

## ***National Training Strategy for National Urban Health Mission***

### ***National Urban Health Mission***

In order to effectively address the health concerns of the urban poor population, the Ministry of Health and Family Welfare revamped the National Rural Health Mission (NRHM) as National Health Mission (NHM) with two sub-missions NRHM (already approved by Cabinet for continuation up to 2017) and a new sub-mission National Urban Health Mission (NUHM). The Mission Steering Group of the NRHM is to work as the apex body for NUHM also. Every Municipal Corporation, Municipality, Notified Area Committee, and Town Panchayat will become a unit of planning with its own approved broad norms for setting up of health facilities. The existing structures and mechanisms of governance under NRHM will be suitably adapted to fulfil the needs of sub-mission NUHM also.

### ***Goals of NUHM:***

The National Urban Health Mission would aim 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.

### ***Salient features of Urban Healthcare services/Determinants of success or failure of Urban Healthcare:***

- Poor compliance of the 74<sup>th</sup> Amendment in the Constitution has affected the health outcomes at ground level. Decentralized urban planning for urban health adopted by corporations/State health departments is to be followed under NUHM. **Separate planning mechanism** for Notified Area Committees, Town Panchayats and Municipalities will be part of the District Health Action Plan drawn up for NUHM. The Municipal Corporations will have a separate plan of action as per broad norms for urban areas. The existing structures and mechanisms of governance under NRHM will be suitably adapted to fulfil the needs of NUHM also.
- **Large scale presence of nongovernmental providers of health care:** The urban locale have abundant for profit & private hospitals which are largely unregulated with a compromised quality of health care. NUHM will explore possibility of seeking partnerships with the non-governmental sector very closely in urban areas.
- **Special healthcare needs of urban poor and vulnerable populations** will be provided under NUHM. Urban primary healthcare services will be ensured to these marginalized sections of the urban population.
- **Establishing synergies with other Government programmes with similar objectives** like JnNURM, SJSRY and ICDS to optimize the expected outcomes of NUHM.
- **Public health thrust on social determinants of health** such as sanitation, clean drinking water, vector control, etc. as these play a major role in management of communicable/non-communicable diseases.
- **Lack of information on services/resources in public health facilities** such as availability of beds, etc. in different health facilities leads to unnecessary referral of patients to different health facilities.

- **Focus extensively on communitization** by engaging existing community mobilisation structures such as ASHA. The NUHM encourages the effective participation of community in planning and management of healthcare services. States have the flexibility to take the work of motivating community from the Mahila Arogya Samitis (MAS) and ASHA also wherever needed. NUHM also promotes the role of the urban local bodies in the planning and management of the urban health programmes.
- **NUHM aims to provide a system for convergence of all communicable and non-communicable disease programmes** including HIV/AIDS through integrated planning at the City level. The objective is to enhance the utilization of the system through convergence, by providing a common platform and availability of all services at one point (U-PHC) and establishing a robust referral mechanism. At the same time, NUHM specifically addresses the peculiarities of urban health needs, which constitutes non-communicable diseases (NCDs) as a major proportion of the burden of disease.
- **Leveraging the existing structure of NRHM:** The existing institutional arrangements/structures under NRHM are adapted and modified under NUHM. This is to suit the city specific need and provide the States a flexibility to adapt these city specific models.
- **Use of ICT in NUHM:** The existing systems will be strengthened and newer ones will be established as per the Urban requirements in context of information and communication technology. ICT Systems would be established/strengthened for registrations, maintaining Personal Health Records, supply chain management of drugs, vaccines and logistics, and developing urban healthcare specific HMIS.

### ***Paradigm Shift***

It is imperative to focus on the quality and variety of trainings under NUHM, to ensure an effective and efficient training mechanism. It is essential to prepare the healthcare providers/frontline workers to be ready with newer skills required for addressing the healthcare demands of the target groups under NUHM. The efforts will not just be limited to providing knowledge but focus will be to address system bottlenecks that act as barriers to optimal utilization of trained manpower.

