NATIONAL URBAN HEALTH MISSION

PROGRAM IMPLEMENTATION PLAN FOR 2014-15

Submitted to

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DEPARTMENT OF MEDICAL HEALTH AND FAMILY WELFARE

UTTAR PRADESH

Introduction

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

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 that 50 thousand population but are covered under NUHM	9

Population of Uttar Pradesh as per Census 2011 is 199,812,341 and during the decade (2001-11), 33,383,556 persons have been added in the state: 23,452,683 in rural areas and the rest 9,930,873 in urban areas. The State's population has been doubling in more than 35 years since independence. The rising population in the state is also reflected in the increase in population density which has become about three and three quarter times, reaching 828 persons per sq. km. against figures of 215 in 1951. Concentration of population in urban areas of the State is very high as compared to rural areas.

Decadal Population Growth of Uttar Pradesh

Decades	1901-1911	1911-1921	1921-1931	1931-1941	1941-1951	1951-1961	1961-1971	1971-1981	1981-1991	1991-2001	2001-2011
Decadal Population growth	-9.61	0.16	13.24	26.06	21.86	9.26	29.72	60.89	38.52	32.88	20.09

Population and Density of Uttar Pradesh [1]

[1] Census of India, 2001 and Census of India, 2011.

Year	1951	1961	1971	1981	1991	2001	2011
Population Density	215	251	300	377	548	689	828
Population (in million)	60.27	70.14	83.85	105.11	132.06	166.05	199.58
Urban Population (in million)	8.23	8.98	11.66	18.74	25.99	34.51	44.49

Demographic Projections[2]

- In the report of the working group on population stabilization for the 11th Five Year Plan (2007-2012), the projected population for Uttar Pradesh in the year 2026 will reach around 248.76 millions.
- Urban population of Uttar Pradesh will increase from 4.4 crores in 2011 to 6.7 crores in 2026 (*Census, 2011 population, Projections, 2001-26)*
- An estimated 1.17 crores (30.6%) people in urban areas are poor *(Poverty Estimates 2004-2005 and 1999-2000)*
- Uttar Pradesh has the largest number of urban poor in a single state.

Urban Population as Percentage of Total Population and its Trend

Uttar Pradesh is one of the least urbanized states in India. As per the urbanization trends of 2011 census, Uttar Pradesh State is the 24th most urbanized and 11th least urbanized state in India with about 22.3 percent of urban population. Amongst the districts in the state, the lowest degree of urbanization (having much less than 5% urban population) is in the district of Shrawasti 3.45% and the highest degree of urbanization is in the district of Ghaziabad 67.5%. 2 districts have urban population below 5% and 13 districts have urban population above 30%.

Though the urbanization in the state (22.28%) is low in comparison to the national average of 31.16 percent as per the 2011 census and the urban decadal growth of the state during the last decade (2001-2011) has also shown low growth rate of 29.3 percent compared to the national growth rate of 31.8 percent. It is noteworthy that the State's population during the last decade has grown by about 21.4 percent while that of the urban population has grown at about 29.3 percent.

Mostly the phenomenon of urbanization is seen as an outcome of demographic outburst resulted from poverty driven migration from rural areas into urban settings. Different factors, classified as "urban pull factors" and "rural push factors", which are also the outcomes of globalization, liberalization and privatization are making urbanization a faster than before. The table below gives the percentage of Urban Uttar Pradesh population to its total population.

Year	1951	1961	1971	1981	1991	2001	2011
Population (in million)	60.27	70.14	83.85	105.11	132.06	166.05	199.81
Urban Population (in million)	8.23	8.98	11.66	18.74	25.99	34.51	44.49
Percentage Urban Population	13.65	12.81	13.9	17.83	19.68	20.78	22.28

Due to creation of new states after 1991, the data for the years prior to 2001 for the states of Bihar, Uttar Pradesh and Uttar Pradesh include the data of newly created states namely Jharkhand, Chhattisgarh and Uttrakhand, respectively.

The total urban population of the state has increased to about 44.5 million (Census 2011) from 34.5 million (Census 2001), showing an increase of ten million. Thus the population residing in urban areas has increased from about 20.8% percent (Census 2001) to 22.3 percent (Census 2011), and likely to reach 27. percent in 2026.

Level of urbanization

[2] Census of India 2001, Population Projections for India and states 2001-2026.

As per Census - 2011, there are 63 urban agglomerations/cities with more than one lakh population. The seven urban agglomerations having more than one million populations in the state are Kanpur, Lucknow, Ghaziabad, Agra, Varanasi, Meerut and Allahabad.

Urban Local Bodies in Uttar Pradesh

In 2001, there were only 704 towns in Uttar Pradesh, which has grown up to 915 in 2011. In other words, the urban population of the state has increased from 20.8% in 2001 to just 22.3 % in 2011. Among these urban towns, Government of Uttar Pradesh has 13 Municipal Corporations, 194 Municipal Councils and 423 town areas.

In Uttar Pradesh, there are 648 Statutory Towns. All other places which are having minimum population of 5,000; at least 75 per cent of the male main working population engaged in non-agricultural pursuits; and the density of population is at least 400 persons per sq. km. are known as Census Town. In Uttar Pradesh, such towns have increased from 66 (2001 census) to 267 (2011 census). In the process numbers of villages have decreased from 107,452 to 106,704 in 2011.

Literacy and Gender[3]

Literacy	Total	Male	Female	Gender gap	Urban	Male	Female	Gender gap
2001	**56.27**	67.30	43.00	26.60	**69.75**	76.76	61.73	15.00
2011	**69.72**	79.24	59.26	19.98	**77.01**	81.75	71.68	10.07

The effective literacy rate for U.P. in Census 2011, works out to 69.7 percent. The corresponding figures for males and females are 79.24 and 59.26 per cent respectively. The state has continued its march in improving literacy rate by recording a jump of 13.5 percentage points during 2001-2011. An extremely positive development in the present decade is that the gap of over 26 percentage points recorded between male and female literacy rates in 2001 Census has reduced to 20 percentage points in 2011.

Urban Poverty

The state has implemented a large number of programmes and schemes to improve the socio-economic conditions of the poor. Uttar Pradesh has introduced Poverty and Social Monitoring System (PSMS) in 1999, to measure and monitor the progress in key areas related to poverty and living standards of the people of the state. Uttar Pradesh among all Indian states is one of the major states where the incidence of poverty is considerable. In Uttar Pradesh also lives majorly (78%) in villages. Around 37% people in Uttar Pradesh and 39% people of rural Uttar Pradesh live below poverty. Only around 32% of urban Uttar Pradesh live below the poverty line in the year 2009-10.

The table below shows the poverty scenario in Uttar Pradesh as per Tendulkar Methodology (2009-10), Planning Commission.

Percentage of Population below Poverty Line

Year	Uttar Pradesh (%)			India (%)		
	Rural	Urban	Combined	Rural	Urban	Combined
2004-05	42.7	34.1	40.9	42.0	25.5	37.2
2009-10	39.4	31.7	37.7	33.8	20.9	29.8

[3] Census 2011 Data from www.censusindia.gov.in

Urban poverty in Uttar Pradesh is an issue because frequent draughts have been a major reason of rural to urban migration of population. The agriculture, which is the major occupation of people in rural areas, has hit badly due to frequent draughts. Agriculture contribution to state GDP has fallen. The poor migrants get failed to integrate into the urban labour market are contributing to the rising levels of urban poverty. Urban poverty is significant in Uttar Pradesh with about a fourth of the urban population living below the poverty line and mostly is in slums. It is estimated for the year 2009-10 that 137.3 lakh persons comprising 30.9 per cent of the urban population of the state live below the poverty line. The rural poverty line for Uttar Pradesh in 2009-10 was estimated as Rs.663.7 and urban as Rs.799.9 (Rs. per capita per month).

The vulnerabilities of urban dwellers differ in significant ways from those of their rural counterparts. These distinct vulnerabilities are associated with number of factors like their dependence on a monetized economy, the prohibitive cost of food and basic services for poor people in cities, the huge range of environmental and health hazards, the pervasiveness of substandard housing and tenure insecurity, and the exposure of poor communities to crime and violence. There are also numerous social problems associated with living in the slums including illicit brews resulting in drunkenness, casual sex leading to sexual exploitation of women and girls, insecurity, child abuse and a high prevalence of HIV/AIDS. Inhabitants also experience high rates of unemployment and of school dropouts.

