NATIONAL HEALTH MISSION
GOVERNMENT OF KARNATAKA
Karnataka State Health & Family Welfare Society, Bengaluru
(A Unit of Health & Family Welfare Department)

No: NUHM/ DDCM/33/2013-14 **Date: 10-2-2015**

NATIONAL URBAN HEALTH MISSION IMPLEMENTATION GUIDELINES (Revised)

Introduction:

National Urban Health Mission (NUHM) aims to improve the health status of the urban poor particularly the slum dwellers and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped and re-oriented public health delivery system, partnerships with community and with the active involvement of the Urban Local Bodies (ULBs).

The main focus of the NUHM will be urban poor population living in listed and unlisted slums, all other vulnerable populations such as homeless, rag-pickers, street children, rickshaw-pullers, construction, brick, lime kiln workers, commercial sex workers and other temporary migrants.

As per 2011 census, 236.25 lakh people in Karnataka reside in urban areas, and the urban slum population is 36.31 lakh in the state.

NUHM will cover all the district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will be covered under National Rural Health Mission (NRHM).

The emphasis will be to improve existing public health delivery system with a thrust on making available adequate health human resources, upgrading the existing health facilities in terms of infrastructure and equipment, and also establishing new health facilities wherever necessary by providing specialist care as well as strengthening emergency response systems. This will enable the Health and Family Welfare Department or City Municipalities/Corporations to effectively provide adequate primary health care to the urban poor, focus on promotive, preventive, and curative aspects of both communicable and non-communicable diseases and strengthen trauma care and emergency care to the urban poor.

The strategy will comprise of strengthening the existing primary health care centers, establishing new primary health care centers wherever appropriately needed. Further, special outreach camps will be conducted by Auxiliary Nurse Midwives (ANM) and Urban-Accredited Social Health Activists to ensure health care delivery at the door-step. Community participation will be facilitated by the Mahila Arogya Samithis (MAS) which will act as a bridge between the communities and the nearest health facility. The U-ASHAs will play the role of provider of first contact care and also generate community awareness with regards to various health issues, sanitation and nutrition. Special care will be taken to ensure that MAS would be constituted by drawing representation of people from local population by ensuring adequate representations to the SC, ST and other minorities.

While planning for NUHM it was felt that there is non-availability of reliable data on health status of people living in urban areas. A comprehensive baseline survey and mapping is being undertaken to gain insight into the dynamics of health needs of existing listed and unlisted slum pockets, urban poor concentration areas and other vulnerable population. This will help in assessing their health seeking behavior, health indicators such as morbidity and mortality patterns, ongoing health needs, existing provisions for health, care and out of pocket expenses etc.

The cities/towns approved under NUHM 2014-15 is at *Annexure* 1

Detailed guidelines for implementation of NUHM are given below:

The situation analysis showed that at present there are various types of primary health care facilities (UHP/UFWC/Dispensary) with different service guarantee and human resource norms. There has been no reorganization/expansion of these schemes for a long period. With the launching of NUHM, all of these existing programmes/schemes will automatically cease to exist. The existing infrastructure available under these schemes would be rationalized and aligned with the new IPHS.

The sub-mission NUHM proposes to strengthen and revamp the existing facilities into an "Urban Primary Health Centre" (UPHC) with outreach and referral facilities, to be functional for every 50,000 population on an average. However, depending on the spatial distribution of the slum population, the population covered by a U-PHC may vary from 50,000 for cities with sparse slum population to 75,000 for highly concentrated

slums. The UPHC may cater to a slum population between 25,000-30,000, providing preventive, promotive and non-domiciliary curative care (including consultation, basic lab diagnosis and dispensing medicines).

SERVICE DELIVERY INFRASTRUCTURE:

Urban-Primary Health Centre (U-PHC): Functional for approximately 50,000 population, the U-PHC would be located within or 500 metres of the slum. The working hours of the U-PHC would be from 12 pm to 8.00 pm. The forenoon hours could be utilized for providing AYUSH services, MCH services, immunization etc. The services provided by U-PHC would include OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing and delivery of Reproductive & Child Health (RCH) services, as well as preventive and promotive aspects of all communicable and non-communicable diseases.

Mobile PHCs:

Could be utilized to promote services to the homeless, migrant workers etc who are otherwise unable to access health delivery system thereof.

Urban-Community Health Centre (U-CHC) and Referral Hospitals:

30-50 bedded U- CHC would provide inpatient care in cities with population of above five lakh, wherever required and 75-100 bedded U-CHC facilities in metros. Existing maternity homes and hospitals managed by the state government/ULBs could be upgraded as U-CHCs. In towns/ cities, where some sorts of public health institutions like Urban RCH Centres, Urban Family Welfare Centres, Urban Health Posts, and Maternity Homes etc. run by State Govt/ ULBs exist, for such facilities efforts will be made to strengthen as U-PHC and U-CHC.

1. Planning & Mapping:

1. GIS mapping of both listed and unlisted slums in each city coming under NUHM should be done.

2. GIS mapping of both Public and Private Health Facilities in the city area should be done.

3. Spatial mapping with boundaries of slums and wards.

4. Accessibility to these Health Facilities by the slum population.

5. Mapping of services given by each health facility and also the services to be given by them under Primary Health Care should be listed.

