THRUST AREAS UNDER NUHM FOR STATES

OVERVIEW

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as a sub-mission of National Health Mission (NHM). The approvals and releases under NUHM started from F.Y. 2013-14 onwards.

The overall expenditure under NUHM so far is only 37% against the total available funds. In all, 54% programme management staff, 53% clinical and paramedical staff are in place. ASHA & MAS progress is 66% and 50% respectively.

NUHM aims to provide comprehensive primary healthcare services in urban areas, through Urban Primary Health Centers (U-PHCs), Urban Community Health Centers (U-CHCs) (which can act as first referral units), strong outreach services and accessible frontline health workers.

The top 10 activities to focus for accelerating the NUHM program are listed in the box below.The key thrust areas for this financial year are explained in detail in the subsequent pages.

Top ten activities to focus under NUHM

1. Mapping of urban vulnerable populations and understanding their special needs.
2. Service delivery to urban poor and vulnerable population through proximal U-PHCs and U-CHCs.
3. Outreach through Urban Health and Nutrition Days (UHND) and Special Outreach Camps to address special and community specific health needs.
4. Improving ambience, signage, patient amenities, infection prevention protocols should be prioritized at U-PHCs & U-CHCs.
5. Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities.
6. Special focus on urban specific health needs such as Non - communicable Diseases – diabetes, hypertension, cardiovascular conditions, substance abuse, mental health etc. in addition to routine RMNCH+A services.
7. Robust and assured referral mechanism with systematic follow up by U-PHC of the referred cases (to FRUs and specialized services for NCDs etc.)- Integration of National Health Programs at the U-PHCs.
8. Convergence with Urban Local Bodies (ULB), with clearly defined roles for the State Health Department and the ULB in NUHM implementation for each city.
9. Financial strengthening under NUHM- Registration and transfer of funds under NUHM through PFMS, formation and registration of RKS etc.
10. Implementation of Public Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.

1. Planning and Management

- Urban mapping of slums and facilities to be completed
- Mapping of vulnerable population to be undertaken to plan for health services e.g. Outreach, special outreach etc.
- Defining the catchment area for each U-PHC- MO/IC should be communicated the area and population that they should cater to and to ensure that no areas of the city (with special attention to slums, city periphery, semi urban areas) are left out. For this, census lists, polio survey plans, or any other city survey lists may be used

2. Urban-PHC Centric activities

- U-PHC to be the epicenter from which the core primary healthcare services like outreach sessions, special camps, home visits, oversee community mobilization through ASHA/MAS, coordinate referrals and provide care at the facility
- Allocation of population to ANM and ASHAs - The 10,000 population of ANMs and 1000-2000 population for ASHAs should be clearly defined for each health worker. Special attention should be paid to scattered vulnerable population living outside a defined slum, such as under bridges, railway tracks and ensure health-workers reach them
- U-PHCs to be located in close proximity to slums. In case of any deviation relocation of U-PHCs may be undertaken wherever possible
- Ensure screening for NCDs for all the persons aged 30 plus- All 30 plus persons to be screened for Hypertension, Diabetes and cancers (oral, breast and cervix). All U-PHCs should organize NCD Screening Day at outreach points where BP, sugar, oral cancer, and breast cancer (with proper training and privacy) are examined. Cervical cancer screening may be conducted on designated days at the U-PHCs
- Referral Linkages- In addition to the referral hospital, the U-PHC identify and establish linkages with non-medical services as well such as de-addiction centers, homeless centers, NGOs for the destitute, domestic violence help centers to provide access to a broad range of services

3. Outreach services

- Outreach activities to be conducted in identified vulnerable pockets as per structured plan on a regular basis
- ULBs to be given specific role in conducting outreach sessions such as awareness generation and publicity of camps, providing venue and other resources
- To ensure that MOs / PHMs oversee the UHND planning process such as preparation of micro plan, review report of UHND conducted, ensure proper delivery of services at UHNDs

