

# Rural Medical Assistant

New cadre in Chhattisgarh for Health services



KAMLESH JAIN- CHHATTISGARH - INDIA

# Chhattisgarh at a glance



**80% of people living in villages/hamlets**

**32% of Population are Tribal-7 of India's primitive tribal groups live here**

# Situation in In Year 2000



**Population Density:154 /sq.km (National-324)**

**Scattered habitations a challenge to provide health services**

Left Wing Extremism(Naxalites, Maoist) in tribal(indigenous population) dominated parts of the state.



- **High MMR – 400 +** (for every 100 thousand live birth). SRS

- **High IMR – Total – 79, Rural – 95** (for every thousand live birth)

- **High Under 5 Mortality-110** (for every thousand live birth)

# Challenge Human Recourse for health in Rural and Tribal area -



# Reason to Start – 3 Years Course

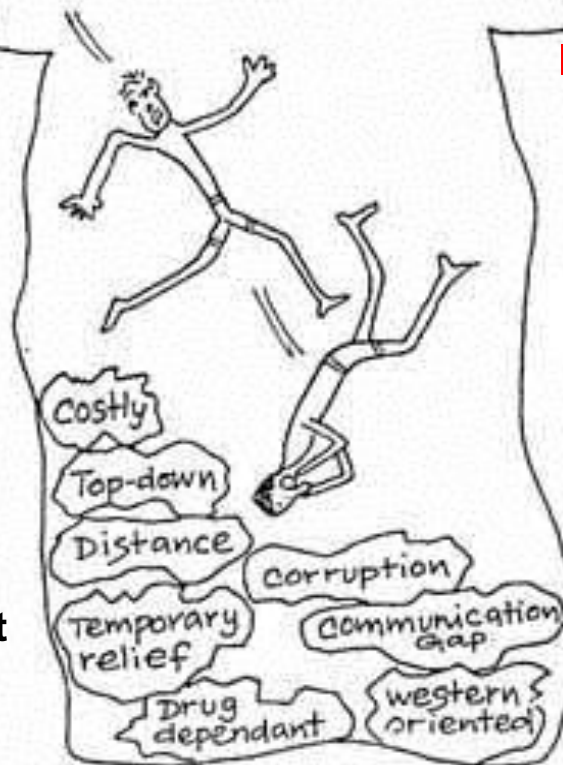


**Availability ?**

**Accessibility ?**

**Affordability ?**

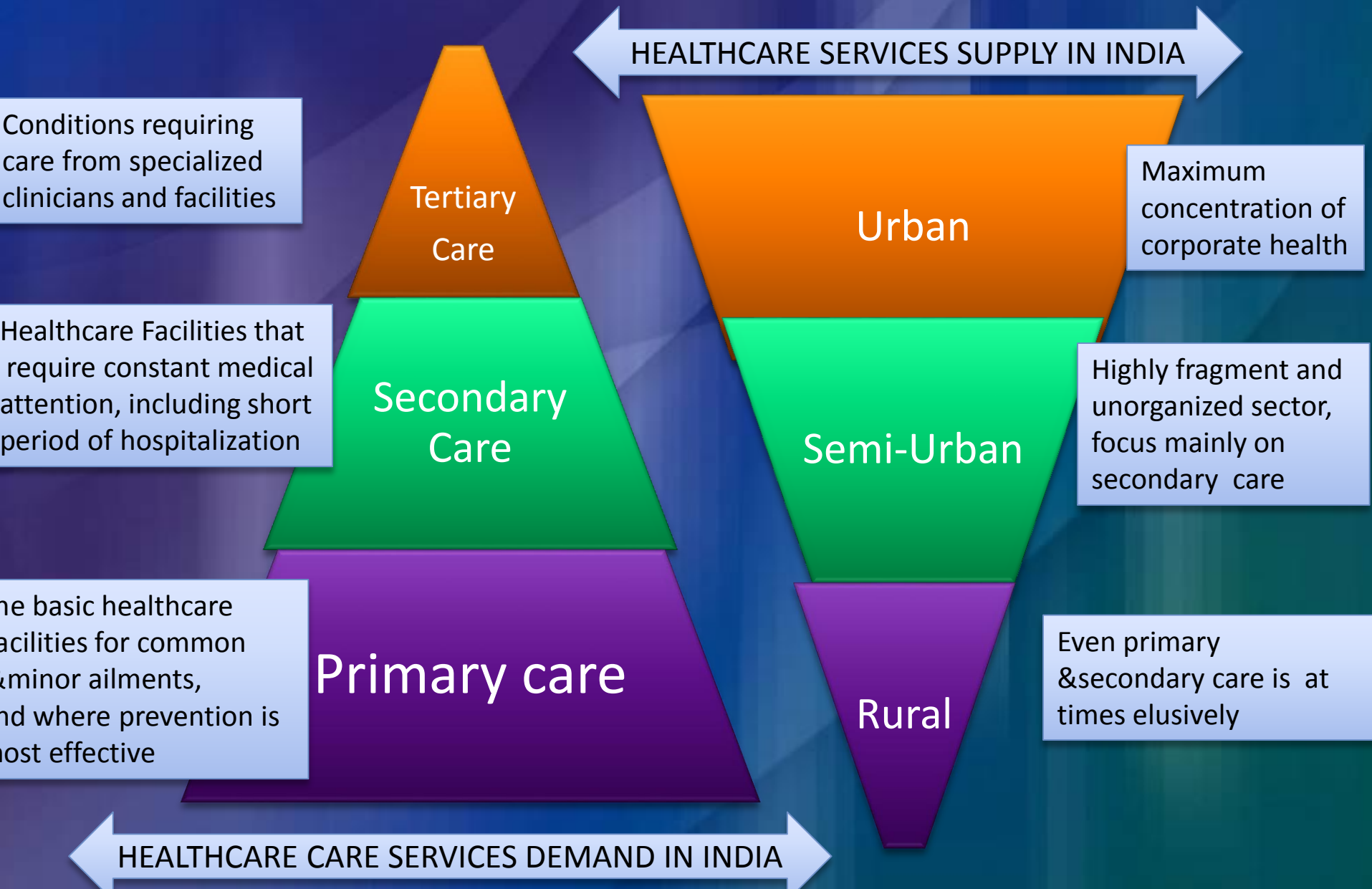
**Many areas were uncovered or underserved by the physician (almost 55% PHCs were vacant and down the line)**



**MBBS medical graduates not willing to serve in underserved areas (remote, tribal, leftwing affected)**

**market driven motives in urban area (private practice)**  
**Lack of residential and proper educational facilities**  
**Slow infrastructure development (huge urban and rural gaps)**

# India health care services Demand and Supply



# HEALTH CARE REFORM

SUCCESS





## Milestones of Three Years Medical Course in Chhattisgarh:-

The philosophy of the course was:

“If candidates from rural areas are brought into the Three Year Medical Course, they are more likely to return and serve in the rural areas.”

# Evolution to beginning of the 3 yrs course in Chhattisgarh:-



## Milestones of Three Years Medical Course in Chhattisgarh:-

- ▶ **Year 2001 - Discussions started within government for three year Medical course.**
- ▶ **March 2001- MCI refused the proposal.**
- **18<sup>th</sup> May 2001 – CG legislative assembly passed a bill and brought an act to establish Chhattisgarh Chikitsa Mandal on 18<sup>th</sup> May. At the inception, Name of the course was “Practitioner in Modern Medicine & Surgery”**
- ▶ **October 2001 - The three institutions of Jagdalpur, Pendra and Ambikapur started the course.**
- **July 2002 - Three more institutions of Kawardha, Kanker and Katghora commenced the course from August 2002.**

## Milestones of Three Years Medical Course in Chhattisgarh:-

- ▶ July 2004 - name of the course was changed to “Practitioner in Modern and Holistic Medicine”
- ▶ Committee of three Member team of Medical Expert was set up to assess the overall course design. Suggested to add disease oriented and community based curriculum for benefit of places like Bastar and Surguja tribal areas.
- ▶ May 2006 - First batch passed out from the colleges.
- ▶ 7 February 2007 – Officially, on the basis of Gazette Notification, internship of 6 months period was increased to 1 year period.