The NUHM trainings will feature following paradigm shift:

- Focus on ensuring optimal utilization of trained manpower under NUHM through rational deployment,
- Adopting a participatory/experiential training mechanism rather than only theoretical knowledge transfer through establishing a task force at State level; comprising State health department functionaries/ULBs/NHGOs/Private sector/Professional bodies,
- Differential planning for NUHM implementation through training needs assessment done for the target group of trainees,
- Monitoring of training by the task force of stakeholders identified at the State level,
- Identifying training resource institutes/centres such as NHSRC/NIHFW/SIHFV/etc.,
- Integration of training programmes inclusive of RCH, NCDs, nutrition and other public health components,
- Utilizing the concept of Skill Labs for pre service and in service trainings to facilitate acquisition/reinforcement of key standardized technical skills and knowledge by service

providers for RMNCH+A services. The training at Skill Labs will provide Continuing Nursing Education/Continuing Medical Education also. Skills Labs serve as a prototype demonstration and learning facility for health care providers. This will aid in institutionalizing the usage of Standard Operating Procedures (SOPs) and adherence to technical protocols.

***Key Stakeholders/Training institutes/centres for NUHM trainings:***

- National level: MoHFW/NHSRC/NIHFW
- State level: State Government/SIHFW
- Municipal corporation/Municipalities/RHFWTC/DTC
- NGOs/CBOs/ Urban Local Bodies/Civil Society Groups, etc.

***Role of Training Resource Centres/Support Groups:***

### National Level

- Training Need Assessment for the States and providing support for the same
- Preparation/revision of guidelines/training modules on trainings envisaged under NUHM
- Ensuring an intergated training programme for all public health components under NUHM
- Facilitate training implementation by providing support at National level through orientation of master trainers
- Ensuring standards and quality of training through regular monitoring
- Focus on followup/ reinforcement/refresher trainings
- Constituting a consortium of experts for providing technical inputs and monitoring of trainings under NUHM

### State level

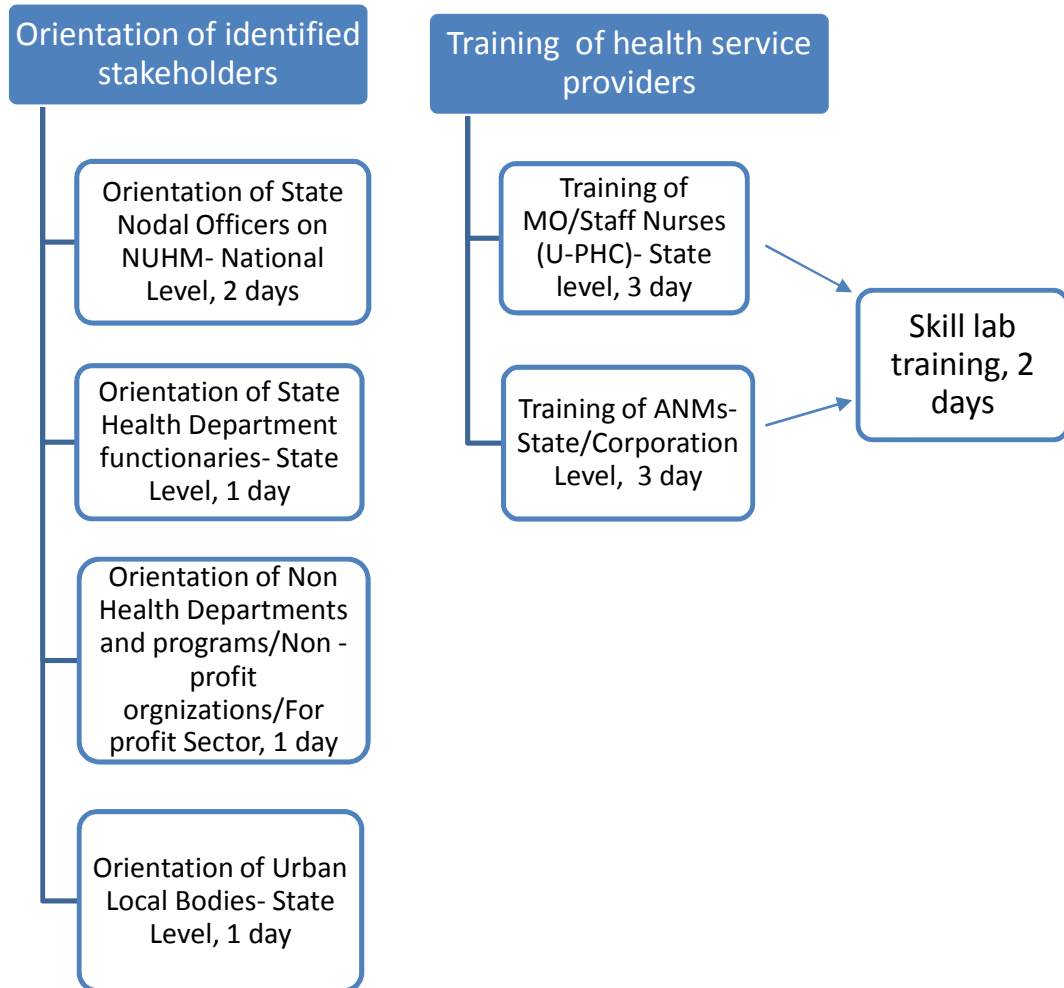
- Facilitate preparing/strengthening the existing database on NUHM trainings
- Incorporating NUHM trainings in the existing State Training Plan with defined timelines
- Identifying stakeholders other than State Government imparting trainings
- Ensure follow up/monitoring of trainings and linkages between training and operationalisation of services through utilization of skills learned in the trainings
- Identify gaps/bottlenecks and devise strategies to adress them

