Dear Shri

The availability of medical professionals in rural areas is one of the serious challenges faced by the National Rural Health Mission (NRHM). The States have been recruiting medical officers, ANMs, Nurses etc. on contractual basis. Compulsory rural posting for medical professionals have also been attempted by many of the States. Many States have also undertaken multi-skilling of doctors, management of facilities by NGOs etc. for overcoming the problem of availability of health professionals in the rural areas on account of the rapid expansion of the private sector and also remote areas.

After taking into consideration the critical issues of availability of manpower in the rural areas, the Ministry is of the view that a possible solution to this problem, would be to encourage the selection, recruitment, training and placement of nurses in a big way by the States. In fact, it would be desirable to constitute a Nursing Cadre by all States, so that their selection, training, placement, career progression etc. could be taken up in a systematic way. It may be decided whether the States would opt for State or District Cadre for nurses. For ANMs, however, it could be a District cadre – Maintenance of record cadre/ Management of nurses (either at district or State level) also need to be considered. After discussing with the technical experts on the subject, I am placing the following for your consideration:

I Identification of a senior Nursing Officer at the State level:
Identification of a Nursing Officer designated as Joint Director Nursing (H&FW) at the State level to manage the Nursing cadre in the State. This could be one of the existing senior officials at the Directorate level in the State and placed under the Director (FW). The Joint Director Nursing needs to work in close coordination with the State PMU.

The Joint Director Nursing (H&FW) should also be supported by two Deputy Directors Nursing (H&FW). One Deputy Director Nursing could be entrusted with the responsibility of Health including Nursing Schools and Colleges and the other to be entrusted with the responsibility of Family Welfare including ANMs & LHV Training Schools. (Please see attached diagram). In case these posts are not available, they need to be created.

II District Nursing Officer:
At the district level, there could be a District Nursing Officer (H&FW). Many of the district have a District Public Health Nurse Post. The same post may be re-designated as District Nursing Officer (H&FW). Those States not having such a post should create one post of District Nursing Officer (H&FW). The District Nursing Officer (H&FW) will provide leadership to the entire nursing community within the district, especially in matters like maternal health and immunization and look after the personnel matters relating to nurses. She may report to the CMO directly.
The District Nursing Officer (H&PW) could be assisted by two Assistant District Nursing Officer with specific responsibility – one managing maternal health and training institutions and the other child health, including immunization. The post available at the district level may be earmarked for the positioning these nursing officers. Otherwise senior nursing officers available may be promoted or re-designated. If these posts are not available, they need to be created.

III Block Public Health Nurse:
At the block level, the senior most nurse may be designated as Block Public Health Nursing Officer who would be overall in-charge of all the public health interventions, including preventive health care in the block. (However, she & other nurses will be under the administrative control of the BMO). Staff Nurses posted at block level may also be promoted to this post after undergoing one year public health training. She will be responsible for ensuring the proper functioning of the women’s wards in the facilities, toilets earmarked for the women, care of the women patients (along with children) within the facilities etc. she will also provide leadership for public health activities including disease control programs within the block by various facilities. She will also coordinate training of ANMs/nurses in core skills including IMNCI & SBA trainings. She will be assisted by the block management personnel to be provided under RCH/NRHM. Such a Public Health Nurse post has been recommended in the document “IPHS for Community Health Centers” with the Government of India assistance.

IV Public Health Nursing Supervisor at PHC level:
At the PHC level, the senior most nurse could be designated as Public Health Nursing Supervisor. The existing LHV at PHC may be re-designated as Public Health Nursing Supervisor by giving additional training. She will provide leadership for ANMs and ASHAs within her jurisdiction. She will ensure that she carries out regular inspections and is present during the monthly health days are organized regularly within her jurisdiction. She will be under the administrative control of the MO in-charge of the PHC and also assist the MO in organizing monthly meetings of ANMs & ASHAs.

V Sub-Centre level:
At the Sub-centre level the ANM will be responsible for all public health activities. She will be assisted by the male health workers and ASHAs. Trained Dais could also be made use of by her.

VI Delegation of administrative and Financial Powers:
The most important action needed would be the delegation of administrative and financial authority to these nursing officers at all levels to enable them to manage the nursing affairs in the State, District and block levels.

By taking the above actions, I am sure, the State will be able to give a boost to the nursing profession. It needs to be simultaneously ensured that the
Nursing Schools/Colleges in the State are functioning optimally with adequate resources and that there are sufficient numbers of Nursing Schools to ensure the desired output and that quality is maintained in both induction and in-service training programmes. Similarly, ANM training programmes need to be improved. The output for ANMs also should match the requirement worked out year-wise for the entire Mission period. The proper linkage with the State Institute of Health and Family Welfare as the nodal institutions for the training also needs to be maintained. The Principals of ANM Training Schools should be given the power of drawing and disbursing officers to them to run the ANM Training Schools effectively.

4. To provide incentive to ASHAs & ANMs who are qualified, reservation of seats for them in ANM schools/Nursing schools could also be thought of:

The States may also prepare an Action Plan to strengthen the Nursing Cadre in the State based on the proposed Frame work (with State specific flexibility) indicating the assistance required from Union of India where absolutely necessary. This may be incorporated in the NRHM PIP. Kindly ensure that the Action Plan reaches this Ministry without delay.

I shall be most grateful if you could bestow your personal attention on the above suggestions and come back with your response in the form of a clear cut nursing policy for the State.

With regards,

Yours sincerely,

Sd/-
(PRASANNA HOTA)
SECRETARY (H&FW)

To
All States/UTs

Copy to: -

Dr. T. Dileep Kumar,
Nursing Adviser.

Sd/-
(Under Secretary)
SUGGESTED FRAME WORK FOR NURSING CADRE STATE

DIRECTOR (H&FW)  
SPMU

JOINT DIRECTOR NURSING (H&I)

Deputy Director Nursing (Health including Nursing Schools & Colleges)

Deputy Director Nursing (Welfare including ANMs, Training Schools)

DCMO
DPU

DISTRICT NURSING OFFICER (H&)

Assistant District Nursing Officer (Maternal Health)

Assistant District Nursing Officer (Child Health including Immunization)

BLOCK MEDICAL OFFICER
BMU

BLOCK PUBLIC HEALTH NURSE OFFICER

PUBLIC HEALTH NURSE SUPERVISOR (LHV)

AUXILIARY NURSE MIDWIFE (ANMs)

TBA  ASHA

VILLAGE LEVEL

- At the state & district level similar level posts suggested are existing in some of the States.
- At the block level, Public Health Nurse is recommended under IPHS
- The same Public Health Nurse may be re-designated as Block Health Nursing Supervisor.