



**APPROVAL OF STATE PROGRAMME
IMPLEMENTATION PLAN 2013 - 14
NATIONAL URBAN HEALTH MISSION
UTTAR PRADESH**

(February 2014)

*Ministry of Health and Family Welfare
Government of India*

Preface

Health status of the urban poor has engaged the attention of the Union Government as well as the State Governments for quite some time. While a lot of progress has been made under the NRHM in rural areas for strengthening of the public health care system, the urban poor still lack adequate access to essential primary health care services. They often depend on the unorganized, and at times, unqualified private providers leading to heavy out of pocket expenses. Realizing this significant gap in availability of public health care, the Government of India has launched the National Urban Health Mission (NUHM) to supplement the National Rural Health Mission (NRHM) under an overarching National Health Mission (NHM).

NUHM will be implemented in cities and towns with a population of more than 50,000, all district headquarters and State capitals. The remaining towns will continue to be covered under NRHM.

NUHM aims to improve the health status of the urban population, particularly the poor and other disadvantaged sections by facilitating equitable access to quality health care, through a revamped primary public health care system, targeted outreach services and involvement of the community and the urban local bodies.

'A journey of a thousand miles must begin with a single step'. I am certain that with this small beginning in 2013-14, States/UTs will move towards making a tangible difference in the health conditions of the most vulnerable population of our cities.

Anuradha Gupta, I.A.S.
AS & MD (NHM)

File No. L-19012/46/2013-UH.
Government of India
Ministry of Health and Family Welfare
National Health Mission

Nirman Bhawan, New Delhi
10th February, 2014

To,

The Mission Director (NHM)
Government of Uttar Pradesh
5th Floor, Vikas Bhavan, Janpath Market
Vidhan Sabha Road, Hazrat Ganj
Lucknow, 226001- UP

Sir,

Subject: Approval of NUHM State Program Implementation Plan for the year 2013-14

This refers to the National Urban Health Mission (NUHM) Programme Implementation Plan (PIP) for the year 2013-14 submitted by your state.

2. Administrative approval of the NUHM PIP of your State is conveyed for an amount of Rs. 72.96 Crores. The detailed regarding activities approved under NUHM are Annexure I.

This also includes various activities earlier supported under Urban RCH as indicated in Annexure – II.

Targets and road map

3. State has been assigned mutually agreed indicators and targets. The state is expected to achieve them through the road map provided in next section of the approval document.

4. City resource envelop indicated in the PIP (as per the City PIPs attached in State NUHM PIP), should be adhered to by the State.

5. All facilities/vehicles supported under NUHM should prominently carry NHM logo in English/Hindi and the regional language.

Release of funds

6. Actions on the following issues would be looked at while considering the release of funds to the City Urban Health Society/DHS:

- Compliance with conditionalities
- It is expected that 25% of the state share is credited to the account of the State Health Society within 15 days of receipt of the central share

Monitoring requirements

7. State shall ensure submission of quarterly report on progress against targets and expenditure including an analysis of adverse variances and corrective actions proposed to be taken.

8. All approvals are subject to the NUHM & NHM Implementation Frameworks, guidelines issued from time to time & the observations made in this document.

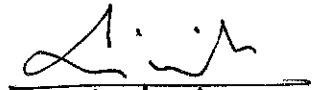
9. State shall not make any change in the budget allocated under different budget heads without approval of the Ministry.

10. State Health Society (SHS) and cities Urban Health Society will enter into a bipartite MOU regarding the implementation of NUHM, joint review of the performance of the contractual staff engaged under NUHM and periodical reporting and review of the progress. The draft MOU may be sent to this Ministry.

11. The accounts of the State/ grantee institution/ organization shall also be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DPC) Act, 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.

12. The State shall submit details of unspent balance including the interest earned at the closure of the financial year. Such amount can be utilized during subsequent year against approved activities after revalidation from GoI.

Yours faithfully,


10/2/2019
(Limatula Yaden)
Director-NHM

cc: Principal Secretary (H & FW), Government of UP

Approval Of NUHM PIP 2013-14: Uttar Pradesh

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1. Cities/ Towns to be covered under NUHM in 2013-14

S. No.	Name of District	Population of District HQ towns (A)	S. No.	Name of city with more than 1 lakh population	Population of Cities with more than 1 lakh population (B)	Urban Slum Population
1.	Agra	1585704				1250000
2.	Aligarh	874408				780000
3.	Allahabad	1168385				680000
4.	Bareilly	904797				338005
5.	Bijnor	93297				34480
6.	Budaun (NPP)	159285				106000
7.	Bulandshahr	230024	1.	Khurja	121207	98000
8.	Etawah	256838				49040
9.	Farrukhabad	276581				190000
10.	Firozabad	604214	2.	Shikohabad	107404	24425
11.	GB Nagar	637272	3.	Greater Noida	102054	253000
12.	Ghaziabad	1648643	4.	Loni	516082	106155
			5.	Khora	190005	30000
			6.	Modinagar	130325	21500
13.	Gorakhpur	673446				450000
14.	Hapur	262983				100000
15.	Hardoi	197029				53000



