National Urban Health Mission

Uttar Pradesh

Introduction

The National Urban Health Mission (NUHM) aims to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies.

State Profile

Total Population (In lakhs)	1,995.81
Urban Population (In lakhs)	444.70
Urban Population as percentage of total population	22.3%
Urban Population covered under NUHM(In lakhs)	314.53
Urban slum population (in lakhs) (as per DAP 2013-14)	142.88
Number of Metro cities	0
Number of Million + cities (> 10 lakh population)	7
Number of cities with 1 to 10 lakh population	56
Number of towns with less than 1 lakh but more than 50 thousand population	59
Number of District HQs which have less that 50 thousand population but are covered under NUHM	9
Total Eligible Cities covered under NUHM	131

Urban Population as Percentage of Total Population and its Trend

As per the urbanization trends of 2011 census, Uttar Pradesh State is the 24th most urbanized and 11th least urbanized state in India with about 22.3 percent of urban population. Amongst the Districts in the state, the lowest degree of urbanization (having much less than 5% urban population) is in the District of Shrawasti 3.45% and the highest degree of urbanization is in the District of Ghaziabad 67.5%. 2 districts have urban population below 5% and 13 districts have urban population above 30%.

Though the urbanization in the state (22.3%) is low in comparison to the national average of 31.16 percent as per the 2011 census and the urban decadal growth of the state during the last decade (2001-2011) has also shown low growth rate of 29.3 percent compared to the national growth rate of 31.8 percent. It is noteworthy that the State's population during the last decade has grown by about 21.4 percent while that of the urban population has grown at about 29.3 percent.

Urban Local Bodies in Uttar Pradesh

In 2001, there were only 704 towns in Uttar Pradesh, which has grown up to 915 in 2011. In other words, the urban population of the state has increased from 20.8% in 2001 to just 22.3 % in 2011. Among these urban towns, Government of Uttar Pradesh has 14 Municipal Corporations, 193 Municipal Councils and 423 town areas.

In Uttar Pradesh, there are 648 Statutory Towns. All other places which are having minimum population of 5,000; at least 75 per cent of the male main working population engaged in non-agricultural pursuits; and the density of population is at least 400 persons per sq. km. are known as Census Town. In Uttar Pradesh, such towns have increased from 66 (2001 census) to 267 (2011 census). In the process numbers of villages have decreased from 107,452 to 106,704 in 2011.

Urban Poverty

The state has implemented a large number of programmes and schemes to improve the socio-economic conditions of the poor. Uttar Pradesh has introduced Poverty and Social Monitoring System (PSMS) in 1999, to measure and monitor the progress in key areas related to poverty and living standards of the people of the state. Uttar Pradesh among all Indian states is one of the major states where the incidence of poverty is considerable. In Uttar Pradesh also lives majorly (78%) in villages. Around 37% people in Uttar Pradesh and 39% people of rural Uttar Pradesh live below poverty. Only around 32% of urban Uttar Pradesh live below the poverty line in the year 2009-10.
The table below shows the poverty scenario in Uttar Pradesh as per Tendulkar Methodology (2009-10), Planning Commission.

Percentage of Population below Poverty Line

Year	Uttar Pradesh (%)			India (%)		
	Rural	Urban	Combined	Rural	Urban	Combined
2004-05	42.7	34.1	40.9	42.0	25.5	37.2
2009-10	39.4	31.7	37.7	33.8	20.9	29.8

