

ACHIEVEMENTS

- ⦿ Increase in regularity of MAS meetings.
- ⦿ Better mobilization for Urban Health Nutrition Day.
- ⦿ Toilet coverage also went up in the programme area i.e. community based toilet construction improved.

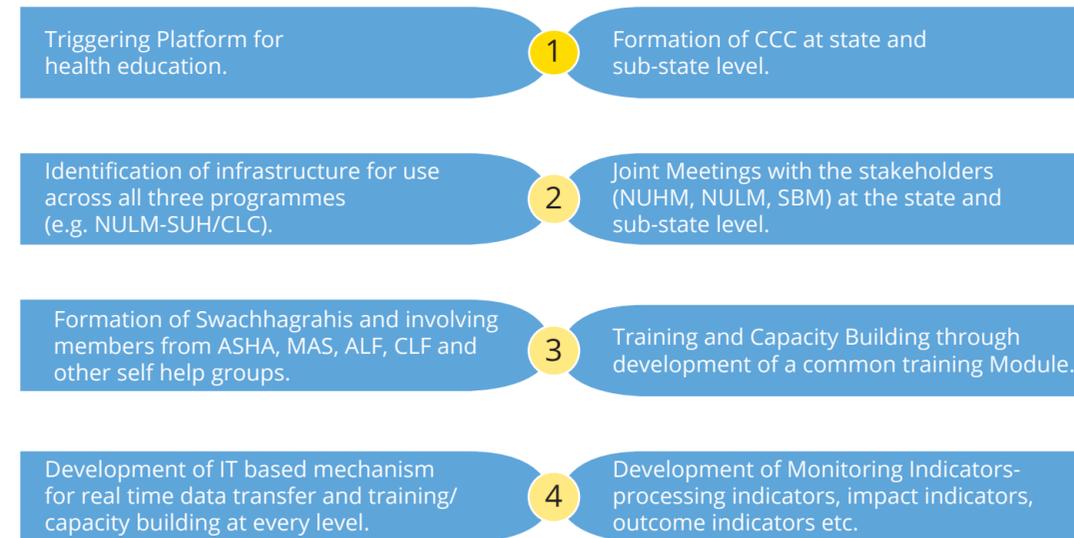
Punjab: Efforts at Convergence

- ⦿ SBM has planned to work with NGOs in 5 shortlisted cities to overcome the political issues faced by the cities, shortage of staff and lack of commitment in the concerned offices.
- ⦿ Same NGOs also support health activities in these cities.
- ⦿ Works taken up:
 - SHG and MAS Data shared for assessment for convergence.
 - Infrastructure under NULM - Shelters for homeless people be utilized by health department.
 - Special outreach activities in the new identified sites shared by other departments for health services.
 - NGOs of ABOHAR & MUKATSAR cities, who already have taken up the initiatives to improve the ranking of their cities have been called up with their vision & working mechanism for further undertakings in these cities under convergence plan.
- ⦿ Under NULM program in some of the cities shelter houses (24*7) have been established, it is envisaged to utilize this facility to accommodate the stay of the attendants of the Government hospital patients so it has been requested to NULM to share the Number & Address of these shelters.

KEY ACTION POINTS

- ⦿ State initiative to develop a road map in consultation with their counterparts in the state on convergence activities under NULM, SBM and NUHM with regular state level reviews at the Urban Local Bodies and State Health Departments.
- ⦿ Formation of Common Coordination Committee (CCC) at state, district, city and ward level to implement convergence through proper planning, activity and monitoring.
- ⦿ Sanitation drives with focus on importance of sanitation in areas around the urban health facilities and in accordance to the SBM norms for every fifty thousand population covered by the facility involving the urban health mechanism.
- ⦿ Involvement of all the community level workers like Mahila Arogya Samiti, Self Help Groups, Area Level Federation, City Level Federation etc., through christening them as "Swachhagrahis" through adequate capacity development and training (MEPMA Model).
- ⦿ Leveraging self-help groups through social entrepreneurship mode in incentivizing them to participate actively in improving not only sanitation in area but also improvement in resultant health indicators.
- ⦿ Utilization of NULM infrastructure like night shelters and City Livelihood Centers and also community SBM infrastructure to provide community level health care like outreach services, utilization of NUHM-SBM combined triggering platform for sustained behavioural change counselling.

Mechanism of Convergence



The success of convergent action would depend on the quality of the Public Health Planning process. The City/State/District Health Action Plans should reflect integrated action in all section that determine good health - drinking water, sanitation, women's empowerment, adolescent health, education, female literacy, etc. At the time of appraisal of City/State/District Health Plan, care should be taken to ensure that the entire range of wider determinants of health have been addressed through the convergent action approach.

