# GUIDELINES FOR PREPARING NUHM PROGRAMME IMPLEMENTATION PLAN (PIP) FOR 2013-14

**URBAN HEALTH DIVISION**
**DEPARTMENT OF HEALTH & FAMILY WELFARE**
**GOVERNMENT OF INDIA**

***July 2013***

**NUHM: GUIDELINES FOR PREPARATION OF PIP, 2013-14**



**ANNEXES**

**NUHM: GUIDELINES FOR PREPARATION OF STATE PIP DURING 2013-14**

**KEY FEATURES OF NUHM**

The Government of India has launched the National Urban Health Mission (NUHM) as a sub-mission under the National Health Mission (NHM), the National Rural Health Mission (NRHM) being the other sub-mission.

NUHM seeks to improve the health status of the urban population particularly slum dwellers and other vulnerable sections by facilitating their access to quality health care. NUHM would cover all state capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will be covered under NRHM. These guidelines are used to enable the states and Union Territories to prepare the Programme Implementation Plans (PIP) for 2013-14 under the NUHM and are to be read in conjunction with the NUHM Framework for Implementation. Key features of NUHM are enumerated below:

- Creation of service delivery infrastructure :
  - Urban - Primary Health Centre (U-PHC): Functional for approximately 50,000 population, the U-PHC would be located within or near a slum. The working hours of the U-PHC would be from 12.00 noon to 8.00 pm. The services provided by U-PHC would include OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing and delivery of Reproductive & Child Health (RCH) services, as well as preventive and promotive aspects of all communicable and non-communicable diseases.
  - Urban-Community Health Centre (U-CHC) and Referral Hospitals: 30-50 bedded U-CHC providing inpatient care in cities with population of above five lakhs, wherever required and 75-100 bedded U-CHC facilities in metros. Existing maternity homes, hospitals managed by the state government/ULB could be de;
  - In towns/ cities, where some sort of public health institutions like Urban Family Welfare Centres, Maternity Homes etc., exist effort will be made to strengthen them on the lines of U-PHC and U-CHC.

- Outreach:
  - Creation of Sub Centres has **not** been envisaged under NUHM. Outreach services will be provided through Female Health Workers (FHWs)/ Auxiliary Nursing Midwives (ANMs) headquartered at the UPHCs.
  - ANMs would provide preventive and promotive health care services to households through routine outreach sessions.
  - Expansion of services through outreach to children by covering at least all government schools and Anganwadi Centres. Other schools located in the slums would also be covered. During such sessions, screening for birth defects, diseases, disability and deficiency (4 Ds) would be carried out and follow-up actions would be initiated.

- Various services to be delivered at the community level, UPHC and UCHC levels have been elaborated in Table 17-1 of the NUHM Implementation Framework.

- Targeted interventions for slum population and the urban poor:
  - Mahila Arogya Samiti (MAS) – will act as community based peer education group in slums, involved in community mobilization, monitoring and referral with focus on preventive and promotive care, facilitating access to identified facilities and management of grants received. Existing community based institutions could be utilized for this purpose.
  - Capacity building of community – NUHM would provide capacity building support to MAS / Community Based Organisations for orientation, training, exposure visits, participation in workshops and seminars etc., apart from annual grant of Rs.5000 per MAS for mobilization, sanitation and hygiene, and emergency healthcare needs.
  - Link Worker / ASHA - One frontline community worker (ASHA) would serve as an effective and demand–generating link between the health facility and the urban slum population. Each link worker/ASHA would have a well-defined service area of about 1000-2,500 beneficiaries/ between 200-500 households based on spatial consideration. However, the states would have the flexibility to either engage ASHA or entrust her responsibilities to MAS. In that case, the incentives accruing to ASHA would accrue to the MAS.
  - Outreach services – Weekly medical camp would be organised in slum areas.
- Public Private Partnerships:

  In view of presence of larger number of private (for profit and not for profit) health service providers in urban areas, public – private partnerships particularly with not for profit service providers will be encouraged. NUHM will also support innovations in public health to address city and population specific needs. However, clear and monitorable Service Level Agreements (SLAs) need to be developed for engagement with Private Sector.

- Role of Urban Local Bodies

  The NUHM would promote active participation of the ULBs in the planning and management of the urban health programmes. In the seven mega cities, namely Delhi, Mumbai, Kolkata, Chennai, Bengaluru, Hyderabad and Ahmedabad, the NUHM would be implemented through the City Urban Health Mission/Society. In other cities/ towns, NUHM will be implemented through the District Health Society except the large cities where in the view of the State Government, implementation of NUHM can be handed over to the City Urban Health Mission.

- Funding/budget mechanism

  Funds will flow to the City Urban Health Society/ District Health Society, through the State Government / State Health Society. The SHS/DHS will have to maintain separate accounts for NUHM.

- Convergence: Intra-sectoral convergence is envisaged to be established through integrated planning for implementation of various health programmes like RCH,RNTCP, NVBDCP, NPCB,

National Mental Health Programme, National Programme for Health Care of the Elderly, etc. at the city level.

Inter-sectoral convergence with Departments of Urban Development, Housing and Urban Poverty Alleviation, Women & Child Development, School Education, Minority Affairs, Labour will be established through city level Urban Health Committees headed by the Municipal Commissioner/Deputy Commissioner/District Collector.

States are also encouraged to explore possibility of engaging the Railways, ESIC and corporate sector (through CSR).

- Other aspects:
  - Extensive use of Information Technology would be made for hospital management, reporting and monitoring as well as service delivery.
  - Public Health laboratories would also be strengthened for early detection and management of disease outbreaks.

**PREPARATORY ACTIVITIES**

All states and Union Territories have been requested to initiate various preparatory activities vide letter dated 16th May 2013 of Union Secretary, Health & Family Welfare addressed to State Chief Secretaries, and letter dated 17th May 2013 of Additional Secretary & Mission Director, NHM addressed to State Health and Urban Development Secretaries.

States were requested to undertake the following activities, prior to submission of the PIP for 2013-14:

- Expand the Governing Body (GB) and the Executive Committee of the State Health Mission/Society to include Minister(s) in charge of Urban Development and Housing, and Secretaries in charge of the Urban Development and Housing departments.
- Mission Director NRHM to be re-designated as Mission Director National Health Mission (NHM)
- Appointment of Additional Mission Director, NUHM (especially for big states)
- Urban Health Cell to be operationalised in the State Health Society/SPMU
- District Health Society should also be appropriately expanded.
- City Urban Health Societies have to be put in place in the mega cities and other large cities/ corporations, where the responsibility of implementing NUHM is handed over to the City Urban Health Mission.

