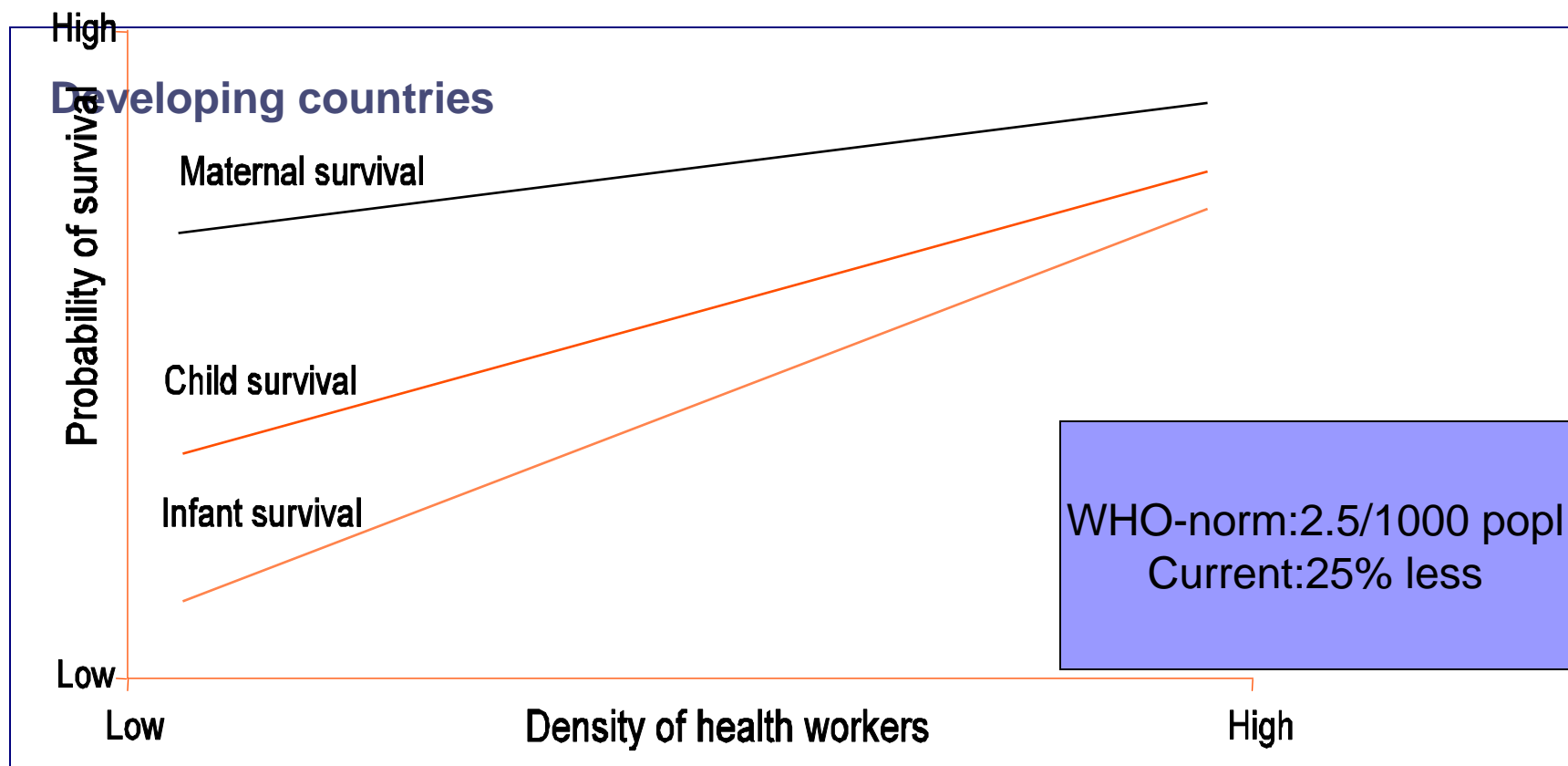


Human Resources on HealthSetting a strong foundation for change

ODISHA

Health workers save lives!