### Municipal corporations/ Municipalities

- Ensure inclusion of NUHM trainings in the existing annual training calendar
- Develop/maintain database of trainings imparted and map trained health functionaries as well for rational deployment
- Identifying need of refresher trainings/reorientations and plan for same
- Identify and engage resources other than Government for NUHM trainings at local levels
- Enlist resources/requirements for imparting trainings
- Identify availability of training site

**Capacity building under NUHM:**

**The process of capacity building for NUHM will be a two way process.**



## **Content of the capacity building exercises:**

1. Orientation of State Health Department
  - NUHM Programme components
  - TRG Recommendations
  - Programme management structure
  - Urban health issues
  - Challenges of the urban vulnerables
  - Financial aspects of NUHM
  - Convergence mechanisms with other departements
  - Innovating for better health outcomes
2. Orientation for Non- health Departments and Programmes/NPOs/For profit sector
  - Issues in urban health
  - Challenges of urban vulnerable
  - Overview of NUHM Programme components
  - Convergence
  - Innovations in urban sector
3. Orientation of ULBs
  - Urban context- urbanization & development
  - Urban health determinants
  - Challenges of urban poor and vulnerable
  - Urban disease burden
  - NUHM programme
  - Role of ULBs in NUHM
4. Training of MOs & SNs
  - Urban context- urbanization & development
  - Challenges of urban poor and vulnerable
  - NUHM Programme
  - Urban specific health burden & Disease control programmes
  - Role of service providers
  - Soft skills/attitude and basic computers training
  - Training at Skill labs
5. Training of ANM/LTs/Pharmacists
  - Urban context- urbanization & development
  - Challenges of urban poor and vulnerable
  - NUHM Programme
  - Urban specific health burden & Disease control programmes
  - Role of service providers
  - Soft skills/attitude and basic computers training
  - Training at skill labs

## **Guidelines for Orientation of Implementing Bodies and Stakeholders National Urban Health Mission**

### **Stakeholder Groups**

- I. State Health Department**
- II. Non-Health Government Departments/ICDS/PHED/JNNURM/Professional bodies**
- III. Non-Profit Organizations**
- IV. For Profit Private Organizations and Individuals**

