

**NATIONAL URBAN HEALTH MISSION**  
**PROGRAM IMPLEMENTATION PLAN FOR 2015-16**

**Submitted to**

**GOVERNMENT OF INDIA**

**Submitted by**

**DEPARTMENT OF MEDICAL HEALTH AND FAMILY WELFARE**  
**UTTAR PRADESH**

## Introduction

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The National Urban Health Mission (NUHM) aims to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies.

## State Profile

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### Population and Growth Rate

According to the 2011 Census of India, 37.71 crores out of 121 crores Indians live in urban areas. This means 31.16 per cent of the country's population lives in cities. United Nations projections point out that 46 per cent of India's total population will reside in urban areas by 2030 if urbanization continues at the present rate. In Uttar Pradesh too the urban population has been increasing rapidly. While rural poverty has been on the decline in the state, the number of persons living below the poverty line in urban areas has been on the rise. As per the 2011 Census 4.44 crore persons reside in towns and cities of Uttar Pradesh.

Total Population (In lakhs)	1,995.81
Urban Population (In lakhs)	444.70
Urban Population as percentage of total population	22.3%
Urban slum population (in lakhs) (SUDA 2003-04)	119.98
Slum population as percentage of urban population	27
Number of Metro cities	0
Number of Million + cities (> 10 lakh population)	7
Number of cities with 1 to 10 lakh population	56
Number of towns with less than 1 lakh but more than 50 thousand population	59
Number of District HQs which have less than 50 thousand population but are covered under NUHM	9

### Details of cities/towns to be covered under NUHM as per census 2011

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The following is the list of town and cities that will be covered under NUHM. These include the state capital, District Headquarters and all towns more than 50,000 population as per the NUHM guidelines. Total of 131 cities/towns will be covered in the 75 districts in Uttar Pradesh as per census 2011.

**Table - Cities/Towns to be covered under NUHM as per 2011 census**

Sl. No	District	Sl. No.	Name	Type of City /town	Total Urban Population (census 2011)	Urban Slum population	Implementing authority	Whether covered under JnNURM, BSUP, IDSMT
1	Agra	1	Agra (M Corp.)	DHQ	1,585,704	1,250,000	DHS	JnNURM, RAY
2	Aligarh	2	Aligarh (M Corp.)	DHQ	874,408	780,000	DHS	RAY
		3	Atrauli (NPP)		50,412	50,400	DHS	
3	Allahabad	4	Allahabad (M Corp. + OG)	DHQ	1,168,385	680,000	DHS	JnNURM, RAY

4	Bareilly	5	Bareilly (M Corp. + OG)	DHQ	904,797	338,005	DHS	RAY
		6	Faridpur (NPP)	Other	78,249	18,360	DHS	
		7	Baheri (NPP)	Other	68,413	68,410	DHS	
		8	Aonla (NPP)	Other	55,629	26,235	DHS	
5	Bijnor	9	Nagina (NPP)	Other	95,246	26,935	DHS	
		10	Bijnor (NPP)	DHQ	93,297	34,480	DHS	UIDSSMT
		11	Najibabad (NPP)	Other	88,535	15,835	DHS	
		12	Chandpur (NPP)	Other	83,441	14,400	DHS	
		13	Sherkot (NPP)	Other	62,226	11,130	DHS	
		14	Kiratpur (NPP + OG)	Other	61,946	14,500	DHS	
		15	Seohara (NPP + OG)	Other	53,296	14,840	DHS	
		16	Dhampur (NPP)	Other	50,997	9,590	DHS	
6	Budaun	17	Budaun (NPP)	DHQ	159,285	106,000	DHS	UIDSSMT
		18	Sahaswan (NPP)	Other	66,204	22,000	DHS	
		19	Ujhani (NPP)	Other	62,039	16,560	DHS	
7	Bulandshahar	20	Bulandshahr (NPP + OG)	DHQ	230,024	113,000	DHS	
		21	Khurja (NPP + OG)	Other	121,207	98,000	DHS	UIDSSMT
		22	Sikandrabad (NPP)	Other	81,028	45,150	DHS	
		23	Jahangirabad (NPP)	Other	59,858	27,800	DHS	
		24	Gulaothi (NPP)	Other	50,823	26,600	DHS	
8	Etawah	25	Etawah (NPP)	DHQ	256,838	49,040	DHS	RAY UIDSSMT
9	Farrukhabad	26	Farrukhabad-cum-Fatehgarh (NPP)	DHQ	276,581	190,000	DHS	
10	Firozabad	27	Firozabad (NPP)	DHQ	604,214	387,000	DHS	RAY UIDSSMT
		28	Shikohabad (NPP)	Other	107,404	24,425	DHS	
		29	Tundla (NPP)	Other	50,423	25,000	DHS	
11	GB Nagar	30	Noida (CT)	DHQ	637,272	554,000*	DHS	
		31	Greater Noida (CT)	Other	102,054	253,000*	DHS	
		32	Dadri (NPP)	Other	91,189	144,000*	DHS	
12	Ghaziabad	33	Ghaziabad (M Corp.)	DHQ	1,648,643	403,045	DHS	RAY UIDSSMT
		34	Loni (NPP)	Other	516,082	106,155	DHS	UIDSSMT
		35	Khora (CT)	Other	190,005	30,000	DHS	
		36	Modinagar (NPP)	Other	130,325	21,500	DHS	UIDSSMT
		37	Muradnagar (NPP)	Other	95,208	5,000	DHS	
13	Gorakhpur	38	Gorakhpur (M Corp.)	DHQ	673,446	450,000	DHS	RAY UIDSSMT
14	Hapur	39	Hapur (NPP)	DHQ	262,983	100,000	DHS	
		40	Pilkhuwa (NPP)	Other	83,736	45,000	DHS	
15	Hardoi	41	Hardoi (NPP + OG)	DHQ	197,029	53,000	DHS	
		42	Shahabad (NPP)	Other	80,226	7,500	DHS	
		43	Sandila (NPP)	Other	58,346	9,000	DHS	UIDSSMT

