Recruitment Policy, Process, and Practices in Indian Health Systems

Developed by

Swasti
10 YEARS OF EXCELLENCE

People for Health

This document is a product of the People for Health Project, and developed by Swasti, Health Resource Centre. The People for Health project is jointly implemented by Swasti Health Resource Centre and Public Health Foundation of India with financial support from the European Union.

This fact sheet emphasises the key issues that affect the healthcare recruitment and staffing process in the government systems. It will also highlight some innovations in recruitment and placement systems, both from the government and from the private sector, which includes charities and faith-based NGO-run hospitals.

Acronyms

ANM	Auxiliary Nurse and Midwife
AP	Andhra Pradesh
ASHA	Accredited Social Health Activists
ANSWERS	Academy for Nursing Studies and Women's Empowerment Research Studies
AYUSH	Ayurveda, Unani, Siddha, and Homeopathy (Alternate systems of Medicine)
CHC	Community Health Centre
CDMO	Chief District Medical Officer
CMD	Chief Medical Director
CMP	Contract Medical Practioners
DHS	Director of Health Services
DMO	District Medical Officer
FBO	Faith Based Organisation
GNM	General Nursing and Midwifery
HR	Human Resources
HRA	Human Resource Allowance
HRC	Health Resource Centre
HRH	Human Resources for Health
HRMIS	Human Resource Management Information System
HRM	Human Resources Management

IPHS	Indian Public Health Standard
INC	Indian Nursing Council
KILA	Kerala Institute of Local Administration
MCI	Medical Council of India
MIS	Management Information System
MLOP	Mid Level Ophthalmic Personnel
MO	Medical Officer
NGO	Non-Governmental Organisation
NHSRC	National Health Systems Resource Centre
NMSU	Nursing Management Support Unit
NRHM	National Rural Health Mission
P4H	People for Health
PG	Post Graduate
PHFI	Public Health Foundation of India
PHC	Primary Health Centre
PSU	Public Sector Units
PEB	Professional Examination Board
SCC	Short Service Commission
SHSRC	State Health Systems Resource Centre
SOP	Standard Operating Procedure

1. Introduction

'People for Health' is an initiative for advancing Human Resources for Health (HRH) with specific focus on improving human resource policies, strategies, and practices in the Indian health sector through partnership between the government, civil society, and private sectors. The People for Health initiative is led by Swasti, a Health Resource Centre (HRC), in partnership with the Public Health Foundation of India. The initiative is funded by the European Union with a time frame of 2011–2014. While the initiative takes into account experiences from across India, the states of Kerala and Madhya Pradesh have been chosen for operationalising state-level actions. The project integrates three core areas — keeping in view the need to engage government, civil society, and private sector domains. These core areas are:

- Knowledge building (through operational research) and gathering evidence
- Skills-building (capacity building) to strengthen cross-learning platforms and initiate new approaches and strategies
- Advocacy and learning (through existing and new platforms) for change

This factsheet on recruitment policy, processes, and practices in the Indian health systems is a product of the 'Knowledge Building' core area.

2. Recruitment

'Recruitment is the process of attracting, evaluating, and hiring employees for an organisation. The recruitment process includes four steps: job analysis, sourcing, screening and selection, and induction.

- Job analysis involves determining the different aspects of a job through the job description and specification. The job description describes the tasks that are required for the job while the job specification describes the requirements that a person needs to fulfil to do that job
- Sourcing means using several strategies to attract or identify candidates. Sourcing can be done through internal or external advertisements. The advertisement can be placed in local or national newspapers, specialist recruitment media, professional publications, or on the Internet

- Screening and selection is the process of assessing the employees who apply for the job. The assessment is conducted to understand relevant skills, knowledge, aptitude, qualifications, and educational or job related experience of employees. Some ways of screening include assessing resumes and job applications, interviewing candidates, and conducting job-related or behavioural testing. After screening and selection, the best candidate is selected

- Induction (also called onboarding) is the process of helping new employees become productive members of an organisation. A well-planned introduction helps new employees quickly become fully operational and is often integrated with the organisation and environment

There are various recruitment approaches such as relying on in-house personnel, outsourcing and employment agencies, executive search firms, and recruitment services on the Internet.

