NATIONAL URBAN HEALTH MISSION

COMMISSIONERATE OF HEALTH & FAMILY WELFARE

WHY NUHM?

1. Inadequacy of Public Health Delivery system, weak outreach and referral systems.
2. Diverse types of primary level facilities with varied services and man power.
3. Growing threat of communicable diseases like Dengue, Malaria, chicken gunia, H1N1, TB.
4. Greater burden of NCDs like Hypertension, Diabetes, etc.,
5. Poor Maternal & Child Health Indicators - Indicators like under 5 mortality is high in urban poor compared to rural poor. Institutional deliveries, immunisation are less in the urban poor compared to rural poor.
6. Rapid growth of slum population, vulnerable sections population and population in periphery areas.

PRESENT STATUS OF HEALTH INFRASTRUCTURE

URBAN	RURAL
• Lack of standards and norms •Lack of Network •(Urban Health Centres(NGOs), Urban Family Welfare Centres, PP Units Dispensaries)* •Community Health Centre.CHC'S IN MUNCIPALITIES.ppt	• ASHA workers •ANM •Sub-centre •Primary Health Centre •Community Health Centre
UPHCs are available only in hyderabad	

PROPOSED INSTITUTIONAL ARRANGEMENTS UNDER NUHM

- Mission Steering Group of NRHM as apex body for NUHM also.
- State Health & Family Welfare Society reconstituted to include urban representatives.
- District health Society as coordinating body.
- In municipal corporations city society can be formed, enter MOU directly with state Health society.
- Municipal corporations, Municipality, Nagar panchayats are units of planning.(those with more than 50,000 population)
- To provide well identified facilities
- To facilitate equitable access to Health Facility
- To acknowledge the diversity of available facilities
- To rationalize manpower and resources
- To establish synergies with other programs –jnNURM,SJSRY,and ICDS
- Strengthening of referral system subsequently

