



# CAPACITY DEVELOPMENT FRAMEWORK

*for*  
Strengthening Implementation of  
NATIONAL URBAN HEALTH MISSION







# **CAPACITY DEVELOPMENT FRAMEWORK**

*for*  
Strengthening Implementation of  
**NATIONAL URBAN HEALTH MISSION**







सी.के. मिश्रा  
सचिव  
C.K. Mishra  
Secretary



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare

## Preface

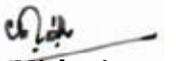
The National Urban Health Mission aims to improve the health status of the urban population with a special focus on the urban poor, disadvantaged and vulnerable population. Providing healthcare to such vulnerable and disadvantaged groups is ridden with complexities because of their limited access to even basic services such as housing, livelihood, water supply, sanitation, education and nutrition, which have an adverse impact on their health, either directly or indirectly.

Therefore, it is evident that urban health issues are distinct and Unique and require new skills and capacities in analysing the complex urban scenario, assessing the differential health needs and innovating novel context-specific solutions. To achieve this, we need to build managerial, technical and public health competencies among the health program, medical and paramedical staff, ULBs functionaries, community health workers, RKS members, and all stakeholders and functionaries of other related departments.

The Framework systematically guides the role and type of orientation required for each of these categories. I am sure this document will help not only the state NUHM officials but also the various departments involved in delivering the services to the urban population in comprehensive understanding of various activities and type of capacity development required for each stakeholder.

This Framework will enable people working on programs to have a greater capacity to address health challenges and I encourage the States/UTs to adapt the Framework to their setting to maximise health investments and multiply health gains.

I appreciate the efforts put in by the Urban Health Division of the Ministry, NHRSC and other experts in drafting this document, which will be a good resource for the states in planning and implementing various capacity building needs of the functionaries.

  
(C.K. Mishra)





*Arun Kumar Panda*  
Additional Secretary &  
Mission Director, NHM  
Tele : 23063155, Fax : 23063156  
E-mail : asmd-mohfw@nic.in



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य एवं परिवार कल्याण विभाग  
निर्माण भवन, नई दिल्ली-110011  
GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

## Foreword

Capacity development is an important element of any successful National Health Programme. It is an integral tool which not only improves and strengthens the health system but also aids service delivery, and prepares the health system to respond to and confront any public health challenge.

While the implementation of National Urban Health Mission (NUHM) has benefited from the experience of National Rural Health Mission (NRHM), the roll out of the NUHM has faced challenges, because of the target population, their health seeking behaviours, quality of habitation and poor access to resources such as water and sanitation. Capacity Building for NUHM specific activities in the urban context is especially critical at this juncture, as the foundation of urban health services is being laid down.

The Ministry of Health and Family Welfare, Government of India, in its commitment for improving health status in urban areas, has endeavoured to develop a Framework for Capacity Development. This Framework has been the outcome of several deliberations held with stakeholders from the States/UTs at the National level. It seeks to address the need for technical and managerial training to be undertaken through identified apex institutions of higher learning and training, which will, in turn, provide support to State health departments. The document also outlines the rationale, objectives, and road map for capacity building activities for different categories of personnel involved in NUHM programme implementation.

I believe this document will serve to define the process for capacity development under NUHM and be a guide in building a well oriented and trained workforce to support NUHM implementation. It is expected that the States shall also follow the Framework and develop State level plans for training and capacity development which would lead to building an effective primary health care system in the urban areas.

(Arun K Panda)







**Dr. K. Rajeswara Rao, IAS**

JOINT SECRETARY

Telefax : 23061723

e-mail : Kr.rao62@nic.in



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
कमरा नं. 145-ए, निर्माण भवन,  
नई दिल्ली-110 011

Government of India  
Ministry of Health & Family Welfare  
Room No. 145-A, Nirman Bhawan,  
New Delhi-110 011

## Foreword

Fast pace of urbanization has created a number of challenges and health issues in our cities, which are distinct from the rural areas unique to the urban space. Pushed to the margins, the urban vulnerable live in a perpetual state of compromise, with poor quality housing, water and sanitation, education and health. The issues faced by the urban population need to be tackled holistically, with the participation and involvement of all relevant departments. To address these issues comprehensively, the National Urban Health Mission was launched in May 2013. The goal of the Mission is to provide an effective urban primary health care delivery system with particular focus on the urban poor.

It is known that recruitment of large number of personnel will not be effective unless simultaneous efforts are undertaken to develop their capacities. The sustained success of the Mission will depend on personnel who are able to deliver the services with their optimal capacities under clearly defined framework of their responsibilities. Accordingly, efforts have been made to develop a comprehensive Capacity Development Framework through an interactive process. This Framework provides significant steps that would have to be taken to address the different elements of the capacity building process. However, the Framework is only a tool and its success will depend upon actions undertaken at the programme level.

It is hoped that all States and Nodal Officers will adapt this Framework to develop State appropriate mechanisms to deliver trainings for enhancing capacities of various stakeholders under NUHM. Simultaneous actions are required to identify training institutions which can take up the responsibility of completing the Capacity Development exercise within a defined timeline, under the guidance of the state functionaries of NUHM.

Efforts undertaken by Urban Health Division of MoHFW and NHSRC in collating the inputs received from experts, Core Committee Members, ADB and NIHFV have helped in framing these guidelines and I congratulate all the concerned for this work, which will act as a platform for achieving various milestones in implementation of NUHM.

