

# **NATIONAL URBAN HEALTH MISSION**

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# Introduction

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- The Ministry of Health and Family Welfare is implementing various schemes and programmes and national initiatives to ensure quality health care.
- The aim is to decentralise health care system by establishing new infrastructure in deficient areas and by upgrading it.
- As a part of the plan process, many different programmes have been brought together under the overarching umbrella of **National Health Mission(NHM)** with **NRHM** and **NUHM**

# Introduction to NUHM

- ← **Approved on** May 1, 2013 as a sub-mission of the National Health Mission (NHM) to strengthen the primary health care system in cities & towns
- ← **Target Population:** 29.95 Crore urban population (Census 2011)
  - ← 942 cities/ towns with population above 50,000
- ← **Special focus on:**
  - ← People living in listed, unlisted slums and other vulnerable population
- ← **Implemented: Jointly** by State Health Department and Municipal Affairs dept.
- ← **Aim:** To address unique & diverse needs of urban poor and vulnerable population
- **Mission:** To provide **essential primary health services** to the entire urban population, while urban poor and vulnerable sections remaining its prime concern
- **Urban issues: Are different from Rural**



# NUHM- Focus

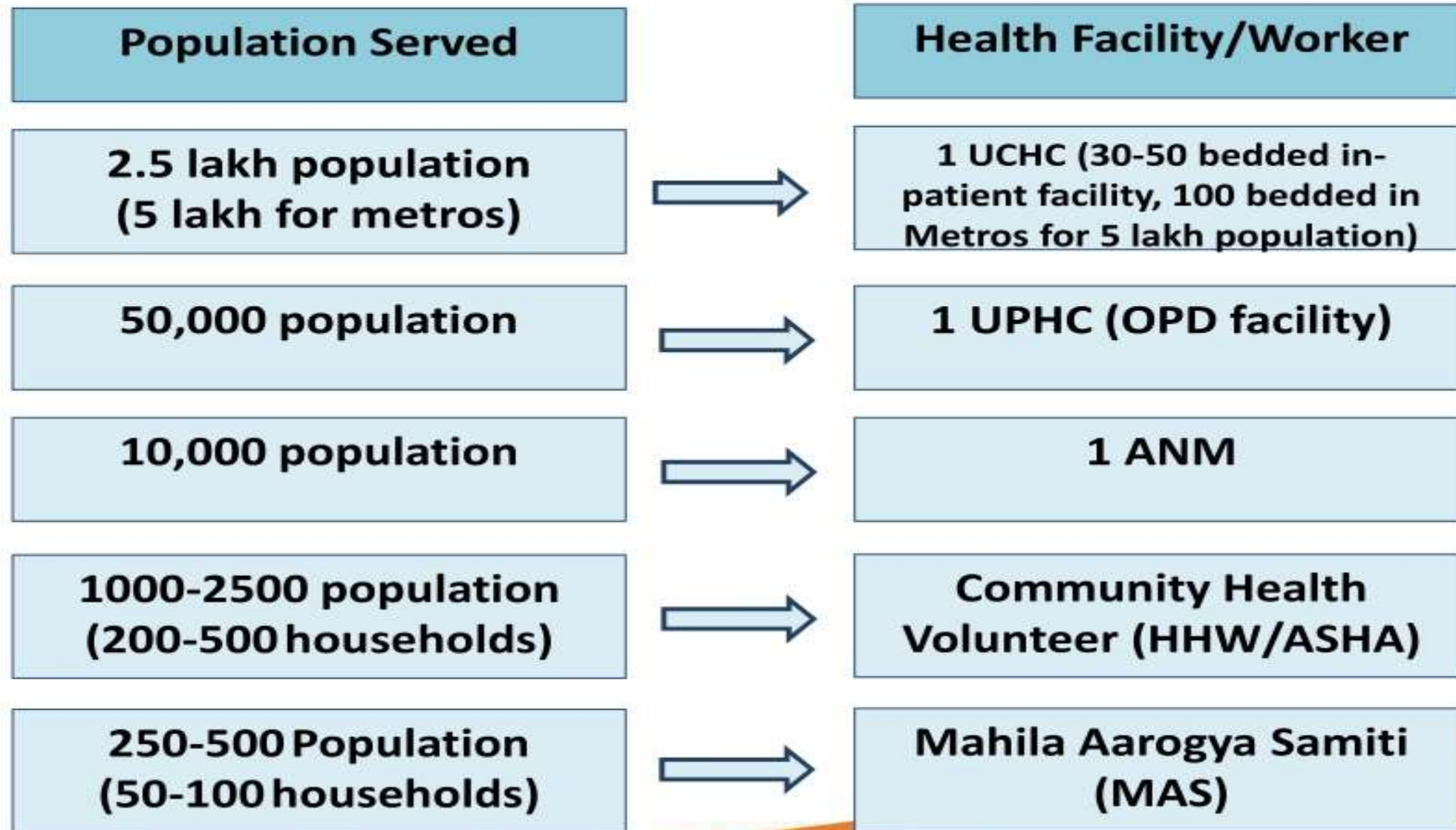
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The NUHM Focuses on :

1. Urban poor population living in listed and unlisted alums.
2. All other vulnerable population
3. Public health thrust on sanitation, clean drinking water, vector control etc
4. Strengthening public health capacity of urban local bodies.