Urban poverty in Uttar Pradesh is an issue because frequent draughts have been a major reason of rural to urban migration of population. The agriculture, which is the major occupation of people in rural areas, has hit badly due to frequent draughts. Agriculture contribution to state GDP has fallen. The poor migrants get failed to integrate into the urban labour market are contributing to the rising levels of urban poverty. Urban poverty is significant in Uttar Pradesh with about a fourth of the urban population living below the poverty line and mostly is in slums. It is estimated for the year 2009-10 that 137.3 lakh persons comprising 30.9 per cent of the urban population of the state live below the poverty line. The rural poverty line for Uttar Pradesh in 2009-10 was estimated as Rs.663.7 and urban as Rs.799.9 (Rs. per capita per month).
The vulnerabilities of urban dwellers differ in significant ways from those of their rural counterparts. These distinct vulnerabilities are associated with number of factors like their dependence on a monetized economy, the prohibitive cost of food and basic services for poor people in cities, the huge range of environmental and health hazards, the pervasiveness of substandard housing and tenure insecurity, and the exposure of poor communities to crime and violence. There are also numerous social problems associated with living in the slums including illicit brews resulting in drunkenness, casual sex leading to sexual exploitation of women and girls, insecurity, child abuse and a high prevalence of HIV/AIDS. Inhabitants also experience high rates of unemployment and of school dropouts.
To make matters worse, levels of vulnerability are likely to heighten with the effects of climate change, especially since the urban poor often live in marginalized areas that are subject to flooding, water logging etc. The vulnerabilities of the urban poor are further aggravated by an inadequate policy, institutional and legislative framework including the lack of an appropriate land-use policy, an inappropriate housing legislative framework, and poor land management and administration approaches that are insensitive to the informal settlements.
Report of the Committee on slum Statistics /Census, MHUPA, 2010 has stated that the slum population count in the 2001 census is underestimating of the actual count. It has been estimated that the state of Uttar Pradesh would be having about 25% of State's urban population living in the

slums in 2001. As per the report, the slum population is estimated to be about 111 lakh for the year 2012 and the same would be about 124 lakh in the year 2017.

Details of cities/towns to be covered under NUHM as per census 2011

Total 131 Cities/towns are being covered under NUHM as per census 2011. These include the state capital, District Headquarters and all towns more than 50,000 population as per the NUHM guidelines.

For planning, data has been obtained from the following sources:

1. Census of India, 2011
2. Annual Health Survey; 2010-11 and 2011-12
3. Sample Registration System, 2011
4. NSSO
5. National Family Health Survey-3 (NFHS-3) 2005-06
6. District Level Household Survey-3, (DLHS-3) 2007-08

The best available estimates of number of slums and slum populations have been used for NUHM planning. These include GIS mapping done the Government of Uttar Pradesh in 2009-10 in 14 cities, mapping done by DUDA for slum development programs such as JnNURM, Rajiv Awas Yojana, ISDP and IDSMT. The population data of the cities has been sourced from Census 2011 and the slum population data has been provided by the respective city teams who in-turn have sourced it from city based offices of DUDA or from the respective city National Polio Surveillance Project. **Table 2 - Cities/Towns to be covered under NUHM as per 2011 census(Annexure-1)**

In case of City & Towns falling under GB Nagar, slum population is forming a major proportion of the total urban population due to unprecedented out growth areas and conversion of rural areas into unplanned urban clusters which are barely covered by any health care facilities. Hence costs have been budgeted to reach these populations by outreach services.

The Cantonment Board areas in the districts of Agra, Bareilly, Kanpur, Lucknow and Meerut are not planned for inclusion under NUHM activities or resources as the population here is already receiving health services from the Army Hospitals and there is negligible slum population in these areas. Any vulnerable population in the Cantonment areas will be covered with outreach camps or under activities from the nearest town as the need may be.

Planning Activities

All the 131 cities/ towns have taken under this plan, which qualify as per the NUHM guidelines. This plan covers a total urban population of 3,14,53,923 (census 2011) and total slum population of 1,42,88,488 (compiled from District plans) from the 131 cities/ towns .

Mapping and Listing of Slums and Health Facilities

Listing of slums & Health Facility Mapping is completed in all cities. The GIS maps are being prepared with the help of UPHSSP. ***GIS maps of 25 cities have been prepared.***

Listing and Mapping of Households in slums and Key Focus Areas

Listing and mapping of households will provide accurate numbers for population their family size and composition residing in slums. Currently, estimates of population residing in slums are available from District Urban Development Agency (DUDA) and National Polio Surveillance Project as the

immunization micro plans (under NPSP) provide updated estimates of slum and vulnerable populations and are expected to be fairly complete. The current plan for covering slums is based on the currently available data of urban population of each city.

Once the ASHA have been deployed they started listing of all households and filling the Urban Health Index Registers (UHIR) including the number and details of family members in each household. This data will be compiled for each city and will provide the population composition of slums and key focus areas. This will also help the urban ASHA know her community better and build a rapport with the families that will go a long way in helping her advocate for better health behaviours and link communities to health facilities under the NUHM. It is expected that once the household mapping is completed in cities, the number of ASHAs will be reviewed and adjusted upwards or downwards and the geographical boundaries of the coverage area for each ASHA would be realigned. This is due to the reason that the actual population may be higher or lower than the original estimate used for planning.