16	Jalaun	44	Orai (NPP + OG)	DHQ	190,575	53,000	DHS	
		45	Jalaun (NPP)	Other	56,909	7,500	DHS	
		46	Konch (NPP)	Other	53,412	10,000	DHS	
		47	Kalpi (NPP)	Other	51,670	7,500	DHS	
17	Jhansi	48	Jhansi (M Corp.)	DHQ	505,693	211,550	DHS	RAY UIDSSMT
		49	Mauranipur (NPP + OG)	Other	61,449	32,000	DHS	
18	JP Nagar	50	Amroha (NPP)	DHQ	198,471	62,500	DHS	
		51	Hasanpur (NPP)	Other	61,243	37,500	DHS	
		52	Gajraula (NP)	Other	55,048	31,500	DHS	
19	Kannauj	53	Kannauj (NPP)	DHQ	84,862	15,300	DHS	RAY UIDSSMT
		54	Chhibramau (NPP)	Other	60,986	13,000	DHS	
20	Kanpur Nagar	55	Kanpur (M Corp. + OG)	DHQ	2,768,057	637,000	DHS	JnNURM ,RAY
21	Kheri	56	Lakhimpur (NPP)	DHQ	151,993	12,500	DHS	UIDSSMT
		57	Gola Gokaran Nath (NPP)	Other	60,172	1,500	DHS	
22	Lucknow	58	Lucknow (M Corp.)	DHQ	2,817,105	1,097,710	DHS	JnNURM, RAY
23	Mathura	59	Mathura (NPP)	DHQ	349,909	282,285	DHS	JnNURM, RAY
		60	Vrindavan (NPP)	Other	63,005	63,000	DHS	UIDSSMT
		61	Kosi Kalan (NPP + OG)	Other	60,074	10,625	DHS	
24	Mau	62	Maunath Bhanjan (NPP)	DHQ	278,745	64,330	DHS	UIDSSMT
25	Meerut	63	Meerut (M Corp.)	DHQ	1,305,429	1,150,000	DHS	JnNURM, RAY
		64	Mawana (NPP)	Other	81,443	9,000	DHS	
		65	Sardhana (NPP)	Other	58,252	16,000	DHS	
26	Moradabad	66	Moradabad (M Corp.)	DHQ	887,871	432,500	DHS	RAY UIDSSMT
27	Muzaffarnagar	67	Muzaffarnagar (NPP)	DHQ	392,768	115,000	DHS	RAY UIDSSMT
		68	Khatauli (NPP)	Other	72,949	20,000	DHS	
		69	Budhana (NP + OG)	Other	53,722	10,500	DHS	
28	Rae Bareli	70	Rae Bareli (NPP)	DHQ	191,316	60,000	DHS	RAY UIDSSMT
29	Rampur	71	Rampur (NPP)	Other	325,313	125,000	DHS	RAY UIDSSMT
30	Saharanpur	72	Saharanpur (M Corp.)	DHQ	705,478	302,500	DHS	RAY
		73	Deoband (NPP)	Other	97,037	33,000	DHS	
		74	Gangoh (NPP)	Other	59,279	21,000	DHS	
31	Shahjahanpur	75	Shahjahanpur (NPP)	DHQ	329,736	218,460	DHS	RAY UIDSSMT
		76	Tilhar (NPP)	Other	61,444	41,100	DHS	
32	Sitapur	77	Sitapur (NPP)	DHQ	177,234	33,450	DHS	
		78	Laharpur (NPP)	Other	61,990	3,820	DHS	UIDSSMT
		79	Biswan (NPP)	Other	55,780	32,250	DHS	
		80	Mahmudabad (NPP)	Other	50,777	11,955	DHS	

33	Unnao	81	Unnao (NPP)	DHQ	177,658	43,500	DHS	UIDSSMT
		82	Gangaghat (NPP)	Other	84,072	33,500	DHS	
34	Varanasi	83	Varanasi (M Corp.)	DHQ	1,198,491	569,740	DHS	JnNURM
35	Ambedkarnagar	84	Ambedkarnagar (Mcorp+OG)	DHQ	111,447	15,000	DHS	
		85	Tanda	Other	95,516	50,000	DHS	
36	Amethi	86	Amethi(NP)	DHQ	13,849	7,000	DHS	
37	Auraiya	87	Auraiya (NPP)	DHQ	87,736	-	DHS	
38	Azamgarh	88	Azamgarh (NPP)	DHQ	110,983	46,000	DHS	UIDSSMT
		89	Azam Mubarakpur	Other	70,463	32,000	DHS	
39	Baghpat	90	Baghpat (NPP)	DHQ	50,310	87,000	DHS	UIDSSMT
		91	Baghpat Baraut (NPP)	Other	103,764	68,000	DHS	
40	Bahraich	92	Bahraich (NPP)	DHQ	186,223	75,000	DHS	
41	Ballia	93	Ballia (NPP)	DHQ	104,424	67,000	DHS	UIDSSMT
42	Balrampur	94	Balrampur (NPP + OG)	DHQ	82,488	36,000	DHS	UIDSSMT
43	Banda	95	Banda (NPP + OG)	DHQ	160,473	12,000	DHS	
44	Barabanki	96	Nawabganj (NPP + OG)	DHQ	81,486	7,500	DHS	UIDSSMT
45	Basti	97	Basti (NPP)	DHQ	114,657	54,500	DHS	UIDSSMT
46	Chandauli	98	Mughalsarai (NPP)	DHQ	109,650	23,000	DHS	
47	Chitrakoot	99	Chitrakoot Dham (Karwi) (NPP)	DHQ	57,402	11,000	DHS	
48	Deoria	100	Deoria (NPP)	DHQ	129,479	61,000	DHS	UIDSSMT
49	Etah	101	Etah (NPP)	DHQ	118,517	35,000	DHS	UIDSSMT
50	Faizabad	102	Faizabad (NPP)	DHQ	165,228	40,000	DHS	UIDSSMT
		103	Ayodhya (NPP)	Other	55,890	26,500	DHS	
51	Fatehpur	104	Fatehpur (NPP)	DHQ	193,193	63,000	DHS	UIDSSMT
52	Ghazipur	105	Ghazipur (NPP + OG)	DHQ	121,020	60,000	DHS	UIDSSMT
53	Gonda	106	Gonda (NPP)	DHQ	114,046	9,000	DHS	UIDSSMT
54	Hamirpur	107	Rath (NPP)	DHQ	100,514	23,000	DHS	
55	Hathras	108	Hathras (NPP + OG)	DHQ	143,020	61,000	DHS	
56	Jaunpur	109	Jaunpur (NPP)	DHQ	180,362	15,000	DHS	UIDSSMT
57	Kanpur Dehat	110	Akbarpur (NP)	DHQ	20,445	10,000	DHS	
58	Kasganj	111	Kasganj (NPP)	DHQ	101,277	32,000	DHS	
59	Kaushambi	112	Manjhanpur (NP)	DHQ	16,457	2,025	DHS	
60	Kushinagar	113	Padrauna (NPP)	DHQ	49,723	25,000	DHS	
61	Lalitpur	114	Lalitpur (NPP)	DHQ	133,305	50,000	DHS	
62	Maharajganj	115	Maharajganj (NPP)	DHQ	33,930	26,500	DHS	
63	Mahoba	116	Mahoba (NPP)	DHQ	95,216	37,000	DHS	
64	Mainpuri	117	Mainpuri (NPP + OG)	DHQ	136,557	84,000	DHS	UIDSSMT
65	Mirzapur	118	Mirzapur-cum-Vindhyachal (NPP)	DHQ	234,871	58,000	DHS	UIDSSMT
66	Pilibhit	119	Pilibhit (NPP)	DHQ	127,988	61,000	DHS	
		120	Bisalpur (NPP)	Other	73,551	3,400	DHS	
67	Pratapgarh	121	Bela Pratapgarh (NPP)	DHQ	76,133	8,010	DHS	
68	Sambhal	122	Sambhal (NPP)	DHQ	220,813	37,000	DHS	UIDSSMT
		123	Chandausi (NPP)	Other	114,383	39,000	DHS	
69	Sant Kabir Nagar	124	Khalilabad (NPP)	DHQ	47,847	6,100	DHS	
70	Bhadohi (NPP)	125	Bhadohi (NPP)	DHQ	94,620	36,000	DHS	

71	Shamli	126	Shamli (NPP)	DHQ	107,266	43,000	DHS	
		127	Kairana (NPP)	Other	89,000	10,000	DHS	
72	Shrawasti	128	Bhinga (NP)	DHQ	23,780	4,950	DHS	
73	Sidharthnagar	129	Siddharthnagar (NPP)	DHQ	25,422	25,000	DHS	UIDSSMT
74	Sonabhadra	130	Sonbhadra (NPP)	DHQ	36,689	32,000	DHS	
75	Sultanpur	131	Sultanpur (NPP)	DHQ	107,640	76,533	DHS	
<b>Total</b>					<b>31,453,923</b>	<b>14,288,488</b>		

In ROP 13-14, the approval was provided for 83 cities and the additional 48 cities were approved under the ROP 14-15.

