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SPPED POST

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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O.No.L-19017/1/2008-UH (Vol.III)
Dated : 17th May, 2013

Dear

You may be aware of the decision of the Government of India to launch National Urban Health Mission (NUHM) as a sub-mission of the National Health Mission (NHM) for taking care of the primary health care needs of the urban population, with focus on the urban poor. NRHM will be the other sub-mission of the National Health Mission (NHM). Secretary, Health and Family Welfare has already written to the Chief Secretary of your State/UT in this regard.

2. I am enclosing herewith a copy of Framework for Implementation of NUHM for enabling you to undertake various activities for launching of NUHM in your State/UT. While the Framework outlines the broad goals and strategies of NUHM, you may like to innovate and contextualise the same to meet the specific requirement of your State/UT.

3. Centre-State fund sharing pattern for NUHM will be 75:25 except for NE states and other special category states of Jammu & Kashmir, Himachal Pradesh and Uttarakhand for whom it will be 90:10.

4. Secretary, Health & Family Welfare in his D.O. letter has requested the Chief Secretary of your State/UT to initiate certain activities immediately, so that you could be in a position to submit the Programme Implementation Plan for 2013-14 by 31st July 2013. I would also urge you to take the actions as enumerated in the Annexure for a successful launch of NUHM. Success of NUHM depends on the involvement of the urban local bodies in planning as well as implementation, and convergence with wider determinants of health such as housing, drinking water and sanitation. Hence, the Urban Local Bodies (ULBs) and the District Authorities need to be sensitised about the proposed activities and implementation modalities.

5. The provisional resource envelope under NUHM for your state/UT, for the year 2013-14, would be communicated to you in due course. You are requested to ensure that budgetary provision is made by your state/UT at RE stage to meet the state share in the ratio mentioned in Para 3 above. For setting up Urban Health Cell in the State Mission Directorate you may use the programme management funds under NRHM.

6. I look forward to your active involvement in planning and implementation of the new initiative in your state/UT.

With regards,

Yours sincerely,

(Anuradha Gupta)

To,

Principal Secretary/Secretary in charge of Health & Family Welfare (All States and UTs)

Copy to:

1. Principal Secretary/Secretary i/c of Housing and Urban Development (All States and UTs)
2. Municipal Commissioners of Delhi, Mumbai, Ahmedabad, Chennai, Kolkota, Bengaluru and Hyderabad.

**ANNEXURE**

## Actions to be undertaken for launch of NUHM

### I. Planning and Baseline Survey

1. The list of cities and towns in your state/UT may be prepared, which have a population more than 50,000 (as per census 2011). The state capital will be covered under NUHM, irrespective of the population size. Since the fund available for 2013-14 is modest, the state/UTs may prioritise cities/towns that are more vulnerable in terms of larger proportion of slums, lack of provisions for primary healthcare, etc.
2. A baseline must be conducted in the identified cities/towns to determine the gaps which would require investment under NUHM. Slum areas in the cities (both listed and unlisted slums), other low income neighbourhoods and existing public and private (not-for-profit and profit) health facilities are to be mapped; and gaps in availability of primary health care are to be identified. GIS mapping undertaken by Urban Development/HUPA Department under JNNURM/RAY could also be used for the purpose.
3. Availability of infrastructure and equipment in the existing dispensaries/maternity homes managed by the state government/UT/ULBs, Urban Health Centres (UHC), Urban Family Welfare Centres (UFWC), etc. have to be assessed in order to prepare estimates for upgradation/strengthening the same as per norms and standards.
4. One urban primary health centre (UPHC) for every 50-60 thousand population may be planned where none exists. The new UPHCs will be located as close to low income neighbourhoods/slums as possible. Land for establishment of new UPHCs has to be identified. NUHM would provide both capital and recurrent cost for the UPHCs, as per the norms in the Framework for Implementation. The land for the U-PHCs and other such infrastructure would be given free of cost by the State Government. The cost of land shall not be included in the total project cost for the purpose of calculating the State share. Building for new UPHCs and other additional infrastructure shall be provided by the State Government as per specified parameters. The cost of such infrastructure can be counted as part of 25% / 10% State share.

