



(RESEARCH ARTICLE)



Assessing human resources for health under the national health mission in Madurai

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World Journal of Biology Pharmacy and Health Sciences, 2024, 19(03), 304–307

Publication history: Received on 27 July 2024; revised on 10 September 2024; accepted on 13 September 2024

Article DOI: <https://doi.org/10.30574/wjbphs.2024.19.3.0601>

Abstract

The study explores the investment and management of Human Resources for Health (HRH) under the National Health Mission (NHM) in Madurai from 2022 to 2026. By analyzing secondary data from NHM reports and district profiles, the study provides insights into how financial resources have been allocated to support healthcare personnel in both urban and rural areas. The findings highlight a significant and strategic increase in financial investments aimed at enhancing the healthcare workforce. Urban areas experienced fluctuating funding patterns, which reflect adjustments to emerging needs and policy changes. In contrast, rural areas saw a steady and substantial increase in investments, underscoring a focused effort to improve healthcare delivery and support for healthcare workers in these regions.

The study also notes a rising trend in investments for training and capacity-building programs, particularly in rural areas, indicating a targeted strategy to address disparities and enhance service quality. The commitment to increasing both remuneration and incentives for healthcare workers, especially Community Health Officers, reflects a broader goal of strengthening the rural healthcare system.

Overall, the article demonstrates a robust commitment to improving healthcare access and quality in Madurai through substantial investments in HRH. This strategic approach aims to bridge regional disparities, enhance service delivery, and ensure that all residents, regardless of their location, benefit from better healthcare services.

Keywords: Human Capital; Human Resources; Healthcare; National Health Mission; Hospital Management.

1. Introduction

The National Health Mission (NHM) in Madurai is a vital government initiative aimed at enhancing the quality and accessibility of healthcare services across the district's urban and rural areas. Launched as part of the broader National Health Mission by the Government of India, NHM Madurai focuses on reducing regional health disparities, improving maternal and child health, controlling communicable and non-communicable diseases, and strengthening healthcare infrastructure.

Madurai, a historically significant city in Tamil Nadu, is characterized by a diverse population spread across urban and rural settings, each with distinct healthcare needs. The NHM in Madurai aims to bridge the gap between these different areas by implementing targeted health programs, expanding healthcare facilities, and ensuring the availability of essential health services to the entire population.

Key initiatives under the NHM in Madurai include the expansion of Primary Health Centers (PHCs) and Health Sub-Centers (HSCs), the implementation of maternal and child health programs, and the promotion of preventive healthcare measures. The mission also emphasizes the importance of human resources for health (HRH) by investing in training

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and capacity-building programs for healthcare workers to enhance their skills and improve service delivery. NHM in Madurai plays a crucial role in the district's healthcare system, striving to provide equitable, accessible, and quality healthcare services to all residents, irrespective of their socio-economic status or geographical location.

Human Resources for Health (HRH) refers to the workforce involved in planning, delivering, and managing health services. It includes a wide range of healthcare professionals, such as doctors, nurses, lab technicians, community health workers, and administrative staff, who are essential for the functioning of any health system.

In the context of the National Health Mission (NHM) in Madurai, HRH is a critical component of the overall strategy to improve healthcare access and quality across both urban and rural areas. The effective deployment and management of human resources are vital to achieving the mission's objectives, which include reducing health disparities, improving maternal and child health outcomes, and controlling diseases.

2. Methodology

The study adopts a descriptive research design to analyze human resources for health under the National Health Mission (NHM) in Madurai, focusing on the period from 2022 to 2026. The research relies solely on secondary data, enabling a comprehensive examination of HRH trends, workforce distribution, training, and other relevant factors. Secondary data from the annual reports of the NHM, MoHFW, and Madurai District Profile.

3. Data Analysis

3.1. Remuneration of Human Resources for Health

Table 1 Human resources for health – Urban (in lakhs)

| S.No | HRH Particulars | 2022-23 | 2023-24 | 2024-25 | 2025-26 | Total |
|------|-----------------|---------|---------|---------|---------|---------|
| 1 | Remuneration | 563.05 | 463.04 | 818.83 | 829.23 | 2674.15 |

Source: ROP Report, National Health Mission, Tamil Nadu 2022 to 2026

Table 1 The data on remuneration for Human Resources for Health (HRH) in an urban context under the National Health Mission from 2022-23 to 2025-26 shows notable fluctuations. In the fiscal year 2022-23, the allocated remuneration was ₹563.05 lakhs. However, in 2023-24, there was a significant reduction to ₹463.04 lakhs, suggesting possible budget cuts or a shift in resource allocation during that year.

This decline was followed by a substantial increase in 2024-25, where remuneration nearly doubled to ₹818.83 lakhs, reflecting a renewed investment in HRH. The upward trend continued into 2025-26, with a slight increase to ₹829.23 lakhs, indicating a stabilization of the budget after the sharp rise in the previous year.

Overall, the total remuneration allocated over these four years amounts to ₹2674.15 lakhs. This pattern suggests a dynamic approach to budget allocation, likely in response to changing healthcare demands or policy adjustments. The significant increase in the later years may indicate efforts to strengthen the urban healthcare workforce and address any prior shortcomings, highlighting the ongoing commitment to improving healthcare services in urban areas.