Facility Survey for gaps in infrastructure, HR, equipment, drugs and consumables: is being reviewed to assess the gaps in infrastructure, human resource, equipment, drugs and consumables availability as against expected patient load.

Baseline Survey: At the time of planning of NUHM activities in 2013-14, AHS survey 2010-11 & 2011-12,NFHS-3,SRS 2011 etc data were used as a baseline indicators .

Programme Management Arrangements

The Government of Uttar Pradesh has passed necessary resolutions for planning and implementation of the NUHM in the state. Pertinent points of resolution are:

1. Ministries and Departments of Urban Development, Minority Affairs and Poverty Alleviation were included as members of the existing State Health Society, State Health Mission, Governing Body and the Executive Committee.
2. NUHM is being implemented by existing District Health Society with additional Stakeholders, members such as DUDA.
3. Urban Health Cell is already in place and functional at the SPMU , Directorate Health & Family Welfare and Districts (excluding Shrawasti, KanpurDehat and Amethi) **(detail in Programme Management-HR, annexure II).**
4. New proposal: Urban ASHAs are in place and they start working in field, to supervise Urban ASHAs work and maintenance of Urban ASHAs payment and recordkeeping 41 City Community Process Managers are being proposed for 16 cities in which Urban ASHAs are huge in no.

Strengthening Service Delivery Infrastructure

Urban-Primary Health Centres (U-PHCs)-

Total 592 UPHCs have been approved out of that 558 UPHCs are functional and 34 New UPHCs approved in 2016-17 are being established ,will be made functional upto March'2017. **(Infrastructure –UPHCs , annexure –III)**

Urban Primary Health Centres (U-PHCs) are the most peripheral fixed health facilities for the urban areas under NUHM and serve as the first point of contact for the community. Each U-PHC cater approx. 50,000 populations with locations that enable access for urban poor communities. The timings for the U-PHCs has been customized to suit the needs of urban populations.

Suitable health facilities running in other government premises (DUDA, Nagar Nigam, State government building etc) are attempted to be co-opted and all C & D-type Urban Health Posts, UFWCs, and few PPCs have been taken up and the following budget estimates are being proposed –

1. If the building can be renovated, budget of Rs.10,00,000 (max. limit) is being released as per proposal from District duly approved from DGFW for renovation and up-gradation.
2. If the building is in a dilapidated condition, the UPHC are being relocated in a rented premises and rent has accordingly been budgeted for 2017-18

As per District information 517 UPHCs are proposed in rented buildings and remaining 58 running in Govt.building out of that 30 UPHCs have been renovated .

Services provided by UPHCs: OPD,RMNCH services, basic diagnostic services and referral services. 123 UPHCs are being upgraded as 24x7 delivery points.

Rogi Kalyan Samitis (RKS) are being constituted at each UPHC according to GoI guideline . Members will take the lead in ensuring quality and services to the community as per the guidelines and norms. Each RKS has a separate account in which the untied grant will be transferred.

Urban-Community Health Centres (U-CHCs)

Urban Community Health Centres (U-CHCs) are envisaged to provide in-patient and specialized care to urban population and are planned for about 2.5 lakh population each. The state proposes to strengthen 10 existing urban hospitals(8 BMCs in Lucknow and 2 Maternity homes in Varanasi) as U-CHCs in the state. Under NUHM above mentioned facilities are being upgraded as U-CHCs by providing specialists, staff nurses, support staff , data assistants and drivers for ambulances and infrastructure strengthening (renovation, computer for each BMC, untied grant)

Clinical Human Resource at UPHCs and UCHCs **(Clinical Human Resource, annexure IV):** Most of the clinical HR is in position but acute shortage of Fulltime and Part time M.B.B.S. doctors. As per feedback from Districts they are getting doctors on approved salary, hence salary for Fulltime M.B.B.S. doctor @ Rs 60000/-p.m. per Doctor and Parttime Doctor @ Rs 30000/-p.m. per Doctor is being proposed.

Specialists at UCHC's includes 08 Gynaecologist for UCHCs at Lucknow, 05 Gynaecologist for Big UPHCs at Kanpur Nagar, 08 Paediatrician for UCHCs at Lucknow, 02 for Varanasi and 05 for Big UPHCs at Kanpur Nagar, 08 Radiologist for UCHCs at Lucknow & 02 for Varanasi, 08 Physicians for UCHCs at Lucknow, 08 Anaesthetist for UCHCs at Lucknow & 02 for Varanasi and 02 Surgeons for Varanasi. The salary for all the specialist's are being proposed @ Rs. 75000.00 p.m.

