

National Urban Health Mission (NUHM)

Orientation workshop for ACS/PS/Secy (Health) & MD (NHM)

Date- 26.8.2021

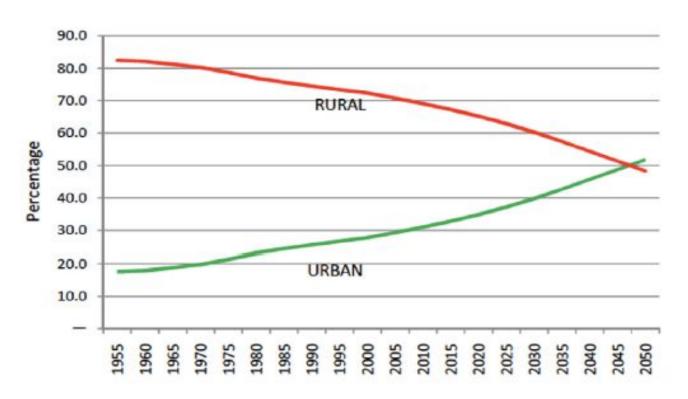
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About NUHM

- Approved in 2013 as a NHM sub-mission to establish and strengthen primary healthcare delivery in urban areas with focus on slums and vulnerable population
- Covers cities/ towns with population above 50,000 & District and State Head Quarters above 30,000 population. Currently, more than 1000 cities/towns being covered
 - ✓ As per RHS (2019-20), estimated Mid year population (2020) is 46.30 cr
 - ✓ Urban healthcare system is highly fragmented
 - ✔ Health indices (IMR, Immunization) of urban poor worse than rural population
 - ✓ Inadequate health promotion & health seeking behaviour
- Since inception around 5,500 UPHCs and 180 U-CHCs established/strengthened. Latest Rural Health Statistics (RHS 2019-20) shows shortfall of 3540 UPHCs
- So far, 4025 U-PHCs converted into HWCs providing Preventive, Promotive and Curative care

Urbanization in India



Urban Population

Census
2011
2001
28.6
cr

Urban Population increase by 27%

Slum Population

Data Source: data from United Nations, Department of Economic and Social Affairs (DESA), Population Division (2012):

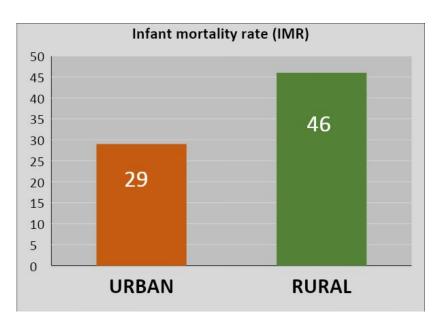
By 2030, around 40% population will live in in towns and cities

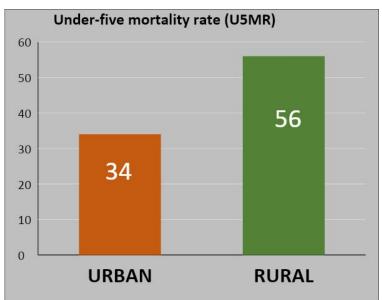
Every year about 7.5 million population is added to urban areas

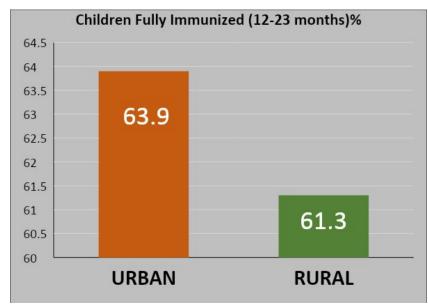
Census
2011
2001
5.23 cr

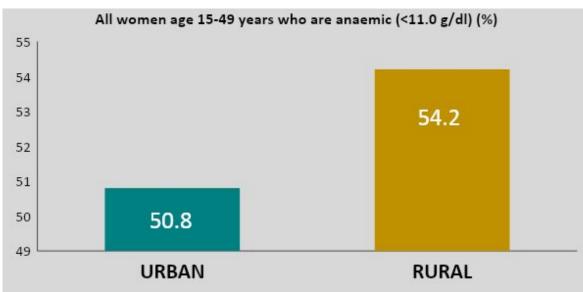
Urban Population increase by 20%

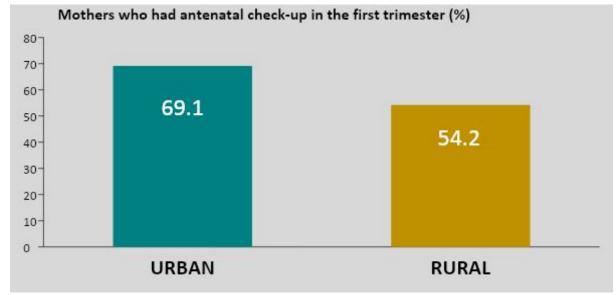
Health outcomes in urban areas (Urban vs Rural)- NFHS-4





