

# **GUIDELINE OF URBAN SLUM HEALTH PROJECT UNDER PUBLIC PRIVATE PARTNERSHIP (PPP)**



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## *PREFACE*

I thank all those who have provided diverse inputs and support in the design and revision of the guidelines of the urban slum health project under Public Private Partnership (PPP).

HUP-PFI, Odisha deserves a very special mention for providing generous technical support in preparation and revision of these guidelines. I also express our sincere thanks to the Consultants, NRHM and his team and other individuals who were associated and part of this effort of preparing these guidelines.

The revised guidelines comprise the services under Urban Slum Health Project (USHP), role and responsibilities of different stakeholders, selection procedure of the NGOs, Memorandum of Understanding (MoU), Monitoring tools, Budget etc. The revised guidelines will help the NGOs implementing the urban slum health project as well as new partner NGOs, District Health Society and other stakeholders for smooth implementation of the urban slum health project in the state.

**Mission Director  
NHM, Odisha**

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## *ABBREVIATION*

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
APR	Annual Progress Report
ARH	Adolescent Reproductive Health
BCC	Behavior Change Communication
CBO	Community Based Organization
CDMO	Chief District Medical Officer
DPM	District Program Manager
DPMU	District program management Unit
FNGO	Field NGO
FP	Family Planning
GIAC	Grants-in-Aids Committee
Gol	Government of India
H&FW	Health & Family Welfare Department
ICDS	Integrated Child Development Services
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IPC	Inter Personal Communication
IUD	Intra-Uterine Device
LHV	Lady Health Visitor
MCR	Maternal Child Health
MIS	Management Information System
MO	Medical Officer
MoHFW	Ministry of Health & Family Welfare
MoU	Memorandum of Understanding
MPR	Monthly Progress Report
MTP	Medical Termination of Pregnancy
NGO	Non-Government Organization
NPP	National Population Policy
NRHM	National Rural Health Mission

PHC	Primary Health Centre
PNDT	Pre-Natal Diagnostic Techniques
PPC	Past Partum Centre
PRIs	Panchayati Raj Institutions
QPR	Quarterly progress Report
RCH	Reproductive Child Health
RRC	Regional Resource Centre
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
TBA	Trained Birth Attendant
USHP	Urban Slum Health Project
ZSS	Zilla Swasthya Samiti

# CHAPTER - A

## *INTRODUCTION*

Urbanization is an important demographic shift in worldwide. There has been progressive rise of urbanization in the country over the last decade. According to Census 2001, there were 285 million populations living in urban areas, which have been increased to 377 million as per 2011 census. The urban population of the country's 31.16 percent in 2011. The rural population has been declined from 72.9% to 68.84% during 2001 to 2011(census data)

The urban population in the country, which is 28 percent in 2001, is expected to increase to 38 percent by 2026. The urban growth would account for over two-thirds (67 percent) of total population increase by 2026. Out of the total population increase of 371 million during 2001-2026 in the country, the share of increase in urban population is expected to be 249 million.

Odisha is one of the least urbanized states in the country having 14.98 percent of urban population. However, the urban decadal growth during the last decade (2001-2011) has been enormous with a growth rate of about 26.80% in comparison to 31.80% at all India level. It is noteworthy that the state's population growth during the last decade has grown by about 14 percent while that of the urban population has grown almost at double of that rate.

Thus, increasing urbanization accompanied by growing slums in the cities/towns in the state poses challenges for the state/local governments in providing basic services in urban areas. Existing public health facilities and basic services like drinking water, housing, drainage, sewerage etc, are not accessible to most of the urban people in general and the urban poor living in slum or slum-like conditions in particular.

## *NRHM INTERVENTION IN URBAN ARAS*

NRHM, Odisha has been providing health services in the urban slums through the Urban Slum Health Projects since 2007. At present, 7 cities /towns, viz., Balasore, Berhampur, Bhubaneswar, Cuttack, Paradeep, Rourkela and Sambalpur are being covered under the Urban Slum Health Projects. These projects are implemented by the NGOs under the Public Private Partnership (PPP) mode. The Urban Slum Health Centers created under this project extends the Out Patient Department (OPD), referral and outreach services in urban slum locations. The services including health camps, immunization, family planning, IEC/BCC, Training for Adolescents, SHGs, Community Based organizations, Community Based Depot (CBD) and urban local bodies etc. are provided under the programme.

