

Action Points for the involvement of Medical Colleges in NUHM

A workshop on National Urban Health Mission was held on 25th November 2016, to apprise the medical colleges about NUHM. Over 40 medical colleges had participated in the workshop. The workshop was attended by the representatives of Medical Colleges-Deans, Heads of Department of Community Medicine and NUHM Nodal Officers of States.

Following are a few areas where Medical Colleges can collaborate for the implementation of NUHM:

- 1. Provision of Health Care Services:** As per the MCI regulations each Urban Health Training Centre (UHTC) has to be adequately staffed and provide services as per the mentioned standards. Each UHTC may expand its scope and range of activities to be able to provide services as a Urban Primary Health Centre (UPHC) as per the NUHM framework by upgrading the infrastructure including HR and logistics by the support of NUHM. This would provide benefit to the Medical College as it would be a training site for the students as well as provide quality health care service to the urban population.
- 2. Referral Services:** Medical colleges can provide referral services for different health programs that are being implemented through these urban health centres. It has been already working as a referral centre for RNTCP and a successful partner in achieving desired service targets under RNTCP. The scope may be widened to cover other

National Health Programs including NCDs which are prevalent in urban setting. Besides, UHTC may act as a referral point for secondary/Tertiary health care to the medical college to which it is attached.

- 3. Outreach Services:** Services of the Specialists from Medical Colleges may be utilized for outreach camps that are to be regularly conducted as per NUHM framework of Implementation for the vulnerable poor population in urban and peri-urban areas.
- 4. Centre of Excellence:** Medical Colleges may be assisted to provide technical guidance and bridge the knowledge gap in urban health context. These may be encouraged to act as Centre of Excellence in providing all skill training, research and health planning for NUHM activities.
- 5. Training Centre:** Medical Colleges may assist in providing quality skill based trainings for ANMs/ Medical Officers/ASHAs etc. Also by virtue of implementing NUHM through UHTC, it would be easier for the under graduate and post-graduate medical students to avail hands on training and knowledge on urban health issues and also the various national disease control program that are envisaged to be rolled out through these UHTCs.
- 6. Research & Innovations:** Medical Colleges can design research projects or work out innovative approaches or carry out implementation research related to Urban Health Care. These initiatives may be supported under NUHM if approved by PIP process.

Publications and Training Materials for Interventions under NUHM (Available on NHM Website: <http://nhm.gov.in/nhm/nuhm.html>)



Ministry of Health & Family Welfare, Government of India



NATIONAL URBAN HEALTH MISSION AND MEDICAL COLLEGES

COLLABORATION TO STRENGTHEN URBAN HEALTH

The National Urban Health Mission (NUHM) was approved by the Union cabinet on 1st May 2013, as a submission under an overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population like homeless, rag-pickers, migrant workers etc.

Flexibility has been given to the states for implementing NUHM either through the Health Department or the Urban Local Bodies (ULBs). In seven Metro cities, viz., Delhi, Ahmedabad, Bengaluru, Kolkata, Mumbai, Chennai and Hyderabad implementation is being done through the ULBs. NUHM has been envisaged to cover cities and towns with more than 50,000 population as well as District Headquarters having population ranging from 30,000 – 50,000.

Core Strategy to Implement NUHM

The mission is aiming to improve the health status of the urban population in general, with special focus given to the vulnerable poor population belonging to

slums, clusters and migrants and homeless people living in the urban community by facilitating equitable access to quality health care system. The core strategy thus can be seen as:

- ⊙ **Strengthening of Infrastructure:** creation, rationalization and strengthening of facilities in urban areas.
- ⊙ **Augmentation of Human Resources (HR):** recruitment of Medical and Paramedical officials and engagement of ANMs.
- ⊙ **Community Participation:** ASHA and MAS (Mahila Arogya Samiti) from within the community.
- ⊙ **Inter-Sectoral Coordination:** convergence of national programs and other Ministries including WCD (Women and Child Department), HRD (Human Resource Development), UD (Urban Development), Sanitation, Water etc.
- ⊙ **Involvement Urban Local Bodies (ULBs):** involvement of ULBs in health planning and funding through PIPs (Program Implementation Plan) from the state health department.

③ **Capacity Development of Stakeholders:** which include Medical Colleges and ULBs.

③ **Use of Information Communication Technology (ICT):** for better service delivery and transparency with speedy disposal of public grievance and dissemination of action oriented messages to Improve Urban Health (IEC).