Regulation & Quality Assurance – In consultation with NRHM

Hospital Waste Management-

As per GoI approval, rates for 30 bedded Community Health Centre in rural areas @ Rs. 13109.00 p.m. is approved for Bio medical waste collection and treatment that costs around Rs. 14.56 per day per bed.

In urban areas most of the UPHCs there are 01 to 02 beds depending upon the availability of the space. Out of 592 UPHCs approved there are total 123 Delivery points. Hence in view of above approvals proposal for 02 bedded UPHCs situated in Urban areas is made @ Rs. 900.00 (approx) p.m. per UPHC on the basis of estimated cost as per the rules & procedures for the same being followed in Rural areas. The budget will be utilised as per the procedures being followed in the rural areas, which is as follows:

@ Rs. 14.56 per day per bed for 02 beds at each UPHC for total 592 UPHCs for 06 months.	**Rs. 31,96,800.00**

Strengthening Outreach to urban slums

I) **ANM**

01 ANM has been selected for each 10000 urban population and UPHC is her headquarter .Areas for ANMs have been allocated and microplans are being prepared with the help of NPSP and UHND team. They will work in close cooperation with the ASHAs and AWWS in their area of coverage and refer for institutional care to U-PHCs, U-CHCs and other hospitals in the cities.

The key tasks for the ANM will be:

a) Urban Health Nutrition Days at AWCs in her area
b) Preventive and Promotive health care to households through outreach services
c) ANC and immunization clinics at the U-PHCs
d) Support ASHA for house of house visits for behaviour change

Budget for salary, mobility support is being proposed

II) Urban ASHAs

The Urban ASHA works on the pattern of rural ASHA and serves as the link between urban poor and health services. There is an ASHA planned for 200 – 500 slum households each and are being assigned such that all slums are covered. In most of the cities Urban ASHAs are in place and they are being trained induction training as per modules provided by GoI.

Urban ASHAs conduct the house listing in their assigned area and record the details of all families, married women of reproductive age, pregnant women and children as per the questionnaires which are prescribed or developed. This help them build rapport with the community and also gain a good understanding of the health needs in her area. It is expected that the actual population listed by the ASHAs may be higher or lower than the population originally used for planning and ASHA selection and assignment. These will be adjusted over time with the objective of providing complete coverage to the slum residents.

The ASHAs start providing services once they are trained and have completed the mapping of households and Urban Household Index Register (SHIR). They are be paid incentives based on their performance for the following activities:

a) Organize Urban Health and Nutrition Days
b) Organize outreach camps
c) Organize monthly meeting of MAS
d) Attend the monthly meeting at UPHC
e) Organize community meeting for strengthening preventive and promotive aspects
f) Maintain records as per norms like SHIR, meeting minutes, outreach camp register
g) Additional immunization incentives for achieving complete immunization in her area
h) Incentives built in schemes such as JSY, RNTCP, NVBDCP, Family Planning, Home based newborn care etc.

Budget for routine incentive, ASHA dress, refilling of KIT, printing of UHIR , ASHA payment voucher and ASHA box etc is being proposed.

Additional Budget proposed for Urban ASHA Training for 132 Urban ASHA's at Kanpur Nagar & for 100 Urban ASHA's at Gautam Buddha Nagar as follows:

S. No.	Particulars	Rates	Amount
1.	Batch Cost	@ Rs. 137600 per batch cost for 8 batches for total 232 Urban ASHA's (30 ASHA'S per Batch)	11.008 Lakhs
2.	Module Cost	@ Rs. 100 per module per Urban ASHA	0.232 lakhs
Total Budget proposed			**11.24 Lakhs**

This budget has also been allocated to districts last year with the same rates only.

