

Annexure - II

Pl. Issue

RSE Sec.

SNo - 2 (I)

By Speed Post

No. W-11011/01/2009-SS

Government of India

Ministry of Health & Family Welfare
(SS Section)

Nirman Bhawan, New Delhi-110108

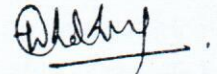
Dated the 28th January, 2015

OFFICE MEMORANDUM

Subject: Minutes of the Meeting to discuss the roadmap for Strengthening UFWC and UHP held on 15th September 2014- regarding.

Sir,

On the above mentioned subject the undersigned is directed to forward herewith a copy of minutes of the meeting held on 15th September, 2014 under the chairmanship of Joint Secretary (UH) for information and necessary action.



(Vandana Chaudhary)

Under Secretary to the Govt. of India

Tel.: 011-23061843

Encl: As Above

To,

Mission Directors of All States/UTs

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Minutes of the Meeting held under the Chairmanship of Shri. N.B. Dhal, Joint Secretary (UH) on 15.9.2014 at R.No. 151-A, Nirman Bhawan, New Delhi to discuss the roadmap for strengthening UFWCs and UHPs.

A meeting under the Chairmanship of Shri N.B. Dhal, Joint Secretary (UH) was held on 15.9.2014 at R.No. 151-A, Nirman Bhawan, New Delhi for discussing the roadmap for the strengthening of Urban Family Welfare Centres (UFWCs) and Urban Health Posts (UHPs) functioning in the States. The representatives from the State of Haryana, Punjab, Gujarat, Maharashtra and West Bengal participated in the meeting. The list of participants is annexed.

2. At the outset, Joint Secretary (UH) welcomed all the participants and outlined the agenda of the meeting very briefly. Thereafter, the States were requested to update the position of UFWCs and UHPs functioning in the States and share their experience on the functioning of these facilities and plan of action for strengthening of these facilities under NUHM. The points discussed were sent to all the states which participated in the meeting and response was received from Haryana and West Bengal. Accordingly, the State-wise position is as follows:

- In West Bengal, there are 111 sanctioned UFWCs which include 8 post-partum centres. Most of these facilities are attached to the Government Hospitals. Out of 111 UFWCs, 22 are functional of which 18 are being run by NGOs and 4 by ULBs. Out of 18 UFWCs run by NGOs, 5 UFWCs have their own building. 18 NGO run UFWCs have 18 MOs and 18 ANMs in place. They employees are being paid salary at par with the State Govt. employees and have been extended the benefits of the 4th & 5th Pay Commission but not the 6th CPC. The State is facing some court cases since 2003 and the court has ordered that till disposal of the main petitions, payments have to be made to the petitioners. The NGO run UFWCs are mainly providing RCH services and very few are conducting OPDs. The State is not filling the vacancies in these facilities. This was also confirmed by the State in the communication sent to MoHFW.
- In Maharashtra, there are 74 sanctioned UFWCs out of which 60 are functioning (14 are NGO run; 37 are ULB run; 9 are Govt. run). There are 280 sanctioned UHPs, out of which 257 are functioning. Out of 257 functional UHPs, 190 are Type D (28 are NGO run; 193 are ULB run; 36 are Govt. run).
- In Haryana, there are 7 Type III, 1 Type II and 2 Type I UFWCs which are operational under Red Cross Society. The staff position under UFWCs is MO-1, MPHWF-5, MPHWM-4 LHV-1, Store keeper/Clerk-1. The staff position under Urban Revamping Centres is MO-2, MPHWF-36, PHN-2 Store Keeper/Clerk-2 and Class IV-1.

- In Punjab, there are total 87 centres. In the State, none of the centre is being run by NGO. All the human resource is from regular PCMS Cadre.
- In Gujarat, there are 113 UFWCs and 28 UHP sanctioned, out of which 89 UFWCs and 28 UHP are functioning. Out of 89 functional UFWCs (60 are NGO run; 25 are ULB run). Out of these, 45 UFWCs have been upgraded to UPHCs (20 NGO run + 25 ULB run). There are 28 UHPs, all are functional and have been upgraded to UPHCs. All these facilities are being run by ULBs. 12 NGO run centres are operating in rented buildings. The rest of the NGO run centres are being run from Govt./ NGO buildings. The State is not allowing the NGOs to fill up the vacancies. The employees are being given 6th CPC benefits.

