

# NATIONAL URBAN HEALTH MISSION

National Urban Health Mission (NUHM) is a sub-mission of overall National Health Mission, but a very important programme to improve the health and well being of urban poor. It 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 public health system, partnerships and with the active involvement of the urban local bodies. 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.

NUHM has covered 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 NRHM. As per 2011 census, 236.25 lakh people reside in urban areas, and the urban slum population is approximately 36.31 lakhs in Karnataka state. About 31.57% of population live in urban areas of the state and is viewed as challenging in so far as health services are concerned.

The emphasis is 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 focusing on primary, preventive, promotive and curative aspects of both communicable and non-communicable diseases, domestic violence on

women, and strengthen trauma care and emergency care to the urban poor.

State NUHM took off from latter part of 2013-14 and the state stands committed to the objectives of the centre with a defined fund flow mechanism. For easy and effective implementation a separate society by the name of Bangalore City Health & Family Welfare Society has been created for implementation of all NUHM initiatives in Bruhat Bangalore Mahanagara Palike area. Since, 63 wards of the total 198 wards of BBMP come under the health jurisdiction of the state through the DH & FWO, Bangalore District, the 38 existing and 10 new UPHCs in 63 wards also have been brought under the overall BCH & FWS for uniformity of implementation and accountability of NUHM activities. In rest of Karnataka the existing District Health & Family Welfare Societies have been implementing the Urban Health Mission interventions.

A comprehensive baseline survey and mapping is being undertaken (23 cities/towns of the state have completed mapping) to gain insight into the dynamics of health needs of existing listed and unlisted slum pockets, urban poor concentration areas and other vulnerable population. In the coming days, this will help in assessing their health seeking behaviour, health indicators such as morbidity and mortality patterns, on-going health needs, and existing provisions for health care, out of pocket expenses etc.

On the norms of one Urban Primary Health Centre (UPHC) for every 50,000 population under NUHM, 361 UPHCs across the state have been made functional till date. Out of which, 263 existing Urban Family Welfare Centre, Urban RCH Centre, Urban Health Centre, Urban Health Post, etc., have been upgraded and strengthened as UPHC. Where none existed, new UPHCs were planned and the District Health Society/ BCH&FWS initiated the process of identification of location / land and as per the ROP provisions PHCs have already been commissioned in rented buildings. NUHM wing of NHM has been providing both capital and

recurrent cost for up gradation and maintenance of the UPHCs, as per the norms. So far, 263 PHCs are functioning in their own government buildings and 98 are functioning in the rented building.

The other very important intervention is providing HR on contractual basis after making an assessment of the gap in service provision. Specialists, General duty medical officers, staff nurse, ANMs, Pharmacists, LTs etc., have been provided under NUHM. Evening clinics have been made functional in almost all 361 UPHCs through specialists in BBMP and general duty doctors in Rest of Karnataka. This is a very tacit intervention and goes a long way in accessing the curative medical services to the urban daily wage earners, who will be able to approach the facilities only in the evening. The other important intervention is provision of adequate facilities for lab investigations through opening high-tech labs in 6 referral hospitals of BBMP as well as provision of semi-auto analysers in the UPHCs. Complementing to this there is another very important intervention of providing a huge budget for procuring and dispensing of generic drugs. These two initiatives are in tandem with the policy of the government of providing universal free diagnostics and drugs thereby preventing out of pocket expenditure of the urban poor.

The next important initiative in urban area is the communitization through selection and training of ASHAs for every 2000 population and establishing Mahila Arogya Samitis for every 50-100 households.