*The NUHM provides services with the help of ASHA (Accredited Social Health activist) or link worker ( LW) , ANM (auxillary nurse midwife)*

# Health care delivery in Urban area under NUHM



# ASHA worker:

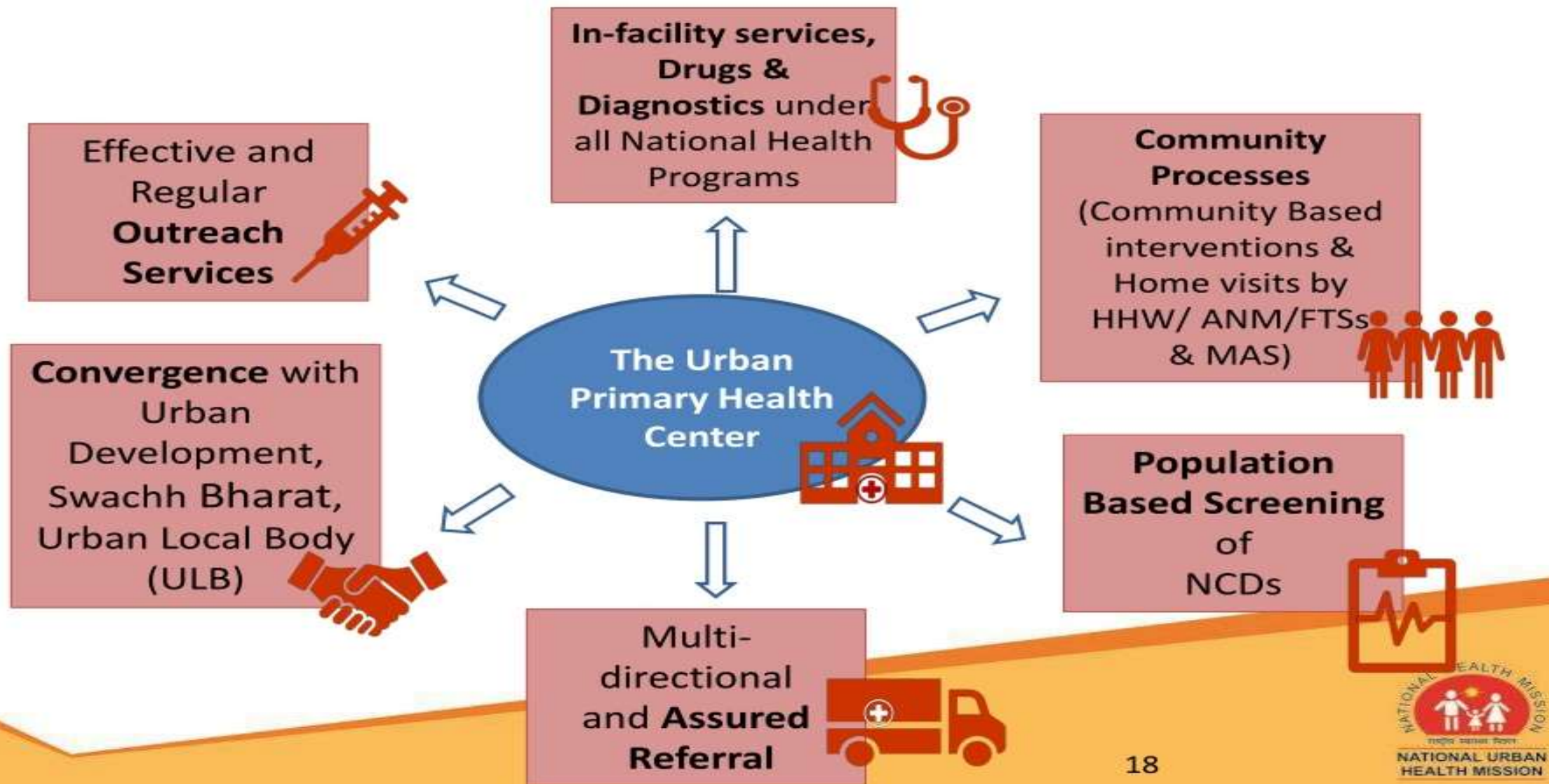
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One ASHA worker for-a population of **1000 to 2500**