Copies of Government orders reflecting the above should be attached as a part of the PIP document for 2013-14.

**VARIOUS ACTIVITIES TO BE UNDERTAKEN IN 2013-14 FOR ROLL OUT OF NUHM**

During 2013-14 the focus would be on establishing necessary program management structures and building capacities for implementation of NUHM, mapping of slums and public healthcare facilities,

preparation of baselines for identifying areas of intervention and investment. Specific activities in 2013-14 would include:

- Prioritise cities for roll out of NUHM on the basis of appropriate criteria
- Strengthen program management structures at state level and selected districts and cities;
- Build necessary capacities through training and establishing systems for flow of funds.
- Carry out a baseline survey in the prioritised cities including listing and mapping of slums/ vulnerable pockets; mapping and facility survey of all public health facilities, which would lead to "situational analysis".
- Prepare plans for intervention during 2013-14.
- Recruitment of necessary program management staff. Capacities of staff would be built through training.
- Community processes i.e. MAS, ASHA/link-worker, targeted outreach services
- Strengthening of existing public healthcare facilities
- Convergence with other health programmes and wider determinants.

**Prioritise cities/towns**

Given the limited availability of funds during 2013-14, implementation of NUHM would necessarily take place in a phased manner. States would need to prioritise cities/ towns based on appropriate criteria including number and proportion of people living in slum and slum like conditions, existence of community based structures; capacity of ULB, etc. The States/UTs could also initiate NUHM in selected JnNURM cities as these cities would be better prepared to manage NUHM. However, the states are free to finalise the cities on the basis of objective criteria.

**Carry out baseline survey and situational analysis in selected cities/ towns[1]**

The base line survey would (1) identify and map the slums listed as well as the unlisted, low income neighbourhoods, called Key Focus Areas (KFAs[2]) so that interventions can be targeted (2) list all public health facilities and conduct facility surveys (availability of infrastructure, HR, drugs, consumables and equipment) order to prepare estimates for up-gradation/strengthening the same as per norms and standards (3) provide an assessment of existing community based structures in order to determine whether these could take on the role of MAS (4) assess capacity ( staff, systems ) of the ULBs to manage NUHM.

Current status of KFAs in terms of health indicators may be obtained from existing secondary databases and/ or through baseline household survey.

[1] Another option is to simultaneously carry out a situation analysis/ prepare CHPs across all cities and towns. However, this is not desirable since the analysis may be out of date by the time ground level implementation takes place.

[2] Ideally, State should also map the vulnerable population facing any kind of vulnerability: residential, occupational or social.

The above analysis would determine gaps in availability public health services ( in and around the KFAs), thus providing a basis for the City Health Plans and subsequent monitoring of progress.

GIS mapping of slums undertaken by Urban Development/HUPA Department under JNNURM/RAY would provide a good starting point for the mapping of KFAs. The National Polio Surveillance Project (NPSP-WHO) surveillance maps and micro-plans may also be used to identify vulnerable population/hard to reach pockets.

**Prepare City Health plans**

States/UTs need to prepare CHPs for the identified cities/ towns. The CHP would consist of a situation analysis, key issues, strategies (including identification of facilities to be upgraded / location of new facilities, PPPs/ innovations, etc.), activities, work plan, program management arrangements including monitoring indicators/ results frame work and proposed budget.

While preparation of a comprehensive City Health Plan may not be feasible before submission of the PIP for 2013-14, a plan is required to be prepared on the outlines indicated here.

**Initiate community processes**

Under NUHM, community processes include mobilising urban communities through structures such as MAS, deployment of ASHA and their capacity building. It may be noted that NUHM provides for ANMs for the entire urban population whereas ASHA and MAS will be mobilised only for population living in KFAs. NUHM would provide untied grants and capacity building support to MAS / CBO.

**Strengthening of existing primary healthcare facilities**

One urban primary health centre (UPHC) may be planned for every 50-60 thousand population. In case there is existing infrastructure of UFWC, UHC, UHP, etc., it may be upgraded and strengthened as UPHC. Where none exists, new UPHCs will have to be planned and the State could initiate the process of identification of location/ land. NUHM would provide both capital and recurrent cost for up gradation and maintenance of the UPHCs, as per the norms in the NUHM Framework for Implementation. The State could also hire premises for new UPHCs where land is not available. Mobile PHCs could be planned for unlisted slums and other KFAs, where it is not possible to establish a new UPHC as per requirement.