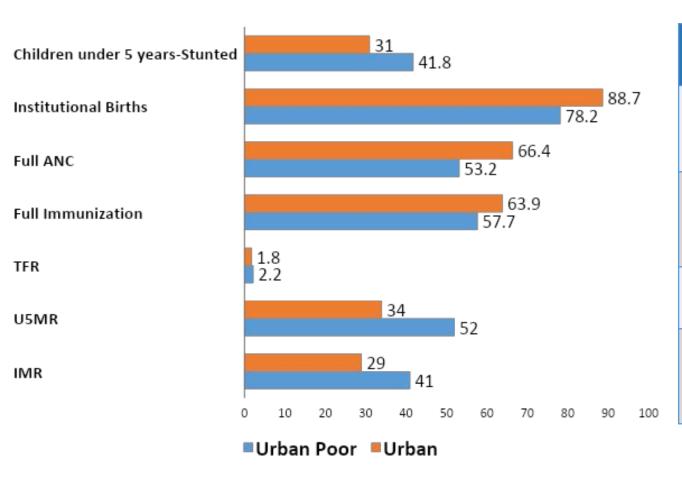






Source: NFHS-4

Health & Nutrition Outcomes for Urban Poor vs Urban-NFHS-4



Indicators	Urban	Urban	Urban	Rural
	Poor	Non-Poor	Overall	Overall
Child				
Stunting (%)	41.8	24.3	31.1	41.2
J ,				
Child				
Underweigh	36.1	22.8	29.2	38.2
t (%)				
Child	24.2	10.7	10.0	21.4
wasting (%)	21.2	18.7	19.9	21.4
Children				
Fully	57.7	69.2	63.9	62.4
Immunized				

Source: Calculations from IEG using NFHS-4)

Health and Nutrition Outcomes for Urban Poor worse than in Rural Areas

NUHM Brief overview- Core Strategies, Service delivery/Institutional Mechanism

Core Strategies- NUHM

Creation of new facilities
Rationalization and strengthening existing urban primary health structures,

Deployment of MOs, Paramedical Staff at U-PHCs / U-CHCs, Engagement of ANMs

Selection of ASHAs and Formation of MAS, RKS/JAS formation

Involvement of ULBs in planning, implementation and monitoring of the program

Convergence with all National Health Programs and other Ministries

Capacity building of ULBs/ Medical and Paramedical staff/ASHA, MAS

Use of ICT For better service delivery, improved surveillance and monitoring

Service Delivery Mechanism- NUHM

Urban-CHC

- 30-50 bedded in cities 2.5lakh population
- 100 bedded for more than 500,000 population in metros

Urban-PHC

- For every 50,000 urban population
- Comprehensive primary healthcare service

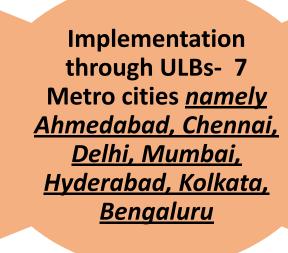
Outreach Sessions

 For slum and vulnerable population, routine UHNDs and Special outreach sessions

ASHA & Mahila Arogya Samiti

- 1 ASHA per 1000-2500 urban population (200-500 households)
- 1 MAS per 250 –
 500 population
 (50 100 households)

Institutional Mechanism- NUHM



Implementation through Health Department - Rest of the State

Programmatic Interventions and Progress of NUHM since 2013

Considerable improvement in Public Healthcare Facilities in urban areas-NUHM



41538
Additional
Human
Resources



5505 Urban Primary Health Centres and 184 UCHCs



807
new
constructio
n of U-PHCs
and 86
new
constructio
n of UCHCs



89
Mobile Health
Units and
611 Health
Kiosks



77019
ASHAs and
93600 Mahila
Arogya Samiti
(MAS)

Enhanced Health Human Resource -3692 Doctors, 506 Specialists, 9890 Staff Nurses, 17760 ANMs, 3919 LTs, 3686 Pharmacists, 782 Public Health Managers, 1303 program management staff at State/district/city level