All the 131 cities/ towns have been proposed under this plan, which qualify as per the NUHM guidelines. This plan covers a total urban population of 3, 14,53,923 (census 2011 ) and total slum population of 1,42,88,488 (compiled from District plans) from the 131 cities/ towns. In 2015-16, 131 cities from all districts will be covered under NUHM with all activities like setting up administrative and programme management systems. Activities such as GIS mapping and listing of slums and facilities will also be taken up. Orientation of Urban Local Bodies on Urban Health, the role of different government departments and urban stakeholders in improving urban health and provision under NUHM will be done. Establishment of U-PHC and CHC will be taken up.

Districts Health Society will be the implementing authority for NUHM under the leadership of the District Magistrate. District Program Management Units have been further strengthened to provide appropriate managerial and operational support for the implementation of the NUHM programme at the district level.

HUP has presence in the EAG states and is providing technical assistance on issues of urban health to 8 states and the Ministry of Health & Family Welfare. The ministry has acknowledged the support of both HUP and NHRC in developing the guidelines for NUHM PIP.

The NUHM (Uttar Pradesh) mandates HUP to be its technical agency to Urban Health Cell for providing the technical assistance for effective implementation of NUHM, expand partnerships in Urban Health which would include engaging the commercial sector in Public Private Partnership (PPP) activities and promote Convergence of different Government urban health and development efforts. HUP shall coordinate and facilitate in the city health plans of the two cities of Lucknow and Kanpur.

#### **Mapping and Listing of Slums and Health Facilities**

GIS mapping and listing of slums was completed in 2009 in 14 cities (Agra, Aligarh, Allahabad, Hapur, Bareilly, Farrukhabad, Ghaziabad, Kanpur, Jhansi, Lucknow, Meerut, Saharanpur, Shahjahanpur, Varanasi) based on guidance from Government of India and with funding under NRHM. The GIS maps were prepared by Remote Sensing Applications Centre, Uttar Pradesh. This gave us fairly accurate lists and maps of slums in the 14 cities. ***GIS mapping of 38 cities have been initiated under Urban Development schemes like UIDSSMT and UI&G. 11 cities, out of 14 which have been mapped through GIS under NRHM are common, thus GIS mapping of 41 cities are initiated or completed in the state.***

GIS mapping will be taken up by Uttar Pradesh Remote Sensing Application Center, the process to place work order has been initiated for the remaining 90 cities and towns as well as the updating of GIS maps prepared in 2009. Budget is therefore not being proposed for GIS mapping..

#### ***Programme Management Arrangements***

#### **State level**

The Government of Uttar Pradesh has passed necessary resolutions for planning and implementation of the NUHM in the state. Accordingly, setting up of a State Program Management Unit for NUHM has been planned and approved. Pertinent points of resolution are:

1. The Government of Uttar Pradesh has passed a Resolution to include Ministries and Departments of Minority Affairs and Education as members of the existing State Health Society, State Health Mission, Governing Body and the Executive Committee.
2. NUHM will be implemented by existing District Health Society with additional Stakeholders members such as DUDA.
3. Urban Health Cell is already in place and functional at the SPMU and at the Directorate Health & Family Welfare. These Cells will be further strengthened once the State PIP is approved.

The approval for 1 Additional Mission Director (on deputation), 1 GM NUHM, 1 DGM NUHM, 2 Consultants (Planning), 2 Program Coordinators, 1 Accountant, 2 Data assistant, 1 Data entry operator, 1 Program Assistant is already provided. In this year, one Data Entry Operator is additionally proposed.

A position of Joint Director (Urban) exists at the office of Director General H&FW which will continue to support NUHM program implementation. Additional support in the form of HR, infrastructure etc. has also been proposed.

The Urban Health Cell at the state level is working closely with Development Partners for planning of NUHM, particularly Urban Health Initiative and Health of the Urban Poor projects and they will be supporting the state in the rolling out of the NUHM program in the state. Additional partners are being encouraged to support based on their specific expertise and urban presence.

### **District level**

- District Health Society has been expanded with the inclusion of Urban Local Bodies and District Urban Development Agency in all 75 districts.
- Fund flow mechanisms have been set up and expenditure have been booked under NUHM.
- Urban Health has been included as a key agenda item for review by the District Health Society with participation of city level urban stakeholders.
- An Additional / Deputy CMO has been designated as the nodal officer for NUHM at the district level. The District Program Management Unit will co-opt implementation of NUHM program in the district and the District Program Manager will be nodal at DPMU level for NUHM activities. To support this the following additional staff and funds are proposed for strengthening the District Program Management Units for implementing NUHM:
  - a. Urban Health Coordinator will be recruited per DPMU and Data cum Accountant Assistant will be recruited city wise
  - b. Mobility support as hired vehicle for each DPMU is being proposed.
  - c. A onetime expense for computers, printer and furniture for the above staff has been budgeted along with the recurring operations expenses.

### ***Strengthening Service Delivery Infrastructure***

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#### **Urban-Primary Health Centres (U-PHCs)**

Urban Primary Health Centres (U-PHCs) are being established in the most peripheral fixed health facilities for the urban areas under NUHM and are expected to serve as the first point of contact for the community. Each U-PHC will cater to approx 50,000 populations with locations that enable access for urban poor communities. IPHS guidelines for PHCs will be followed and quality assurance mechanisms will put in place.

**Suitable health facilities running in other government premises (DUDA, Nagar Nigam, State government building etc) will be attempted to be co-opted and** all C & D-type UFWCs, Urban Health Posts and few PPCs have taken up and the following budget estimates are being proposed –

1. If the building can be renovated, budget of Rs.10,00,000 has been proposed for renovation and up-gradation.
2. If the building is in a dilapidated condition, the UPHC will be run out of a rented premises and rent has accordingly been budgeted for 2014-15. The construction of new building for UPHC will be proposed in subsequent years.

478 UPHCs have been established against the approval of 558 UPHCs till last financial year. The establishment of rest approved 80 new UPHCs and recruitment of Human Resource is already in process.

The established of 80 new UPHCs are being proposed in this financial year 2015-16. Proposed for The equipments & furniture for 80 UPHCs are being proposed this year and Proposed renovation for UPHC at Rampur & Bahraich as well as the new building for UPHC at Meerut, the detail proposal is attached herewith.



**Detail of Urban Health Facilities to be undertaken under NUHM**

S. No.	Districts Name	S.No.	Cities Name	Total Urban Population	Total required UPHC in 131 Cities	State Govt Health Facilities (C & D type UPHs and UFWCs)			UPHs Budgeted under NRHM			Total Health facilities taken under NUHM as UPHCs	New UPHCs approved in year 2013-14	Total UPHCs	New UPHCs approved in year 2014-15	Total UPHCs will be established in Year 2014-15	New UPHCs approved in year 2015-16	
						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt. Building	UHPs running in rented building	Total NRHM budgeted UHPs							
1	Agra	1	Agra (M Corp.)	1585704	32	7	8	15	0	9	9	24	6	30	0	30	2	
2	Aligarh	2	Aligarh (M Corp.)	874408	17	2	5	7	0	7	7	14	3	17	0	17	0	
		3	Atrauli (NPP)	50412	1	0	0	0	0	0	0	0	0	0	0	1	1	0
3	Allahabad	4	Allahabad (M Corp. + OG)	1168385	23	4	7	11	0	7	7	18	4	22	0	22	1	
4	Bareilly	5	Bareilly (M Corp. + OG)	904797	18	1	1	2	0	5	5	7	4	11	0	11	7	
		6	Faridpur (NPP)	78249	2	0	0	0	0	0	0	0	0	0	0	1	1	1
		7	Baheri (NPP)	68413	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		8	Aonla (NPP)	55629	1	0	0	0	0	0	0	0	0	0	0	1	1	0
5	Bijnor	9	Nagina (NPP)	95246	2	0	0	0	0	0	0	0	0	0	1	1	1	
		10	Bijnor (NPP)	93297	2	0	0	0	0	1	1	1	1	2	0	2	0	
		11	Najibabad (NPP)	88535	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		12	Chandpur (NPP)	83441	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		13	Sherkot (NPP)	62226	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		14	Kiratpur (NPP + OG)	61946	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		15	Seohara (NPP + OG)	53296	1	0	0	0	0	0	0	0	0	0	0	1	1	0