3. There was detailed discussion with the States regarding strengthening of the existing UFWCs and UHPs in view of the launch of NUHM. From the discussions, it emerged that among the States which were present in the meeting, Gujarat was better placed as many UFWCs and all the UHPs had been upgraded to urban PHCs by the State Government prior to launching of NUHM. Under NUHM, the UPHCs and UCHCs will be setup in urban areas for providing entire range of primary health services for the urban areas. The UFWCs and UHPs would gradually need to be phased out since these facilities provide limited services related to Family Planning (FP) and Reproductive and Child Health (RCH) or upgraded to UPHC where such centres are being run by the State Govt./ULBs. Approvals have been given to States/UTs for strengthening of UPHCs and UCHCs run by the ULBs and State Governments. Considering the large number of litigations at the High Courts and Supreme Court relating to NGO run centres, the limited services provided by these facilities and the launching of NUHM, the states would take a holistic view regarding their continuance & in case the States decide so, the facilities may continue with the conditionality that no vacancy will be filled in these facilities and State Governments will ensure the best and optimum utilization of existing staff.

4. Thereafter, discussion was held with regard to management of those UFWCs and UHPs attached to Medical Colleges or District Hospitals. ULBs and State Government run UFWCs and UHPs which are attached to medical colleges and district hospitals provide very limited services. Hence, these facilities shall be relocated for providing comprehensive outreach and health services to slums. The State informed that the staff posted at the UFWCs and UHPs located within the premises of Medical College/ District Hospital was largely permanent staff. Since there is regular staff posted at these facilities, it was decided that the staff can be relocated/posted at the UPHCs or the UCHCs created under NUHM and the stand alone UFWCs and UHPs can gradually be phased out. It was also felt that the State Government would require creation of regular posts for manning the newly setup UPHC and UCHC under the program.

The meeting ended with vote of thanks to the Chair and the participants.

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List of Participants

1. Mission Director, NHM, West Bengal.
2. Representatives from office of Mission Director, NHM, Gujarat.
3. Representatives from office of Mission Director, NHM, Haryana.
4. Representatives from office of Mission Director, NHM, Punjab.
5. Representatives from office of Mission Director, NHM, New Delhi.
6. Representatives from office of Mission Director, NHM, Maharashtra.

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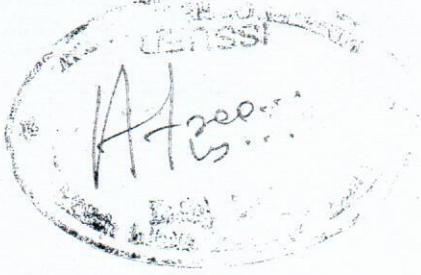


Court Matter/Priority
भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

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

D.O.No.W-12017/10/2014-15-SS
Dated 30th December, 2014



Dear Secretary,

This ministry has been receiving a number of court cases with regard to the payment of benefits to the employees working in the NGO run Urban Family Welfare Centres(UFWCs) and Urban Health Posts(UHPs) being run in the States/UTs. It is observed that at times states and UTs have taken positions which are contrary to the policies of Govt of India. The States, therefore, are requested to consult Ministry of Health & Family Welfare in future before filing counter affidavits in court cases relating to these centres run by the NGOs. They should not take a stand contrary to the stand taken by the Government of India, in so far as the liabilities of Govt. of India are concerned. Further, after the launch of NUHM, the continuance of UFWCs & UHPs in their present form need review. Since Urban Primary Health Centres will be set up to provide comprehensive primary health care services including family planning and immunisation, the states may review the continuity of the NGO managed UFWCs and UHPs which are providing limited RCH services at present.