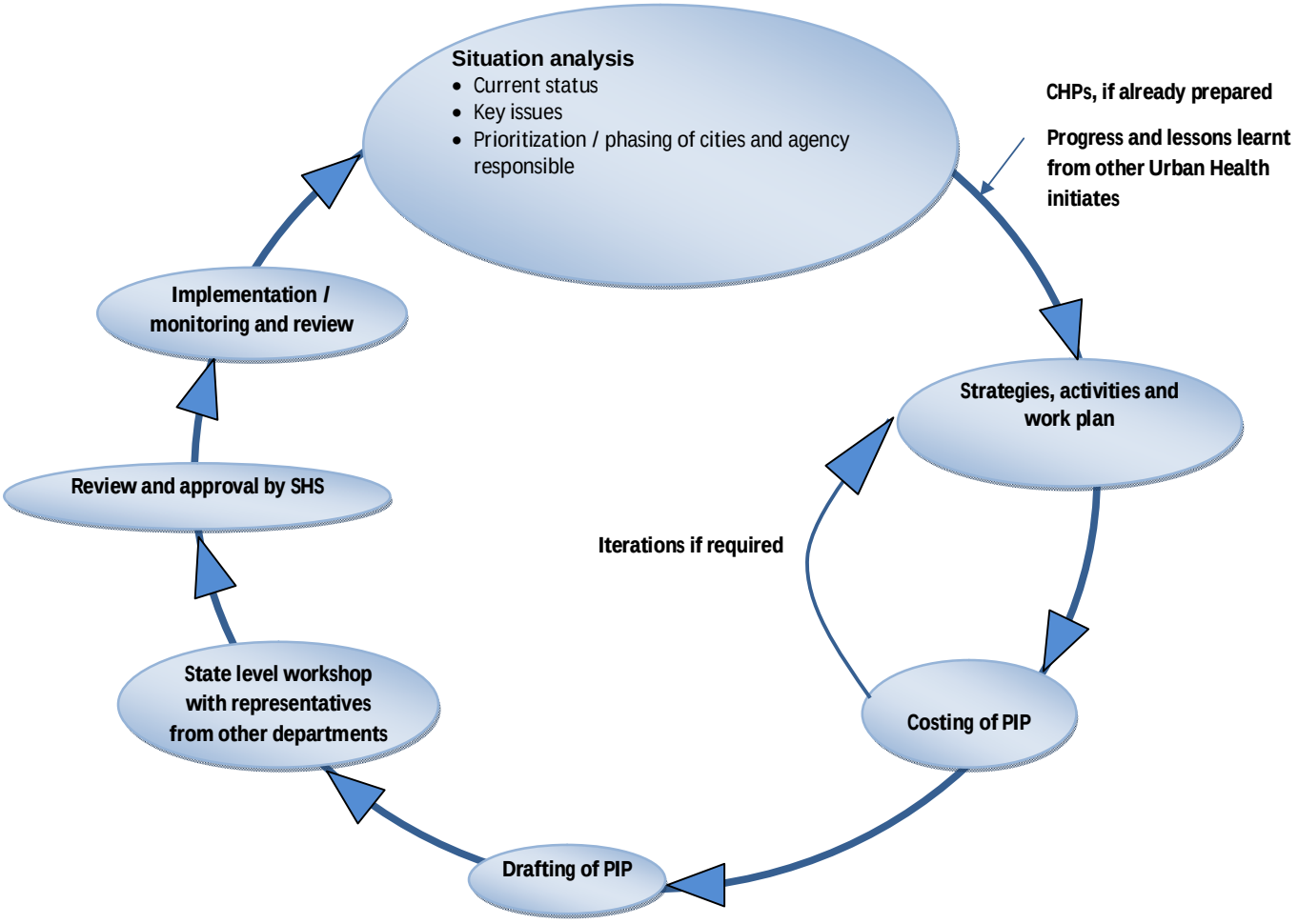
**Convergence with other health programmes and wider determinants**

State should work out the detailed modalities for convergence with wider determinants of health, especially housing and water supply and sanitation programmes and ICDS. Convergence could be in terms of planning, synchronised implementation and monitoring.

**PLANNING PROCESS FOR NUHM PIP, 2013-14**

State would need to constitute a planning team including representatives from other departments, in particular Urban Development Department / Directorate of Municipal Affairs/ Slum Board, etc. The State NUHM Plan would need to be presented and approved by the State Health Society prior to submission to Ministry of Health and Family Welfare. An overview of the process is depicted below.

**NUHM: PIP PLANNING PROCESS**



**BROAD CONTENTS OF THE NUHM PIP 2013-14**

The broad structure of the PIP is as follows (for details refer to Annex 1):

- Covering letter from State Health Secretary/Mission Director – NHM

(The letter should summarize the budget proposed and cities to be prioritized in 2013-14. It may also include the state's own assessment of the extent to which criteria for appraisal of the state PIP has been met. The appraisal criteria checklist provided in Annex 2 may be used).

- State NUHM PIP – 2013-14 (with Annexures)
- Self-Appraisal checklist
- City Health Plans

**Annexes to be submitted with the PIP:**

1 NUHM State PIP (2013-14)

- 1a State Profile
- 1b State level indicators & targets
- 1c Summary state NUHM budget (2013-14)
- 1d Detailed state NUHM budget (2013-14)

2 Criteria for self-appraisal of NUHM PIP

3 City Health Plans

- 3a City Profile
- 3b City level indicators & targets
- 3c Summary of City NUHM budget (2013-14)
- 3d City wise detailed NUHM budget (2013-14)

4 Copy of GOs regarding reconstitution of the State Health Mission/Society and constitution of City Urban Health Mission/Society.

**TIME FRAME**

The targeted time frames are as follows:

| Activity | Timeframe |
|---|---|
| Preparation of NUHM PIPs, approval by State Health Mission/ Society and submission to MoHFW | August 15, 2013 |

**ANNEX 1**

**STATE NUHM PIP (2013-14)**

**SUMMARY (3 pages max)**

*(Summarize the urban health scenario, prioritisation/ phasing of cities/ towns, key issues, strategies and budget).*

***ANNEX 1a.***

**1. STATE PROFILE**

*(This chapter should lead to (1) an overall understanding of the current status of urban health and key issues (2) prioritisation/ phasing of cities/towns,(3) Cities/ towns which would be proposed for funding in 2013-14 (4) decision on primary responsibility for NUHM in each city/ town i.e. ULB or health department and relative roles (4).This chapter would be based on existing data/ studies including those carried out by other departments; where data is not available include an activity in the work-plan of 2013-14 for collection of data/survey. )*

**Current status**

State profile (trends of urban population, slum population, BPL, SC/ST, per capita income).

Listing of state capital, all district headquarters, other cities/ towns to be covered under NUHM

Assessment of availability and utilisation of health services,

Assessment of wider determinants of health

Details of the programmes (RCH, RNTCP, NVBDCP, programmes of other departments, donors, etc.);

Assessment of public health delivery capacity of the ULBs

**Table 1: Demographic Profile (based on 2011 census)**

| | |
|---|---|
| Total Population (In lakhs) | |
| Urban Population (In lakhs) | |
| Urban Population as percentage of total population | |
| Urban slum population (in lakhs) | |
| Slum population as percentage of urban population | |
| Number of Metro cities | |
| Number of Million + cities (> 10 lakh population) | |
| Number of cities with 1 to 10 lakh population | |
| Number of towns with less than 1 lakh but more than 50 thousand population | |
| Number of State HQs/District HQs which have less that 50 thousand | |

| | |
|---|---|
| population but are covered under NUHM | |

**Table 2: Health indicators**

| | **Total** | **Urban** | **Urban Poor (wherever available)** |
|---|---|---|---|
| Infant Mortality Rate | | | |
| Under-five Mortality Rate | | | |
| Maternal Mortality Ratio | | | |
| Total Fertility Rate | | | |
| Full Immunization (percentage) | | | |
| Number of SAM children identified (ICDS data) | | | |
| Annual Blood Examination Rate (ABER) for malaria | | | |
| Annual Parasite Index (API) | | | |
| Dengue Case Fatality Rate | | | |
| Annual New Smear Positive case detection rate | | | |
| Treatment success rate among new smear positive cases | | | |
| Leprosy Prevalence Rate | | | |
| No. of outbreaks reported under IDSP in past year | | | |