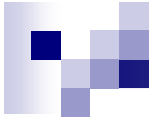


Fig 5: Nurse to Doctor ratio frecast

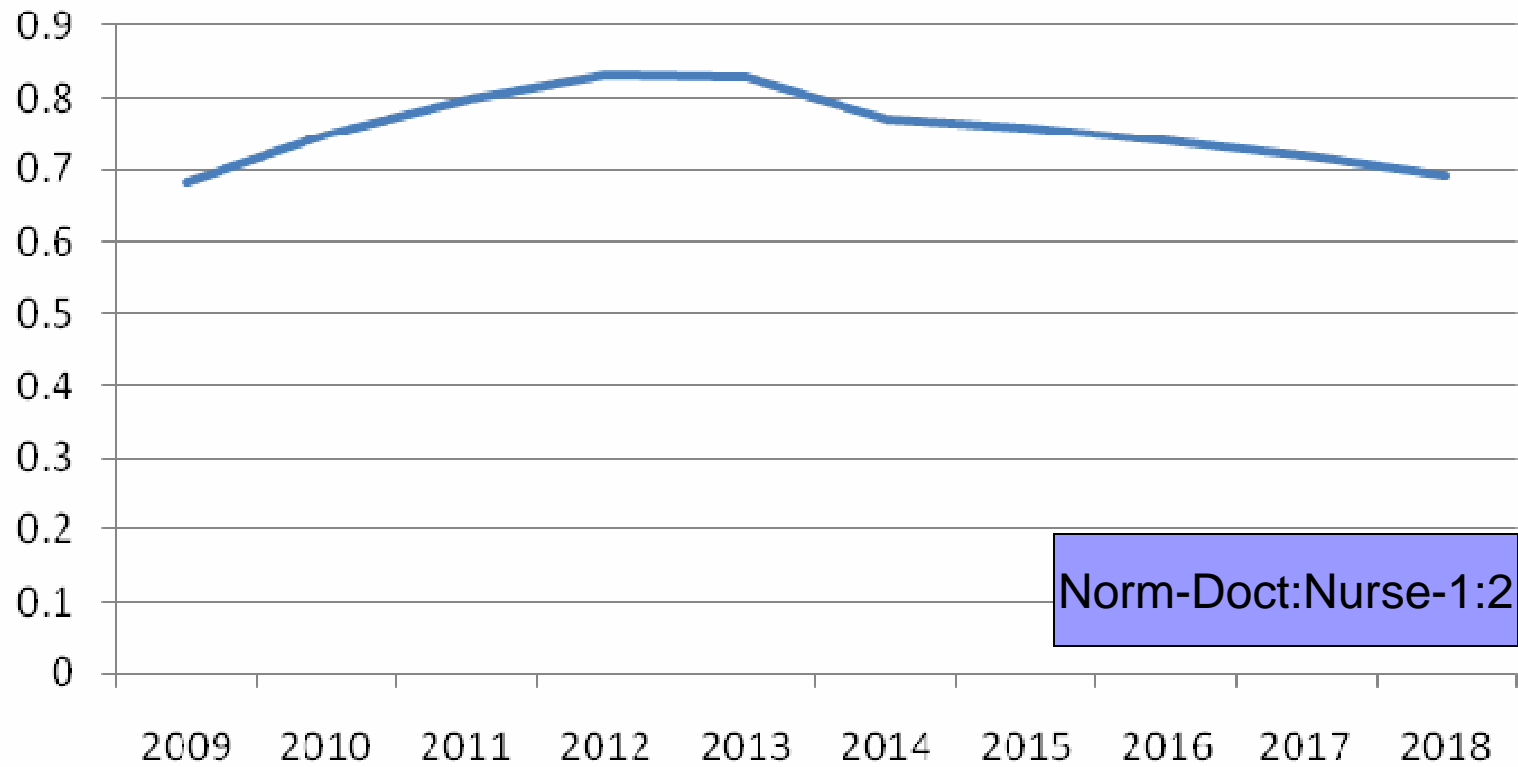