**(K. Rajeswara Rao)**





# TABLE OF CONTENTS

LIST OF CONTRIBUTORS	XI
INTRODUCTION TO THE CAPACITY DEVELOPMENT FRAMEWORK	1
Purpose of the CD Framework	1
Guiding Principles	1
1. STRENGTHENING HUMAN RESOURCE CAPACITY	3
Target Stakeholders for Capacity Building	3
A) Group I: Policy Makers	4
B) Group II: Senior Officials Involved in Planning and Monitoring	4
C) Group III & IV: Programme Management and Service Delivery Personnel	6
D) Group V: Urban ASHAs and Mahila Aarogya Samitis	8
2. STRENGTHENING INSTITUTIONAL CAPACITY	9
I. Strengthening National Health Systems Resource Center	9
II. Strengthening training institutions at national and state levels	9
a) National Level: National Institute of Health and Family Welfare (NIHFW)	9
b) State level Training institutions	10
III. Supporting Medical Colleges for Urban Health	10
IV. Supporting ULBs for Urban Health	11
3. STRENGTHENING KNOWLEDGE SHARING MECHANISMS	13
A) Development of Centers of Excellence (CoE) in Urban Health	13
B) Exposure Visits	15
C) National Conference on Urban Health	16
4. IMPLEMENTATION SUPPORT FOR NUHM	17
ANNEXURE A: FORMAT FOR IMPLEMENTATION PLAN FOR STATES/ METRO CITIES	19





# LIST OF CONTRIBUTORS

## MINISTRY OF HEALTH & FAMILY WELFARE

Mr. Arun Panda, Additional Secretary and Mission Director, NHM

Mr. K. Rajeswara Rao, Joint Secretary, NUHM

Ms. Vandana Gurnani, Joint Secretary, RCH

Ms. Preeti Pant, Director, Urban Health

Dr. Basab Gupta, Deputy Commissioner, Urban Health

Dr. Ranjana Garg, Assistant Commissioner, Urban Health

Dr. Adil Shafie, Consultant

Ms. Sudipta Basa, Consultant, NUHM

## NATIONAL HEALTH SYSTEMS RESOURCE CENTER

Dr. Sanjiv Kumar, Executive Director

Dr. Himanshu Bhushan, Advisor

Dr. Satish Kumar, Advisor

Ms. Aastha Sharma, Senior Consultant

Mr. Prasanth K, Senior Consultant

Ms. Shuchi Soni, Consultant

Mr. Anil Kandukuri, Consultant

## NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE

Dr. J.K. Das, Director

Dr. Utsuk Dutta

Dr. Nanthini Subbiah

## EXTERNAL SUPPORT AGENCIES AND PARTNERS

Ms. Seema Pati, Consultant, ADB

Mr. Veeresh Narayan, External Expert (PwC)

Mr. Bhupendra Singh, External Expert (PwC)

We also acknowledge the inputs and feedback from the Core Committee on Capacity Development for NUHM.





# INTRODUCTION TO THE CAPACITY DEVELOPMENT FRAMEWORK

In order to effectively address the healthcare challenges in urban areas, the Ministry of Health and Family Welfare (MoHFW) has launched National Urban Health Mission (NUHM) with special focus on the specific health needs of the poor and disadvantaged sections. This will be achieved by facilitating equitable access to quality health care through a revamped public health system, developing partnerships, active community participation and involvement of Urban Local Bodies (ULBs).

One of the key pre-requisites for providing quality healthcare services is building capacity in all the organizations and individual functionaries responsible for planning, implementing and monitoring of NUHM at various levels. In this context, a Capacity Development (CD) Framework has been developed, to outline the orientation and training requirements and processes at various levels for effective implementation of NUHM.

## Purpose of the CD Framework

The Urban Health Mission aims to respond to several unaddressed needs of the urban population through novel strategies, implemented by a diverse set of stakeholders. For this, technical knowledge of a wide range of subject matters, skills, information and platforms to share and disseminate the knowledge will be essential for effective implementation.

This framework thus outlines a broad plan of action for building capacities at national, state, city and district level for implementation of NUHM. It identifies the institutions and personnel whose capacities need to be enhanced, and then suggests the processes and step wise activities for undertaking their capacity development.

Although the CD Framework has been designed to strengthen capacities to facilitate implementation of NUHM in particular, it does not exclude the capacity development needs of personnel working under the larger umbrella of the National Health Mission. To the extent possible, it is expected that NUHM will utilize existing training structures and parallel mechanisms will not be created.

## Guiding Principles

Key principles which have guided the development of the CD Framework for NUHM are:

- » **Beneficiary centred approach:** Commitment to improve health outcomes for the urban poor
- » **Integrated learning:** Facilitate cross cutting learnings from diverse technical areas for urban development.

- » **Holistic approach:** Focus on building skills and perspectives as well as sensitivity towards issues of the urban vulnerable population.
- » **Inclusive partnerships:** Facilitate participation of all stakeholders
- » **Adaptability:** Design context specific tools and methodologies capacity building
- » **Accountability:** Commitment to inculcate accountability among all service providers
- » **Minimizing duplication:** Leverage existing institutional mechanisms for capacity building processes.
- » **Corrective actions:** Adapt the experiences and lessons learnt from implementation of capacity building under NRHM.