III) Mahila Arogya Samitis (MAS)

Mahila Arogya Samitis will function as empowered groups of women that will enable the urban poor communities to access their health entitlements under the various government schemes. Each MAS will consist of 10-12 women from each Urban ASHA area (in 1st phase) with an elected chairperson, treasurer and will be supported by the ASHA. MAS will serve as catalysts for behaviour change in communities in their area for practising healthy behaviours and accessing preventive, promotive and curative health services. They will also advocate with the government system for accessible and quality health care for urban poor. Capacity of existing community based institutions will be built to evolve to MAS and if needed new MAS can be set up. In MAS formation SHGs, workers in other scheme are being co-opted . SMNET ,UNICEF is supporting in formation of MAS working in field

The state will orient and train MAS in priority cities and will provide an annual untied grant to each MAS for mobilization, sanitation and hygiene and emergency health care needs. This will serve as seed money for a revolving fund to be managed by the MAS. The MAS will work closely with the ASHA in the area and serve to improve the health indicators in their area. In Most of the cities MAS has been formed so budget for untied funds is being proposed @ Rs 2500/-per MAS for 6813 MASs.

IV) Urban Health and Nutrition Days

Urban Health and Nutrition Days are being organized at Anganwadi center , each ANM is organizing 4 UHNDs per month in Slum areas. UHNDs is organized by close coordination between Anganwadi worker, ASHA and ANM and provide services at the doorstep of the urban slum community. In case there are no Anganwadi centers, the ANM can find a common place in the community to conduct the UHND in coordination with the ASHA.

Supplies for UHNDs will be procured and supplied by the UPHCs where the ANM is based. The ANM can refer cases that need medical attention to the UPHC OPD or the special clinics being run there. The reports generate from the UHNDs is included in the UPHC performance and all pregnant women registered will be entered in MCTS Operator based on the information provided by the ANM after each UHND.

Budget for organizing UHND @ Rs 250/-per UHND is being proposed. This budget is being provided to ANMs for organizing UHND on reimbursement basis.

V) Outreach Camps

Special Outreach Camps are planned with two main objectives:

a. Reach out to vulnerable populations/ slums that are may not access services at UPHCs or UHNDs such as the homeless, rag pickers, street children, rickshaw pullers, constructions, brick and lime kiln workers, sex workers and other temporary migrants with health services that are responsive to their special health needs.

b. Provide more specialised health care services closer to the community for specific preventive and promotive care based on epidemiological and population needs. Some examples of such activities include:

i. Chronic Lung diseases in factories
ii. Skin cancer screening in industries where there is exposure to carcinogenic agents
iii. Screening and referral for cataract among the elderly
iv. Screening and referral for TB among high risk populations
v. Screening and treatment for vector borne diseases such as malaria, dengue, Japanese Encephalitis, Acute Encephalitic Syndrome in and after the monsoons.

A panel of specialists comprising of various specialists such as gynaecologists, paediatricians, general physicians, ophthalmologists, dermatologists, chest physicians, epidemiological and occupational diseases will be developed at the city level. As per the need required specialists will be engaged for outreach camps.

The human resource and supplies will be provided for special outreach camps based on the objective and the target population planned to be served. The ANM will take lead in overall organization of the special outreach camps in her area with support from the Urban Health Coordinator. Specialists from the specialists panel created at the city level will be used for these outreach camps and additional specialists may be hired if needed. Reports for these special outreach camps will be compiled as part of the UPHC performance and reported. Budget has been proposed for organizing outreach camps @ Rs 10000/-p.m. per outreach camp per UPHC area.

IEC/BCC Activities

Facility Branding of Urban Primary & Community health Centre across the state of Uttar Pradesh an innovation to ensure quality and client-friendly health care services.

National Health Mission, the nationwide flagship program, ensures affordable universal quality healthcare to all. It also aims to reduce the burden of preventable maternal, newborn and child illness and deaths through RMNCH+A approach. The approach was launched in 2013 to address the causes of mortality among women and children by accessing quality public health services across the state. It provides “continuum of care” at each life stages at every level of health facilities in the state.

In Uttar Pradesh, National Health Mission, with the support of UNICEF, has developed a Social & Behaviour Change Communication strategy of UP in 2014-17. Based on this strategy, the state and district IEC/BCC plans of NHM is developed. It has three broad communication needs that are identified across the state to be addressed by 2017. These are 1. Need to make facility a client and community friendly; 2. Need to create enabling environment within the family and the community, and 3. Need to focus on behaviour change and demand generation among primary stakeholders.