5. During 2014-15 and subsequent years, the state/UT could plan for urban-community health centres (UCHC) at the rate of one UCHC for 5-6 UPHCs in big towns, with 30 to 100 beds, if a clear need for establishment of such institutions arises. NUHM will provide for the capital cost of the new UCHCs as mentioned above. NUHM will not provide the recurrent cost of the UCHC.
6. Creation of sub centers has **not** been proposed under NUHM. Outreach services will be provided through Female Health Workers (FHWs)/ Auxiliary Nursing Midwives (ANMs) headquartered at the U-PHCs. Additional ANMs would be engaged as per the norm of one ANM for about 10,000 urban population.

## II. Institutional Strengthening

7. The existing institutional mechanism and management structures created and functioning under NRHM would be strengthened to meet the needs of NUHM. Minister(s) in charge of Urban Development and Housing will be member(s) of the State Health Mission. The State Health Society would co-opt Secretaries of the Urban Development and Housing departments as members. MD, NRHM will also function as MD, NUHM also. Municipal Corporations will implement NUHM in seven mega cities (Mumbai, New Delhi, Kolkata, Chennai, Bengaluru, Hyderabad, and Ahmedabad). Urban Local Bodies/District Health Societies will be responsible for implementation of NUHM in the remaining cities and towns. The state/UT may decide to hand over implementation of NUHM to cities/towns where sufficient capacity exists for the same.
8. State PMU is to be strengthened for NUHM. "Urban Health Cell" need to be created within the SPMUs and DPMUs with appropriate & adequate HR, exclusively for NUHM. Posting of Additional Mission Directors at the State Health Mission is desirable. One of the officers of SHS could be designated as the Nodal Officer of NUHM until a regular Additional MD (NUHM) is appointed.
9. City PMU for NUHM has to be set up in the seven mega cities (Delhi, Mumbai, Ahmadabad, Chennai, Kolkota, Bengaluru, and Hyderabad)
10. State may constitute in due course a separate City PMU in case of other large cities, if need is felt for a separate PMU.
11. The TOR for engagement of personnel for City PMU, SPMU and DPMU will be communicated to the States/UTs in due course of time.

## III. Community Mobilisation

12. Process could be initiated for formation of Mahila Arogya Samitis (MAS) as per the norm of one MAS for 50-100 households in the slums and low income neighbourhoods. Mahila Arogya Samitis will act as community based groups in slums, involved in community mobilization, monitoring and referral. Existing community based institutions (CBO) could be utilized for the purpose. NUHM would provide untied grants and capacity building support to MAS / CBO.

## IV. Engaging Human Resources (HR)

13. ASHAs may be engaged as per the norm of one ASHA for 200-500 households in slums. ASHA would serve as an effective and demand–generating link between the health facility and the urban slum population. However, the state/UT has the flexibility to either engage ASHA or entrust the responsibilities to MAS/any other community based organisation (CBO) .
14. ANMs may be engaged for 10,000-12,000 urban population. As there is no provision for sub centres under NUHM, they may be co-located within existing health facilities (like urban health posts, UFWCs, etc.) till the urban PHCs become functional. They would have a clearly defined area of operation where they will be conducting outreach sessions, as per the norms under NUHM.

## V. Convergence

15. State has to work out the detailed modalities for convergence with wider determinants of health, especially housing and water supply and sanitation programmes. The management of NUHM activities may be coordinated by a city level Urban Health Committee headed by the Municipal Commissioner / District Magistrate / Deputy Commissioner / District Collector / Sub Division Magistrate / Assistant Commissioner based on whether the city is a district headquarters or a sub-division headquarter. This would help ensure better coordination with related departments like Women & Child Development, Water Supply & Sanitation, especially in times of response to disease outbreaks/epidemics in the city.