## Broad Components of the CD Framework

Urban health is an emerging and relatively new field of public health requiring cross cutting skills and expertise. As practical and academic themes under urban health are still developing, it has been realized that the expertise and knowledge base to tackle all issues of urban health and development do not rest with any one institution.

The CD Framework thus attempts to create processes which make it possible to gather urban health expertise from diverse institutions and platforms and integrate it for the purpose of implementing NUHM. For this, capacity development process for urban health needs to adopt a broad and flexible approach.

Towards this end, the Framework suggests Capacity Development under NUHM to be undertaken under three major components:

1. Strengthening human resource capacity
2. Strengthening the institutional capacity
3. Strengthening knowledge sharing mechanisms

NIHFW and NHSRC, under the overall guidance of MoHFW, will play the key role in implementing the capacity building framework, as per their specific expertise and mandate.

The following sections elaborate on the above-mentioned components.



# 1

## STRENGTHENING HUMAN RESOURCE CAPACITY

Human resources are the backbone of any health program. A trained human resource is essential for effective implementation of NUHM, and the Mission aims to strengthen the capacities of all personnel working on urban health, whether involved directly or indirectly.

NUHM being a new program, necessitates orientation and training of all personnel involved including the senior leadership, programme implementation personnel and service delivery staff. This section elaborates on capacity of all individual stakeholders in urban health.

All stakeholders have been categorized in five groups, according to their capacity development requirements and process to be followed. The grouping is suggestive, and states may adapt the categorization as per their context for capacity development to be conducted at state level. Detailed methodology for each group is outlined in later sections.

### Target Stakeholders for Capacity Building

The target stakeholders for the Capacity Building process are a diverse group and range from the highest level of policymakers to the community health workers in the field. Moreover, besides personnel from Ministry and Departments of Health, training of personnel from other departments and ULBs is also important as their programs also have a strong impact on urban health outcomes.

The key allied Ministries and Departments include:

- » Urban Development
- » Housing and Urban Poverty Alleviation
- » Women and Child Development
- » Social Justice and Empowerment

The following table lists the identified key target groups whose capacities need to be enhanced for urban health:

Level	National	State	City/District Level
Group I: Policy level	MoHFW: Secretary, Additional Secretaries, Additional/Deputy/Director Generals, Jt. Secretaries, Deputy & Asst. Commissioners, Directors, Allied Ministries: Secretary, Additional/Joint Secretaries NIHFW: Director NHSRC: ED & Advisors	Principal Secretaries from Health and allied Departments	ULBs: Elected representatives, Municipal Commissioners (For 7 metro cities and large Municipal Corporations)
Group II: Senior Officials in Planning and Monitoring	MoHFW: Directors & Deputy Secretaries, Deputy/Asst. Commissioners, NHSCR Advisors NIHFW Faculty Officials from Allied Ministries	Mission Directors (NHM), Additional Mission Directors (NHM)	Dy. Commissioners (for Municipal Corporations) District Magistrates, CMHO/CS, Deputy CMHOs
Group III: Program Management Personnel & ULB functionaries	Consultants from MoHFW, NHSRC and NIHFW	Programme Officers, State Nodal Training Officers, SPMU Staff	<b>a.</b> CPMU & DPMU staff, District Nodal Training Officers <b>b.</b> ULB staff: Municipal Health Officers, Health & Sanitation Inspectors <b>c.</b> ULB elected representatives at the Ward Level
Group IV: Service Delivery Level	NA	NA	Medical Officers, Public health managers Staff nurses, ANMs/LHVs, Lab Technicians, Pharmacists other support staff, RKS members
Group V: Community Level	NA	NA	ASHAs/ Link Workers, MAS members, community based staff of NCD/Disease control program of center/ states

The above list is indicative and not exhaustive. It may be expanded based on state and city requirements. For example, local NGOs, organizations or doctors working under PPP or any other stakeholder/institution working for NUHM in the state can be incorporated for orientation and training as per the local situation. There may be duplication of personnel in two different groups, indicating that those personnel may be part of capacity building under both groups. States may modify the grouping as per their context. The specific approach and methodology for orienting and training the identified categories of human resources is provided in the following sections.

## A. Group I: Policy Makers

- a. To be organized by:** NHSRC shall organise the orientation of policy makers and exposure visits in consultation with the Urban Health Division in the MoHFW.
- b. Modes of Capacity Building:**
  - » Half day orientation sessions
  - » Lecture(s) by renowned experts on urban health and related topics
  - » Exposure visits for evidence based learning

- » Participation in conferences on urban health
- c. Areas of Capacity Building:** Orientation of policy makers will involve cultivation of a broad perspective on urban health policies, planning, global good practices, convergence among various departments and key deliverables under NUHM.