### **I. State Health Department**

The state health department and Urban Local Bodies (ULBs) are key implementing bodies of the NUHM. Both bodies must collaborate and jointly carry out the NUHM preparatory activities and subsequent implementation of the NUHM. Hence, the State Health Department as well as the ULBs must have a strong understanding of the NUHM Program components and other urban health issues. The orientations for the two bodies will consist of the following components:

- 1. NUHM Program Components*
  - a. Key Features of NUHM:
    - Objectives and Vision of the Mission
    - Population and areas covered, target population
    - Program priorities
  - b. Service Delivery Infrastructure:
    - Establishment of Urban PHCs and Urban CHCs;
    - Up-gradation of existing health facilities according to UPHC and UCHC norms;
    - Package of services to be delivered at all levels;
    - Human Resource structure required
    - Monitoring and supervision systems to be established
  - c. Targeted interventions for urban poor and vulnerable population:
    - Urban ASHAs: Population/household to be covered, Services to be delivered, roles and responsibilities, ASHA support structure (ASHA facilitators and mobilizers)
    - Mahila Arogya Samitis: Rationale, Formation, Composition, Funding, Use of Funds
    - Capacity Building for Communities: through MAS, NGOs etc
  - d. Outreach Services:
    - UHNDs and special outreach camps: Package of services provided through outreach;
    - Clear cut roles for each health personnel involved in outreach
  - e. Vulnerability Assessment and Mapping:
    - Mapping Process and stakeholders involved
    - Use of Vulnerability Assessment Tool at household, slum and ward levels
  - f. City Health Planning:
    - Constitution of the Planning Team
    - Planning Process and stakeholders involved,
    - Use of vulnerability assessment data for planning service delivery for vulnerable population

2. *Program Management Structure* (has been completed by most states)
  - Establishment of City Program Management Units and Urban Health Cells in SPMU and DPMUs
  - Expansion of Governing Body and Executive Committee of the State Health Mission to include other stakeholders as per norms, as well as District/City Health Societies
  - Carrying out necessary appointments (Additional MD etc)
  - Prioritization of cities and towns for NUHM implementation
  
3. *TRG Recommendations:*
  - Overview of mandate, process, and key recommendations of the TRG Report
  
4. *Urban Health Issues:*
  - How are urban health issues different from rural health issues?
  - The Urban Disease Burden: Focus on specific communicable and non-communicable diseases such as TB, Malaria, Dengue, Chikungunya, NCDs (Cancers, Cardiovascular conditions, Diabetes), Road traffic accidents, injuries, Mental Health conditions
  
5. *Challenges of Urban Vulnerable:*
  - Sensitization to issues faced by urban poor and vulnerable, homeless, slum dwellers, and those in hazardous occupations, in their everyday life
  - hostility of the state towards rural migrants
  
6. *Financial Aspects of NUHM*
  - Fund flows
  - Maintenance and operation of various accounts
  - Incentive payments to ASHAs
  
7. *Convergence Mechanism with other departments*
  - Social Determinants of Health: inter-linkage between health and its determinants (water, sanitation, nutrition, environment, gender, livelihoods, socio-economic factors)
  - Intra-sectoral convergence with other health programs such as RCH, RNTCP, NVBDCP etc.
  - Inter-sectoral convergence with non-health departments (Urban Development, Housing and Urban Poverty Alleviation, Women and Child Development, School Education, Minority Affairs, Labour, Water and Sanitation, etc)
  - Task allocation and role clarity in convergence
  - Convergence and collaboration best practices (eg. Kerala, Surat)
  
8. *Innovating for better health*
  - Sharing best practices on healthy cities from India and abroad (eg zero waste cities, solid waste management practices)
  - Encouraging public private partnerships, local solutions, participatory community practices



## II. Non-Health Departments and Programs/ Non-Profit Organizations/ For-Profit Sector

Non-Health Departments such as Urban Development, Housing and Urban Poverty Alleviation, Women and Child Development, School Education, Labour, Water and Sanitation, etc. are also important stakeholders for successful implementation of NUHM. These departments, along with NGOs and the private sector stakeholders can be important collaborators in specific aspects of NUHM implementation. Thus, these entities must be given a basic orientation towards urban health issues and NUHM, in order to facilitate identification of areas of collaboration.

