

Minutes of NUHM PIP meeting dated on 5th and 6th August 2013

The meeting was held on 5th & 6th August 2013 on preparation of NUHM PIP at Meeting Hall, SPMU-NRHM. It was a two day workshop in which Officers from SPMU, State Programme Officer, DGFW SIFPSA, district Nodal Officers and DPM from 34 districts along with Divisional PMs & representative from UHI and HUP also participated.

Opening: A daylong meeting was started with quick introduction.

Address by MD-NHM- Mission Director NHM UP briefed about the approval of GOI cabinet for implementation of NUHM. NRHM and NUHM will be submission of NHM and National and State cost sharing will be 75:25. NUHM will utilize the structure of NRHM at the state, divisional level and at the district level. Under NUHM District HQ, towns or cities having population above 50000 will be covered thus total 131 towns/cities will have NUHM with a focus on urban slum. At the state level NUHM will be implemented by State Urban Health Cell at SPMU & Directorate of Family welfare under the guidance of State Health Mission. Development Partners- Health of the Urban Poor (HUP) and Urban Health Initiative (UHI) will provide technical support in planning.

He has also appreciated the great effort put forth in preparing 2013-14 NRHM PIP and submission of same within the stipulated time frame to Gol, he expressed his confidence that state will again meet the hard deadline of submitting NUHM-PIP by 15th Aug 2013, thus instructed districts to submit city PIP by 10th Aug 2013.

Presentation by Dr. M.R. Gautam GM-NRHM an overview of NUHM and its implementation

Dr. M.R. Gautam said that the aim of NUHM is to address the health concerns of urban population and strengthening for services to provide quality health care at the door step of the community. This will include- mapping and listing of slum and neighborhoods, health facilities, key focus areas etc. On the basis of gap analysis human resource infrastructure support like upgradation of facilities to UPHC, will be planned. The programme will led with multispectral approach as there are different stakeholders who will support in implementation of the programme in some way or the other for this the SPMU will follow-up with the concern department at the state level. He also laid emphasis on adopting PPP models and outreach activities through contracted ANMs, ASHA, UHND and MAS. The guidelines for ASHA recruitment and training will be developed soon according to GoI guideline. He said that under NUHM leveraging of the existing resources like ICDS, National Programme, JNNURM, MSDP etc. and also we can tap CSR for the activities. He further added that the NRHM Monitoring System like HMIS MCTS will be adopted in NUHM.

Address by AMD –NUHM

In his address he shared the key indicators of Urban and Urban poor of UP.

Key Indicators for urban poor (as per NFHS 3)	Urban	Urban Poor	Rural	Total
Higher order births (3+ births) (%)	33	52.9	39.6	38.3
Women age 15-49 with anaemia (%)	48.7	55.3	50.3	49.9
Total unmet need for family planning (%)	15.1	29.9	23.1	21.2
Children completely immunized (%)	33	15.3	20.8	23.0
Children age 0-5 months exclusively breastfed (%)	32.4	34	55.8	51.5
Infant Mortality (per 1,000)	64	86.2	74.8	72.7
Children under age six living in enumeration areas covered by an AWC (%)	30	24.9	88.2	76.2
Women who had at least one contact with a health worker in the last three months (%)	8.2	13.6	18.5	15.9

He discussed about the planning process of PIP and core strategies to be adopted under NUHM which is as follows:

- Decentralized Planning
- Strengthening of Urban Health System
- Capacity Building
- Communitization
- Inter& Intra - Sectoral Convergence
- Integrated IT enabled tracking & monitoring
- Partnerships

There will be expansion of present institutional structure from state to district as per Gol guideline, in state health mission, new members like Minister of Minority welfare will be included at the state level and similarly at the district level changes will be made. Further he briefed about the different activities to be undertaken under NUHM:

- Strengthening of Urban Health Facilities
- Creation of new UPHCs/ UCHCs.
- Engaging the ESIC and Corporate sector (CSR)
- Outreach sessions in Key Focus Areas (KFAs)
- Community mobilization (ASHA, MAS)
- Policy and Guidelines for engagement with private sector
- Convergence of all health programs
- Convergence with wider determinants of health, housing, sanitation, drinking water, nutrition, school education etc.
- Monitoring and evaluation.