- Indicate the source of data (e.g. AHS , NFHS-3, etc.), Also include any other relevant information

*State may also mention if data is unavailable

**Table 3: Details of cities/towns to be covered under NUHM as per 2011 census**

| **Sl.no.** | **Name of the city/town** | **Type (state capital/district headquarters/other)** | **Population as per 2011 census** | **No. of slums** | **Slum population** | **Whether covered under JnNURM, BSUP, IDSMT** |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Table 4: Details of cities/towns taken up for NUHM implementation in 2013-14**

- Cities and towns selected for NUHM implementation in 2013-14 to be listed with justification for selection.
- Implementing authority for each city may be specified.
- Development Partner with role foreseen may also be specified.

| Sl. No. | Name of City/Town | Type (state capital/district headquarters/other) | Population | Slum population | Implementing Authority (City/ Dist. Health Society) | Development Partner , if any |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(Source: )

**Table 5: State's Allocation under Urban RCH Component under NRHM-RCH Flexible Pool:**

| FMR Code | Activity | Amount Approved in 2012-13 (Rs in Lakhs) | Amount Approved in 2013-14 (Rs in Lakhs) |
|---|---|---|---|
| **A.5** | **URBAN RCH (focus on Urban slums)** | | |
| A.5.1 | Identification of urban areas / mapping of urban slums and planning | | |
| A.5.2 | HR for urban health including doctors, ANMs, Lab techs | | |
| A.5.2.1 | Doctors/MOs | | |
| A.5.2.2 | Specialist | | |
| A.5.2.3 | Dentists | | |
| A.5.2.4 | ANM | | |
| A.5.2.5 | Staff Nurse | | |
| A.5.2.6 | LHV | | |
| A.5.2.7 | LT | | |
| A.5.2.8 | Pharmacists | | |
| A.5.2.9 | Radiographers | | |
| A.5.2.10 | OT Technician | | |
| A.5.2.11 | Support staff | | |

| FMR Code | Activity | Amount Approved in 2012-13 (Rs in Lakhs) | Amount Approved in 2013-14 (Rs in Lakhs) |
|---|---|---|---|
| A.5.2.12 | Others (pl specify) | | |
| A.5.3 | Operating expenses for UHP and UHC | | |
| A.5.4 | Outreach activities | | |
| A.5.5 | Others (pl specify) | | |
| A.5.5.1 | Infrastructure support for Urban areas | | |
| | **TOTAL** | | |

**Table 6: State's Allocation under Infrastructure Maintenance (Treasury Route) head of NRHM**

| FMR Code | Activity | Amount Approved in 2012-13 (Rs in Lakhs) | Amount Approved in 2013-14 (Rs in Lakhs) |
|---|---|---|---|
| | **Infrastructure Maintenance** | | |
| 1. | Urban Family Welfare Centres (UFWCs) | | |
| 2. | Urban Revamping Scheme (Health Posts) | | |
| | **Total** | | |

**2. KEY ISSUES** (*Based on the above, identify key issues as far as delivery of health care is concerned, with specific focus on urban poor).*

**3. STRATEGIES, ACTIVITIES AND WORKPLAN**

*(Summarise the key strategies e.g. strengthening of facilities, targeted interventions for slum population and the urban poor, outreach services, PPPs/ innovations, programme management, etc. Similarly, provide a consolidated list of activities and corresponding work plan with brief description)*

**4. PROGRAMME MANAGEMENT ARRANGEMENTS**

*(Provide details of programme management structures at the state, district and city levels for NUHM, linkages with Health and Family Welfare Department and synergy/ optimisation with NRHM as well as management structures specific to on-going DP assisted projects, if any. The proposed organization structure should be consistent with NUHM implementation framework.)*

**5. STATE LEVEL INDICATORS & TARGETS**

*(As per details provided in Annex 1b)*

**6. BUDGET**

*(Provide budget summary and detailed budget as per the formats in Annex 1c and 1d respectively. The State may also enumerate the activities which are being funded through other sources of funds. Budgets should be prepared strategy and activity wise; consolidated at state level. State may allocate NUHM budget to cities /ULBs based on total population and slum population, giving equal weightage to both. )*

**Annexes to be submitted with the PIP:**

1. Self-appraisal of state NUHM PIP against appraisal criteria

2. Detailed State NUHM budget in MS Excel sheet

3. City Health Plans (for cities to be covered during 2013-14).

4. City wise NUHM budget (for cities to be covered during 2013-14).

5. Copy of GOs regarding reconstitution of the State Health Mission/Society and constitution of City Urban Health Mission/Society

**ANNEX 1b**

**STATE LEVEL INDICATORS & TARGETS**

| Processes & Inputs | | | |
|---|---|---|---|
| **Indicators** | **Baseline number** | **Number Proposed (2013-14)** | **Number Achieved (2013-14)** |
| 1. Number of Mahila Arogya Samiti (MAS) formed * | 0 | | |
| 2. Number of MAS members trained * | 0 | | |
| 3. Number of Accredited Social Health Activists (ASHAs) selected and trained * | 0 | | |
| 4. Number of ANMs recruited* | 0 | | |
| 5. Number of UPHCs made operational * | 0 | | |
| 6. Number of UCHCs made operational * | 0 | | |
| 7. No. of RKS created at UPHC and UCHC * | 0 | | |
| 8. Number of city PMUs established (personnel recruited and office space provided) * | 0 | | |
| 9. Number of cities covered under NUHM* | 0 | | |
| 10. Population covered under NUHM* | 0 | | |
| 11. No. of slums covered under NUHM* | 0 | | |
| 12. Slum population covered under NUHM* | 0 | | |
| 13. Other vulnerable population covered under NUHM* | 0 | | |

* Year 2013-14 being the baseline year, the indicators for these NUHM components would be zero.