# Response of 3 year Course

- **Approximately over 9,000 applicants applied for admission to the first three institutes in Oct,2001.**
- ▶ **The cut off for admissions to the first batch was as high as 75% in their school-leaving examination, with inclusion of Biology as compulsory subject.**
- ▶ **Output:- 1391 students passed out from the six institutes**



# Course Design & Output Status

## Institutes Name :-

Institutes name	Total Students
Balgangadhar Tilak Institute, Jagdalpur	308
Anusha Memorial Medical Institute, Pendra road, Bilaspur	264
Ma Bambleshwari Medical Institute, Kwardha	229
Mahrishi Ashtang Medical Institute, Sarguja	210
Biken Institute of Medical Science, Kanker	200
Shri Kedarnath Institute of Medical Science, Katghora, Korba	180
<b>Total</b>	<b>1391</b>

## Three Years Medical Course as per Curriculum with clinical posting +1 year of extensive compulsory rotatory residential internship

<b>First Year</b>	Anatomy, Physiology, Biochemistry
<b>Second Year</b>	Community Medicine, Pathology, Microbiology, Pharmacology, along with diseases found in community and national health programmes
<b>Third Year</b>	Medicine and Paediatrics, Elementary surgery, Orthopedics, ENT, Ophthalmology, Obstetrics & Gynecology and Holistic Medicine.
<b>1 Year Internship</b>	1 month – SHC ,3 month – PHC ,4 month – CHC ,4 month – DH

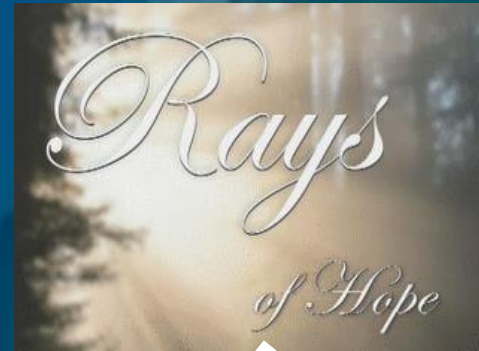
Successful completion of the course – registered as

***“Practitioners in Modern and Holistic Medicine”*** under ***Chhattisgarh Chikitsa Mandal***

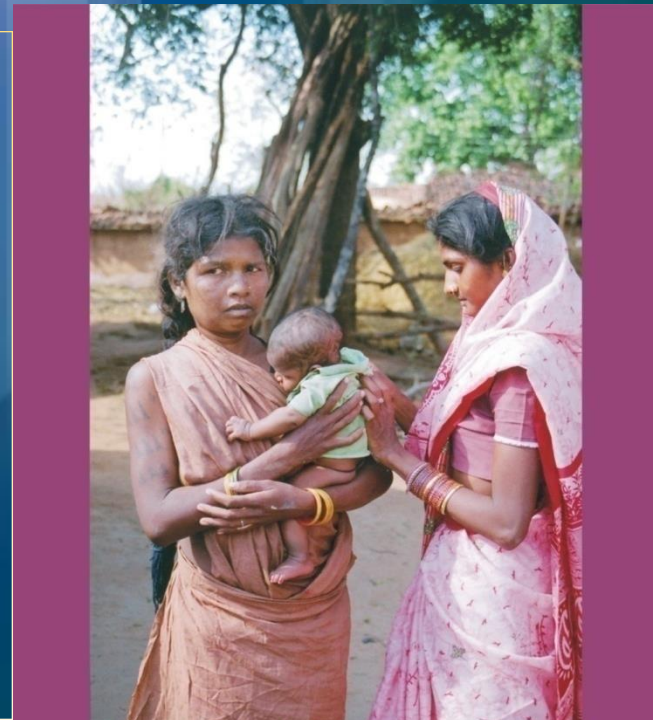
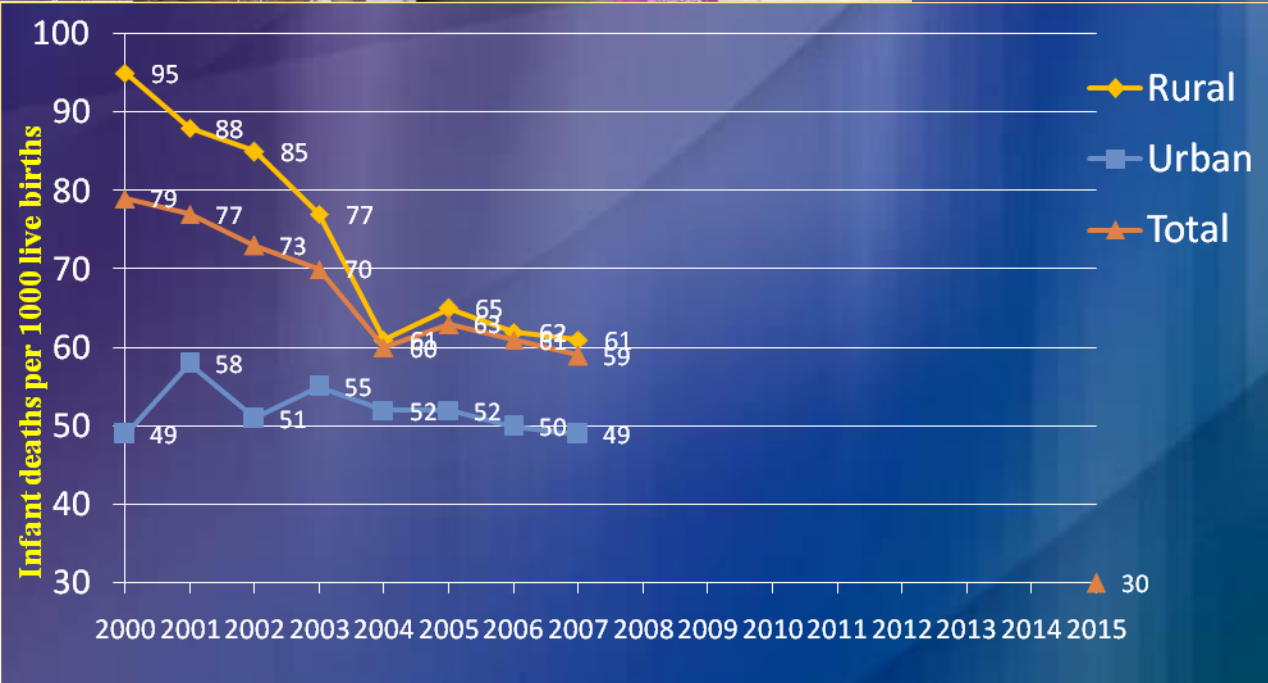