NUHM Strategy

Inter-sectoral convergence

Decentralized Planning

Strengthening Urban health system

Synergy with JNNURM

Communitization

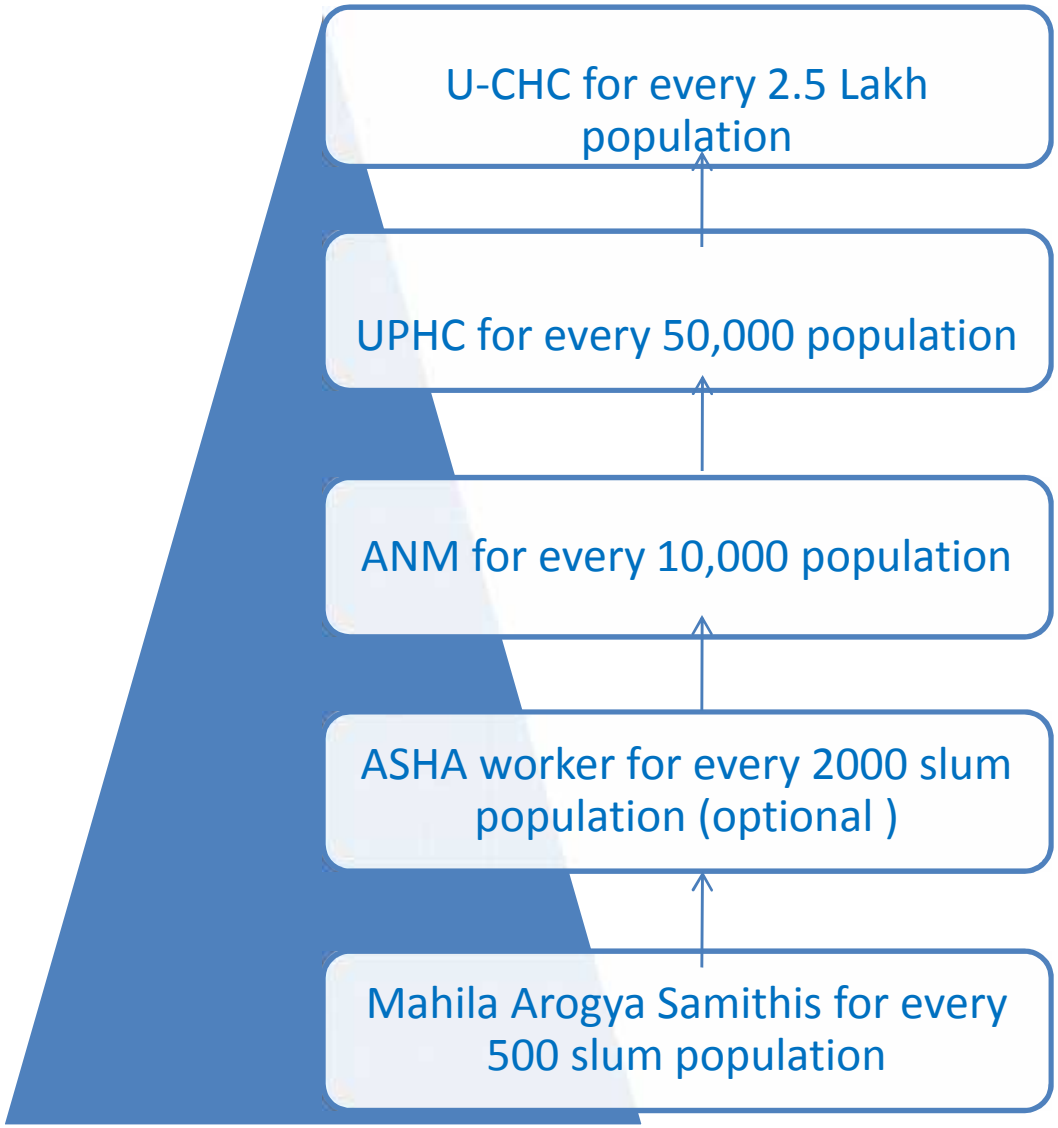
IT &
E governance

Partnerships

Capacity building

These strategies can be flexibly applied to develop city specific need based models

PROPOSED URBAN HEALTH INFRASTRUCTURE



PROPOSED UPHC STRUCTURE

Category	No. of posts
Medical Officer	2(1 regular & 1 part time)
Staff Nurse	3
Pharmacists	1
Lab Technician	1
Public Health Manager/Community Mobiliser	1
LHV	1
Secretarial staff including for account keeping and MIS	2
Support staff	1

OUT REACH SERVICES

ANM

- One ANM for every 10,000 Urban population and 4 to 5 ANMs for UPHC
- ANMs provided with Mobility support for out reach services

ASHA

- One ASHA for 1000-2500 slum population (200-500 slum households)
  - Existing community workers under RCH/other schemes (lLink worker of JnNURM) could be utilised
  - However, the state/UT has the flexibility to either engage ASHA or entrust such responsibilities to MAS/any other community based organisation (CBO).
  - Work in coordination with AWWs of ICDS in urban slums

MAHILA AAROGYA SAMITHI(MAS)

- Group of 10-12 slum women, with an elected chairperson and treasurer, supported by ASHA
- Covering 50-100 slum households
- Existing CBOs could be utilised
- NUHM would provide untied grants and capacity building support to MAS / CBO.

EXISTING PRIMARY HEALTH CARE FACILITIES IN URBAN AREAS(ULB WISE STATUS)

S.No	Type of facility	Number	Funding agency	Managing agency
1	Urban Primary Health centre (available only in Hyderabad)	85	GoAP	DMHO
2	Urban Health Centers	272	GoI through NRHM	NGOs
3	Urban Family Welfare Centers	132	GoI through treasury	DMHO
4	PP(post partum) Units	82	GoI through treasury	DMHO
5	Dispensaries	36	ULBs	ULB

URBAN PRIMARY HEALTH CENTRES (85-Only in Hyderabad)