6. Gap analysis of Human Resources in all the Health Facilities such as sanctioned, working and vacant.

7. Identifying the Slums that are covered by the existing Health Facilities and identifying slums that require coverage.

8. Finalizing the locations of fixed and mobile Health facilities and Health Kiosks etc., so that no slum population is left uncovered.

Upon completion of the above exercise:

i) Select only such health centres owned by the Government that are capable of being converted to Urban Primary Health Centres (UPHCs), such as space for up-gradation either vertically or laterally, setting up of laboratory, pharmacy and other facilities viz., waiting room for the patients, separate toilet for males and females etc.

ii) Tag the slums and urban poor to these UPHC while ensuring that the walkable distance of the farthest slum to the UPHC should not be more than 3-5 km.

iii) The UPHCs should be able to cater to a ward population of 50,000 and minimum slum population of 15,000.

iv) If there are more than two health facilities existing within the radius of two km on the GIS map, then the health facility having the maximum cluster of slums should be selected as U-PHC.

v) All the Urban RCH centres should be up-graded to UPHCs and the Districts should share the plan of up-gradation with the State.

1. Programme Management Unit (PMU):

The Urban Health cell-Programme Management Unit wherever will undertake all the activities conceptualized and programmed under NUHM.

1.1 CITY PROGRAMME MANAGEMENT UNIT (CPMU):

City Programme Management Unit has been approved for cities with more than 3 lakh population. In these cities, each CPMU will have one Urban Health Programme Manager, one Accounts Assistant and one Data Entry Operator. In rest of the cities/towns, a separate City Programme Management Unit (CPMU) will not be established. Instead, the existing District Programme Management Unit would look after and monitor the NUHM programme. The recruitment process for the Urban Health Programme Manager will be carried out by the State Health Society. A transparent and competitive selection process by way of newspaper notification

would be followed so as to ensure candidates with strong technical skills, public health orientation and managerial capacity are selected. The selected candidates are hired for a period of one year. The period of contract may be extended after 11 months based on their performance, which will assessed periodically by the CHO, BBMP in Bengaluru and District Health Officer in other cities. Whereas Accounts Assistant and Data Entry operator for the CPMU office may be outsourced to manpower agency. In rest of the cities the existing DPMU office would be responsible for implementation of NUHM.

The following cities have been approved to set up separate City Programme Management Unit.

S. No	Cities	Community Mobilizer	Programme Manager	Accounts Manager	Accounts Assistant	Data Entry Operator	Establishment cost	Recurring Expenses	Mobility Support
1	Bengalu2ru1	1	1	1	1	2	0	1	2
2	Mysuru	0	1	0	1	1	0	1	1
3	Mangalore	0	1	0	1	1	0	1	1
4	Bagalkot	0	0	0	0	0	0	1	0
5	Belgaum	0	1	0	1	1	1	1	1
6	Bellary	0	1	0	1	1	1	1	1
7	Dharwad	0	1	0	1	1	1	1	1
8	Gulbarga	0	1	0	1	1	1	1	1
9	Bijapur	0	1	0	1	1	1	1	1
10	Davangere	0	1	0	1	1	1	1	1
	Total	1	9	1	9	10	6	10	10

The CPMU will be established and function in the premises, which will be identified by the District Health office.

The budget details approved for City/District Programme Management are provided in the FMR Code 2.3 of the FMR sheet.

1.2 Zonal Programme Management Unit (ZPMU):

For administrative purpose BBMP is divided into 8 (Eight) zones. Each zone would be headed by Health officer-Public Health. The public health officer will have to monitor public health services at Urban Primary Health Centres and all the issues related to public health. These Health Officers would be designated as nodal officers under NUHM and will be assisted by ZPMU.

For Bengaluru City 8 ZPMUs have been approved for 198 wards out of which one Zonal PMU will assist the office of District Programme Management Unit (DPMU) of Bengaluru Urban District.

These designated ZPMU officers will have to report to Zonal Health Officers who in turn will be reporting to City Programme Management Unit (CPMU) office and assist the CPMU office in implementing NUHM and in timely collection and submission of reports from the Urban Primary Health Centres (UPHCs) and Maternity Hospitals. Each ZPMU will have one Epidemiologist, one Zonal Programme Manager, one Accounts Manager and one Data Entry operator. The salaries of the HR, mobility support and office expenses are provided in FMR code Sheet at 2.3.

The Epidemiologist, Zonal Programme Manager and Accounts Manager would be hired by the Bangalore City Health and Family Welfare Society, strictly as per the state Government norms by way of open recruitment through newspaper notification so as follow transparent and competitive selection process with skill based tests. The posts of Data Entry Operator may be outsourced to manpower agency.

2. Human Resources for Urban-Primary Health Centres (for Existing & new UPHCs)

Services:

- Medical care: OPD services: From 12 Pm to 8 pm
- Services as prescribed under RCH II
- All National Health Programmes
- Specialty Health services
- Collection and reporting of vital events, HMIS, MCTS and IDSP
- Referral Services
- Basic Laboratory Services
- Counseling services
- Services for Non-Communicable Diseases
- Community level activities such as Nutrition Health day etc.

Apart from the routine Primary Health Care services, based on the demographic profile and morbidity data, each UPHC should also plan and provide special health care services such as AYUSH, Geriatric care and other lifestyle changes diseases such as Diabetes and Hypertension etc.