Convergence is aimed at improving the effectiveness and efficiency of all national health programmes. Thus promoting inter-sectoral convergence for promotive and preventive health care is of prime importance.

Various Publications and Training material under NUHM are available on NHM website linkage: <http://nhm.gov.in/nhm/nuhm.html>

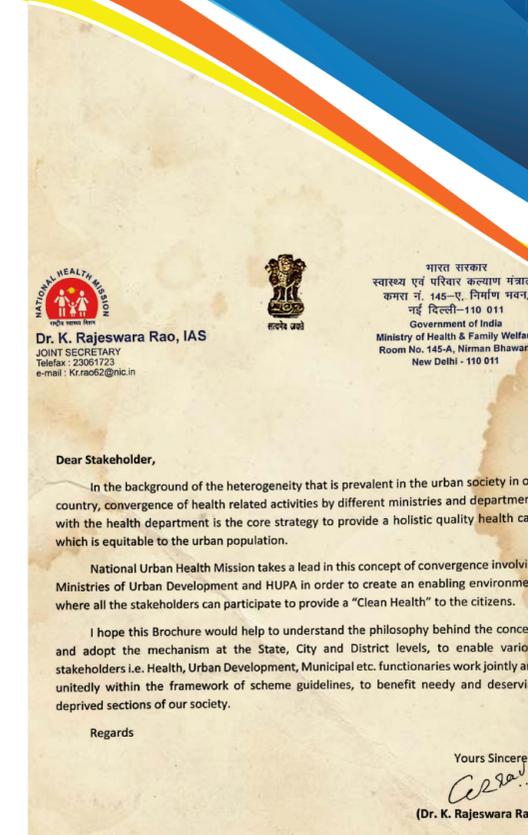


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Ministry of Health & Family Welfare, Government of India



National Urban Health Mission INTER SECTORAL CONVERGENCE UNDER NUHM



National Urban Health Mission (NUHM) was approved by the Union Cabinet on 1st May, 2013 as a sub-mission of National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus to vulnerable/slum population.

Health outcomes are more defined by the other social determinants than by the just health itself. Addressing the other determinants entail building partnerships with institutions and actors both within the health and across other related sectors. Reducing health inequalities

for sustainable improvement in health status of urban populations requires alignment of all sectors together with health sector, thus making Inter Sectoral Convergence is one of the main core strategies under the NUHM.

Objective: To provide a common platform for optimum utilization of all resources under one umbrella without any duplication of activities.



Convergences may be viewed in the following areas

- Convergence with other Ministries.
- Convergence with the National Disease Control Programmes.
- Convergence with other departments of Ministry of Health and Family Welfare.

Mechanisms of Convergence at different levels of implementation

It is envisaged that three-tiered level of mechanisms can be put in place under NUHM, which are as under:

- Ward level committees including UPHC/ UCHC functionaries and community level workers.
- City level committees for planning, monitoring and reporting.
- State level committees for planning, monitoring and provisioning.

Convergence Model

In this context, realizing the importance of wider determinants of health, NUHM seeks to adopt a



convergent approach for interventions planned under the umbrella of SBM & NULM at the City/ State/District /Ward level.

The model above would define the steps to be taken for various convergence activities at the City, District, UCHC and UPHC levels and also the rationalization of manpower and resources

being deployed by the various Missions. This will impact the status of social determinants of health and maximize efficiency of all the Missions. The synergy with different departments within/ outside the health department i.e. intra-sectoral/ inter-sectoral convergence plays a key role for rolling out of the convergence vehicle.

NUHM would aim to provide a system for convergence of all communicable and non communicable disease programmes at the city level through integrated planning - both annual and prospective, sharing of funds and human resources and joint monitoring and evaluation.

To strengthen convergence to accelerate the achievement of urban health goals

Identify state, district, city and ward level institutional mechanisms for coordinating and converging with relevant stakeholders in urban health and development:

- Develop terms of reference for the committees to ensure convergent activities are planned, implemented and monitored effectively.

- Ensure the integration of all national health programmes, specific initiatives and state health programmes at the UPHC level.
- Convergence with SBM for developing micro-sanitation plan for urban health facilities with focus on ODF, trigger demand for toilets by community, involvement of

health workers as Swachhagrahis, proper solid waste management disposal, proposal for incentives for Swachhagrahis.