- i)Active promoter of good health practices and enjoying community support.
- ii)Facilitate awareness on essential RCH services,sexuality gender equality,age at marriage,early registration of pregnancy sterilization, motivation for contraception etc.
- iii)Counselling for immunization ,ANC, PNC care, depot holder for ORS ,Iron and Folic acid Tablet, Tuberculosis(DOTS), Chloroquine, oral pills & condoms
- iv)Formation and promotion of Mahila Arogya Samitis in her community.
- v)Arrange /accompany pregnant women and children requiring treatment to the nearest P-UHC,ULB,Anganwadi

# UPHC: EPICENTRE OF COMPREHENSIVE PRIMARY HEALTHCARE



# Urban primary healthcare center (U-PHC)

- ← U-PHC is the Epicenter of public healthcare provision in urban areas
- ← One for every 50,000 population, close to the slums or vulnerable areas
- ← Registered with a Rogi Kalyan Samiti (RKS)
- ← OPD hours: 9am -2pm will remain open for 8 hours a day

HR	Number at UPHC
MO I/C	1
2nd MO (part time)	1
LHV	1
Staff Nurse	2
Lab Technician	1
Pharmacist	1
ANMs	3-5
Support Staff	2



# ANM under NUHM

Functions and Duties of ANM under NUHM are wider and expanded under NUHM, as compared to her traditional RCH centric role:

- ← Not just RCH services provision, but also services for communicable and non-communicable diseases
- ← Vulnerability assessment and mapping of UPHC catchment area
- ← Understand non-health issues of community (water, sanitation, garbage disposal) and communicate to MO or PHM
- ← Plan and organize Urban Health Nutrition Days in her areas
- ← Support organization of Special Outreach Camps and NCD Screening
- ← Supervisions of urban HHW/ASHAs for urban slums
- ← Make home visits for high risk pregnancies and those requiring special services



# Urban Community healthcare center (UCHC)

- ← Similar to the rural Community Health Centre in its basic operationalization and functions
- ← One UCHC envisaged for a population of 2.5 lakhs (in a city having population of 5 lakh)
- ← 30-50 bedded (100 in Metro cities)
- ← It acts as the first referral unit for 4-5 UPHCs in its catchment area



# MINIMUM SERVICES TO BE PROVIDED



## Clinical Services

- ← Maternal & Child health
- ← Family Planning
- ← RTI/STI (HIV/AIDS)
- ← Nutrition
- ← Vector born diseases
- ← Mental health
- ← Oral health
- ← Chest infection
- ← NCDs
- ← Communicable diseases
- ← Trauma
- ← Surgical ↘ Referral

## Diagnostic Services

- ← Clinical pathology
- ← Biochemistry
- ← Microbiology
- ← Urine analysis
- ← Stool examination

## Support Services

- ← Health promotion through IEC
- ← Behavior Change Counseling (BCC)
- ← Counselling
- ← Advocacy



# Linking disease control programs to NUHM

Services Areas	Services to be provided	Programme Covered
Trauma care (burns & injuries)	First aid, emergency resuscitation, documentation and referral	
Other Surgical Interventions	Identification and referral	
IEC/BCC	Distribution of health education material	All Programmes
Counseling	Patient/attendant counseling	All Programmes

# Diagnostic services at UPHC

	Name of Diagnostic Tests	
<b>Clinical Pathology</b>	<ul style="list-style-type: none"> <li>• Haemoglobin Estimation (Hb)</li> <li>• Total Leukocyte Count (TLC)</li> <li>• Differential Leukocyte Count (DLC)</li> <li>• Platelet count</li> </ul>	<ul style="list-style-type: none"> <li>• MP (Slide Method)</li> <li>• ESR</li> <li>• Clotting Time (CT)/Bleeding Time</li> <li>• Blood Group (ABO-RH typing)</li> </ul>
<b>Biochemistry</b>	<ul style="list-style-type: none"> <li>• Blood sugar</li> <li>• Serum Bilirubin</li> </ul>	<ul style="list-style-type: none"> <li>• Lipid Profile (Blood Cholesterol)</li> </ul>
<b>Microbiology</b>	<ul style="list-style-type: none"> <li>• HIV Test (ELISA Kit)</li> <li>• Sputum for AFB</li> <li>• Dengue (ELISA)</li> </ul>	<ul style="list-style-type: none"> <li>• Malaria (Rapid test)</li> <li>• Typhoid (Widal Test/Typhi dot test)</li> <li>• Hepatitis (HBsAg Test)</li> </ul>
<b>Urine Analysis</b>	<ul style="list-style-type: none"> <li>• Urine Sugar / Albumin/Leucocyte Esterase</li> </ul>	<ul style="list-style-type: none"> <li>• Urine Pregnancy test (UPT)</li> </ul>
<b>Stool Analysis</b>	<ul style="list-style-type: none"> <li>• Stool for RE &amp; Microscopy</li> <li>• Water Quality Testing-H<sub>2</sub>S Strip test for Faecal Contamination</li> </ul>	<ul style="list-style-type: none"> <li>• Estimation of chlorine level of water using ortho-toludine reagent.</li> </ul>

