

## Case Study 3

# RURAL HEALTH PRACTITIONERS IN ASSAM: MID-LEVEL CARE PROVIDER FOR COMPREHENSIVE SERVICE DELIVERY IN SUB CENTERS

### Problem Statement

With the launch of NHRM in 2005, more than 1 lakh additional skilled health workers has been deployed across the country but these numbers are not significant to fill the huge gap in human resource, in particular in the underserved and difficult-to-reach areas. One of the measures to tackle the challenges is to devise educational strategies with an aim to admit only those students who are likely to serve in under-services areas and mold education to retain the commitment.

In 2002, Chhattisgarh, with one of the lowest health human resource densities in the country, and perhaps in the world initiated the 3-year course to train medical professionals to serve in rural areas so to address the acute crisis of shortage of physicians. The initiative faced a fair share of hurdles including legal action by the Indian Medical Association and 3 major student strikes. This resulted in dropouts, lesser enrolments and finally closure of the course in 2008.

However, this unique one-time endeavor led to many PHCs, which had never over 50 long years ever been able to get a doctor, now had a qualified service provider in the form of Rural Medical Assistant (RMA) and for the first time the vacancies in PHCs were closed. Subsequent assessment revealed that their knowledge, skills and patient satisfaction were at par with MBBS doctor in delivering primary health care.

### Program Description

Much on same lines to fill human resource gaps, Government of Assam passed an act - The Assam Rural Health Regulatory Act in 2004 with the objectives of i) opening of Medical institutes for conducting the three year course namely Diploma in Medicine and Rural Health Care (D.M.R.H.C.) and ii) regulation and registration of DMHRC pass outs. The objective of the 3-year course was to select, train and deploy a mid-level care provider (Rural Health Practitioners) in the Sub Center, competent enough to provide public health services and primary health care at village level and complement the efforts of the first health worker - the Auxiliary Nurse Midwife.

The Rural Health Practitioner Course is clearly distinguished from the five-year medical course; and open only to candidates selected from rural areas, and licensed only to those who would work in public service in rural areas.

Providing comprehensive Reproductive & Child Health (RCH) services including institutional deliveries at the sub center through the RHPs was one of the strategies undertaken by the state to address the high Maternal Mortality Ratio (381/1,00,000 live births; AHS 2011-12).

These RHPs have been delegated with the following responsibilities: attend OPD and emergency cases; treatment of minor illnesses/non-communicable diseases; conduct ANC/PNCs and identify and refer high risk pregnancies; management of

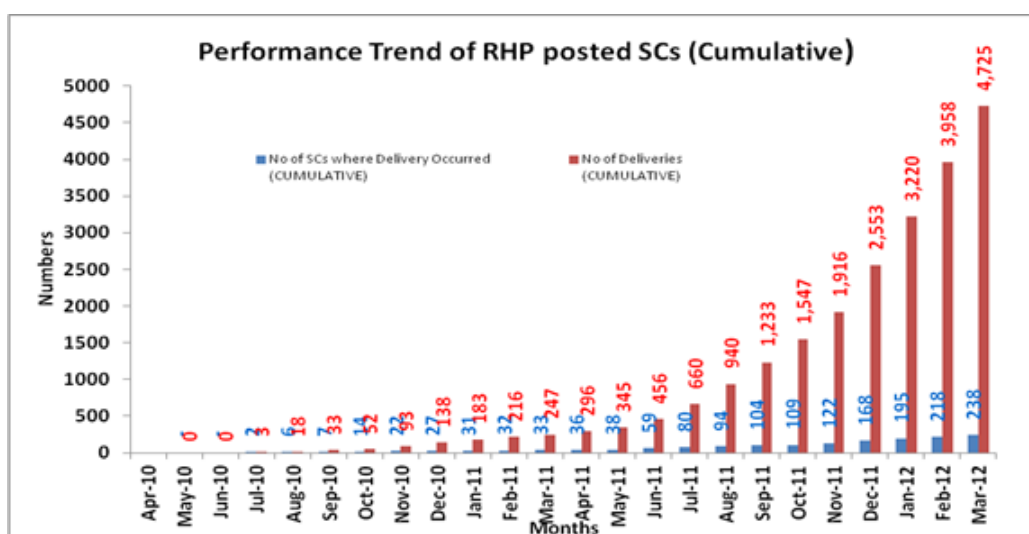
LBW newborns; counseling of mothers on best MCH practices; Routine Immunization and Family Planning services

Learnings from the past experience led to a more sustainable effort and by March, 2012, 260 RHPs have been placed in Sub Centers, a majority of them in High Focus Districts, thereby upgrading these centers to fully functional curative, preventive and promotive units.

## Program Impact

These Sub Centers have shown substantial increments in quantum as well as range of service delivered. A total of 977,754 OPD cases were seen by RHPs and 4725 institutional deliveries took place at sub-centers with RHPs, during the period from April 2010 till March 2012.

### Month-wise trend of deliveries conducted by RHPs at Health Sub-centers



## Scalability

Experiences of Chhattisgarh and Assam on 3 years course studied and communicated appropriately have shaped the perception of policy makers in India, who now recommend a similar mid-level cadre nation-wide, through a 3-year Bachelor of Rural Health Care Degree Course.

If scaled up systematically and efficiently, this initiative has the potential, more than any other to make universal access to comprehensive health care a reality.

But some of the challenges in the initiative in Assam include:

- Developing a career progression path for RHPs to sustain morale and retain them in the public health system.
- Address the growing demand by serving RHPs and those currently pursuing studies, for converting the 3 years diploma course to a graduate course, which will facilitate their further studies towards Master's degrees.
- Continuing Medical Education to keep the RHPs updated on newer skills and knowledge to improve their performance and keep them motivated to continue serving in remote and underserved areas.