- Services provided
  1. Preventive Health care
  2. MCH services
     (ANC , PNC , IMMUNISATION,FAMILY PLANNING)
  3. OPD (Minor ailments & MCH)
  4. Implementation of disease control programmes
- Staffing pattern
  1. Medical Officer (R) – 1
  2. Public Health Nurse (R) -1
  3. ANM (R) – 3 to 8
  4. Class IV (C) - 1
  5. ASHA (H) – 5 to 20

URBAN HEALTH CENTRES (272-NGOs)

- Services provided
  1. Preventive Health care
  2. MCH services
  3. OPD

- Staffing pattern
  1. Medical Officer – 1
  2. ANM – 2
  3. COMMUNITY ORGANISOR - 1
  4. ASSITING STAFF – 3
  5. ASHAS - 3 TO 6

URBAN FAMILY WELFARE CENTRES (132)

- Services provided
  1. MCH services
     (ANC , PNC , IMMUNISATION,FAMILY PLANNING)
  2. OPD (MCH)
- Staffing pattern
  1. Medical Officer (R) – 1
  2. MPHS (R) -1
  3. ANM (R) – 2
  4. FWW (R) - 1
  5. MINISTERIAL STAFF -1
  6. ASHA (H) – 5 to 20

PP UNITS (82)

- Services provided
  1. MCH services
  2. OPD (MCH services)
  3. Implementation of disease control programme
- Staffing pattern
  1. Medical Officer (R) – 1 to 2
  2. MPHS (F) (R) -2
  3. Staff Nurse - 1
  4. ANM (R) – 2
  5. MINISTERIAL STAFF -1
  6. Class IV – 1-2

DISPENSARIES (36)

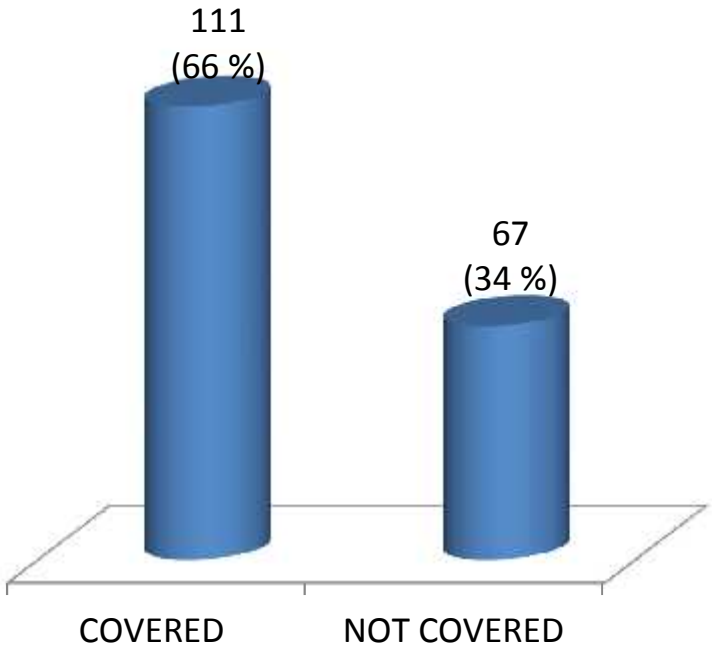
- Services provided
  1. OPD (Minor ailments & MCH)