Presentation by Mr. R. Saurastri - HUP

Mr. Saurastri started with the process of preparation of City Urban Health Programme Plan, the flow for the same will be:

Formation of City Health Mission/ Society



Situation Analysis



Stakeholders consultations (Individual and Groups)



Development of City Urban Health Plan



Review and approval by city/district health society



Submission to the state health mission



Approval of activities/budget and implementation

Further he briefed about the proposed members for the City Urban Health Mission

- District Magistrate
- CMO
- Nagar Swasthya Adhikari (ULB)
- Nodal Officer-Urban Health
- Nodal officer - ICDS-City
- Nodal Officer – Urban Development Department
- Nodal Officer - Department of Education
- Representative from CSR / Development Sector
- Representative from Woman organisations

He detailed about the Situational Analysis which will include:

1. Listing and Mapping- All the slums whether registered or not registered with the DUDA will be covered if required the city can request for GIS mapping.
2. Baseline Survey- Baseline line survey will include all slums and neighborhood as well as villages which are included within the cities. Baseline for infrastructure/ facilities existing will include defunct ones also, community groups etc.
3. Stakeholders Consultation: The purpose of stakeholders consultation is to understand the roles and responsibilities of each this will help in planning and implementation of NUHM.

Each stake holders have a defined roles and responsibilities and the proposed structure for delivery is as follows:

Super Specialist	Medical College
Specialist	Referral Hospital
Doctor	UPHC
ANM	Outreach
URBAN ASHA	Household

4. Morbidity profiling Assessment – City profile will be developed to understand the morbidity of slums and slum like areas

At the end he detailed about the content of City Health Plan which will include

- **City Health Plan**
 - Health Facility plan
 - Manpower plan (health facilities and outreach)
 - Outreach micro-plans (for immunization, UHND, medical camps etc.)
 - Community processes plan (ASHA, MAS, etc.)
 - Training, orientation and capacity building plan

- Innovations & PPP

On the query of Guatam Budh Nagar he said it will be considered as special case and actions will be taken accordingly.

Presentation by Dr. Meenu Sagar AD MCH Directorate of FW-

Dr. Meenu Sagar stated that NUHM will be implemented in 34 Districts in first phase for which PIPs will be prepared by respective districts. She reinforced on listing and mapping of slums, facilities etc. and added that migratory population too should be included. She stated that cities have to explore the possibility of acquiring government land /buildings for urban PHC/CHC.

AMD added that Hospital/Municipal Corporation to be utilized for the purpose and MOU can be signed between the departments through DHS. The letter for the coordination at cities will be sent to the concerned department.

Dr. Sagar also mentioned about empanelling specialist from Private sector so that quality services can be provided. Training Need Analysis will be done and accordingly ASHAs, ANMs, ULBs, services providers etc. will be imparted training and capacitated. She also said if cities have sub centers in the semi urban areas that can be included in NUHM as well as facilities which are not funded by state or NRHM can be included in NUHM.

Dr. Usha Gangwar added that the urban area for tehsil plan to be incorporated in the PIP. Towns with more than 50000 populations will have their separate PIP annexed with city PIP.

Presentation by Dr. Meenakshi State representative – UHI

Dr. Meenakshi from UHI detailed about the guidelines of NUHM PIP with reference to city PIP.

Table 1: This table will have secondary data from different sources e.g. data for population can be gathered from various sources like census (urban population), urban poor (UHI /Pulse Polio etc.); data on slum can be gathered from DUDA, Pulse Polio microplan/ UHI, GIS mapping, Remote sensing etc. Dr. Gangwar added that these data will be secondary and will be considered as estimation and when once ASHA is placed then the baseline conducted will be primary data for the NUHM in the City.

Table 2: These can be collected from District level health facility and IDSP. The representatives of cities have showed the concern that the data on morbidity for urban poor is not available as most of the cases on given indicator are referred to tertiary facilities present in the city which includes both urban, rural and inter- city also. It has been decided that for the purpose these data will be only used.

Table 3: This will be an exhaustive list of all registered and non-registered slum of the city with the information about AWC, Water and sanitation, Primary schools and public health facilities present in the slum, the UHI team from districts were asked to support department.

Table 4: This will have all the information about health facilities available in the urban area with human resources, infrastructure, equipment etc. It has been also reiterated that while planning for Facility (UPHC) there should not be duplicity with NRHM.

OPEN DISCUSSION:

- Training of all existing and new ANM will be organized on the module specified by GoI.
- It has been suggested that while selection of ASHA, CMC of SMNet, Peers of UHI, Pulse Polio workers to be given preference. Ward members too be involved in selection as well as in implementation and hold a role of leadership.
- Under PPP model trust hospitals or nonprofit hospitals can be provided support for expansion of services.
- School health Programme will be implemented in the urban area for which a team has to be constituted as per GOI guideline.

In the post lunch session 04 groups were made with 1-2 mentors from Directorate, UHI & HUP to facilitate and discuss city specific issues for further clarification and preparation of NUHM PIP.

Meeting ended with vote of thanks

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