S. No.	Name of District	Population of District HQ towns (A)	S. No.	Name of city with more than 1 lakh population	Population of Cities with more than 1 lakh population (B)	Urban Slum Population
16.	Jalaun (Orai)	190575				53000
17.	Jhansi	505693				211550
18.	J.P Nagar (Amroha)	198471				62500
19.	Kannauj	84862				15300
20.	Kanpur Nagar	2768057				637000
21.	Kheri	151993				12500
22.	Lucknow	2817105				1097710
23.	Mathura	349909				282285
24.	Mau	278745				64330
25.	Meerut	1305429				1150000
26.	Moradabad	887871				432500
27.	Muzaffarnagar	392768				115000
28.	Rae Bareli	191316				60000
29.	Rampur	325313				125000
30.	Saharanpur	705478				302500
31.	Shahjahanpur	329736				218460
32.	Sitapur	177234				33450
33.	Unnao	177658				43500
34.	Varanasi	1198491				569740
35.	Ambedkarnagar (including Tanda)	206963				65000
36.	Amethi (HQ)	13849				7000

S. No.	Name of District	Population of District HQ towns (A)	S. No.	Name of city with more than 1 lakh population	Population of Cities with more than 1 lakh population (B)	Urban Slum Population
37.	Auraiya	87736				NA
38.	Azamgarh	110983				46000
39.	Baghpat	50310				87000
			7.	Badaut	103764	68000
40.	Bahraich	186223				75000
41.	Ballia	104424				67000
42.	Balrampur	82488				36000
43.	Banda	160473				12000
44.	Barabanki	81486				7500
45.	Basti	114657				54500
46.	Chandauli-Mughal sarai	109650				23000
47.	Chitrakoot	57402				11000
48.	Deoria	129479				61000
49.	Etah	118517				35000
50.	Faizabad	165228				40000
51.	Fatehpur	193193				63000
52.	Ghazipur	121020				60000
53.	Gonda	114046				9000
54.	Hamirpur-Rath	100514				23000
55.	Hathras	143020				61000
56.	Jaunpur	180362				15000
57.	Kanpur Dehat	20445				10000



S. No.	Name of District	Population of District HQ towns (A)	S. No.	Name of city with more than 1 lakh population	Population of Cities with more than 1 lakh population (B)	Urban Slum Population
58.	Kasganj	101277				32000
59.	Kaushambi	16457				2025
60.	Kushinagar	49723				25000
61.	Lalitpur	133305				50000
62.	Maharajganj	33930				26500
63.	Mahoba	95216				37000
64.	Mainpuri	136557				84000
65.	Mirzapur	234871				58000
66.	Pilibhit	127988				61000
67.	Pratapgarh	76133				8010
68.	Sambhal	220813				37000
			8.	Chandausi	114383	39000
69.	Sant Kabir Nagar	47847				6100
70.	Bhadohi	94620				36000
71.	Shamli	107266				43000
72.	Shrawasti	23780				4950
73.	Siddharthnagar	25422				25000
74.	Sonabhadra	36689				32000
75.	Sultanpur	107640				76533
	Total	26931612			1385224	13126093
	Total Population being covered in 83 cities/towns (A+B)				28316836 (2.83 crore)	131 crores

2. Approval: At a Glance

Indicators	Baseline number/Existing	Number Approved (2013-14)	Remarks
1. Planning and Mapping			
a) Number of cities covered under NUHM	0	83	
b) Total population covered under NUHM	0	2.83 Crores	
c) No. of slums covered under NUHM	0	0	Details to be furnished by the state for cities approved for mapping.
d) Slum population covered under NUHM	0	1.31 Crores	----- do -----
e) Other vulnerable population covered under NUHM	0	0	Details to be furnished by the state.
2. Programme Management			
<i>At State Level</i>			
a) Number of Personnel for the SPMU	4	4	<p>New Staff (4) - 1 Additional Mission Director (On deputation), 1 Consultant (Planning), 1 Accountant, 1 Data Entry Operator</p> <p>Staff Already Approved under NRHM for NUHM: 1 GM NUHM, 1 DGM NUHM, 1 Consultant, 2 Programme Coordinators, 1 Data assistant</p>



Indicators		Baseline number/Existing	Number Approved (2013-14)	Remarks
<i>At District Level</i>				
a) Number of DPMUs to be augmented with HR		0	75	
b) Number of additional Personnel for the DPMUs		0	158	75 Urban Health Coordinators and 83 Data cum Accounts Assistant
<i>At City Level</i>				
a) Number of city PMUs		0	0	No City PMUs proposed by the State.
b) Number of Personnel for city PMUs		0	0	
3. Training & Capacity Building				
a) No. of Urban Local Bodies (Person) to be trained		-	83	
b) No. of MOs to be trained		-	315	
c) No. of ANMs to be trained		-	2623	
d) No. of Paramedical Staff other than ANM to be trained		-	0	
e) Other trainings (if any)		-	0	
4. Strengthening of Health Services				
<i>4.a Human Resource</i>				
1.No. of Medial Officers	Full time	231	100	100 MOs (Full Time) and 215 MOs (Part Time).
	Part time	0	215	
2. No. of Specialists	Full time	0	24	8 Radiologist, 8 Physician (specialist), and 8 Anaesthetist for 8 BMC