S. No.	Districts Name	S.No.	Cities Name	Total Urban Population	Total required UPHC in 131 Cities	State Govt Health Facilities (C & D type UHPs and UFWCs)			UHPs Budgeted under NRHM			Total Health facilities taken under NUHM as UPHCs	New UPHCs approved in year 2013-14	Total UPHCs	New UPHCs approved in year 2014-15	Total UPHCs will be established in Year 2014-15	New UPHCs approved in year 2015-16
						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt. Building	UHPs running in rented building	Total NRHM budgeted UHPs						
6	Budaun	16	Dhampur (NPP)	50997	1	0	0	0	0	0	0	0	0	0	1	1	0
		17	Budaun (NPP)	159285	3	0	0	0	0	3	3	3	0	3	0	3	0
		18	Sahaswan (NPP)	66204	1	0	0	0	0	0	0	0	0	0	1	1	0
		19	Ujhani (NPP)	62039	1	0	0	0	0	0	0	0	0	0	1	1	0
7	Bulandshahar	20	Bulandshahr (NPP + OG)	230024	4	0	0	0	0	4	4	4	0	4	0	4	0
		21	Khurja (NPP + OG)	121207	2	0	0	0	0	0	0	0	1	1	0	1	1
		22	Sikandrabad (NPP)	81028	1	0	0	0	0	0	0	0	0	0	1	1	0
		23	Jahangirabad (NPP)	59858	1	0	0	0	0	0	0	0	0	0	1	1	0
		24	Gulaothi (NPP)	50823	1	0	0	0	0	0	0	0	0	0	1	1	0
8	Etawah	25	Etawah (NPP)	256838	6	0	0	0	0	6	6	6	0	6	0	6	0
9	Farrukhabad	26	Farrukhabad-cum-Fatehgarh (NPP)	276581	5	0	0	0	0	2	2	2	1	3	1	4	1
10	Firozabad	27	Firozabad (NPP)	604214	12	2	0	2	0	4	4	6	2	8	1	9	3
		28	Shikohabad (NPP)	107404	2	0	0	0	0	0	0	0	1	1	1	2	0
		29	Tundla (NPP)	50423	1	0	0	0	0	0	0	0	0	0	1	1	0
11	GB Nagar	30	Noida (CT)	637272	13	0	0	0	0	1	1	1	5	6	1	7	6
		31	Greater Noida (CT)	102054	2	0	0	0	0	0	0	0	1	1	1	2	0
		32	Dadri (NPP)	91189	2	0	0	0	0	0	0	0	0	0	1	1	1

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						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt. Building	UHPs running in rented building	Total NRHM budgeted UHPs							
12	Ghaziabad	33	Ghaziabad (M Corp.)	1648643	33	0	9	9	0	10	10	19	6	25	1	26	7	
		34	Loni (NPP)	516082	10	0	0	0	0	0	0	0	1	1	2	3	7	
		35	Khora (CT)	190005	3	0	0	0	0	0	0	0	0	1	1	1	2	1
		36	Modinagar (NPP)	130325	3	0	0	0	0	0	0	0	0	1	1	1	2	1
		37	Muradnagar (NPP)	95208	2	0	0	0	0	0	0	0	0	0	0	1	1	1
13	Gorakhpur	38	Gorakhpur (M Corp.)	673446	23	0	15	15	0	8	8	23	0	23	0	23	0	
14	Hapur	39	Hapur (NPP)	262983	5	0	0	0	0	0	0	0	1	1	1	2	3	
		40	Pilkhuwa (NPP)	83736	2	0	0	0	0	0	0	0	0	0	0	1	1	1
15	Hardoi	41	Hardoi (NPP + OG)	197029	4	0	0	0	0	1	1	1	1	2	1	3	1	
		42	Shahabad (NPP)	80226	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		43	Sandila (NPP)	58346	1	0	0	0	0	0	0	0	0	0	0	1	1	0
16	Jalaun	44	Orai (NPP + OG)	190575	4	0	0	0	0	2	2	2	1	3	0	3	1	
		45	Jalaun (NPP)	56909	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		46	Konch (NPP)	53412	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		47	Kalpi (NPP)	51670	1	0	0	0	0	0	0	0	0	0	0	1	1	0
17	Jhansi	48	Jhansi (M Corp.)	505693	12	1	8	9	0	3	3	12	0	12	0	12	0	
		49	Mauranipur (NPP + OG)	61449	1	0	0	0	0	0	0	0	0	0	0	1	1	0

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						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt. Building	UHPs running in rented building	Total NRHM budgeted UHPs							
18	J.P Nagar	50	Amroha (NPP)	198471	4	0	0	0	0	3	3	3	1	4	0	4	0	
		51	Hasanpur (NPP)	61243	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		52	Gajraula (NP)	55048	1	0	0	0	0	0	0	0	0	0	0	1	1	0
19	Kannauj	53	Kannauj (NPP)	84862	2	0	0	0	0	2	2	2	0	2	0	2	0	
		54	Chhibramau (NPP)	60986	1	0	0	0	0	1	1	1	0	1	0	1	0	
20	Kanpur Nagar	55	Kanpur (M Corp. + OG)	2768057	56	4	7	11	4	9	13	24	15	39	3	42	13	
21	Kheri	56	Lakhimpur (NPP)	151993	3	0	0	0	0	2	2	2	1	3	0	3	0	
		57	Gola Gokaran Nath (NPP)	60172	1	0	0	0	0	0	0	0	0	0	1	1	0	
22	Lucknow	58	Lucknow (M Corp.)	2817105	56	8	3	11	6	20	26	37	12	49	3	52	4	
23	Mathura	59	Mathura (NPP)	349909	7	0	0	0	0	4	4	4	1	5	1	6	1	
		60	Vrindavan (NPP)	63005	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		61	Kosi Kalan (NPP + OG)	60074	1	0	0	0	0	0	0	0	0	0	0	1	1	0
24	Mau	62	Maunath Bhanjan (NPP)	278745	6	0	0	0	0	2	2	2	1	3	1	4	2	
25	Meerut	63	Meerut (M Corp.)	1305429	26	5	3	8	0	11	11	19	5	24	0	24	2	
		64	Mawana (NPP)	81443	1	0	0	0	0	0	0	0	0	0	1	1	0	
		65	Sardhana (NPP)	58252	1	0	0	0	0	0	0	0	0	0	1	1	0	
26	Moradabad	66	Moradabad (M Corp.)	887871	26	1	12	13	0	13	13	26	0	26	0	26	0	