With warm regards

Happy New Year 2015

Yours Sincerely,

(Nikunja B. Dhal)

Principal Secretaries (Health & Family Welfare), All States & UTs

PL issue (36) letter

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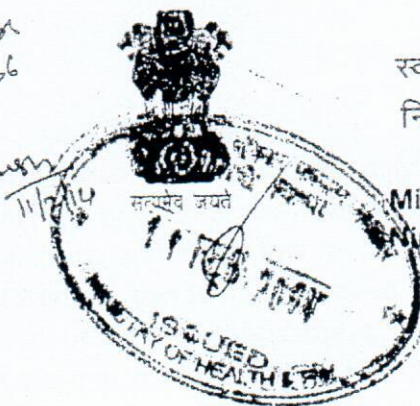
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11/11/15

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*RtI Section
may please
issue 36
letters.*

Admission



SPEED POST 10/2

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare

Nirman Bhavan, New Delhi - 110011

No.L-19017/1/2008-UH

10th February, 2014

To

Principal Secretary (Health & Family Welfare)

All States & UTs

Dear Sir/Madam,

The states have been requested to submit the NHM PIP for 2014-15, which also includes the PIP for the NUHM. Detailed guidelines were communicated to the states during July, 2013 regarding the preparation of the NUHM PIP. These guidelines, the NHM Implementation Framework, the NUHM Implementation Framework and the PIP guidelines communicated recently form the basis of the preparation of PIP for 2014-15.

2. The Ministry had received NUHM PIP for 2013-14 from 32 states and Uts. 14 PIPs have been approved by the Ministry so far and the remaining PIPs will also be approved very shortly. While examining the PIPs submitted by the states and Uts, following shortcomings have been observed.

- i). Detailed mapping has not been carried out to identify the target population, i.e., people living in slums, migrant workers, homeless, etc.
- ii). A detailed analysis of the equipment and HR available in the existing facilities has not been carried out.
- iii). Some states have not proposed for establishment of community level structures like the MAS.
- iv). Some states have not taken into account the Urban Family Welfare Centres and Urban Help Posts supported by the Ministry under Treasury Route, while enlisting the existing facilities.
- v). Some states have not taken into account the sanction communicated under NRHM RCH Flexible Pool for the urban RCH Programme, which is going to be subsumed under NUHM w.e.f. 1.4.2014 (The urban RCH component has already been subsumed under the NUHM w.e.f. 1.1.2014 in the PIPs of some states).
- vi). Some states have proposed for strengthening of all the existing facilities and have not proposed for creation of any additional facility to serve the unserved population.

3. The primary goal of the NUHM is to provide primary health care services to the unserved population in urban areas, especially the urban poor. Many existing facilities in the urban areas also do not have adequate infrastructure,

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equipment and manpower to provide comprehensive OPD services. Similarly, adequate number of health workers(Female) are also not in position to provide outreach services in the slums and other low income neighbourhoods. Hence, the states were requested to conduct a detailed mapping and identify the unserved population and propose establishment of new PHCs to serve that population. The states were also requested to map the existing facilities which can serve the poor population and identify the gaps in availability of HR, equipment etc. in these institutions.

4. As has been clarified during various interactions with the states and UTS, the Urban Family Welfare Centres and the Urban Health Posts supported under the Treasury Route should be upgraded as Urban Primary Health Centres on priority. 1083 Urban Family Welfare Centres and 871 Urban Health Posts are being supported in all states and Uts except Goa, Kerala, Nagaland, Andaman & Nicobar Islands, Dadra & Nagar Haveli, Daman & Diu, Lakshadweep and Puducherry. There are 632 Type-III Urban Family Welfare Centres for which Medical officer, LHV, ANMs, etc. have been sanctioned. No Medical Officer, LHV are sanctioned for Type-I and Type-II Urban Family Welfare Centres. Similarly, there are 565 Type-D Urban Health Posts for which Medical officer, public health nurse, ANMs, etc. have been sanctioned. Type-A, Type-B and Type-C Health Posts are attached to hospitals for providing outreach services. Hence, the states can upgrade the Type-III Urban Family Welfare Centres and Type-D Urban Health Posts as Urban PHCs on priority, so that these facilities could provide comprehensive OPD and outreach services.

