

**A report on participation in the consultation workshop on
National Urban Health Mission (NUHM)
and its framework for implementation**

A draft booklet on NUHM prepared by Ministry of Health and Family Welfare, Govt. of India provided to the participants is enclosed herewith. The discussion was based on the draft framework of NUHM for implementation especially the role that ULBs can play in the effective delivery of health service as well as a no. of presentations from the different States on Urban Poverty and Health, Urban Infrastructure and Health, Community issue on Urban Health, Honorary Health Worker in Kolkata, Health Care in Municipal Corporation, Chennai, findings from Delhi slums study, Health and Urban Local Bodies and Health challenges in Urban area.

The following points for planning and implementation of NUHM were highlighted in summing up of the workshop :

- ◆ Convergence with other Programme with similar objectives like JNNURM, Rajiv Abash Yoyona, SJSRY, ICDS and National Urban Sanitation Plan (NUSP) to optimize the outcome.
- ◆ City based plan to be prepared by the ULBs.
- ◆ Flexible city specific models led by ULBs.
- ◆ More stress on Public Health interventions and communicable & non-communicable diseases.
- ◆ Prioritising the most vulnerable amongst the poor.
- ◆ Ensuring quality health care services.
- ◆ Judicious exercise of user fee based on exclusion of BPL category for post project maintenance.

Some observation points on framework for implementation of NUHM in the context of existing Urban Health Programme in the state of West Bengal :

Page No. of draft booklet	Topic	Observation
Pg - 10	<p>Primary Urban Health Centre (PUHC) and below :</p> <p>Norm for every 50,000 population :</p> <ul style="list-style-type: none"> • 1 PUHC for every 50000 population including slum population 20000 to 30000 wherein evening OPD, preventive, promotive, non-domiciliary, curative care, basic laboratory diagnosis and dispensing will be done. 	<p>Existing Health Administrative Unit (HAU) / Health Post (HP) in the ULBs may be utilized for the purpose. Existing staff pattern of HAU/HP may be strengthened.</p>
Pg - 10	<ul style="list-style-type: none"> • Swasthya Chowki (1 ANM & 1 male community worker) for every 10000 population. 	<p>Existing Sub-Centre in the ULBs may be utilised for the purpose.</p> <p>Availability of the ANM is to be ensured by DHFW. At present there are existing Second Tier Supervisors who are not ANM. One male community worker as suggested in draft NUHM, may be replaced by the existing female First Tier Supervisor.</p>

Contd. to P-2.

Page No. of draft booklet	Topic	Observation
Pg – 10, 61 & 62	<ul style="list-style-type: none"> Basti Bikash Mancha (First Level of Community Organisation) for 2500 population with one Community worker named as Urban Social Health Activists (USHA) with incentive. 	<p>USHA may be replaced by HHW for 1000-1500 population as per Urban Health Strategy 2008. In the draft framework in a number of places HHW Scheme in Kolkata has been appreciated.</p> <p>Job chart of USHA is similar to that of HHW. Existing HHWs are already honorarium based worker hence probably it would not be possible to switch over from honorarium to incentive which appears to be in-adequate in comparison to their job responsibility.</p>
Pg – 10	<ul style="list-style-type: none"> Mahila Arogya Samity for 20-100 households. 	Existing Thrift & Credit group, NHG, NHC of SJSRY may be utilized as Mahila Arogya Samity.
Pg – 11	<ul style="list-style-type: none"> No. of cities with more than 1,00,000 population in West Bengal for NUHM – 59. 	It will be 58 cities.
Pg – 46	<ul style="list-style-type: none"> Defining the poor in Urban areas. 	Last household survey conducted by the ULB under supervision of SUDA and quick slum survey conducted by CMU under KUSP may be taken into consideration.
Pg – 70	<ul style="list-style-type: none"> School Health Services 	Already 89 out of 126 ULBs are implementing School Health Service under Health component of KUSP which may be continued under NUHM.
Pg – 77	<ul style="list-style-type: none"> Mapping of all Urban Health facilities / poor household 	Mapping will include not only Health facilities and manpower created under different Urban Health Programmes but also own initiatives undertaken by the ULBs and other Govt., Non-Govt., Private Health facilities including practitioners (qualified and non-qualified) of different streams like Allopathy, Homeopathy, Ayurveda, Unani etc.
Pg – 82	<ul style="list-style-type: none"> Staff at State PMU – Urban Health Cell 	As NUHM is totally based on convergence of other Programmes like JNNURM, RAY, SJSRY, NUSP which are being implemented by UD / Dept. of MA, representation of staff of UD & MA Dept. at state PMU is absent.
Pg – 82	<ul style="list-style-type: none"> Staff at City PMU Level 	Health Officer of the ULB shall be in position to act as Urban Health Programme Manager to co-ordinate, plan, supervise and monitor the programme. Health Officer shall be supported by others as suggested in draft NUHM.
Pg – 103	<ul style="list-style-type: none"> Planning process of NUHM 	1 st year of the project implementation has been kept for city specific planning which is flexible one depending on situation analysis and identification of needs.

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27.07.10

State Urban Development Agency, Health Wing, West Bengal

Sub. : Participation in the consultation workshop on National Urban Health Mission (NUHM) and its framework for implementation

As per instruction, the undersigned participated in consultation workshop on NUHM and its framework specially the role the ULBs can play in effective delivery of Health services on 23.07.2010 held at New Delhi.

A report in this regard is enclosed for kind perusal.

Submitted.

Director, SUDA

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