9th NATIONAL SUMMIT ON GOOD, REPLICABLE PRACTICES AND INNOVATIONS IN PUBLIC HEALTH CARE SYSTEMS IN INDIA

Presentation by:

Department of Health, Medical & Family Welfare, Government of Andhra Pradesh

Andhra Pradesh: Zero vacancy policy - Mission Mode Approach

PROBLEM STATEMENT:

Shortage of human resources in remote areas.

overburdened existing staff

Reduced care quality

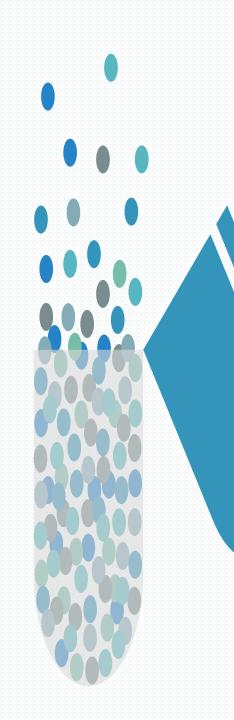
Inadequate service delivery, especially in underserved areas.

Lack of motivation as no career advancement

Delayed notifications – repeated by different HOD levels

INTERVENTIONS - Institutional:

- Re-organization of Village Level Health Facilities establishing AAM for every 2500 population. Deployment of 1 CHO, 1 ANM and 3 to 4 ASHAs
- ANM recruited on regular scale. First time for urban areas (3842)
- Primary Health Centres (PHC) reorganized geographically to cover 30,000 population
- 151 new PHCs sanctioned in addition to existing 1144 PHCs to meet the above norm
- Each PHC is sanctioned 14 staff including 02 medical officers, 03 staff nurse and other allied.
- Secondary care facilities also re-organised to provide uniform staffing & services.



INTERVENTIONS: Human resources (1/2)

Issued G.O. 188, dated: 15.07.2022 with blanket permission to fill up any vacancy arising due to superannuation, promotions, resignations.

289 reserve doctors were appointed in addition to regular 02 Medical Officers per PHC, to attend leave vacancies.

Reorganization of Human resources .- Dentists & specialists from primary to secondary and superspecialists from secondary to tertiary.



The lab technicians (General), Lab Technician (Malaria), Lab Technician (TB) were reoriented to attend to all the tests.



The RMNCH + counsellors were re-aligned to provide services at High Delivery Points to reach more.



INTERVENTIONS- Human resources 2/2

Constitution of dedicated **medical recruitment board** to attend State Level recruitment for health facilities.

Allowances to work in Tribal Areas (50% additional pay) and remote rural areas (30% additional pay)

Recruitment through **open notification** will be valid for one year to fill up arising vacancies

Recruitment of **specialists on contract basis** offering Rs.2.5 lakhs per month in tribal areas and Rs 2.0 lakhs in rural areas.

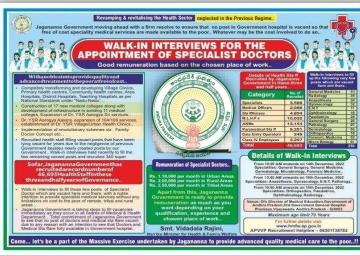
Reverse bidding to attract specialists to work in Tribal and remote areas over and above Rs 2.5 lakhs per month.

PG seats reservation to MOs working in Rural and Tribal areas to ensure availability of specialists in all secondary and tertiary health institutions.(now revised to 20 % clinical & 30% in non clinical)

Accelerated **promotion strategy**, contract service consideration in recruitments and redeployments.