Indicators		Baseline number/Existing	Number Approved (2013-14)	Remarks
	Part time	0	0	
3. No. of Staff Nurses		231	315	
4. No. of LHVs		0	0	
5. Number of ANMs		231	2623	
3. No. of Para-medical staff (other than LHV, ANM)	Lab. Tech.	0	215	
	Pharmacists	0	215	
	Any Other	0	0	
6. Other Staff (if any)		0	0	
4.b Infrastructure				
1. No. of existing urban facilities (UFWCs, UHCs, UHPs, RCH Dispensaries, Maternity Homes etc.)		231	115	231 UHCs are already sanctioned under URCH. Out of this 115 are being sanctioned under NUHM for FY 2013-14.
2. Construction Work- Renovation/New Construction				
a) UPHCs	Renovation and Upgradation	0	59	Approved for 59 Govt. buildings
	New Construction	0	14	
b) UHCs	Renovation & Upgradation	0	-	
	New Construction	0	1	100 Bedded UCHC at Lucknow
5. Community Process				
(a) No. of RKS created at UPHC and UCHC		0	215	
(b) Number of Accredited Social Health Activists	Selected	0	6665	
	Trained	0	6665	

Indicators		Baseline number/Existing	Number Approved (2013-14)	Remarks
(ASHAs)				
(c) Number of Mahila Arogya Samiti (MAS)	Formed	0	13430	
	Trained	0	13430	
6. Other Indicators				
1. Target for setting up of UPHCs		0	215	
a) No. of <i>existing</i> urban facilities to be converted into UPHCs	In Govt. Building	0	59	
	In Rented Building	0	56	
(b) No. of absolutely new UPHCs to be started in rented buildings		0	100	
(c) No. of mobile UPHCs		0	0	
2. Target for setting up of UCHCs		0	1	
a) No. of <i>existing</i> urban facilities to be converted into UCHCs	In Govt. Building	0	-	
	In Rented Building	0	0	
b) No. of absolutely new U-CHCs to be started in rented building		0	1	Model UCHC at Lucknow

3. KEY CONDITIONALITIES & MANDATORY DISCLOSURES

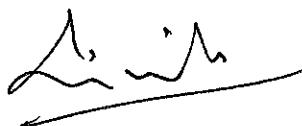
In addition to the following conditionalities and guidelines, all key conditionalities, mandatory disclosure, norms and financial management principles stipulated under NRHM apply *mutatis mutandis* to NUHM implementation.

KEY CONDITIONALITIES FOR 2013-14

- Expand the Governing Body (GB) and the Executive Committee of the State Health Mission/Society to include Minister(s) in charge of Urban Development and Housing, and Secretaries in charge of the Urban Development and Housing Departments. DHS to be expanded accordingly.
- Mission Director, NRHM to be re-designated as Mission Director, National Health Mission (NHM)
- Urban Health planning cell should be established in the State Health Society (SPMU). However, the thematic areas will be appropriately strengthened at the State Health Society and District Health Societies to support both NUHM and NRHM. Parallel structures shall not be created for NRHM and NUHM.
- State will adopt Competency based Skill Tests and transparency in selection and recruitment of all doctors, SNs, ANMs and LTs sanctioned under NUHM.
- All kinds of procurement and printing should be done through transparent and competitive bidding process
- All services under National Health Programme/Schemes should be provided free of cost
- State to ensure timely updation of service delivery data on NIKSHAY, HMIS and MCTS portals.
- Convergence of activities of various Departments will be ensured by a city level co-ordination committee headed by the Municipal Commissioner/District collector as the case may be.
- Investments in U-PHCs & U-CHCs must lead to improved service offtake at these facilities, which should be established through a baseline survey & regular reporting through HMIS.
- The UPHCs will provide the whole range of services enumerated in the NUHM Implementation Framework.

MANDATORY DISCLOSURES

The state is directed to ensure mandatory disclosures on the NHM website of the following:



- Facility wise deployment of all contractual staff engaged under NUHM with name and designation
- All procurements – Including details of equipment procured (as per directions of CIC which have been communicated to the States by this Ministry vide letter No. Z.28015/162/2011-H dated 28th November 2011)
- Name wise list of new construction/upgradation sanctioned along with details of name of executing agency, Total Project Cost, Amount Approved, date of start and expected date of completion
- Facility wise list of package of services being provided through the U-PHCs & U-CHCs

FINANCE: KEY ISSUES AND GUIDING PRINCIPLES

1. NUHM funding is not a substitution for existing funding available under State & Municipal budgets. It is an additionality over and above the existing funding
2. Timely submission of Statutory Audit Report for the year 2013-14 is a must for release of funds for 2014-15.
3. State is required to comply with the instructions and/or guidelines issued for maintenance of bank account vide D. O. No. G-27017/21/2010-NRHM-F dated January 23, 2012.
4. State needs to establish adequate internal control procedures for all transactions. Ensure proper functioning of the Internal Audit Cell. State should put up a credible mechanism for monitoring of advances and fund utilisation.
5. State should opt for customised accounting software for maintenance of uniform books of accounts across the State.
6. Strict monitoring and review of Financial Management system to avoid misappropriation of funds in any district/city.
7. The state must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured and only need-based procurement should take place.