Fig 2: Projected Supply of doctors in Orissa

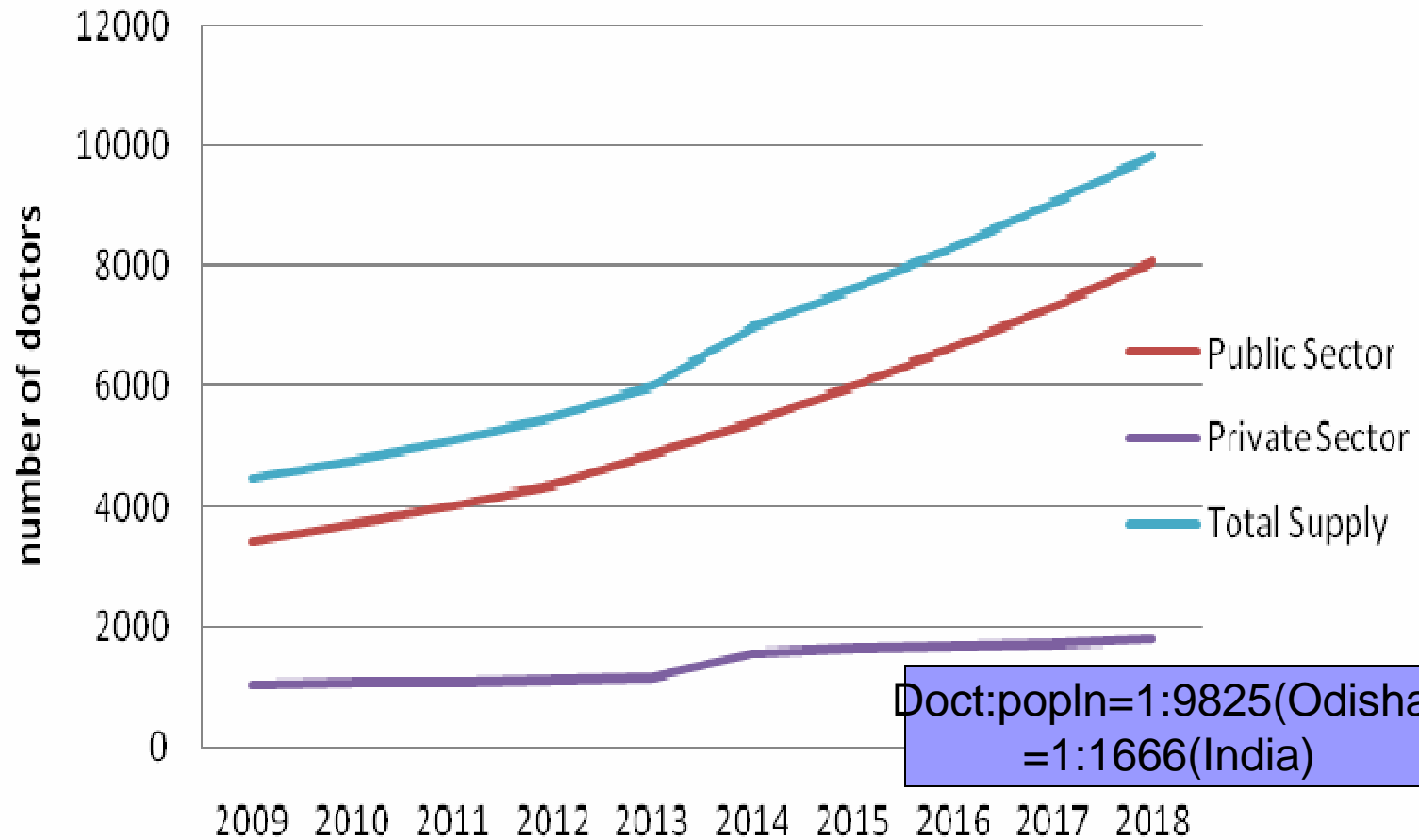
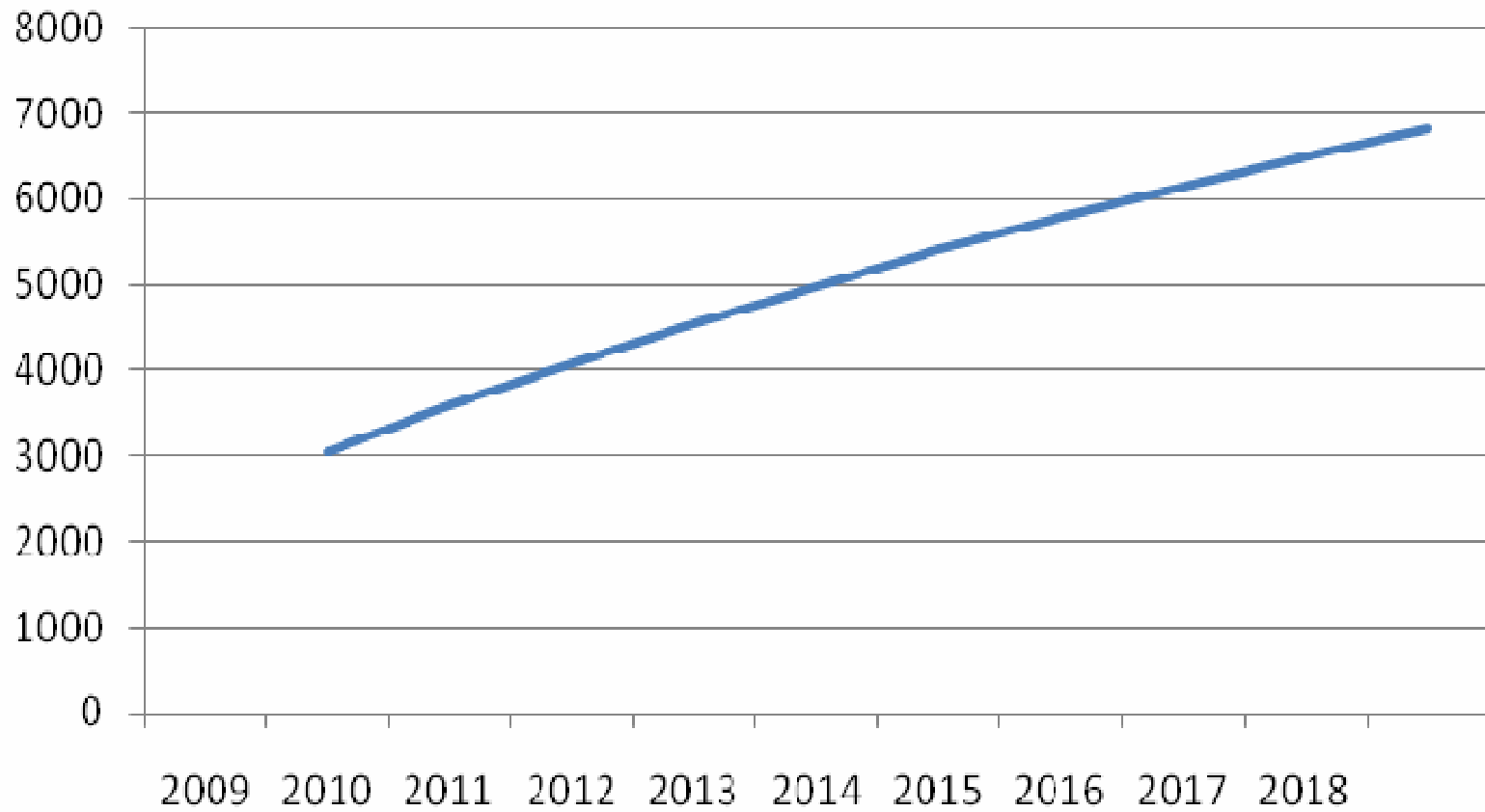