**ANNEX 1c**

## SUMMARY OF STATE NUHM BUDGET (2013-14)

**Name of the State:**

| FMR Code | Budget Head | Budget (Rs. Lakhs) | % total budget |
|---|---|---|---|
| 1 | Planning & Mapping | | |
| 2 | Programme Management | | |
| 3 | Training & Capacity Building | | |
| 4 | Strengthening of Health Services | | |
| 4.a | *Human Resource* | | |
| 4.b | *Infrastructure* | | |
| 4.c | *Untied grants* | | |
| 4.d | *Procurement (drugs and consumable)* | | |
| 4.e | *Other services* | | |
| 5 | Regulation & Quality Assurance | | |
| 6 | Community Processes | | |
| 7 | Innovative Actions & PPP | | |
| 8 | Monitoring & Evaluation | | |
| | **TOTAL** | | |

**ANNEX 1d**

## DETAILED STATE NUHM BUDGET (2013-14)

| FMR Code | Budget Head | Physical Target (No.) | Unit cost* (Rs.) | Budget (Rs. Lakhs) | Remarks |
|---|---|---|---|---|---|
| 1 | **Planning & Mapping** | | | | |
| 1.1 | Metro cities | *No. of cities* | Rs.15 lakhs | | |
| 1.1.1 | *Mapping* | | | | |
| 1.1.2 | *Data gathering (secondary/primary)* | | | | |
| 1.1.3 | *Any Other* | | | | |
| 1.2 | Million+ cities | *No. of cities* | Rs.10 lakhs | | |
| 1.2.1 | *Mapping* | | | | |
| 1.2.2 | *Data gathering (secondary/primary)* | | | | |
| 1.2.3 | *Any Other* | | | | |
| 1.3 | Cities (1 lakh to 10 lakh population) | *No. of cities* | Rs.5 lakhs | | |
| 1.3.1 | *Mapping* | | | | |
| 1.3.2 | *Data gathering (secondary/primary)* | | | | |
| 1.3.3 | *Any Other* | | | | |
| 1.4 | Towns (50,000 to 1 lakh population) | *No. of cities* | Rs.2 lakhs | | |
| 1.4.1 | *Mapping* | | | | |
| 1.4.2 | *Data gathering (secondary/primary)* | | | | |
| 1.4.3 | *Any Other* | | | | |
| 2 | **Programme Management** | | | | |
| 2.1 | State PMU | | As per need | | |
| 2.1.1 | *Human Resources* | | | | |
| 2.1.2 | *Mobility support* | | | | |
| 2.1.3 | *Office Expenses* | | | | |
| 2.2 | District PMU | | As per need | | |
| 2.2.1 | *Human Resources* | | | | |
| 2.2.2 | *Mobility support* | | | | |
| 2.2.3 | *Office Expenses* | | | | |
| 2.3 | City PMU | | As per need | | |
| 2.3.1 | *Human Resources* | | | | |
| 2.3.2 | *Mobility support* | | | | |
| 2.3.3 | *Office Expenses* | | | | |
| 3 | **Training & Capacity Building** | | | | |
| 3.1 | Orientation of Urban Local Bodies (ULB) | *No. of ULBs* | Rs.5 lakhs for metros, Rs.3 lakhs for million+ cities, Rs.1 lakh for other cities above 1 lakh and Rs.0.5 lakhs for smaller towns below 1 lakh | | |
| 3.2 | Training of ANM/paramedical staff | *No. of ANMs* | Maximum Rs.5000 per ANM (for entire training | | |

| FMR Code | Budget Head | Physical Target (No.) | Unit cost* (Rs.) | Budget (Rs. Lakhs) | Remarks |
|---|---|---|---|---|---|
| | | | package) | | |
| 3.3 | Training of Medical Officers | *No. of MOs* | Maximum Rs.10,000 per MO (for entire training package) | | |
| 3.4 | Orientation of Specialists | *May be taken up in the subsequent years* | | | |
| 3.5 | Orientation of MAS | *No. of MAS* | Maximum Rs.10,000 per MAS (for entire training package) | | |
| 3.6 | Selection & Training of ASHA | *No. of ASHA* | Maximum Rs.10,000 per ASHA (for entire training package) | | |
| 3.7 | Other Trainings/Orientations | *No. of Training* | As per need | | |
| 4 | **Strengthening of Health Services** | | | | |
| 4.a | Human Resource | | | | |
| 4.b | Infrastructure | | | | |
| 4.c | Untied grants | | | | |
| 4.d | Procurement (drugs and consumable) | | | | |
| 4.e | Other services | | | | |
| 4.1 | Outreach services/camps/UHNDs | *No. of outreach sessions/camps/ UHNDs* | Maximum Rs.10,000 per session/camp | | |
| 4.1.1 | UHNDs | | | | |
| 4.1.2 | Special outreach camps in slums/ vulnerable areas | | | | |
| 4.2 | ANM/LHV | | | | |
| 4.2.1 | Salary support for ANM/LHV | *No. of ANMs* | Maximum Rs.12,500 pm for ANM; Maximum Rs.15,000 pm for LHV | | |
| 4.2.2 | Mobility support for ANM/LHV | *No. of ANMs* | Rs.500 pm | | |
| 4.3 | Urban PHC (UPHC) | | | | |
| 4.3.1 | Renovation/up-gradation of existing facility to UPHC | *No. of UPHCs* | Rs.10 lakhs per UPHC | | |
| 4.3.2 | Building of new UPHC | *May be taken up in the subsequent years* | | | |
| 4.3.3 | Operating cost support for running UPHC (other than untied grants and medicines & consumables) | *No. of UPHCs* | Rs.20 lakhs per year per UPHC | | |
| 4.3.3.1 | Human Resource | | | | |
| 4.3.3.1.1 | MO salary | | | | |