Besides collaborations, working in a space where other service providers understand and believe in the significance of the NUHM would make the implementation process smooth and effective for the State Health Mission. Thus these entities should be oriented towards the following broad areas:

### 1. *Issues in urban health*

- Rationale for NUHM
- How are urban health issues different from rural health issues
- Urban Disease Burden (TB, Malaria, Dengue, Chikungunya, NCDs (Cancers, Cardiovascular conditions, Diabetes), Road traffic accidents, injuries, Mental Health conditions)

### 2. *Challenges of Urban Vulnerable:*

- Sensitization to issues faced by urban poor and vulnerable, homeless, slum dwellers, and those in hazardous occupations, in their everyday life; hostility of the state towards rural migrants,

### 3. *Overview of NUHM Program Components*

- Service Delivery Infrastructure
- Targeted Interventions for urban poor and vulnerable
- Outreach services
- Vulnerability Assessment Process

### 4. *Convergence*

- Social Determinants of Health: interlinkage between health and its determinants (water, sanitation, nutrition, environment, gender, livelihoods, socio-economic factors)
- Specific role of the department in urban health planning and implementation
- Sharing of data and other information resources

### 5. *Innovation in urban health*

- Sharing best practices on healthy cities from India and abroad (eg zero waste cities, solid waste management practices)
- Encouraging public private partnerships, local solutions, participatory community practices

