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स्वाक्षर

नई दिल्ली, 15 मई, 2013

सं. एक, 19017/1/2008-ए प (खंड-III)—समाचार से सही अभावी, विशेष रूप से कहीं जोहरी और समाज के अनुसार।

उपयुक्त वर्गों को उपयुक्त प्राथमिक स्वास्थ्य परिपूर्ण सुविधाओं के लिए स्वास्थ्य समाज स्थल (स्टेटल हेल्थ स्थल) के साथ को उप-\\निवास के रूप में स्वास्थ्य समाज स्थल की शुरुआत की है। यह स्थापना 50,000 रुपये के अधिक सब्जी बनाने वाले सभी स्वास्थ्य स्वास्थ्य स्थलों के अनुसार स्वास्थ्य स्थल के अन्य शासन की आवश्यकता के लिए कार्यान्वित किया जाएगा।

2. स्वास्थ्य सस्तर स्वास्थ्य स्थल का उद्देश्य सही अभावी, विशेषकर सुविधाओं तथा अन्य उपयुक्त वर्गों को सही व्यवस्थापन विषयों (एक एक भाग) की सक्षमता भारतीय से उल्लास स्वास्थ्य परिपूर्ण तक समाज सुविधाओं प्रदान करके उनकी स्वास्थ्य स्थिति में वृद्धि लाना है। इस उद्देश्यों को पूरा करने के लिए प्रयास है कि जहाँ परस्परभाव सुविधाएं लागू करने से मुक्त हों, तब कोई वर्गों में समृद्धि जन स्वास्थ्य प्रदान प्रणाली की शासन करने के लिए आवश्यक निर्देश प्रदान किए जाएंगे। जब तक बाकी वर्गों में स्वास्थ्य स्थलों के जीवन में कार्यान्वित किया जाता है तब तक सभी स्वास्थ्य स्थलों के मूल्य समाज संस्थाओं के जीवन समाज का व्यवस्थापन किया जाएगा।

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MINISTRY OF HEALTH AND FAMILY WELFARE
(Formerly known as Department of Health and Family Welfare)

New Delhi, the 15th May, 2013

No. J. 196717/1/2008-UH(Vol.II)—The Government has launched the National Urban Health Mission (NUHM) as a sub-mission under an overarching National Health Mission (NHM) for providing quality primary healthcare services to the urban population, especially the urban poor and other vulnerable sections of society. The Mission is to be launched in all cities/towns with a population of more than 50,000, all district headquarters and state capitals. Towns with a population below 50,000 will be covered under the National Rural Health Mission (NRHM), the other sub-missions of the National Health Mission.

2. National Urban Health Mission (NUHM) aims to improve the health status of the urban population, particularly the slum dwellers and other vulnerable sections by facilitating equitable access to quality health care with the active involvement of the Urban Local Bodies (ULBs). It propounds to achieve its objectives by developing appropriate public health delivery system across cities/towns with provisions for creating new infrastructure where none exists, strengthening the existing primary health public systems, entering into partnerships with for profit and not-for-profit private sector, improving access and building community capacity through community level institutions like Mahila Aragya Samiti (MAS) and link workers called Accredited Social Health Activists (ASHA), capacity building of key stakeholders like ULBs, and by making special provision for inclusion of the most vulnerable amongst the poor.

3. The National Urban Health Mission would use the institutional structures already created under NRHM at the national, state and district levels for operationalisation of the NHM and sub-mission of the NUHM. However, in order to provide dedicated focus to issues relating to urban health, the institutional mechanism under the NHM at various levels would be strengthened for NUHM implementation. The existing governance structure and financial mechanisms existing under the NRHM, would also serve NUHM as well.

i. At the central level, the Mission Steering Group (MSG), under the Union Health Minister, the Empowered Programme Committee (EPC), under the Secretary (NHM) and the National Programme Coordination Committee (NPCC) under the Mission Director would be responsible for providing overall guidance and taking important decisions. The Ministries of HUPA and Urban Development would be included in the already existing MSG. The existing EPC would be expanded by co-opting Secretary HUPA and Secretary, Urban Development as members.

ii. At the central level, a National Programme Management Unit (NPMU) would be created to facilitate and monitor implementation of the Mission.
iii. To enhance the program management capacity at state level, the State PMU of the NRHM would be strengthened.

iv. In addition to the above, at the City level the States may either decide to constitute a separate City Urban Health Mission/City Urban Health Society or use the existing structure of the District Health Society/Mission under NRHM with additional stakeholder members. In light of state/city/town specific need, suitable contextualization and flexibility would be allowed to State Governments.

v. The management of NRHM activities may be coordinated by a city level Urban Health Committee headed by the Municipal Commissioner/District Magistrate/Deputy Commissioner/District Collector/Sub-Divisional Magistrate/Assistant Commissioner based on whether the city is a district headquarters or a sub-divisional headquarters. This would help ensure better coordination with other related departments like Women & Child Development, Water Supply and Sanitation especially in times of response to disease outbreaks/epidemics in the city.

vi. For the seven mega cities, namely Delhi, Mumbai, Kolkata, Chennai, Bengaluru, Hyderabad and Ahmedabad, the sub-mission NRHM would be implemented through the respective ULBs.

4. As NRHM & NRHM would be two components of the National Health Mission (NHM), Additional Secretary & Mission Director, Ministry of Health & Family Welfare would be Additional Secretary & Mission Director (NHM), comprising both the sub-missions of NRHM and NRHM.

5. Similarly at the State level, State Mission Director, NRHM would also look after the sub-mission of NRHM in addition to the existing NRHM. State Mission Director would be Mission Director, National Health Mission encompassing both the sub-missions of NRHM and NRHM.

6. The Mission Steering Group and the Empowered Programme Committee have been empowered to make modifications of norms of approved schemes in terms of expenditure under NRHM, similar to that already approved for NRHM, as detailed out in the Annexure.

7. The Mission Directorates have been vested with adequate administrative and financial powers to enable it to achieve the agreed outcomes under the overall guidance of EPC and MSG. Additional Secretary and Mission Director, NRHM is vested with administrative and financial powers as approved by the Mission Steering Group. Additionally, the Mission will also have the power to frame its own rules and procedures as approved by the Mission Steering Group.

KESHAV DESHPANDE, Secy.

Annexure

The Mission Steering Group is fully empowered to approve financial norms in respect of all schemes and components which are part of NRHM & NRHM. The exercise of delegated powers by the MSG is subject to the condition that a progress report regarding NRHM & NRHM, along with deviation in financial norms, modifications in ongoing schemes and details of new schemes are placed before Cabinet for information on an annual basis. The Mission Steering Group lays down the policies and programs for the Health Sector and advises the Empowered Programme Committee of the Mission in policies and operation.

The EPC has been given the flexibility to change financial norms approved by the MSG within a range of 25%, with larger variations being approved by the MSG. The exercise of delegated powers by the EPC is subject to the condition that a progress report regarding NRHM & NRHM, along with deviation in financial norms, modifications in ongoing schemes and details of new schemes are placed before Cabinet for information on an annual basis.