To make matters worse, levels of vulnerability are likely to heighten with the effects of climate change, especially since the urban poor often live in marginalized areas that are subject to flooding, water logging etc. The vulnerabilities of the urban poor are further aggravated by an inadequate policy, institutional and legislative framework including the lack of an appropriate land-use policy, an inappropriate housing legislative framework, and poor land management and administration approaches that are insensitive to the informal settlements.

Report of the Committee on slum Statistics /Census, MHUPA, 2010 has stated that the slum population count in the 2001 census is underestimating of the actual count. It has been estimated that the state of Uttar Pradesh would be having about 25% of State's urban population living in the slums in 2001. As per the report, the slum population is estimated to be about 111 lakh for the year 2012 and the same would be about 124 lakh in the year 2017.

Vital Rates

Crude Birth Rate, Crude Death rate & Natural Growth Rate

The major cause of population growth is natural growth in population. The improved health services and health awareness in the state has been able to bring down the mortality to a great extent. The CBR was 32.2 live births per thousand populations in 2001 and has declined to 28.3 in 2010. The same is true for the urban areas of the state, where CBR has declined from 27.0 in 2001 to 24.2 in 2010. During the span of 2001 to 2010, fall in CBR at state level is of 3.9 percent where as at urban level it is 2.8 percent. The crude death rate, as well, shows a fall of 2 percent at state level and 1.5 percent at urban level.

CBR, CDR, Natural Growth Rate and IMR of Uttar Pradesh State and Urban Areas

Year	Crude birth rate (CBR)		Crude death rate (CDR)		Natural Growth rate		Infant mortality rate (IMR)	
	State	Urban	State	Urban	State	Urban	State	Urban
2001	32.2	27	10.1	7.8	22	19.2	82	62
2004	30.8	26.2	8.8	6.2	22	20	72	53
2005	30.4	26.5	8.7	6.8	21.7	19.7	73	54
2006	30.1	26	8.6	6.6	21.4	19.3	71	53
2007	29.5	25.5	8.5	6.5	21	18.9	69	51
2008	29.1	25.1	8.4	6.6	20.7	18.4	67	49

2009	28.7	24.7	8.2	6.5	20.5	18.3	63	47
2010	28.3	24.2	8.1	6.3	20.3	17.9	61	44
2011	27.8	23.7	7.9	6.1	20.0	17.7	57	41
2012	27.4	23.5	7.7	6.0	19.7	17.5	53	39

Sample Registration System, ORGI, Government of India

Child (0-6 years) Sex Ratio

The child sex ratio at 899 in the state is below the national average of 914 and the state is therefore counted with states having little worse child sex ratio. In census 2011, the child sex ratio is showing a dip of 17 points at state level and of 11 points in urban areas, when comparing the last Census.

Child Sex Ratio of State and its Urban Areas

Year	2001	2011
Child (0-6 years) Sex Ratio		
All India	**927**	**914**
Uttar Pradesh	**916**	**899**
Uttar Pradesh Urban	**890**	**879**

Infant and Child Mortality Rates

There has been a decline of 12 points in IMR for Uttar Pradesh during 2005-2010. In spite of the decline being slightly higher for males as compared to females, the levels remain slightly higher for females as compared to males. However, the trend in the decline for Uttar Pradesh is slightly higher than that for all India, though the difference in the level is by 14 points higher.

Annual Estimates[4] of Infant Mortality Rate by Sex

Year	2005	2006	2007	2008	2009	2010
Total						
India	**58**	**57**	**55**	**53**	**50**	**47**
Uttar Pradesh	73	71	69	67	63	61
Male						
India	**56**	**56**	**55**	**52**	**49**	**46**
Uttar Pradesh	71	70	67	64	62	58
Female						
India	**61**	**59**	**56**	**55**	**52**	**49**
Uttar Pradesh	75	73	70	70	65	63

It is seen that the IMR in urban areas is much lower than that in rural areas. However, little more than two thirds of infant's deaths still occur during neo natal period i.e. within one month of birth. Thus, for further reductions in IMR the deaths during neo natal period need to be avoided.

Infant, Neo-Natal and Post Neo-Natal Mortality Rates (2010-11)[5]

[4] Sample Registration System

[5] Annual Health Survey

Uttar Pradesh	Total	Rural	Urban	Total	Rural	Urban
	AHS 2010-11			AHS 2011-12		
Infant Mortality Rate	**71**	**74**	**54**	**70**	**73**	**53**
Neo Natal Mortality Rate	**50**	**53**	**36**	**50**	**52**	**37**
Post Neo Natal Mortality Rate	**21**	**22**	**18**	**20**	**21**	**16**

It is important to mention that the IMR for urban poor as per NFHS-3 data (reanalyzed) is 86.2 per thousand live births which was 13.5 points higher than the state urban (72.7).

One of the millennium development goal relates to reducing child mortality. The results on child mortality for different districts of Uttar Pradesh are presented as under:

The U5 Mortality among urban poor (110.1) was 3.7 points higher than the state urban (96.4, NFHS-3).

Urban Health Scenario

The rapid urbanization coupled with influx of migrants has influenced the health parameters of urban population. Through the annual health survey (AHS-2010-11) detailed information has become available on chronic as well as acute morbidity together with the health seeking behaviour. Further, on morbidity pattern and health seeking behaviour information is available through NSSO survey (61st Round: 2004-05) on the subject. Information on hospitalization during last one year is also available in this survey. Importantly, the information on health expenditure is available through NSSO (66th Round) of household consumption expenditure for the year 2009-10. This chapter presents the findings based on these data sources.

Morbidity and Health Seeking Behaviour

Based on Annual Health Survey (AHS) data, table below summarizes information on morbidity separately for acute and chronic illnesses

Morbidity Per Lakh Population- Uttar Pradesh

Sex	Any type of Acute Illness			Symptoms Chronic Illness			Diagnosed Chronic Illness			Percentage Symptoms of Chronic Illness Diagnosed		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Person	12561	12959	11151	8380	8873	6633	7390	7722	6216	88.2	87.0	93.7
Male	12096	12491	10736	7234	7656	5784	6425	6709	5452	88.8	87.6	94.3
Female	13053	13448	11611	9593	10146	7575	8411	8780	7064	87.7	86.5	93.3

Morbidity Rates: Acute and Chronic (Based on NSSO & AHS Data)

Acute Morbidity Rates (Based on AHS Data)

The prevalence of Acute Illness in Uttar Pradesh was 12561 per lakh population i.e. around 12.56%. The prevalence was slightly higher in rural areas as compared to urban areas. Further, the prevalence of Acute Illness was observed slightly higher among females as compared to males. The trend was similar in both rural and urban areas.

As already mentioned, in the AHS the details on persons suffering from specific acute illnesses such as Diarrhoea, Acute Respiratory Infection **(**ARI) and Fever are available and are presented as under:

Persons Suffering from Specific Acute Illness (Per 1lakh Populations)-Uttar Pradesh

Sex	Diarrhoea/ Dysentery			Acute Respiratory Infection (ARI)			Fever (All Types)		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Persons	1187	1258	934	3017	3267	2133	7571	7672	7217
Male	1203	1282	931	2883	3116	2081	7282	7394	6896
Female	1170	1234	937	3159	3424	2190	7878	7961	7574

The prevalence of fever alone was 7.57% it being higher in rural areas (7.67%) as compared to urban areas (7.2%). Diarrhoea/ Dysentery had prevalence of 1.19% it being again higher in rural areas (1.26%) as compared to urban areas (0.93%). The prevalence of ARI was 3.0%, it being higher in rural areas (3.27%) as compared to urban areas (2.13%).

