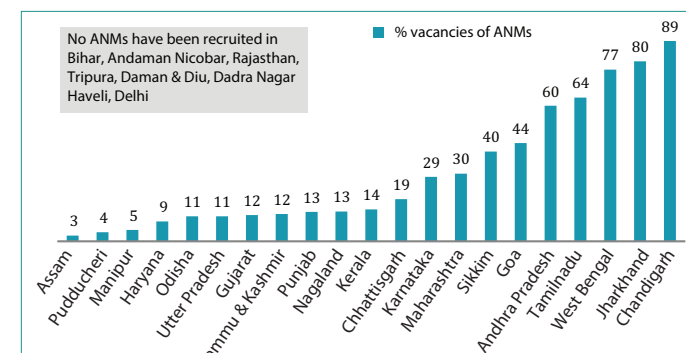
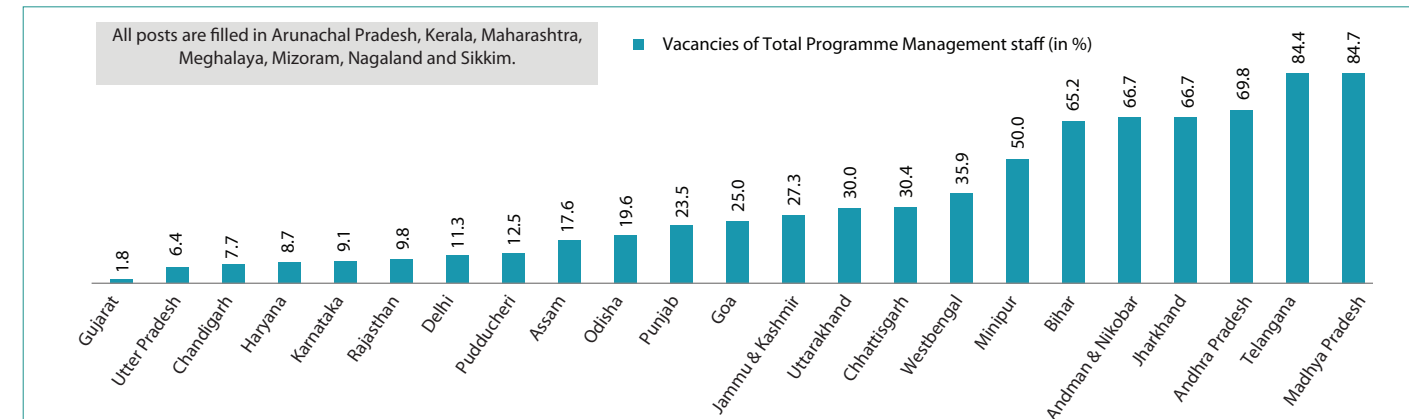


Figure-3: State-wise shortage of ANMs under NUHM (As on 31.03.2017; QPR submitted by States)



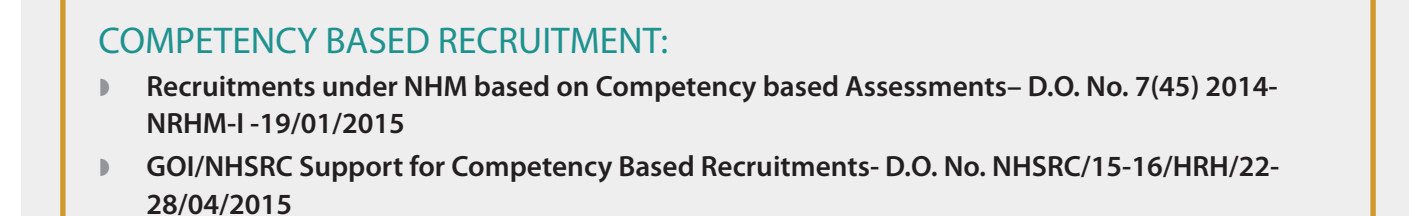
No ANMs have been recruited in Bihar, Andaman Nicobar, Rajasthan, Tripura, Daman & Diu, Dadra Nagar Haveli, Delhi