## Annexure

### 1. Orientation cum Training Plan for Health Officers, Supervisors and peripheral workers on NUHM

Session	Components	Learning Outcome				
<b>Cadre: Medical Officers and Staff Nurses and LHVs (Urban)</b>						
<b>The Urban Context</b>	<ul style="list-style-type: none"> <li>• What is an urban area?</li> <li>• Urbanization and its implications on Development (migration, climate change, governance, health, livelihoods, transport)</li> <li>• Stakeholders in the urban setting</li> <li>• The context of urban health today (changing health patterns)</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of urban development issues</li> <li>• Understanding Urban public health challenges</li> </ul>				
<b>Challenges of Urban poor and vulnerable</b>	<ul style="list-style-type: none"> <li>• Diversity of the urban vulnerable and types of vulnerability</li> <li>• Everyday challenges faced by the urban poor and vulnerable</li> <li>• Monetization of basic needs</li> <li>• Exposure to crime, violence, substance abuse, hazardous living environments</li> <li>• Exclusionary attitude of state towards urban vulnerable</li> <li>• Health seeking behaviour of the urban vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization towards marginalization of the urban poor and vulnerable</li> </ul>				
<b>NUHM Program</b>	<ul style="list-style-type: none"> <li>• Key Program Features</li> <li>• Service Delivery Infrastructure</li> <li>• Staffing patterns</li> <li>• Mapping of Slums and vulnerable population</li> <li>• Vulnerability Assessment</li> <li>• Community Processes envisaged (urban ASHA, MAS)</li> <li>• Role of the Urban Local Bodies</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of NUHM rationale, strategies and program components</li> </ul>				
<b>Urban Specific Health Burden and Disease Control Programs</b>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <i>Infectious Diseases:</i> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Malaria</li> <li>• Dengue</li> <li>• Chikungunya</li> <li>• Leptospirosis</li> <li>• Kala Azar</li> <li>• Leprosy (NLEP)</li> <li>• Rabies Control</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <i>Non Communicable Diseases:</i> <ul style="list-style-type: none"> <li>• Cancers</li> <li>• Diabetes</li> <li>• Cardiovascular conditions</li> <li>• Respiratory illnesses</li> <li>• Mental Health conditions</li> <li>• Substance abuse</li> <li>• Disability</li> <li>• Accidents and Injuries</li> </ul> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> <ul style="list-style-type: none"> <li>• Identification and Notification of disease outbreaks</li> <li>• Integrated Disease Surveillance Program (IDSP)</li> </ul> </td> </tr> </table>	<i>Infectious Diseases:</i> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Malaria</li> <li>• Dengue</li> <li>• Chikungunya</li> <li>• Leptospirosis</li> <li>• Kala Azar</li> <li>• Leprosy (NLEP)</li> <li>• Rabies Control</li> </ul>	<i>Non Communicable Diseases:</i> <ul style="list-style-type: none"> <li>• Cancers</li> <li>• Diabetes</li> <li>• Cardiovascular conditions</li> <li>• Respiratory illnesses</li> <li>• Mental Health conditions</li> <li>• Substance abuse</li> <li>• Disability</li> <li>• Accidents and Injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Identification and Notification of disease outbreaks</li> <li>• Integrated Disease Surveillance Program (IDSP)</li> </ul>		<ul style="list-style-type: none"> <li>• Understanding the urban public health scenario: Prevalence and control of specific diseases endemic to urban areas</li> <li>• Implementation of Disease Control Programs</li> <li>• Understanding</li> </ul>
<i>Infectious Diseases:</i> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Malaria</li> <li>• Dengue</li> <li>• Chikungunya</li> <li>• Leptospirosis</li> <li>• Kala Azar</li> <li>• Leprosy (NLEP)</li> <li>• Rabies Control</li> </ul>	<i>Non Communicable Diseases:</i> <ul style="list-style-type: none"> <li>• Cancers</li> <li>• Diabetes</li> <li>• Cardiovascular conditions</li> <li>• Respiratory illnesses</li> <li>• Mental Health conditions</li> <li>• Substance abuse</li> <li>• Disability</li> <li>• Accidents and Injuries</li> </ul>					
<ul style="list-style-type: none"> <li>• Identification and Notification of disease outbreaks</li> <li>• Integrated Disease Surveillance Program (IDSP)</li> </ul>						
<b>Role of the Medical Officer</b>	<ul style="list-style-type: none"> <li>• Understanding the profile and needs of your target population</li> <li>• Organizing screening programs in the community</li> <li>• School Health Program and ARSH Clinics</li> <li>• Outreach Services</li> <li>• Screening Programs</li> <li>• Management of the UPHCs and UCHCs               <ul style="list-style-type: none"> <li>- Facility Gap Analysis</li> <li>- Supervision and Monitoring of UPHC/UCHC Staff</li> <li>- Urban HMIS and MCTS</li> <li>- Quality Assurance Framework and its implementation</li> <li>- Integration of Disease Control Programs</li> <li>- Drug Supply, Cold Chain and Stocking</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Understanding the roles and responsibilities of the medical officer</li> <li>• Learning to manage and supervise staff, reporting systems, grievance redressal, quality assurance</li> </ul>				

	- Setting up a Grievance Redressal Mechanism	
<b>Soft Skills</b>	<ul style="list-style-type: none"> <li>• Methods to establish enduring patient-provider relationships</li> <li>• Leadership and Teambuilding</li> </ul>	Developing interpersonal skills to efficiently lead the team
<b>Basic Computer Skills</b>	<ul style="list-style-type: none"> <li>• MS Office</li> </ul>	Ability to generate, update reports