4. ROADMAP FOR ACTION

This section outlines the broad overview of the Implementation Framework:

LISTING OF VULNERABLE POPULATION ASSESSMENT OF EXISTING FACILITIES:

All the slums, listed and unlisted, all vulnerable population will be surveyed & mapped to identify the population who are to be served first under NUHM. All health care facilities managed by Govt. & urban local bodies should be assessed to identify the gaps in HR, equipment etc for investment under NUHM. Investments under NUHM will be directed towards the un-served vulnerable population & poorly equipped facilities which will serve this population.

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 12.00 noon to 8.00 pm. 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.
- Urban-Community Health Centre (U-CHC) and Referral Hospitals: 30-50 bedded U-CHC providing inpatient care in cities with population of above five lakhs, wherever required and 75-100 bedded U-CHC facilities in metros. Existing maternity homes, hospitals managed by the state government/ULB could be upgraded as U-CHCs.
- In towns/ cities, where some sorts of public health institutions like Urban Family Welfare Centres, Urban Health Posts, Maternity Homes etc, run by State Govt/ ULBs exist, efforts will be made to strengthen such facilities as U-PHC and U-CHC.
- Facilities constructed under various government schemes like JnNUHM & ULBs can be utilized to set up new PHCs.



OUTREACH:

- Outreach services will be provided through Female Health Workers (FHWs)/ Auxiliary Nursing Midwives (ANMs) headquartered at the UPHCs.
- ANMs would provide preventive and promotive health care services to households through routine outreach sessions. The special outreach sessions would be conducted for the homeless, migrant workers, street children etc.
- Existing AWCs, infrastructure created under JNNURM and RAY should be utilised for holding of outreach sessions.
- Various services to be delivered at the community level, UPHC and UCHC levels have been elaborated in Table 17-1 of the NUHM Implementation Framework.
- Services under RBSK should also be extended to slum areas.

COMMUNITY MOBILISATION:

- Mahila Arogya Samiti (MAS) – will act as community based peer education group in slums, involved in community mobilization, monitoring and referral with focus on preventive and promotive care, facilitating access to identified facilities and management of grants received.
- Existing community based institutions created under different programme may be utilized for above purpose.
- ASHA - One frontline community worker (ASHA) would serve as an effective and demand-generating link between the health facility and the urban slum population. ASHA would have a well-defined service area of 200-500 households based on spatial consideration. ASHAs will be paid performance based incentive at the same rate as under NRHM. However, the states would have the flexibility to either engage ASHA or entrust her responsibilities to MAS. In that case, the incentives accruing to ASHA would accrue to the MAS.

PUBLIC PRIVATE PARTNERSHIPS:

- In view of presence of large number of private (for-profit and not-for-profit) health service providers in urban areas, public-private partnerships particularly with not-for-profit service providers will be encouraged. However, clear and monitorable Service Level Agreements (SLAs) need to be developed for engagement with Private Sector. The performance of the private service providers should be regularly and strictly monitored.

ROLE OF URBAN LOCAL BODIES

- The NUHM envisages active participation of the ULBs in the planning and management of the urban health programmes. In the seven mega cities, namely Delhi, Mumbai, Kolkata, Chennai, Bengaluru, Hyderabad and Ahmedabad, the NUHM would be implemented through the City Urban Health Mission/Society. In other cities/ towns, NUHM will be implemented through the District Health Society except the large cities where implementation of NUHM can be handed over to the City Urban Health Mission.

FUNDING FLOW MECHANISM

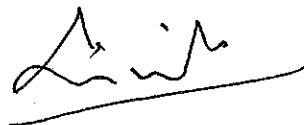
- Funds will flow to the City Urban Health Society/ District Health Society as the case may be, through the State Government / State Health Society. The SHS/DHS will have to maintain separate accounts for NUHM. State Health Society (SHS) will sign a MoU with the City Health Mission/ Society to ensure that the funds are utilized only for the activities under NUHM.

CONVERGENCE:

- Inter-sectoral convergence with Departments of Urban Development, Housing and Urban Poverty Alleviation, Women & Child Development, School Education, Minority Affairs, Labour will be established through city level Urban Health Committees headed by the Municipal Commissioner/Deputy Commissioner/District Collector/ SDM, as the case may be.
- States are also encouraged to explore possibility of engaging the Railways, ESIC and corporate sector (through Corporate Social Responsibility i.e. CSR) for optimising utilization of resources & service delivery.
- Intra-sectoral convergence is envisaged to be established through integrated planning for implementation of various health programmes like RCH, RNTCP, NVBDCP, NPCB, National Mental Health Programme, National Programme for Health Care of the Elderly, etc. at the city level. However, support for various interventions under NCDs & Communicable diseases, RMNCH+A should be arranged separately under the respective National health Programmes.

USE OF ICT:

- All the U-PHCs & U-CHCs supported under NUHM will be covered under MCTS, HMIS, NIKSHAY, etc.



PRIORITY ACTIVITIES TO BE UNDERTAKEN DURING 2013-14

Baseline survey and situational analysis in selected cities/ towns

The base line survey would

- (a) Identify and map the slums listed as well as the unlisted, low income neighbourhoods, homeless population and migrant workers called Key Focus Areas (KFAs¹) so that interventions can be targeted.
- (b) List all public health facilities and conduct facility surveys (availability of infrastructure, HR, drugs, consumables and equipment) order to prepare estimates for up-gradation/strengthening the same as per norms and standards.
- (c) Provide an assessment of existing community based structures in order to determine whether these could take on the role of MAS.