- In-house personnel may manage the recruitment process. At larger companies, human resources professionals may be in charge of the task whereas in smalleer organisations, recruitments may be left to line managers

- Outsourcing of recruitment to an external provider may be the solution for some businesses. Employment agencies are also used to recruit talent. They maintain a pool of potential employees and place them based on the requirement of the employer

- Executive search firms are used for executive and professional positions. These firms use advertising and networking as a method to find the best fit

- Internet job boards and job search engines are commonly used to communicate job postings. Social media also plays a vital role in recruitment today

A recruitment process is an organisation-specific model on how the sourcing of new employees is undertaken. Typically the ownership of the recruitment process resides within the function of the human resources, although this may differ depending on the specific organisational structure.

A recruitment process can be broken down into respective parts. While the naming and exact process is unique to an organisation, a typical recruiting process may commence with the identification of a vacancy, preparation of a job description, database sourcing, role marketing, response management, short-listing, and interviews, which is then followed by reference checking and selection.

Recruitment is a fundamental issue that challenges the management of HRH in India. Challenges in this realm of HRH include significant shortages in key positions, quality of the existing manpower, the urban-rural divide, and personnel shortages in difficult areas.

Over 60 documents were reviewed in preparation of this fact sheet, including government reports, case studies, research studies, journal articles, NGO-published documents, interview transcripts, power point presentations, and more. Qualitative data was collected via key informant interviews in several states. This fact sheet emphasises the key issues that affect the healthcare recruitment and staffing process in the government systems. It will also highlight some innovations in recruitment and placement systems, both from the government and from the private sector, which includes charities and faith-based NGO-run hospitals.

3. Key Issues and Challenges to Recruitment

India has a severe shortage of HRH and many states experiencing a shortage of healthcare professionals have large proportions of vacant positions. The country has a shortage of qualified health workers, partly due to the workforce being concentrated in urban areas. As per the Medical Council of India (MCI) Annual Report 2008, a total of 6,95,254 doctors were registered in the country. This translates to a doctor population ratio of 1 per 1,600 persons or 6 per 10,000. The nurse to population ratio in India is 1 per 1,205 as against the 1 per 100–150 in Europe, while the nurse to doctor ratio is about 1.3 per 1 as compared to a ratio of 3 per 1 in most developed countries.[i] The National Sample Survey Organisation and the census estimate that the total number of health workers in India amount to 2.2 million, which gives a density of approximately

20 health workers per 10,000 population.[ii] There are several factors that have contributed to this situation, most of which are linked to deficiencies in policy processes and practices in planning, recruitment, and placement of human resources.

India currently has 1,47,069 sub-centres, 23,673 PHCs, 4,535 CHCs, and 12,760 hospitals in the government sector. According to the District Level Household and Facility Survey (DLHS 2007–08) most of these facilities function at sub-optimal levels. An inadequate number of human resource employees are an important factor contributing to the under-utilisation of these facilities. The Indian Government estimates that the country has an overall vacancy rate of 52% in the public health system, with some states suffering from much worse rates than others.[iii]

Multiple factors contribute to India's human resources deficiencies in health system. The absence of a robust healthcare planning system and a responsive recruitment system are leading to gaps in the adequate number of staff being recruited. The recruitment and hiring process within the government and public sectors is often long drawn, influenced by corrupt practices and bureaucratic delays. This has deterred and dissuaded health professionals from joining the government health sector. Another disincentive is the lack of permanent job positions. Many jobs are offered on a contractual basis, which diminishes the applicants' sense of job security. Finally, the centralised Human Resource (HR) planning, including financial control, serves as a significant barrier for local HRH professionals to join the government healthcare system. The critical issues and challenges faced by the recruitment system within the public health system are summarised below[iv] :

- The absence of specialised HR cells to manage critical HR functions is reflected in the lack of planning for HR. Planning exercises within the government system is largely limited to infrastructure planning. Lack of informed HR plans based on evidence makes the process of recruitment ad hoc and non-responsive to actual needs — both in quantity and quality

- The recruitment and other service conditions for staff in state-government run health services are regulated by the respective civil services recruitment rules. Although the rules and its interpretation have undergone modifications based on amendments and court rulings from time to time, there haven't been any concerted efforts to analyse and modify the existing criteria in the light of changing job requirements

- The delays emerging from public services commission and subordinate services selection boards have been cited as one of the reasons for the large backlog of vacancies as well

- There is a gender bias in favour of men as reflected by the proportionally fewer women in the health workforce