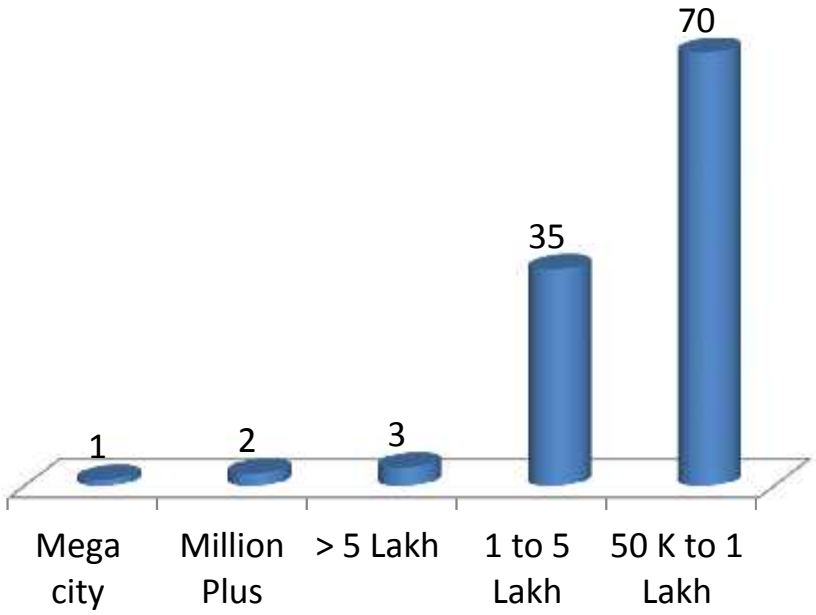
- Staffing pattern
  1. Medical Officer – 1
  2. Pharmacist -1
  3. Class IV - 1

CLASSIFICATION OF ULBs & THEIR PROBABALE COVERAGE UNDER NUHM

Total ULBs : 168

Cities/towns with above 50,000 covered in NUHM





CITY/TOWN PIP

REQUIREMENTS FROM MA&UD DEPARTMENT

- City Health Plan
  1. Demographic Profile (FORMAT A)
  2. Health Profile (FORMAT B)
  3. Listing and Mapping of slums (FORMAT C)
  4. Overview of existing health facilities (FORMAT D)
  5. City Level Indicators (FORMAT E)
  6. City Maps(GIS) – Slums, Health Facilities Mapped
- Budget for 2013-14
  1. Detailed City NUHM budget .
  2. Summary for City NUHM Budget.

ACTION TAKEN

- Preliminary base line survey conducted for cities/Towns and Health Institutions inspected
- Situation analysis done for the cities /Towns basing on rapid assessment
- Slum data 2011 (housing data of 2010) as reference
- Attended three national work shops .Two ToTs available for support

DEMOGRAPHIC PROFILE OF CITY/TOWN(FROMAT A)

Total Population of city (in lakhs)	
Slum Population (in lakhs)	
Slum Population as percentage of urban population	
Number of Notified Slums	
Number of slums not notified	
No. of Slum Households	
No. of slums covered under slum improvement programme (BSUP, IDSMT, etc.)	
Number of slums where households have individual water connections*	
Number of slums connected to sewerage network*	
Number of slums having a Primary school	
No. of slums having AWC	
No. of slums having primary health care facility	

HEALTH/MORBIDITY PROFILE OF THE CITY (FORMAT B)

Sl. No.	Name of Disease/ cause of morbidity (e.g. COPD, trauma, cardiovascular disease etc.)	Number of cases admitted in 2012
1.	Injuries and Trauma	
2.	Self inflicted injuries/suicide	
3.	Cardiovascular Disease	
4.	Cancer (Breast cancer)	
5.	Cancer (cervical cancer)	
6.	Cancer (other types)	
7.	Mental health and depression	
8.	Chronic Obstructive Pulmonary Disease (COPD)	
9.	Malaria	
10.	Dengue	
11.	Infectious fever (like H1N1, avian influenza, etc.)	
12.	TB	
13.	MDR TB	
14.	Diarrhea and gastroenteritis	
15.	Jaundice/Hepatitis	
16.	Skin diseases	
17.	Severely Acute Malnourishment (SAM)	
18.	Iron deficiency disorder	
19.	Others	

LISTING AND MAPPING OF SLUMS (FORMAT C)

Sl.no.	Ward no.	Name of the slum	Population	Quality of housing (kutcha /pucca/ mixed)	Quality of sanitation (IHL,community toilets, OD)	Status of water supply (Piped, Hand pumps, open wells, none)	Location and distance of nearest AWC	Location and distance of nearest Primary School	Location and distance of nearest Primary Health Centre/ UHP/UFWC

OVERVIEW OF EXISTING PUBLIC HEALTH FACILITIES (FORMAT D)