In order to ensure delivery of these services, it will be staffed by two doctors, one regular Medical Officer from 12 pm to 8 pm and the part time Medical Officer referred to as Specialists such as Physician, Gynecologist, Pediatrician, Dermatologist, Dentist etc. who would be hired and paid on hourly basis for the services rendered by them and each UPHC will have to display on the board the availability of the specialist with day and time. Apart from these MOs there will be 2 staff nurses, 1 pharmacist, 1 lab technician and 4-5 ANMs (depending upon the population covered one ANM for 10,000 population),one support staff for clerical work and one Group-D worker that will be supported under NUHM. It will not include in-patient care.

A. HR for UPHCs

National Urban Health Mission mainly aims at strengthening of primary health care especially human resources at the city level. All the HR for urban-PHCs will be hired on contract basis. The contract is for a period of one year. It may be renewed based on the satisfactory performance which will be assessed periodically by the respective District Health Societies. The staff for UPHC such as Medical Officers, ANMs, Staff Nurses, Lab Technicians, Pharmacists will be hired strictly as per the state Government norms by the respective City / District Health Societies by way of open recruitment through newspaper notification so as follow transparent and competitive selection process with skill based tests whereas Support staff and Group-D may be outsourced to manpower agency. The specialists may be hired through newspaper notification where a particular day may be fixed for walk in interviews or by entering into a Memorandum of Understanding (MoU) with Medical Colleges or Trust Hospitals.

The HR approved for the cities/towns is in *Annexure III*

B. HR for Urban RCH centre:

The number of staff approved along with salary is in *Annexure III A*

Qualification and Remuneration of HR for UPHC are as follows:

Name of the Post	Minimum Qualification	Remuneration
1.Medical officers (NUHM)	M.B.B.S.	Up to Rs. 35,000/month for Full time MO
2. Part Time MOs (Specialists)	M.D. degree	Up to Rs.21000/month/UPHC (to be paid on hourly basis)

3. Pharmacists	B. Pharm	Up to Rs. 10,000/month
4. Lab technicians	Diploma in Lab technology	Up to Rs. 7,500/month
5. Staff Nurse	B.Sc. Nursing / Diploma Nursing	Up to Rs. 10,000/month
6. Group-D	10th standard pass	Up to Rs. 6,000/month
7.Support Staff / LDC	IInd PUC pass	Up to Rs. 9,000/month

The budget detail of HR is provided in the FMR Code 4.3.3.1 of the FMR sheet.

C. **HR for CHCs/Referral Hospitals:**

As there is shortage for specialists in the CHCs / Referral hospitals in BBMP, Bangalore city and Mysore city, extra manpower will be given for augmenting the existing 6 Referral hospitals in BBMP, Bangalore city and 2 CHCs in Mysore city.

The Specialists and Medical Officers that have been mentioned below may be hired through newspaper notification where a particular day may be fixed for walk in interviews or by entering into a Memorandum of Understanding (MoU) with Medical Colleges or Trust Hospitals. The paramedical may be will be hired strictly as per roster as per state Government norms by way of newspaper notification and candidates with strong technical skills, public health orientation and managerial capacity to be selected after conducting skill based competency tests. The contract is for a period of one year which will be renewed after completing one year based on their performance which will be assessed periodically by the Bangalore city Health & Family Welfare Society in Bangalore and by the Mysore District health society in Mysore.

HR approved for 6 Referral Hospitals in Bangalore & 2 CHCs in Mysore under NUHM:

S.No	**Staff**	**BBMP, Bengaluru**	**Mysuru**
1	Gynecologists	1	2
2	Anesthetist	4	4
3	Pediatrician	5	0
4	Dental Surgeon	6	0
5	Medical Officers	6	0
6	Staff Nurses	39	8
7	Pharmacists	6	2
8	OT Technicians	6	2
9	Lab Technicians	6	0

3. Infrastructure:

The UPHC should have a building of its own. The surroundings should be clean. One urban primary health centre (UPHC) may be planned for every 50-60 thousand population under NUHM. In case there is an existing UFWC, UHC, UHP, etc., the same may be upgraded and strengthened as UPHC. Where none exists,

new UPHCs will have to be planned and the District Health Society will initiate the process of identification of location/ land. NUHM will provide both capital and recurrent cost for up gradation and maintenance of the UPHCs, as per the norms. The District Health Society can also hire premises for new UPHCs where land is not available.

Location:

It should be preferably located near the slum to be served and easily accessible by slum dwellers. The area chosen should have facilities for electricity, all weather road communication, adequate water supply and telephone. At a place, where a UPHC is already located, another health centre should not be established to avoid the wastage of human resources. There should not be any garbage, litter or water logging near the UPHC.

Basic Infrastructure:

a. Consultation room, Dressing and Treatment room, Medicine room, Waiting room, separate toilet for males and females should be provided.
b. Medical equipment and instruments must be working condition.

Other amenities:

Adequate water supply and water storage facility (over head tank) with pipe water should be made available and every UPHC should have drinking water provision.

Computer:

Computer with Internet connection should be provided for Health Management Information System (HMIS) purpose.

A. Renovation/ Upgradation of existing Urban Health Centre:

The existing health facilities will have to be up-graded into urban-Primary health centres. A thorough gap analysis should be carried out by team of doctors and an engineer to assess the present condition of the health facility and to estimate the expenditure that will be required to carry out up-gradation related civil works such as repairs of the building, addition of more rooms, toilets, painting work, electrification, fencing of the building etc. Though an amount of Rs. 10 lakh will be given per health facility, the amount will be utilized based on the requirement such as, the condition of the health facility, utilization of health services and number of OPD cases per month and deliveries conducted.

