



HR Boot Camp: Report

National Health Systems Resource Centre: Human Resources for Health



May 2019



The second phase of HR Boot camp was organized by National Health Systems Resource Centre, Human Resources for Health division in the month of May 2019 in two batches wherein representatives from 35 states/ UTs¹ took part. The participants included 100 representatives from states/ UTs including HR Nodal (regular cadre and NHM), SPM and other representatives from HR cell and 20 representatives from MoHFW. The workshop was inaugurated and chaired by Sh. Manoj Jhalani, AS&MD (NHM). The session was co-chaired by Sh. Manohar Agnani, JS (Policy), Sh. Vikas Sheel JS (RNTCP), Director NHM, ED NHSRC and Advisor HRH-HPIP). While addressing the participants, the following points were discussed by the chair:

- Strengthening HR cell and recruitment process
- Importance of HR Planning and rationalization of HR, both under NHM and regular cadre
- Need for states to adopt Health System Approach and to have common TOR/ Job responsibilities for the regular as well as contractual staff
- Creation of post under regular cadre as per IPHS
- Need for filling up the vacant posts, both under regular cadre and NHM
- Measuring performance of staff and take necessary steps to ensure retention of quality HR
- Conduct Training and Development and ensure capacity building of staff on regular basis
- Ensure proper implementation of HRIS
- Prioritizing patient centric care

The topics covered during the training includes:

Topic	Learning Area
Recap of HR Boot Camp – 1	<ul style="list-style-type: none"> • Orientation of participants on the methods adopted by GoI for calculating staff requirement of health facilities as per IPHS • Oriented on the tables and analysis performed during PIP appraisal (Estimating requirements, Calculating Productivity) • Principles to be followed for Salary Rationalization • Experience shared by the state of Maharashtra on conducting salary rationalization of NHM staff
Strengthening of HR Cell and its function	<ul style="list-style-type: none"> • Structure of HR Cell and roles and responsibilities to be performed of staff in the HR cell. • How the structure of HR cell can vary from state to state based on their existing structure and health workforce • Importance of creating enabling environment for health workforce and how it leads to improved motivation, effective and efficient working of staff
Recruitment of Service Delivery	<ul style="list-style-type: none"> • Steps to be followed for ensuring quality recruitment • Content of Job Description, developing advertisements, selection process, application screening and on boarding of staff • Skill test to be performed during recruitment of any frontline workers such as Health Worker/ ANM or Staff Nurse
Framing of HR Contracts	<ul style="list-style-type: none"> • Basic terminology related to contracts to enable participants to formulate contracts for different cadres in their respective states, according to their needs and available

¹ Except Lakshadweep

Topic	Learning Area
	<p>resources</p> <ul style="list-style-type: none"> • Legal aspects, clauses/terms/conditions to be included in the contract • Team exercise: participants were asked to modify the contract as per their state-specific needs. Each state prepared a presentation and shared the modifications with other team during the workshop • Termination of contracts and steps that may be taken to avoid 'Stay orders'
Performance Linked Payment	<ul style="list-style-type: none"> • Purpose, method and indicators for calculating the incentive • Method for assessing performance of CHOs • How team incentive is to be calculated and disbursed among CHO, MPW and ASHA
People Centered Health Care and Behavioral Standards	<ul style="list-style-type: none"> • Sensitizing participants towards the need for providing people-centered health care services. Approach to be adopted to change the behavioral standards and the attitude of service providers and community • Video clip produced by WHO: Reflected the benefits of integrated people-centered health care services to the community and the people; to the care provider and to the health systems.
Integrated Human Resource Information System (HRIS)	<ul style="list-style-type: none"> • Why HRIS is needed. Experience shared by Punjab NIC team. • Phase-wise implementation strategy • Salient features and implementation challenges
Attraction and Retention of Specialists	<ul style="list-style-type: none"> • Understanding the reasons affecting retention of specialist in public health institutions • Directives provided by MoHFW with regard to hiring of specialists • Preliminary findings of the study being conducted by NHSRC highlighting factors contributing to high vacancy: working condition, access and communication, residential facilities etc. • Possible interventions to improve existing challenges
Programme Management Unit (PMU): Roles and Challenges	<ul style="list-style-type: none"> • Understanding the role of PMU in improving implementation of the national programmes and delivery of healthcare services • Challenges faced by PMU in their daily work schedule which effects their productivity and the possible solutions for it • Group Activity: participants were divided into three teams and were asked to highlight challenges faced by HR Cell. The teams then developed solutions for the other teams
Minimum Performance Benchmark	<ul style="list-style-type: none"> • Concept and implementation process of minimum performance benchmark of key PM staff prepared by Gol
DHS and NHM Integration	<ul style="list-style-type: none"> • Possibilities of improvement in the health system through integration of DHS and NHM. Expected outcomes from the integration and state-specific strategies of collaboration between the two units • Participants shared their experiences on how the fragmentation of structures and functions leads to reduced efficiency and quality of work
Factors Affecting Productivity of HRH	<ul style="list-style-type: none"> • Concept of productivity • Work performance of different cadres of health workforce across the states • Factors determining productivity • Possible solutions and measures