These 3 diseases together account for about 93.7% of acute illnesses;

Percentage Share of Diarrhoea, ARI and Fever in Acute Illnesses

Sex	Total	Rural	Urban
Persons	93.7	94.1	92.2
Male	94.0	94.4	92.3
Female	93.5	93.8	92.2

Chronic Morbidity Rates

The symptoms of chronic illness persisting for more than a month were reported by 8380 per lakh population i.e. 8.28%. These symptoms for chronic illness were reported less in urban areas as compared to rural areas. Here again the prevalence of symptoms was higher among females as compared to males in both rural and urban areas, of these symptoms over 88% were diagnosed. Importantly this percentage was higher in urban areas (94%) as compared to rural areas (87%). However, the gender differences were negligible.

In the AHS the details on persons suffering from specific chronic illnesses such as Diabetes Hypertension, Tuberculosis-(TB), Asthma and Arthritis are available which are presented as under:

Persons Suffering from Specific Chronic Illness (Per 100,000 Populations)

Sex	Diabetes			Hypertension			Tuberculosis-TB			Asthma			Arthritis		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Person	287	194	619	498	409	815	290	303	243	565	607	420	996	1072	728
Male	325	220	687	368	295	621	327	347	260	644	698	458	738	822	450
Female	248	166	544	636	527	1030	250	257	225	482	511	377	1270	1334	1036

It is observed that the diseases like Diabetes and Hypertension have many times higher morbidity rates in urban areas as compared to rural areas for both the sexes respectively. However, Tuberculosis-(TB), Asthma & Arthritis are reported much higher in rural areas.

Importantly these five chronic illnesses account for only 36 percent of all chronic illnesses as could be seen from table below:

Percentage share of 5 chronic illnesses Diabetes Hypertension, Tuberculosis-(TB), Asthma and Arthritis in all chronic illnesses

Sex	Total	Rural	Urban
Persons	35.7	33.5	45.4
Male	37.4	35.5	45.4
Female	34.3	31.8	45.5

The results presented on morbidity according to monthly per capita consumption expenditure indicate an increase in the morbidity with increase in level of living. This could be because of higher health consciousness among relatively better off resulting into higher self reporting.

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

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.

For planning, data has been obtained from the following sources:

1. Census of India, 2011
2. Annual Health Survey; 2010-11 and 2011-12
3. Sample Registration System, 2011
4. NSSO
5. National Family Health Survey-3 (NFHS-3) 2005-06
6. District Level Household Survey-3, (DLHS-3) 2007-08
7. Web based Health Management Information System of Government of Uttar Pradesh

The best available estimates of number of slums and slum populations have been used for NUHM planning. These include GIS mapping done the Government of Uttar Pradesh in 2009-10 in 14 cities, mapping done by DUDA for slum development programs such as JnNURM, Rajiv Awas Yojana, ISDP and IDSMT. The population data of the cities has been sourced from Census 2011 and the slum population data has been provided by the respective city teams who in-turn have sourced it from city based offices of DUDA or from the respective city National Polio Surveillance Project. It is expected that when slum mapping and house listing activities are undertaken once the NUHM activities are initiated, accurate data on number of slums and slum populations will be available.

Table 4.1 - 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	
Total					**31,453,923**	**14,288,488**		

In case of city & towns falling under GB Nagar (indicated by *), slum population is forming a major proportion of the total urban population due to unprecedented out growth areas and conversion of rural areas into unplanned urban clusters which are barely covered by any health care facilities. Hence costs have been budgeted to reach these populations by outreach services.

The Cantonment Board areas in the districts of Agra, Bareilly, Kanpur, Lucknow and Meerut are not planned for inclusion under NUHM activities or resources as the population here is already receiving health services from the Army Hospitals and there is negligible slum population in these areas. Any vulnerable population in the Cantonment areas will be covered with outreach camps or under activities from the nearest town as the need may be.

In 2014-15 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.

For preparing this state plan for NUHM, existing data has been obtained from various sources but more city specific data will emerge once the mapping and listing activities and the base line surveys are carried out.

Districts Heath 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.

Urban Health Initiatives (UHI) is also supporting in rolling out of NUHM by providing technical support at District level in 11 cities of the State.

State's Allocation under Infrastructure Maintenance (Treasury Route) head of NRHM

	Activity	Amount Approved in 2012-13 (Rs in Lakhs)	Amount Approved in 2013-14 (Rs in Lakhs)	Amount Proposed in 2014-15 (Rs in Lakhs)
	Infrastructure Maintenance (FW_UP)	211813.98	**178039.11**	**160765.99**
1	Urban Family Welfare Centres (UFWCs)	4196.05	4671.01	5352.95
2	Urban Revamping Scheme (Health Posts)	373.95	375.95	413.55
	Total			

Key Issues for improving health care

The Eleventh Plan had suggested Governance reforms in public health system, such as Performance linked incentives and Devolution of powers and functions to local health care institutions and making them responsible for the health of the people living in a defined geographical area. NRHM's strategy of decentralization, PRI involvement, integration of vertical programmes, inter-sectoral convergence and Health Systems Strengthening has been partially achieved. Despite efforts, lack of capacity and inadequate flexibility in programmes forestall effective local level Planning and execution based on local disease priorities.

In order to ensure that plans and pronouncements do not remain on paper, NUHM UP would strive for system of accountability that shall be built at all levels, reporting on service delivery and system, district health societies reporting to state, facility managers reporting on health outcomes of those seeking care, and territorial health managers reporting on health outcomes in their area. Accountability shall be matched with authority and delegation; the NUHM shall frame model accountability guidelines, which will suggest a framework for accountability to the local community, requirement for documentation of unit cost of care, transparency in operations and sharing of information with all stakeholders. The state will incorporate the core principles of The National Health Mission of Universal Coverage, Achieving Quality Standards, Continuum of Care and Decentralized Planning.

Following would be the issues for the cities to address: City Health Planning, Public Private Partnership, Convergence, Capacity Building, Migration, Communitization, Strengthen Data, Monitoring and Supervision, Health Insurance, Information Dissemination and Focus on NCDs/ Life-Style Diseases.

The key overarching strategies under NUHM for 2014-15 include data based planning, strengthening of management and monitoring systems at the state and district level, improving the primary health care delivery system and community outreach through ASHAs, MAS and Urban Health and Nutrition Days(UHNDs).

The key activities at the state level will include planning, convergence with key urban stakeholders like Urban Development, SUDA, Women and Child Development, Basic Education, guidelines formulation, mapping and listing of slums and facilities, baseline survey at the community and facility level, monitoring for implementation as per plans and data review for process and outcome indicators.

The key activities at the district level will include convergence with key urban stakeholders, sensitization of ULBs on their role in urban health, strengthening UPHCs for provision of primary health care to urban poor, community outreach through selection, training and support to ASHAs and MAS, conducting UHNDs and outreach camps to get services closer to the community and reach complete coverage of slum and vulnerable populations.

Planning Activities

Prioritization of cities

All the 131 cities/ towns are being 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 .

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.***

Sl. No.	District	Name of Town	Total Population	GIS Mapping to be done under UD Schemes	GIS Mapping undertaken under NRHM
1	Agra	Agra (M Corp.)	15,85,704	Yes	Yes
2	Aligarh	Aligarh (M Corp.)	8,74,408	Yes	Yes
3	Allahabad	Allahabad (M Corp. + OG)	11,68,385	Yes	Yes
4	Ballia	Ballia (NPP)	1,04,424	Yes	
5	Balrampur	Balrampur (NPP + OG)	82,488	Yes	
6	Bareilly	Bareilly (M Corp. + OG)	9,04,797		Yes
7	Basti	Basti (NPP)	1,14,657	Yes	
8	Bijnor	Bijnor (NPP)	93,297	Yes	
9	Bulandshahar	Khurja (NPP + OG)	1,21,207	Yes	
10	Deoria	Deoria (NPP)	1,29,479	Yes	