## *PROJECT COVERAGE (POPULATION)*

Each urban slum health project will cover the slum population of 20 to 25 thousands in the city/town. The project area of the urban slum health project will be finalized by the district /urban local body.

## *PROJECT PARTNER*

The Non-Governmental Organization /Corporate/Trust/Urban Local Bodies (ULB) can implement the program in different identified cities/towns in the state. The detail about the selection procedure is mentioned in the chapter - B of the guidelines.

## *DURATION OF THE PROJECT*

The project duration is initially for one year. However, the project may be extended based on the performance of NGO assessed by an external evaluating agency, internal agency, district/city authority or subject to continuation of financial support from the Govt. of India.

## *KEY ISSUES - URBAN AREAS*

- a. Poor households not knowing where to go to meet health needs.
- b. Weak and dysfunctional public system of outreach.
- c. Contaminated water, poor sanitation, poor environmental health, poor housing etc.
- d. Weak convergence among wider determinants of health.
- e. Unauthorized slums and floating population hinders the service delivery at a fixed time and fixed place.
- f. Weak coordination, unclear accountability, insufficient public healthcare infrastructure.
- g. No system of counselling and care for adolescents
- h. Large private hospitals/facilities but poor cannot access them.

## *OBJECTIVES OF THE PROJECT*

- a. To provide an integrated primary health care service delivery with emphasis on OPD, Maternal & Child Health services in the urban areas of the state, particularly for urban poor living in slums and other vulnerable groups
- b. To improve health status of the urban poor through increased coverage of key reproductive child health services, adoption of healthy behaviors and by responding to



the unmet family planning needs.

- c. To undertake programs on health determinants (water, sanitation, nutrition etc.) for the benefit of the urban poor.
- d. Promote and strengthen the capacity of community for demand generation and to access services.
- e. Involve the private sector for delivery of services; develop effective and replicable models of public-private partnerships.
- f. To promote convergence effort among multiple stakeholders.

## *SERVICES UNDER USHP*

The Urban Slum Health Project mainly provides OPD, referral outreach and community mobilisation services in partnership with NGOs/Corporate/Trusts for the people living in urban slums. There are three categories of services provided under the urban slum health project like;

### **I. Curative Care**

- OPD services (Managed by one full time Allopathic Doctor, one Pharmacist and one Staff Nurse)
- Referral services (The cases, which is difficult to handle at OPD are referred to the 2<sup>nd</sup> referral points like delivery cases, sterilisation, accidental and complicated cases etc). The nearest referral hospital will be identified by the project.

### **II. Preventive and Promotive Care**

Outreach services in urban slum locations which includes; health camps , immunization, family planning promotion through use of temporary & permanent methods, formation of CBD, IEC/BCC activities, sensitization of adolescent girls on life skill education & RTI/STI, promotion of institutional delivery, community mobilization for health seeking behavior, formation of ward/slum committees, capacity building of SHGs and urban local bodies etc. The Project Coordinator, ANM and Link Volunteers of the project are basically engaged to facilitate all above activities in a time line manner.

### **III. Communitisation**

The Project will ensure for Formation of Ward/Slum Development Committee to ensure their participation and lead community based program. The project will build up the capacity of such institutions to regularly monitor and support existing program.

## ACTIVITIES UNDER USHP

**Function of Urban Slum Health Centre:** The urban Slum health centre basically provides outdoor services within the identified slum location. The centre should be in a centrally located place and should be easily accessible to the slum community to get services. The centre should be managed by one Allopathic Doctor, one Pharmacist and one Staff Nurse. OPD services should be made available for six days in a week and the centre will be opened two times in a day.

- I. **Promote referral system:** Each Urban Slum Health Centre catering to a specific targeted population in a defined geographical area. The cases related to institutional delivery, emergency obstetric care, terminal methods of family planning and other complicated cases referred to second tier health facilities.
- II. **Community level activities:** To develop and maintain a link between the health facility and the community, the programme envisages engagement of Link Volunteers from the community able to spare 3-4 hours a day. Link Volunteers will facilitate promotion of institutional delivery, complete immunization; enhance health seeking behavior in the community, formation of women groups, Balika Mandal to expand the base of health promotion efforts at the community level and to build sustainable community process.