GIS mapping of slums undertaken by Urban Development/HUPA Department under JNNURM/RAY would provide a good starting point for the mapping of KFAs. The National Polio Surveillance Project (NPSP-WHO) surveillance maps and micro-plans may also be used to identify vulnerable population/hard to reach pockets.

City Health Plans (CHPs)

States/UTs need to prepare CHPs for the identified cities/ towns. The CHP would consist of a situation analysis, key issues, strategies (including identification of facilities to be upgraded / location of new facilities, PPPs/ innovations, strategies to serve the vulnerable population etc.), activities, work plan, program management arrangements including monitoring indicators/ results frame work. The city health plans prepared while submitting the PIP should be continuously updated.

Community processes

Under NUHM, community processes include mobilising urban communities through structures such as MAS, deployment of ASHA and their capacity building. It may be noted that NUHM provides for ANMs for the entire urban population whereas ASHA and MAS will be mobilised only for poor & vulnerable population. NUHM would provide untied grants and capacity building support to MAS / CBO. Training modules should be developed in consultation with NHSRC.

¹ Ideally, State should map the vulnerable population facing any kind of vulnerability: residential, occupational or social.

Strengthening of existing primary healthcare facilities

One urban primary health centre (UPHC) may be planned for every 50000 (approx.) population. In case there is existing infrastructure of UFWC, UHC, UHP etc. run by State govt., it should be upgraded and strengthened as UPHC. Where none exists, new UPHCs will have to be planned and the State should initiate the process of identification of location/ land within/close to the slums. NUHM would provide both capital and recurrent cost for up gradation and maintenance of the UPHCs, as per the norms in the NUHM Framework for Implementation. Mobile PHCs could be planned for unlisted slums and other KFAs, where it is not possible to establish a new UPHC as per requirement.

Convergence with other health programmes and wider determinants of health

State should work out the detailed modalities for convergence with wider determinants of health, especially housing and water supply and sanitation programmes and ICDS. Convergence could be in terms of planning, synchronized implementation and monitoring at city level.



5. SUMMARY OF STATE NUHM BUDGET (2013-14)

Name of the State: Uttar Pradesh

FMR Code	Budget Head	Proposed	Amount Approved	Percentage Approval
		(Rs. Lakhs)	(Rs. in lakhs)	(%)
1	Planning & Mapping	270.00	270.00	3.70
2	Programme Management	4532.81	403.65	5.53
3	Training & Capacity Building	2825.30	853.00	11.69
4	Strengthening of Health Services	27172.11	4191.36	57.44
4.a	<i>Human Resource</i>	8658.46	1462.37	0.00
4.b	<i>Infrastructure</i>	3603.70	994.80	0.00
4.c	<i>Unfited grants</i>	1635.00	343.50	0.00
4.d	<i>Procurement (drugs and consumable)</i>	8105.72	671.88	0.00
4.e	<i>Other services</i>	5169.23	718.81	0.00
5	Regulation & Quality Assurance	0.00	0.00	0.00
6	Community Processes	1165.90	1071.40	14.68
7	Innovative Actions & PPP	0.00	0.00	0.00
8	Monitoring & Evaluation	0.00	4.00	0.05

9	Urban RCH (Jan- Mar'14)	-	503.07	6.89
	TOTAL	35966.12	7296.48	100.00



**Approval of National Urban Health Mission Programme Implementation Plan 2013-14-
Uttar Pradesh**

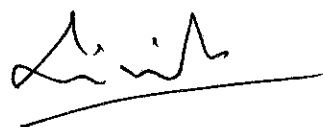
FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
1	Planning & Mapping		0	270.00	270.00	
1.1	Metro cities	15	0	0		
1.1.1	Mapping	0	0	0		
1.1.2	Data gathering (secondary/primary)	0	0	0		
1.1.3	Any Other	0	0	0		
1.2	Million+ cities	10	0	0		
1.2.1	Mapping	0	0	0		
1.2.2	Data gathering (secondary/primary)	0	0	0		
1.2.3	Any Other	0	0	0		
1.3	Cities (1 lakh to 10 lakh population)	5	30	150	150.00	Approved for Planning & mapping of 30 cities having population between 1 lakh to 10 lakh
1.3.1	Mapping	0	0	0		
1.3.2	Data gathering (secondary/primary)	0	0	0		
1.3.3	Any Other	0	0	0		
1.4	Towns (50,000 to 1 lakh population)	2	60	120	120.00	Approved for Planning & mapping of 60 towns having population between 50000 to 1 lakh
1.4.1	Mapping	0	0	0		
1.4.2	Data gathering (secondary/primary)	0	0	0		

FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
1.4.3	Any Other	0	0	0		
2	Programme Management	0	0	4532.816	403.65	
2.1	State PMU	0	0	3520.256	12.90	
2.1.1	Human Resources	0	0	0	8.10	Approved for a) Additional Mission Director 1.5 lakh/m (On deputation) b) 1 GM NUHM @ Rs.1.25 Lakh /month (already approved under under NRHM), c) 1 DGM NUHM @ Rs.80000/m (already approved under under NRHM), , d) 1 Consultant (Planning), @ Rs. 50000/m, f) 2 Programme Coordinators @ Rs.30000/m. (already approved under under NRHM), g) 1 Accountant @ Rs. 30000/m, h)1 Data assistant @ Rs. 25500/m



FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						<p>(already approved under NRHM), i) 1 Data Entry Operator @ Rs.10000/m, j) Support services to be outsourced @ Rs. 30000/m (4 support Staff) All the above positions are sanctioned. However, funds are not being approved for those positions which were already approved under NRHM. All Such positions have been specifically mentioned in the parentheses. Funds are being approved for 3 months for the position of a) AMD NUHM, b) 1 consultant (Planning) c) 1 Accountant d) 1 Data Entry Operator 3) Support</p>

FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						services to be outsourced (4 support staff)
2.1.2	Mobility support	0	0	0	3.00	Approved. 1 lakh /month for 3 months for mobility support
2.1.3	Office Expenses	0	0	0	1.80	Approved. Rs. 60000/m for 3 months for office expenses
2.2	District PMU	0	0	1012.56	395.55	
2.2.1	Human Resources	0.48	76 UHCs, 76 Accountant , and 90 DEO	312.36	117.30	Approved for 75 Urban Health coordinators @ Rs. 30000/ month and 83 Data cum accounts assistant @ Rs. 20000/ month for 3 months
2.2.2	Mobility support	0.25	77	117.9	19.50	Approved for 1 vehicle/PMU @ Rs.25000/m for 3 months for 26 DPMUs of the districts having population of HQ towns above 2.5 lakhs which are: Agra, Aligarh, Allahabad, Bareilly, Bulandshahr, Etawah, Farrukhabad, Firozabad, GB Nagar, Ghaziabad, Gorakhpur, Hapur, Jhansi, Kanpur Nagar,



FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						Lucknow, Mathura, Mau, Meerut, Moradabad, Muzaffarnagar, Rampur, Saharanpur, Varanasi, Baghpat, Sambhal. For rest of the districts mobility cost to be met out of office expenses.
2.2.3	Office Expenses	0.25	75	162.3	33.75	Approved for office expenses @ Rs. 15000 per month for 3 months for 75 DPMUs
2.2.4	Strengthening Urban Health cell at District level	5.5	75	420	225.00	Approved for one time establishment cost @ Rs. 3 lakh per DPMU for 75 DPMUs. The cost includes computer system, Data Card, Storage device, printer & office furniture. State can differentially utilize the budget depending on the need.
2.3	City PMU	0	0	0		
2.3.1	Human Resources	0	0	0		
2.3.2	Mobility support	0	0	0		

FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
2.3.3	Office Expenses	0	0	0		
3	Training & Capacity Building	0	0	2825.30	853.00	
3.1	Orientation of Urban Local Bodies (ULB)	3	130	114	87.50	Approved for a) 7 Cities having population above 10 lakhs, @ Rs. 3 lakh b) 57 cities having population 1 lakh and above @ Rs. 1 lakh, and c) 19 cities have population less than 1 lakh. @ Rs. 0.50 lakh for The calculations have been made for the 83 specified cities and towns.
3.2	Training of ANM/paramedical staff	0.05	4466	223.3	131.15	Approved for training of 2623 ANM @ Rs. 5000 per ANM. The number of ANMs for the 83 specified cities/towns has been derived as per the Gap analysis provided by the State.
3.3	Training of Medical Officers	0.1	1276	127.6	31.50	Approved for training of 350 MOs @ Rs.

FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						10000 per MO
3.4	Orientation of Specialists	0	0	0		
3.5	Orientation of MAS	0.1	14560	1456	402.90	Approved for training of 13430 MAS @ Rs. 3000 per MAS in the 83 specified cities/towns
3.6	Selection & Training of ASHA	0.1	7280	728	199.95	Approved for training of 6665 ASHAs @ Rs. 3000 per ASHA in the 83 specified cities/towns
3.7	Other Trainings/Orientations	0	0	176.4	0.00	
3.7.1	Stakeholders Workshop for launch of NUHM	1	130	80.6	0.00	Not Approved
3.7.2	Quarterly Multispectral convergence Meeting	0.1	132	20.8	0.00	Not Approved
3.7.2	Launch of NUHM	1	75	75	0.00	Not Approved
4	Strengthening of Health Services	0	0	27172.11	4191.36	
4.a	Human Resource			8658.46	1462.37	
4.b	Infrastructure			3603.70	994.80	
4.c	Untied grants			1635.00	343.50	
4.d	Procurement (drugs and consumable)			8105.72	671.88	
4.e	Other services			5169.23	718.81	
4.f	Outreach services/camps/UHND	0	0	3172.11	272.19	
4.1.1	UHNDs	0	15797	1421.73	78.69	Approved for 4 UHNDs per