| FMR Code | Budget Head | Physical Target (No.) | Unit cost* (Rs.) | Budget (Rs. Lakhs) | Remarks |
|---|---|---|---|---|---|
| 4.3.3.1.2 | Salary of paramedical & nursing staff (Staff Nurse/ Lab Technician/ Pharmacist/ Other) | | | | |
| 4.3.3.1.3 | Salary of support staff (non clinical staff) | | | | |
| 4.3.3.1.4 | Public Health Manager | | | | |
| 4.3.3.1.5 | Office Expenses | | | | |
| 4.3.3.2 | Others | | | | |
| 4.3.4 | Untied grants to UPHC | *No. of UPHCs* | Rs.2.50 lakhs per year per UPHC | | |
| 4.3.5 | Medicines & Consumables for UPHC | *No. of UPHCs* | Rs.12.50 lakhs per year per UPHC | | |
| 4.3.5.1 | Emergency drugs | | | | |
| 4.3.5.2 | Others (e.g. hiring of premises/ mobile PHC) | | | | |
| 4.4 | Urban CHC (UCHC) | | | | |
| 4.4.1 | Capital cost support for new UCHC | *May be taken up in the subsequent years* | | | |
| 4.4.2 | Human Resource | | | | |
| 4.4.2.1 | | | | | |
| 4.4.2.2 | | | | | |
| 4.4.3 | Untied grants for UCHC | *No. of UCHC/urban referral hospitals* | Rs.5 lakhs per year per hospital | | |
| 4.4.4 | Medicines & Consumables for UCHC | | | | |
| 4.5 | School Health Program | | | | |
| 4.5.1 | Human Resource | | | | |
| 4.5.2 | Other School Health services | | | | |
| 4.6 | IEC/BCC | *No. of campaigns, events, IPC sessions* | As per need | | |
| 5 | **Regulation & Quality Assurance** | *May be taken up in the subsequent years* | | | |
| 6 | **Community Processes** | | | | |
| 6.1 | MAS/community groups | *No. of MAS* | Rs.5000 per year per MAS | | |
| 6.2 | ASHA (urban) | *No. of ASHA* | Approx. Rs.2000 pm per ASHA | | |
| 6.3 | NGO support for community processes | *No. of NGOs engaged* | As per need | | |
| 7 | **Innovative Actions & PPP** | | As per need | | |
| 8 | **Monitoring & Evaluation** | | As per need | | |
| 8.1 | Baseline/end line surveys | | | | |
| 8.2 | Research Studies in Urban Public Health | | | | |
| 8.3 | IT based monitoring initiatives | | | | |
| | **TOTAL** | | | | |

* The unit costs given here are indicative. The States/UTs may adjust these unit costs as per their local conditions and prevailing rates.

**ANNEX 2**

**CRITERIA FOR SELF-APPRAISAL OF NUHM PIP**

| S.no. | Criteria | Remark [yes (Y), or no (N)] |
|---|---|---|
| 1 | Has the State NUHM PIP been reviewed in detail by a single person (preferably Secretary/MD) to ensure internal consistency? If yes, by whom? | |
| 2 | Has the state ensured that there is no double budgeting for the NUHM PIP under any head? Has the State ensured that there is no duplication of budget between NRHM and NUHM? | |
| 3 | Has a chartered accountant/finance manager reviewed the budget in detail? | |
| 4 | Is the urban health cell within State Programme Management Unit in place and functional? | |
| 5 | Has the PIP been approved by the State Health Society ? | |
| 6 | Have City Health Plans (where applicable) been shared with the concerned ULBs ? | |
| 7 | Have the government orders for enlarging the ambit of the State Health Mission and Society and constitution of City Urban Health Mission/ Society been issued? | |

**ANNEX 3**

**CITY HEALTH PLANS**

**SUMMARY OF THE CITY NUHM PLAN (3 pages max)**

*(Summarize the city health scenario, various health programmes being implemented in the city, key issues, and strategies for providing quality primary health care to the urban poor, targets and budget).*

**ANNEX 3a**

1. **CITY PROFILE**
   **Name of the City:**
   **Status of the city: State Capital/ District headquarters/other**

**Table 1: Demographic Profile**

| | |
|---|---|
| Total Population of city (in lakhs) | |
| Slum Population (in lakhs) | |
| Slum Population as percentage of urban population | |
| Number of Notified Slums | |
| Number of slums not notified | |
| No. of Slum Households | |
| No. of slums covered under slum improvement programme (BSUP,IDSMT,etc.) | |
| Number of slums where households have individual water connections* | |
| Number of slums connected to sewerage network* | |
| Number of slums having a Primary school | |
| No. of slums having AWC | |
| No. of slums having primary health care facility | |

- Indicate source of data wherever available (e.g. AHS , NFHS-3 , etc.)
- State may also mention if data is unavailable

**e.g. for State slum profile may refer to census 2011 slum household tables http://www.censusindia.gov.in/2011census/hlo/Slum_table/Slum_table.html

**Table 2: Health/Morbidity Profile of the City:**

The data may be collected from the leading public hospitals in the city and based on IDSP.

| Sl. No. | Name of Disease/ cause of morbidity (e.g. COPD, trauma, cardiovascular disease etc.) | Number of cases admitted in 2012 |
|---|---|---|

| | | |
|---|---|---|
| 1. | Injuries and Trauma | |
| 2. | Self inflicted injuries/suicide | |
| 3. | Cardiovascular Disease | |
| 4. | Cancer (Breast cancer) | |
| 5. | Cancer (cervical cancer) | |
| 6. | Cancer (other types) | |
| 7. | Mental health and depression | |
| 8. | Chronic Obstructive Pulmonary Disease (COPD) | |
| 9. | Malaria | |
| 10. | Dengue | |
| 11. | Infectious fever (like H1N1, avian influenza, etc.) | |
| 12. | TB | |
| 13. | MDR TB | |
| 14. | Diarrhea and gastroenteritis | |
| 15. | Jaundice/Hepatitis | |
| 16. | Skin diseases | |
| 17. | Severely Acute Malnourishment (SAM) | |
| 18. | Iron deficiency disorder | |
| 19. | Others | |

(Source: )

**Table 3: Listing of Slums**

**Listing and Mapping of slums**

A mapping of the listed and unlisted slums, vulnerable populations as well as public health facilities catering to the slums may be done for each city in the following format:

| Sl. no. | Ward no. | Name of the slum | Population | Quality of housing (kutcha/pucca/mixed) | Quality of sanitation (IHL,community toilets, OD) | Status of water supply (Piped, Hand pumps, open wells, none) | Location and distance of nearest AWC | Location and distance of nearest Primary School | Location and distance of nearest Primary Health Centre/UHP/UFWC |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(A colour map indicating the location of the slums and public health facilities to be attached with the City Health Plan)

