

CHHATTISGARH RURAL MEDICAL CORPS

Problem Statement

The shortage of human resources and the skewed distribution of scarce human resources in rural health facilities is one of the key challenges for effective health care service delivery in India. The density of health workers per 10,000 population in urban areas is almost four times that of rural areas. Acute shortage of skilled health workers in rural and remote areas for serving a significant size of about 72% of country's population has a negative consequence on the health outcome and poor performance of health sector.

Chhattisgarh, with one of the lowest health human resource densities in the country has also been facing severe shortage in almost all categories of health care providers. The state had 82 specialists in position at CHC against 592 sanctioned posts, which means a vacancy rate of 86%. The vacancy rate for doctors at PHC stands at 71.3%. Moreover, the sanctioned posts do not align to the staffing pattern of IPHS. For example, there are only 781 sanctioned posts of staff nurses against 1667 sanctioned posts of medical officers, which is much less than WHO standard norms of 3 nurses per 1 doctor.

In order to address the acute manpower crisis, the Government took an initiative to retain and motivate the service providers to work in difficult and remote areas under the scheme "*Chhattisgarh Rural Medical Corp (CRMC)*". The CRMC was proposed in State Program Implementation Plan (PIP: 2009-10) with an objective of improving the health services especially at difficult and remote

areas by taking the services of current and retired employees of Department of Health & Family Welfare as well as from private sector such as doctors, specialists and staff nurses in those identified health facilities.

Description of the CRMC

Key Features:

- Monthly incentive honorarium; Group insurance scheme
- Relaxation in qualifying service period for admission in PG course- & reservation of seats for those serving in CRMC after 3 years (normally 5 years)
- Retention of government accommodation in urban areas for their family
- Leave travel concession; Assurance of posting in general area after completion of tenure
- Automatic extension after retirement (only for clinical services)
- Transfer with mutual consent
- Compensation up to Rs.10 lakhs in the event of loss of life due to Naxalite attacks

Process Protocol: There are 26 District Hospitals (DH), 148 Community Health Centers (CHCs), 741 Primary Health Centers (PHC) and 5076 Sub Centers (SC) in the state. Under the CRMC, these health facilities have been categorized into accessible, difficult and most difficult.

| Facility level | Grading of Accessibility | | | Total |
|--------------------------|--------------------------|-----------|----------------|-------|
| | Accessible | Difficult | Most difficult | |
| District Hospitals | 13 | 2 | 3 | 18 |
| Community Health Centers | 3 | 34 | 22 | 59 |
| Primary Health Centers | 45 | 200 | 106 | 351 |

Six cadres of healthcare providers (Specialist, PGMO, Doctors, Rural Medical Assistant, Nursing Sister and Staff nurse) are covered under CRMC with variations in terms of incentives provided according to zonal categorization of health facilities. Under the scheme, these personnel are required to serve four years with the department with two years of posting each in difficult and most difficult areas. Their tenure is increased by two more years if an individual is willing to serve further in these areas. In order to keep the staff motivated, they are being given extra incentives from NRHM apart from their fixed salaries. For example, specialists posted in 'most difficult' institutions in the 1st & 2nd year of service under CRMC gets Rs. 15,000/-pm as incentive while those serving in

'difficult' institutions gets Rs.10,000/-pm. In the 3rd and 4th year, the incentive increases to Rs. 18,000/-pm for 'very difficult' institutions and Rs.13,000/-pm for 'difficult' institutions.

Implementation: The priority to serve in these underserved areas is given to serving employees working in in easy-to-access areas, retired employees who meet qualification criteria and contractual staff as well. If individuals nearing retirement age opt to join CRMC, then application has to be submitted 3 months before retirement and they can work for another 4 years till 65 years of age. In such cases, incentives are fixed separately and appointments made by the Commissioner (Health) under CRMC.

Health Facilities in 'difficult areas' of Dantewada District (Source: 6th CRM, 2012)



Standardized performance evaluation of CRMC with minimum performance benchmarks is in place for service providers working in DH, CHC & PHC. If the performance does not meet the minimum benchmarks in 1st & 2nd years, no incentive is given in 3rd and 4th year of service in CRMC.

A one-month incentive has to be deposited to State Health Society (SHS), Chhattisgarh and under this, the general transfer rules of the state government are not applicable. If transfer is sought before completion of 4 years, permission of Commissioner (Health) is required, followed by a notice period of three months. There is also a Termination Clause for non-achievement after 2 years of service under CRMC

Scalability

Despite better provisions and financial incentives offered through CRMC, the response of medical officers working in normal areas has been low because of poor awareness of scheme among targeted health staff. Acceptance even among those who are aware is low because incentives under schemes are not sufficient to motivate the health staffs to join this scheme. A systematic study to assess the impact of CRMC is underway which will have policy amendments leading to an integrated approach for large scale attraction and retention of health workforce in underserved areas

For further details contact

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