All posts for ANMs filled in in Arunachal Pradesh, Himachal Pradesh, Meghalaya, Mizoram, Madhya Pradesh and Telangana.

Figure-3: State-wise shortage of ANMs under NUHM

RECRUITMENTS UNDER NHM:

Selection of staff under NHM to Principal Secretary (All States) D.O. No. L- 19012/1/2013-14/02/2014

Terms of Reference (TOR) for the post of Public Health Manager (PHM) at Urban Primary Health Centre (UPHC) D.O. No. L. 19017/4/2013-14/02/2014

Provision of basic minimum package of services and HR required for effective functioning of newly set up facilities in urban areas- D.O. L- 19017/30/2013-14/02/2014


Utilization of services of these empaneled agencies- D.O. No. 2-18015/10/2013 - NRHM-8-08/2017

Guidance on Recruitment of HR with Assistance from HR Recruitment Agencies Empanelled by NHRC, February 2017.

ESSENTIAL HR STAFFING NORMS

U-PHC*

1. Medical Officer
2. Staff Nurses
3. Lab Technicians
4. Administrative Staff
5. Laboratory Technician
6. ANM
7. Public Health Manager
8. C-ANS
9. Essential staff including account keeping and MIS
10. Support Staff

* In case of NHM shortages, a minimum of HR is recommended in U-PHC. Under No. L-19017/30/2013 and includes, 1. Medical Officer, 2. Staff Nurses, 2. ANM, 3. Pharmacist, and 1 T

The staffing in UCHC to follow as per PHM norms for Hospitals, locally adapted as per need.

NATIONAL URBAN HEALTH MISSION (NUHM)

Strengthening Human Resources for Health under NUHM

Human resource under NUHM caters to two different aspects of program implementation. These can be broadly divided into Service Delivery Staff and Program Management Staff. Service delivery staff is responsible for providing preventive, promotive and curative services through facility as well as community outreach services and management of the health facility. Specialist services can also be provided at the UPHC, on a fixed day/hours basis depending on the local need and availability. The clinical and administrative human resources required for optimum service delivery as per the framework is as follows:

ESSENTIAL HR STAFFING NORMS

U-HC*

1. Medical Officer
2. Staff Nurses
3. Laboratory Technician
4. Public Health Manager
5. Essential staff including account keeping and MIS
6. Support Staff

* In case of NHM shortages, a minimum of HR is recommended in U-HC. Under No. L-19017/30/2013 and includes, 1. Medical Officer, 2. Staff Nurses, 2. ANM, 3. Pharmacist, and 1 T

NHRC, Baba Gangnath Marg, New Delhi - 110067
Telephone: +91-11-26108982/83/84/92/93
Website: www.nhrcindia.org

ESSENTIAL HR REQUIRED FOR SERVICE DELIVERY

- Medical Case & Staff
- Essential Laboratory Services
- Essential Pharmacy Services
- Referral Services
- Preventive and promotive Services
- Pharmaceutical Services
- Project Management and Outreach Support

CONCLUSION

Urban Community Health Centres in India have undergone a transformation in the last two decades. A major shift has occurred in terms of service delivery with significant focus on community outreach services and accessible frontline health workers. Human resource under NUHM caters to two different aspects of program implementation. These can be broadly divided into Service Delivery Staff and Program Management Staff.

Ministry of Health & Family Welfare, Government of India

National Urban Health Mission (NUHM) aims to provide comprehensive primary healthcare services in urban areas, through Urban Primary Health Centers (UPHCs), Urban Community Health Centers (U-CHCs) as referral centers, strong outreach services and accessible frontline health workers.

Human Resources for Health (HRH) are critical for effective and efficient service delivery under NUHM.
The primary role of Program Management Staff is implementation of NUHM through planning, monitoring and supervision at every level. Program Management Units should be integrated with existing HUs at all levels.