RMA's for Better health service  
Primary level



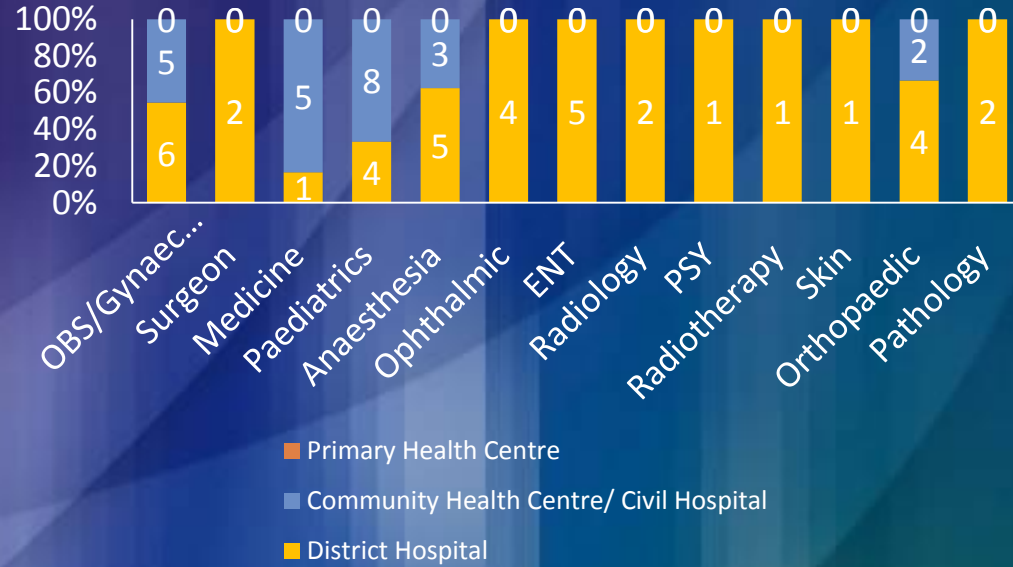
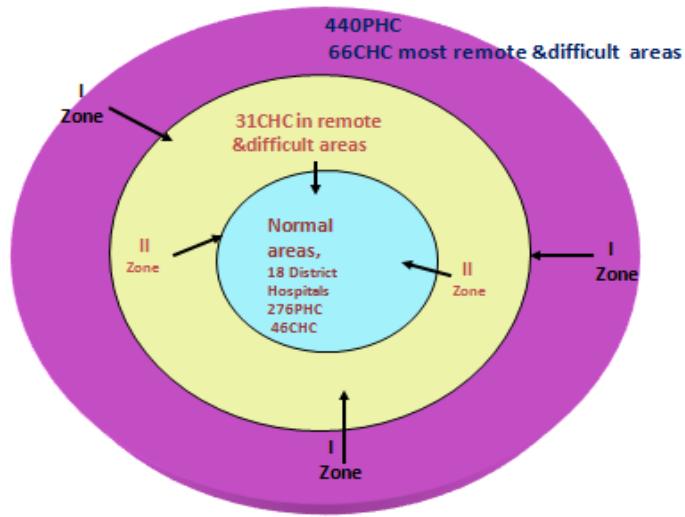
# Mitanin- The Inspiration



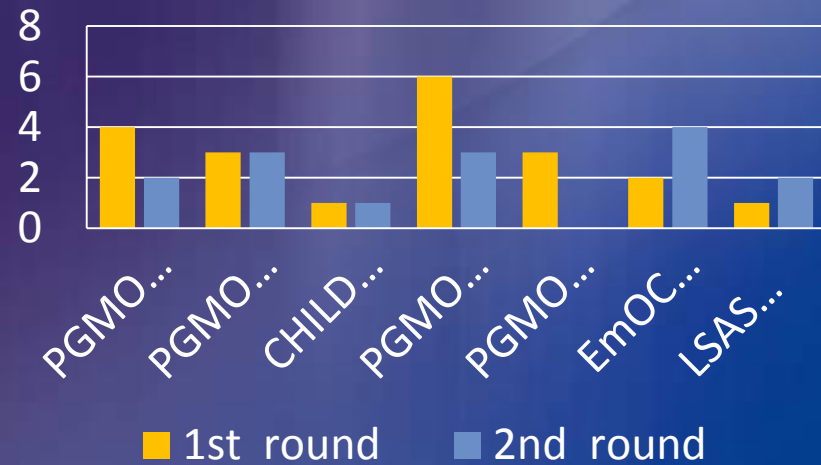


# Other HRH Strategy

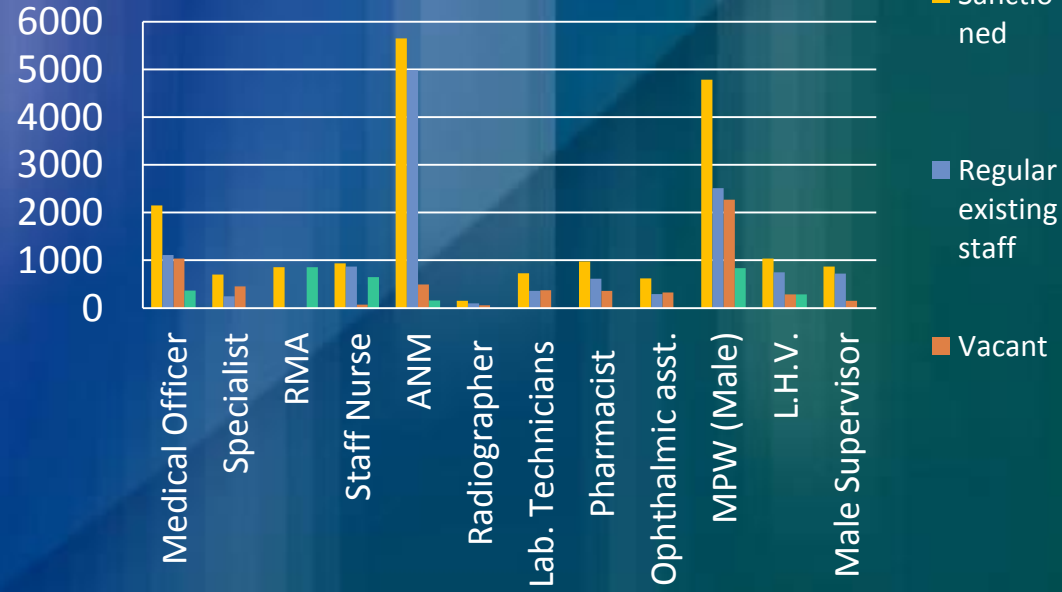
## Chhattisgarh Rural Medical Corps



## Rationalization of Existing skilled Human Resource



## Human Resource Situation





Tertiary Health Care:-  
Emergency services, Disability  
limitation & Rehabilitation

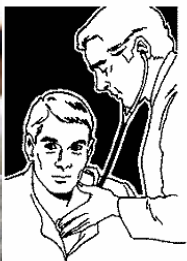


Health Care System



Primary Health Care  
Common disease treatment  
Health education & promotion

Secondary Health Care  
Early Diagnosis &  
Treatment



# New Hope for Primary Health Care



Go for 3 Year Medical Course...



# Birth of Rural Medical Assistant Cadre

- The CCM Act was a state act, but since this qualification was not registered with the state medical council, it could not confer the rights to practice allopathic medicine (as per MCI Act 1956).

Hence, a bipartisan high powered committee was tasked to find viable employment for the students passed

- After long discussions, the post of Rural Medical Assistants was created, in lieu of second MO at PHC.

The  
challenges  
of finding  
suitable  
employment

# Post sanctioned for RMAs

- The post of RMAs were sanctioned selectively in the PHCs classified as remote or tribal in districts with the most acute shortage of doctors.

The funds are from the central government through the NRHM mechanism.

- Appointment of 1228 RMAs done under NRHM to ensure the services at remote rural areas.