Fig 4: Supply of nurses





BACK GROUND

- PROJECTED POPULATION -40 MILLION
- 85% LIVE IN RURAL VILLAGE SETTINGS
- IN ORISSA –
 - -30 DISTRICTS
 - -103 Urban units
 - -314 COMMUNITY DEVELOPMENT BLOCKS
 - -118 TRIBAL BLOCKS
 - -6234 GPs
 - -46989 -INHABITED VILLAGES
 - -47 % - BPL
 - -22.2% Tribal and 16 .7% SC population



HEALTH INFRASTRUCTURE

- TOTAL HEALTH INSTITUTIONS-1701
- Health facilities
 - Medical Colleges-3 (Govt)+3 Pvt)
 - DHH- 32
 - SDH- 22
 - CHC- 231 +(Proposed 20+15 +115 (PHC))
 - PHC-N- 1212 + (Proposed 86)
 - SUB CENTERS- 6648
 - MHU- 191
 - 96 (IN KBK)+81(non KBK)+14(ADAPT)



OHSP- Strategies

- Integrating the existing programmes of H&FW
- Strengthening Health Delivery system to be effective and responsive
- **Strengthening Health Sector management systems (includes HR,OD and Institutional Development)**
- Enhancing demand and utilisation of services and main streaming equity and gender
- Promoting decentralized and participative planning and implementation through the PRIs
- Addressing Health determinants among related GoO deptt.
- Improving efficiency and effectiveness of health expenditure through sector wide planning

Vacancy Position-Doctors (Total)

Category	Sanction	Position	Vacancy
SAG	3	3	Nil
JD(Lev-I)	6	6	nil
JD (Lev-II)	34	34	Nil
Class-I(Sr)	277	187	90
Class-I(Jr)	483	380	103
Specialist (II)	843	650	193
3Asst. Surgeon	2612	2034	578
Total	4258	3294	964



Issues (Relating to doctors-before)

- No systematic cadre review and restructuring.
- Inadequate infrastructure
(to address the health need of the community)
- Vacancy & Absenteeism
(are two major issues for efficient and adequate health service delivery – rural and tribal areas in particular)
- Low salary structure
- Inadequate promotional avenues for doctors
- Poor service delivery
- Lack of transparent Transfer policy
- Poor incentives to work in difficult areas
- Inadequate of supply of doctors



5 Specific challenges...a head

- Filling up Vacancies
- Financing and developing institutions producing Health Personnel
- Transfer and Posting to be transparent and acceptable.
- Incentive based personnel management system
- Technology driven information systems



Strategy

- Human Resource Analysis and Audit
- Optimal utilisation and Equitable distribution of Human Resources
- Filling of vacancy and reduce absenteeism
- Attractive Packages, Better Promotional Avenues and Decent Career Path
- Transparent Transfer Policy



HR Reform Initiatives.....

- Restructuring of the OMS cadre
- Entry level post doctors upgraded to Jr CI-I
- Special incentives to the doctors working difficult areas(KBK and KBK Plus)
- Specialist allowances @ 3000/- per month
- Transparent Transfer policy- under preparation
- Priority in filling vacant post in rural and in backward areas