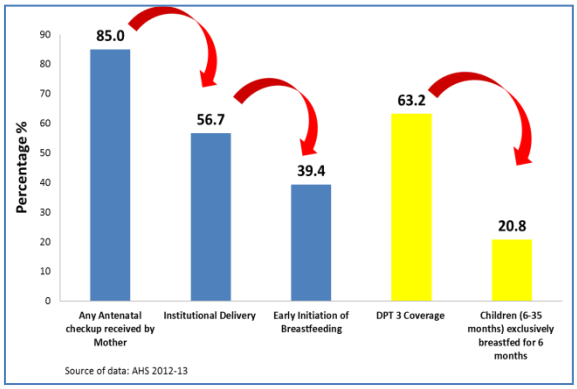
Objective

Develop Standardized RMNCH+A Social and Behavioral Change Communication Package for promoting continuum of care at facility level in urban PHCs and CHCs.

Improve client education and counseling by fulfilling tools and job aids for service providers at urban PHCs and CHCs.

To improve capacity of service providers to use RMNCH+A communication package to promote client friendly services at urban PHCs, CHCs.

Rational of RMNCH+A focused Communication branding



The RMNCH+A Communication branding is a strategic initiative to strengthen the public health systems. It is meant for effective and long term solutions for demand generation along with social & behaviour change communication through facility level intervention. It is because 2.39 laks people daily access public health facilities for curative services in UP. It is found that these facilities are not able to retain them and also find it difficult to build the good will and client satisfaction. To address this gaps UNICEF initiated Communication branding in 5different facilities in Lucknow district. Capacity building and onsite hand holding support is also provided by UNICEF to improve client interface skill by using various tools and job aids provided in RMNCH+A communication branding package.

As a matter of fact these facilities are now being liked by the community and the providers' capacity has been increased to interface with client to ensure quality care. On the other hand each room and department of the facility has necessary information for client to access desired services. Citizen charter in the entrance of health facilities are enabling community to demand for various entitlements and services. These facilities are not only providing quality service but also ensuring client interface on continuum care. Thus it enables community towards a positive health seeking behavior and in long run it is going to contribute in reducing maternal and child mortality of the state.

Previous approval for IEC activities:

Lumpsum budget of Rs 353.96 Lakhs was approved for IEC activities in identified cities out of that Rs 235.69 Lakhs was allocated and Prototypes inside the facility and catchment was prepared and sent to Districts along with guideline one and half year ago for 558 UPHCs.

- **Facility level:** Budget for visibility of U-PHCs and printing of other IEC material
- **Community level:** Budget for NUHM hoarding (01 hoarding at average of each 50,000 urban population)

In few districts the IEC Compliances are done but most of the districts are still in progress. As this process had been started more than an year ago and now as per GoI guidelines few new innovations in this regard have been taken place.

Now there are total 592 UPHCs and 10 UCHCs (8 in Lucknow and 2 in Varanasi) approved under NUHM. Out of which 558 UPHCs and 08 UCHCs are functional. From April, 2016 till January, 2017 total 73 lakhs OPD cases are seen by 558 UPHCs. So these aspects they need to be strengthened across the state so that a significant portion of state's population may be consistently reached to initiate, maintain and reinforce quality care in RMNCH+A & other National Programmes. The RMNCH+A focuses facility branding package which will be implemented in these facilities with necessary adaptation to urban facilities.

This package will have 3 categories of items such as

Materials for facility service promotions with focus to services, schemes and promotion of urban health facilities.

Inside facility to help clients to access services without any hassle. This will have clinical and non clinical signage as per the need and availability of services in respective facilities.

Inside facility posters and IPC tools to increase client friendly services across the urban facilities.

This will be implemented across all health facilities in urban slums.

Budget details.

@ 1.00 lakh for 592 urban PHCs branding	592.00 Lakhs
@1.5 lakh for 8 urban CHC	12.00 lakhs
Total fund balance at state level	118.27 lakhs
Fund Requested from GoI (-) balance	485.73 lakhs

In the above regard tentative cost has been proposed after reducing the balance at State level. Now alike in rural areas the tendering process will be done including all the new activities. Budget will be utilized accordingly.