Sl. No.	Name & type of facility	Managing Authority	Location of Health facility	Population covered by the facility	Services provided	Human Resources available	No. and type of equipment available:

CITY LEVEL INDICATORS (FORMAT E)

Indicators	Baseline (as applicable)	Number Proposed (2013-14)	Number Achieved (2013-14)
Community Processes			
Number of Mahila Arogya Samiti (MAS) formed *	0		
Number of MAS members trained *	0		
Number of Accredited Social Health Activists (ASHAs) selected and trained *	0		
Health Systems			
Number of ANMs recruited *	0		
No. of Special Outreach health camps organized in the slum/HFAs *	0		
No. of UHNDs organized in the slums and vulnerable areas *	0		
Number of UPHCs made operational *	0		
Number of UCHCs made operational *	0		

CITY LEVEL INDICATOR (CONTD…)

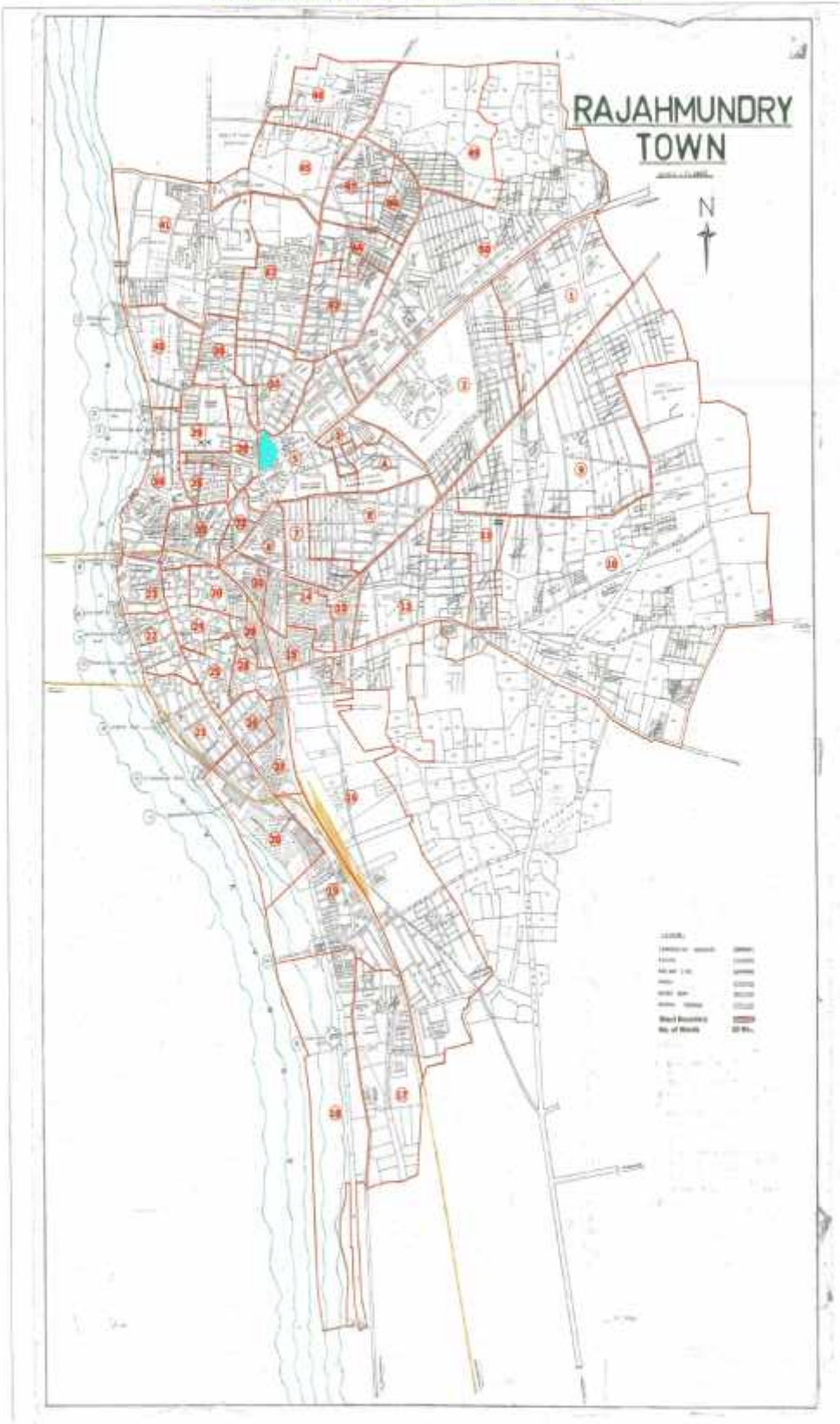
Indicators	Baseline (as applicable)	Number Proposed (2013-14)	Number Achieved (2013-14)
No. of RKS created at UPHC and UCHC *	0		
OPD attendance in the UPHCs			
No. of deliveries conducted in public health facilities			
RCH Services			
ANC early registration in first trimester			
Number of women who had ANC check-up in their first trimester of pregnancy			
TT (2nd dose) coverage among pregnant women			
No. of children fully immunised			
No. of Severely Acute Malnourished (SAM) children identified and referred for treatment			