### **The outreach activities under the programme are:**

- a. Facilitate in conducting immunization session and mobilization of children.
  - b. Facilitate in organizing health & nutrition day and mobilization of beneficiaries.
  - c. Mobilization for promotion of institutional delivery.
  - d. Mobilization for promotion of male / female sterilization.
  - e. Formation of Community Based Depot (CBD) outlets & distribution of contraceptive products with linkages to Social Marketing Agencies.
  - f. Promotion of Malaria control programme like impregnation of community bed nets and use
  - g. Support in promotion of other National Disease Control Programs like TB, Leprosy, HIV/AIDs etc.
  - h. Formation, orientation and strengthening Slum Development Committee.
  - i. Cleanness and sanitation drive in collaboration with local Municipality body.
- III. **Communication activities**
- Development of 'Swasthya Kantha' and its maintenance.
  - Observation of designated day in the slum areas with the involvement community.
  - Arrangement of rally in the slum areas for mass participation in promotion of health.

## *MANPOWER UNDER USHP*

Based on the requirement and need the Human resources will be engaged by the NGOs as per the approval of the position by NRHM. Staffing arrangement can be changed as per approved PIP under NRHM. Existing approved staffs under NRHM is given below.

**a. One Allopathic doctor:**

The doctor will be engaged in managing the OPD, detection of diseases and prescribing free medicines, counseling to the patients, refer cases with complication etc.

**b. One Pharmacist cum Project Co-ordinator:**

The Pharmacist cum Project Co-ordinator will basically dispense the medicine and support the Doctor in management of OPD. Multi skill training will be provided for Pathology test, RDK test etc in the UHC. He/she also will look after the outreach activities and will be responsible for preparation of reports, documentation and submission to the District/State. He / She will also coordinate with local municipal bodies and ground level functionaries.

**c. One Staff Nurse:**

**The Staff Nurse will assist the Doctor and Pharmacist in management of** OPD, counseling to the patients, nursing service to the patients coming to the OPD, maintenance of OPD records & registers and ensure housekeeping, cleaning etc.

**d. Two ANMs:**

ANMs will be responsible for outreach activities under the programme like facilitate in immunization programme, Health & Nutrition Day programme, facilitate in referral cases related to institutional delivery, family planning , attend outreach camps, organize communication activities, support the Link Volunteers in their work and monitor their activities, coordinate with Govt. ANM, AWW and Urban ASHA, NGOs etc.

**e. Six Female Link Volunteers (LV):**

It is planned to engage six female link volunteers for each urban slum health project. The LV acts as a link between the health facility and the community. They will be selected from the respective community to facilitate the promotion of health seeking behavior in the community. The educational qualification of the link volunteer is minimum 8<sup>th</sup> standard. Based on their performance they will be incentivized. These LVs will provide voluntary services to the project. They will work on incentives. The activities with related incentives are fixed likewise.

Sl. No	Name of the activities	Incentive
1	Formation of CBD & distribution of contraceptives, replenishment etc	Rs. 100/- Per month
2	Case mobilization during the immunization session in every month	Rs. 150/- Per month/per session
3	Case mobilization during the Health & Nutrition Day session in every month	Rs. 100/- Per month
4	Promotion of institutional delivery (case mobilization, accompanying, & BCG after one month)	Rs. 200/- Per case
5	Impregnation of community own bed nets (half yearly)	Rs. 6/- Per net.
6	Blood collection, testing through RDK (maximum up to 10 cases)	Rs. 20/- Per case (maximum Rs. 200/-)
7	Door to door survey for RTI/STI case detection, referral & treatment ( half yearly)	Rs. 500/- Per LV
8	Maintenance of Swasthya Kantha	Rs. 50/- Per month

**NB: The other initiatives can be added / deleted from time to time**

## ***TIMING OF USHP***

The Urban Health Centre will be opened in two times in a day for six days in a week like:

Morning : 8.00 AM to 12.00 PM

Afternoon : 4.00 PM to 6.00 PM (summer season)

3.00 PM to 5.00 PM (winter season)

All the OPD staffs will remain in the UHC as per the above timing. In case of need, the timings can be changed by the implementing agencies after due approval of District authority/ULB/NRHM.