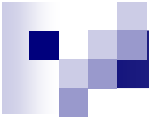


Restructuring Principle

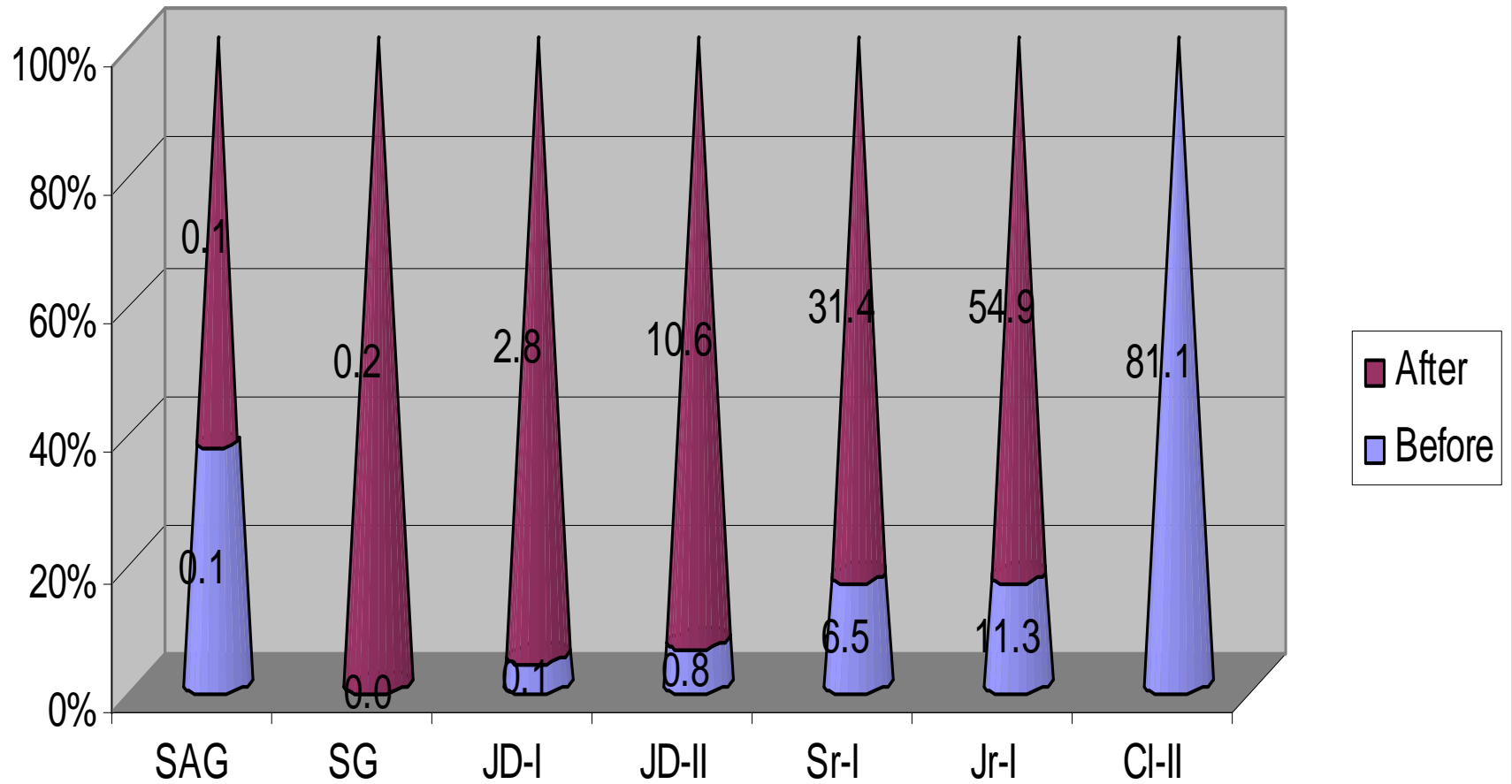
- Focus on Rural Health Services
 - -More specialist posts were created at the CHCs to provide specialist care at rural areas
 - -CHCs strengthened with senior persons as In charge
- Cadre strength remains unchanged -at 4258 both before and after restructuring.
- More Promotional Avenues

Restructuring Out come of OMS cadre

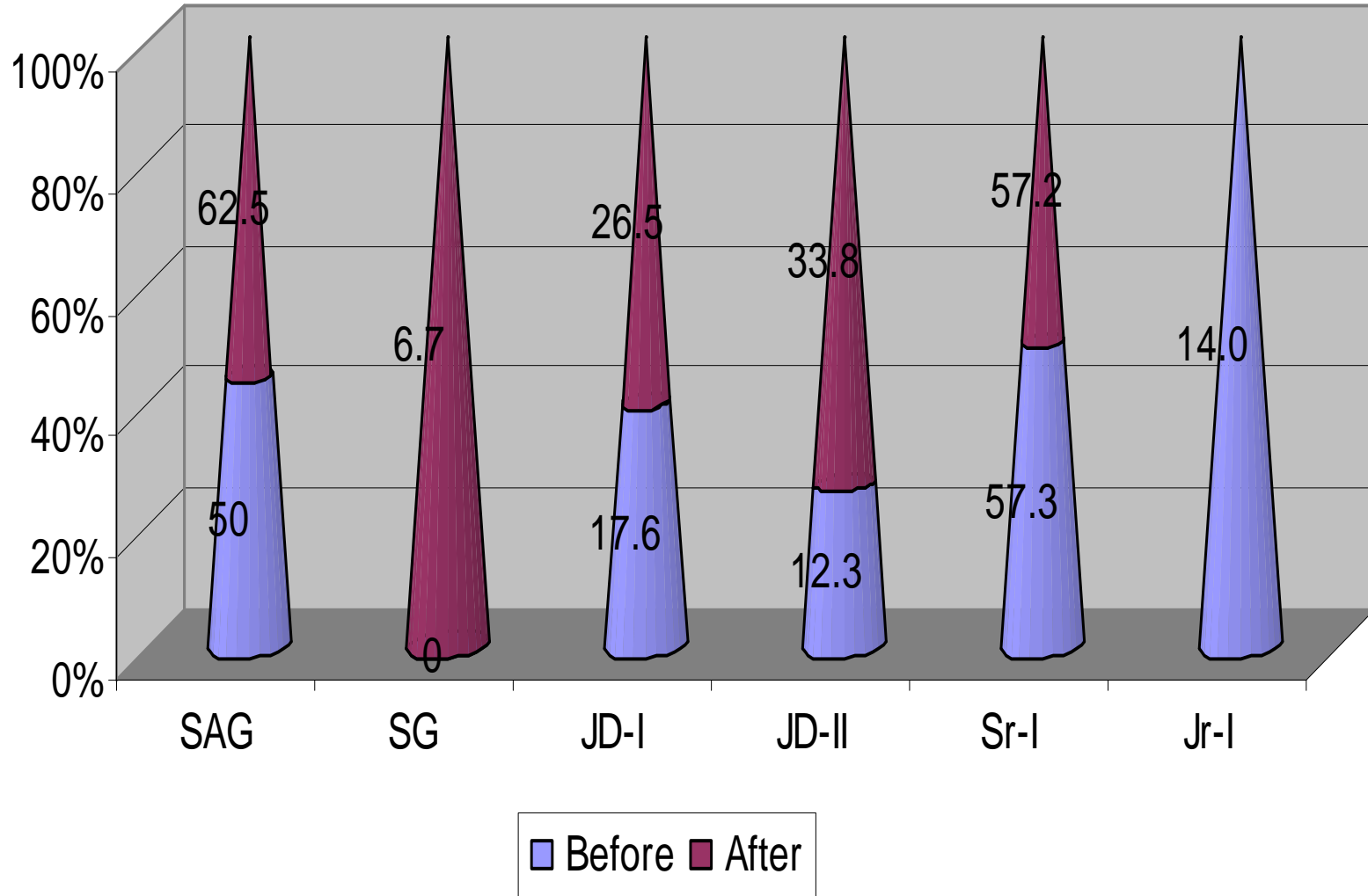
Restructuring State	Before			After		
	Category	Total	Gen	Sp	Total	Gen
Special Secretary				1	1	0
SAG (Directors)	3	3	0	3	3	0
SG(Addl. Directors)	0	0	0	8	8	0
JD Lev-I	6	6	0	120	44	76
JD Lev-II	34	34	0	452	165	287
CI-I (Sr.)	277	147	130	1440	910	530
CI-I (Jr)	483	235	248	2234	1320	914
CI-II	3455	2612	843	0	0	0
	4258	3037	1221	4258	2452	1806



OMHS cadre before and after restructuring



Promotional avenues before and after



Others (Paramedic)

Category	Sanction	Position	Vacancy
Staff Nurses	2244	2154	90
Pharmacist	2040	1984	56
MPHS(M)	1599	973	626
MPHS(F)	1053	-	-
HW(M)	4565	3158	1407
HW(F)	7568	-	-



Restructuring and Realignment of Authority of Nursing Deptts.

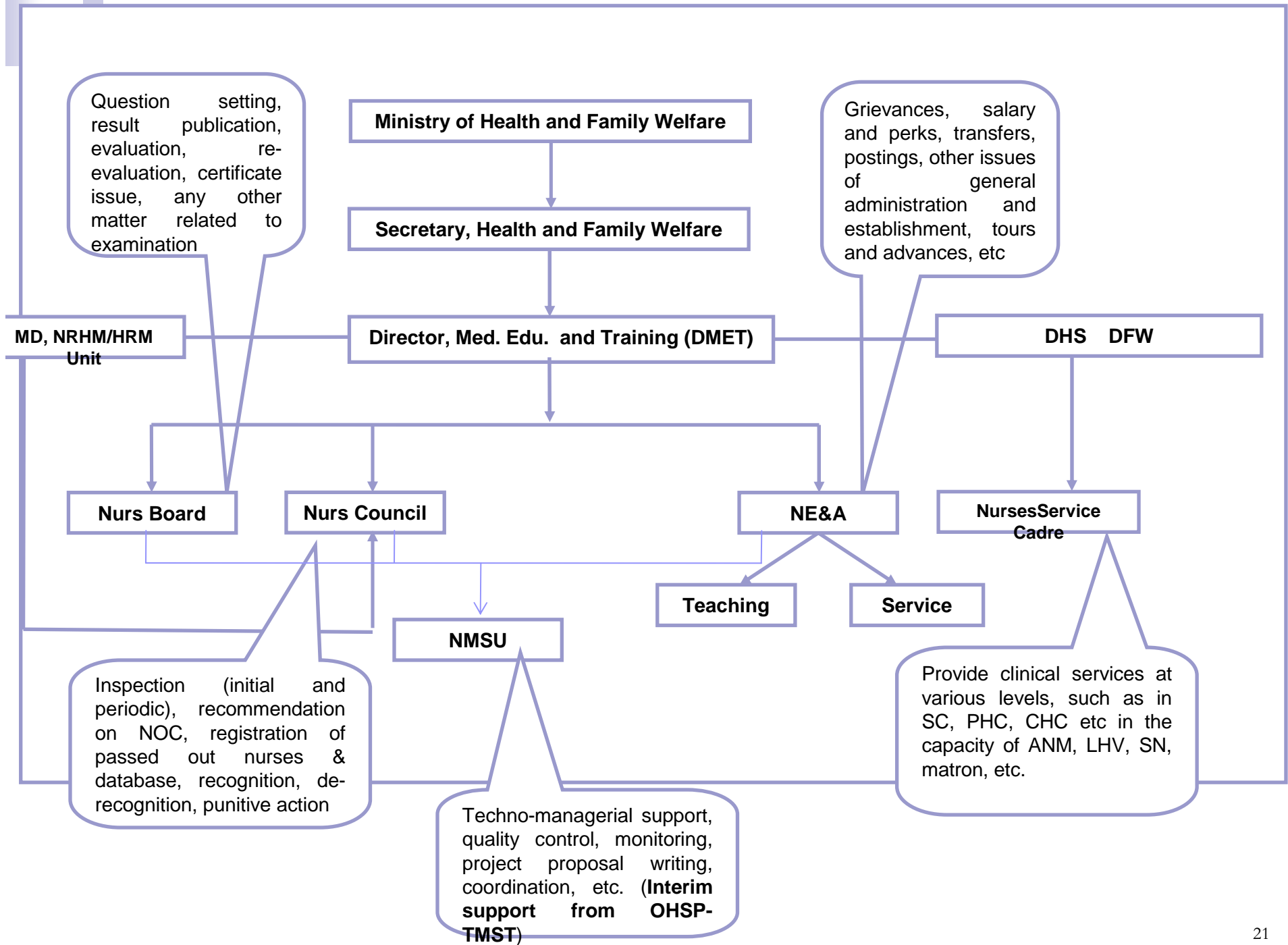
■ Issues

- Nurse Population ratio-1:4000(norm-1:500)
- Vacancies
- Poor production capacity (Education Institutions)-Faculty Vacancies
- Weak management structure (Board, Council, E&A)
- Poor promotional avenues- Career Paths