11	Etawah	Etawah (NPP)	2,56,838	Yes	
12	Faizabad	Faizabad (NPP)	1,65,228	Yes	
13	Farrukhabad	Farrukhabad-cum-Fatehgarh (NPP)	2,76,581		yes
14	Fatehpur	Fatehpur (NPP)	1,93,193	Yes	
15	Firozabad	Firozabad (NPP)	6,04,214	Yes	
16	Ghaziabad	Ghaziabad (M Corp.)	16,48,643	Yes	yes
17	Ghaziabad	Loni (NPP)	5,16,082	Yes	
18	Ghaziabad	Modinagar (NPP)	1,30,325	Yes	
19	Ghazipur	Ghazipur (NPP + OG)	1,21,020	Yes	
20	Gonda	Gonda (NPP)	1,14,046	Yes	
21	Gorakhpur	Gorakhpur (M Corp.)	6,73,446	Yes	
22	Hapur	Hapur (NPP)	2,62,983		Yes
23	Jaunpur	Jaunpur (NPP)	1,80,362	Yes	
24	Jhansi	Jhansi (M Corp.)	5,05,693	Yes	yes
25	Kannauj	Kannauj (NPP)	84,862	Yes	
26	Kanpur Nagar	Kanpur (M Corp. + OG)	27,68,057	Yes	yes
27	Kheri	Lakhimpur (NPP)	1,51,993	Yes	
28	Lucknow	Lucknow (M Corp.)	28,17,105	Yes	yes
29	Mathura	Mathura (NPP)	3,49,909	Yes	
30	Mathura	Vrindavan (NPP)	63,005	Yes	
31	Mau	Maunath Bhanjan (NPP)	2,78,745	Yes	
32	Meerut	Meerut (M Corp.)	13,05,429	Yes	yes
33	Moradabad	Moradabad (M Corp.)	8,87,871	Yes	
34	Muzaffarnagar	Muzaffarnagar (NPP)	3,92,768	Yes	
35	Saharanpur	Saharanpur (M Corp.)	7,05,478	Yes	yes
36	Sambhal	Sambhal (NPP)	2,20,813	Yes	
37	Shahjahanpur	Shahjahanpur (NPP)	3,29,736	Yes	yes
38	Sidharthnagar	Siddharthnagar (NPP)	25,422	Yes	
39	Sitapur	Laharpur (NPP)	61,990	Yes	
40	Unnao	Unnao (NPP)	1,77,658	Yes	
41	Varanasi	Varanasi (M Corp.)	11,98,491	Yes	yes
Total			**3,14,18,465**	**38**	**14**

GIS mapping will be taken up for the remaining 90 cities and towns. Budget is therefore being proposed for GIS mapping of only 90 cities and towns as per the prescribed norms.

Listing and Mapping of Households in slums and Key Focus Areas

Listing and mapping of households will provide accurate numbers for population their family size and composition residing in slums. Currently, estimates of population residing in slums are available from District Urban Development Agency (DUDA) and National Polio Surveillance Project as the immunization micro plans (under NPSP) provide updated estimates of slum and vulnerable populations and are expected to be fairly complete. The current plan for covering slums is based on the currently available data of urban population of each city.

Once the ASHA are deployed they will list all households and fill the Slum Health Index Registers (SHIR) including the number and details of family members in each household. This data will be compiled for each city and will provide the population composition of slums and key focus areas. This will also help the urban ASHA know her community better and build a rapport with the families that will go a long way in helping her advocate for better health behaviours and

link communities to health facilities under the NUHM. It is expected that once the household mapping is completed in cities, the number of ASHAs will be reviewed and adjusted upwards or downwards and the geographical boundaries of the coverage area for each ASHA would be realigned. This is due to the reason that the actual population may be higher or lower than the original estimate used for planning.

Facility Survey for gaps in infrastructure, HR, equipment, drugs and consumables

Facility survey will be carried out in the public facilities to assess the gaps in infrastructure, human resource, equipment, drugs and consumables availability as against expected patient load. Further planning, particularly for UCHCs, will be based on these gaps. This work will be outsourced to a research agency. Development Partners like Urban Health Initiative and Health of the Urban Poor projects will technically support this effort.

Baseline Survey

The NUHM aims to strengthen the bridge between households, communities, and the government's health and health determinant provisioning system primarily by mobilizing families and communities to more fully engage to avail the services mandated under the mission, to improve household and community health practices, ultimately leading to improved key reproductive, maternal, neonatal and child health (RMNCH) outcomes.

To set benchmarks and assess achievement during the life cycle of the program the state would conduct a baseline household health survey in all the 131 identified and listed cities

Objective of the baseline

1. To assess following prevalent behaviours and practices in various RMNCH and WASH (water, sanitation and hygiene) issues and preferred choice of providers in seeking treatment
2. To understand the health risks and vulnerability situation among urban poor
3. To understand the context of the program for expected behaviour change through addressing those constructs
4. To provide evidence to modify program design and re-strategize for better outcomes, if necessary

The baseline would take into account the Standard Living Index (SLI) with logical representation from slum and non-slum communities and would allocate weight age specifically to household factors and to women and children.

The following factors would be considered in covering the target population -

1. The expected baseline value of key behavioural indicators
2. Possibility to detect the magnitude of desired change
3. Confidence level
4. Statistical power
5. Design effect

The proposed budget for base line survey would be on the basis of letter of Ministry (MoHUPA) which clearly states the financial norms for conducting survey in the slums for gathering data. (Considering factors of households and women & children) has been drawn for estimating the numbers and costs thereof –

Population Criteria	Financial Norms provided by MoHUPA in 2008 for Base Line Survey	10% increase as per current rates	Towns to be covered under NUHM	Proposed amount for Base line survey in NUHM
Population more than 40 Lakh	1,000,000	1,100,000	0	-

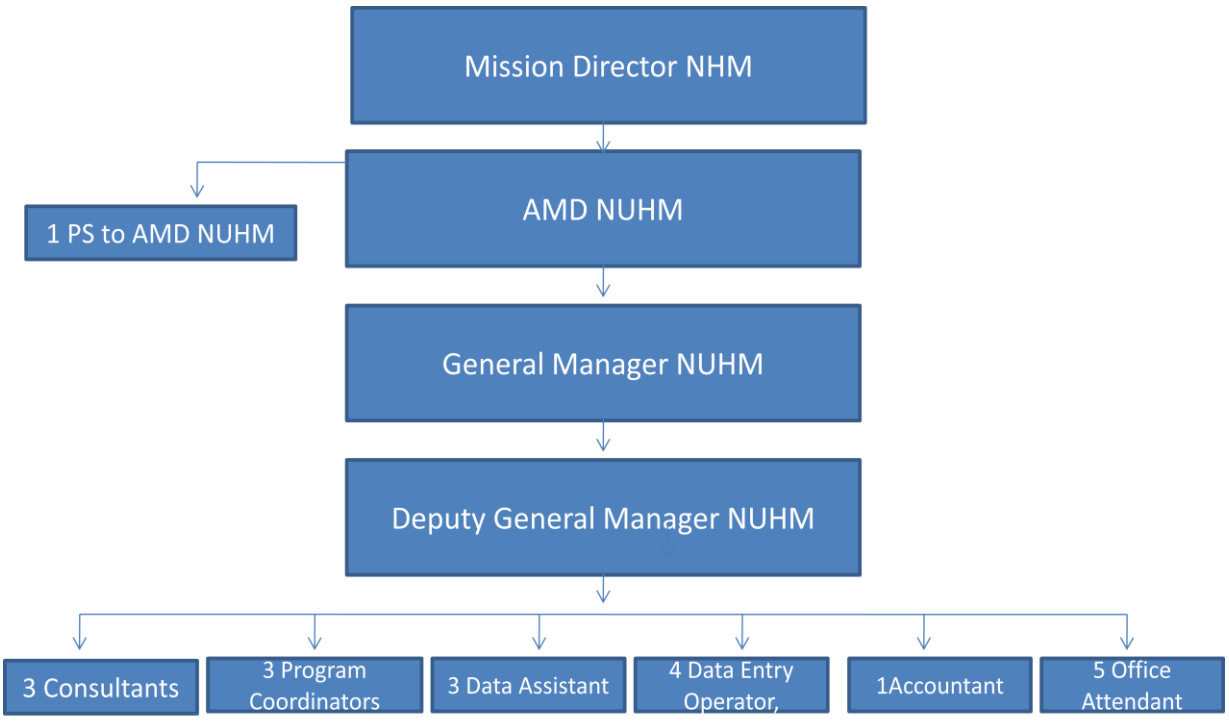
Population between 10 Lakhs to 40 Lakhs	700,000	770,000	7	5,390,000
Population between 5 Lakhs to 10 Lakhs	500,000	550,000	9	4,950,000
Population between 1 Lakhs to 5 Lakhs	300,000	330,000	47	15,510,000
Population below 1 Lakh	200,000	220,000	68	14,960,000
Total			**131**	**40,810,000**

