

## **HUMAN RESOURCES FOR HEALTH**

The paucity of skilled human resources has been one of the major bottlenecks in achieving the progress towards Millennium Development Goals. The proportion of skilled health providers stands very low at 100 per lakh population as against the international minimum norm of 228 per lakh population to deliver basic maternal and child health services. Added to this, is the issue of skewed distribution of health workers towards the urban areas, which is evident from the fact that 60 percent of the health workforce in the urban areas, where only 28 percent of the country's population reside (Census India 2001). With the advent of NRHM, government has introduced various strategies to increase the availability of human resources in the rural and remote areas. These measures range from regulatory strategies and educational benefits to improved workforce management practices and incentive schemes to counterbalance the opportunities loss involved in working in rural and remote areas.

Bihar and Madhya Pradesh have taken up measures to specifically address the issue of uneven divide among the rural and urban areas, wherein the doctors and nurses have been preferentially posted at the block level to deliver the services in the peripheral areas. Other states such as Odisha, UP, Bihar, Assam, Chhattisgarh, Haryana, Rajasthan, Kerala and Punjab have introduced several incentive schemes for the attraction and retention of service providers at the rural and underserved areas. These incentives range from the difficult area allowances to the performance based benefits mainly linked to institutional deliveries, c-sections, sterilization and surgery among others. In the wake of attracting more health workforce Haryana, Gujarat, Bihar and Punjab have revamped the recruitment processes by using innovative methods like online application system, direct walk-in interviews. Some states have also attempted outsourcing of health facilities as well as contracting-in of skilled human resources so as to fill the gaps in service delivery in difficult and remote areas.

Efforts have also been made to monitor and track availability of human resources across the facilities through implementation of Online Human Resource Management Information System (HRMIS) in Jharkhand, Odisha, Tamil Nadu, Assam and Bihar. HRMIS strives to do real time tracking of human resources and develop a real time database, which further facilitates in planning and rationalization of health workforce in the state.

Regulatory measures like post-graduation rural service bonds and pre-post-graduation mandatory rural service are also followed by some states to enhance retention of doctors and specialists in the rural areas. The duration of bonds and the penalty amounts vary from state to state. Chhattisgarh and Assam have tried innovations in educational strategies by introducing 3-year courses to generate mid-level health care workers to provide primary healthcare services.

These strategies, complemented by large-scale employment of contractual workforce under NRHM, have contributed towards availability of healthcare providers in the difficult-to-access underserved areas.