FMR Code	Budget Head	Unit cost ³⁴ (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						ANM (2623) per month for 3 months @ Rs. 250/UHND
4.1.2	Special outreach camps in slums/vulnerable areas	0.1	3033	1750.38	193.50	Approved for 3 outreach sessions per UPHC (215) per month for 3 months @ Rs. 10000
4.2	ANM/LHV	0	0	1907.31	826.69	
4.2.1	Salary support for ANM/LHV	0.1	3020	1812	779.03	Approved @ Rs.9900/month for 3 months for 2623 ANMs in 83 specified cities/towns. Number of ANMs has been derived as per the Gap analysis provided by the State. ANMs to be deployed with due consideration to the NUHM norms and actual need.
4.2.2	Mobility support for ANM/LHV	0.005	3177	95.31	47.66	Approved @ Rs. 500 pm for 3 months for 2623 ANMs in in 83 specified cities/towns for all ANMs contractual as well as on government



FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						payroll.
4.3	Urban PHC (UPHC)	0	0	20041.50	2559.16	
4.3.1	Renovation/up-gradation of existing facility to UPHC	0	0	3550.6	890.00	
4.3.1.1	For Government owned buildings	10	119	1190	590.00	Approved @ Rs.10 lakh per UPHC for 59 UPHCs running in government buildings and supported from State as well as NRHM budget in the specified 83 cities/towns based on the data provided by the State
4.3.1.2	For Equipments	3	638	2360.6	300.00	Approved @ Rs.3 lakh per UPHC in 100 New UPHCs in 83 specified cities/towns for procurement of equipment & Furniture.
4.3.2	Building of new UPHC	0	0	0	0.00	
4.3.3	Operating cost support for running UPHC (other than untied grants and medicines & consumables)	20	0	6920.90	693.78	
4.3.3.1	Human Resource	0	0	6453.80	648.78	
4.3.3.1.1	MO salary	0.36	1203	2598.48	247.32	Approved for a) 100 MOs @ Rs. 36000/ month for 1 MO at 100 new UPHCs on full time basis and b) 215 MOs

FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						on part time basis @ Rs.21600 per month for 100 new UPHCs and 115 existing UPHCs. The approval is being granted for 3 months. Staff to be deployed at UPHCs in 83 specified cities/towns
4.3.3.1.2	Salary of paramedical & nursing staff (Staff Nurse/ Lab Technician/ Pharmacist/ Other)	0	608	2324.12	338.46	Approved a) 315 SNs @ Rs.16500/m for 3 months (2 SNs for new UPHCs and 1 for existing SNs), b) 215 LTs@ Rs.11800/m for 3 months, c) 215 Pharmacists @ Rs.16500/m for 3 months Staff to be deployed at UPHCs in 83 specified cities/towns
4.3.3.1.3	Salary of support staff (non clinical staff)	0.05	1914	574.2	42.00	Approved @ Rs. 14000 per month per UPHC for support staff (LDC, Grade D) for 100 new PHCs.
4.3.3.1.4	HMIS / MCTS operator	0.1	638	382.8	0	Not approved
4.3.3.1.5	Office Expenses	0.15	638	574.2	21.00	Approved for 100 New UPHCs @ Rs.7000 p.m for

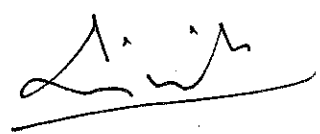


FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						3 month.
4.3.3.2	Others (e.g. hiring of premises/mobile PHC)	0.15	519	467.1	45.00	Approved @ Rs.15,000 per month for 100 new UPHC for 3 months
4.3.4	Untied grants to UPHC	2.5	638	1595	303.50	Approved @ Rs. 2.5 lakhs per UPHC for 59 UH facilities running in Government buildings and @ Rs. 1 lakh per UPHC for 156 UH facilities running in rented buildings in 83 specified cities/towns(State to provide name wise list of the UPHCs proposed)
4.3.5	Medicines & Consumables for UPHC	12.5	638	7975	671.88	Approved @ Rs. 3.125 lakhs per UPHC for 3 months for 215 UPHCs in 83 specified cities/towns (State to provide list of medicines to be procured & facility wise EDL). Transparent process should be followed in all procurements.
4.3.5.1	Emergency drugs	0	0	0	0.00	
4.3.6						

FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
4.4	Urban CHC (UCHC)			863.5	179.36	
4.4.1	Capital cost support for new UCHC (including additional proposal submitted by the State regarding Model Urban CHC at Lucknow)	5	8	553.1	104.80	Approved for a) operational expenses of 8 existing ambulances @ Rs. 20000/month per ambulance. b) In Principle approval of Rs. 100 lakhs for 100 bedded Model Urban CHC at Lucknow.
4.4.2	Human Resource	0.48	40	115.2	34.56	Approved for 1 Radiologist, 1 Physician (specialist), and 1-Anaesthetist @ Rs. 48000/month at each of the 8 BMC for 3 months
4.4.2.1	Staff Nurse	0.165	24	23.76	0.00	Already approved under Urban RCH
4.4.2.2	Support Staff	0.05	8	31.44	0.00	Already approved under Urban RCH. Expenses for Drivers to be met out of operational expenses of ambulances approved under FMR 4.4.1
4.4.3	Untied grants for UCHC	5	8	40	40.00	Approved for 8 BMCs at Lucknow
4.4.4	Medicines & Consumables for	12.5	8	100	0.00	Not approved. May be met

FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)	Remarks
	UChC					from FMR 4.3.5 and FMR 4.4.3
4.5	School Health Program	0	0	349.58	0.00	
4.5.1	Human Resource	0.5788	64	222.26	0.00	Not approved. State may propose the same under RBSK
4.5.2	Other School Health services	0.25	64	96.6	0.00	Not approved. State may propose the same under RBSK
4.5.3	Drugs, consumable & Operational expenses	0.08	64	30.72	0.00	Not approved. State may propose the same under RBSK
4.6	IEC/BCC	0	1	1328.10715	353.96	Approved. A lump sum amount of Rs.353.96 lakhs is being approved for all the activities under the IEC head(4.6) to be implemented in specified 83 cities/towns. State to differentially utilize the amount as per the need.
4.6.1	ASHA Kit Flip Book, Slum HIR, Bag, ID, Pen, IEC material for ASHA on Maternal health, Child health and RI and handouts for community	0.02	7265	145.29		As per remark in FMR 4.6
4.6.2	UPHC Citizen's charter, ED List,	0.2	638	127.6		As per remark in FMR 4.6

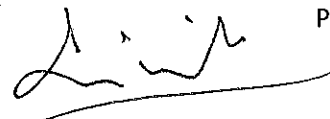
FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	Immunization Schedule, Signage					
4.6.3	Safe Motherhood, Booklet, MCP Card and IEC material for U-PHC .	0.0005 7	641	546.65		As per remark in FMR 4.6
4.6.4	Family Health Card	0.0001	2834818	283.48		As per remark in FMR 4.6
4.6.5	Communication material and wall painting at AWCs	0.01	15069	150.69		As per remark in FMR 4.6
4.6.6	NUHM Hoarding	0.2	372	74.4		As per remark in FMR 4.6
5	Regulation & Quality Assurance	0	0	0	0.00	
6	Community Processes	0	0	1165.90	1071.40	
6.1	MAS/community groups	0.05	14560	728	671.50	Approved for 13430 MAS @ Rs. 5000 per MAS in the 83 cities/ towns as per the list specified
6.2	ASHA (urban)	0.02	7280	436.8	399.90	Approved for 6665 ASHA @ Rs. 2000/month per ASHA for 3 month in the 83 cities/ towns as per the list specified. ASHAs to paid honorarium as per NRHM norms
6.3	NGO support for community processes	0	24	1.1	0.00	Not approved.
7	Innovative Actions & PPP	As per need	2	0.00	0.00	
8	Monitoring & Evaluation	As per need	0	0.00	4.00	
8.1	Baseline/end line surveys	0	0	0		



FMR Code	Budget Head	Unit cost* (Rs. In lakhs)	Physical Target (No.)	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
8.2	Research Studies in Urban Public Health	0	0	0		
8.3	IT based monitoring initiatives	0	0	0	4.00	Approved for 8 computer systems with printers @ Rs. 50000 per UCHC (8 BMCs at Lucknow)
Grand Total				35966.13	6793.41	

State Urban RCH Budget (Human Resources) - January to March 2014

A.5	Activity	Physical Target approved for FY (Mar-Dec'13)	Amount Approved for FY (Mar-Dec'13) (Rs.in Lakhs)	Physical Target Jan-March 2014	Amount Approved for Jan-March-2014 (Rs. in Lakhs)	Remark
A.5.2.1	Doctors/Mos	231	748.44	231	249.48	Approved for 231 MOs @ Rs. 36000/- pm for 3 months (Jan'14 to Mar'14).
A.5.2.4	ANM	231	205.82	231	68.61	Approved for 231 ANMs @ Rs. 9900/- pm for 3 months (Jan'14 to Mar'14).
A.5.2.5	Staff Nurse	231	343.04	231	114.35	Approved for 231 Staff Nurses @ Rs. 16500/- pm for 3 months (Jan'14 to Mar'14).
A.5.2.1 2	Others (pl specify)	231	102.91	231	34.30	Approved for 231 Sweepers cum Chaukidar @ Rs. 4950/- pm for 3 months (Jan'14 to Mar'14).
A.5.5.1	Urban RCH - Lucknow Headquarter	8	5.098	8	1.70	Approved for 3 months (Jan'14 to Mar'14)for (One Sr. Computer Operator @ 14850/month, One Office Assistant @ 7150/month, one Sweeper, one Office Peon, Two Dak Runner and Chowkidar @ 4950/month)
A.5.5.2	Bal Mahila Chiktsalaya evam Prasuti Grahs- Lucknow	8	103.89	8	34.63	Approved for 3 months (Jan'14 to Mar'14) for (Anesthetist at each BMC on call basis @ 2000/call maximum 100 calls per month, One Data Assistant at each BMC @



A.5	Activity	Physical Target approved for FY (Mar-Dec'13)	Amount Approved for FY (Mar-Dec'13) (Rs.in Lakhs)	Physical Target Jan-March 2014	Amount Approved for Jan-March-2014 (Rs. in Lakhs)	Remark
						11000/month, One Gynecologist at each BMC @ 48000/month, Four Pediatrician @ 48000/month, One Staff Nurse at each BMC @16500/month. Two Ward Ayah and Two Sweeper at each BMC @ 4950/month)
	Total Urban RCH		1509.198		503.07	