## ***MONITORING AND EVALUATION***

- The NGO will internally review the programme in every month with the project staff.
- At district level performance of the Urban Health centers will be reviewed in every month on a fixed day PPP review meeting by the CDMO / ADMO (FW) / ADMO (PH) / DPM i.e., 12<sup>th</sup> of every month. During that meeting the local Municipal Health Officer must be invited.

- In case of Bhubaneswar city, the nodal officer BMC Hospital will conduct the program review in each month as institutionalized
- At State level, the programme will be reviewed on quarterly basic.
- The partner NGOs will submit monthly progress report (soft and hard copies) in a prescribed format to CDMO/Municipal Health officer/CMMO with a copy to NRHM, Odisha by 5<sup>th</sup> day of each month regularly.
- The mid-term evaluation and final evaluation of the programme will be conducted by external agencies after completion of one year and before completion of three year of project.

## ***REPORTS AND RECORDS***

- OPD register
- Outreach register
- Medicine dispensing register
- Pathology register
- ANC / PNC register
- Counseling register
- Referral register for delivery
- Referral register for Sterilization
- CBD register
- Individual Link Volunteer wise visit diary
- Slum Development Committee meeting register
- Documentation report on best practices
- IEC/BCC register
- Visitor register
- Any other register/files

## ***FINANCIAL PROCEDURE***

After receipt of the signed copy of MoU & bank guarantee from the NGO, the CDMO/DPM and CMMO, BMC in case of Bhubaneswar Municipal Corporation shall make the necessary arrangements to release the grant-in-aid to NGO in installments (6 months basis) likewise:

1 <sup>st</sup> year Project	<ol style="list-style-type: none"><li>1. The 1st installment will be released within 7 days of submission of MoU and bank guarantee by NGO.</li><li>2. The 2nd installment will be released after receipt of the utilization of 75% of 1st installment.</li></ol>
2 <sup>nd</sup> year Project	<ol style="list-style-type: none"><li>3. The 3rd installment will be released after receipt of the annual audit report and annual progress report from the NGO.</li><li>4. The 4th installment will be released to the NGO after receipt of the satisfactory mid-term evaluation report.</li></ol>
3 <sup>rd</sup> year Project	<ol style="list-style-type: none"><li>5. 5th installment will be released to the NGO after receipt of the satisfactory mid-term evaluation report.</li><li>6. The final (6th) installment will be released after receipt of the satisfactory final evaluation report from the external evaluating agency.</li></ol>

# CHAPTER - B

# MONTHLY REPORTING FORMAT

NGO Name:		Address:		Contact person:		Designation:		Timing of OPD (UHC):		Population Covered:		Ward Covered:		Month of report:		Year of report:		Reporting Date:		City:		District:		Slum Allotted:	
								8 AM to 12 PM & 4 PM to 6 PM																	



