A Technical Resource Group (TRG) on National Urban Health Mission has been constituted based on ‘Terms of Reference’ issued by Ministry of Health & Family Welfare, Govt of India. There are four Working Groups under the TRG with issues pertaining to each group.

NHSRC invites inputs to the issues

(Working Group issues are enclosed)

Please send the inputs through email to nhsrc.india@gmail.com by 31 October 2013
Terms of Reference

Working Group 1 (for TRGs of UHM)

Reaching Vulnerable Populations:

The National Framework of the UHM is clear that its primary objective is to provide primary health services specifically to socially and economically disadvantaged groups and settlements. This it will accomplish through the location and design of its services and not through any gate-keeping in the provision of UHM services. In principle the services will be available to all who seek these.

The non-negotiable principles of the institutional arrangements include a) a seamless continuum of care; b) no requirements of any identity proof; c) multi-disciplinarity of services; and d) respectful and facilitatory services.

This in turn raises a number of questions:

a) Which are the socially and economically disadvantaged groups – including by gender, class, caste, age, social vulnerability, livelihood and location – which UHM should seek to target (but without gate-keeping)?

b) What are the predominant health challenges and burdens carried by these socially and economically disadvantaged groups and settlements?

c) What are the appropriate preventive, promotional and curative health strategies and assured health services required to address these predominant health challenges and burdens carried by these socially and economically disadvantaged groups and settlements, in ways which secure inclusion?

d) What should be the strategies, guidelines and flexibilities for preparing city-level health plans, bearing in mind the wide diversity from peri-urban areas to large metropolises?

e) What should be done to build both capacities, a caring culture and egalitarian social attitudes among the service providers?
Working Group 2 (for TRGs of UHM)

**Institutional Arrangements:** There is once again a very wide diversity of health institutions across the range - from peri-urban areas to large metropolises, and again from state to state. There is also incomplete knowledge about what these structures are, and how they are functioning. The UHM does not seek to create the entire health infrastructure, from tertiary to primary. Its focus is substantially, if not exclusively, on the primary rung of health services, with a strong integration with preventive and promotional health care, on the one hand, and all significant vertical programmes on the other and mental health; and with suitable referrals to secondary and tertiary health care rungs.

These are the questions this raises:

a) What are the current institutional structures if any for delivery of primary health services to urban populations? Are these managed by state or municipal governments?

b) What is the diversity in these institutional arrangements nationally, and what are the strengths, weaknesses and challenges in these, including recommended good practices?

c) What are the current health-seeking behaviours of urban poor and vulnerable populations?

d) What should be the minimal recommended institutional structures for the UHM for best delivery of primary health services to the targeted urban populations? Should these be managed by the state or local governments?

e) What are the current secondary and tertiary institutional health arrangements, and the systems and efficacy of referral arrangements to these from primary and community outreach levels? If these referral systems do not work, what are the reasons and barriers to effective referrals?

f) What are the current institutional arrangements for vertical health programmes, especially those significant for urban poor populations, including RCH, TB, leprosy, HIV AIDS and mental health? How should these be integrated into the proposed institutional structures for the UHM for delivery of primary health services to the targeted urban populations?

g) What should be the linkage of UHM primary health institutions with, and role in UHM of, Community Health Departments of medical colleges, public and private, located in these cities, and of public secondary and tertiary care hospitals? What should be the systems of referral to these various levels?

h) What are the current official departments and agencies to deliver health services at various levels (such as municipal, state and central governments, state health and medical education departments, National Health Mission, and so on)? Do they work with adequate coordination, or does this need greater integration?

i) How will these primary institutional arrangements, and various forms and levels of integration contribute to the development of city health plans?
Working Group 3 (for TRGs of UHM)

Community Processes and Convergences

The success of a primary health initiative would depend a great deal on the extent to which it is able to involve the intended primary recipients of its services in all stages of planning, implementation and monitoring. Also since preventive and promotional strategies are central, convergence with other programmes would also be critical.

This again raises a set of critical questions:

a) What are the strategies to ensure involvement of the intended vulnerable people and groups in planning and implementation of the urban primary health programmes for them?

b) What are the strategies for social audits as well as other forms of community monitoring and evaluation by these vulnerable groups of the urban primary health programmes?

c) What are the strategies to ensure convergence with programmes which have most vital bearing on the health of the urban poor, like water and sanitation, women and child development, labour and others?

d) What will be the systems and arrangements for effective grievance redress?
Working Group 4 (for TRGs of UHM)

Urban Health Financing, Governance and Phasing

a) Should primary and secondary health services for targeted urban populations be provided at cost, subsidised or free?

b) What should be the modes of financing the health services guaranteed under the Health Mission?

c) What would be the costs of this plan, phasing, and public investment plan, bearing in mind roles and contributions of central, state and local governments, and the diversity of small, medium, large and mega-cities?

d) What if any should be the role of the private sector, both for-profit and non-profit, in the UHM guaranteed package of services?

e) What should be the systems of regulation of private and public health services?