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भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

D.O. No. V-11011/3/2016-NRHM-II  
Dated the 6<sup>th</sup> December, 2016

*Dear colleague,*

Please refer to this Ministry's D.O letter of even number dated 13<sup>th</sup> June, 2016 conveying the decisions of the Mission Steering Group (MSG) for applying Health Systems approach to HR under NHM. (Copy enclosed for ready reference). To facilitate the States/UTs, the Ministry has prepared a roadmap for HR integration.

May I request you to implement the health systems approach under NHM as per the timelines indicated in the roadmap.

*With regards,*

Yours sincerely,

*MJ*  
(Manoj Jhalani)

Encl: as above

To

Additional Chief Secretary / Principal Secretary / Secretary (HFW) – All States/UTs

Copy to:

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

## ROADMAP FOR IMPLEMENTING HEALTH SYSTEMS APPROACH IN HR

<b>Phase-1</b>	<b>December, 2016</b>
	Designate nodal officers at State and district level
	Estimate HR required on the basis of IPHS (for facilities based on Population norms and time to care) and work load*
	Find out the gap between required and current HR (Current HR to be entered in HRIS and HMIS)
	Calculate utilization of current HR on the basis of HMIS reporting
	Identify cadres and facilities where multi-skilling is required
	Prepare supplementary proposals for strengthening HR Cell (if required), orientation workshops, multi-skilling training, and pay parity in the contractual cadres
<b>Phase 2</b>	<b>January, 2017</b>
	State to communicate to all facility in charges regarding 'health systems approach'; workshops for orientation to orient about changes including changes in DDOs, salary disbursement chain, attendance, leave and contract renewal/ granting authority, revised delegation of administrative authority
	Chalk out plans for rolling out HR integration including multi-skilling training
	Finalize multi-skilling training modules for LTs and counsellors*
	Initiate multi-skilling training, at two batches to be trained
	At least 25% of the facilities identified as having HR but not performing optimally to be re-organized
	Organize Skill and competency tests prior to implementing pay parity
	Fully operational HRMIS, Corresponding entries to be made in HMIS
<b>Phase 3</b>	<b>February-March, 2017</b>
	Complete multi-skilling training of LTs and counsellors, Add more cadres as required (e.g. physiotherapists, audiologists, psychologists etc.)
	Roll out universalization of NHM programs especially Elderly, NoHP, NMHP, NPCDCS etc.
	All facilities to be re-organized to follow health systems approach
	Workshops and meetings to review progress
<b>Afterwards</b>	<b>April, 2017 onwards</b>
	State NHM Review meetings to review progress of health systems approach to HR every quarter
	Performance of facilities to be monitored based on reporting in HMIS
	Organize refresher training as and when required (but at least once a year)

\* MoHFW to send work load estimates and integrated training modules





**C.K. Mishra**

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सत्यमेव जयते



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

D.O No. V.11011/3/2016 -NRHM-II

Dated 13<sup>th</sup> June, 2016

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 29<sup>th</sup> 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

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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 LTs, 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:

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- (1) MD NHM – All States/UTs *near 15/6*
- (2) JS(AP)/JS(VG)/JS(KRR)/JS(SS)/JS(DP)/JS(KCS) *15/6*
- (3) DG, DGHS *15/6*
- (4) All Programme Divisions , NHM

*Handwritten signature:*  
(C K Mishra)



F. No. V-11011/3/2016-(NRHM-II)

Programme Divisions of NHM

<sup>15/6/16</sup> DGHS / <sup>15/6/16</sup> DDG (LEP) / <sup>15/6/16</sup> DDG (TB) / <sup>15/6/16</sup> DDG (O) / <sup>15/6/16</sup> DDG (Md. Shaukat)

<sup>207D</sup> DC (PKP) / <sup>15/6/16</sup> DC (PH) / <sup>15/6/16</sup> DC (SKS) / <sup>15/6/16</sup> DC (SD) / <sup>15/6/16</sup> DC (DB) / <sup>15/6/16</sup> DC (NKD)

<sup>214D</sup> Dir (NHM-I) / <sup>15/6/16</sup> Dir (NHM-II) / <sup>15/6/16</sup> Dir (NHM-III) / <sup>15/6/16</sup> Dir (NHM-F) / <sup>15/6/16</sup> DS (NHM-IV)

<sup>409-D</sup> DIR (BS) / <sup>15/6/16</sup> DIR (ON) / <sup>15/6/16</sup> DIR (SS) / <sup>15/6/16</sup> DIR (BSM) / <sup>15/6/16</sup> DIR (RK) / <sup>15/6/16</sup> DIR (CVDR) /

<sup>211-D</sup> DIR (SCR) / <sup>15/6/16</sup> DIR (NG) / <sup>15/6/16</sup> DIR (AKV) / <sup>15/6/16</sup> DIR (NVBDCP) / <sup>15/6/16</sup> NPO (IDSP)

<sup>213-A</sup> DS (DB) / <sup>15/6/16</sup> DS (ZSV) /

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