- The length of the recruitment process has been cited as one of the major reasons for low percentage of placements. One study in Andhra Pradesh quotes that it took two years to complete one round of recruitment for a doctor's position

- A majority of recruitment in the recent past has been on ad hoc basis. The staff working on an ad-hoc basis for long durations is deprived of a number of benefits which are otherwise available on regularisation. This has become a leading cause for dissatisfaction and lack of motivation among such staff. The attrition rate among the contractual staff is high

- Experience has shown that the state governments, in an effort to reduce administrative expenses, announce cuts in staff roles and a freeze on recruitment. These orders adversely affect the normal process of recruitment, thus leading to a large number of vacancies

- The salary structure of health personnel is based on the standards followed for the government employees across various sectors and lacks specificity to the health sector. Usually, the prevailing salary of the central government employees is seen as the benchmark for the states. The compensation in the government sector is mostly seen in the context of the accompanying job security and stability

- Financial incentives for working in rural, remote, and tribal areas have been introduced over the last few years, following the advent of the National Rural Health Mission (NRHM). Although the government is finding it increasingly difficult to motivate people to serve in the rural areas, they are yet to devise a comprehensive package of incentives to promote rural postings

- Job descriptions for most positions are unavailable. This has led to an inadequate understanding of one's role, tasks, and responsibilities, and the inability of the system to fix qualifications for some of these positions. This has also negatively affected the establishment of a robust system of performance appraisals. In some cases, under-qualified applicants are hired. The study team also found that the criteria in the selection processes are not being met in several areas. This, for example, has led to the recruitment of ASHAs who may not be able to perform at the level necessary[v]

- Several management positions within the department are currently held by persons who lack management training or experience. In many states, specialists are posted in management positions resulting in:
  - The underutilisation of specialist skills, especially when the government sector has a dearth of specialists
  - A reliance on incapable managers to carry out public health management[vi]

- The existing recruitment mechanisms inadequately assess soft skills and other competencies. Consequently, workers who are deficient in communication skills, values, attitude, and a balanced personality may be recruited[vii]

In a nutshell, the recruitment process in the public health sector is:

- Long drawn and unplanned, with ineffective procedures

- Preceded by a lack of institutional and time bound evidence planning processes, reservations, and other criteria that are archaic

- Based on qualifications at best, which does not assess aptitude and attitude

- Unattractive because of the compensation package and working conditions

The literature search carried out by this study revealed several gaps in information as well. There are no assessments to understand the effects of the medical education system on public health. This includes but is not limited to the provision of quality education and assurance that education outputs meet requirements. While there is data pertaining to direct recruitment from educational institutions, it is not clear as to which states in India are currently employing this mechanism of recruitment. The absence of an HR database, especially at district and sub-district levels that are segregated by cadres, deters informed planning. Wherever such data is available, there is a discrepancy between what is on the record and what actually is present.

4. Reform Initiatives in Recruitment of HRH in India

Literature reveals that several efforts have been undertaken, by both the government and non-government/corporate health sectors, to improve recruitment policies, processes, and practice for HRH in India. Some successful and promising examples are presented here.

4.1 Reforms in the Government Sector

Supply side reforms

- Affirmative State Action in Tamil Nadu, which involved creating education opportunities, has been critical in aiding the creation of a pool of skilled and educated workers for the department of health. The state created opportunities for students to be

educated in government-funded institutions, with the provision for employment in the public sector. With these efforts, the state successfully grew its healthcare workforce. In fact, these efforts were so successful that Tamil Nadu has been able to meet the standard of two medical officers per Primary Healthcare Centre (PHC), while many states continue to struggle to employ even one per PHC[viii]

- Odisha has been promoting the establishment of more medical colleges, increasing undergraduate seats in medical colleges, and increasing post graduate seats in key disciplines to achieve adequate numbers of HRH in the state. Similar efforts have been made to augment paramedic cadres. Additional nursing colleges have been established, particularly in underserved areas, and private nursing institutions are being promoted. Staff nurses and Auxiliary Nurse Midwives (ANMs) have been recruited from private and government recognised institutions. Furthermore, the capacity of government colleges to take in more students — nurses, laboratory technicians, and radiographers — has been increased. ANM schools that offer free education with a caveat of government employment (under a bond) have been set up in tribal and disadvantaged areas. The development of a rational and transparent transfer policy and the creation of dedicated public health cadres are in progress. Odisha has also taken up cadre re-structuring of staff nurses, enhancement of remuneration for contractual staff nurse, walk-in interviews to accelerate filling up of vacancies, and the creation of new nursing posts[ix]

- The age of retirement has been increased from 60 to 62 years in Madhya Pradesh. This has made an increased number of doctors available within the system. Similarly in Rajasthan, retired doctors under the age of 65 years are being hired on a contractual basis and paid a daily flat rate to address vacancies[x]

Reforms in Recruitment Systems and Processes

- *The State Government of Odisha addressed the issue of recruitment to some extent.*

  - The State has decentralised the recruitment of paramedics by forming district cadres and authorised the Chief District Medical Officer (CDMO) to recruit for the positions

  - To address the shortage of health workers in the State, all personnel have been regularised and absorbed into permanent government cadres, following six years of uninterrupted service

  - HR management processes have been institutionalised by recruiting persons qualified/ experienced in reforms and training, appointing a special secretary as head of training, and constituting a state-level training selection committee

  - The State Human Resource Management Unit (SHRMU) and the Nursing Management Support Unit (NMSU) have been set up to examine needs and scope of training and research activities, related to health workforce. As part of this reform, a number of special public health trainings and exposure visits were initiated:

    i. A database of health workforce was developed and Human Resources Management Information System (HRMIS) was instituted to better manage and monitor human resources

    ii. Operations research was conducted to generate evidence on issues articulated in the HR policy. For instance, selected entry-level posts have been upgraded to Junior Class I posts, specialist allowances have been introduced (Rs.3,000/- per month), and a post mortem allowance (Rs.500/- per month) is being paid to each Medical Officer

    iii. Additional promotional avenues have been created, resulting in the promotion of about 1,200 medical officers

o In order to facilitate recruitment, a centralised web-based application and recruitment system using custom-designed software has been put in place. A short-listing of candidates is done at the state level, with the final verification and appointment done at the district level

o On-campus recruitment has been initiated

o In-service nurses, retired staff nurses, and tutors are being considered for faculty positions. Qualified nurses (with a BSc and/or MSc degree) are posted at the ANM and General Nursing and Midwifery (GNM) training schools and nursing colleges

- *The state of Jharkhand has clearly defined recruitment processes as well. This includes:*

  - HR planning for various categories of paramedical staff at the district level, based on Indian Public Health Standards (IPHS)

  - Time bound recruitments, defining skill requirements and responsibilities, and putting up notifications for recruitment in the local newspapers, job portals, and their website

  - Leveraging support from partners such as UNICEF, State Health Systems Resource Centre (SHSRC), and elected representatives at the district level to recruit HR

Jharkhand, like Odisha, has established a HRMIS. Other states with HRMIS are Jammu and Kashmir, Andhra Pradesh, and Karnataka

- Haryana's simple yet brave reform of dispensing the cumbersome process of Haryana Public Service Commission (HPSC) recruitment has solved one of the most intractable problems of the State Health Systems. A Departmental High Powered Selection Committee (HPSC) was formed specifically for interviewing and selecting candidates for permanent positions. This reduced the burden on the HPSC considerably. Interviews were held regularly at the same time each month, making recruitment a year round activity. Applications are now being screened on 10th of

every month and the results are announced a day later. Appointment letters are issued within a week of selection. The time span between advertising about the vacancies and the joining of selected candidates has been thus reduced from an average of 18 months to just one month. Walk-in contractual appointments have also been initiated. Private-public-partnerships have been established to contract private specialists. As a result of these initiatives, the State is able to recruit 300 doctors and 250 specialists in one year. This has resulted in 11% increase in OPD attendance between January 2008 and April 2009. Recruitment processes have been decentralised for certain cadres now and the selection of local candidates has been prioritised. Recruitment is followed by a process audit, which is advisory in nature and not intended to find fault. A HR team, including an Additional Director, visits districts in October and November to participate in the process review. In several states, including Odisha, Punjab, and Haryana, walk-in interviews are becoming increasingly common. This interview strategy reduces the wait time and the administrative burden that comes along with scheduling interviews

