

INNOVATIONS IN WORKFORCE MANAGEMENT IN KARNATAKA

Problem Statement

In India, the issue of shortage of human resources has been further compounded by a concentration of available human resource in urban health settings resulting in lack of staff in the peripheral health centers. Karnataka is facing shortage of human resource in most facilities, particularly at Health Sub Centers (HSC) and Primary Health Centers (PHC). For instance, as on March 2011, only 747 HSCs (8.4%) had two ANMs in place out of a total 8890 HSCs.

But an efficient health workforce management can bring forth improved performance and better health outcome within the available resources. Effective workforce management provides mechanism for employment, retention, support system and career development of health care personnel. In order to address the shortage and availability of health human resources, Karnataka has taken up many systemic changes and innovations including enacting of new acts (e.g. Transfer Act, 2011 etc.) and development of Human Resource Management System (HRMS) etc.

Program Description

- **Enactment of Act & Rules, 2011:** The Karnataka State Civil Services Act 2011 was enacted by the Karnataka State Legislature, Government of Karnataka and came into force on 2nd May 2011. This Act provides the regulation of transfer of medical officers and other staffs of the Department of Health & Family Welfare so as to ensure their availability in government health facilities in rural areas. It gives provisions for compulsory posting in rural areas, posting/transfer of MO/Specialists to appropriate posts, rationalizing the cadres/posts and need-based HR restructuring of the department. In similar lights, the KPME (Karnataka Private Medical Establishments) Act 2007 came into effect for mandatory registration/monitoring of private medical establishments, sharing of available relevant information on infrastructure/manpower by private sector.
- **Human Resource Management Systems (HRMS):** A health human resource information system is the backbone for an efficient and effective health workforce management. The Karnataka Government in collaboration with the NIC has developed a web enabled HRMS system for collection, compilation and updation of information/data related to institutions and the individual with respect to contact details, employment & types, deployment, service details, transfer & promotion, vacancy positions, trainings/deputations, payrolls, retirement and performance review etc.
- **Incentives for deployment & retention of HR:** Special remote area allowance has been budgeted in the state Program Implementation Plan (PIP) wherein incentive of Rs.300-Rs.8000 has been built in for various health personnel starting from Group D to doctors. The State is paying a substantially higher remuneration for specialist doctors on contract to ensure delivery of services.
- **Pre-service and In-service training for HR:** The state has adequate number of medical colleges, nursing and ANM schools run by government and private sector which imparts pre-service training. The in-service trainings are undertaken in District Training Center (DTCs) under Health

& Family Welfare Department for skill up-gradation and multi-skilling of health care personnel. In 2011-12, the state had deployed the 53 EmOC and 67 LSAS trained MOs in FRUs/DHs for practicing their skills. The non-operating doctors who lacked confidence got deputed in District Hospitals under a senior gynaecologist /anaesthetist for a certain period of time for proper mentoring and supervision.

- **Human Resource Development Program:** Karnataka Health System Development & Reform Project (KHSDRP) under the aegis of Department of Health & Family Welfare, Government of Karnataka has undertaken many programs to bring in reforms in the area of Organization Development (OD) which envisages attitudinal change, development of better skills and knowledge, behavioral change communication to strengthen integrity, recognition & rewarding to promote better services, counseling for recruitment, transfer & promotion and refurbishing methods of accountability of health care services. As a part of the organization development, KHSDRP has conducted various capacity building programs, workshops, and consultancy services for enhancing the managerial capacity and to bring about attitudinal change among health care personnel towards provision of health care service.

Evidence of Success: On account of the development and regular use of HRMS data/information and implementation of the Karnataka State Civil Services Act, 2011, there has been evidence of success stories in the area of HRH reform/management in public health sector.

There has been **rational deployment** and in the last 1-2 years of NRHM; specialists have been redeployed in designated FRUs so as to operationalize them and 233 Doctors from PHCs having more than one MBBS doctors have been placed in PHCs having no MBBS doctors. There has also been a need-HR restructuring of the Health & Family Welfare Department with optimal deployment of health care personnel like doctors, paramedical staff at rural and remote facilities.

A **Specialist Cadre** has been created, whereby the state has amended recruitment rules which paved the way for direct recruitment of specialists (previously only GDMOs were recruited). The state is currently in the process of recruiting 600 specialists through Karnataka Public Service Commission (KPSC) and building up a public health cadre and has plans to provide comprehensive training to the doctors. There is direct appointment and promotion for specialist (regular) from March 2012.

There is also a process of assessment of **Training Needs** and **planning for Capacity Building** of manpower, using the data captured in HRMS in areas of training details of personnel by facilities and position

Scalability

Due to the improved manpower management, there has been positive changes and outcome in terms of access to better services delivery in the state. The quantum of changes and the impact on health service delivery after implementation of these innovations may be studied. As the Act has been in force for less than a year, it is too early to assess the impact of the Act.

The key barrier is the lack of a comprehensive national and state level HR policy, which will facilitate in development of a systematic plan with allocation of adequate recourses, in partnership with other relevant Ministries/departments such as Education, Finance, Human Resources and Labour towards addressing the large human resource gaps and their management. The other barrier is the level of implementation of these Acts and in ensuring a more systematic and regular use of HRMS for decision making on various issues.

For further details contact

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