Major interventions framed under NUHM

A). Planning

I. Baseline survey, mapping of the urban slums, facility assessment & vulnerable assessment of the slums to be conducted in all identified cities/towns

II. Establishment/up gradation/strengthening of the Urban Primary Health Centres (UPHCs) in every 50-60 thousand population.

III. Establishment of one Urban Community Health Centre (UCHC) comprising of 5-6 UPHCs or 2.5 urban populations in cities with above five lakh populations.

IV. Preparation of State Program Implementation Plan and City Implementation Plan

V. Special focus to vulnerable population (authorized/listed slums, un-authorized slums, others like homeless, rag-pickers, street children, migrants, slum dwellers, rickshaw pullers, construction and brick workers deprived community & others)

VI. The migrant and poor living in the peri-urban areas(outside and adjacent)to the ULBs would be provided health services

VII. Establishment of "City Program Management Unit" with 1-3 human resource in 1 to 10 lakhs population cities/towns.

VIII. Incorporate the non communicable disease as part of the Urban component of NHM.

B). **Institutional Strengthening:**

i) Reorganization of the State Health Mission with addition of Minister, Housing & Urban Development in Mission and concerned Secretary in the State society. The District Health Mission and City Health Mission would be formed accordingly.

ii) The MD, NRHM will also act as MD, NUHM.

iii) The State "Urban Health Cell" needs to be created within SPMU and DPMUs with adequate and appropriate HR

C). Community Process:

i) In the community process, Mahila Arogya Samiti (MAS) will be formed in the slums covering 50-100 households. Existing CBOs could be utilized for the same purpose. Provision of untied fund for MAS.

D). Engagement of Human Resources:

i) Engagement of ASHAs in 200-500 households in slum/ 1500 slum population.

ii) Engagement of ANMs in 10,000-12,000 urban population. They would have a clearly defined area of operation where they will be conducting outreach session as per the NUHM norms.

E). Co-ordination and convergence:

i) Co-ordination of city level NUHM activities through the City Co-ordination Committee.

ii) The ULBs will involve in program implementation and State will take decisions regarding handover the capacity to cities/towns for management of the programs.

iii) Establishment of Inter & Inter sectoral convergence with various departments and schemes like RAY, JNNURM, BSUP,IHSDP,RAY,SJSRY, WCD, Education,Water supply and sanitation etc.

iv) NUHM to provide a system for convergence of all Disease Control Programmes, including communicable and non-communicable diseases (through integrated planning at the City level)

F) Budget

i. The Budget share between centre and state would be 75% and 25 % upto 2017. The funding pattern for North Eastern states and special category states of Jammu and Kashmir, Himachal Pradesh and Uttarakhand will be 90:10.

G) Others

i. Engaging the private organizations/ NGOs/ public sector companies/ commercial companies and utilization of their CSR funds for the urban poor.

ii. The Existing HIMS and MCTS will extend to urban areas and Integrated MIS (including health, nutrition, water, sanitation)

iii. MHU (Mobile Health Unit) or MMUs for migrants and urban poor.

iv. Mobile Sauchalaya (toilet)/Mobile shift toilet in unauthorized slums.

v. All services in all facilities (urban and rural) should be free and withdrawal of user fees from the patient in Govt. hospitals.