

IMPROVING WORKFORCE MANAGEMENT PRACTICES IN HARYANA

Problem Statement

Haryana despite being one of the leading states in terms of agricultural growth and per capita income had a high infant mortality rate of 42 and low levels of institutional deliveries in comparison to other states. Among all the gaps in delivering quality health services, the most difficult gaps to meet were the shortage of doctors. There were high levels of vacancies, especially for doctors, primarily due to poorly designed work force management policies and the lengthy recruitment process under Haryana Public Service Commission (HPSC). A shortfall of 211 specialist existed at the level of CHCs with only 45 in position against 256 sanctioned posts, while 350 MBBS doctors were in position against 580 sanctioned posts (a shortfall of 230) at the PHC level. The shortfall would increase manifold if the shortage at the District and Sub-District levels are taken into account. This problem was compounded by high levels of reported absenteeism among doctors posted at PHCs and CHCs in rural areas. Absence of any formal transfer and promotion policy in the state further added to the problems of retention of critical human resources within the system

REFORMS IN WORKFORCE MANAGEMENT

Recruitment & Placement Policy: Changing the recruitment policies solved the issue of prolonged recruitment process for regular MOs & Specialists, whereby recruitment for regular posts was taken out of the purview of the HPSC, and recruitment of generalists and specialists into permanent government service became an on-going process and applications were entertained all through the year. Appointment letters were generally issued within a week of selection and the time span between advertisement of post & joining of selected candidates reduced from an average of 18 months to just about one month

The recruitment process is now fully web based thus the advertisement for the posts, applications, list of shortlisted applicants and finally the list of selected candidates is available on the website of the Haryana Health Department.

This was complemented by a revised placement policy under which posting of specialists was done only at District Hospitals and at the few CHCs that provide comprehensive emergency obstetric care such that the skills of specialists are utilized mainly towards performing tasks related to their specialty. Flexible approach adopted to post the candidates at the preferred location wherever feasible and no transfers would be made until three years of term is completed at one center of posting. This flexibility has also attracted candidates from the neighboring states of Rajasthan, Punjab and Uttar Pradesh, who doctors opted for health facilities in the border districts.

Enabling Work Environment: Specialists were given a bigger role in decision-making process related to facility development with the government making efforts to meet the demands for necessary logistics in terms of infrastructure & equipment. Disciplinary actions were taken against doctors with poor performance who fail to deliver even in a facility with the required infrastructure & equipment and good performances rewarded with better promotion and transfer opportunities.

Revision of Salary Package: Compensation packages were revised for critical cadres like Specialists, MBBS & AYUSH doctors and paramedical staff with special packages for specialists posted in difficult areas categorized on the basis of their grade or category of difficult area

Remuneration of specialists posted in 'non-difficult areas' is now increased to Rs.32,000/- per month while salary packages for those posted in difficult areas have been hiked based on the grade or category of difficult area. Highest package is of Rs.60,000/- per month for serving in Grade I difficult area, followed by Rs. 50,000 per month for Grade II and Rs. 40,000 per month for Grade III areas. Six additional increments have also been introduced for post-graduate degree specialists and three for diploma post-graduates working in difficult areas.

Difficult Area Allowance: To encourage and attract critical professional service providers in the identified difficult areas, special incentives have been introduced under NRHM for specialists, allopathic MO, AYUSH MOs, staff nurses and para-medicals working in Community Health Centers and Primary Health Centers located in these areas.

Program Impact

One of the major and explicit achievements of these innovative strategies is the massive reduction in the number of vacancies of doctors at public health facilities of Haryana. The entire gamut of workforce management policies, a fast recruitment process, revised compensation package and incentives for regular government posts has made government service attractive for the doctors. The increased presence of skilled human resources in the facilities has also contributed to improved access and utilization of services in the state.

Scalability

This package of measures to attract and retain service providers is being implemented across the entire state. By adopting the sheer persistence with the approach and the administrative & political steer demonstrated by Haryana, these measures can be replicated in other states that are struggling to find healthcare providers to work in difficult-to-access areas.

For further details contact

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