## B. Group II: Senior Officials Involved in Planning and Monitoring

- a. To be organized by:** NIHFW and NHSRC, along with MoHFW and State governments. They shall identify reputed institutions with expertise in urban health issues as partners in capacity building.
- b. Modes of Capacity Building:**
  - » Short term (2-5 days) training programme
  - » Field visits as part of the training programme
- c. Areas of Capacity Building:**
  - » Urban Health Policy & Planning with due stress on relevant ongoing national programmes
  - » Global good practices and innovations in urban health
  - » Current urban development challenges in areas such as water & sanitation, waste management, environmental pollution, road safety
  - » Roles and expectations from Health, ULBs and other departments
  - » Models of private sector participation
  - » Leveraging initiatives in urban areas for overcoming health issues
  - » Monitoring and Evaluation of NUHM
- d. Process for Capacity Building of Group I and II**
  1. *Formalization of training arrangement:*
    - » Capacity building of policy makers and senior officials will be done through partnerships with apex institutions of repute with expertise in technical areas of urban health and development.
    - » NIHFW and NHSRC will lead these activities and help MoHFW and the states in identifying the institutions of excellence at state and regional level. Such institution(s) shall be identified and approved by MoHFW or states for conducting capacity building trainings.
    - » The trainings of the identified officials may be conducted at national, regional or state level as per requirement.
  2. *Content creation:*
    - » Capacity development content will be developed utilizing the expertise from the identified institutions in partnership with NIHFW and NHSRC.
    - » Exposure visits and evidence based practices shall be a part of the orientation programme.
    - » Training content and design shall be approved by MoHFW
  3. *Training plan:*
    - » Officials to be oriented on urban health at various levels to be identified
    - » Training calendar shall be prepared by the identified institution(s)
    - » Delivery of training in batches in a time bound manner
    - » Periodic review on quality of training and post training utilization

## C. Group III & IV: Programme Management and Service Delivery Personnel

### a. To be organized by:

- » NIHFW and NHSRC (at national level)
- » SIHFW, CTIs (Collaborating Training Institutes) and other identified institutions (state, city and district level).

### b. Areas and Modes of Capacity Building:

Cadre	Training required (NUHM specific)		Training Modes
Group III: Program Implementation Personnel from - SPMU - DPMU - CPMU - ULB Staff (involved in implementation)	<ul style="list-style-type: none"> <li>• NUHM Programme</li> <li>• Urban Health planning</li> <li>• Vulnerability Assessment</li> <li>• Role and expectations from health, ULBs &amp; other depts.</li> <li>• Sensitization on urban vulnerability</li> <li>• Convergence with other departments</li> </ul>	<ul style="list-style-type: none"> <li>• HMIS reporting</li> <li>• Financial management</li> <li>• Monitoring and evaluation<sup>1</sup></li> <li>• Determinants of urban health</li> <li>• Community Processes</li> <li>• Functioning of UPHCs and UCHCs</li> </ul>	<ul style="list-style-type: none"> <li>• NUHM Induction Module</li> <li>• Not exceeding 3 days</li> </ul>
Group IV: - Medical Officers - Public Health Managers	<ul style="list-style-type: none"> <li>• Quality assurance</li> <li>• Overview of best practices in urban health</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach &amp; community mobilization</li> <li>• Disaster/Accident Management</li> </ul>	
Elected ULB Officials	<ul style="list-style-type: none"> <li>• NUHM Program Components</li> <li>• Role and expectations from health, ULBs &amp; other depts.</li> <li>• Convergence and coordination with other depts.</li> <li>• Sensitization on urban vulnerability</li> <li>• Determinants of urban health</li> </ul>		<ul style="list-style-type: none"> <li>• Orientation Module</li> <li>• One day orientation</li> </ul>
ANM/MPW	<ul style="list-style-type: none"> <li>• Sensitization on urban vulnerability</li> <li>• Outreach &amp; community mobilization</li> <li>• Communication skills</li> <li>• Role in Natural and Man-made disasters</li> </ul>		<ul style="list-style-type: none"> <li>• Training on ANM Urban Module</li> </ul>
Other UPHC Staff (SN, LT, Pharmacist, ANMs etc.) and RKS members	<ul style="list-style-type: none"> <li>• NUHM Programme</li> <li>• Sensitization on urban vulnerability</li> </ul>		<ul style="list-style-type: none"> <li>• Training by MO &amp; PHM at UPHC, after their training</li> </ul>

In addition to the above new modules, NUHM components shall be added to the routine NHM to make them more comprehensive.

### c. Process for Capacity Building of Group III and Group IV

#### At national level:

- » **Expert panels:** NIHFW and NHSRC will set up expert panels, including state representatives, to develop training content for program implementation and service delivery personnel.
- » **Content Development:** NHSRC and NIHFW will choose their areas of expertise for capacity building and develop training materials, in concurrence with each other and approved by MoHFW. Electronic versions may also be developed for ease of dissemination. At the national level, the following materials will be developed:
  - » **Standard NUHM Induction Training Module** (not exceeding 3 days, to be used to orient SPMU, DPMU and CPMU staff, NHM programme officers, Medical Officers, Public Health Managers and ULB staff responsible for implementing NUHM).

<sup>1</sup> Joint Monitoring Mechanisms may be established for Health Dept. and ULBs to conduct joint monitoring of NUHM activities. For this, their capacity development may be undertaken together.

- » **Module for orienting Elected Urban Local Body Officials**
- » **Module/Handbook for ANMs**
- » **National Pool of Trainers:** A pool of national level master trainers will be developed by NIHFW for imparting the above modules. These trainers will train state level master trainers, as described later.
- » **Training of national consultants:** National Consultants from NIHFW, NHSRC, MoHFW may be trained as part of training of state level trainers by the national faculty.
- » **Monitoring of Capacity Building Activities:** In order to coordinate and monitor the training related activities, the existing training monitoring mechanism of NIHFW needs to be utilized. This would not only help in effective monitoring but also in course correction if required.
- » **Training Management Information System (TMIS):** TMIS developed by NIHFW may be adapted to accommodate NUHM related training and adopted by all states/ metro cities for monitoring of the training and rational deployment of trained HR as per the need.