Programme Management Arrangements

State level

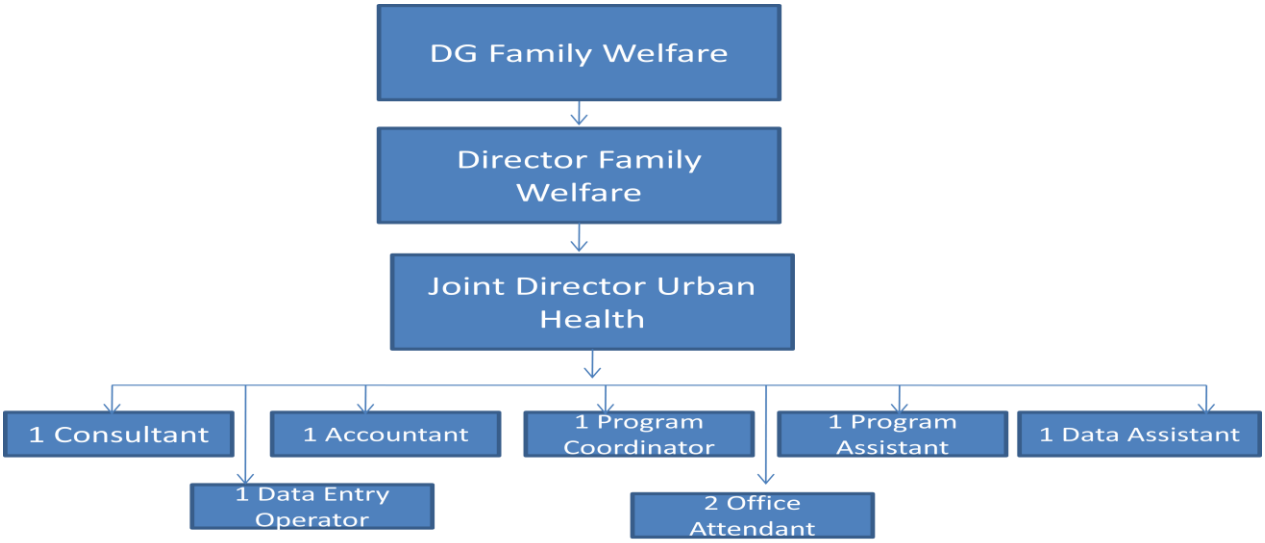
1. The Government of Uttar Pradesh has passed necessary resolutions and GO for planning and implementation of the NUHM in the state. According to GOI guideline Ministries and Departments of Minority Affairs, Poverty Alleviation and other department will be included as members of the existing State Health Mission, State Health Society, District Health Mission, District Health Society and RKS at different level in MOU. Strengthening of different societies and opening of NUHM accounts at different level is under process.
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.

Proposed Human Resource at State Urban Health Cell under NUHM:



Proposed Human Resource at State Urban Health Cell at DG FW office:

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 and infrastructure etc. has been proposed.



However 01 Programme Assistant and 01 Data Assistant are already approved under urban RCH chapter of NRHM since last five years and working at Urban Health Cell at DG FW office.

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

- Government Orders will be issued to the District Health Society for inclusion of Urban Local Bodies and District Urban Development Agency in 75 districts.
- The State plans to designate the District Health Society under the chairmanship of the District Magistrate as the implementing authority for NUHM in all 75 districts.
- Fund flow mechanisms have been set up and separate accounts will be opened at the state and in all districts for receiving the NUHM funds.
- Urban Health will be included as a key agenda item for review by the District Health Society with participation of city level urban stakeholders.
- An Additional / Deputy CMOs have 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. 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. Total 75 Urban Health Coordinators and 131 DCAA have been proposed. 75 Urban Health Coordinators and 83 DCAAs have been approved by GOI in 2013-14 ROP of NUHM. They will be hired by external agency NHSRC etc, New Delhi as in previous year under NRHM.
    b. Mobility support in the form of hired vehicle is being proposed for each DPMU.
    c. A onetime expense for computers, printer, furniture and Laptop for the above staff has been budgeted along with the recurring operations expenses.

Strengthening Service Delivery Infrastructure

Urban-Primary Health Centres (U-PHCs)

Urban Primary Health Centres (U-PHCs) will be 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. The timings for the U-PHCs will be customized to suit the needs of urban populations. IPHS guidelines for PHCs will be followed and quality assurance mechanisms will put in place.

Communication activities will be taken up at the UPHC level for popularising the presence of the UPHC and the special clinics and making the community aware about the timings of doctors' clinics. Signage boards that guide the patients from the main road and key transport hubs to the UPHC will be displayed. Citizens' Charter, Essential Drug List and Immunization Schedule and other entitlements under various government schemes such as JSY and JSSK. Health messages of safe motherhood, child care, family planning and control of common diseases will be displayed at the UPHCs for the community to demand timely and quality health services. Safe Motherhood booklet and Mother Child Protection Cards will be made available at the UPHCs for use by pregnant women. MAS trainings will include the list of services and drugs to be available to the community so that they can advocate for quality services for the urban poor.

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 Urban Health Posts, UFWCs, and few PPCs will be 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.

In year 2014-15 Total 638 U-PHC are being proposed.

Total 134 Urban Health Posts and 13 Urban Family Welfare centre running from State budget are being taken from existing facilities for U-PHC out of that 46 will be renovated. Those Urban Health Posts funded by State budget which are not within or close to the slums and do not have adequate space for up-gradation to UPHCs will be shifted to other rented premises located within or close to slums.

131 Urban Health Posts running under NRHM budget are being proposed as U-PHC out of that 13 will be renovated and other will run in rented building.

260 New U-PHc are being proposed, out of that 34 govt. building of health Nagar Nigam, Labour department and other will be renovated. Other U-PHCs will be established in rented building.

The construction of 3 new building for UPHC is being proposed in year 2014-15.

In year 2013-14 GOI has approved 100 New U-PHC and strengthening of 115 U-PHC and budget has been approved for 3months. Budget has been put under committed liability.

HR is being proposed as per norm and after gap analysis for 6 months for new staff and 1 year for already existing staff working at Urban Health Posts under Urban RCH component of NRHM.

Detail of Urban Health Facilities to be undertaken under NUHM

Detail of U-PHCs to be strengthened under NUHM 2014-15														
S. No.	District	S.No.	Name	Total Urban Population	Urban Health facility budgeted by State budget	NRHM Budgeted Urban Health Posts	Total Existing	New UPHCs proposed	State Govt Health Facilities		UHPs Budgeted under NRHM		New U-PHCs proposed		Total
									Strengthening for Govt building	Rent for Govt.	Strengthening for NRHM building	Rent for NRHM	Strengthening for NUHM building	Rent for NUHM building	
1	Agra	1	Agra (M Corp.)	1585704	15	9	24	8	7	8	0	9	0	8	32
		2	Aligarh (M Corp.)	874408	7	7	14	4	2	5	0	7	0	4	18
2	Aligarh	3	Atrauli (NPP)	50412	0	0	0	1	0	0	0	0	1	0	1
3	Allahabad	4	Allahabad (M Corp. + OG)	1168385	11	7	18	6	4	7	0	7	0	6	24
		5	Bareilly (M Corp. + OG)	904797	2	5	7	11	1	1	0	5	0	11	18
		6	Faridpur (NPP)	78249	0	0	0	2	0	0	0	0	0	2	2
		7	Baheri (NPP)	68413	0	0	0	1	0	0	0	0	0	1	1
4	Bareilly	8	Aonla (NPP)	55629	0	0	0	1	0	0	0	0	0	1	1
		9	Nagina (NPP)	95246	0	0	0	2	0	0	0	0	0	2	2
		10	Bijnor (NPP)	93297	0	1	1	1	0	0	0	1	0	1	2
		11	Najibabad (NPP)	88535	0	0	0	1	0	0	0	0	0	1	1
		12	Chandpur (NPP)	83441	0	0	0	1	0	0	0	0	1	0	1
		13	Sherkot (NPP)	62226	0	0	0	1	0	0	0	0	0	1	1
		14	Kiratpur (NPP + OG)	61946	0	0	0	1	0	0	0	0	0	1	1
		15	Seohara (NPP + OG)	53296	0	0	0	1	0	0	0	0	0	1	1
5	Bijnor	16	Dhampur (NPP)	50997	0	0	0	1	0	0	0	0	0	1	1