**Table 4: Overview of existing public health facilities**

- To list all kinds of hospitals, , maternity homes, dispensaries run by ULBs and state health department, including public facilities managed through PPP
- While listing the Urban Family Welfare Centres (UFWC) and Urban Health Posts (UHPs) the category of UFWC (Type I, II, II) and UHP (Type A, B, C, D) may be specified along with the details of Human Resources in position.

| Sl. No. | Name & type of facility (DH, Maternity Home, CHC, other ref. hospital UFWC, UHP PHC,Dispensary etc.) | Managing Authority (Municipal Council, State Health Department, facilities functioning on PPP basis) | Location of Health facility | Population covered by the facility | Services provided | Human Resources available – list type and number of HR available i.e. ANM, LT, SN, MOs, Specialists etc. | No. and type of equipment available: X-ray machine, USG, autoclave etc. |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2. **Key issues** (*Based on the above, identify key issues as far as delivery of health care is concerned, with specific focus on urban poor).*

**3. STRATEGIES, ACTIVITIES AND WORKPLAN UNDER NUHM**

*(Summarise the key strategies e.g. strengthening of facilities, targeted interventions for slum population and the urban poor, outreach services, PPPs/ innovations, programme management, etc. Similarly, provide a consolidated list of activities and corresponding work plan with brief description)*

**4. CITY PROGRAMME MANAGEMENT ARRANGEMENTS**

*(Provide the details of the programme management unit at district/city level responsible for NUHM, linkages with Urban Local Bodies, Departments of Urban Development/Housing & Urban Poverty Alleviation, School Education, Women & Child Development, etc. and synergy/ optimisation with NRHM as well as management structures specific to on-going DP assisted projects, if any. The structure should be consistent with NUHM implementation framework.)*

**3. CITY LEVEL INDICATORS & TARGETS**

*(As per details provided in Annex 3b)*

**5. BUDGET SUMMARY**

*(Provide budget summary as per the budget format in Annex 3c)*

**6. DETAILED BUDGET**

*(Provide detailed budget as per the budget format in Annex 3d)*

**ANNEX 3b**

**CITY LEVEL INDICATORS AND TARGETS**

**Name of the City:**

| Processes & Inputs | | | |
|---|---|---|---|
| **Indicators** | **Baseline (as applicable)** | **Number Proposed (2013-14)** | **Number Achieved (2013-14)** |
| **Community Processes** | | | |
| 1. Number of Mahila Arogya Samiti (MAS) formed * | 0 | | |
| 2. Number of MAS members trained * | 0 | | |
| 3. Number of Accredited Social Health Activists (ASHAs) selected and trained * | 0 | | |
| **Health Systems** | | | |
| 4. Number of ANMs recruited * | 0 | | |
| 5. No. of Special Outreach health camps organized in the slum/HFAs * | 0 | | |
| 6. No. of UHNDs organized in the slums and vulnerable areas * | 0 | | |
| 7. Number of UPHCs made operational * | 0 | | |
| 8. Number of UCHCs made operational * | 0 | | |
| 9. No. of RKS created at UPHC and UCHC * | 0 | | |
| 10. OPD attendance in the UPHCs | | | |
| 11. No. of deliveries conducted in public health facilities | | | |
| **RCH Services** | | | |
| 12. ANC early registration in first trimester | | | |
| 13. Number of women who had ANC check-up in their first trimester of pregnancy | | | |
| 14. TT (2nd dose) coverage among pregnant women | | | |
| 15. No. of children fully immunised (through public health facilities) | | | |
| 16. No. of Severely Acute Malnourished (SAM) children identified and referred for treatment | | | |
| **Communicable Diseases** | | | |

| Processes & Inputs | | | |
|---|---|---|---|
| **Indicators** | **Baseline (as applicable)** | **Number Proposed (2013-14)** | **Number Achieved (2013-14)** |
| 17. No. of malaria cases detected through blood examination | | | |
| 18. No. of TB cases identified through chest symptomatic | | | |
| 19. No. of suspected TB cases referred for sputum examination | | | |
| 20. No. of MDR-TB cases put under DOTS-plus | | | |
| **Non Communicable Diseases** | | | |
| 21. No. of Diabetes cases screened in the city | | | |
| 22. No. of Cancer cases screened in the city | | | |
| 23. No. of Hypertension cases screened in the city | | | |

* Year 2013-14 being the baseline year, the indicators for these NUHM components would be zero.

For other indicators, the figure for 2012-13 will be the base line

**ANNEX 3c**

## SUMMARY OF CITY NUHM BUDGET (2013-14)

**Name of the City:**

| FMR Code | Budget Head | Budget (Rs. Lakhs) | % total budget |
|---|---|---|---|
| 1 | Planning & Mapping | | |
| 2 | Programme Management | | |
| 3 | Training & Capacity Building | | |
| 4 | Strengthening of Health Services | | |
| 4.a | *Human Resource* | | |
| 4.b | *Infrastructure* | | |
| 4.c | *Untied grants* | | |
| 4.d | *Procurement (drugs and consumable)* | | |
| 4.e | *Other services* | | |
| 5 | Regulation & Quality Assurance | | |
| 6 | Community Processes | | |
| 7 | Innovative Actions & PPP | | |
| 8 | Monitoring & Evaluation | | |
| | **TOTAL** | | |