## 2. Orientation for ANMs/Lab Technicians/Pharmacists

Sessions	Components	Learning Outcomes
<b>The Urban Context</b>	<ul style="list-style-type: none"> <li>• What is an urban area?</li> <li>• Urbanization and its implications on Development (migration, climate change, governance, health, livelihoods, transport)</li> <li>• Stakeholders in the urban setting</li> <li>• The context of urban health today (changing health patterns)</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of urban development issues;</li> <li>• Understanding Urban public health challenges</li> </ul>
<b>Challenges of Urban poor and vulnerable</b>	<ul style="list-style-type: none"> <li>• Diversity of the urban vulnerable and types of vulnerability</li> <li>• Everyday challenges faced by the urban poor and vulnerable</li> <li>• Exclusionary attitude of state towards urban vulnerable</li> <li>• Monetization of basic needs</li> <li>• Exposure to crime, violence, substance abuse, hazardous living environments</li> <li>• Susceptibility to infectious and non-communicable diseases and mental health concerns</li> <li>• Health seeking behaviour of the urban vulnerable</li> </ul>	Sensitization towards marginalization of the urban poor and vulnerable
<b>NUHM Program</b>	<ul style="list-style-type: none"> <li>• Key Program Features</li> <li>• Service Delivery Infrastructure</li> <li>• Staffing patterns</li> <li>• Mapping of Slums and vulnerable population</li> <li>• Vulnerability Assessment</li> <li>• Community Processes envisaged (urban ASHA, MAS)</li> <li>• Role of the Urban Local Bodies</li> </ul>	Understanding of NUHM rationale, strategies and program components
<b>Urban Specific Health Burden and Disease Control Programs</b>	<p><i>Infectious Diseases:</i></p> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Malaria</li> <li>• Dengue</li> <li>• Chikungunya</li> <li>• Leptospirosis</li> <li>• Kala Azar</li> <li>• Leprosy (NLEP)</li> <li>• Rabies Control</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding the urban public health scenario: Prevalence and control of specific diseases endemic to urban areas</li> <li>• Implementation of Disease Control Programs</li> </ul>
	<p><i>Non Communicable Diseases:</i></p> <ul style="list-style-type: none"> <li>• Cancers</li> <li>• Diabetes</li> <li>• Cardiovascular conditions</li> <li>• Respiratory illnesses</li> <li>• Mental Health conditions</li> <li>• Substance abuse</li> <li>• Disability</li> </ul>	
<b>Role of the ANM</b>	<ul style="list-style-type: none"> <li>• Understanding the profile and needs of your target population</li> <li>• Supervising and monitoring ASHAs</li> <li>• Organization of Outreach Services</li> <li>• Organizing screening programs in the community</li> <li>• School Health Program and ARSH Clinics</li> <li>• Participating in Facility Gap Analysis</li> <li>• Updating HMIS, MCTS and other facility records</li> <li>• Disease surveillance</li> <li>• Quality Assurance Framework (basic orientation)</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding the roles and responsibilities of the medical officer</li> <li>• Learning to manage and supervise staff, reporting systems, grievance redressal, quality assurance</li> </ul>
<b>Soft Skills</b>	<ul style="list-style-type: none"> <li>• Basic interpersonal communicative skills</li> <li>• Methods to establish enduring working relationships with community, with ASHAs and other staff</li> </ul>	Developing interpersonal skills to effectively lead ASHAs
<b>Basic Computer Skills</b>	<ul style="list-style-type: none"> <li>• MS Office</li> </ul>	Ability to generate, update reports

### 3. Orientation Plan for elected representatives (Urban Local Bodies), NGOs, Professional bodies

Staff to be oriented: Municipal Commissioners, City Health Officer/Sanitation Officer/Health Officer and other personnel involved in Urban Planning