		17	Budaun (NPP)	159285	0	3	3	0	0	0	0	3	0	0	3
		18	Sahaswan (NPP)	66204	0	0	0	1	0	0	0	0	0	1	1
6	Budaun	19	Ujhani (NPP)	62039	0	0	0	1	0	0	0	0	0	1	1
		20	Bulandshahr (NPP + OG)	230024	0	4	4	0	0	0	0	4	0	0	4
		21	Khurja (NPP + OG)	121207	0	0	0	2	0	0	0	0	0	2	2
		22	Sikandrabad (NPP)	81028	0	0	0	1	0	0	0	0	0	1	1
		23	Jahangirabad (NPP)	59858	0	0	0	1	0	0	0	0	0	1	1
7	Bulandshahar	24	Gulaothi (NPP)	50823	0	0	0	1	0	0	0	0	0	1	1
8	Etawah	25	Etawah (NPP)	256838	0	6	6	0	0	0	0	6	0	0	6
9	Farrukhabad	26	Farrukhabad-cum-Fatehgarh (NPP)	276581	0	2	2	3	0	0	0	2	0	3	5
		27	Firozabad (NPP)	604214	2	4	6	6	2	0	0	4	0	6	12
		28	Shikohabad (NPP)	107404	0	0	0	2	0	0	0	0	0	2	2
10	Firozabad	29	Tundla (NPP)	50423	0	0	0	1	0	0	0	0	0	1	1
		30	Noida (CT)	637272	0	1	1	12	0	0	0	1	0	12	13
		31	Greater Noida (CT)	102054	0	0	0	2	0	0	0	0	0	2	2
11	GB Nagar	32	Dadri (NPP)	91189	0	0	0	2	0	0	0	0	0	2	2
		33	Ghaziabad (M Corp.)	1648643	9	10	19	14	0	9	0	10	0	14	33
		34	Loni (NPP)	516082	0	0	0	10	0	0	0	0	0	10	10
		35	Khora (CT)	190005	0	0	0	2	0	0	0	0	0	2	2
		36	Modinagar (NPP)	130325	0	0	0	3	0	0	0	0	0	3	3
12	Ghaziabad	37	Muradnagar (NPP)	95208	0	0	0	2	0	0	0	0	0	2	2
13	Gorakhpur	38	Gorakhpur (M Corp.)	673446	15	8	23	0	0	15	0	8	0	0	23
		39	Hapur (NPP)	262983	0	0	0	5	0	0	0	0	0	4	4
14	Hapur	40	Pilkhuwa (NPP)	83736	0	0	0	2	0	0	0	0	0	2	2
		41	Hardoi (NPP + OG)	197029	0	1	1	3	0	0	0	1	0	3	4
		42	Shahabad (NPP)	80226	0	0	0	1	0	0	0	0	0	1	1
15	Hardoi	43	Sandila (NPP)	58346	0	0	0	1	0	0	0	0	0	1	1
		44	Orai (NPP + OG)	190575	0	2	2	2	0	0	0	2	0	2	4
16	Jalaun	45	Jalaun (NPP)	56909	0	0	0	1	0	0	0	0	0	1	1

		46	Konch (NPP)	53412	0	0	0	1	0	0	0	0	0	1	1
		47	Kalpi (NPP)	51670	0	0	0	1	0	0	0	0	0	1	1
		48	Jhansi (M Corp.)	505693	9	3	12	0	1	8	0	3	0	0	12
17	Jhansi	49	Mauranipur (NPP + OG)	61449	0	0	0	1	0	0	0	0	0	1	1
		50	Amroha (NPP)	198471	0	3	3	1	0	0	0	3	0	1	4
		51	Hasanpur (NPP)	61243	0	0	0	1	0	0	0	0	1	0	1
18	J.P Nagar	52	Gajraula (NP)	55048	0	0	0	1	0	0	0	0	0	1	1
		53	Kannauj (NPP)	84862	0	2	2	0	0	0	0	2	0	0	2
19	Kannauj	54	Chhibramau (NPP)	60986	0	1	1	0	0	0	0	1	0	0	1
20	Kanpur Nagar	55	Kanpur (M Corp. + OG)	2768057	11	13	24	36	4	7	4	9	22	14	60
		56	Lakhimpur (NPP)	151993	0	2	2	1	0	0	0	2	0	1	3
21	Kheri	57	Gola Gokaran Nath (NPP)	60172	0	0	0	1	0	0	0	0	0	1	1
22	Lucknow	58	Lucknow (M Corp.)	2817105	11	26	37	19	8	3	6	20	5	14	56
		59	Mathura (NPP)	349909	0	4	4	3	0	0	0	4	0	3	7
		60	Vrindavan (NPP)	63005	0	0	0	1	0	0	0	0	0	1	1
23	Mathura	61	Kosi Kalan (NPP + OG)	60074	0	0	0	1	0	0	0	0	0	1	1
24	Mau	62	Maunath Bhanjan (NPP)	278745	0	2	2	3	0	0	0	2	0	3	5
		63	Meerut (M Corp.)	1305429	8	11	19	7	5	3	0	11	0	7	26
		64	Mawana (NPP)	81443	0	0	0	1	0	0	0	0	0	1	1
25	Meerut	65	Sardhana (NPP)	58252	0	0	0	1	0	0	0	0	0	1	1
26	Moradabad	66	Moradabad (M Corp.)	887871	13	13	26	0	1	12	0	13	0	0	26
		67	Muzaffarnagar (NPP)	392768	0	2	2	6	0	0	0	2	0	6	8
		68	Khatauli (NPP)	72949	0	0	0	1	0	0	0	0	0	1	1
27	Muzaffarnagar	69	Budhana (NP + OG)	53722	0	0	0	1	0	0	0	0	0	1	1
28	Rae Bareli	70	Rae Bareli (NPP)	191316	0	1	1	3	0	0	0	1	0	3	4
29	Rampur	71	Rampur (NPP)	325313	3	1	4	2	0	3	0	1	0	2	6
		72	Saharanpur (M Corp.)	705478	9	8	17	0	5	4	0	8	0	0	17
		73	Deoband (NPP)	97037	0	0	0	2	0	0	0	0	0	2	2
30	Saharanpur	74	Gangoh (NPP)	59279	0	0	0	1	0	0	0	0	0	1	1