- Provide regular outreach services and ensure population based screening for NCDs
- Complete Household surveys by ASHA (as per the tool mentioned in ASHA training induction module)
- Quality assessments, gap-finding and gap-filling to ensure quality

4. Quality Assurance

- Inclusion of State Nodal Officer NUHM in State Quality Assurance Committee and internal quality assessments for U-PHCs to be undertaken
- Improved ambience- signage-patient amenities-infection prevention protocols should be prioritized at U-PHCs & U-CHCs
- At least 50% U-PHCs to be functional with minimum service package – OPD services, RMNCHA, basic lab services, drug dispensing, referral services, all National Health Programmes

5. Monitoring and Evaluation

- All facilities to be mapped and report on HMIS
- States to timely submit physical progress in Quarterly Progress report format by the end of the quarter
- Reporting mechanism under National Health Program to be followed along with maintenance of report and registers at U-PHCs and U-CHCs

6. Public Private Partnership/ Innovations

- PPP options to be explored to address the gaps in service delivery
- Implementation of Public Private Partnerships where public services are weak, and innovations to improve services delivery with limited resources

7. Convergence for ULBs

- Better co-ordination mechanism and frequent interaction between Urban Development and Health & Family Welfare departments to sort convergence issues at state, city and district level

8. Finance

- Registration under PFMS and transfer of funds under NUHM through PFMS
- Bank Accounts of the U-PHCs to be opened and funds for the untied grants, other expenses to be transferred electronically
- New proposals with regard to unspent balance available under NUHM (arising on account of activities which could not be undertaken by States) may be submitted by the States in the supplementary PIPs
- Expenditure incurred but not booked under the programme may be booked immediately
- States need to bifurcate the expenditure under NHM and NUHM if the activities are carried out jointly
- The formation and registration of RKS for all the U-PHCs/U-CHCs
- The guideline of RKS issued under NHM is equally applicable of NUHM unless specific directions are issued otherwise

- Prioritize booking expenditure, identify wrong bookings and transfer of funds through PFMS
- Actions for all approved activities and accelerating incomplete jobs
- Coordination meeting between Health Department and ULBs for mainstreaming social determinants of health

Other Programme Activities

1. Infrastructure

- Renovation/up-gradation and new constructions for U-PHCs/U-CHCs to be completed on priority basis
- New U-PHCs on rental basis to be made functional at the earliest
- For new U-PHCs where land identification is an issue, the option of PPP etc. may be explored
- In case of non-execution of civil works for longer time, revised proposal may be submitted for up-gradation of existing health facilities or identification of new locations

2. Human Resources and Training

- Completion of recruitment of clinical, paramedical and program Management staff to be taken up to ensure quality services. Monthly reviews may be held to address HR issues
- SHS along with other state level agencies like SHIFW and SHSRC may be involved in selection process
- A transparent and competitive selection process to be followed. Competency and skill based test must be made an integral part of the selection process
- List of HR agencies developed by NHSRC may be referred for recruitments
- Induction training to be imparted to all new medical, paramedical, program management staff and all ULBs at State, district, city level
- Training infrastructure created under NRHM would be used for training
- All states/ metro cities must designate a Nodal Training Officer in- charge for training under NUHM

3. Community Processes

- Selection of ASHA in urban areas should be expedited for better community linkages
- The existing district Community Processes team as established under NRHM to be used for supporting and coordinating activities of the urban community processes as well
- Training to be completed for all selected ASHAs on Induction module
- ASHAs to be provided drug kit after completion of training from budget already approved
- To create a distinct identity for ASHAs by providing badge, uniforms, diary and equipping ASHAs with knowledge on non-health issues
- Formation of MAS and opening of bank accounts to be expedited

4. IEC/BCC activities

- States to prepare a specific IEC/BCC action plan for NUHM at State /district / city level
- IEC/BCC activities to focus on addressing urban health issues and creating visibility of urban health facilities and services. e.g. Display boards to be put up in slums about U-PHCs

- Focus on IEC/BCC to ensure visibility of NUHM
- Client friendly ambience, infrastructure and services with assured referral