Session Plan	Components	Learning Outcomes
<b>The Urban Context</b>	<ul style="list-style-type: none"> <li>Urbanization and its implications on Development (migration, climate change, governance, health, livelihoods, transport, pollution)</li> <li>City classification and marginalization of peri-urban areas and other underserved areas</li> <li>Stakeholders in the urban setting</li> </ul>	<p>Understanding of urban development issues</p> <p>Understanding Urban public health challenges</p>
<b>Urban Health and its determinants</b>	<ul style="list-style-type: none"> <li>The context of urban health today (changing health patterns)</li> <li>Social Determinants of Health</li> <li>Urban Stakeholders: various departments, programs and policies targeting urban areas</li> <li>Need for convergence in planning</li> </ul>	<p>Understanding of social determinants of health, who is responsible for those determinants, and how to bring them together for effective planning</p>
<b>Challenges of Urban poor and vulnerable</b>	<ul style="list-style-type: none"> <li>Diversity of the urban vulnerable and types of vulnerability</li> <li>Everyday challenges faced by the urban poor and vulnerable</li> <li>Exclusionary attitude of state towards urban vulnerable</li> <li>Monetization of basic needs</li> <li>Exposure to crime, violence, substance abuse, hazardous living environments,</li> <li>Susceptibility to infectious and non-communicable diseases and mental health concerns</li> <li>Health seeking behaviour of the urban vulnerable</li> </ul>	<p>Sensitization towards marginalization of the urban poor and vulnerable</p>
<b>The Urban Disease Burden</b>	<p>Basic information on prevalence in urban areas, of:</p> <ul style="list-style-type: none"> <li><i>Communicable Diseases:</i> Tuberculosis, Malaria, Dengue, Chikungunya, Leptospirosis, Kala Azar, Leprosy, Rabies</li> <li><i>Non Communicable Diseases:</i> Cancers, Diabetes, Cardiovascular conditions, Respiratory illnesses</li> <li><i>Other conditions:</i> Mental Health conditions, Substance abuse, Disability</li> </ul>	<p>Understanding the urban public health scenario: Prevalence of specific diseases endemic to urban areas</p>
<b>NUHM Program</b>	<ul style="list-style-type: none"> <li>Key Program Features</li> <li>Service Delivery Infrastructure</li> <li>Staffing patterns</li> <li>Mapping of Slums and vulnerable population</li> <li>Vulnerability Assessment</li> <li>Community Processes envisaged (urban ASHA, MAS)</li> <li>Significance of ULB participation in NUHM</li> </ul>	<p>Understanding of NUHM rationale, strategies and program components</p>

<b>Role of the Urban Local Body in NUHM</b>	<ul style="list-style-type: none"> <li>• Collaborative city health planning</li> <li>• Active participation in various committees constituted for NUHM</li> <li>• Providing land and resources for establishment of health facilities</li> <li>• Collaboration and participation for optimal functioning of urban health centres (established by both ULBs and State Department)</li> <li>• Involvement in mapping and vulnerability assessment at household, slum and ward level.</li> <li>• Identification of active community based organizations for ASHA selection, MAS formation and proper functioning</li> <li>• Significance of the office of the Municipal Health Officer as a point of convergence in city health planning</li> <li>• Epidemic surveillance and notification of diseases</li> </ul>	<p>Understanding the roles and responsibilities of the ULB in NUHM implementation</p>
<b>Creating a Healthy and Safe City</b>	<p>Role and Responsibility of the ULB in ensuring:</p> <ul style="list-style-type: none"> <li>- Making road transport safe and efficient</li> <li>- Encouraging healthy behaviours such as cycling, walking – creating designated cycle paths, footpaths</li> <li>- Making urban infrastructure disabled friendly</li> <li>- Creating open spaces and parks for exercise and recreation</li> <li>- Solid waste management – collection, management, reuse, recycle</li> <li>- Elimination of hazardous situations – open pits, live wires, unsafe construction sites</li> <li>- Management of stray animals, and carcass disposal</li> <li>- Encouraging public private partnerships, local solutions, participatory community practices</li> <li>- Sharing best practices on healthy cities: zero waste cities, smart cities, waste management practices</li> </ul>	<p>Various interventions that the ULB can make to create healthy and safe cities</p>
<b>TRG Recommendations</b>	<p>Overview of TRG Recommendations – with special focus on those which need ULB involvement</p>	<p>Understanding of TRG recommendations, which states/ULBs may choose to adopt</p>