NRHM/NHM has been focusing on strengthening health systems in States/UTs including supplementation of regular HR. However so far, a systematic effort to integrate the programmatic Human Resources and follow health systems approach has been slow.

2. I am happy to share that the Mission Steering Group (MSG) in its meeting held on 29th March 2016 has approved the proposal for applying health system approach to HR under NHM. The gist of the decisions is as under:

   - Optimize utilization of HR and avoid duplication by bringing all facility based service-delivery HR together and applying health systems approach as opposed to programmatic approach. Hence, from now onwards there would be no program specific HR.
   - Implement IPHS and workload as the basis to determine the number of HR and for considering any additional human resource including programme management posts.
   - Apply similar norms of performance appraisal and increment for all contractual HR.
   - Bring parity in remuneration for posts under the NHM in the particular State Health Society commensurate with qualifications and experience.

3. These strategic decisions are expected to bring about transformative improvements in the way we operate our health system. If implemented properly we will get far better outputs from available HR and help us provide services as per IPHS, even with available human resources. States/UTs should carry out facility-wise HR-analysis based on IPHS/ Caseloads and rationally deploy the HR from facilities with excess HR to those deficient in that particular HR. The HR should take into account the positions available under regular workforce, contractual positions approved under State Government and those approved under NHM and NACO. Any new HR should be recruited and posted only if there is an overall gap in a particular HR category at the State/UT level.

4. The states/UTs are also being supported and encouraged to move to an electronic application that captures the HR position facility-wise on real-time basis so as to facilitate
optimal HR utilization on a regular basis. A detailed guidance note on how these decisions can be implemented is being sent separately.

5. To ensure that the performance under vertical programmes doesn’t suffer, all the facility in-charge should be trained and oriented to report progress on all disease control programmes to State Programme Divisions besides the Directorate and NHM. Further, States must undertake refresher/multiskilling training of common HR under various programmes such as L Ts, Nurses, Counsellors etc particularly where the staff is required to render services under different programmes.

6. States may submit a supplementary PIP to effectively operationalize the decision of MSG including bringing parity in remuneration for posts under NHM commensurate with qualification and experiences.

7. I expect the States to fully integrate the HR and implement these decisions positively within six months. There could be some teething problems in few states. Let me assure you that our team would be available to work by your side whenever you require our support. I look forward to hearing on the successes and challenges you face in implementing these decisions.

Your sincerely

-sd-

(C K Mishra)

To

Additional Chief Secretary (H&FW)/Principal Secretary (H&FW)/Secretary (Health – All States/UTs)

Copy to:

(1) MD NHM – All States/UTs
(2) JS(AP)/JS(VG)/JS(KRR)/JS(SS)/JS(DP)/JS(KCS)
(3) DG, DGHS
(4) All Programme Divisions, NHM

(C K Mishra)