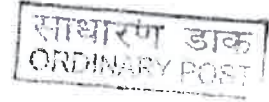


RTI Section
Please issue
68 letters
12/13/15

No.L-1907/44/2014-UH
Government of India
Ministry of Health and Family Welfare
Department of H&FW



Nirman Bhawan, New Delhi 110011
10th March, 2015



Secretary /Principal Secretary
Health & Family Welfare
All States & UTs (Except Daman & Diu and Lakshadweep)

Dear Sir/Madam,

As you are aware, Guidelines for ASHA and Mahila Aarogya Samities (MAS) under National Urban Health Mission (NUHM), as well as, Training Modules for ASHA and MAS have been shared with all States/UTs during January & December, 2014 respectively. Approvals for selection & training of ASHAs & MAS have also been given to all States/UTs during 2013-14 & 2014-15

2. It has, however, been noticed that very little action has been taken by the states/UTs for selection & training of ASHA and MAS. As reported by NHSRC, Tamil Nadu, Karnataka, Uttar Pradesh Bihar, Himachal Pradesh, Chandigarh and Dadra & Nagar Haveli have not begun the process of ASHA selection and MAS constitution. In Bihar the process of ASHA selection & MAS constitution has started only in Patna and; in Rajasthan and Haryana, the process of MAS constitution has not begun yet. Similarly, ASHA training has not been initiated in Andhra Pradesh and Telangana.

3. It is also reported by NHSRC, inter-alia, that separate management structure for Community Process under National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) has been established in all high focus states except Jharkhand & Uttar Pradesh. In Andhra Pradesh, Telangana, Gujarat, J&K, Karnataka, the program is managed by two different nodal officers. This is the same case in Arunachal Pradesh, Manipur, Mizoram and Meghalaya. This results in fragmentation, delays in implementation and poor coordination with the existing training and supervisory structures under NHM. Such Fragmented arrangements for NUHM & NRHM are contrary to the advice of the Ministry of Health and Family Welfare.

4. It has been repeatedly clarified that various thematic divisions i.e. Community Processes, Finance, Human Resource, etc. will look after both NRHM & NUHM at state & district level. City programme Management Units (CPMUs) will be set up for large cities only. It is requested that separate management structures for urban and rural missions may not be set up for Community Processes for better coordination and utilization of learning of NRHM for NUHM.

You are requested to kindly acknowledge receipt of this letter and expedite the Community Process activities under NUHM.

Yours sincerely,

(Nikunja B. Dhal)

Joint Secretary (Urban Health)

CC: Mission Directors, NHM (All States/UTs) for information and necessary action. (Except Daman & Diu and Lakshadweep)