**ANNEX 3d**

**DETAILED CITY NUHM BUDGET (2013-14)**

**NAME OF THE CITY:**

| FMR Code | Budget Head | Unit cost* (Rs.) | Physical Target (No.) | Budget (Rs. Lakhs) | Remarks |
|---|---|---|---|---|---|
| 1 | ***Planning & Mapping*** | | | | |
| 1.1 | Metro cities | Rs.15 lakhs | | | |
| 1.1.1 | *Mapping* | | | | |
| 1.1.2 | *Data gathering (secondary/primary)* | | | | |
| 1.1.3 | *Any Other* | | | | |
| 1.2 | Million+ cities | Rs.10 lakhs | | | |
| 1.2.1 | *Mapping* | | | | |
| 1.2.2 | *Data gathering (secondary/primary)* | | | | |
| 1.2.3 | *Any Other* | | | | |
| 1.3 | Cities (1 lakh to 10 lakh population) | Rs.5 lakhs | | | |
| 1.3.1 | *Mapping* | | | | |
| 1.3.2 | *Data gathering (secondary/primary)* | | | | |
| 1.3.3 | *Any Other* | | | | |
| 1.4 | Towns (50,000 to 1 lakh population) | Rs.2 lakhs | | | |
| 1.4.1 | *Mapping* | | | | |
| 1.4.2 | *Data gathering (secondary/primary)* | | | | |
| 1.4.3 | *Any Other* | | | | |
| 2 | ***Programme Management*** | | | | |
| 2.1 | State PMU | | | | |
| 2.1.1 | *Human Resources* | | | | |
| 2.1.2 | *Mobility support* | | | | |
| 2.1.3 | *Office Expenses* | | | | |
| 2.2 | District PMU | As per need | | | |
| 2.2.1 | *Human Resources* | | | | |
| 2.2.2 | *Mobility support* | | | | |
| 2.2.3 | *Office Expenses* | | | | |
| 2.3 | City PMU | As per need | | | |
| 2.3.1 | *Human Resources* | | | | |
| 2.3.2 | *Mobility support* | | | | |
| 2.3.3 | *Office Expenses* | | | | |
| 3 | ***Training & Capacity Building*** | | | | |

| FMR Code | Budget Head | Unit cost* (Rs.) | Physical Target (No.) | Budget (Rs. Lakhs) | Remarks |
|---|---|---|---|---|---|
| 3.1 | Orientation of Urban Local Bodies (ULB) | Rs.5 lakhs for metros, Rs.3 lakhs for million+ cities, Rs.1 lakh for other cities above 1 lakh and Rs.0.5 lakhs for smaller towns below 1 lakh | | | |
| 3.2 | Training of ANM/paramedical staff | Maximum Rs.5000 per ANM (for entire training package) | | | |
| 3.3 | Training of Medical Officers | Maximum Rs.10,000 per MO (for entire training package) | | | |
| 3.4 | Orientation of Specialists | | | | |
| 3.5 | Orientation of MAS | Maximum Rs.10,000 per MAS (for entire training package) | | | |
| 3.6 | Selection & Training of ASHA | Maximum Rs.10,000 per ASHA (for entire training package) | | | |
| 3.7 | Other Trainings/Orientations | As per need | | | |
| 4 | ***Strengthening of Health Services*** | | | | |
| 4.a | *Human Resource* | | | | |
| 4.b | *Infrastructure* | | | | |
| 4.c | *Untied grants* | | | | |
| 4.d | *Procurement (drugs and consumable)* | | | | |
| 4.e | *Other services* | | | | |
| 4.1 | Outreach services/camps/UHNDs | Maximum Rs.10,000 per session/ camp | | | |
| 4.1.1 | UHNDs | | | | |
| 4.1.2 | Special outreach camps in slums/ vulnerable areas | | | | |
| 4.2 | ANM/LHV | | | | |
| 4.2.1 | Salary support for ANM/LHV | Maximum Rs.12,500 pm for ANM; Maximum Rs.15,000 pm for LHV | | | |
| 4.2.2 | Mobility support for ANM/LHV | Rs.500 pm | | | |
| 4.3 | Urban PHC (UPHC) | | | | |
| 4.3.1 | Renovation/up-gradation of existing facility to UPHC | Rs.10 lakhs per UPHC | | | |
| 4.3.2 | Building of new UPHC | | | | |
| 4.3.3 | Operating cost support for running UPHC (other than untied grants and medicines & | Rs.20 lakhs per year per UPHC | | | |

| FMR Code | Budget Head | Unit cost* (Rs.) | Physical Target (No.) | Budget (Rs. Lakhs) | Remarks |
|---|---|---|---|---|---|
| | consumables) | | | | |
| 4.3.3.1 | Human Resource | | | | |
| 4.3.3.1.1 | MO salary | | | | |
| 4.3.3.1.2 | Salary of paramedical & nursing staff (Staff Nurse/ Lab Technician/ Pharmacist/ Other) | | | | |
| 4.3.3.1.3 | Salary of support staff (non clinical staff) | | | | |
| 4.3.3.1.4 | Public Health Manager | | | | |
| 4.3.3.1.5 | Office Expenses | | | | |
| 4.3.3.2 | Others (e.g. hiring of premises/mobile PHC) | | | | |
| 4.3.4 | Untied grants to UPHC | Rs.2.50 lakhs per year per UPHC | | | |
| 4.3.5 | Medicines & Consumables for UPHC | Rs.12.50 lakhs per year per UPHC | | | |
| 4.3.5.1 | Emergency drugs | | | | |
| 4.3.5.2 | Others | | | | |
| 4.4 | Urban CHC (UCHC) | | | | |
| 4.4.1 | Capital cost support for new UCHC | | | | |
| 4.4.2 | Human Resource | | | | |
| 4.4.2.1 | | | | | |
| 4.4.2.2 | | | | | |
| 4.4.3 | Untied grants for UCHC | Rs.5 lakhs per year per hospital | | | |
| 4.4.4 | Medicines & Consumables for UCHC | | | | |
| 4.5 | School Health Program | | | | |
| 4.5.1 | Human Resource | | | | |
| 4.5.2 | Other School Health services | | | | |
| 4.6 | IEC/BCC | As per need | | | |
| 5 | ***Regulation & Quality Assurance*** | | | | |
| 6 | ***Community Processes*** | | | | |
| 6.1 | MAS/community groups | Rs.5000 per year per MAS | | | |
| 6.2 | ASHA (urban) | Approx. Rs.2000 pm per ASHA | | | |
| 6.3 | NGO support for community processes | As per need | | | |
| 7 | ***Innovative Actions & PPP*** | As per need | | | |
| 8 | ***Monitoring & Evaluation*** | As per need | | | |
| 8.1 | Baseline/end line surveys | | | | |
| 8.2 | Research Studies in | | | | |

| FMR Code | Budget Head | Unit cost* (Rs.) | Physical Target (No.) | Budget (Rs. Lakhs) | Remarks |
|---|---|---|---|---|---|
| | Urban Public Health | | | | |
| 8.3 | IT based monitoring initiatives | | | | |
| | **TOTAL** | | | | |

* The unit costs given here are indicative. The States/UTs may adjust these unit costs as per their local conditions and prevailing rates.