#### **At state level**

- » **State Nodal Training Officer:** All states/metro cities must designate a Nodal Training Officer in charge for training under NUHM. Many states already have a Training Nodal officer for NHM in place. The charge may be given to the same officer, or any officer that the Mission Director's office considers appropriate.
- » **State Nodal Training Institution:** Each state must identify a nodal institution for training under NUHM, such as SIHFW or CTIs (Collaborating Training Institutes) or any other. Other institutions such as medical colleges, schools of public health may also play an active role, as per their expertise and willingness in urban health capacity building. NIHFW may help states in identifying such institutions.
- » **Customization of Modules:** These institutions, faculty and the state level pool of trainers will then customize the various modules developed at the national level to their state specific context. Translations may also be done, if required.
- » **Assessment of Training Load:** The state nodal training officer shall assess the training load and prepare a calendar and roadmap for trainings at the state level, in consultation with the nodal training institution.
- » There are various models which the states can follow in order to orient the program implementation and service delivery personnel. These are suggested below:
  - i. For Program Management Personnel (Group III - a)**
    - » May be conducted as one training at the state level for SPMU, DPMU, CPMU, ULB staff
    - » In case of large training load, trainings may be conducted at regional or district level in the state.
  - ii. For Urban Local Body Staff (Group III - b)**
    - » It is highly recommended that ULB staff personnel must be trained along with the health personnel (such as NHM program officers). This would enhance their involvement in health related activities, develop deeper understanding, and help build formal and informal networks as a significant step towards fostering convergence.
    - » The State Training Nodal officer should assess the training load for ULB staff in consultation with the concerned ULB officer and coordinate the trainings.

- » In case the ULB plans to organize NUHM training for their staff on their own (for e.g., in the 7 metro cities and other large corporations), they may coordinate with the state government and utilize the training institutions identified by the state. ULBs may also identify institutions which have been set up by MoUD under various schemes and these can be utilized to impart training to the ULB staff.
- » In either model, ULBs must be informed of the budget allocations for ULB staff trainings under NUHM.

### iii. Elected representatives of ULBs at the Ward Level (Group III – c)

- » Elected representatives of ULBs should be oriented on urban health and wider determinants impacting health outcomes through a half or one day orientation program by the respective states.
- » NIHFV and NHSRC need to develop module for such orientation involving certain national level institutions (for example – National Institute of Urban Affairs, All India Institute of Local Self Government, and Kerala Institute of Local Administration).

### iv. Service Delivery Personnel (Group IV)

- » The training of Medical Officers and Public Health Managers (PHM) will be conducted at the state, district or regional level, as per the state's convenience.
- » The MO and PHM will then conduct a half day orientation for the rest of the UPHC or UCHC (as applicable) staff such as staff nurses, ANMs, LHV, LT, pharmacist, including RKS members at the UPHC.
- » The existing training content and material may be used for orientation for the UPHC staff. Special emphasis must be laid on sensitising the staff on the unique needs of the urban poor and vulnerable, their health seeking behaviour and ways to reach out to address their health needs.
- » The DPMU/CPMU must ensure that the UPHC level training is conducted within a stipulated time period of 1-2 weeks of the MO's training.
- » **ANM trainings:** ANMs shall be trained through the ANM Training Module for NUHM developed by NHSRC. Till such time that these trainings are operationalized, the ANMs may be a part of the UPHC based trainings being conducted by the MO and PHM. It is envisaged, however, that in the long run, they will be trained on NUHM as part of their standard induction and in-service training program on NHM.

## D. Group V: Urban ASHAs and Mahila Aarogya Samitis

- » **Urban ASHAs:** There is an existing mechanism for training of ASHAs as part of NRHM. As part of the current mechanism, there are national, state and district trainers for ASHAs. The same mechanism may be utilized for conducting training of Urban ASHAs also. The module for training Urban ASHAs has been developed and disseminated to the states.
- » **Mahila Aarogya Samitis:** The training module for MAS has already been developed by NHSRC. Training of MAS may be conducted by existing community based or clinical staff (such as ASHAs and ANMs or Public Health Managers) or NGOs, as decided by the state. MAS need to be trained on identifying health priorities, understanding social determinants of health, community mobilization and fund management.
- » **ASHAs and MAS** need to be oriented on the specific urban health issues faced by the urban vulnerable, such as water, sanitation, hygienic defecation, prevention of water and vector borne diseases, etc. More importantly, they must be empowered to collectively address these issues at the community level. For this, they must be encouraged to draw attention of local authorities to their issues and demand for basic amenities as their right.

# 2



## STRENGTHENING INSTITUTIONAL CAPACITY

The following institutional strengthening may be planned:

- i. Strengthening National Health System Resource Centre
- ii. Strengthening training institutions at national and state levels
- iii. Supporting Medical Colleges for urban health
- iv. Supporting Urban Local Bodies for urban health

### I. Strengthening National Health Systems Resource Center

- » NHSRC, with support from NIHFWS, shall be the nodal agency for implementing the Capacity Development Framework.
- » NHSRC will also support MoHFW and the states in overall implementation of NUHM
- » NHSRC shall assess their capacity building needs for its role as the national nodal agency for implementation of NUHM.
- » According to the needs identified, NHSRC may augment their staff and other support services to carry out these functions, after due approvals from the MoHFW.