# RMAAs in regular setup

- State government announced 741 post of regular RMAAs in the year 2013

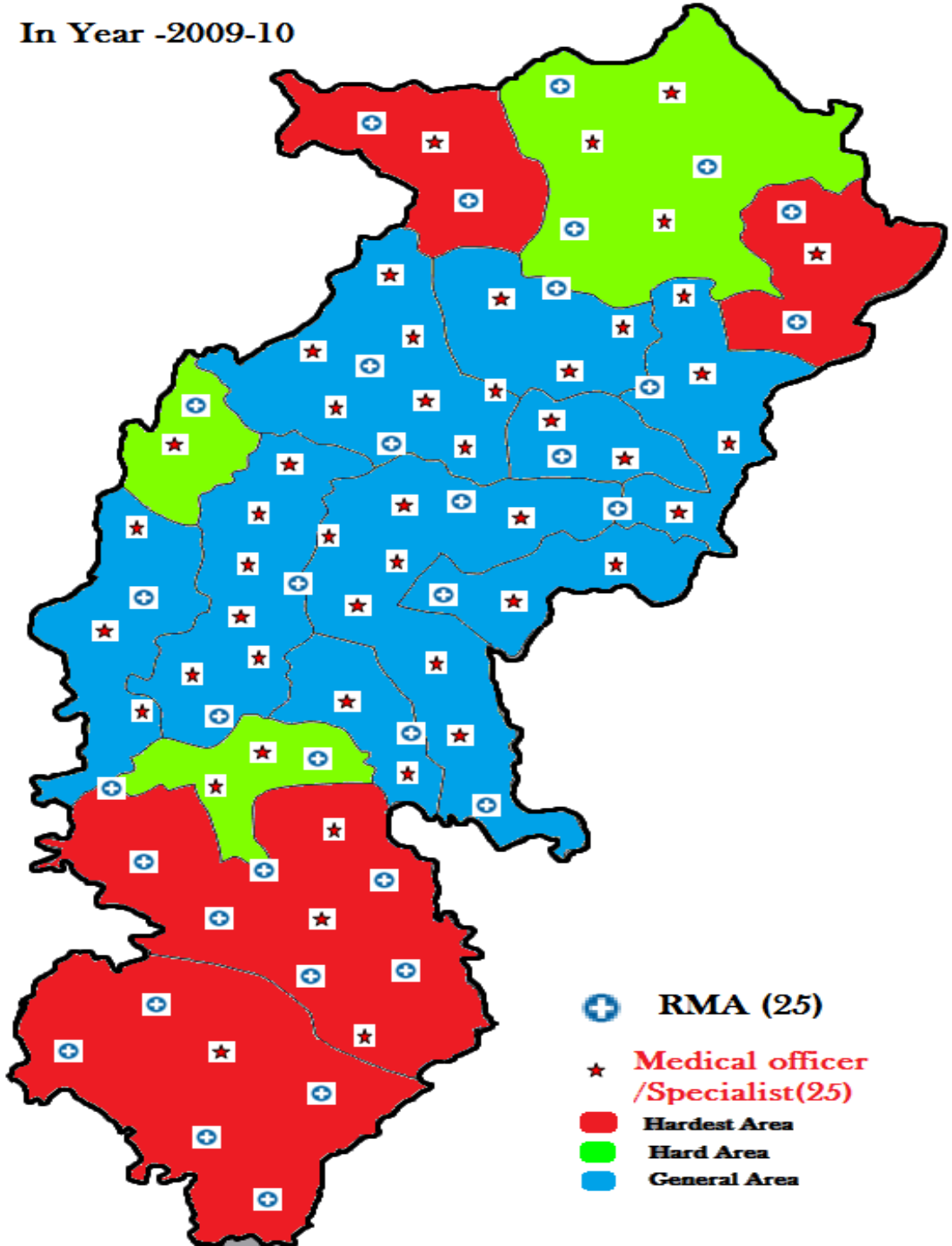
Grade Pay 4300

- Recruitment of regular RMA done through online examination process.



# Presence of RMAs In Chhattisgarh

In Year -2009-10



- ⊕ RMA (25)
- ★ Medical officer /Specialist(25)
- Hardest Area
- Hard Area
- General Area





# **Outcome-Output of Appointment**

# IMPACT



Prompt referral to higher centre

quality referrals  
for your  
specialist practice

[find out more >](#)