After a thorough gap analysis and estimation of civil works, the construction/renovation may be entrusted to Karnataka Health System Development Resource Project (Engineering Wing).

The Health facilities selected for up gradation is placed in *Annexures IV.*

The budget details are given in FMR Code 4.3.1 of FMR sheet.

B. The office expenses for Urban RCH centres: For each Urban RCH the following has been approved towards office expenses:

i) Water and Electricity @ Rs. 24,000/URCH/year

ii) Building maintenance is given only for the Urban RCH centres that are functioning in own building and not rented building @ Rs. 15,000/URCH/year.

The Office Expenses approved for Urban RCH is in *Annexures IV A.*

The budget details are given in FMR Code 4.3.3.2 of FMR sheet.

C. Rent for New-UPHCs

A new Urban Primary Health Centre may be started in a rented building in and around slum area catering to a population of 50,000 till the construction of new Urban Primary Health Centres are completed. A rent of Rs. 50000/month for Bangalore, Rs. 40000/month for Mysore and Rs. 30000/month for Bagalkot is approved.

4. FURNITURE & EQUIPMENT:

A. Urban Primary Health Centres

The necessary equipment to deliver the assured services of the PHC should be available in adequate quantity and also be functional. Equipment maintenance should be given special attention. Periodic stock taking of equipment and preventive/ round the year maintenance will ensure proper functioning equipment. Back up should be made available wherever possible. A list of suggested furniture & equipment is given below:

List of Furniture at UPHC

1. Examination table
2. Writing tables with table sheets
3. Plastic chairs (for in-patients' attendants)
4. Armless chairs
5. Full size steel almirah
6. Table for Immunization/FP/Counseling
7. Bench for waiting area
8. Wheel chair
9. Stretcher on trolley
10. Foot step
11. Medicine chest
12. Lamp
13. Fans
14. Tube light
15. Basin
16. Dustbin

17. Generator (5 KVA with POL for immunization purpose)

List of Equipment at UPHC

1. Blood Pressure Apparatus
2. Stethoscope
3. Tongue Depressor
4. Torch
5. Thermometer Clinical
6. Hub cutter
7. Needle Destroyer
8. Labour table (if needed)
9. OT table (if needed)
10. Arm board for adult and child
11. Instrument trolley
12. I V stand
13. Shadowless lamp light (for OT and Labour room)
14. Macintosh for labour and OT table (as per need)
15. Kelly's pad for labour and OT table 2 sets
16. Red Bags (as per need)
17. Black bags (as per need)

Glassware and other equipment

1. Colorimetre
2. Test tubes
3. Pipettes
4. Glass rods
5. Glass slides
6. Cover slips
7. Light Microscope
8. Differential blood cell counter
9. Glucometer

A thorough gap analysis with regard to requirement of furniture and equipment in Urban Primary Health Centre the budget earmarked for up-gradation in will be undertaken. The required furniture and equipment will be procured by the City / District PMU as per the Karnataka Transparency in Public Procurement Act (KTPP Act). An amount Rs. 2.5 Lakh has been approved for each UPHC.

The budget details are provided in FMR Code 4.3.3.2.1 of FMR sheet.

5. Accredited Social Health Activist, Mahila Arogya Samiti& Arogya Raksha Samiti

The NUHM would encourage the effective participation of the community in planning and management of health care services. It will promote a community health volunteer - Accredited Social Health Activist (ASHA) in urban poor settlements (one ASHA for 1000-2500 urban poor population covering about 200 to 500 households); ensure the participation by creation of community based institutions like Mahila Arogya Samiti (50-100 households) and Arogya Raksha Samitis.

A. ASHA

Selection of Urban ASHA:

The norm for selecting ASHA in urban area will be "One ASHA for every 1000-2000 population". Since houses in urban context are generally located within a very small geographic area, an ASHA can cover about 200-500 households depending upon the spatial consideration.
The selected ASHA will be co-located at the Anganwadi Centre that are functional at the slum level, for delivery of services at the door step. The other community volunteers built under Jawahar Lal Nehru National Urban Renewal Mission (JnNURM), Swarna jayanthi Shahari Rozgar Yojna (SJSRY) etc can also be utilized for this purpose.

Criteria for Selection

ASHA must be a woman resident of the-"slum/vulnerable clusters" and belong to that particular vulnerable group which have been identified by City/District Health Society for selection of ASHA. She should be preferably 'Married/Widow/Divorced/Separated' and preferably in the age group of 25 to 45 years. Minimum qualification is formal education up to 10^{th} Class, preference should be given to Class XII, as they can gain admission to ANM/GNM schools as a career progression path.

Selection Process

The designated nodal officer in the City Programme Management Unit/ District Health Society/Urban Health Cell in District Programme Management Unit as the case may be is expected to oversee the process.

Capacity building / empowerment of ASHAs:

The strategy for training urban ASHAs will be 30 days of training for the first year for every newly recruited ASHA. Subsequently 15 days of training every year will be conducted for every ASHA.