### II. Strengthening Training Institutions at National and State Levels

#### a. National Level: National Institute of Health and Family Welfare (NIHFWS)

- » NIHFWS with support from NHSRC, will be the nodal agency at national level for implementation of all kind of training programmes under NUHM.
- » Areas of capacity development may be decided mutually, depending upon the core expertise available within the institutions. For example, the existing trainings on Quality Assurance and Community Processes will continue to be undertaken by NHSRC.
- » The expected role of NIHFWS in NUHM capacity building is as follows:
  - » Identification and strengthening of state training institutions such as SIHFWS and CTIs, in consultation with respective states.
  - » Training needs assessment in consultation with state institutions
  - » Review and development of curriculum and training modules
  - » Determining methodology of training
  - » Planning and implementing training strategy

- » Post- training follow-ups
- » Monitoring and evaluation of training programmes
- » As part of their mandate, NIHFW routinely undertakes trainings of various cadres under NHM. For initiating NUHM trainings, the key processes to be established are indicated below:
  - » Effective coordination with states and various divisions of MoHFW such as urban health, training and other program divisions.
  - » Networking with different academic and technical institutions to meet training requirements.
  - » Resource persons with expertise in urban health shall need to be identified as experts to determine curriculum, content and training modules on subject matters which are required in urban context.
  - » Some of the core areas of trainings in urban context shall be “add-on trainings” required under different national health programmes, public health management, environmental health, water, sanitation, pollution, urban planning, occupational health, etc.
  - » For the implementation of above activities, NIHFW may require institutional strengthening, which may be assessed and reflected to the MoHFW for approval.

#### **b. State Level Training Institutions:**

- » States may identify SIHFW, medical college, or a CTI as the nodal training institute, in consultation with NIHFW.
- » Cities where ULBs are responsible for implementing of NUHM, such as metro cities, may also need to identify a nodal training institution.
- » Once identified, Government orders shall be issued designating the nodal institutions for training under NUHM at the state and metro city levels.
- » The identified institute will carry out all relevant training activities such as training needs assessment preparation of training plan, conducting and monitoring trainings, etc.
- » The institution shall also contextualize the national modules to states’ requirements and translate to local language.
- » For the implementation of above activities, SIHFW or identified training institution may require institutional strengthening, which may be assessed and reflected to the states for approval.
- » Support can be proposed either through PIP or any external agency, after due approval from the state.
- » States may seek technical support from NHSRC/NIHFW, if necessary.

### **III. Supporting Medical Colleges for Urban Health**

As most medical colleges are located in urban areas, it would be judicious to utilize their expertise for supporting NUHM. Each state needs to identify at least one medical college and its areas of support under NUHM, to accelerate the implementation process. Once identified, partnership options can be discussed between the health department and the medical education department for firming up the agreed plan. The expected role of medical colleges in urban health is as follows:

- » Act as a resource organization for urban health capacity building. A medical college with a strong training set up may also act as the NUHM nodal training institution.
- » Adopt an Urban Primary Health Centre and develop an urban field practice area, with the approval of the Medical Education Department. This UPHC should be developed as a ‘model’ UPHC which can be utilized for field level learning for capacity development programs.

- » Be involved in development, adaptation or translation of training modules at the state level
- » Generate evidence through operational research on various aspects of urban health and implications on health outcomes. Such findings will be valuable for the state in tackling their specific urban health issues.

To carry out the above defined tasks, the following support may be provided to Medical Colleges:

- » Department of Community Medicine may be designated as the nodal department coordinating the urban health activities.
- » Support may be provided to help them develop their urban field practice area and model UPHC
- » Any other support for carrying out various urban health activities may also be provided

As an outcome of their engagement with NUHM, Medical Colleges shall become vibrant resources on urban health. In the long term, medical colleges shall not only be active contributors in NUHM capacity building, but also provide specific technical support to states in implementation of urban health programs.

#### IV. Supporting ULBs for Urban Health

Functions of Urban Local Bodies have a substantial impact on the health outcomes of urban populations. Although the ULBs can play a very important role in preventive and promotive healthcare, at present they have limited involvement in the implementation of NUHM in most states, apart from metro cities.

Currently there are three categories of ULBs based on their engagement in health i) ULBs in the 7 metro cities which are implementing NUHM ii) ULBs (apart from the 7 metros) which are actively coordinating and are inclined to contribute further to NUHM, but may lack capacity and vision and iii) ULBs which have minimal capacity for supporting NUHM. Therefore, the ULBs require a necessary thrust on enhancing their public health capacity. Following are the key activities to strengthen the role of ULBs in urban health:

##### **At National Level:**

- » The role of ULBs in preventive, promotive & curative aspects of public health needs to be identified.
- » To achieve the above, advocacy with the Ministry of Urban Development and other concerned departments for convergent action needs to be conducted.
- » The necessary enabling policies need to be framed in consultation with MoUD and other departments.
- » Adequate and timely financial support needs to be provided by MoUD for strengthening public health activities under ULBs.
- » Catalytic support for advocacy and orientation training can be provided through state PIPs

##### **At State level:**

- » The states should define the roles and responsibilities of public health functions of ULBs, health department and allied departments.
- » The states should define the mechanisms of coordination between health department, ULBs and allied departments, from the community level, to service delivery platforms of health and ULBs.
- » Development of IEC/BCC material for public health awareness in slum & underserved area
- » The states should develop a convergence plan of the health department with the ULB for effective health outcomes for the city. Such a convergence plan may include leveraging initiatives like Smart Cities, AMRUT etc.