Health Camp tribal areas



Immunization  
services improved

# State OPD trend after appointment of RMA

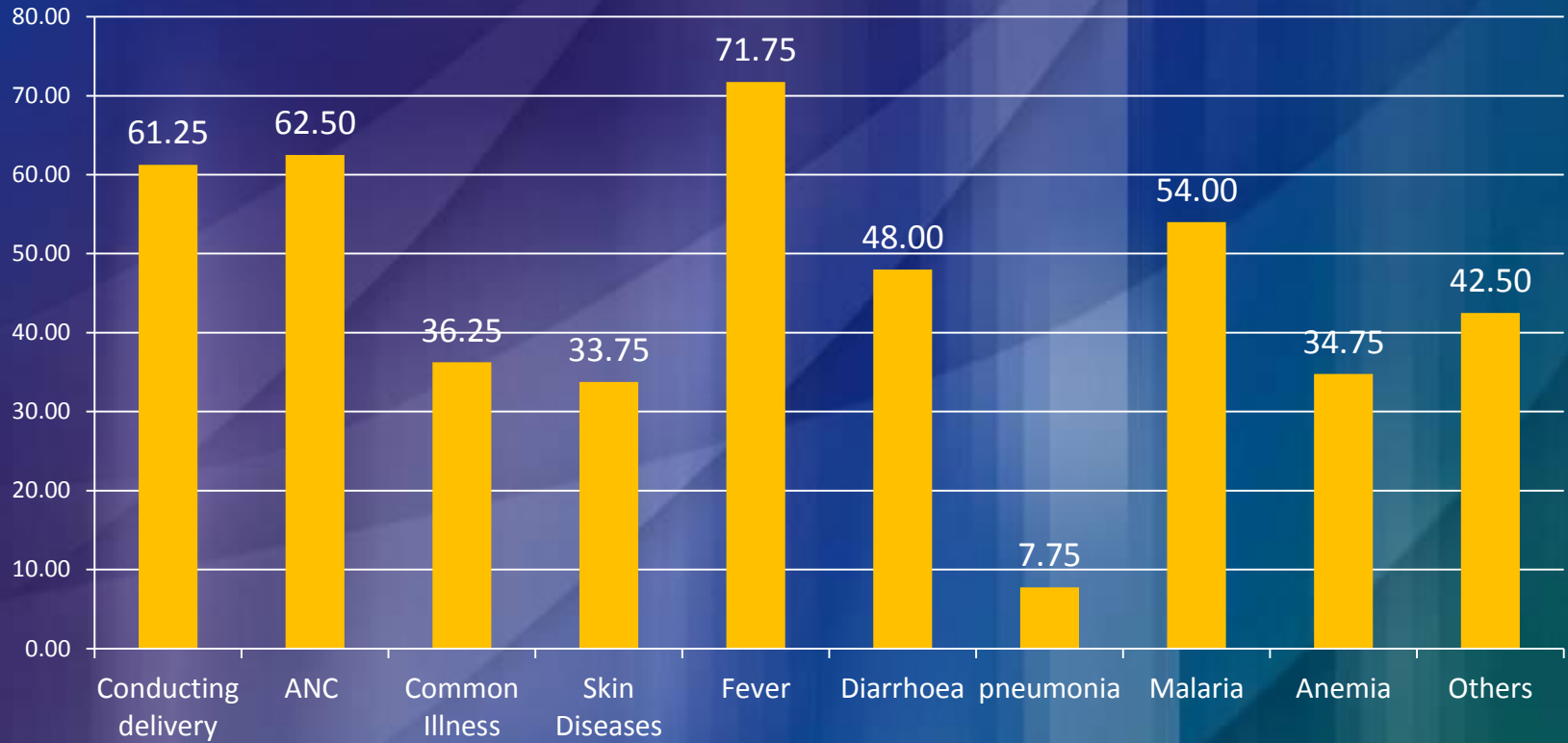
Chhattisgarh 2008 -2013



**Total OPD of the state was 43 lakh in 2008 now its 1 crore**

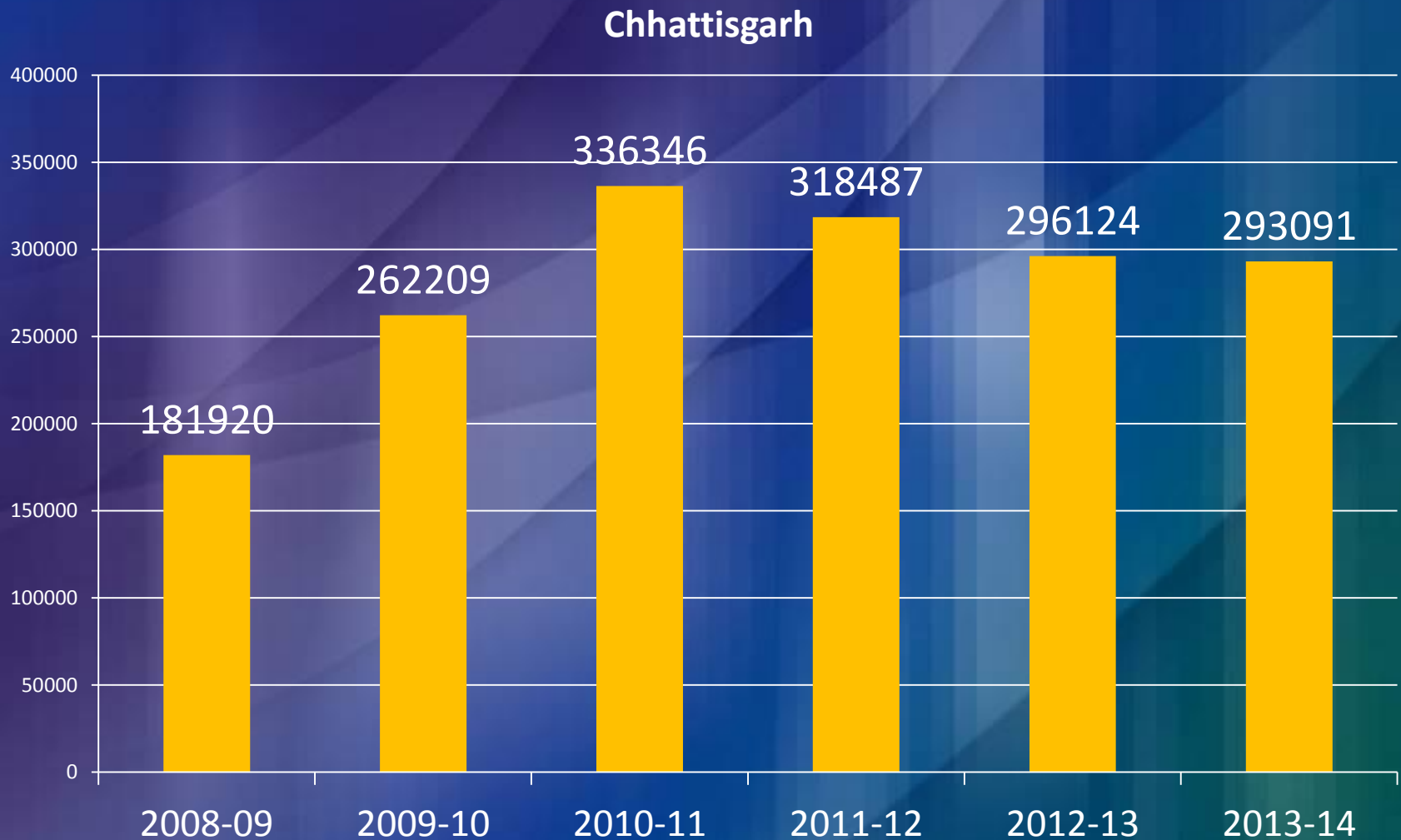
Source : CGHMIS

## Conditions treated by RMAs

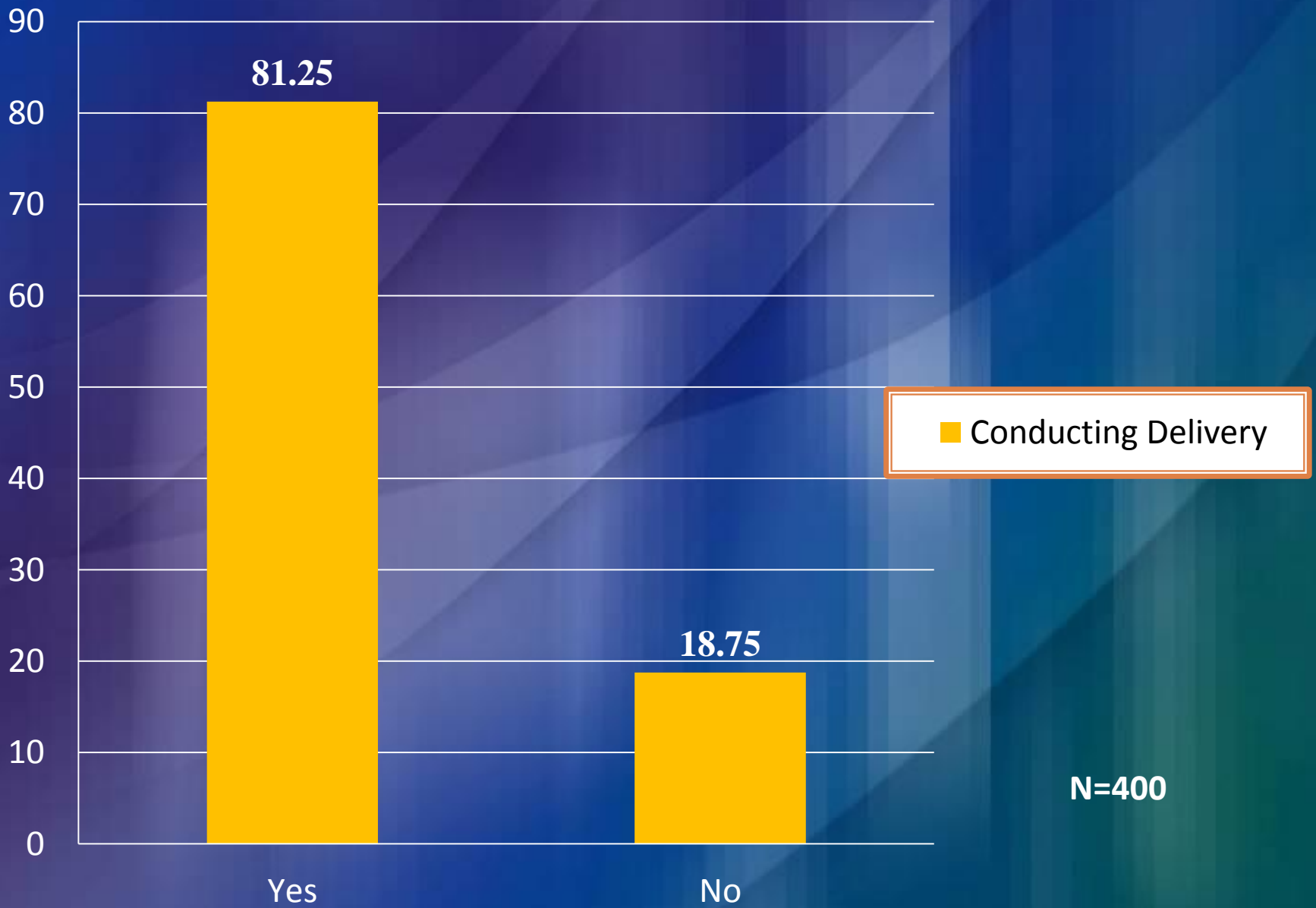


**N=400**

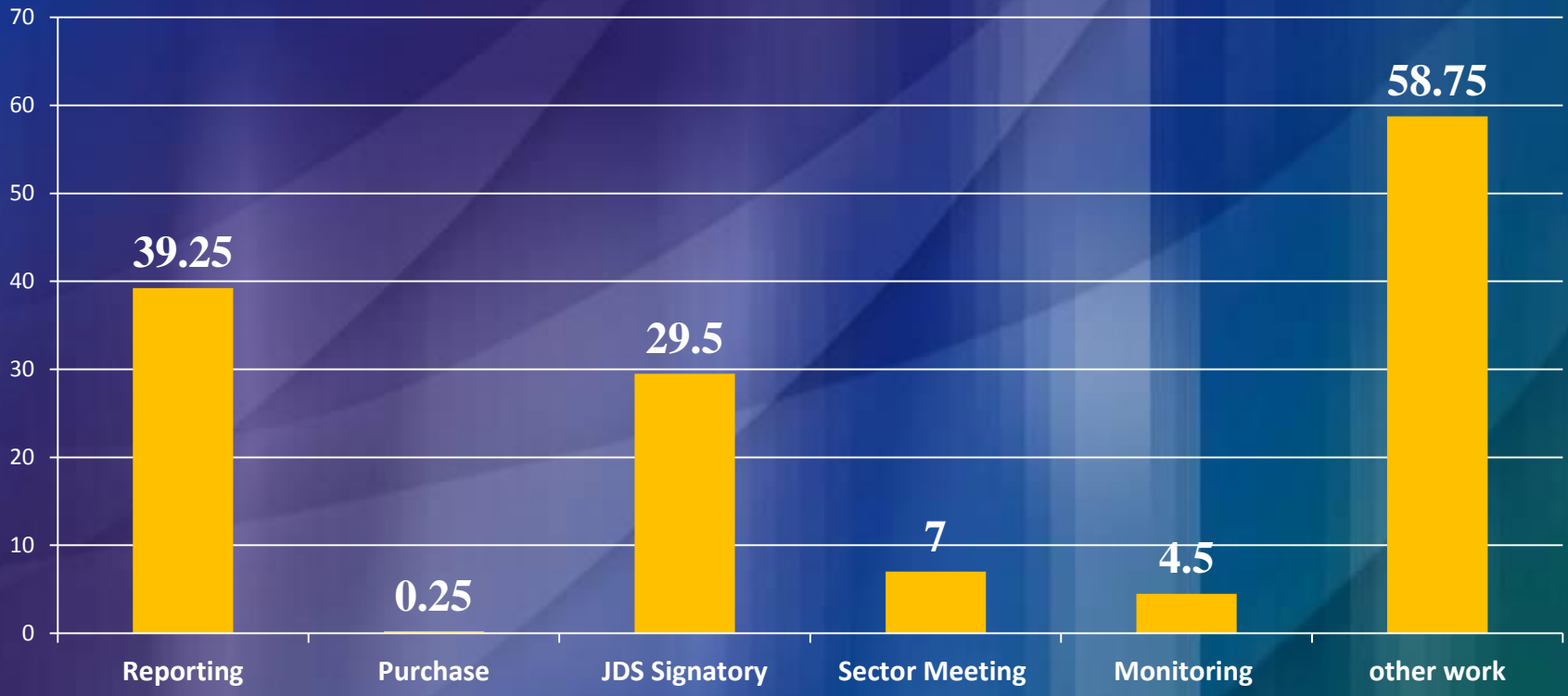
# Institutional delivery in Chhattisgarh



Source : CGHMIS



# Doing administrative job



N=400

# Evidence of Impact

Assessment of the performance of healthcare providers at PHC level.  
(based on knowledge, attitude , behavior and practice – including community perception)

*Acknowledgement:* Study by - SHRC, Chhattisgarh, PHFI, New Delhi & NHSRC New Delhi.



## Results: Patient Satisfaction and Quality Perceptions

	Medical Officer	AYUSH Medical Officer	RMA	Paramedical
Satisfied with visit to PHC	84% (266 )	80% (296)	85% (272)	73% (243)*
Perceived quality dimensions:				
Medical advice	3.35 (1.01)	3.18 (0.84)	3.45 (0.88)	3.16 (1.00)
Physician behavior	4.15 (0.73)	4.00 (0.61)	4.15 (0.58)	3.84 (0.73)*
Overall perceived quality	3.90 (0.57)	3.78 (0.51)	3.96 (0.51)*	3.72 (0.65)*
N (patients)	269	296	273	244

Note: Figures are %(N) or mean (SD). Significantly different from Medical Officer at alpha = 0.05\*. Statistical tests for perceived quality scores conducted after adjusting for clustering of observations and controlling for patient, PHC and location characteristics.

**New Initiative for Capacity  
Development of Rural  
Medical Assistants at CMC  
Vellore**

**Rural unit of Health and  
Social Affairs (RUHSA)**

# RMA Capacity Building Programme at CMC Vellore



## Aims & Objective

- To enhance the capacity building of Rural Medical Assistants to manage Primary Health Centres and the emphasis is on 'Hands-on' experience and improve independent work-skills.