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						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt. Building	UHPs running in rented building	Total NRHM budgeted UHPs							
27	Muzaffarnagar	67	Muzaffarnagar (NPP)	392768	8	0	0	0	0	2	2	2	1	3	1	4	4	
		68	Khatauli (NPP)	72949	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		69	Budhana (NP + OG)	53722	1	0	0	0	0	0	0	0	0	0	0	1	1	0
28	Rae Bareli	70	Rae Bareli (NPP)	191316	4	0	0	0	0	1	1	1	1	2	1	3	1	
29	Rampur	71	Rampur (NPP)	325313	6	0	3	3	0	1	1	4	1	5	1	6	0	
30	Saharanpur	72	Saharanpur (M Corp.)	705478	17	5	4	9	0	8	8	17	0	17	0	17	0	
		73	Deoband (NPP)	97037	2	0	0	0	0	0	0	0	0	0	0	1	1	1
		74	Gangoh (NPP)	59279	1	0	0	0	0	0	0	0	0	0	0	1	1	0
31	Shahjahanpur	75	Shahjahanpur (NPP)	329736	10	0	7	7	0	3	3	10	0	10	0	10	0	
		76	Tilhar (NPP)	61444	1	0	0	0	0	0	0	0	0	0	0	1	1	0
32	Sitapur	77	Sitapur (NPP)	177234	3	0	0	0	0	1	1	1	2	3	0	3	0	
		78	Laharpur (NPP)	61990	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		79	Biswan (NPP)	55780	1	0	0	0	0	0	0	0	0	0	0	1	1	0
		80	Mahmudabad (NPP)	50777	1	0	0	0	0	0	0	0	0	0	0	1	1	0
33	Unnao	81	Unnao (NPP)	177658	3	0	0	0	0	1	1	1	1	2	1	3	0	
		82	Gangaghat (NPP)	84072	2	0	0	0	0	0	2	2	2	0	2	0	2	0
34	Varanasi	83	Varanasi (M Corp.)	1198491	24	6	9	15	0	9	9	24	0	24	0	24	0	

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						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt. Building	UHPs running in rented building	Total NRHM budgeted UHPs						
35	Ambedkarnagar	84	Ambedkarnagar (Mcorp+OG)	111447	2	0	0	0	0	1	1	1	1	2	0	2	0
		85	Ambedkarnagar Tanda	95516	2	0	0	0	0	0	2	2	2	0	2	0	2
36	Amethi	86	Amethi(NP)	13849	0	0	0	0	0	0	0	0	0	0	1	1	0
37	Auraiya	87	Auraiya (NPP)	87736	1	0	0	0	0	1	1	1	0	1	0	1	0
38	Azamgarh	88	Azamgarh (NPP)	110983	2	0	0	0	0	1	1	1	0	1	1	2	0
		89	Azam Mubarakpur	70463	1	0	0	0	0	1	1	1	0	1	0	1	0
39	Baghpat	90	Baghpat Baraut (NPP)	103764	2	0	0	0	0	1	1	1	1	2	0	2	0
		91	Baghpat (NPP)	50310	1	0	0	0	0	1	1	1	0	1	0	1	0
40	Bahraich	92	Bahraich (NPP)	186223	3	0	0	0	0	1	1	1	1	2	0	2	1
41	Ballia	93	Ballia (NPP)	104424	2	0	0	0	0	1	1	1	1	2	0	2	0
42	Balrampur	94	Balrampur (NPP + OG)	82488	1	0	0	0	0	1	1	1	0	1	0	1	0
43	Banda	95	Banda (NPP + OG)	160473	3	0	0	0	0	1	1	1	0	1	1	2	0
44	Barabanki	96	Nawabganj (NPP + OG)	81486	1	0	0	0	0	1	1	1	0	1	0	1	0
45	Basti	97	Basti (NPP)	114657	2	0	0	0	0	2	2	2	0	2	0	2	0
46	Chandauli	98	Mughalsarai (NPP)	109650	2	0	0	0	0	0	0	0	1	1	1	2	0
47	Chitrakoot	99	Chitrakoot Dham (Karwi) (NPP)	57402	1	0	0	0	1	0	1	1	0	1	0	1	0
48	Deoria	100	Deoria (NPP)	129479	3	0	0	0	0	3	3	3	0	3	0	3	0

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						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt. Building	UHPs running in rented building	Total NRHM budgeted UHPs						
49	Etah	101	Etah (NPP)	118517	2	0	0	0	0	1	1	1	1	2	0	2	0
50	Faizabad	102	Faizabad (NPP)	165228	5	0	0	0	0	5	5	5	0	5	0	5	0
		103	Ayodhya (NPP)	55890	1	0	0	0	0	0	0	0	0	0	0	1	1
51	Fatehpur	104	Fatehpur (NPP)	193193	4	0	0	0	0	1	1	1	1	2	1	3	1
52	Ghazipur	105	Ghazipur (NPP + OG)	121020	2	0	0	0	0	2	2	2	0	2	0	2	0
53	Gonda	106	Gonda (NPP)	114046	2	0	0	0	0	2	2	2	0	2	0	2	0
54	Hamirpur	107	Rath (NPP)	100514	2	0	0	0	0	1	1	1	1	2	0	2	0
55	Hathras	108	Hathras (NPP + OG)	143020	3	0	0	0	0	1	1	1	1	2	0	2	1
56	Jaunpur	109	Jaunpur (NPP)	180362	3	0	0	0	0	1	1	1	1	2	1	3	0
57	Kanpur Dehat	110	Akbarpur (NP)	20445	0	0	0	0	0	0	0	0	0	0	1	1	0
58	Kasganj	111	Kasganj (NPP)	101277	2	0	0	0	0	1	1	1	1	2	0	2	0
59	Kaushambi	112	Manjhanpur (NP)	16457	1	0	0	0	0	1	1	1	0	1	0	1	0
60	Kushinagar	113	Padrauna (NPP)	49723	1	0	0	0	0	1	1	1	0	1	0	1	0
61	Lalitpur	114	Lalitpur (NPP)	133305	2	0	0	0	0	1	1	1	1	2	0	2	0
62	Maharajganj	115	Maharajganj (NPP)	33930	1	0	0	0	0	1	1	1	0	1	0	1	0
63	Mahoba	116	Mahoba (NPP)	95216	2	0	0	0	0	2	2	2	0	2	0	2	0
64	Mainpuri	117	Mainpuri (NPP + OG)	136557	3	0	0	0	1	2	3	3	0	3	0	3	0

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65	Mirzapur	118	Mirzapur-cum-Vindhyachal (NPP)	234871	4	0	0	0	0	1	1	1	1	2	1	3	1
66	Pilibhit	119	Pilibhit (NPP)	127988	2	0	0	0	0	1	1	1	1	2	0	2	0
		120	Bisalpur (NPP)	73551	1	0	0	0	0	0	0	0	0	0	1	1	0
67	Pratapgarh	121	Bela Pratapgarh (NPP)	76133	1	0	0	0	0	1	1	1	0	1	0	1	0
68	Sambhal	122	Chandausi (NPP)	114383	2	0	0	0	0	0	0	0	1	1	1	2	0
		123	Sambhal (NPP)	220813	4	0	0	0	0	0	0	0	1	1	1	2	1
69	Sant Kabir Nagar	124	Khalilabad (NPP)	47847	2	0	0	0	0	2	2	2	0	2	0	2	0
70	Bhadohi (NPP)	125	Bhadohi (NPP)	94620	1	0	0	0	0	1	1	1	0	1	0	1	0
71	Shamli	126	Shamli (NPP)	107266	2	0	0	0	0	0	0	0	1	1	1	2	0
		127	Kairana (NPP)	89000	1	0	0	0	0	0	0	0	0	0	1	1	0
72	Shrawasti	128	Bhinga (NP)	23780	0	0	0	0	0	0	0	0	0	0	1	1	0
73	Sidharthnagar	129	Siddharthnagar (NPP)	25422	1	0	0	0	0	1	1	1	0	1	0	1	0
74	Sonabhadra	130	Sonbhadra (NPP)	36689	1	0	0	0	1	0	1	1	0	1	0	1	0
75	Sultanpur	131	Sultanpur (NPP)	107640	2	0	0	0	0	2	2	2	0	2	0	2	0
				<b>31,453,923</b>	<b>638</b>	<b>46</b>	<b>101</b>	<b>147</b>	<b>13</b>	<b>218</b>	<b>231</b>	<b>378</b>	<b>100</b>	<b>478</b>	<b>80</b>	<b>558</b>	<b>80</b>