Figure-4: State-wise shortage of Public Health Managers (PHM) under NUHM (As on 31.03.2017; QPR submitted by States)



100% posts filled- Dadra Nagar Haveli and Mizoram Posts approved but 100% vacancies - Andhra Pradesh, Tamil Nadu

Figure-5: State-wise shortage of Program Management Staff (State; District & City Levels) under NUHM (As on 31.03.2017; QPR submitted by States)



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

DOCUMENTS FOR REFERRAL (available at www.nhrsindia.org)

- COMPETENCY BASED RECRUITMENT:**
- Recruitments under NHM based on Competency based Assessments- D.O. No. 7(45) 2014-NRHM-I -19/01/2015
 - GOI/NHSRC Support for Competency Based Recruitments- D.O. No. NHSRC/15-16/HRH/22-28/04/2015
- RECRUITMENTS UNDER NHM:**
- Selection of staff under NUHM to Principal Secretary (All States) D.O. No. L- 19012/1/2013-20/02/2014
 - Terms of Reference (TOR) for the post of Public Health Manager (PHM) at Urban Primary Health Centre (UPHC) D.O. No. L. 19017/41/2015-11/05/ 2015
 - Provision of basic minimum package of services and HR required for effective functioning of newly set up facilities in urban areas- D.O. No. L- 19017/50/2015- 21/12/2015
 - Empanelment of HR Recruitment Agencies- D.O. No. Z-18015/10/2015-NRHM-II 22/01/2016
 - Strengthening specialist services in Public Health facilities- D.O. No. 7 (162)/2015-NRHM-I -03/02/2016
 - Engagement of HR agencies for recruitments Under NUHM D.O. No. L. 19017/110/2016-NUHM-December 2016.
 - Utilization of services of these empaneled agencies- D.O. No. Z-18015/10/2015 - NRHM-II-08/02/2017
 - Guidance on Recruitment of HR with Assistance from HR Recruitment Agencies Empaneled by NHSRC, February 2017.

PUBLICATION ON NUHM



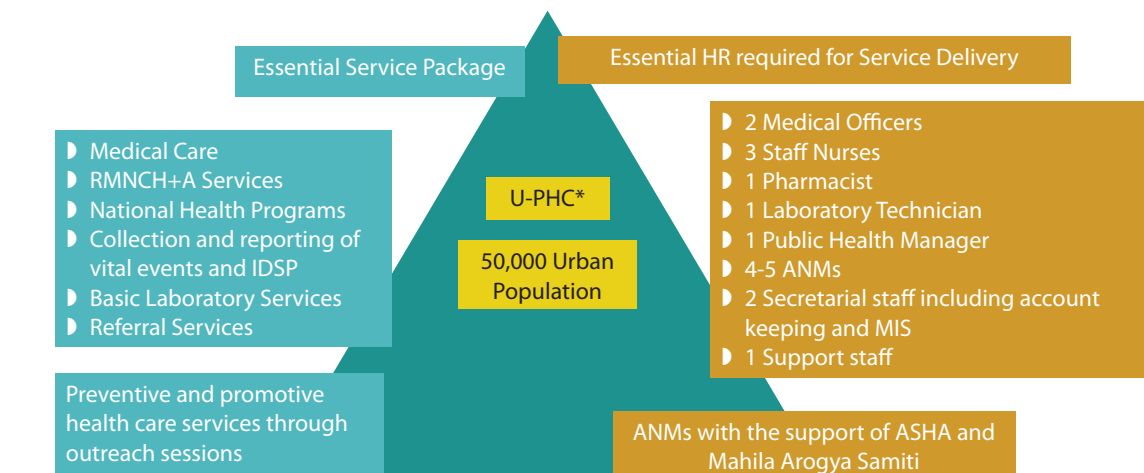
NATIONAL URBAN HEALTH MISSION (NUHM)

STRENGTHENING HUMAN RESOURCES FOR HEALTH UNDER NUHM

National Urban Health Mission (NUHM) aims to provide comprehensive primary healthcare services in urban areas, through Urban Primary Health Centers (U-PHCs), 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.

