

वन्दना गुरनानी, भा.प्र.से.  
संयुक्त सचिव  
VANDANA GURNANI, IAS  
JOINT SECRETARY  
Tel : 011-23061706  
E-mail : vandana.g@ias.nic.in



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

D.O. No.L-19017/50/2015-UH

21<sup>st</sup> December, 2015

Dear *Mission Director*,

As you are aware, the National Urban Health Mission (NUHM) as a sub Mission under the National Health Mission is being implemented in the country since 2013 with the aim of providing equitable and quality primary health care services to the urban population with special focus on slum and vulnerable population. So far 993 cities and towns have been accorded approval under NUHM.

Urban Primary Health Centres (UPHCs) form an integral part of the service delivery mechanism under NUHM and support is provided for new UPHCs, up-gradation of existing PHCs, Urban Health and Family Welfare Centres and Urban Health Posts besides augmentation of human resources. The States are at varying stages of implementation of the programme as per the Quarterly Progress Report (QPR) received from the States.

As the States are in the process of operationalizing the newly set up facilities in urban areas, the provision of basic minimum package of services and HR required for effective functioning, which the states may like to refer to is as follows:

**Service Package**

- Services as prescribed under RMNCH+A to address the health problems of mother, newborn, child & adolescents simultaneously at different stages of life through 'continuum of care'
- Basic Laboratory Services : Tests relating to National Vector Borne Diseases, TB, ANC, Non Communicable Diseases, Anaemia etc.
- Referral Services : There should be a referral mechanism in the UPHCs for referring persons to higher level of care when required.
- Collection and reporting of vital events and Integrated Disease Surveillance Programme (IDSP)
- OPD Medical Care : The OPD timing may be devised so as to conduct either evening OPDs or OPD timings may be such that OPD services are available in the evening as well. All National Health Programmes should be covered.

../-

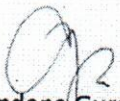
In addition, the responsibility of activities such as organising of outreach, supervision of ASHA and MAS etc. also rests with the MO I/C of the UPHCs.

**Staffing**

- One Medical Officer full-time either a Govt servant or contractual
- 2 Staff Nurses, 2 ANMs
- In the initial phases, there may be paucity of staff on account of recruitment process and other factors. In such cases, one of the staff at the PHC may be designated as Pharmacist or dispenser of medicines. The same can be done for LTs after imparting suitable training in case LTs are not available.
- In the current year, the post of Public Health Manager (PHM) has been approved for some of the States particularly those with high caseload facilities. Alternately, the MO I/C may be designated as PHM as per the caseload in the facility.
- The account keeping and M&E functions need to be strengthened by way of assigning account keeping and M&E to one of the available staff at UPHC depending on overall footfalls and funds received at the facility level.

The quality aspects of facilities may be considered in the context of the recently shared Guidelines for Quality Standards for UPHCs. It may be ensured that at least 50% of the PHCs set up under NUHM are functional with the aforesaid minimum service package and staffing and should be reported in the HMIS and also in the QPR reports of the State.

Yours sincerely,

  
(Vandana Gurnani)

To

Mission Directors NHM (All States/UTs )