		75	Shahjahanpur (NPP)	329736	7	3	10	0	0	7	0	3	0	0	10
31	Shahjahanpur	76	Tilhar (NPP)	61444	0	0	0	1	0	0	0	0	0	1	1
		77	Sitapur (NPP)	177234	0	1	1	2	0	0	0	1	0	2	3
		78	Laharpur (NPP)	61990	0	0	0	1	0	0	0	0	0	1	1
		79	Biswan (NPP)	55780	0	0	0	1	0	0	0	0	0	1	1
32	Sitapur	80	Mahmudabad (NPP)	50777	0	0	0	1	0	0	0	0	0	1	1
		81	Unnao (NPP)	177658	0	1	1	2	0	0	0	1	0	2	3
33	Unnao	82	Gangaghat (NPP)	84072	0	2	2	0	0	0	0	2	0	0	2
34	Varanasi	83	Varanasi (M Corp.)	1198491	15	9	24	0	6	9	0	9	0	0	24
		84	Ambedkarnagar (Mcorp+OG)	111447	0	2	2	0	0	0	0	2	0	0	2
35	Ambedkarnagar	85	Ambedkarnagar Tanda	95516	0	1	1	1	0	0	0	1	0	1	2
36	Amethi	86	Amethi(NP)	13849	0	0	0	0	0	0	0	0	0	0	0
37	Auraiya	87	Auraiya (NPP)	87736	0	1	1	0	0	0	0	1	0	0	1
		88	Azamgarh (NPP)	110983	0	1	1	0	0	0	0	1	0	0	1
38	Azamgarh	89	Azam Mubarakpur	70463	0	1	1	0	0	0	0	1	0	0	1
		90	Baghpat Baraut (NPP)	103764	0	1	1	1	0	0	0	1	0	1	2
39	Baghpat	91	Baghpat (NPP)	50310	0	1	1	0	0	0	0	1	0	0	1
40	Bahraich	92	Bahraich (NPP)	186223	0	1	1	2	0	0	0	1	2	0	3
41	Ballia	93	Ballia (NPP)	104424	0	1	1	1	0	0	0	1	0	1	2
42	Balrampur	94	Balrampur (NPP + OG)	82488	0	1	1	0	0	0	0	1	0	0	1
43	Banda	95	Banda (NPP + OG)	160473	0	1	1	0	0	0	0	1	0	0	1
44	Barabanki	96	Nawabganj (NPP + OG)	81486	0	1	1	0	0	0	0	1	0	0	1
45	Basti	97	Basti (NPP)	114657	0	2	2	0	0	0	0	2	0	0	2
46	Chandauli	98	Mughalsarai (NPP)	109650	0	0	0	2	0	0	0	0	0	2	2
47	Chitrakoot	99	Chitrakoot Dham (Karwi) (NPP)	57402	0	1	1	0	0	0	1	0	0	0	1
48	Deoria	100	Deoria (NPP)	129479	0	3	3	0	0	0	0	3	0	0	3
49	Etah	101	Etah (NPP)	118517	0	1	1	1	0	0	0	1	0	1	2
		102	Faizabad (NPP)	165228	0	5	5	0	0	0	0	5	0	0	5
50	Faizabad	103	Ayodhya (NPP)	55890	0	0	0	1	0	0	0	0	1	0	1

51	Fatehpur	104	Fatehpur (NPP)	193193	0	1	1	3	0	0	0	1	0	3	4
52	Ghazipur	105	Ghazipur (NPP + OG)	121020	0	2	2	0	0	0	0	2	0	0	2
53	Gonda	106	Gonda (NPP)	114046	0	2	2	0	0	0	0	2	0	0	2
54	Hamirpur	107	Rath (NPP)	100514	0	1	1	1	0	0	0	1	1	0	2
55	Hathras	108	Hathras (NPP + OG)	143020	0	1	1	2	0	0	0	1	0	2	3
56	Jaunpur	109	Jaunpur (NPP)	180362	0	1	1	2	0	0	0	1	0	2	3
57	Kanpur Dehat	110	Akbarpur (NP)	20445	0	0	0	0	0	0	0	0	0	0	0
58	Kasganj	111	Kasganj (NPP)	101277	0	1	1	1	0	0	0	1	0	1	2
59	Kaushambi	112	Manjhanpur (NP)	16457	0	1	1	0	0	0	0	1	0	0	1
60	Kushinagar	113	Padrauna (NPP)	49723	0	1	1	0	0	0	0	1	0	0	1
61	Lalitpur	114	Lalitpur (NPP)	133305	0	1	1	1	0	0	0	1	0	1	2
62	Maharajganj	115	Maharajganj (NPP)	33930	0	1	1	0	0	0	0	1	0	0	1
63	Mahoba	116	Mahoba (NPP)	95216	0	2	2	0	0	0	0	2	0	0	2
64	Mainpuri	117	Mainpuri (NPP + OG)	136557	0	3	3	0	0	0	1	2	0	0	3
65	Mirzapur	118	Mirzapur-cum-Vindhyachal (NPP)	234871	0	1	1	3	0	0	0	1	0	3	4
		119	Pilibhit (NPP)	127988	0	1	1	1	0	0	0	1	0	1	2
66	Pilibhit	120	Bisalpur (NPP)	73551	0	0	0	1	0	0	0	0	0	1	1
67	Pratapgarh	121	Bela Pratapgarh (NPP)	76133	0	1	1	0	0	0	0	1	0	0	1
		122	Chandausi (NPP)	114383	0	0	0	2	0	0	0	0	0	2	2
68	Sambhal	123	Sambhal (NPP)	220813	0	0	0	4	0	0	0	0	0	4	4
69	Sant Kabir Nagar	124	Khalilabad (NPP)	47847	0	2	2	0	0	0	0	2	0	0	2
70	Bhadohi (NPP)	125	Bhadohi (NPP)	94620	0	1	1	0	0	0	0	1	0	0	1
		126	Shamli (NPP)	107266	0	0	0	2	0	0	0	0	0	2	2
71	Shamli	127	Kairana (NPP)	89000	0	0	0	1	0	0	0	0	0	1	1
72	Shrawasti	128	Bhinga (NP)	23780	0	0	0	0	0	0	0	0	0	0	0
73	Sidharthnagar	129	Siddharthnagar (NPP)	25422	0	1	1	0	0	0	0	1	0	0	1
74	Sonabhadra	130	Sonbhadra (NPP)	36689	0	1	1	0	0	0	1	0	0	0	1
75	Sultanpur	131	Sultanpur (NPP)	107640	0	2	2	0	0	0	0	2	0	0	2
				3,14,53,923	**147**	**231**	**378**	**261**	**46**	**101**	**13**	**218**	**34**	**226**	**638**

The following staff is being proposed for each Urban PHC:

1. 2 Doctors (MBBS, preferably 1 Male and 1 Female) 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+A, National Programme and geriatric counselling. They will also support clinical services such as insertion of IUCDs.
3. 1 Lab Technician will conduct the basic lab 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*) will be responsible for cleanliness and security of the UPHC and the required support to the clinical staff.
6. 1 HMIS/MCTS data entry operator will be responsible to maintain IT based HMIS/MCTS system on UPHC level.

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 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 Urban Model U_CHC at TB hospital Thakur Ganj
2.	Varanasi	4 CHCs- Prasuti Grah Durgapur, Prasuti Grah Chowkaghat, Rajkiya Chiktsalaya Shivpur and Rajkiya Chiktsalaya Delupur
3.	Shahjahanpur	1 CHC in old District Hospital Campus
4.	Kanpur Nagar	5 CHC, State T.B.Hospital Raipurwa, State T.B.Hospital Babupurwa, Chacha Nehru Hospital Koparganj, Jageshwar Hospital Govindnagar, PHC Gujeni

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) . GOI has approved additional HR in 8 BMCs and administrative approval for U-CHC at T.B. Hospital.

Strengthening Outreach to urban slums

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,medical Officers, ASHA, MAS, UHNDs and outreach camps under NUHM													
				ANMs			Medical Officers			MAS	ASHA	UHND	Outreach camps
Sl.	District	Name	Population	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 14-15	Proposed Number of ASHAs 14-15	No. of UHSNDs planned for 9 month	No. of special outreach camps for 9 months
1	Agra	Agra (M Corp.)	1,585,704	160	15	145	64	15	49	1250	625	5760	864
2	Aligarh	Aligarh (M Corp.)	924,820	92	7	85	38	7	31	830	415	3312	513
3	Allahabad	Allahabad (M Corp. + OG)	1,168,385	116	11	105	48	11	37	680	340	4176	648
4	Bareilly	Bareilly (M Corp. + OG)	1,107,088	90	2	88	44	2	42	452	226	3240	594
5	Bijnor	Bijnor (NPP)	588,984	50	0	50	20	0	20	150	75	1800	270
6	Budaun	Budaun (NPP)	287,528	25	0	25	10	0	10	144	72	900	135
7	Bulandshahar	Bulandshahr (NPP + OG)	542,940	45	0	45	18	0	18	308	154	1620	243
8	Etawah	Etawah (NPP)	256,838	30	0	30	12	0	12	74	37	1080	108
9	Farrukhabad	Farrukhabad-cum-Fatehgarh (NPP)	276,581	25	0	25	10	0	10	182	91	900	135
10	Firozabad	Firozabad (NPP)	762,041	75	2	73	30	2	28	432	216	2700	405
11	GB Nagar	Noida (CT)	830,515	85	0	85	34	0	34	20	10	3060	765
12	Ghaziabad	Ghaziabad (M Corp.)	2,580,263	250	9	241	100	9	91	570	285	9000	1350
13	Gorakhpur	Gorakhpur (M Corp.)	673,446	67	15	52	46	15	31	616	308	2412	621