Table 2 Human resources for health- Rural (in lakhs)

| S.No | HRH Particulars | 2022-23 | 2023-24 | 2024-25 | 2025-26 | Total |
|------|-----------------------|---------|---------|---------|---------|----------|
| 1 | Remuneration | 2304.45 | 2418.11 | 2720.42 | 2759.85 | 10202.83 |
| 2 | Incentives | 20.63 | 20.63 | 20.63 | 20.63 | 82.52 |
| 3 | Remuneration for CHOs | 221.94 | 295.92 | 404.04 | 404.07 | 1325.97 |
| 4 | Incentives for CHOs | -- | -- | 240.13 | 240.13 | 480.26 |

Source: ROP Report, National Health Mission, Tamil Nadu 2022 to 2026

Table 2 The data on Human Resources for Health (HRH) in rural areas under the National Health Mission (NHM) in Tamil Nadu from 2022-23 to 2025-26 shows a clear and consistent investment in the rural healthcare workforce. Over

these four years, the remuneration for HRH steadily increased from ₹2304.45 lakhs in 2022-23 to ₹2759.85 lakhs in 2025-26, amounting to a total of ₹10202.83 lakhs. This upward trend indicates a sustained effort to enhance salaries and ensure adequate compensation for healthcare workers in rural areas.

Incentives for HRH remained constant at ₹20.63 lakhs annually, totaling ₹82.52 lakhs over the period, suggesting a fixed incentive structure for these workers. Additionally, the remuneration for Community Health Officers (CHOs) saw a significant rise, starting at ₹221.94 lakhs in 2022-23 and increasing to ₹404.07 lakhs by 2025-26, with a total allocation of ₹1325.97 lakhs over four years. This highlights the critical role of CHOs in rural health service delivery.

Furthermore, the introduction of incentives for CHOs in 2024-25, with an allocation of ₹240.13 lakhs that continued into 2025-26, reflects a strategic shift towards providing additional financial support to retain and motivate these essential health professionals. The total allocation for CHO incentives over these two years is ₹480.26 lakhs. Overall, the data demonstrates a strong commitment to strengthening the rural healthcare system through significant and targeted financial investments in the HRH, essential for meeting the healthcare needs of rural populations.

3.2. Training Investment of Human Resources for Health

Table 3 Training investment

| S.No | Year | Rural (in lakhs) | Urban (in lakhs) |
|------|---------|------------------|------------------|
| 1 | 2022-23 | 20.62 | 8.34 |
| 2 | 2023-24 | 32.21 | 10.20 |
| 3 | 2024-25 | 45.67 | 13.81 |
| 4 | 2025-26 | 50.12 | 15.23 |

Source: National Health Mission, Tamil Nadu

Table 3. The data on financial allocations for rural and urban areas from 2022-23 to 2025-26 reveals a consistent increase in funding for both regions, with a particularly strong emphasis on rural areas. In 2022-23, rural areas received ₹20.62 lakhs, which was more than double the ₹8.34 lakhs allocated to urban areas. This trend continued over the following years, with rural allocations rising significantly to ₹50.12 lakhs by 2025-26, compared to ₹15.23 lakhs for urban areas.

The steady year-on-year growth in funding for both rural and urban areas indicate a broader strategy of increased investment, likely aimed at enhancing infrastructure, services, or other critical areas. However, the more substantial allocations to rural areas suggest a prioritization of these regions, possibly due to a recognition of greater needs or challenges faced by rural populations. By 2025-26, the gap between rural and urban allocations had widened, reflecting a focused effort to address disparities and meet the higher demands in rural areas.

4. Findings

The data shows a substantial and steady investment in the rural healthcare workforce under the National Health Mission (NHM) in Tamil Nadu from 2022-23 to 2025-26. Remuneration for HRH increased from ₹2304.45 lakhs to ₹2759.85 lakhs, totaling ₹10202.83 lakhs over the period. Incentives for HRH remained constant at ₹20.63 lakhs annually. Remuneration for Community Health Officers (CHOs) rose from ₹221.94 lakhs to ₹404.07 lakhs, with a total of ₹1325.97 lakhs. Additionally, new incentives for CHOs starting in 2024-25 amounted to ₹480.26 lakhs. These figures highlight a strong commitment to enhancing rural healthcare through increased financial support.

The findings show a consistent increase in financial allocations for both rural and urban areas from 2022-23 to 2025-26. Rural areas received significantly higher funding, growing from ₹20.62 lakhs to ₹50.12 lakhs, indicating a focused effort to address greater needs. Urban areas saw more modest growth, from ₹8.34 lakhs to ₹15.23 lakhs. This disparity highlights a strategic emphasis on enhancing rural infrastructure and services while also supporting urban areas.

5. Conclusion

In conclusion, the data on Human Resources for Health (HRH) in rural areas under the National Health Mission (NHM) in Tamil Nadu from 2022-23 to 2025-26 reveals a significant and strategic investment aimed at strengthening rural

healthcare. The steady increase in HRH remuneration from ₹2304.45 lakhs to ₹2759.85 lakhs over the four-year period underscores a sustained effort to improve compensation for healthcare workers, ensuring adequate support for their critical roles. The fixed annual incentives of ₹20.63 lakhs further indicate a stable incentive structure, while the substantial rise in remuneration for Community Health Officers (CHOs) and the introduction of additional incentives starting in 2024-25 reflect a targeted approach to bolster the effectiveness and retention of these key personnel.

Overall, the data highlights a strong commitment to enhancing the rural healthcare system through substantial financial investments. This approach not only addresses the immediate needs of rural health workers but also reinforces the long-term goal of improving healthcare delivery in rural areas, ensuring that these regions receive the necessary support to meet their healthcare challenges effectively.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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