**At City level:**

- » Re-orient existing staff of urban local bodies to understand public health challenges better
- » Ensure effective participation of ULB members in UPHC functioning through Rogi Kalyan Samitis
- » For Metro cities, the ULBs may consider establishing a Training Coordination Team at the city level to coordinate trainings for the ULB staff. These teams shall coordinate with the state health department for trainings as well as utilize other expertise available in the cities such as Medical Colleges and their Urban Health and Training Centers.

**At Ward Level:**

- » Organizing outreach activities through sites identified and made available by ULBs
- » Establish mechanisms for environmental sanitation, waste disposal and management, basic housing systems and other social determinants impacting health outcomes.
- » Proper utilization of the surveys of urban poor done under the supervision of urban local bodies, especially for vulnerability mapping assessment in urban areas.
- » Field functionaries such as ASHAs, AWWs, ANMs, teachers, Self-Help Groups (MAS) and NGOs can be used by ULBs as motivators to deliver message for behavioural change in the community.
- » As a part of Swachh Bharat Mission the ward councillors may organize *Safai Abhiyan* in the slums



# 3

## STRENGTHENING KNOWLEDGE SHARING MECHANISMS

Effective knowledge sharing mechanisms are important for ensuring sustainability to the capacity development process. These mechanisms and platforms are particularly significant in the field of urban health, which is an emerging but nascent field of public health in India. Given the recent initiatives of the Government of India on urban development such as the Smart Cities initiative, AMRUT (Atal Mission for Rejuvenation and Urban Transformation), and other programmes, in addition to NUHM, it would be of relevance to set up institutional mechanisms for creation and dissemination of knowledge products in the field of urban health and development.

Knowledge creation and sharing is envisaged through:

- a. Creation of Centers of Excellence in urban health,
- b. Organization of exposure visits,
- c. Organization of annual conferences and seminars on urban health issues

### **A. Development of Centers of Excellence (CoE) in Urban Health**

NHSRC will identify reputed institutions at national and regional levels, based on predefined criteria, so as to give equitable coverage to all states, subject to final approval by MoHFW. The criteria for selection of institutions for establishing centres of excellence may include the following:

1. Selected institutions should have a sound academic and research grounding, with capacity to pilot projects for evidence generation and replication of best practices.
2. Such institutions should already be offering knowledge products in public health management or other aspects of health system. They should either currently have established linkages with other institutions in the field of medicine & public health, or have the resources to establish such linkages.
3. Such institutions should be geographically distributed so that the entire country can benefit from such institutions.

## Scope of the CoEs

The CoEs should be responsible for the entire gamut of themes under urban health in the context of India. However, they may choose their specific areas of specialization. An indicative list of such technical areas is as follows:

- » Management and support functions related (e.g. Financing, Governance, Organization Development, information technology, innovations, partnerships etc.).
- » Public Health and Clinical (epidemiology, urban specific morbidity patterns)
- » Determinants of Public Health (e.g. sanitation, waste management, water supply etc.)
- » Aspects related to Urban Local Bodies functioning

The above areas will be focussed on by the CoEs through the following means of engagement:

- i. Research: Research for improving urban health outcomes, policy and program management, operational research, implementation research for generating evidence for policy changes.
- ii. Knowledge and Resource Hub: Act as a knowledge hub for NUHM activities
- iii. Advocacy: Advocacy for evidence based policy changes to policymakers and political leaders
- iv. Capacity Development: Support capacity development in specific areas as desired by MoHFW

### i) Research:

Possible areas of research include:

- » *Health Systems and Policy*: appropriateness of policies and strategies, institutional capacities and coordination mechanisms.
- » *Operational Research*: to improve implementation processes, cost-effectiveness of interventions and improve performance of human resources.
- » *Health Financing and Economics*: Economic analysis for costing of urban health delivery structure, Economic impacts of unhealthy cities, fund flows, alternate financial models for urban health.
- » *Social Determinants of Health*: impact of water, sanitation, urban transportation, environment, urban hazards on health; creating 'Healthy Cities', 'Zero Waste Cities', Solid waste management, innovations for tackling environmental pollution.
- » *Behavioural Sciences and Community Participation*: Community mobilization and participation for better healthcare outcome, appropriate communications to influence behaviour change for inculcating healthy habits in urban populations.
- » *Epidemiology*: studying patterns of disease transmission in urban areas, risk factors, addressing outbreaks and public health emergencies.
- » *Health Technologies*: Healthcare technologies for better public healthcare systems
- » Any other areas relevant to improving urban health outcomes

### ii) Knowledge and resource hub:

Key activities in this area would include:

- » Managing knowledge products generated within the institute as well as from other agencies/ research institutions working in the area of urban health.
- » Collating relevant research, articles from research bodies, generating its own research papers, reviewing these to ascertain their suitability for the needs of central, state government and other sector institutions, and disseminating these through its publications as well as seminars and workshops.

