We examined the demographic characteristics of over 700 staff in 36 public sector health facilities in four districts of Bihar, including medical doctors, nurses/ANMs, diagnostic technicians, pharmacists, accountants, and the health facility managers.

BHAR’S HEALTH SYSTEM HAS AGEING STAFF
Across the platforms, a little over 50% of the doctors and nurses/ANMs, and 62% of the pharmacists were aged 45 years or more. This is a reflection of no or very less recruitment over the recent years in Bihar.

AGEING STAFF COUPLED WITH RELATIVELY LESS NUMBER OF IN-SERVICE TRAINING SUGGESTS THAT THESE STAFF MAY NOT BE SUFFICIENTLY TRAINED TO PRACTICE CURRENTLY RELEVANT PATIENT CARE GUIDELINES
A significantly higher proportion of these staff received their pre-service training 20 years ago or more. The number of in-service training received in 2016-2018 across the cadre ranged from 0 to 24. The highest mean number of in-service trainings were received by the managers (4.3) followed by nurses (3.1), doctors (2.9) and the least by diagnostic technicians (1.9) and pharmacists (1.9).

GENDER AND CASTE MIX OF STAFF REFLECTS OPPORTUNITIES AVAILABLE AT THE SOCIETAL LEVEL
There was very poor representation of women across all cadres (8%) other than nursing/ANM, reflecting the opportunities available to them. Those belonging to the other backward caste and general category accounted for 70% of the health facility staff, which is a reflection of Bihar’s society and opportunities available. Affirmative action may be necessary to address the gender and caste mix in the health system but it cannot be in isolation to social development, and hence, may be beyond the scope of health system. Implications of the gender or caste mix between doctors/managers and other health facility staff on the functioning or outputs of the facility or motivation levels of staff will need to be assessed.
The staff responded to a set of statements (5-point Likert scale; 5 being the highest level of satisfaction) covering their levels of satisfaction with job, salary, opportunity, and team work. The response for each statement was documented using. The most striking finding from this assessment was the similarity in satisfaction across the cadres, type of employment, platforms, and districts. Salary and opportunity themes highlighted significant dissatisfaction among the staff, and this dissatisfaction was higher in the contractual than the regular staff. The expectation of higher salaries, less opportunities for learning and promotion were highlighted. Notably, 94% of staff reported not having received even one promotion since the start of their employment with the Government of Bihar.

WAY FORWARD

How the Bihar government will recognise and address the human resources related issues will decide the extent of universal health coverage and the Sustainable Development Goals it is likely to meet for its population. Specifically:

- Update information on demography and training for the health staff.
- Human resources for health policy-making in Bihar should broaden the perspective beyond the doctors and nurses/ANMs to be more inclusive of the variety of health workers who play a role in health service provision.
- A comprehensive training strategy under which the all medical and paramedical staff are provided requisite training to provide up-to-date clinical care and management is urgently needed.
- Encourage women to apply for positions.

About ACCO Study

The Access, Capacity, Costs of Care and Outputs (ACCO) study of Public Health Care Delivery Systems in Four Districts of Bihar, is a collaboration between the Centre for Health Policy, Asian Development Research Institute, Bihar and the Public Health Foundation of India, Gurugram. The goal of the study was to provide decision-makers with the best possible evidence on efficiency of the public sector facilities. In addition, facility capacity for service provision, human resources and patient satisfaction were assessed in detail. A total of 84 facilities were included across Aurangabad, East Champaran, Purnea and Samastipur districts.