Thrust Areas under NUHM

The Key Thrust Areas to focus for accelerating the NUHM program are as follows

1. Mapping of urban vulnerable populations and understanding their special needs.
2. Service delivery to urban poor and vulnerable population through proximal U-PHCs and U-CHCs.
3. Outreach through Urban Health and Nutrition Days (UHND) and Special Outreach Camps to address special and community specific health needs.
4. Improving ambience, signage, patient amenities, infection prevention protocols should be prioritized at U-PHCs & U-CHCs.
5. Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities.
6. Special focus on urban specific health needs such as Non - communicable Diseases - diabetes, hypertension, cardiovascular conditions, substance abuse, mental health etc. In addition to routine RMNCH+A services.
7. Robust and assured referral mechanism with systematic follow up by U-PHC of the referred cases (to FRUs and specialized services for NCDs etc.) - Integration of National Health Programs at the U-PHCs.
8. Convergence with Urban Local Bodies (ULB), with clearly defined roles for the State Health

Department and the ULB in NUHM implementation for each city.

9. Financial strengthening under NUHM - Registration and transfer of funds under NUHM through PFMS, formation and registration of RKS etc.
10. Implementation of Public Private Partnerships where public services are weak and Innovations to improve service delivery with limited resources.

MCI Regulation for Medical Colleges

In order to ensure training of students in community oriented primary health care and to enable them to address health needs of local community, every medical college shall have one Urban Health Training Centre over and above 3 rural centers. Primary Objective of establishing urban health training centers was to develop connect between future clinicians and the masses, since Medical education is expected to develop in the student an inherent & effortless link with the community and its health issues. It acts as a community interface.

Extract from MCI Regulation for Minimum Standard Requirements for the Medical College

Department of Community Medicine:

Urban Health Training Centre: adequate transport shall be provided for carrying out field work, teaching and training activities by the department of community medicine and other departments of medical college (both for staff and students).

Staff for Urban Training Health Centre

1. Medical officer of Health-cum-Lecturer/Assistant Professor 1

2. Lady Medical Officer 1
3. Medical Social Workers 2
4. Public Health Nurse 1
5. Health Inspectors 2
6. Health Educator 1
7. Technical Assistant/Technicians 2
8. Peon 1
9. Van Driver 1
10. Store Keeper 1
11. Record Clerk 1
12. Sweepers 2

Note:

- a. The Urban and Rural Training Health Centres should be under the direct administrative control of the Dean/Principal of the college.”
- b. The Rural and Urban Health Centers for training of undergraduate students shall be suitably equipped along with adequate transport.

Structure of Health Care Delivery System (under NUHM)

1. **Community Participation:** through structures such as ASHA and MAS (ASHA per 1000-2500 population approximately 200-500 households; MAS per 250-500 population covering 50-100 Households to act as community based peer education groups in slums).
2. **Urban Primary Health Centre (UPHC):** staffed by Medical Officer, Lab-Technician, Pharmacist, Nurse, Public Health Nurse providing OPD Facility. (UPHC/50000 population).
3. **Urban Community Health Centre (UCHC):**

Specialised services apart from Maternal And Child Health, 24x7 availability of health services, Blood Storage Unit/Bank, IPD (UCHC/250000 population).

4. **Referral System:** Robust and assured referral mechanism with systematic follow up by U-PHC of the referred cases (to UCHC/FRUs and other specialized service centers for NCDs etc.) - Integration of National Health Programs at the U-PHCs.

Process of PIP Preparation and Approval

The State NUHM Plan is prepared by NUHM team at the State. This plan needs to be presented and approved by the State Health Society prior to submission to Ministry of Health and Family Welfare. The State PIP is appraised by the National Programme Coordination Committee (NPCC), chaired by the Mission Director, National Health Mission with representatives of Ministry of Health and Family Welfare and the states.

These plans would also be shared with the divisions in the Ministry to get their comments along with other departments such as AYUSH, AIDS Control and Health Research for their inputs. Secretary, HFW approves NPCC recommendations.

The Executive Committee of the State Health Society implements the approved plan, with governance and oversight exercised by the Governing Board and the State Health Mission.

New activities that are being planned and proposed must be detailed out as in the box:

New Activity		
a. FMR Code:		
b. Activity Proposed:		
c. Name of the Activity:		
d. Justification:		
e. Deliverables:		
f. Funding Proposed:		
Number of Units	Cost per unit	Total Cost

The detail components and tentative cost of each component e.g. if a Training Module is to be created - cost of the Professional Services, Trainers' cost, venue rental, logistics expenses etc should be indicated.

A graphical representation of the overall PIP planning process is given below:

