

ADDRESSING HUMAN RESOURCE NEED OF SPECIAL NEW BORN CARE UNITS - LEARNING'S FROM THE MADHYA PRADESH SUCCESS

Problem Statement

It has been estimated that health-facility based interventions can reduce neonatal mortality by as much as 23-50% in different settings. To improve newborn survival, Government of Madhya Pradesh established 35 SNCUs at district hospital. However this rapid scale up also created huge need for trained doctors, nurses and paramedical staff to make these SNCUs functional. After assessing the options of diverting resources from the existing staff pool, or going for multitasking of staff, the state decided go against them. The state went ahead with decision have dedicated staff for SNCUs. However it could have been challenging to attract, redeploy and retain the required HR to meet special staffing needs of Special New Born Care Units. To address the HR gaps Government of MP took series of HR related policy decisions to address the recruitment and retention of trained HR in adequate numbers to effectively and efficiently operate these SNCUs

Programme Description

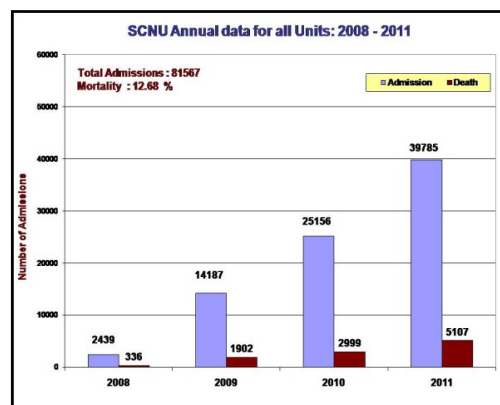
- **Pay hike:** Using the NRHM budget, the salary of pediatricians and nurses was increased nearly 3.3 times (even above private sector) during the five year period from 2007 to 2012.
- **Walk in Interviews:** To remove administrative hurdles, recruitment was simplified with walk in interviews for Doctors (at state level) and nurses (at dist level) on a fixed day of every week.
- **Candidates from other States:** State adopted open door policy for candidates from other states. This facilitated quick deployment of HRH, especially nurses from Kerala and Rajasthan. Their registration in State nursing council was also facilitated
- **Flexibility in postings:** Every effort was made to give the candidates a posting on choice.
- **Preference to existing contractual staff for regular job:** Pediatricians and nurses who were initially hired as contractual staff were given preference in selection for regular jobs Thus ensuring that the investment made in their capacity building was not lost.
- **Rural service bond for pediatricians:** The State enforced compulsory one year rural service bond for the fresh postgraduates, and the post graduates in pediatrics were posted in SNCUs.
- **Relocation of pediatricians:** Pediatricians posted at PHCs were identified and offered relocation to district SNCUs.
- **Skill up gradation of MOs:** Government entered in an MOU with Maulana Azad Medical College, New Delhi for a forty day residential training program in neonatology. The graduate medical officers attending this course are posted in the SNCUs post training.
- **On Job mentoring:** SNCU Staff is sent to PGI Chandigarh for two weeks observership. This helps them not only a chance to update knowledge and skills but also improves motivation. In addition opportunities to attend CMEs and workshops are also provided.

Program Impact

The results of this multipronged approach have been very encouraging

- **HR norms met:** 35 district hospital units were operationalized successfully in last four years. A total of 114 pediatricians and 390 staff nurses are working in these SNCUs giving 3.25 pediatricians and 11.14 nurses per unit against the norms of 3-4 and 12 posts per unit respectively.

- **Increase in Utilization of SNCUs:** There was an exponential increase in the number of admissions; More than 80,000 sick newborns were treated in these 35 units in four years (2008-2011). It is expected that once scale up is completed nearly 60,000 sick new borns would benefit each year.
- **Improved health outcomes for sick neonates:** While it is anticipated that with improvements in coverage more and sicker children stay accessing the SNCUs and hence there is a danger of adverse outcomes. However despite huge patient load, the newborn mortality rate decreased from 13.8 in 2008 to 12.8 in 2011
- **Mentoring of peripheral MCH1 centers and operationalizing other units:** Trained Human resources from the District SNCUs are also helping to train staff from peripheral centers through regular mentoring visits to MCH centers for on-the job trainings and problem solving to improve quality of New born care.



Scalability

The experience from Madhya Pradesh clearly shows that it is possible to address the difficult challenge of meeting HR needs of SCNU and provide separate staff for the units if the HR policy is adapted to attract, retain and redeploy the required staff for these units. To meet the demand of human resources in SNCUs no single solution is available but multipronged approach involving creating of additional positions, pay hikes, removing administrative bottlenecks in recruitment by opting for open door policy with walk in interviews, enforcement of rural service bond, flexibility in place of postings and judicious redeployment of existing human resources is needed. In addition proactive look out for resources by reaching out to Medical and nursing colleges is also helpful. Improving remuneration and working condition for doctors and staff nurses can attract and retain specialized human resources in SNCUs. It is also important to have strong political and bureaucratic commitment to make the above changes and have secured funding to meet the budgetary needs of addition HR. Last but not the least it is utmost important to constantly invest in capacity building of the HRH.