

## **NATIONAL URBAN HEALTH MISSION**

There has been a considerable rise in the urbanization in the country over the last decades. Census 2011 data showed, for the first time since independence, that absolute increase in population is more in urban areas than in rural areas. As per census 2001 28.6 crore people lived in urban areas which is increased to 37.71 crores in 2011. At present rural population in India is 68.84 per cent (down from 72.19 per cent) as against 31.16 per cent urban population. As per the UN projections, if urbanization continues in the present rate, 46 per cent of the total population will be in urban centres of India by the year 2030. Urbanisation resulted in the rapid growth of population, influx of migrants, expansion in city boundaries and parallel growth in slum population and urban poverty.

Of the 370 urban dwellers, more than 100 million are living in urban slum with multiple health challenges on the fronts of sanitation and communicable and non-communicable diseases. Nationally more than 2 million births are reported in the urban poor and 56 per cent are taking place at home. Under 5 mortality rate at 72.7 among urban poor is significantly higher than the urban average of 51.9. 60 per cent of urban poor children are not getting complete immunization in comparison to 58 per cent of the rural poor. About 47.1 under 3 urban poor children are underweight in comparison to 45 per cent children in the rural areas. About 59 per cent of the women (15-49 age group) are anemic in urban areas in comparison to the 57 per cent in rural India. In addition, several other health indicators are significantly poor than their rural counterparts. Kerala is no exception on most of these matters.

Besides these, urban poor experience serious social exclusion, lack of information and assistance, ineffective outreach and weak referral system, lack of standards and norms for urban health care delivery system, perceived unfriendly treatment at government facilities which is overcrowded too and very highly expensive private health care facilities. Further, public health network in urban areas is inadequate and functions sub optimally with lack of man power, equipment, drugs, weak referral system and inadequate attention to public health. Recognizing the seriousness of the problem, urban health was taken by the Government of India as a thrust area for 12<sup>th</sup> five year plan. The National Urban Health Mission is launched as a separate mission for urban areas with focus on slums and other urban poor.

NUHM aims to

- a) address the health concerns of the urban poor
- b) Facilitating equitable access to available health facilities
- c) Strengthening of existing capacity of health delivery and the public health capacity of the urban local bodies.
- d) To fill the existing gaps with the active involvement of urban local bodies, NGOs and CBOs with a public health thrust on sanitation, clean drinking water and vector control
- e) Planning process to undertake large scale community level activities

### **Coverage**

NUHM covers all cities with a population more than 50000 and state and district head quarters irrespective of the population size. 37 cities having a population of 47.99 lakhs are covered in Kerala under the mission.

### **Core Strategies**

- Improving the efficiency of public health
- Promotion of improved access to health care at household level.
- Strengthening public health through preventive and promotive health action.

- Increased health care through community risk pooling and health insurance models
- IT enabled services and e- governance
- Capacity building of stakeholders
- Prioritizing the most vulnerable amongst the urban poor.
- Ensuring quality health care services

### **Institutional Frame work**

The existing institutional framework under NRHM is utilized for the implementation of NUHM as well.

There is a national mission steering group under the Union Health Minister.

At the state level there is a state mission group under the Chief Minister.

State health society under the Chief Secretary and a State Mission Directorate

At the district level, there is district programme management and support unit.

## **Urban Primary Health Centre**

A UPHC is functional for a population of every 50000 population located inside or near a slum

### **Facility wise list of Package of Services**

In Kerala, we have created 75 urban primary health centres (UPHCs) in 37 cities covering all the 14 districts as part of NUHM and we have no U-CHC established as part of the Mission. As regards the package of services being provided through the UPHCs it is uniform in nature and as follows,

1. Daily Afternoon OP (from 2.00 p.m. to 8.00 p.m.)
  1. Basic Diagnostic Services and dispensing
  2. Routine outreach by an army of JPHNs(ANMs)
  3. Routine Immunization
  4. Disease Surveillance activities
  5. Family Welfare Services
  6. Environmental sanitation
  7. Advocacy & Networking activities
  8. Special outreach sessions(camps)involving specialist doctors
  9. Health education and observance of health, sanitation , nutrition days
  
11. Enabling the implementation of other national and state level health programmes

Services usually will not include in patient care.

### **Human Resource at UPHC**

1. Medical Officer - 2 (One full time and one part time)

2. Staff Nurse - 2

3. Pharmacist - 1

4. Lab technician - 1

5. JPHN(ANM) - 5

6. Support staff - 2