Discussions and Action Points:

- States do not have HR Policy in place. States have requested GoI to share a guideline on management of HR.
 - State specific HR policies should be developed based on local context.
 - GoI will help states in preparing HR policy. Support has been extended to various states earlier.
 - Transfer policy to be developed to avoid too many transfer requests.
 - Transparency to be increased by implementation of HRIS.
- Unavailability of defined roles and responsibilities of different cadres
 - Job description (JDs) to be revised for all staff. Cadre wise common Job description (JDs) to be prepared.
 - States should adopt health systems approach.
- High vacancy is a major issue across all states
 - Recruitment process to be fast tracked. Retired government staff who has the experience of handling HR can be consulted to develop recruitment guideline for contractual staff.
 - State may engage external agencies for facilitating recruitment process. However, the accountability lies with states. State will have to monitor the quality and performance of recruitment agencies.
 - Campus recruitment can be initiated to fill vacant posts. Hiring the final year candidates from Govt. institutions in order to fill up the gap can be an option.
 - Cadre wise repository to be prepared and whenever there is any vacancy, the candidates can be approached. Advertisements can be disseminated through various channels so as to reach out to larger audience and interested candidates can apply.
 - States may develop online application platform in their respective health department portal where candidates/ volunteers interested in working in public institutions may get registered with an option of mentioning choice-based postings.
 - Quality of recruitment to improved. States may develop standard application formats. This ease the process of shortlisting of candidates.
 - State to have probation clause in the contract wherein any newly recruited candidate serves a probation period of three months. Based on performance of the candidates, the contract can either be continued or discontinued with a 15 days' notice period.
- Major reasons leading to demotivation and low retention of staff include: i) high vacancy under regular cadres leading to increased work pressure on contractual staff; ii) unavailability of proper infrastructure, especially in far to reach areas; iii) differential salary among contractual staff.
 - States must do a periodic analysis of vacancies and workload assessment of existing HR to be performed. Additional work may be assigned to key identified person.
 - The existing system to be competent in addressing and verifying the common Grievances and complaints of staff
 - States to utilize the 3% HR budget approved in ROP and initiate salary rationalization of staff under NHM.
- What could be the possible interventions to improve existing challenges

- Study shows that Specialist are facing challenges both at professional level and personal level such as unavailability of functional equipment, team, quarters etc.
- Possible solutions could be: i) Hiring specialist from the medical colleges for a contract period of 2 years; ii) Providing accommodation to specialists and paying higher remuneration; iii) Adopting “You Quote We Pay” initiative.
- Court cases on termination of contract of any staff due to non-performance is a major challenge
 - The contract should include clause that the contract will be renewed based on the performance of the employee and approval of position for next year.
 - State should follow the establishment system for data handling and maintaining data repository.
- States were unclear about disbursement of ‘Performance Linked Payments’
 - The performance of CHOs, MPWs and ASHAs is dependent on each other. The guideline clearly defines roles and responsibilities of each team member.
 - Proper implementation of the guideline will help in assessing and evaluating the individual performance of the staff in HWC.

Participant’s Feedback

Indicators	Average Score
The workshop objectives were clearly defined	3
The content was organized and easy to follow	3
The topics covered in the workshop were informative and relevant	3
The material distributed was adequate and helpful	3
Visual aids, and oral presentations were easy to understand	3
The knowledge and information gained in the workshop can be applied in practice	3
The days and time allotted for the workshop was sufficient	3
Workshop was well paced with allotted time	3
There was enough time for group-work and point to point discussion	3
One to one interaction was encouraged in the workshop	3
Rate the accommodation and logistics arrangement	3
The venue was comfortable and conducive to learning	4
Your overall assessment of the workshop	4

Few suggestions from the participants regarding the workshop:

- GoI should conduct HR workshop in every 6 months duration
- State specific issues can collect in advance and can discuss in the workshop
- The duration of the workshop should be three days
- Case studies can be included
- Models could be translated to online learning platform
- A workshop specially on PIP can be organized before NPCC to resolve the issues
- Could have one representative from Medical & Health Directorate
- The platform could also be used for sharing good practices from other states