- » Providing technical expertise on various fields of urban health to implementing bodies (health departments and ULBs), as knowledge centers.

The new knowledge generated through research could be used to inform and update implementation strategies and training modules from time to time.

### iii) Advocacy

- » Based on the evidence generated by their research studies, the CoEs will identify areas of advocacy and communicate the same to NHSRC for further engagement with policymakers.
- » They may also conduct advocacy to policymakers for enhanced participation of all relevant stakeholders in urban health.

### iv) Capacity Development

- » The CoEs need to focus on the region or state in which they are located for more concentrated support for capacity building and other priority areas of NUHM.
- » The CoEs should provide technical expertise in the capacity development activities to the state as defined in the Framework in previous sections.

### Process of Development of CoEs:

- » NHSRC shall be the nodal agency for identifying and managing the CoEs. NHSRC shall empanel an array of CoEs, after following due processes for empanelment and seek approval and funding support from MoHFW.
- » Areas of research, technical assistance, capacity development etc. may be identified by MoHFW, states or metro cities.
- » MoHFW, states or metro cities may directly reach out to the CoEs as per their requirements
- » MoHFW may assign NHSRC to raise the funding required for CoEs, and accordingly MoUs may be signed. NHSRC shall support the MoHFW in managing the MoU with the CoEs and review progress of activities out on a periodic basis.

## B. Exposure visits

As a part of the overall capacity development, the objective of exposure visits is to provide an opportunity to the national, state level and ULB officers to gain exposure to good practices under NUHM/NHM which are being implemented within the country. States/metro cities may ask support for exposure visits through their PIPs or any other resources.

### Process:

- » NHSRC shall identify the good learning sites within the country for urban health as per the criteria laid down and update the list from time to time.
- » NHSRC will define the learning objectives for the exposure visits prior to the preparation of the annual calendar.
- » NHSRC shall prepare an annual calendar for exposure visits every year in coordination with the states/ ULBs having the good learning sites.
- » The annual exposure visits plan shall be approved by MoHFW
- » NHSRC shall then circulate the plan and invite nominations from the states

- » NHSRC shall plan each exposure with day to day activities so as to ensure maximum learning. Follow up exercises may also be planned for the participants to pilot these good practices in their states/ ULBs.
- » NHSRC shall support in implementation of pilots in local settings based on learnings from exposure visits.

### **C. National Conference on Urban Health**

NHSRC shall organize a national level conference on urban health annually/at an agreed periodicity. This conference would aim at providing a platform for knowledge sharing in good practices in urban health by academicians, practitioners in the field and international experts.



# 4

## IMPLEMENTATION SUPPORT FOR NUHM

NUHM being a new and challenging Mission, would require constant implementation support to be provided from the centre to the implementing bodies at the state and city level. The institutional mechanism through which this support is provided is already defined in the NUHM Framework for Implementation:

### i) National Level Support

This shall be provided through a pool of consultants who shall provide programme implementation support at the national level and shall be hosted at NHSRC. They will be responsible for smooth implementation of the NUHM at the national and state level through the following activities:

- » Identify specific areas of support, monitor their progress and suggest ways to address gaps
- » Review and appraisal of NUHM PIP submitted by states
- » Monitor capacity building process
- » Monitor progress of implementation as per defined targets and sanctions
- » Analyse data on urban health from HMIS and other sources

### ii) State and City Level Support

While urban health teams within SPMUs, DPMUs and CPMUs have already been established, there may be some areas of technical support required by them. State specific requests for support shall be examined by the Ministry on a case-to-case basis, and approved on its merit and sustainability. Progress on these initiatives shall be monitored by the Ministry or NHSRC or a designated institution.

The purpose of providing the above mentioned state level support is only catalytic, in order to rejuvenate the system so that once such support is withdrawn, it remains self-sustainable.

**Funding:** NHSRC on direction of MoHFW can explore partnership which can fund these activities at National and state level with approval from MoHFW, or can be proposed through PIPs.



# ANNEXURE A:

## FORMAT FOR IMPLEMENTATION PLAN FOR STATES/ METRO CITIES

Name of State/ Metro City:

Year:

Name of the State/ metro city nodal institution for NUHM training:

Name of the State/ metro city Nodal Training Officer in charge for NUHM training:

Planned activities for Year

S. No.	Key Activities	Details of the Key Activities including annual commitment
<b>Objective 1 - Strengthening human resource capacity</b>		
1	Training of senior officials involved in planning and monitoring	
2	Trainings of programme management personnel at state, city/ district level	
3	Training of Service Delivery Personnel	
4	Training of ASHA, MAS	
5	Training of ULB staff on urban health	
<b>Objective 2 – Strengthening institutional capacity</b>		
6	List of training institutions proposed to be strengthened during the year	
7	No. of PHCs of medical colleges planned for strengthening during the year	
8	Details of strengthening of public health functions of ULBs planned for the year	
<b>Objective 3 – Strengthening knowledge sharing mechanisms</b>		
9	List of areas of collaboration with the Centres of Excellence	
10	No. of staff proposed for exposure visits during the year	
<b>Others</b>		
10	Please list any other Capacity Development activity planned for the year	

**Note:** The above list can be expanded by states/ metro cities by adding details of additional Capacity Development activities planned for the year.