- **Objectives** of training program, is to train the RMAs for
- -Providing basic maternal and child healthcare, conduct delivery, basic management of complications of pregnancy and childbirth
- -In case of any medical emergency or accidents, provide first-aid, primary medical care or stabilize and then refer to higher centers
- -Provide curative care for common illnesses and disorders.

- -Perform simple operative procedures—suturing and dressing of small wounds, excision of small benign cysts & lumps, drainage of abscess; pleural taps, management of burns, applications of splints in cases of fracture, application of tourniquet in cases of bleeding etc.
- -Implementation of all National health programs.
- -To lead preventive health education and community mobilization

- **No of Participants: 35**
- **Duration of training : 10 days for each group**

### **Postings :**

- Out patient department, treatment room, casualty, labor room, antenatal clinic, well baby / immunization clinic, mobile clinics, inpatient wards, specialty clinics including- Diabetes clinic, Infectious disease OP (TB- HIV), Ophthalmology clinic, ENT clinic, Psychiatry OP, Dental clinic, village/ home visits, occupation therapy unit
- **560 RMAs were already trained**

**Classroom teaching:** teaching in classroom



**Hands on training:** The RMA were posted in different department of RUHSA,



# Topic covered for training

- Promotive, preventive, diagnostic and curative care for common illnesses and disorders.
- Basics in Medical terminology and Vital statistics
- Basic maternal and child healthcare.
- Basic management of complications of pregnancy and childbirth.
- First-aid in medical emergencies and accidents
- Adolescent and reproductive health issues.