5. The sanction of HR under the Urban RCH programme varies from state to state. While a State like Andhra Pradesh receives support for more than 250 Urban Health Centres having a Medical Officer each, some other states have got sanction of only ANMs under the urban RCH component. In states like Odisha, these Urban Health Centres are run through the NGOs in rented premises while in Andhra Pradesh, these are run by NGOs in Govt. buildings provided by the State Govt./urban local body. Primarily these UHCs were established to provide RCH services. With the Urban RCH component of NRHM-RCH Flexible Pool being subsumed under the NUHM, these Urban Health Centres can be strengthened to provide comprehensive OPD and outreach services.

6. The states and urban local bodies also have established their own facilities for providing primary health care to the urban population. Some of these facilities which serve the urban poor could also be strengthened to provide comprehensive OPD and outreach service.

7. A detailed gap analysis in terms of availability of HR, equipment, furniture should be carried out to determine the support required under NUHM so that the existing facilities, i.e., UFWCs, UHPs, UHCs, Dispensaries etc. can function as good Urban Primary Health Centres for providing comprehensive OPD and outreach services to the target population.

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8. NUHM will be implemented through City Urban Health Missions in the seven megacities. In the other large cities, NUHM could be implemented either through the existing District Health Societies or through separate City Urban Health Societies. However, dedicated City Programme Management Units may be set up in the million plus and other large cities to implement NUHM. The existing societies like the TB Control Society, Blindness Control Society, etc. established at city level could be merged with the City Urban Health Society for better convergence.

9. NUHM does not envisage establishment of parallel programme management structure at State and District levels. However, Urban Health Planning Cell will be established within the State Programme Management Unit and the District Programme Management Units. The various thematic groups such as Accounts, Community Mobilisation, Monitoring and Evaluation could be appropriately strengthened with sanction of additional HR under NUHM to look after both NRHM and NUHM. However, NUHM will support establishment of separate City Programme Management Units in the mega cities, million plus cities and other large cities as mentioned at para 8 above.

10. Some states, especially the mega cities have asked funds under NUHM PIP for taking up various interventions relating to communicable diseases and non-communicable diseases. However, separate flexible pools are available for communicable diseases and non-communicable diseases under the National Health Mission. All national programmes on communicable diseases and non-communicable diseases cover both rural and urban areas. Hence, various interventions relating to communicable and non-communicable diseases should be planned under the respective flexible pools of NHM. However, there may be need for some interventions, which can't be supported under the ongoing national programmes, for which the state could seek support under the innovation component of the NUHM PIP. However, the state/city should prepare detailed proposals in this regard.

11. As far as remuneration of the contractual HR to be engaged under NUHM is concerned, parity should be maintained between NRHM and NUHM. Consultants, Medical Officer, ANM, staff nurse, laboratory technician, pharmacist, etc. engaged under NUHM should be paid the same remuneration as is being paid to under NRHM at the time of initial recruitment.


12. As far as civil construction is concerned some states have asked for more than 75 lakh for establishment of new PHCs. It is hereby clarified that NUHM will support Rs.75 lakh maximum for establishment of new urban PHCs which also includes the cost of equipment and furniture. Any amount over and above that could be provided by the state Government/urban local body. In this regard, it is relevant to mention that the states should first explore the possibility of running new PHCs sanctioned under NUHM in the common facilities constructed under Programmes like Rajiv Awas Yojna (RAY), Basic Services for Urban Poor (BSUP), Integrated Housing and Slum Development Programme (IHSDP) etc.

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13. As far as the staffing of the urban PHCs is concerned, one Medical Officer (full time), one Medical Officer (part-time), three staff nurses, one pharmacist, one LT, one LDC and one group 'D' support staff are supported under NUHM. In the existing facilities such as Urban Family Welfare Centres, Urban Health Posts, Urban Health Centres supported under the Urban RCH Programme and the dispensaries/PHCs managed by the state Governments and the urban local bodies, additional HR will be supported as per the HR gap analysis report submitted by the state facilitywise.

14. I hope, these clarifications would help you to prepare the NUHM PIP for 2014-15.

Yours faithfully,

 10 Feb

(Nikunja B. Dhal)

CC: Mission Director, NHM (All States, UTs) for information and necessary action.