ESSENTIAL HR STAFFING NORMS

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:



* In case of HRH shortages, a minimum set of HR is recommended in DO. Letter No. L- 19017/50/2015 and includes, 1 Medical Officer, 2 Staff Nurse, 2 ANMs, 1 Pharmacist and 1 LT



Contact Details : Human Resources for Health Division, NHSRC, Baba Gangnath Marg, New Delhi – 110067
Telephone: +91-11-26108982/83/84/92/93
Website: www.nhrsindia.org

Ministry of Health & Family Welfare, Government of India

U-CHC

- U-CHCs under NUHM cater to 2.5 lakh population (5 lakh for metros). Services provided include Institutional delivery, OPD and inpatient services, Specialist services - O & G, Pediatrics, General Medicine, General Surgery, Ophthalmology/ENT, Orthopedics etc. Basic management of emergencies, Surgical procedures, and Referral Services
- The staffing in UCHC to follow as per IPHS norms for Hospitals, locally adapted as per need.

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 NHM units at all levels

Program Management Unit staff		
State	State Program Management Unit (SPMU)	<ul style="list-style-type: none"> State Urban Health Program Manager State Urban Health MIS Manager State Urban Health Finance Manager State Urban Health Consultant (M&E and Community Participation)
District	District Program Management Unit (DPMU)	<ul style="list-style-type: none"> Existing structure of the District Health Society / Mission under NRHM can be strengthened with additional stakeholder members.
City	City Program Management Unit (CPMU)	<ul style="list-style-type: none"> 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.
- Engage/MOHFW empaneled 10 HR Recruitment Agencies for States/UTs for large scale recruitments, including for NUHM.
- Maintaining database of wait listed candidates post-selection process.

PLACEMENT

- Well-defined and fair workforce management policies in place (e.g. HR Policy including fair postings and transfers, career opportunities).
- Clear roles and responsibilities e.g. Guidebook for Enhancing Performance of ANM/MPW-Female in Urban Areas.
- States/ UTs can adopt Flexible Norms for Engaging Specialist Services issued by MOHFW.

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.

EMPLOYEE MANAGEMENT

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

SERVICE DELIVERY

- Dual functional hours of UPHCs (specifically an evening OPD) - Place adequate HRH and monitor attendance.
- 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.