### Program Management Unit staff

**State**
- State Program Management Unit (SPMU)
- State Urban Health Program Manager
- State Urban Health NIS Manager
- State Urban Health Finance Manager
- State Urban Health Consultant (NHS and Community Participation)

**District**
- District Program Management Unit (DPMU)
- Existing structure of the District
- Health Society / Mission under NRHM can be strengthened with additional stakeholder members.

**City**
- City Program Management Unit (CPMU)
- Urban Health Data Manager
- Urban Health Accounts Manager
- Consultant (Epidemiologist)

### Key HRH Issues Under NUHM

**A. HR Constraints**
- Slow recruitment procedures and a lack of willingness of health professionals to work in difficult-to-serve areas have created shortages of HR at all levels across states. Opportunities in Private Sector in urban areas also cut into public health care. This needs to be addressed by a variety of measures (e.g. walk-in interviews, campus recruitments, competitive remuneration, performance incentives, hard area allowance etc.) to ensure filling of sanctioned posts.

**B. Need for Capacity Building**
- Continuous enhancement of the knowledge and skill of existing health functionaries is also crucial for effective health service provision. This is especially important for UPHC staff as these facilities form the hub for service delivery in urban areas. Strengthening of initiatives to build the capacity of NUHM functionaries to be undertaken. Training institutes to be identified and supported to provide relevant orientation, knowledge and skills to address the training needs of different cadres under NUHM.

### Key Steps for Strengthening HRH Under NUHM

**Selection Process**
- All sanctioned vacant positions in both clinical and managerial positions to be filled on priority basis.
- Competency (skill based) tests to be made an integral part of selection process to ensure quality of recruited candidates.

**Employee Management**
- HR Cell under NHM/DSHS with a separate section for NUHM.
- Establishing/strengthening of Human Resource Management Information System which will includes NUHM personnel.
- A performance based appraisal system to be introduced (both team and individual).

**Training and Capacity Building**
- Induction training on NUHM for all new medical, paramedical, program management staff and ULBs at State, District, City level.
- Sensitization of NUHM staff to deal in an empathetic and courteous manner with beneficiaries, specifically from marginalized groups.
- Skill up-gradation and Multi-skilling.
- NUHM staff to be trained on National Health Program Guidelines.
- NUHM staff to be trained on National Health Program Guidelines. The primary role of Program Management Staff is implementation of NUHM through planning, monitoring and supervision at every level. Program Management Units should be integrated with existing HUs at all levels.

**Placement**
- Well-defined and fair workforce management policies in place (e.g. HP Policy including fair postings and transfers, career opportunities).

**Service Delivery**
- Dual functional hours of UPHCs (specifically an evening OPD) – Place adequate HRH and managerial positions to be filled on priority basis.
- Wide-ranging Outreach activities to adequately cover dis-advantaged population.
- NUHM staff to develop soft skills (e.g. communication, management and leadership).

**Pay and Benefits**
- Competitive and attractive remuneration to attract and retain the best talent and help retain staff morale.
- Incentives linked to performance.
- Career progression.

### Key Elements in Supporting States to Address HR Issues

**A. HR Constraints**
- Facilitate the engagement of MoHFW-empowered HR Recruitment Agencies for NUHM staff.
- Support the State in need-based planning for Sourcing Specialists to deliver services in urban health facilities and utilize MoHFW flexible norms to engage them.

**B. Capacity Building**
- Identify appropriate Training Institutes in States; orient and build capacity of NUHM functionaries with a focus on the UPHC team on their roles and responsibilities and the optimal functioning of these facilities in the context of NUHM, including dissemination of the ‘Guidebooks for ANMs under NUHM’ and all other documents related to HRH and their implementation, as part of this exercise.

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**Figure 1:** State-wise shortage of Medical Officers (MO) under NUHM (As on 31.01.2017; QPR submitted by States)

**Figure 2:** State-wise shortage of Staff Nurses under NUHM (As on 31.01.2017; QPR submitted by States)