- Punjab has created a recruitment web portal in an attempt to make the recruitment process more accountable, minimise corruption, and reduce unfair recruitment practices. Job postings as well as results from recruitment processes are now available online, increasing transparency. Anyone with access to the Internet can view the shortlisted candidates, their test scores (when applicable), and other methods that were used to evaluate candidates for the position. These documents can be found on the Punjab NRHM website

- The recruitment of doctors, paramedics, and contractual doctors in Tamil Nadu is done on Time Scale Pay. Incentive packages offered by the government include 50% reservation for seats in post graduate studies, regularisation of the contractual doctors, and additional marks in post graduate entrance for those working in hilly/ rural areas[xii]

- Recruitment rules have been revised in Gujarat. Field cadres with similar roles have been merged and job responsibilities rationalised. New cadres such as accountants and systems managers have been introduced by abolishing outdated cadres. The State has also introduced mechanisms to assess and appoint officers with the requisite attitude as civil surgeons[xiii]

- Assam, with support from NRHM, has been able to recruit a large number of health personnel. The State distributed appointment letters to 4,000 paramedical workers in 2006. The State has proposed a hospital administrator for every district hospital and has increased recruitment of medical officers and specialists from medical colleges through enforcement of the compulsory government service bond[xiv]

- Kerala has led the way in involving the civil society as a partner in recruitment processes. The involvement of the Kerala Institute of Local Administration (KILA) in the ASHA programme is one such example

Reforms in Placement Processes

- Haryana revised its placement policies by hiring all medical professionals for a minimum of three years. Additionally, selected candidates were appointed to posts in their preferred location, based on feasibility. This resulted in an increasing demand for joining the Haryana public health sector, even causing an influx of medical professionals from other states. Transfers could only be requested after three years, which reduced the phenomenon of professionals migrating from rural to urban areas shortly after appointment. Haryana further introduced a difficult area allowance (Rs. 1,500– Rs. 10,000), which is graded on the basis of the location and position of the professionals. The success of this strategy has been demonstrated by the fact that the State received over 3,000 applications for filling 1,000 placements

- Tamil Nadu has documented job descriptions for all categories of the public health staff in a manual. The manual clearly defines the roles of each individual within the system and creates a clear hierarchy of positions. This makes recruitment and evaluation processes easier, as the expectations from the person and position have been clarified

4.2 Recruitment Practices in the Non-Governmental and Private Sector

Several recruitment practices from the corporate hospitals may be very relevant for the government sector. Competency and personality-based psychometrics are increasingly being used for recruitment. Innovative HR options include:

- Flexible age barriers
- Expansion of the catchment area
- Contract hiring
- Part-time work
- Appointment of senior citizens and retired (ex) employees
- Hiring consultants
- E-sourcing
- Recruitment advertising through social and professional networking sites
- Industry-academic partnerships
- Hiring from Public Sector Units (PSUs) from civil services and through job fairs

Recruitment processes are made efficient through structured protocols for job descriptions, qualifications, experience, aptitude, interest, remuneration, hiring sources, training required, and an enabling environment. It is pertinent to note that cross application of these practices is complicated and has to take the context into consideration.

Case Study

Lifespring Hospitals

LifeSpring is a for-profit, relatively low-cost chain of small hospitals that operate with strict clinical quality controls. Their recruitment process consists of selection, induction, and placement of personnel. The recruitments of doctors and paramedics (nurses and helpers) have been outsourced. Staff members are recruited from medical or nursing schools and large or small hospitals. The group however faces the challenge of recruiting competent nurses who can perform multiple tasks. The entire process of recruitment of nurses for the hospital has been streamlined and shortened to five interactions:

• The hospital's expectations are articulated

• A nursing aptitude examination is conducted

• An interview is administered to assess clinical knowledge and clarity of roles

• Two more interactions are held to ascertain the recruits' expectations and monetary agreements

Once selected, recruits are provided, an induction training and familiarised with existing protocols and basic computer skills. Following the induction, trainees are put on a six-month probation during which fortnightly reviews are conducted during the first two months and monthly reviews over the next four.

Case Study

Aravind Eye Care System, Madurai

Aravind Eye Care System is an assemblage which includes eye care hospitals,a research institute, manufacturing lab, and eye bank among other structures. Their recruitment cycle starts in November/December. The organisation selects candidates for the Mid-Level Ophthalmic Professional (MLOP) course and thereafter recruits the trained personnel as MLOPs within their hospitals. The recruitment plan is developed and the marketing efforts are initiated by February. The marketing efforts include visits to schools in rural areas and orientation to potential students about the training course. Applications for the course are received between March and May and upon the declaration of secondary schools grades, the selection is finalised through structured qualifying criteria and interview processes.