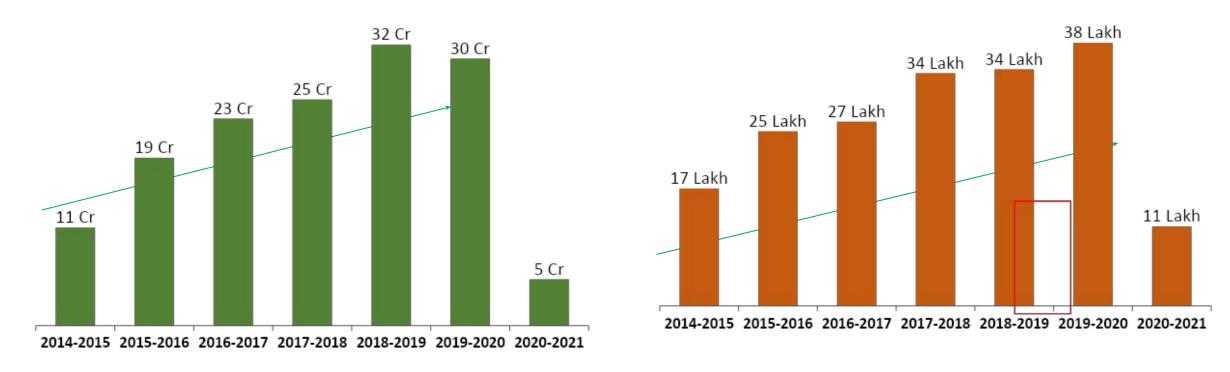
NUHM Progress since 2013

- Steady Progress since inception of Program
- HR increased from 24% to 74%
- Operationalization of U-PHCs increased from 72% to 94%
- ASHAs engagement increased from 41% to 87%
- MAS formation increased from 22% to 86%

Source: NHM MIS/QPR ending March, 2021

Key Output- NUHM

Service delivery data reported- HMIS Portal

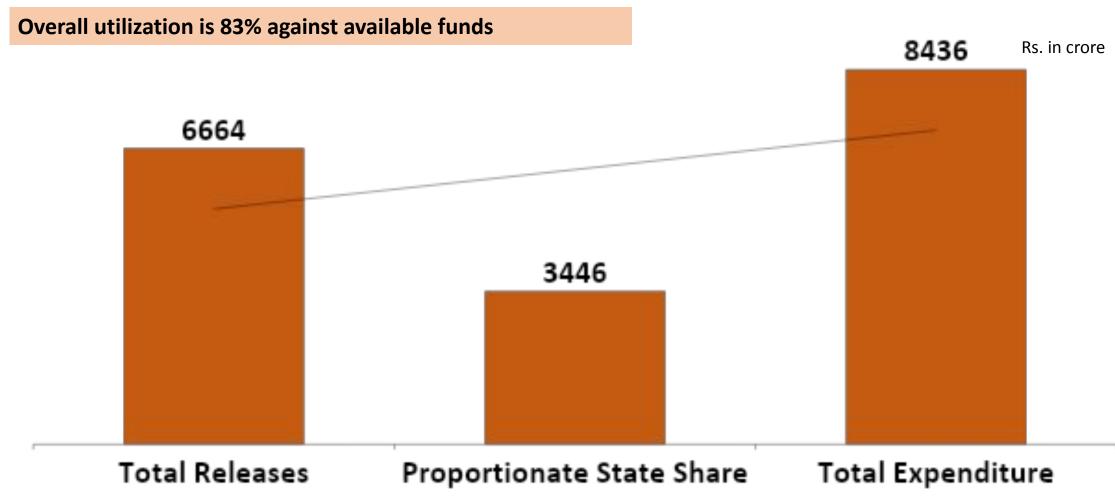


^{*} Data reported by Urban Public Health Facilities. Data for FY 2020-21 is Provisional Source: NHM HMIS Portal

Immunization focused in 14 cities supported by WHO- Guwahati, Gaya, Muzzafarpur, Patna, Bangalore, BBMP, Bhopal, Indore, Agra, Allahabad, Ghaziabad, Kanpur, Varanasi and Lucknow.