The following staffs are proposed for each Urban PHC:

1. 2 MBBS Doctors (1 Full Time and 1 part Time) will be hired for each UPHC and will run daily out-patient clinic, ensure supplies and provide overall management.
2. 2 Staff Nurses to support Doctor to run routine OPD and special clinics. It is envisaged that each nurse will be given specific responsibilities for RMNCH, family planning, adolescent, geriatric counselling. They will also support clinical services such as insertion of IUCDs.
3. 1 Lab Technician will conduct the basic lab and diagnostic tests such as Complete Blood Count, blood sugar, urine tests, sputum AFB tests, VDRL, peripheral smear for malaria and other tests as needed.
4. 1 Pharmacist will dispense medicines, administer injections and fluids in case of emergency. He will be responsible for maintaining inventory for equipments, drugs and other commodities.
5. 3 Support staff (1 Ayah, 1 Ward Boy and 1 Sweeper cum *Chowkidar*) who will be responsible for cleanliness and security of the UPHC and the required support to the clinical staff.

**Rogi Kalyan Samitis (RKS)** will be constituted at each UPHC according to GoI guideline . Members will take the lead in ensuring quality and services to the community as per the guidelines and norms. Each RKS will have a separate account in which the untied grant will be transferred.

#### **Urban-Community Health Centres (U-CHCs)**

Urban Community Health Centres (U-CHCs) are envisaged to provide in-patient and specialized care to urban population and are planned for about 2.5 lakh population each. The state proposes to strengthen 19 existing urban hospitals as U-CHCs in the state capital as follows and plan more extensively for U-CHCs in the subsequent years –

Sl. No.	District	Number and names of health facility to be upgraded to U-CHCs
1.	Lucknow	8 Bal Mahila Chiiktsalayas and Prasuti Grahs and 1 TB hospital at Thakur Ganj

Under NUHM above mentioned facilities are being proposed for Up-gradation as U-CHCs by providing specialists, staff nurses, support staff , data assistants and drivers for ambulances and infrastructure strengthening (renovation, computer for each BMC, untied grant and drugs )

## Strengthening Outreach to urban slums

There is a three pronged strategy for outreach under NUHM:

- I. Intensifying the reach of ANMs
- II. Urban ASHAs
- III. Mahila Arogya Samitis (MAS)
- IV. Urban Health and Nutrition Days
- V. Outreach Camps
- VI. IEC/BCC Activities

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
1	Agra	Agra (M Corp.)	1,585,704	160	15	145	64	15	49	1250	625	7680	1152
2	Aligarh	Aligarh (M Corp.)	924,820	92	7	85	38	7	31	830	415	4416	684
3	Allahabad	Allahabad (M Corp. + OG)	1,168,385	116	11	105	48	11	37	680	340	5568	864
4	Bareilly	Bareilly (M Corp. + OG)	1,107,088	90	2	88	44	2	42	452	226	4320	792
5	Bijnor	Bijnor (NPP)	588,984	50	0	50	20	0	20	150	75	2400	360
6	Budaun	Budaun (NPP)	287,528	25	0	25	10	0	10	144	72	1200	180
7	Bulandshahr	Bulandshahr (NPP + OG)	542,940	45	0	45	18	0	18	308	154	2160	324
8	Etawah	Etawah (NPP)	256,838	30	0	30	12	0	12	74	37	1440	216
9	Farrukhabad	Farrukhabad-cum-Fatehgarh	276,581	25	0	25	10	0	10	182	91	1200	180

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
		(NPP)											
10	Firozabad	Firozabad (NPP)	762,041	75	2	73	30	2	28	432	216	3600	540
11	GB Nagar	Noida (CT)	830,515	85	0	85	34	0	34	20	10	4080	612
12	Ghaziabad	Ghaziabad (M Corp.)	2,580,263	250	9	241	100	9	91	570	285	12000	1800
13	Gorakhpur	Gorakhpur (M Corp.)	673,446	67	15	52	46	15	31	616	308	3216	828
14	Hapur	Hapur (NPP)	346,719	30	0	30	12	0	12	142	71	1440	216
15	Hardoi	Hardoi (NPP + OG)	335,601	30	0	30	12	0	12	68	34	1440	216
16	Jalaun	Orai (NPP + OG)	352,566	35	0	35	14	0	14	102	51	1680	252
17	Jhansi	Jhansi (M Corp.)	567,142	55	9	46	26	9	17	232	116	2640	468
18	JP Nagar	Amroha (NPP)	314,762	30	0	30	12	0	12	132	66	1440	216
19	Kannauj	Kannauj (NPP)	145,848	15	0	15	6	0	6	28	14	720	108
20	Kanpur Nagar	Kanpur (M Corp. + OG)	2,768,057	300	11	289	120	11	109	650	325	14400	2160
21	Kheri	Lakhimpur (NPP)	212,165	20	0	20	8	0	8	18	9	960	144
22	Lucknow	Lucknow (M Corp.)	2,817,105	280	11	269	112	11	101	1132	566	13440	2016
23	Mathura	Mathura (NPP)	472,988	47	0	47	18	0	18	302	151	2256	324
24	Mau	Maunath Bhanjan (NPP)	278,745	25	0	25	10	0	10	64	32	1200	180
25	Meerut	Meerut (M Corp.)	1,445,124	140	8	132	56	8	48	1176	588	6720	1008
26	Moradabad	Moradabad (M Corp.)	887,871	89	13	76	52	13	39	460	230	4272	936

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
27	Muzaffarnagar	Muzaffarnagar (NPP)	519,439	50	0	50	20	0	20	144	72	2400	360
28	Rae Bareli	Rae Bareli (NPP)	191,316	19	0	19	8	0	8	56	28	912	144
29	Rampur	Rampur (NPP)	325,313	30	3	27	12	3	9	124	62	1440	216
30	Saharanpur	Saharanpur (M Corp.)	861,794	86	9	77	40	9	31	456	228	4128	720
31	Shahjahanpur	Shahjahanpur (NPP)	391,180	39	7	32	22	7	15	262	131	1872	396
32	Sitapur	Sitapur (NPP)	345,781	30	0	30	12	0	12	84	42	1440	216
33	Unnao	Unnao (NPP)	261,730	25	0	25	10	0	10	80	40	1200	180
34	Varanasi	Varanasi (M Corp.)	1,198,491	120	15	105	48	15	33	570	285	5760	864
35	Ambedkarnagar	Ambedkarnagar (Mcorp+OG)	206,963	20	0	20	8	0	8	70	35	960	144
36	Amethi	Amethi(NP)	13,849	2	0	2	0	0	0	8	4	96	0
37	Auraiya	Auraiya (NPP)	87,736	5	0	5	2	0	2	0	0	240	36
38	Azamgarh	Azamgarh (NPP)	181,446	18	0	18	4	0	4	78	39	864	72
39	Baghpat	Baghpat (NPP)	154,074	15	0	15	6	0	6	76	38	720	108
40	Bahraich	Bahraich (NPP)	186,223	15	0	15	6	0	6	74	37	720	108
41	Ballia	Ballia (NPP)	104,424	10	0	10	4	0	4	68	34	480	72
42	Balrampur	Balrampur (NPP + OG)	82,488	7	0	7	2	0	2	40	20	336	36
43	Banda	Banda (NPP + OG)	160,473	8	0	8	2	0	2	12	6	384	36
44	Barabanki	Nawabganj (NPP + OG)	81,486	5	0	5	2	0	2	8	4	240	36