Functions of Urban ASHA:

ASHA will be the first-level provider of primary health care in her area. She will act as a depot-holder for essential provisions such as ORS, IFA tablet, oral pills and condoms etc. She will provide primary medical care for minor ailments such as diarrhea, fever, first-aid for minor injuries, work as a provider of DOTS under RNTCP and ensure timely referrals. She will counsel women on birth preparedness, importance of safe delivery, breast feeding and complementary feeding, immunization, contraception and prevention of common infections including RTI/STI and care of young children. She will escort/accompany pregnant women and children requiring treatment or admission to the nearest urban health centers. She will maintain records about the births and death and convey any unusual health problems/disease outbreaks in the community to the designated health centre if any to ANM or to the higher health authority of the area. Urban ASHAs

will also help identify, assess, counsel, and refer women experiencing violence to community resources.

Rs. 3000 for each ASHA has been approved for selection & training. The process may be completed in this financial year 2014-15, she would receive performance-based incentives.
The details are in FMR code 6.2.1 in FMR code sheet.

The number of ASHAs approved for the cities / towns is placed in *Annexure V*

The details are in FMR code 6.2.1 in FMR code sheet.

B. Mahila Arogya Samitis (MAS):

Process of formation of MAS:

Constitution of a team at slum level: The ASHA with the support of NGO field functionary (if any), AWW, and ANM will constitute a team for selecting the MAS members. Each ASHA will supervise the formation of 2-5 MAS. This team will organize a series of meetings. Women pooled from various self-help groups will be organized to form MASs. The members will be drawn from various sections of the underserved community including representatives from different strata such as construction workers, drivers, vegetable vendors, house maids, sex workers.

Coverage of MAS

The MAS is to be formed at the Slum level, which will approximately cover 50-100 households. In case of existing Anganwadi Centers in the slum, the coverage of each MAS should be aligned with the coverage of the Anganwadi Centre and has to cover all pockets of the slum.

Composition of MAS

Mahila Arogya Samithis should have 10-12 members, depending on the size of the slum, but the group should not be less than 8 members and not more than 20 members.

Capacity building of MAS:

Capacity building will be done through partnering with PPP/ NGOs. The unit cost of training per MAS is budgeted at Rs 3000 as a one-time cost. The training module as given GOI would be followed.

Office Bearers and their roles:

Chairperson: MAS members will elect the chairperson of the group. The chairperson will lead the meeting and ensure smooth coordination among members for effective decision making. She is accountable for ensuring that meetings are held monthly. Planning awareness generation activities and other

advocacy events and helping member secretary in maintenance and updating group record and register for her other functions

Member Secretary:

ASHA will be the member secretary and will fix the schedule and venue for monthly meetings of the samiti and ensure that meetings are conducted regularly with the participation of all members. She will draw attention of the Samiti on specific constraints and achievements related to health status of the community and enable appropriate planning and maintaining records and registers and arrangements for the urban health and Nutrition days.

Capacity Building of MAS:

The training of MAS will be conducted through quarterly workshops of 2 days and will aim to develop their capacities in the following aspects:

- Community participation and need for MAS
- Objectives of MAS
- Health and its determinants etc.

MAS Bank Account

Every MAS should have a bank account opened in the nearest bank, to which untied fund of Rs. 5,000 per year to each MAS will be credited. The chairperson and Member Secretary (ASHA) are the joint signatories of MAS account.

The detailed guidelines for the accounting of Untied MAS fund will be provided in due course.

Fund Flow Mechanism for the Community Processes Programme

Funds for making the payments to ASHA and untied funds to MAS flow from NHM to State Health Society and from State Health Society to District Health Society and finally to UPHC. As part of NUHM Flexi pool, the fund allocation for ASHA programme is specially earmarked.

The budget package for ASHA will cover cost heads related to Training, Supervision and Support mechanism for ASHAs. The cost towards the provision of kits and other job aids would also be included. Incentives to ASHA under various programmes like Janani Suraksha Yojana, immunization, disease control are much a part of those programs and are not shown under ASHA budgetary head.

From the State Health Society, the funds for UPHCs and district level expenses flow to City/District Health Society. The City/District Health Society will release funds to specific institutes or individual empowered to incur expenditure. Mostly the training funds will be released to a training institution or an officer made in charge of the training program. Funds for payment to ASHA Facilitator / Community organizers should be made directly from the district by bank transfer. For the performance based incentives paid to ASHAs. a revolving fund would be kept with the UPHC ANM (in the PHC account) released with approval from U-PHC Medical Officer. Mechanism of payment should be single window for all the performance incentives earned and should be paid on a fixed day in a month from these sites. The states will also ensure that as far as possible the incentive payment to ASHA is made through e-transfer.

The details are in FMR code 6.1 in FMR code sheet.

The number of MASs approved for the cities/towns is placed in *Annexure V.*

C. Arogya Raksha Samiti (ARS):

It is directed that all the Urban Primary Health Centres should constitute Arogya Raksha Samiti for improved functioning of the Primary Health Centres and for rendering better services to the patients.

The composition of the Arogya Raksha Samiti for the Urban Primary Health Centres shall be as under:

1. Ward Corporator – Chairman
2. ZP Member – Co-Chairperson
3. Medical Officer-in-charge-of the PHC – Secretary & Convenor
4. One GNM of the PHC – Member
5. Pharmacist – Member
6. One NGO working in the area of health or social sector – Member

For CHCs/THs, the concerned area MLA should be the Chairperson of ARS with Admistrative Medical Officer of the concerned hospital as the Member Secretary as per NRHM implementation guidelines for CHCs.