# Topic covered for training

- **Simple operative procedures—suturing and dressing of small wounds**
- **National health programs Basics in Health education and communication**
- **Basics in Hospital administration**
- **Basics in Career development**
- **Basics of Principles of management**
- **Nutrition and health**

# Methods of training

Group discussion

Community Visit:



# RMAs express interest for further training on

- HMIS
- Health Planning & Management
- Jeevan Deep Samiti
- Emergency care & trauma Management
- Epidemiology

# Chhattisgarh at a glance

- **Tenth largest state of India**
- **Population - 25.5 million \*(census 2011)**
- **Literacy rate - 74.04% (Female : 65.46, Male: 82.14)**
- **Sex ratio -991:1000**
- **Maternal Mortality rate -269**
- **Doctor population ratio (only MBBS doctor) 1:18351**  
**(NHP 2012)**
-

# Current Health Infrastructure

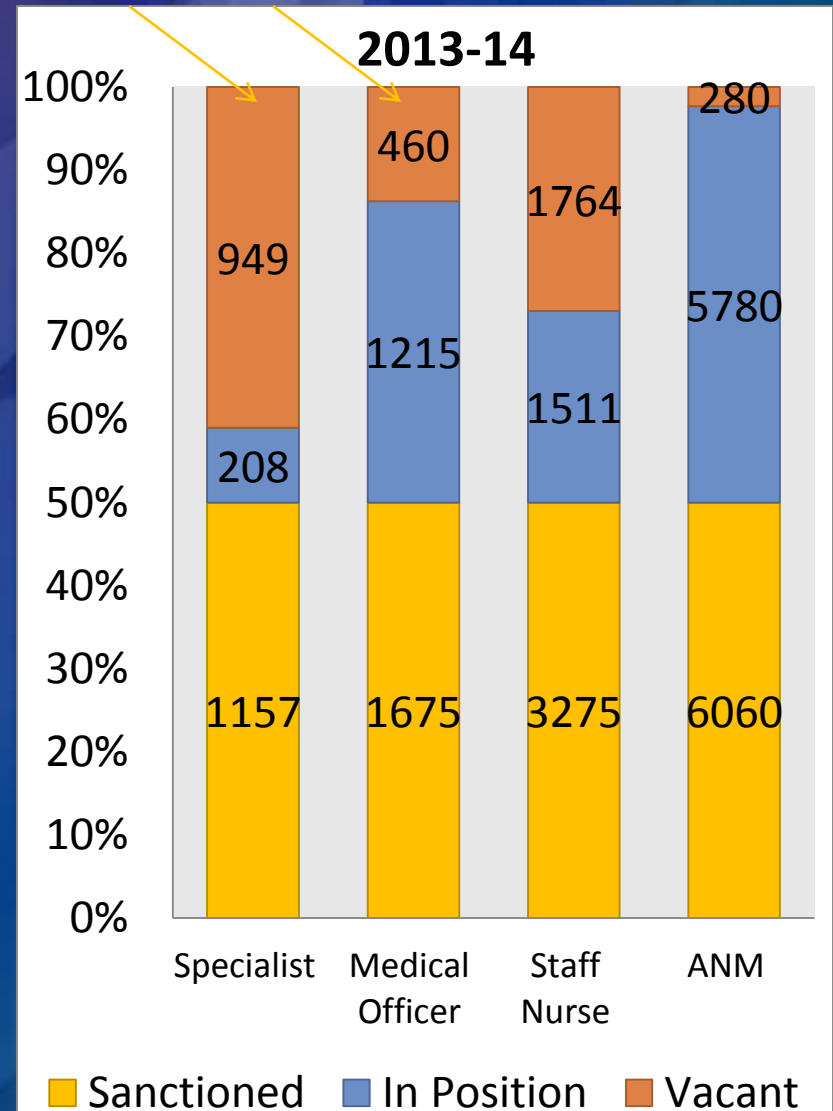
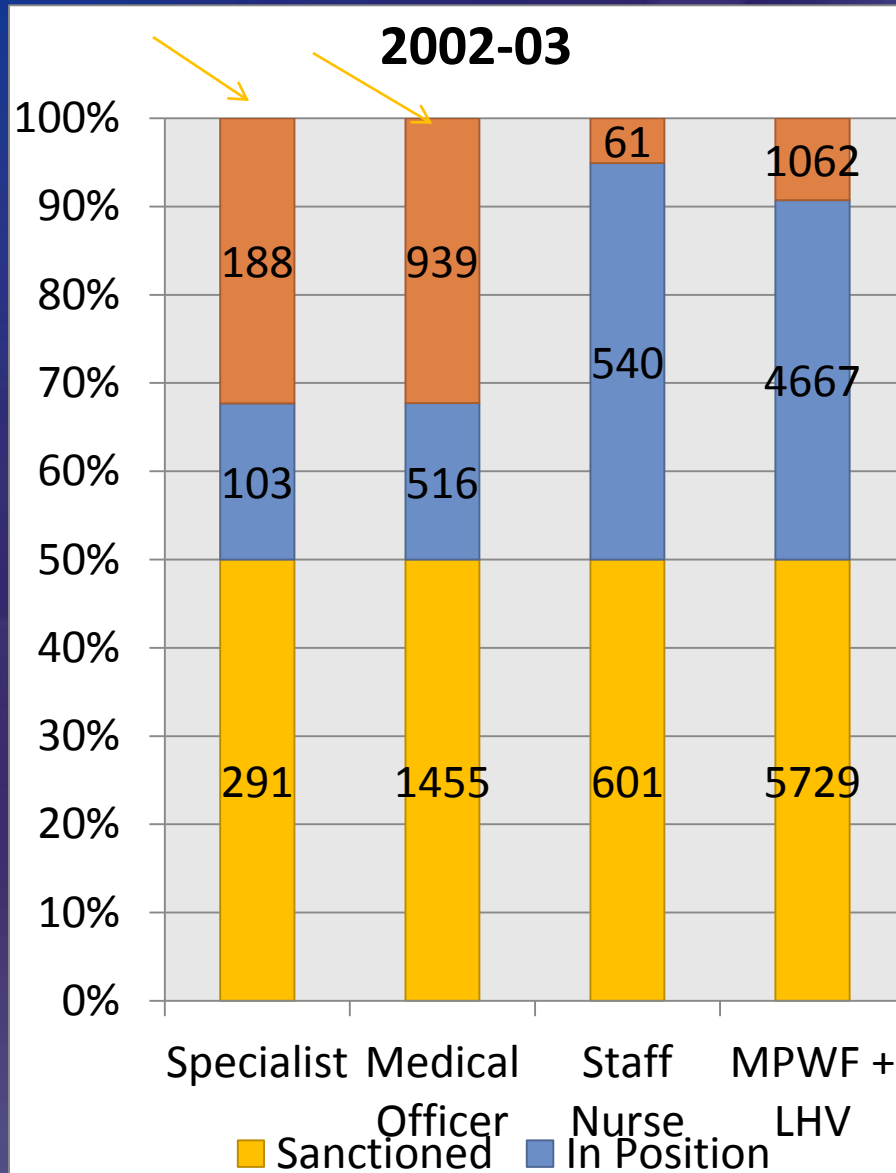
Facility	Status
Sub Health Centre	5161
Primary Health Centre	783
Community health Centre	156
Civil hospital	15
Dist . Hospital	24*
Medical College	06 Govt +(2 pvt )
Dental College	01 Govt + (3 Pvt)