NHSRC ROLE IN SUPPORTING STATES TO ADDRESS HR ISSUES

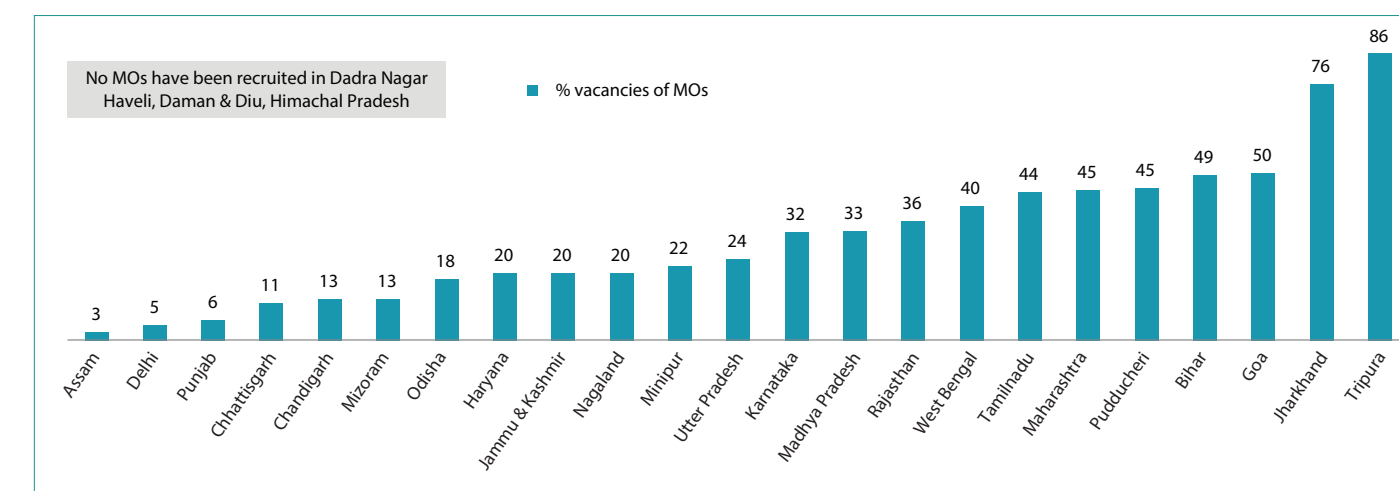
A. HR CONSTRAINTS

- Facilitate the engagement of MOHFW empaneled HR Recruitment Agencies for large-scale NHM recruitments oversee quality of recruitment process.
- 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

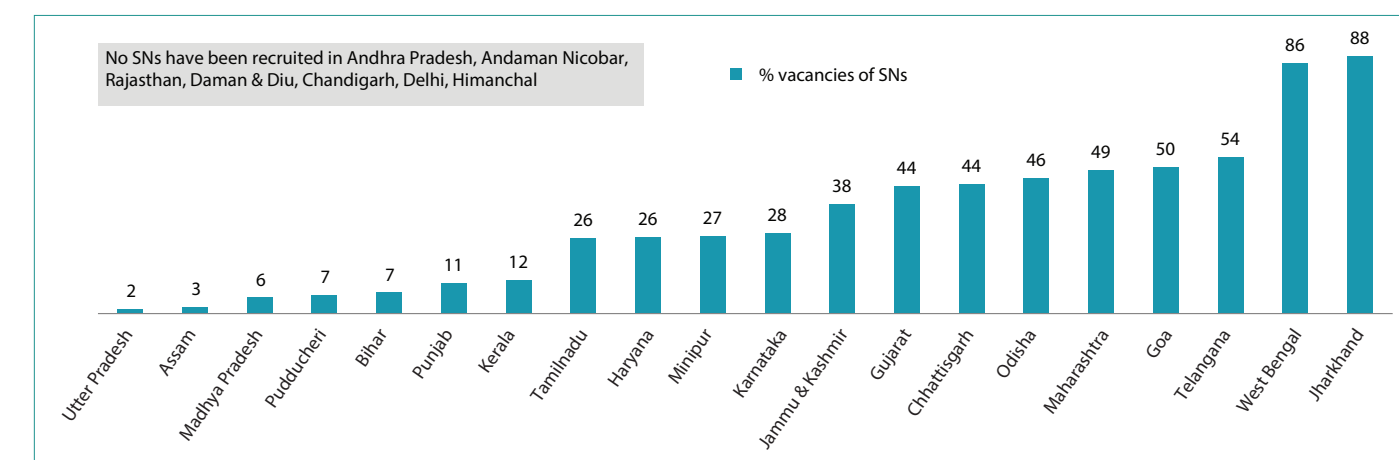
- Identify appropriate Training Institutes in States; orient and build capacity of NUHM functionaries with a focus on the UPHC Team on their roles and responsibilities and the optimal functioning of these facilities in the context of NUHM, including dissemination of the 'Guidebooks for ANMs under NUHM'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

Figure-1: State-wise shortage of Medical Officers (MO) under NUHM (As on 31.03.2017; QPR submitted by States)



*No posts vacant for MOs in Arunachal Pradesh, Himachal Pradesh, Meghalaya, Kerala, Telangana, Gujarat, Sikkim, Andhra Pradesh and Andaman Nicobar.

Figure-2: State-wise shortage of Staff Nurses under NUHM (As on 31.03.2017; QPR submitted by States)



*No posts vacant for SNs in Arunachal Pradesh, Himachal Pradesh, Meghalaya, Mizoram, Delhi, Nagaland, Dadra Nagar Haveli, Sikkim, Chandigarh and Tripura.