The District Health and Family Welfare Society shall open separate bank account for each UPHC Arogya Raksha Samithis at places where the UPHC is located.

6. UNTIED Grants TO UPHCs & CHCs:

Guidelines for utilization of Untied Grants for Urban Primary Health Centre (UPHCs) & Community Health Centres (CHCs) are as per the guidelines of NRHM.

The budget detail of Untied Grant is provided in the FMR Code 4.3.4 of the FMR sheet.

The number UPHCs approved towards untied fund is placed in *Annexure VI.*

7. Medicines and Consumables

A. Urban Primary Health Centres:

Each Urban Primary Health Centre will be provided Medicines and Consumables worth Rs. 12.50 lakh per year. The requirement for the Medicines and Consumables needed by each UPHC will be given by the Medical Officer to the District Health Society. The District Health Society will procure the required medicines and consumables through the City/District Health Society or through the Karnataka State Drugs & Logistics and Welfare Society. Procurement should be done strictly as per KTPP Act. Only generic medicines may be prescribed as per essential drugs list.

The budget details of medicines and consumables is provided in the FMR Code 4.3.5 of the FMR sheet.

The number UPHCs approved towards Medicines and consumables is placed in *Annexure VII*

B. Urban RCH Centre: Each Urban RCH Centre has been approved Rs. 31,000/URCH/year and Rs. 24,000/URCH/year towards lab consumables.

The number URHCs approved towards Medicines and consumables is placed in *Annexure VII A.*

C. **Community Health Centre:**

The Medicines & Consumables required for the CHCs is included in the same amount that is approved for Urban-PHCs i.e., out of Rs. 12.50 lakhs for each UPHC per year the medicines and consumables for UCHCs will also be met and hence no separate allocation for UCHC is provided.

8. Outreach Camps:

ANMs will be Responsible for providing promotive, preventive and curative healthcare services at the household level through regular visits and outreach sessions.

(i) Each ANM will organize a minimum of one routine outreach camp in her area every month. She will be given a sum of Rs. 10,000 for conducting the special outreach camps in her area.

ii) Special outreach camps (for slum and vulnerable population): Once in a week, the ANMs covering slum/vulnerable populations will organize one special outreach camp in partnership with other health professionals (doctors/pharmacist/technicians/nurses – government or private). It will include screening and follow-up, basic lab investigations (using portable /disposable kits), drug dispensing, and counseling.

For improving the routine outreach services in the field, ANMs will be provided with mobility support of Rs. 500 per month. 4-5 ANMs will be posted in each U-PHC depending upon the population.

Outreach sessions will also be planned to reach out to vulnerable sections like slum population, rag pickers, sex workers, brick kiln workers, street children and rickshaw pullers.

The outreach sessions (both routine and special outreach) will be organized at designated locations mentioned in the Outreach programmes (like Urban Health and Nutrition Day) or may be done in Anganwadi Centres and Primary Schools to ensure convergence of scheme for the target population with no duplication in coordination with ASHA and MAS members.

The number UPHCs approved for conducting outreach camps is placed in *Annexure VIII.*

The budget for outreach camps is in FMR Code 4.1.2 in FMR Code sheet.

9. Information Education Communication (IEC) /Behaviour Change Communication (BCC) Activities:

All the IEC / BCC activities will be planned at Urban Primary Health Centers (Urban-PHC). IEC and BCC have a very important role especially in urban areas where the influence of media and advertising needs to be countered effectively, especially against use of junk food, aerated drinks, tobacco and alcohol consumption, etc. Provision of Rs. 5 per capita for IEC/BCC has been allocated. Interpersonal communication through LHVs/ANMs/ASHAs/MAS will play a major role in promoting behaviour change. Since these centers are present in slums/ underserved areas in addition to the above activities there is need to create awareness about prevention of malnutrition and control of communicable and non-communicable diseases in these areas.

The budget for IEC activities is in FMR Code 4.6 in FMR Code sheet.

The number cities approved for IEC activities is placed in *Annexure IX.*

Activities/Campaigns that are planned:

1. Maternal and Child Health (MH) and Nutrition: Information will be provided through Group Inter Personal Communication (IPC) and discussions at the ward level to inform the public about U-PHCs and facilities offered including health and nutrition day observances at the UPHC level to improve immunization compliance, adequate nutritional knowledge and encourage neonatal checkups.

2. Communicable Diseases: Awareness programs at ward level for reducing the prevalence of communicable diseases such as Tuberculosis, diarrheal diseases, Vector-borne diseases such as Dengue, Malaria and Chikungunya and other communicable diseases. Information will be provided through Group IPC and discussions at the ward level to inform the public. Increased participation of NGOs, Slum Associations and local bodies will be ensured to bring about better prevention and control of these diseases.

3. Good Hygiene and Sanitation practices: Awareness program at ward level for reducing unhygienic practices and pile up of garbage, waste management and encouragement of good sanitation practices, creating demand for safe drinking water facilities, demand for toilets and their usage. These awareness programmes will be taken up at every ward and information will be provided through Group IPC and discussions at the ward level to inform engage and ensure participation of local leaders, associations, NGOs working within slums, etc. to bring about overall health improvement.