- Convergence with NULM for strengthening of community processes at slum level, vulnerability mapping, joint monitoring of health services, support for infrastructure needs, UHND, Special Outreach session through ICDS infrastructure wherever applicable.
- Community based monitoring of nutritional status of vulnerable children in convergence with NUHM/NHM. The linkage with NRC and similar structure under NHM are to be maintained.
- Develop mechanisms to use NULM data on street dwellers and develop outreach actions at the NULM night shelters improve access of health to the most vulnerable homeless population.
- Any state specific convergence area.

ACTIVITIES DONE

- Joint Video Conference held with HUPA, MoUD & NUHM on 3rd Feb, 2017.
- Minutes of the meeting shared with all states/UTs (same available on <http://nhm.gov.in/nhm/nuhm.html>)
- Concept Note on Convergence disseminated to all States/UTs.
- Joint D.O. Letter from JS (NUHM)/ JS(SBM)/JS-DAY-NULM disseminated to all States/UTs.
- FAQs on Convergence in context to ULB & Health Department developed.
- ULB workshop/meetings with focus on convergence are being conducted e.g. Telangana, Kolkata, Mumbai etc.
- Proposals in State PIP related to Convergence (workshop, meetings, trainings etc) initiated.

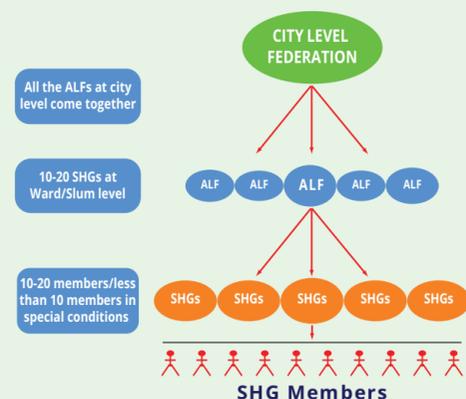
Collaterals for Swachhagrahis...



IEC & Branding tools for Public Health Facilities



Community Structures under DAY-NULM



Convergence with Swachh Bharat Mission

- Ward office to be in touch with UPHC's and UCHC's so that sanitation issues get addressed.
- ASHA's, ANMs and MO's to participate in community triggering exercises
- Registration of health workers and members in Mahila Aarogya Samitis as Swachhagrahis.
- Hospital-acquired infections may be attributed to lack of hygiene-Ensure proper management of waste and maintenance of hygiene standards in public health facilities.
- 30% scores in the Swachh Sarvekshan given to 'Citizen Feedback'-encourage patients to participate in SS-2017 by display of posters in all UPHCs & UCHCs and other health posts.
- SBM promotion in health centres and various health programmes of relevance e.g. Diarrheal disease control programmes, ICDS, School Health programmes, Anemia Prophylaxis, Janani Surakhsha, etc.
- Include SBM related messages in SMS based health promotion, Help lines for general health advise, etc.

Convergence with DAY-NULM

- MAS may be subsumed by ALF, States/UTs may decide the appropriate mechanism.
- Awareness on health issues- health agenda may be taken up in ALF/SHG meetings & trainings.
- Role of mobilization for outreach programs e.g. Urban Health & Nutrition DAY, immunization.
- Monitoring of health services by ALF/MAS.
- Providing inputs in Program Implementation Plan (PIP).
- Data sharing with NULM (vulnerability survey conducted by NUHM) & developing common consensus.

BEST PRACTICES

Telangana Mission for Elimination of Poverty in Municipal Areas (MEPMA) – convergent efforts for strengthening Mahila Arogya Samiti (MAS)

Mission for Elimination of Poverty in Municipal Areas (MEPMA), the poverty elimination programme implemented by Government of Telangana, aims at improving people's lives through multi-sectoral interventions, with community participation as its central strategy.

KEY FOCUS AREAS

The MEPMA programme focuses on following approaches for strengthening of MAS:

- MAS trainings (Outreach and Prevention).
- Strengthening of MAS monthly meeting records.
- Strengthening 14 records of MAS, Awards and recognition.
- Continuous monitoring by NUHM & other departments involved.
- Supervision and social audit.

MEPMA'S CONVERGENT APPROACH

- Engaging community groups and seeking feedback-ensuring active people's participation.
- Empowering communities to choose the service basket and mechanisms-ensuring provision of comprehensive, and high quality primary healthcare services.
- Introducing community health risk fund for mitigating catastrophes – ensuring reduced OOPs, risk sharing and reduced catastrophic health expenses.
- Improving Governance – by forming a small team of State health department & Urban department, with a representation from communities and other departments, and empowering it to monitor, sanction and reward.