# Health Indicators of Chhattisgarh

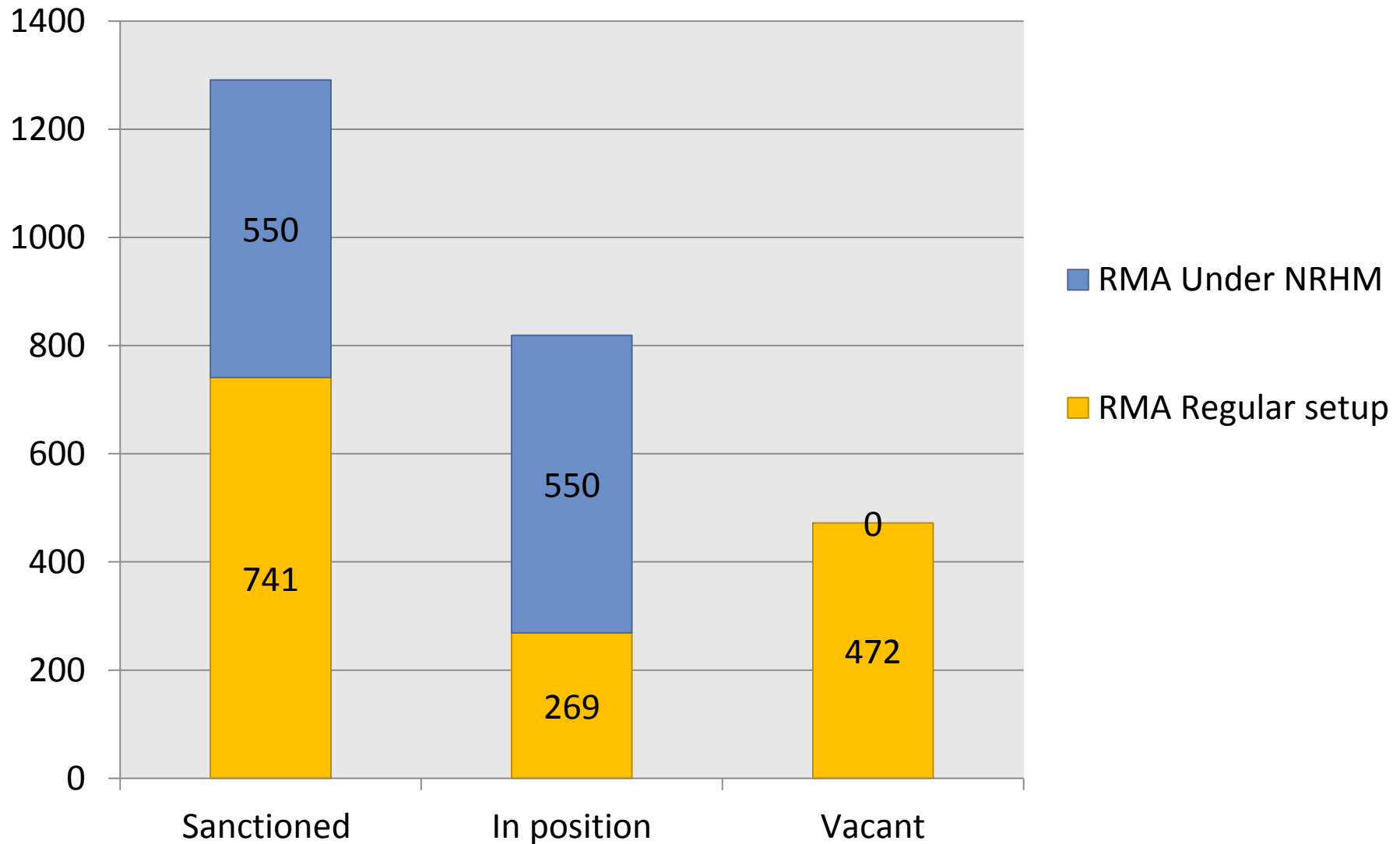
Chhattisgarh Health Indicators (Infant mortality rate, Birth rate, Death rate, Natural growth rate )						
Indicators	Year wise					Changes (2000-2013)
	2001-2002	2004-2005	2009-10	2011-12	2012-13	
<b>IMR Total</b>	<b>78</b>	<b>70</b>	<b>57</b>	<b>48</b>	<b>47</b>	<b>-31</b>
IMR Rural	95	77	59	49	48	-47
IMR Urban	47	55	48	41	39	-8
<b>Birth Rate Total</b>	<b>26.9</b>	<b>25.2</b>	<b>26.1</b>	<b>24.9</b>	<b>24.5</b>	<b>-2.4</b>
Birth Rate Rural	29.3	26.8	27.6	26.3	26.0	-3.3
Birth Rate Urban	23.6	22.5	19.3	18.3	18.0	-5.6
<b>Death Rate Total</b>	<b>9.6</b>	<b>8.5</b>	<b>8.1</b>	<b>7.9</b>	<b>7.9</b>	<b>-1.7</b>
Death Rate Rural	11.3	9.5	8.5	8.3	8.3	-3
Death Rate Urban	7	7.1	6.4	6.1	5.9	-1.1
<b>Natural Growth rate- total</b>	<b>17.4</b>	<b>16.6</b>	<b>18</b>	<b>17</b>	<b>16.6</b>	<b>-0.8</b>
Natural growth rate- rural	18	17.3	19.2	18	17.6	-0.4
Natural growth rate- urban	16.5	15.5	12.9	12.2	12.1	-4.4

(\*Source-SRS 2001,2005,2009,2012 ,2013)

# HR Status in Public Health System - Chhattisgarh



# New Cadre Rural medical Assistants





PMHM Chhattisgarh 3 yr + Yr Internship	Bsc Community Health 3year + 6 month internship
<ul style="list-style-type: none"> <li>● <b>1<sup>st</sup> year</b></li> <li>● Anatomy, Physiology, Biochemistry</li> </ul>	Public Health Concept and Diseases, Demography, epidemiology of Malaria, Leprosy, Social And behavioral Sciences, Nutrition, Environment and Health, Health Promotion, Biostatistics, Epidemiology of Communicable and Non-Communicable disease, Reproductive and child health, School Health, Health planning and Management, Health care delivery General Skills on independent identify ,diagnose and treat common conditions ( Modular Course)
<ul style="list-style-type: none"> <li>● <b>2<sup>nd</sup> year</b></li> <li>● Community Medicine, Pathology, Microbiology, Pharmacology, along with diseases found in community and national health programmes</li> </ul>	
<ul style="list-style-type: none"> <li>● <b>3<sup>rd</sup> year</b></li> <li>● Medicine and Paediatrics, Elementary surgery, Orthopedics, ENT, Ophthalmology, Obstetrics &amp; Gynecology and Holistic Medicine</li> </ul>	
<ul style="list-style-type: none"> <li>● <b>+ 1 Year Rotatory internship</b></li> <li>1 month – Sub – Health Centre</li> <li>3 month – Primary –Health Centre</li> <li>4 month – Community - Health Centre</li> <li>4 month – District Hospital</li> </ul>	
Licensing and Registration in Chhattisgarh Chikitsa Mandal	Licensing and Registration in MCI

# Future .....

- Carrier Pathway ??
- Post graduation ???
- Dying Cadre ???
- Chhattisgarh Department of Health & family welfare Government of Chhattisgarh planning to start Bsc Community Health in 5 district

# BSc Community Health

- Course name is Bachelor of science (Community health)
- Aim :- to create mid level health professionals in the community
- They may called as Community health officers (CMO's)
- This course is based on three year medical courses of existing courses. Also reference taken from Chhattisgarh .

Thanks to all of You for careful listening  
and shahring of ideas during discussion.

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