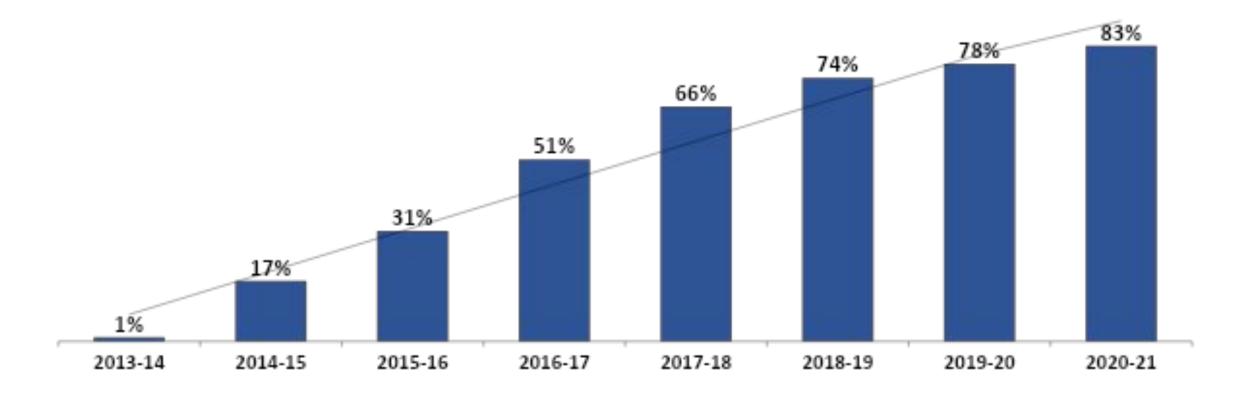
Financial Progress

Financial Progress of NUHM in India since inception (2013-14 to 2020-21)



Expenditure is inclusive of central and state share Expenditure from 2013-14 to 2019-20 is based on audit reports and for FY 2020-21 on FMR (provisional)

% of Utilization of Funds under NUHM since inception (India)



Streamlining of financial booking of expenditure Linking of physical progress with the financial progress

Guidelines, Manuals and Frameworks developed under NUHM

Guidelines, Manuals and Frameworks developed on various topics-

- 1) Vulnerability Mapping
- 2) Records & Registers for U-PHCs
- 3) Capacity building framework
- 4) Extension of kayakalp in urban areas
- 5) Orientation Training Module
- 6) Module RFP and SLA to operate U-PHC
- 7) ANM Handbook
- 8) Quality standards for U-PHCs

- 9) NUHM Brand module
- 10) Outreach session in urban areas
- 11) NUHM Financial Management
- 12) Convergence Framework
- 13) Framework on Innovation & Partnership
- 14) Extension of SSS in urban areas
- 15) MAS handbook on Accounting Procedure

Brochures on Thematic areas

- 1) Thrust areas under NUHM
- 2) Community Process
- 3) Quality Assurance
- 4) IEC/BCC
- 5) Human Resource under NUHM
- 6) Collaboration with Medical Colleges

Implementation of 15th Finance Commission – *Health Grants through Local Governments for urban components*

•XV FC Recommended Total grants for the Health Sector- Rs. 70,051 crores for local governments.

This grant is split into urban and rural components as follows-

Urban Health Grant Rs 26,123 Crores 37% of total funds

Rural Health Grant Rs. 43,928 Crores 63% of total funds

Continued.....

Support for Diagnostic Infrastructure at primary healthcare facilities



Rs.2,095 Cr

(2.9%)

Fully equip the urban primary health care facilities so that they can provide some necessary diagnostic services

Urban Health and Wellness Centres



Rs. 24,028 Cr

(34.3%)

Enable decentralised delivery of primary health care to smaller populations, increasing the reach to cover the vulnerable and marginalised.

The Guidance Note has been sent to the Stats for the implementation of (FC-XV)— Health Grants through Local Governments / Urban Components. Technical guidelines are being issued to the States

Areas to be focussed upon

- HR vacancies to be filled up on priority basis
- Prioritizing NCD screening- Population enumeration, filling up of CBAC formats etc. in urban areas.
- Planning for new UPHCs to address the shortfalls as per Rural Health Staistics (2019-20)
- Strengthening Drugs and Diagnostics- expanding EML list, adopting diagnostics models like in house/ outsourcing/ hub and spoke models
- Achieving NQAS for urban health facilities. Only 94 UPHCs certified under NQAS against
 5500 approved U-PHCs
- Integration of health facilities in 'Mera-Aspataal' portal for seeking patient satisfaction and experience. Only 1158 UPHCs integrated with Mera Aspatal
- Regular reporting on AB-HWC portal
- Roll-out of 15th Finance Commission Health Grants through Local Governments for urban health components

