Conclusion:

- Human resource management ensures effectiveness and quality in staff performance to meet the health related objectives. It can be concluded that:
- Human resources for health is a vital resource to run the system
- The issues like staffing are the basic one. Simultaneously, working conditions needs attention. In rural areas, lack of staff may be due to poor working conditions.

Recommendations:

1. There should be a HR policy.
2. Number of staff must be appropriate in the every facility.
3. Nominations to the Training must be on the basis of training needs assessment, proper selection.
4. Reallocation of staff must be there according to their skills.
5. Infrastructure of Hospital with a good manager.
6. Residential facilities for the doctors and the other staff (excluding clerical staff) should be inside the hospitals.
7. Provision of TA, DA to the staff in time.
8. In every facility if someone does good work so he/she should be rewarded.
9. Performance Appraisal must be time to time by these employees will be boosted and motivated.

Annex B Findings of Staffing:

DISTT.	Staff Sanctioned at DH/ SDH	Staff Positioned at DH/SDH	Staff Sanctioned at CHC	Staff Positioned at CHC	Staff Sanctioned at PHC	Staff Positioned at PHC	Staff Sanctioned at SC	Staff Positioned at SC
Jodhpur	58 (50 bedded)	46	46 (50 bedded)	32	33 (30 bedded)	24	2/3	1
Ajmer	250 (305 bedded)	183	94 (100 bedded)	76	15	9	2/3	1
Udaipur	94 (100 bedded)	83	33 (30 bedded)	28	15	10	2/3	1

Annex C: The major findings from the pilot study

Area of study	Issues related to concerned area	Feasibility of Issues	Conditions applicable acc to norms	Conditions acc to field visit	Remarks
Adequacy of Human Resources	Right number of people are available with right competencies at the right time	**67.78%** skill mix in public health care sector shows high need of proper staffing.	Staff requirement for: 300 bedded hospital- 250 100 bedded hospital- 94 50 bedded hospital - 46 30 bedded hospital - 33 At PHC - 15	Staff available -183 - 75 to 85 - 30 to 35 - 25 to 28 - 9 to 12	Proper allocation of staff Transfer policy, Recruitment policy,

REFERENCES

1. Collins C, Green A, and Hunter D (1999) "Health sector reform and interpretation of policy context Health Policy" 47(1):69-83. | 2. Hale FA 4:13-21: "The need to train physicians for rural primary healthcare in Latin America: Some family medicine experiences" Rural Health 1988, | 3. University of the Western Cape 1998. "Health Human Resources: Public Health Programme. Bellville" | 4. Janovsky K. and Cassels A. 1996. "Health Policy and Systems Research: Issues, Methods and Priorities, in Janovsky K. (ed.) Health policy and systems development: An agenda for research" Geneva, World Health Organization, 1996. | 5. Leofanti FL, Chiesa ME: "Neuquén, Argentina: Provincial health policies and their results" Rural Health 1988, 4:59-69 | 6. Martineau T, Buchan J: "Human resources and the success of health sector reform" Human Resources for Health Development Journal (HRDJ) 2000, 4(3):174-183. | 7. McGreevy W: "Brazilian health care financing and health policy: An international perspective" World Bank JN/MT. Washington, DC: World Bank, Population, Health and Nutrition Department. August 13,1982.

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