4. Family Welfare and Adolescent, Reproductive and Sexual Health: Since adolescents living in urban slums are not in a position to access unbiased and non-judgmental counseling with respect to adolescent and reproductive health, especially for girls, these facilities will be provided under NUHM and will include awareness about menstrual hygiene, reproductive health and safety. Girls collectively will be formed at slum level to provide a platform to visit the U-PHC and share their concerns and discuss good health measures

5. Non-Communicable Diseases (NCDs): Information will be provided through Group Inter Personal Communication and discussions at the ward level to inform the public about UPHCs and facilities offered for the prevention, detection and treatment of NCDs and lifestyle diseases such as cardiovascular disease which includes hypertension, high cholesterol, diabetes mellitus, cancers, eye problems such as cataract on account of diabetes, mental health, depression, etc. Mahila Arogya Samithis will be engaged in these activities.

6. **HIV/AIDS Prevention and Control**: In order to bring down the prevalence of HIV/AIDS and reduce transmission, concerted efforts will be launched through Group IPC and discussions at the ward level to cover slums and to inform and engage with the public about how HIV/AIDS can be prevented and controlled and what treatment options are available for those diagnosed with the condition. Here, stress will be laid on counseling services offered under NUHM at U-PHCs and NGOs working in the area of HIV/AIDS along with urban bodies and KSAPS, Karnataka will be involved

7.Specific Vulnerable Groups in Urban settings: Vulnerable groups such as auto-drivers, vegetable vendors, guards/security personnel, maid servants, coolies, manual labourers, unorganized labourers, and daily wagers will be identified through local NGOs, Mahila Arogya Samithis and through representation of all categories, separate awareness programmes will be conducted for appropriate groups through their associations, NGOs, etc. Each group body will then be encouraged to conduct their internal awareness programmes and make sure the group members are aware and avail of services under the NUHM. Specific Occupational Hazards, risks involved, strategies to avoid being harmed, etc. including keeping away from deleterious habits will be emphasized here

10. IT based monitoring initiatives:

Health Management Information System:

Computerization of Health Management Information Systems (HMIS): The NUHM programme will be provided with support for developing web based HMIS component by making provision for providing computer hardware and software procurement, installation and maintenance at UPHCs and linking with the District, State and National level. A total of Rs. 50,000 is approved per UPHC for procurement of Computers and accessories for implementation of HMIS.

The budget details are in FMR Code 8.3 of FMR sheet

The number cities approved for computerization is placed in *Annexure X.*

11. HEALTH KIOSKS:

In order to provide primary health care to the population living in clusters and where it is not possible to construct urban Primary Health Centres an existing unused BBMP community building can be declared as a Health Kiosk in Bangalore city. In other cities such as Mangalore, Mysore and Ullal where there is enough space a new Health Kiosk may be set up with a prefabricated material. These Health Kiosks will be function from 8 AM- 12 PM or from 4 PM – 8 PM depending upon the felt need of the people of that area. Such health facility will be looked after by an ANM.

The minimum space required to set up a Health Kiosk is 10 X 15 Sq ft area. The health Kiosk will have space for waiting area of patients who will be seated, an examination table with a partition, a wash basin, a toilet with overhead syntax water tank, a drug dispensing cupboard, a table and a chair, instruments such as BP apparatus, Stethoscope, Glucometer, Weighing scale, Measuring tape, Disposable syringes, Disposable gloves, basic lab consumables such as smear slides, cotton swab, lancets etc.,

The basic services that will be rendered by the ANM at these centers are:

1. Antenatal and Postnatal Care,
2. Immunization,
3. PP-IUCD,
4. Pregnancy detection through Nischay tests – (Urine Pregnancy Tests)
5. Screening for malnutrition and anemia
6. Screening for Non-Communicable Diseases such as Hypertension & Diabetes
7. Sputum collection for detection of TB
8. Blood smear collection for Malaria
9. Whole Blood finger prick testing for HIV testing after pre-test information
10. Urine testing for Albumin and Sugar
11. Adolescent Health Promotion with focus of life skills, body physiological changes, menstrual hygiene etc
12. IEC & BCC

The Health Kiosk will be attached to the nearest Urban Primary Health Centre and will be under the control of the UPHC Medical Officer. The Mahila Arogya Samithi of the local area will monitor the functioning of these kiosks.

Health Kiosks approved under NUHM

2013-14 &2014-15

City/town	No. of Health Kiosks
Bengaluru City	35
Mysore City	5
Mangalore City	5
Ullal	4
TOTAL	49

12. Urban Health Mobile Medical Units:

Taking health care to the doorsteps is the principle behind this initiative and is intended to reach underserved areas. Under the NUHM, provision of Mobile Medical Unit (MMU) is one of the strategies to improve access. The District Health Societies are expected to address the diversity and ensure the adoption of the most suitable and sustainable model for the MMU to suit their local requirements.

Type of services to be provided

Every Mobile Medical Unit has to provide the following services:-

Curative:
- Referral of complicated cases;
- Early detection of TB, Malaria, Leprosy, Kala-Azar, and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes and cataract cases etc.;
- Minor surgical procedures and suturing;
- Specialist Services such as O&G Specialist, Pediatrician and Physician.

