



# GOALS OF NRHM

- Universal access to equitable, affordable and quality healthcare
- Reduction of child and maternal mortality
- Population Stabilization including gender and demographic balance



# CHALLENGES IN THE CONTEXT OF MANPOWER

- No health functionary at the village level
- First functionary (ANM / MPW) only at Sub Centre level (5000 population)
- First MBBS doctor only at PHC (30,000 population)
- Number of health facilities inadequate
  - 1,42,655 Sub Centres against a requirement of 1,58,792
  - 23,109 PHCs against a requirement of 26,022
  - 3222 CHCs against a requirement of 6491
- Skill level in general inadequate



# CHALLENGES IN THE CONTEXT OF MANPOWER

- Acute shortage of specialists
- Poor working conditions
- Lack of accountability to local community
- Inadequate training infrastructure
- Skewed availability of doctors due to concentration of medical colleges in a few states
- General reluctance amongst the health staff to reside in the rural areas
- Reliance perforce on informal health providers



# CHALLENGES IN THE CONTEXT OF MANPOWER

To conclude

- Public health facilities in terms of manpower as well as infrastructure grossly inadequate
- Private sector has filled the vacuum largely through informal / AYUSH health providers
- Major architectural corrections required to correct the imbalance





## Village level

Accountable to

- One trained ASHA for every 1000 population in high focus states
- 400,000 ASHAs in all
- Non high focus states have the flexibility to engage ASHA from RCH funds
- Primarily a facilitator though would be a rudimentary health provider too
- To be anchored in Anganwadi system
- Monthly health day
- Linked to health system

- Village Health & Sanitation Committee



**Subcentres  
(1,42,655)**

Accountable to

- Vacancies of 11,191 ANMs & 67,261 MPWs
- Recruitment by States to fill up vacancies
- Additional ANM (Proposed)
- Second ANM to be locally recruited contractual appointment
- Untied fund and drug support
- Number of Sub Centres linked to case load
- Building construction for all Sub Centres

- PRI
- District Health Mission




## PHCs (23,109)

Accountable to

- Deficit of 4436 based on 2001 population norm
- 880 vacancies on one doctor per PHC norm
- PHCs to be made 24x7
- Two additional resident nurses proposed
- AYUSH practitioners
- IPHS being prepared
- Rogi Kalyan Samitis constituted in PHCs

- PRIs
- Rogi Kalyan Samitis
- District Health Mission



# CHCs

(3222)

Accountable to

- IPHS prescribed
- Seven specialists including one Public Health Manager in place of four
- Nine nurses in place of seven
- CHCs to be upgraded to FRU and then to IPHS
- Rogi Kalyan Samiti
- Drug support
- Block pooling of doctors & management support
- AYUSH wing proposed
- ICTC for HIV/AIDS being set up

- PRIs
- Rogi Kalyan Samitis
- District Health Mission



## District Hospitals

Made accountable  
through

- IPHS being formulated
- Strengthened District Hospital to be fulcrum of curative care. Manpower requirement yet to be assessed
- Rogi Kalyan Samiti

- PRIs
- RKS
- District Health Mission

# Reconfiguring public system

- Locally resident Community Health Workers
- A network of ANMs, Staff Nurses, Lab Technicians, other Para Medics and Doctors/ISM providers in the SHC/PHC system to provide support to ASHA.
- 24X7CHC/Block/Tehsil/Sub District/District Hospital where ASHA, SHC/PHC can take patients in need.
- One hospital for every one lakh population
- Partnership with AYUSH/ private providers.



# ASHA

- 4 lakh ASHAs by 2010
- 13766 block training teams
- Two batches of 20 ASHAs to be trained per month
- Ten Facilitators per block to provide on the job training to ASHA
- All ASHAs to be trained by 2008



# ANM

- 200,000 ANMs required
- 444 ANM training schools (average capacity 40 per batch) can train 15,000 per year
- Capacity would need to be more than doubled
- Strategies for doubling the capacity
  - Reactivate defunct schools
  - Open new schools
  - increase admission capacity
  - Public Private Partnership to allow 50 bedded private facility to open ANM schools
  - Such schools may be extended similar salary and rent support as in case of govt.



# Staff Nurse

- 1,20,000 Staff Nurse required
- Shortfall 84,000
- Annual training capacity 40,000 (1000 schools with annual training capacity of 40)
- Availability may not be a big problem but retention of contractual nurses may be difficult

# PUBLIC HEALTH NURSE

- Requirement 7800
- Shortfall 7200
- Training Capacity adequate for the shortfall
- Availability not a problem but retention of contractual public health nurses could be a problem
- Shortfall of Lab Technician and Radiographer to be 15,400 and 4000 respectively. Ample training capacity

# SPECIALISTS

- Requirement of Specialists (Gynaecologist, Paediatrician, Surgeons, Anesthetists and Physicians 7800 each
- Shortfall extends from 5000 for Gynaecologists to 7000 for Anesthetists
- Annual PG seats approximately 400 of which less than 50% may opt for Govt. service
- Shortage likely to continue

# Strategies to meet shortage of specialists

- Sanctioned posts not as per requirements; States to be persuaded to sanction posts
- Increase age of retirement for specialists from 60 to 62
- Specialists could be allowed to continue upto 65 years provided willing to serve in underserved areas
- Wherever possible PG seats in medical colleges be increased on priority
- Accreditation of district hospitals for DNB
- Multiskilling of Medical Officers
- Ample capacity to fill up the requirements of MOs.

# Strategies to meet shortage of specialists

- Shortages would still persist over the mission period
- CHCs may have to be upgraded to IPHS in phases
- Till such time District Hospitals and selected CHCs and Sub Divisional Hospitals to be equipped for caesarian section and link other hospitals with strong mobility support



# PUBLIC HEALTH MANAGERS

- Requirement 10,445
  - one each at CHC (6000)
  - one each at Sub divisional Hospital (1200)
  - five each with District Health Mission (3000)
  - seven each with State Health Mission (245)
- Shortfall 8445
- Training capacity 900 per annum
- Shortage would persist; Existing manpower may have to be given short term course



# ISSUES & CHALLENGES

- The nearest doctor / staff nurse continues to be at PHC
- Dependence on informal providers would therefore continue
- Certificate course for accrediting such providers including AYUSH practitioners? Would it require amendment to IMC Act?
- Involving medical colleges in management of public health facility



# ISSUES & CHALLENGES

- Training needs are enormous – 4 lakh ASHAs, 7 lakh VH&SC, 2 lakh ANMs, 84,000 Nurses, multi skilling of doctors and public health managers. Can the training infrastructure cope with it?
- Relaxed norms for new medical colleges in High focus states?



**THANK YOU**