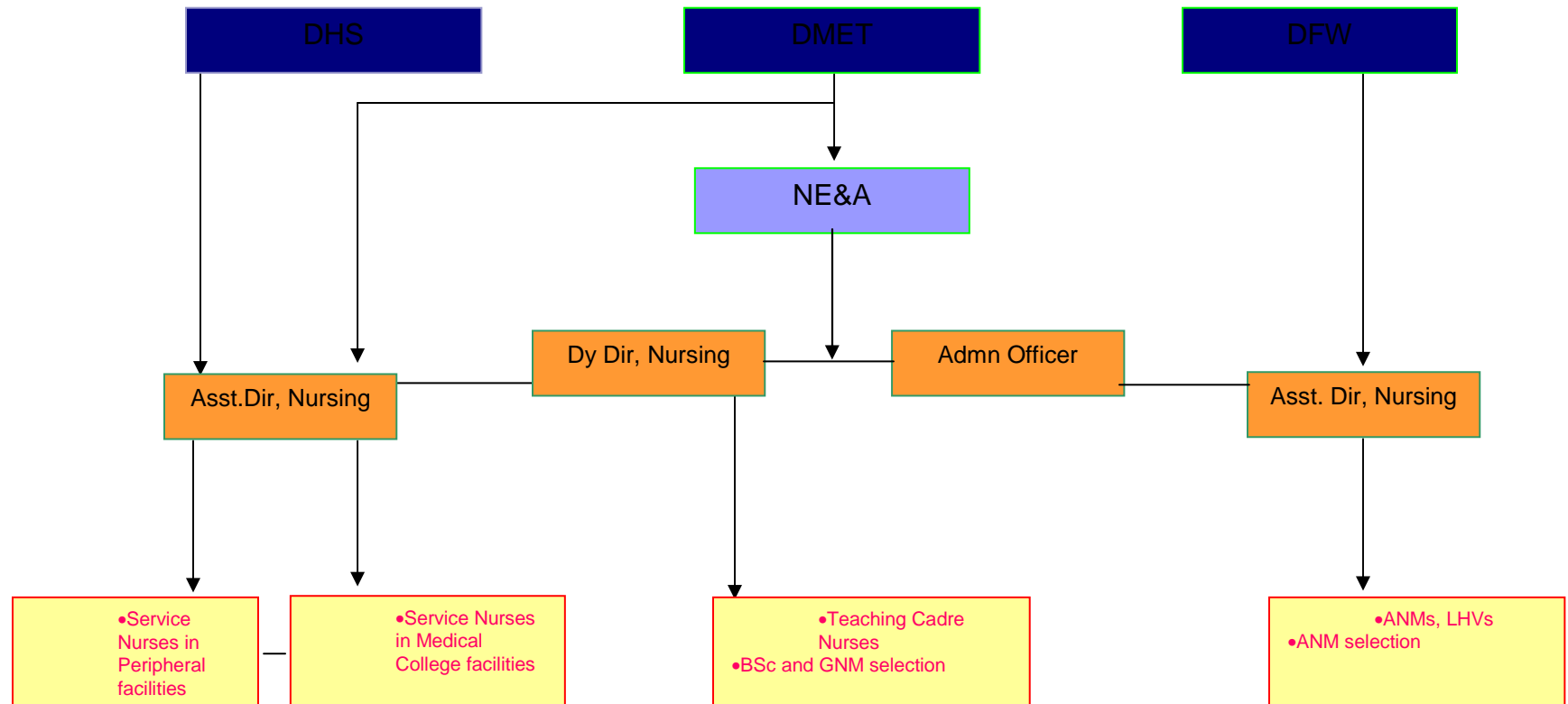


Expected outcomes

- Restructuring and Realignment of Authority)
- Unified structure (E & A wing)
- Improving career opportunities
- Strong and Nursing Council
- Strong Nursing Board
- Nursing Management and Support Unit (OHSP)
- Capacity development of Nursing personnel- Reputed Agency engaged
- Development of 3 year Operational Plan& State Nursing Policy
- Developing Capacity of existing educational Institutions & creating new Institutions resulting in addition of 1050 nursing personnel /yr
- Improved Service delivery, quality of care and better health outcomes