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
45	Basti	Basti (NPP)	114,657	10	0	10	4	0	4	56	28	480	72
46	Chandauli	Mughalsarai (NPP)	109,650	10	0	10	4	0	4	24	12	480	72
47	Chitrakoot	Chitrakoot Dham (Karwi) (NPP)	57,402	5	0	5	2	0	2	12	6	240	36
48	Deoria	Deoria (NPP)	129,479	15	0	15	6	0	6	64	32	720	108
49	Etah	Etah (NPP)	118,517	10	0	10	4	0	4	36	18	480	72
50	Faizabad	Faizabad (NPP)	221,118	30	0	30	12	0	12	70	35	1440	216
51	Fatehpur	Fatehpur (NPP)	193,193	20	0	20	8	0	8	76	38	960	144
52	Ghazipur	Ghazipur (NPP + OG)	121,020	10	0	10	4	0	4	60	30	480	72
53	Gonda	Gonda (NPP)	114,046	10	0	10	4	0	4	10	5	480	72
54	Hamirpur	Rath (NPP)	100,514	8	0	8	4	0	4	24	12	384	72
55	Hathras	Hathras (NPP + OG)	143,020	14	0	14	6	0	6	60	30	672	108
56	Jaunpur	Jaunpur (NPP)	180,362	18	0	18	6	0	6	18	9	864	108
57	Kanpur Dehat	Akbarpur (NP)	20,445	2	0	2	0	0	0	16	8	96	0
58	Kasganj	Kasganj (NPP)	101,277	10	0	10	4	0	4	32	16	480	72
59	Kaushambi	Manjhanpur (NP)	16,457	2	0	2	2	0	2	6	3	96	36
60	Kushinagar	Padrauna (NPP)	49,723	5	0	5	2	0	2	22	11	240	36
61	Lalitpur	Lalitpur (NPP)	133,305	10	0	10	4	0	4	6	3	480	72
62	Maharajganj	Maharajganj (NPP)	33,930	3	0	3	2	0	2	26	13	144	36
63	Mahoba	Mahoba (NPP)	95,216	10	0	10	4	0	4	38	19	480	72

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
64	Mainpuri	Mainpuri (NPP + OG)	136,557	13	0	13	6	0	6	84	42	624	108
65	Mirzapur	Mirzapur-cum-Vindhyachal (NPP)	234,871	20	0	20	8	0	8	60	30	960	144
66	Pilibhit	Pilibhit (NPP)	201,539	15	0	15	6	0	6	68	34	720	108
67	Pratapgarh	Bela Pratapgarh (NPP)	76,133	7	0	7	2	0	2	8	4	336	36
68	Sambhal	Sambhal (NPP)	335,196	30	0	30	12	0	12	76	38	1440	216
69	Sant Kabir Nagar	Khalilabad (NPP)	47,847	5	0	5	4	0	4	8	4	240	72
70	Bhadohi (NPP)	Bhadohi (NPP)	94,620	9	0	9	2	0	2	36	18	432	36
71	Shamli	Shamli (NPP)	196,266	15	0	15	6	0	6	54	27	720	108
72	Shrawasti	Bhinga (NP)	23,780	2	0	2	0	0	0	6	3	96	0
73	Sidharthnagar	Sidharthnagar (NPP)	25,422	3	0	3	2	0	2	24	12	144	36
74	Sonabhadra	Sonbhadra (NPP)	36,689	4	0	4	2	0	2	32	16	192	36
75	Sultanpur	Sultanpur (NPP)	107,640	10	0	10	4	0	4	90	45	480	72
<b>Total</b>			<b>31,453,923</b>	<b>3,045</b>	<b>147</b>	<b>2,898</b>	<b>1,276</b>	<b>147</b>	<b>1,129</b>	<b>13,626</b>	<b>6,813</b>	146160	22968

**i) ANMs**

The ANMs will be headquartered at the U-PHCs and will cater to a population of about 10,000 each. They will work in close cooperation with the ASHAs and AWWs in their area of coverage and refer for institutional care to U-PHCs, U-CHCs and other hospitals in the cities.

The key tasks for the ANM will be:

- a) Preventive and Promotive health care to households through outreach, weekly health camps in slums
- b) ANC and immunization clinics at the U-PHCs
- c) Conduct Urban Health Nutrition Days at AWCs in her area
- d) Support ASHA for house of house visits for behaviour change

**II) Urban ASHAs**

The urban ASHA will work on the pattern of rural ASHA and serve as the link between urban poor and health services. There is an ASHA planned for 200 – 500 slum households each and will be assigned such that all slums are covered. These frontline workers will be trained as per the ASHA training modules. The existing training modules for rural ASHAs and the pool of trainers created already will be used for the same. Any specific content on urban contexts, if created for capacity building of ASHAs, the same shall be included in the training plan and content.

Urban ASHAs will conduct the house listing in their assigned area and record the details of all families, married women of reproductive age, pregnant women and children as per the questionnaires which be prescribed or developed. This will help them build rapport with the community and also gain a good understanding of the health needs in her area. It is expected that the actual population listed by the ASHAs may be higher or lower than the population originally used for planning and ASHA selection and assignment. These will be adjusted over time with the objective of providing complete coverage to the slum residents.

The ASHAs will start providing services once they are trained and have completed the mapping of households and Slum Household Index Register (SHIR). They will then be paid incentives based on their performance for the following activities:

- a) Organize Urban Health and Nutrition Days
- b) Organize outreach camps
- c) Organize monthly meeting of MAS
- d) Attend the monthly meeting at UPHC
- e) Organize community meeting for strengthening preventive and promotive aspects
- f) Maintain records as per norms like SHIR, meeting minutes, outreach camp register
- g) Additional immunization incentives for achieving complete immunization in her area
- h) Incentives built in schemes such as JSY, RNTCP, NVBDCP, Family Planning, Home based newborn care etc.

**III) Mahila Arogya Samitis (MAS)**

Mahila Arogya Samitis will function as empowered groups of women that will enable the urban poor communities to access their health entitlements under the various government schemes. Each MAS will consist of 10-12 women from about 50-100 households with an elected chairperson, treasurer and will be supported by the ASHA. MAS will serve as catalysts for behaviour change in communities in their area for practising healthy behaviours and accessing preventive, promotive and curative health services. They will also advocate with the government

system for accessible and quality health care for urban poor. Capacity of existing community based institutions will be built to evolve to MAS and if needed new MAS can be set up.

The state will orient and train MAS in priority cities and will provide an annual untied grant of Rs.5000 to each MAS for mobilization, sanitation and hygiene and emergency health care needs. This will serve as seed money for a revolving fund to be managed by the MAS. The MAS will work closely with the ASHA in the area and serve to improve the health indicators in their area.

#### **IV) Urban Health Sanitation and Nutrition Days**

Urban Health and Nutrition Days will be organized at each Anganwadi center at least once a month. UHSNDs will be organized by close coordination between Anganwadi worker, ASHA and ANM and provide services at the doorstep of the urban slum community. In case there are no Anganwadi centers, the ANM can find a common place in the community to conduct the UHSND in coordination with the ASHA.