# Outreach under NUHM

- ← Critical component of primary health care.
- ← Expands the reach and coverage of health services to the urban poor population
- ← First step in the continuum of care linking primary to secondary and tertiary care services.
- ← As per the guidelines, two types of Outreach services are envisaged under the NUHM:
  1. Urban Health and Nutrition Day (UHND or Routine Outreach)
  2. Special Outreach Sessions

# Urban health and nutrition day (UHND)



<b>Community Mobilization by</b>	<b>HHW/ASHA and MAS, with help from FTS/ANM, AWW</b>
<b>Responsibilities of MO/IC</b>	<ul style="list-style-type: none"><li>• Development of annual Calendar (Micro-plan) for UHND</li><li>• Review coverage &amp; Quality of UHND services</li><li>• Submission of monthly/quarterly reports</li></ul>
<b>Responsibilities of HHW/ASHA/ MAS</b>	Prepare a list of vulnerable people requiring services Inform community and MAS members about date, time and location
<b>Responsibilities of FTS/ANM</b>	<ul style="list-style-type: none"><li>• Conduct the UHND - provide services to UHND clients</li><li>• Appropriate referral where needed</li></ul>



# Special outreach (camp) sessions

- ← Organized to provide specialised services to marginalized communities
- ← Planning for type of specialty required to be based on vulnerability assessment
- ← Services will differ from one area to another as per need of population

<b>Designed for</b>	Hard to reach Communities, communities with specific special needs
<b>Frequency</b>	3 camps per U-PHC per Month
<b>Services</b>	Health check-up, Specific set of services for endemic diseases or population specific problems), Screening and treatment of NCDs, Basic lab investigations (using portable /disposable kits), and drug dispensing Geriatric care, Dental Care, Specialist RCH services



# Special outreach sessions

<b>Service provision by</b>	Doctors/Specialist doctors (Gynecologists, Orthopedics, Dentists, Dermatologists etc.), Nurses, Lab technicians, Clinical psychologist, Medical social workers, Pharmacists
<b>Need Assessment</b>	By HHW, ASHAs, ANMs, MAS by MO based on type of OPD cases observed

# Organizing Referral services

- ← Identify the **focal contact person**/desk in each referral center
- ← Referral should be in writing on **Referral Slip**
- ← **Referral register** to be maintained at facility
- ← Patients should be informed about **reasons for referrals** and risk of non-compliance to referral
- ← Results of **diagnostics tests** should accompany the Patient Referral forms
- ← **Transport** should be made available for emergency referrals
- ← Patient should be advised for **follow-up visits**
- ← FTS/ANM or HHW/ASHA should follow up referred cases for treatment compliance

# Mahila Arogya Samiti (MAS)



# Major activities of MAS

Identify Vulnerable Groups

Mapping and listing slums

Organize Preventive & Promotive Health Activities

Service delivery in Community

Managing untied funds & Records

# CHANNELS TO REACH BENEFICIARIES

Community Health Workers



Facility Based IEC materials



Effective media Usage



# **SCHEMES UNDER NUHM**

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- SWARNA JAYANTI SHAHARI ROZGAR YOJANA
- JAWAHARLAL NEHRU NATIONAL URBAN MISSION
- RAJIV AWAS YOJANA ( RAY)
- MAMTA SCHEME

# TARGETS ( 2012-2017)

- ❑ **IMR REDUCED TO 25 / 1000 LIVE BIRTHS**
- ❑ **MATERNAL MORTALITY REDUCED TO 100/1 LAKH LIVE BIRTH**
- ❑ **TOTAL FERTILITY RATE REDUCED TO 2.1**
- ❑ **ANNUAL INCIDENCE OF MALARIA < 1/1000**
- ❑ **KALA AZAR ELIMINATION BY 2015 , <1 CASE PER 10000 POPULATION IN ALL BLOCKS**
- ❑ **REDUCE ANNUAL INCIDENCE AND MORTALITY FROM TB BY 1/2**
- ❑ **REDUCE PREVALENCE OF LEPROSY TO <1/1 LAKH POPULATION AND INCIDENCE TO ZERO IN ALL DISTRICTS**
- ❑ **<1 % MICROFILARIA PREVALENCE IN ALL DISTRICTS**

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**THANK YOU**