Convergent Actions in NUHM

NUHM will promote both inter-sectoral as well as intra-sectoral convergence to complement resources and efforts for higher population level impact. The convergent actions can be grouped as:-

- Coordination with existing state level health programs:
  - Maternal Health ,Child Health, Family Planning, RI, MIS, Quality Assurance division for urban proposal and budget for beneficiaries & Urban ASHA in their PIP
  - Construction division for new construction and renovation proposal for UPHCs/UCHCs
  - Biomedical Waste division for BMW proposal for UPHCs/UCHCs
  - RNTCP programme: Establishing a DMC in each of all the UHCs shall provide services for testing for TB. Training will be provided by RNTCP division to LTs for sputum check-up.
  - IDSP programme: All UPHCs are being mapped for IDSP programme and they will start reporting all the diseases in prescribed formats.
  - Vector Borne Diseases programme: LTs are doing test for malaria by malaria kit and preparing the slide for malaria testing. Patients will be screened for fever cases and will be referred to higher centre after primary treatment for suspected cases of AES/JE, Dengue etc.
  - Non Communicable Disease Control Programme: Mos will be trained for screening of 5 NCDs Cancer screening i,e Hypertension, Diabetes, Breast cancer, Cancer Cx, Oral Cancer. State has planned that all Urban ANMs and ASHAs of 28 Districts (Sampoorna clinics) will be screened so that they will get motivation for mobilization of other beneficiaries.
  - National Blindness Control Programme: In Kanpur Nagar the primary focus in Sight Savers Urban Eye Health programme will be to address eye health in identified urban slums bringing together the Government, communities and NGOS/ including NGO service providers, in a system strengthening manner.
- Schemes including State AIDS Control Program:
  - HIV testing for PWs is being done in UPHCs and kits are being provided for them.
- Convergence with other Departments and Ministries
  - ICDS department: UHNDs are being organized where Aganwadi centres are in urban areas
  - Urban Development : 35 UPHCs are running in Nagar Nigam and DUDA buildings.

NRHM is supporting many programmes for heath improvements for rural populations; some of these also provide benefits and services to the urban populations. These programs have detailed

program and financial guidelines, reporting formats and implementation and monitoring systems. NUHM would aim to provide similar benefits to urban populations with a clear focus on health indicators improvement. All programs at the city level will be integrated under the umbrella of the city health plan. The programs that will be integrated include JSY, JSSK, RI, Family Planning, Rashtriya Baal Swasthya Karyakram, Vitamin A supplementation program (BSPM), National Disease Control Programs (RNTCP, IDSP, NVBDCP, NPCB etc)and Non Communicable Disease Control Programme under the umbrella of City Health Plan are well integrated at all levels. The objective of convergence would be optimal utilization of resources and ensuring availability of all services at one point (U-PHC) thereby, enhancing their utilization by the urban population

City Health plans

Decentralized district-based health planning has been done in Uttar Pradesh because of the large inter-district variations. In city health plan urban population of census 2011 is being used and Urban slum population from DUDA, NPSP (HRA household)etc. In the absence of vital data at the district level, the State level estimates are being used for formulating district level plans as well as setting the milestones thereof. At present, none of the Surveys provide estimates of core vital indicators on fertility and mortality at district level. The National Family Health Survey (NFHS-3, 2005-06) conducted with periodicity of five years focuses on urban and urban poor and these data are old need to be updated for proper planning .There has, therefore, been a surge in demand from various quarters, in recent years, to generate timely and reliable statistics at the district level for informed decision making in the health sector.

Training

ULB, Medical and Paramedical staff, Urban ASHAs and MAS are being trained budget has been kept committed. The trainings will have to be followed by periodic refresher trainings to keep these frontline health workers motivated. Urban ASHAs are being trained and starts working in the field, MAS are being formed and they will be trained. Mos are being trained 2 days for QA.

Monitoring & Evaluation

The M&E systems would also capture qualitative data to understand the complexities in health interventions, undertake periodic process documentation and self evaluation cross learning among the Planning Units to be made more systematic.

The Monitoring and Evaluation framework would be based on triangulation of information. The three components would be Community Based Monitoring, HMIS for reporting and feedback and external evaluations.

Reporting

All the UPHCs are reporting on HMIS portal and the performance is being reviewed at state level and feedback is being shared in review meeting to improve quality. Reporting on MCTS portal of Urban areas is started.

Financial support

According to GoI new accounting system account of NUHM Flexipool is upto 1st Tier and there is no account at UPHC level.

There are total 592 UPHCs approved out of which 147 Urban Health Facilities have been upgraded as Urban PHC. From these 147 UPHCs, Posts of 140 MO's are sanctioned from regular (Govt.) services. The bank account under NUHM is presently operated at District level only. As no account is at UPHC level, lots of services like ASHA payment, office expenses, telephone bills, and electricity bills etc, relating to day to day administration of UPHCs are being affected.