Supplies for UHSNDs will be procured and supplied by the UPHCs where the ANM is based. The ANM can refer cases that need medical attention to the UPHC OPD or the special clinics being run there. The reports generated from the UHSNDs will be included in the UPHC performance and all pregnant women registered will be entered in MCTS by HMIS/ MCTS Operator based on the information provided by the ANM after each UHSND..

#### **V) Outreach Camps**

Special Outreach Camps will be planned with two main objectives:

- a. Reach out to vulnerable populations/ slums that are may not access services at UPHCs or UHSNDs such as the homeless, rag pickers, street children, rickshaw pullers, constructions, brick and lime kiln workers, sex workers and other temporary migrants with health services that are responsive to their special health needs.
- b. Provide more specialised health care services closer to the community for specific preventive and promotive care based on epidemiological and population needs. Some examples of such activities include:
  - i. Chronic Lung diseases in factories
  - ii. Skin cancer screening in industries where there is exposure to carcinogenic agents
  - iii. Screening and treatment for RTIs and STIs among sex workers
  - iv. Screening and referral for cataract among the elderly
  - v. Screening and referral for TB among high risk populations
  - vi. Screening and treatment for vector borne diseases such as malaria, dengue, Japanese Encephalitis, Acute Encephalitic Syndrome in and after the monsoons.

A panel of specialists comprising of various specialists such as gynaecologists, paediatricians, general physicians, ophthalmologists, dermatologists, chest physicians, epidemiological and occupational diseases will be developed at the city level. As per the need required specialists will be engaged for outreach camps.

The human resource and supplies will be provided for special outreach camps based on the objective and the target population planned to be served. The ANM will take lead in overall organization of the special outreach camps in her area with support from the Urban Health Coordinator. Specialists from the specialists panel created at the city level will be used for these outreach camps and additional specialists may be hired if needed. Reports for these special outreach camps will be compiled as part of the UPHC performance and reported.



## VI) IEC/BCC Activities

- National Urban Health Mission is new activity so it needs more IEC. To provide information regarding health services and to change in health seeking behaviour in our target population, strong BCC and IEC activities are required.
- To implement the BCC action plan, State realizes the need of establishing a fully functional IEC Bureau under Family Welfare Directorate and IEC cell at SPMU level. GM, NUHM will coordinate with IEC/BCC cell under FW directorate and GM, IEC at SPMU level to implement programmes related activities.

### IEC activities at facility and community level:

- **Facility level:** Budget for visibility of U-PHCs and printing of other IEC material has proposed
- **Community level:** Budget for printing of Safe Motherhood Booklet and MCP card and other IEC material for communicable and non communicable disease has been proposed.
- Budget for Wall painting of message regarding NUHM at each AWC other prominent places for convergence has been proposed.
- Budget for NUHM hoarding (01 hoarding at average of each 50,000 urban population) has been proposed.

## Convergent Actions in NUHM

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NUHM will promote both inter-sectoral as well as intra-sectoral convergence to complement resources and efforts for higher population level impact. The convergent actions can be grouped as:-

- Coordination with existing state level health programs and schemes including State AIDS Control Program
- Convergence with other departments and ministries
- Convergence with non-government and academic institutions

NRHM is supporting many programmes for health improvements for rural populations; some of these also provide benefits and services to the urban populations. These programs have detailed program and financial guidelines, reporting formats and implementation and monitoring systems. NUHM would aim to provide similar benefits to urban populations with a clear focus on health indicators improvement. All programs at the city level will be integrated under the umbrella of the city health plan. The programs that will be integrated include JSY, JSSK, RI, Family Planning, Rashtriya Baal Swasthya Karyakram, Vitamin A supplementation program (BSPM), National Disease Control Programs (RNTCP, IDSP, NVBDCP, NPCB etc.) under the umbrella of City Health Plan are well integrated at all levels. The objective of convergence would be optimal utilization of resources and ensuring availability of all services at one point (U-PHC) thereby, enhancing their utilization by the urban population

## Public Private Partnership

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Various National programmes as well as NUHM framework further reiterated the need for partnership with the private sector at the community level and develop specific guidelines for engaging the private sector. The National Urban Health Mission explicitly stated *"In view of presence of larger 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.*

*NUHM at the state level will also support innovations in public health to address city and population specific needs. However, clear and monitorable Service Level Agreements (SLAs) will have to be developed for engagement with Private Sector. HUP-PFI will provide the technical assistance in expanding partnerships on urban health.*

**Presence of active NGOs in several cities in the state presents a unique and powerful opportunity** to extend the reach of health services through various ways of outreach and enhancing utilization by raising community demand for the existing services.

- To increase demand and utilization, **involving NGOs in outreach** and referral in the urban poor settings would be a viable option.
- **Establishment of regional diagnostic centers** through public private partnerships (PPP)
- To **develop systems of accrediting private practitioners** for public health goals. These could be for a range of services. Need for transparency in developing protocols, and costs. Community organizations to exercise key role in roll-out of such partnerships. Non Governmental Organizations to build capacity in community organizations to handle such partnerships
- **Strengthening preventive and promotive action for improved health and nutrition** and prevention of diseases at the community level, the State would also provide a framework for pro-active partnership with NGOs/civil society groups

### **Corporate Social Responsibility (CSR)**

Under the recently passed Companies Act 2013, the Government of India has now mandated every company having net worth of rupees of five hundred crore or more, or turnover of rupees one thousand crore or more, or net profit of rupees five crore or more during any financial year.

The above mandate provides ample opportunities to MoHFW, and State Governments to for leveraging CSR funds and partner with the private and public enterprises to address the Health of the Urban Poor under the aegis of NUHM at state and city level.

### ***Training***

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ULB, Medical and Paramedical staff, Urban ASHAs and MAS will be trained. The trainings will have to be followed by periodic refresher trainings to keep these frontline health workers motivated. NUHM will engage with development organisations to develop the training modules and facilitate the trainings.

### ***Monitoring & Evaluation***

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The Monitoring and Evaluation framework would be based on triangulation of information. The three components would be Community Based Monitoring, HMIS for reporting and feedback and external evaluations.

### ***Budget Summary & percentage of budget in different heads***

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<b>FMR Code</b>	<b>Budget Head</b>	<b>Proposed budget (in Lakhs)</b>	<b>% of total budget</b>
<b>1</b>	<b>Planning &amp; Mapping</b>	0.00	-
<b>2</b>	<b>Programme Management</b>	1,063.44	3.06
<b>3</b>	<b>Training &amp; Capacity Building</b>	2,136.73	6.15
<b>4</b>	<b>Strengthening of Health Services</b>	29,155.93	83.92
<b>A</b>	<b>Human resource</b>	13,827.42	
<b>B</b>	<b>Infrastructure</b>	366.31	

<b>C</b>	<b>Untied grants</b>	1,640.00	
<b>D</b>	<b>Procurement (drugs and consumable)</b>	8,087.50	
<b>E</b>	<b>Other services</b>	5,234.70	
<b>5</b>	<b>Regulation &amp; Quality Assurance</b>	0	-
<b>6</b>	<b>Community Processes</b>	2,384.55	6.86
<b>7</b>	<b>Innovative Actions &amp; PPP</b>	0	-
<b>8</b>	<b>Monitoring &amp; Evaluation (Base line Survey)</b>	0.00	-
	<b>TOTAL</b>	<b>34,740.65</b>	100.00