CITY LEVEL INDICATOR (CONTD…)

Indicators	Baseline (as applicable)	Number Proposed (2013-14)	Number Achieved (2013-14)
Communicable Diseases			
No. of malaria cases detected through blood examination			
No. of TB cases identified through chest symptomatic			
No. of suspected TB cases referred for sputum examination			
No. of MDR-TB cases put under DOTS-plus			
Non Communicable Diseases			
No. of Diabetes cases screened in the city			
No. of Cancer cases screened in the city			
No. of Hypertension cases screened in the city			

MUNICIPAL CORPORATION RAJAHMUNDRY

BOUNDARIES OF 50 ELECTION WARDS



DETAILED BUDGET

Budget Head	Physical Target	Unit Cost	Budget (in Lakhs)	Remarks
1. Planning & Mapping	1			
2. Programme Management (city PMU)				
Human Resources				
Mobility Support				
Office expenses				
TOTAL				
3. Training & Capacity Building				
Orientation of ULB				
Training of ANM & Paramedics				
Training of Mos				
Orientation of specialists				
Orientation of MAS				
Selection & training of ASHA				
TOTAL				

DETAILED BUDGET (CONTD..)

Budget Head	Physical Target	Unit Cost	Budget (in Lakhs)	Remarks
4. Strengthening of Health services				
Out reach services				
Special Out reach camps				
Salary support for ANM/LHV				
Mobility Support for ANM/LHV				
Renovation/ Upgradation of UPHC				
Salary of Staff in UPHC				
Office expenses				
Untide grants for UPHC				
Medicines & consumables				
Emergency drugs				
Untide grants for UCHC				
Medicines & consumables for UCHC				
School health programme				
TOTAL				

DETAILED BUDGET (CONTD..)

Budget Head	Physical Target	Unit Cost	Budget (in Lakhs)	Remarks
6. Community process				
MAS/Community groups				
ASHA(URBAN)				
NGO support for community process				
TOTAL				
7.Innovative action & PPP				
8. Monitoring & Evaluation				
Baseline / end line surveys				
Research studies in urban public health				
IT based monitoring institutors				
TOTAL				

WAY FORWARD

- VC for all Municipal Commissioners, MHOs of ULBs and DMHOs
- Regional workshops for facilitating for city/ town PIPs
- Identifying the institutions having potential for up gradation as UPHCs
- Revamping ,rationalizing/ strengthening existing institutions
- Identifying government / ULB building for establishment a new UPHC
- Identifying land for constructing UPHCs
- Activating Neighbourhood groups/ DWCUA /Link worker/ RKS to fedarate into Mahila Arogya Samithis(MAS)
- Capacity building for stakeholders

TIME LINES

- VC ----- 1st Week of September
- Preparation of City/Town PIPs ------By 16tth September