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भारत सरकार
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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,

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.

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.

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.