6. Delivery, PNC and Maternal & Child Death status:														
Delivery														
No. of institutional delivery happened which was facilitated by link volunteers / UHC staff				No. of institutional delivery cases facilitated by ANM/ASHA/AWW (Other than LV/UHC staff)		No. of institutional delivery happened which was facilitated by ANM/ASHA/AWW (Other than LV/UHC staff)				No. of institutional delivery happened on their own				No. of patients provided the financial support for transportation
Live Birth		Still Birth				Live Birth		Still Birth		Live Birth		Still Birth		
Boys	Girls	Boys	Girls			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Delivery														
Total no. of institutional delivery happened				No. of home delivery happened				Total no. of delivery happened in the locality (Urban Health Center covered area)				PNC		M & C Death
Live Birth		Still Birth		Live Birth		Still Birth		Live Birth		Still Birth		No. of cases provided PNC support		No. of death reported (Please Attach annexure for reason)
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Maternal Infant (0 - 1 Yrs)
7. Family planning, Immunization, Health & Nutrition Day and other services from UHC:														
Family Planning		Immunization				Health & Nutrition Day				Other services from UHC				
No. of persons permanently sterilised		No. of immunization sessions held		No. of cases immunized which was mobilized by link volunteers		No. of Health & Nutrition Day (HND) sessions held		No. of persons benefited with Health & Nutrition Day (HND) program		No. of cases treated in Urban Health Centre		Pathology test happened		No. of cases provided DOTs
Male	Female	Regular	Special by UHC											
8. Other activities conducted:														
No. of monthly review meeting held with internal staff (UHC)		No. of coordination meeting held (Link volunteer, ASHA, AWW, ANM)		No. of community level meeting held at the slum		No. of Balika Mandal/ SHG / MAS (Mahila Arogya Samiti) meeting happened		No. of persons participated in the Balika Mandal / SHG / MAS (Mahila Arogya Samiti) meeting		No. of Community Based Depot (CBD) centres functional with replenishment of contraceptive products		No. of household treated water for drinking		No. of household motivated for construction & use of HH toilet
9. Slum Development Committee (SDC)														
No. of Slum Development Committee (SDC) formed		No. of SDC meeting held		No. of participation in SDC meeting		Balance Untied fund for SDC		New Untied fund for SDC received		Untied fund for SDC spent during the month		Balance of Untied fund		
10. If any other activities/innovation done during the month please provide us the details in below space and photograph/participant list must be attached														
11. Monthly/Quarterly Review and Monitoring visit status:														
No. of monthly/ quarterly review meetings held at district/state level		No. of monitoring visit of Municipal Health Officer		No. of monitoring visit of Other ULBs Officers		No. of monitoring visit of CDMO /DPM / ADMO & Other District Officials		No. of monitoring visit of Chief functionary / board members of the organization		No. of monitoring visit of Doctors of Urban Health Centre		No. of monitoring visit of Pharmacist-cum-Project Coordinator		No. of monitoring visit of other Non-Government visitors
12. Action taken on report or suggestions given by district/state level officials and evaluating agency etc. -(To change the line press Alt + Enter)														
13. Please provide the details (like: name of event, date, time, place, etc.), If any major activities to be conducted during the next month														

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**14. Medicine purchase, distribution and balance status:**

S. No.	Medicine	Balance of previous month (Quantity)	New purchase (Quantity)	Distributed to patients (Quantity)	Balance current month (Quantity)	S. No.	Medicine	Balance previous month (Quantity)	New purchase (Quantity)	Distributed to patients (Quantity)	Balance current month (Quantity)
1	Paracetamol 500 mg Tab					56					
2	Paracetamol 250 mg Tab					57					
3	Chlorpheniramine Maleate Tab					58					
4	Cotrimoxazole Tab					59					
5	Cotrimoxazole kid Tab					60					
6	Doxycycline Tab					61					
7	Azithromycin Tab					62					
8	Azithromycin kid Tab					63					
9	Acetophen Tab					64					
10	Iron Tablet					65					
11	Albendazole Tab					66					
12	Metronidazole 400 mg Tab					67					
13	Metronidazole 200 mg Tab					68					
14	Norfloxacin 400 mg Tab					69					
15	Norfloxacin 200 mg Tab					70					
16	Multi Vitamin (Riboflavin) Tab					71					
17	AD Capsule					72					
18	Amlodipine 500 mg Tab					73					
19	Deriphylline Tab					74					
20	Dicyclomine Tab					75					
21	Whitfield Ointment					76					
22	Gentlin violet					77					
23	Puracin Ointment					78					
24	Cotrimoxazole Syp					79					
25	Paracetamol Syp					80					
26	Chlorpheniramine Tab / Syp					81					
27	Gamma Benzene Hexachloride Lotion					82					
28	Dicyclomine Syp					83					
29	Domperidone Syp					84					
30	Chloramphenicol Tab / Syp					85					
31	Diclofenac Inj					86					
32	Deriphylline Inj					87					
33	Phenergan Inj					88					
34	Ofloxacin Oridazol Syp					89					
35	ORS					90					
36						91					
37						92					
38						93					
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42						97					
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55						110					

Did the chief functionary check the report prior sending ☐

Signature with date of the Project Coordinator

Signature with date and Stamp of the chief functionary

NB: The report should contain the activity status of previous month and the agency/organization should submit the report to CDMO/DPMU, Municipal Health Officer/NRHM on or before 5th of each month. The copy of the report should be submitted to Mission Director, NRHM on or before 5th of each month.

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