The Aravind Group of Institutions have a value-based interview process. The girl's parents participate in the interview and select a fit with Aravind values. The interview assesses the person's observational capacity and thought process. The selection process makes a special preference for girls who lack access to higher education. This process is credited with the low turnover rates (15%) that the hospitals experience.

5. Key Messages

The single and most obvious sign of an ailing public health system is its burden of vacancies. In the case of the public health system in India, this lack of public health personnel in the public sector boils down to three essential factors – inadequate supply of professionals, recruitment bottlenecks, and poor retention.

Recruitment of HRH suffers from inadequate planning and implementation, especially in the public sector. This is compounded by the lack of adequate HR capacities among people designated to lead recruitment within the health systems and a base of evidence which can be leveraged for estimating requirements and frequency of recruitment cycles.

It is evident that the recruitment process is benefitted by the presence of HR cells. A team of qualified HR professionals designated with HR functions help overcome the ad hoc nature of HR planning and implementation. The HR teams/cells not only plan based on evidence but also generate evidence and inform policy makers, facilitating the resource inputs for HRM. Capacities of those recruiting HRH need to be improved, especially skills related to developing job descriptions and interviewing. Training will enhance the ability to assess whether a candidate is genuine as well as help select appropriate candidates. Standard Operating Procedures (SOPs) which delineate institutional processes including the job descriptions, expectations, reporting, and the hierarchal structures will make the recruitment process objective.

Government health systems follow recruitment norms which are either derived from the past or may not be revised to reflect changing needs. The first requisite of a robust recruitment mechanism is to understand the needs. The diagnostic studies that are carried out must inform the policymakers about current situations as well as future requirements.

While there is a dearth of literature to ascertain the impact of medical education on the availability of HR in the public sector, the example of Aravind System and Odisha demonstrates how the need for health professionals is met through the education route. Government health systems can benefit by linking reforms in medical and paramedical education to ensure adequacy of HRH within the sector. A staffing review and rationalisation exercise will lead to optimum allocation, abolition of redundant vacant posts, and creation of new posts as required.

Health is a state subject and the major portion of providing promotive, preventive, and curative healthcare lies with the state governments for public health.

- Many states have adopted various policies and approaches to streamline their HRH in the absence of a dedicated HRH planning and management cell

- State-specific HR management policy and transparency in management of health cadres is required

- It is recognised that solutions for HRH issues go beyond the health sector and are linked to broader fiscal and financing policies and processes[xvi]

- Recruiting local candidates and counselling for the location preference is necessary for addressing the distance issue

- Affirmative action for entry of doctors originating from the underserved areas needs to be deployed

- Addressing the proportional representation of staff with a distinct social, ethnic, and gender background in the workforce is also critical[xvii]

While there have been substantial policy level changes in India in the area of public sector of healthcare, HR management will have to be managed strategically and in an integrated manner.[xviii] Devolution of power and functions to local health care institutions provide resources and flexibility to ensure service guarantee.[xix] A coalition of interested stakeholders, including professional associations, should be created to promote and influence policy changes. Such partnerships should be built on mutual respect and include community participation.[xx] Instead of maintaining the over-staffing trend by continuing to temporarily contract staff members, states could re-organise the human capital they already have.

In the long term, the public sector careers have to develop attractive options for medical and health professionals. There is a need to create and articulate career structures at the national, state, and district levels. The options include institutionalisation of a public health service/ Indian health service/All India Cadre for public health at the central, state, and district level with clear career pathways.[xxi] In addition, a structured plan is required to generate and nurture the new base of health professionals.

The institutional component of the process of recruitment is an under-appreciated, under-theorised, and under-researched area. Incentive packages are key to the recruitment process especially in the larger context of the institutional environment in which other health workforce practices (promotions, transfers, and career opportunities) exist. Other contributory elements include the working environment, the transparency in the processes and methods for fostering performance, accountability, discipline, and morale among the employees. Effective use of NRHM untied funds has led to an easing away of physical infrastructure bottlenecks. However, greater thrust on the other critical components of HRH is important for better healthcare outcomes.

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