Punjab: Efforts at Convergence

- SBI 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 to be utilized by health department.
  - Special outreach activities in the new identified cities shared by other departments for health services.
  - NGOs of ABOHAR & MUKATSAR cities, who already have taken up the initiatives for convergence.
- Under NULM program in some of the cities shelter houses (24x7) have been established, which are being requested to NULM to share the number of open spaces.
- It is envisaged to utilize this facility to accommodate the stay of the attendants of healthcare workers in the concerned cities.
- 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 Anganwadi 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 SBI infrastructure to provide community level health care like outreach services, utilization of NULM-SBI combined triggering platform for sustained behavioural change counselling.

Achievements

- State initiatives 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.

Mechanism of Convergence

1. Triggering Platform for health education
2. Identification of Infrastructure for use across all three programmes (e.g. NULM-SUH/CLC)
3. Formation of Swachhagrahis and involving them in CTM/ASHA, NAC, ACP, CLF and other self help groups.
4. Development of IT based mechanism for real time data transfer and training/capacity building at every level.

The success of convergent action would depend on the quality of the Public Health Planning processes. The City/State/District Health Action Plan 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 urban health 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 link: http://nhm.gov.in/nhnm/nuhm.html

The convergence and development of a common training module for real time data transfer and training/capacity building at every level has been 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/stressed population.

Health outcomes are more defined by the other social determinants than by the just health itself. Addressing the other determinants entails building partnerships with other 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 actors together with health sector, thus making Inter Sectoral Convergence is one of the main core strategies under the NHM.

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 Programme.
- Convergence with other departments of Ministry of Health and Family Welfare.

**Mechanisms of Convergence at different levels of implementation**

It is envisaged that the three-tiered level of mechanisms can be put in place under NULM, 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, NULM seeks to adopt a convergent approach for interventions planned under the umbrella of SBM & NULM at the City/State/District/Ward level.

- 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 community processes at slum level, improving access for street dwellers and development of outreach actions.
- 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.
- Conduct a review of the progress and achievements of the various convergence interventions at the state/district/ward level Committees.
- Plan and implement SWAGHAGRIHUS.
- Implement the Swachh Bharat Mission (SBM) and National Urban Health Mission (NULM).
- Develop budgetary provisions for incentives for Swachhagrahis.
- Develop mechanism to utilise NULM data on street dwellers and develop outreach activities at the NULM night shelters improve access of health to the most vulnerable homeless population.
- 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.

**BEST PRACTICES**

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

**Key Focus Areas**

- The MEPMA programme focuses on following approaches for strengthening of MAS:  
  - MAS trainings (Outreach and Prevention).
  - Strengthening of MAS monitoring records.
  - Strengthening 14 records of MAS, Awards and recognition.
  - Continuous monitoring by NULM Budget department 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 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 setting it to monitor and reward.