As per the discussion with GoI officers and finance division, SPMU, NHM it has been advised that the services can be efficiently operated if there is some person responsible for maintaining the records of accounts and data entry posting, through which expenditure can be booked properly under respective FMR heads with the help of PFMS. Hence 140 post of UPHC – Accountant cum DEO is being proposed for State Budgeted UPHCs where the sanctioned post of MO's is from regular services.

List of 147 UPHCs is as follows -

S.No.	Name of Districts	Urban Health Posts by State Budget upgraded as U-PHCs	Proposal for the post of "UPHC - Accountant cum DEO"
1	Agra	15	15
2	Firozabad	2	2
3	Aligarh	7	7
4	Allahabad	11	4*
5	Shahjahanpur	7	7
6	Bareilly	2	2
7	Jhansi	9	9
8	Gorakhpur	15	15
9	Kanpur Nagar	11	11
10	Lucknow	11	11
11	Ghaziabad	9	9
12	Meerut	8	8
13	Saharanpur	9	9
14	Moradabad	13	13
15	Rampur	3	3
16	Varanasi	15	15
TOTAL		147	140

* 11 UPHCs in Allahabad from State budget only 4 sanctioned posts of MO from regular services so 4 Accountant cum DEO are being proposed.

Salary @ Rs 17000/- P.M. per Accountant cum DEO for 6 months and Rs 60000/- one time for Computer & Printer.

Innovations

Urban Health Kiosk – Under National Urban Health Mission 01 ANM is recruited at each 10000 urban population & presently organizing UHND specially focusing on Slum areas. However there is no provision of sub-centres in Urban areas, hence they have no place to sit and provide their regular services efficiently.

In order to provide primary health care services in Urban areas, Establishment of health kiosk by State in the heart of slums and the areas dominated by vulnerable population ie. rag pickers, construction workers, street children etc. can be very fruitful. Hence at present the proposal is being made only for 75 Health kiosks for big cities. These Kiosks shall be functional as per OPD timings. These shall act as an entry point for service delivery to the poor population at their door step in inaccessible congested areas.

In this regard State is coordinating with Urban Development, DUDA & Women & Child Developments for providing them proper place for their services as well as upkeep of their UHND kits etc. In this regard the freehold space and rooms will be provided by Urban Development DUDA. In case the place of 15' x 12' will be provided the 20 Health Kiosks will be established with the help of pre fabricated structures hence the budget for this is being proposed @ Rs. 335000.00 per Health Kiosk for 20 Health Kiosks. Apart from above for the entire 75 Health Kiosks one time establishment cost Rs. 35000.00 per Health Kiosk & Rs. 5000.00 for operational cost is being proposed.

These Kiosks shall be operationalised under the supervision & control of Medical Officer of the concerned Urban Primary Health Centre. The Kiosks shall be setup in a room provided for the ANMs, having privacy for examination room & immunization cabins, toilet & running water supply, electricity connection & power backup (inverter). Basic Furniture ie. Examination table, table chair, patient stool, bench in waiting area etc. shall be provided. UHND Drug kit including equipments such as BP apparatus stethoscope, thermometer, weighing machine (adult & infant), vaccine carrier, HB Meter, glucometer, Needle hub cutter & other kits for tests have already been made available. Services for ANC, PNC, Immunization, RTI/STI, etc. shall also be provided at these kiosks.

Operational Cost for facilitation of her regular services is being proposed @ Rs. 5000.00 per month per health kiosks each along with an one time establishment cost for the setup of these health kiosks @ Rs. 35000.00 each.

FMR Code	Budget Head	Unit Cost	Target	Frequency	Total Budget	Remarks
P.7.1	**Innovations**					
	Operational Cost	5,000.00	75	6	22,50,000.00	Rs. 5000.00 per month per health kiosks for 6 months.
	Establishment Cost	35,000.00	75	1	26,25,000.00	One time establishment cost.
		335000.00	20	1	67,00,000.00	Pre fabricated structure of 15' x 12' @ Rs. 3.35 Lakhs per Health Kiosk.
TOTAL					**13,00,000.00**	

Urban ANMs as ASHA Sangini

Like Rural areas there is no **ASHA Sangini** in Urban areas, hence ANMs are being proposed as ASHA Sangini they will supervise Urban ASHAs in their areas. ANM will visit twice in a month in each ASHA area for that mobility support for ANM has been proposed. ANMs will be trained to work as ASHA Sangini by Community Process Division.