PHOTO GALLERY









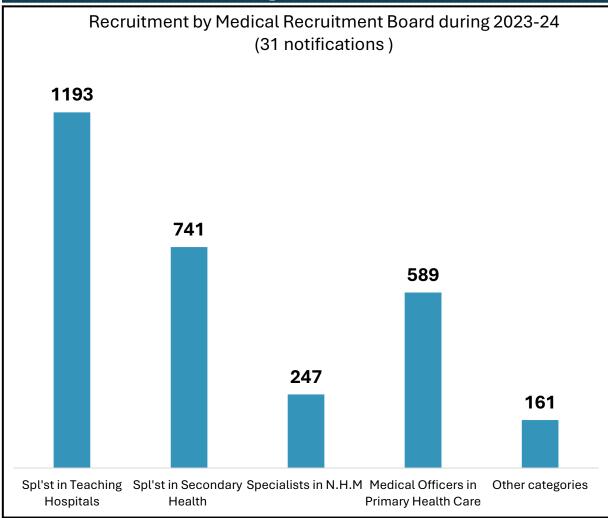




RESULT / OUTCOME

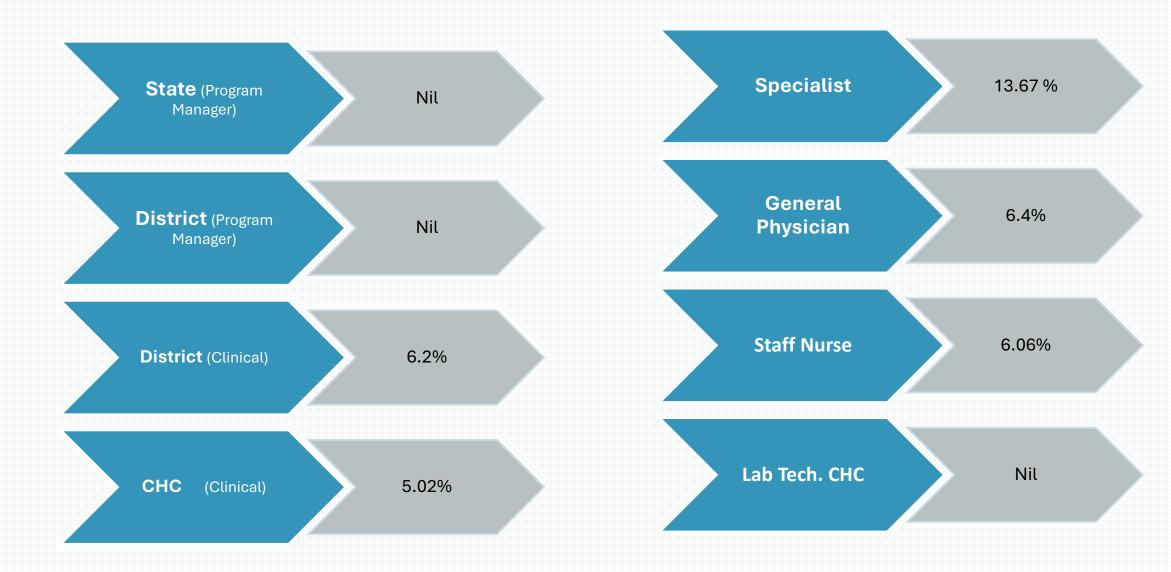


Recruitment by AP Medical Recruitment Board during 2023-2024



^{*}In spite of regular recruitments, there is a shift from primary health to secondary health and from there to Tertiary care

vacancies status



COST IMPLICATIONS/SCALABILITY



NO additional costs -as all are approved posts.



Medical recruitment board -no costs –speedy disposal



Validity of selection list for one year to minimize cost



Tribal area allowances costing Rs.12 crores per annum.



Recruitment on contract basis- and weightage in regular recruitment.



Lateral entry of
Specialists from
secondary health to
Medical Education as
career advancement and
retention



Annual review of requirement of specialists in secondary health to assess PG seats reservation



Adherence to accelerated promotion strategy, contract service consideration in recruitments

LESSONS LEARNT/WAY FORWARD

Political will for accessible health- continuous persuasions by administration.

Continuous review of in-service quota of Medical Officers for PG admissions & requirements of specialists in secondary Health

Forecasting the requirement of new posts for the established institutions to match the IPHS

Developing calendar for assessing retirements in various cadres and delegation of recruitment at State/Regional/District level.

Visiting specialized institutions to explain state requirements of technical manpower - employing them as per need.