Reproductive & Child Health Services:
- Ante-natal check up and related services e.g. injection - tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as haemoglobin, urine for sugar and albumin and referral for other tests as required;
- Referral for complicated pregnancies;
- Promotion of institutional delivery;
- Post-natal check up;
- Immunization clinics (to be coordinated with local Sub-centres/PHCs;
- Treatment of common childhood illness such as diarrhea, ARI/Pneumonia, complication of measles etc.
- Treatment of RTI/STI;
- Adolescents care such as lifestyle education, counseling, treatment of minor ailments and anemia etc.

Family Planning Services:
- Counseling for spacing and permanent method;

- Distribution of Condoms, oral contraceptives, emergency contraceptives;
- IUD insertion.

Diagnostic:
- Investigation facilities like hemoglobin, urine examination for sugar and Albumin;
- Smear for malaria and vaginal smear for trichomonas;
- Clinical detection of leprosy, tuberculosis and locally endemic diseases;
- Screening of breast cancer, cervical cancer etc.

Specialized facilities and services:
- X-ray
- ECG
- Ultrasound test

Emergency services and care in times of disaster/epidemic/ public health emergency/ accidents etc.

IEC Material on health including personal hygiene, proper nutrition, use of tobacco, diseases, PNDT Act etc., RT/STI, HIV/AIDS.

Suggested composition of the Team
- Medical Officers: 2, one of whom will be a Lady Medical Officer
- Radiologist
- Nurse
- Laboratory technician
- Pharmacist
- Helper
- Drivers:
- Specialists: O&G Specialist, Pediatrician and Physician

Suggested Equipment and Accessories
1. Examination Table with steps
2. Torch
3. Stethoscope
4. BP apparatus
5. Clinical Thermometer
6. Weighing machine
7. Knee hammer
8. Measuring tape
9. Cold storage (vaccine carrier)
10. ENT and Eye examination kits
11. Oxygen cylinder
12. First aid kit
13. Resuscitation kits
14. Heamoglobinometer
15. Uristix
16. Microscope
17. Syringes and needles
18. Suture instruments and material
19. Needle cutter
20. Vaginal specula
21. Water storage device

22. LPG gas cylinder
23. Prefabricated building material
24. Furniture: foldable cot/ chairs/ tables/stools for pharmacist
25. Linen and rubber sheets
26. Gloves
27. Glass slides
28. Stationery
29. Dust bins: separate for infective and non-infective waste.
30. Room heater for states experiencing severe winter.
31. Solar panels
32. Public address system
33. Patient cards with NHM logo
34. Storage bins for drugs
35. Display board on services offered by MMU

List of equipments for Mobile Medical Units with specialized facilities

1. Ultrasound scanner and accessories
2. Portable X-ray and accessories
3. Portable ECG Machine and accessories
4. Generator

Suggested Drugs

The list of life-saving drugs and for common ailments. A cold storage device (e.g. vaccine carrier) will be provided for storage of heat sensitive drugs and vaccines. Drugs under various National Health Programmes will be procured under the respective programmes.

The list is only indicative. Cities will be given flexibility to choose.

Type of vehicle

The model of the vehicle will be decided either to be procured or hired by the State depending on the geographic and technical feasibility provided, the purchases are made at DGS&D rates (if available) from authorized dealers of standard manufacturers selected as per prescribed procedure.

The State Health Society will involve District Health Society/ Arogya Raksha Samitis / NGOs in deciding the appropriate modality for operationalisation of the MMU. The provision of staff will be considered only for those who would run the vehicles with support of NGOs/ARS and in case of outsourcing the vehicles, all staff positions to be filled on contractual basis**.** The City / District Health Societies are required to facilitate it from their existing strength of manpower. They may also plan to utilize the user-charge corpus funds of Arogya Raksha Samiti, in hiring the manpower for running the vehicle. At periodic intervals, specialists from the District Hospital will accompany the vehicle. The option of outsourcing the vehicle through public-private partnership with credible NGO/Institutions can be explored.

Operational Aspects

Overall operationalising of the scheme will be the responsibility of the District Collector/District Magistrate who is the chairperson of the District Health Society.

- State will submit an Action Plan for operationalising these units.
- District will draw up an Action Plan for the proposed coverage through Mobile Medical Unit.
- The Mobile Medical Unit will be provided with material for fabricated rooms Or will be encouraged to use appropriate buildings at the site of camp thus fostering better community participation.
- Location of the vehicle may either be in the district headquarter or a centrally located town with easy access to the areas identified. It will be decided by the District Health Society. Alternately, it can also be stationed at more than one conveniently located place during the course of the month

Administrative Aspects

Officer-in-charge will be the Chief District Medical Officer at district level, who will be responsible for the operational aspects.

- The Medical Officer in the Primary Health Centre of the area of the camp will remain available for the camp.
- The local UPHC staff and members of MAS will assist in the camps.
- Local NGOs will be present for the camp.
- Fixed day- fixed time will be intimated to all the concerned wards in advance and care should be taken to maintain regularity in these camps as per the schedule. The schedule will also be available at the District Hospital so as to facilitate monitoring of the activity.
- Medical College in the region will also be involved in the referral network. Referrals should be made, based on the case either to UPHC, Community Health Centre, District Hospital or Medical College.
- Areas to be covered will be decided on the basis of need analysis

Details of the MMU approved under NUHM 2013-14 & 2014-15

City	**No. of MMUs**
Bengaluru	6
Mysore	1
Mangalore	1
TOTAL	8