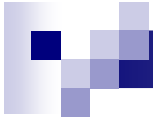
Flow Chart: Composition and functions of NE&A



We stand committed
to our mothers and
children.....



THANK YOU



Thank You

PRIMARY HEALTH CARE WORK FORCE

Health Facility	Staff	Sanction
CHC/BPHC	Doctors	227+230
	Specialists	486
	SN	-
PHC(PHC-New)	Doctor	1162
	MPHS(M)	1444
	MPHS(F)	1053
Sub Centres	HW(M)	4398
	HW(F)	6688

Health Institutions- Out come of Restructuring

	Before		After	
DHH	32		32	
SDH	20		26	
CHC	227		342	
PHC	115		1248	
PHC-N	1162		-	
AH	35		-	
OH	86		0	

Human Resources Health-Requirement as per (IPHS)

Category	Requirement-2008	Available (sanction)	Gap
Doctors	7882	1838	6044
Specialists	1252	574	678
Staff Nurses	12090	1962	10128
MPHS(M)	1162	1444	-
MPHS(F)	1162	1053	109
HW(M)	6688	4398	1290
HW(F)	13330	7568	5762

Out tern of doctors & other Paramedic per year

Category	No. of Medical Colleges/ Training Institutions	Out tern per year	
Doctors	6	750	
Specialists	3	119	
Staff Nurses	3		
MPHS(M)	-		
MPHS(F)	1		
HW(M)	-		
HW(F)	16		

Financial Implications-IPHS

Category	Requirement-2008	Salary	Non salary
Doctors	7882	290 cr	
Specialists	1252	184.8cr	
Staff Nurses	12090	184 cr	
MPHS(M)	1162	18.5cr	
MPHS(F)	1162	18.5 cr	
HW(M)	6688	79.5 cr	
HW(F)	13330	181 cr	
Total		956.3 crs	280crs




Strategy Next....

- Systematic review of cadre and infrastructure
- HRMIS
- Redefine responsibilities, career path and Deployment
- Capacity Development
- Incentives
- Innovations



Long term plans for the state by 2015

- Increase the intake capacity of existing Medical Colleges
- 2 more Government Medical Colleges and 20 ANM Centers in remote districts
- Fill all vacancies
- Create more Specialists and Paramedics
- Laying foundation for a knowledge hub on Health in the state
- HR functioning fully automated



Addressing Ownership...

- A 2 pronged strategy reflecting a short term 2010 plan and a long term 2015 plan
- Less burden of Finance to the state
- Link it to commitment of state on NRHM goals, MDGs and target setting
- Link incentive based plan as a Government propaganda for election year



VITAL INDICATORS

	TOTAL	RURAL	URBAN
IMR/1000LB	73	76	53
DEATH RATE	9.3	9.7	6.9
LITERACY RATE	63.08	59.84	80.84
BIRTH RATE	21.9	22.8	16.2



Action Plans

Task	Persons/Org responsible	Completion date	Measurable Result
Installation of HRMIS	Task Force and Agency	By end of July 2008	Generating MIS reports
Cadre Review	Task Force	By end of August 2008	Cadre report is submitted
Review and analysis of Infrastructure	Task Force	Existing	Analysis report is submitted
Review and revisit responsibility chart	Task Force	By end of August 2008	Report submitted
Redefining the job responsibility and career path of all cadres	Task Force	By end of September	Report submitted
Transfer and Posting	DoHFW	By end of December 2008	Vacancies filled with available resources

Action Plans..contd

Task	Persons/Org responsible	Completion date	Measurable Result
A capacity building of all cadres through training and orientation	Task Force and SIHFW/NIHFW	By end of 2009	A need based Training and Orientation is provided to targeted staffs
A motivation plan including career path is developed and actioned	Task Force and DoHFW	By end of December 2008	Transfer and posting is actioned with incentive plan
Review and analysis of Infrastructure	Task Force	Existing	Analysis report is submitted
Meeting of Task force and appraisal of Policy makers at regular interval	Task force/NIHFW/SIHFW	Periodic	Action Plan reviewed



Possible Linkages

- Network and partner with technical institutes like NIHFWS and HSPH to improve the research and quality training & development
- Negotiate the plans with Donor agencies for an agreement
- Window of opportunities through Public Private partnership

Health Facility- as per IPHS

Category of HF	Requirement-IPHS	Availability	Gap
Health SC	8140	6688	1452
PHC-N	1184	1162	22
CHC	313	227	86