14	Hapur	Hapur (NPP)	346,719	30	0	30	12	0	12	142	71	1080	162
15	Hardoi	Hardoi (NPP + OG)	335,601	30	0	30	12	0	12	68	34	1080	162
16	Jalaun	Orai (NPP + OG)	352,566	35	0	35	14	0	14	102	51	1260	189
17	Jhansi	Jhansi (M Corp.)	567,142	55	9	46	26	9	17	232	116	1980	351
18	JP Nagar	Amroha (NPP)	314,762	30	0	30	12	0	12	132	66	1080	162
19	Kannauj	Kannauj (NPP)	145,848	15	0	15	6	0	6	28	14	540	81
20	Kanpur Nagar	Kanpur (M Corp. + OG)	2,768,057	300	11	289	120	11	109	650	325	10800	1620
21	Kheri	Lakhimpur (NPP)	212,165	20	0	20	8	0	8	18	9	720	108
22	Lucknow	Lucknow (M Corp.)	2,817,105	280	11	269	112	11	101	1132	566	10080	1512
23	Mathura	Mathura (NPP)	472,988	47	0	47	18	0	18	302	151	1692	243
24	Mau	Maunath Bhanjan (NPP)	278,745	25	0	25	10	0	10	64	32	900	135
25	Meerut	Meerut (M Corp.)	1,445,124	140	8	132	56	8	48	1176	588	5040	756
26	Moradabad	Moradabad (M Corp.)	887,871	89	13	76	52	13	39	460	230	3204	702
27	Muzaffarnagar	Muzaffarnagar (NPP)	519,439	50	0	50	20	0	20	144	72	1800	270
28	Rae Bareli	Rae Bareli (NPP)	191,316	19	0	19	8	0	8	56	28	684	108
29	Rampur	Rampur (NPP)	325,313	30	3	27	12	3	9	124	62	1080	162
30	Saharanpur	Saharanpur (M Corp.)	861,794	86	9	77	40	9	31	456	228	3096	540
31	Shahjahanpur	Shahjahanpur (NPP)	391,180	39	7	32	22	7	15	262	131	1404	297
32	Sitapur	Sitapur (NPP)	345,781	30	0	30	12	0	12	84	42	1080	162
33	Unnao	Unnao (NPP)	261,730	25	0	25	10	0	10	80	40	900	135
34	Varanasi	Varanasi (M Corp.)	1,198,491	120	15	105	48	15	33	570	285	4320	648
35	Ambedkarnagar	Ambedkarnagar (Mcorp+OG)	206,963	20	0	20	8	0	8	70	35	720	108
36	Amethi	Amethi(NP)	13,849	2	0	2	0	0	0	8	4	72	9
37	Auraiya	Auraiya (NPP)	87,736	5	0	5	2	0	2	0	0	324	27
38	Azamgarh	Azamgarh (NPP)	181,446	18	0	18	4	0	4	78	39	648	54
39	Baghpat	Baghpat (NPP)	154,074	15	0	15	6	0	6	76	38	540	81
40	Bahraich	Bahraich (NPP)	186,223	15	0	15	6	0	6	74	37	540	81
41	Ballia	Ballia (NPP)	104,424	10	0	10	4	0	4	68	34	360	54
42	Balrampur	Balrampur (NPP + OG)	82,488	7	0	7	2	0	2	40	20	252	27
43	Banda	Banda (NPP + OG)	160,473	8	0	8	2	0	2	12	6	288	27
44	Barabanki	Nawabganj (NPP + OG)	81,486	5	0	5	2	0	2	8	4	180	27
45	Basti	Basti (NPP)	114,657	10	0	10	4	0	4	56	28	360	54
46	Chandauli	Mughalsarai (NPP)	109,650	10	0	10	4	0	4	24	12	360	54
47	Chitrakoot	Chitrakoot Dham (Karwi) (NPP)	57,402	5	0	5	2	0	2	12	6	36	27
48	Deoria	Deoria (NPP)	129,479	15	0	15	6	0	6	64	32	540	81
49	Etah	Etah (NPP)	118,517	10	0	10	4	0	4	36	18	360	54
50	Faizabad	Faizabad (NPP)	221,118	30	0	30	12	0	12	70	35	1080	162
51	Fatehpur	Fatehpur (NPP)	193,193	20	0	20	8	0	8	76	38	720	108
52	Ghazipur	Ghazipur (NPP + OG)	121,020	10	0	10	4	0	4	60	30	360	54

53	Gonda	Gonda (NPP)	114,046	10	0	10	4	0	4	10	5	360	54
54	Hamirpur	Rath (NPP)	100,514	8	0	8	4	0	4	24	12	288	54
55	Hathras	Hathras (NPP + OG)	143,020	14	0	14	6	0	6	60	30	504	81
56	Jaunpur	Jaunpur (NPP)	180,362	18	0	18	6	0	6	18	9	648	81
57	Kanpur Dehat	Akbarpur (NP)	20,445	2	0	2	0	0	0	16	8	72	9
58	Kasganj	Kasganj (NPP)	101,277	10	0	10	4	0	4	32	16	360	72
59	Kaushambi	Manjhanpur (NP)	16,457	2	0	2	2	0	2	6	3	72	3
60	Kushinagar	Padrauna (NPP)	49,723	5	0	5	2	0	2	22	11	180	27
61	Lalitpur	Lalitpur (NPP)	133,305	10	0	10	4	0	4	6	3	360	54
62	Maharajganj	Maharajganj (NPP)	33,930	3	0	3	2	0	2	26	13	108	27
63	Mahoba	Mahoba (NPP)	95,216	10	0	10	4	0	4	38	19	360	54
64	Mainpuri	Mainpuri (NPP + OG)	136,557	13	0	13	6	0	6	84	42	468	81
65	Mirzapur	Mirzapur-cum-Vindhyachal (NPP)	234,871	20	0	20	8	0	8	60	30	720	108
66	Pilibhit	Pilibhit (NPP)	201,539	15	0	15	6	0	6	68	34	540	81
67	Pratapgarh	Bela Pratapgarh (NPP)	76,133	7	0	7	2	0	2	8	4	252	27
68	Sambhal	Sambhal (NPP)	335,196	30	0	30	12	0	12	76	38	1080	162
69	Sant Kabir Nagar	Khalilabad (NPP)	47,847	5	0	5	4	0	4	8	4	180	27
70	Bhadohi (NPP)	Bhadohi (NPP)	94,620	9	0	9	2	0	2	36	18	324	27
71	Shamli	Shamli (NPP)	196,266	15	0	15	6	0	6	54	27	540	81
72	Shrawasti	Bhinga (NP)	23,780	2	0	2	0	0	0	6	3	72	6
73	Sidharthnagar	Siddharthnagar (NPP)	25,422	3	0	3	2	0	2	24	12	108	27
74	Sonabhadra	Sonbhadra (NPP)	36,689	4	0	4	2	0	2	32	16	144	27
75	Sultanpur	Sultanpur (NPP)	107,640	10	0	10	4	0	4	90	45	360	54
Total			**31,453,923**	**3,045**	**147**	**2,898**	**1,276**	**147**	**1,129**	**13,626**	**6,813**	**109,620**	**17,469**

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

Total 2898 ANMs have been proposed out of that 2623 ANMs have been approved in 83 cities in year 2013-14 ROP and salary has been proposed for 6 months for new ANMs and 1 year for already working ANMs under Urban RCH component under NRHM.

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.

Total 6813 ASHA has been proposed out of that 6665 ASHAs have been approved by GOI in 83 cities.

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 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.

Total 13626 MASs have been proposed out of that 13 430 MASs have been approved by GOI in 83 cities in year 2013-14.

IV) Urban Health and Nutrition Days

Urban Health and Nutrition Days will be organized at each Anganwadi center , each ANM will organized 4 UHNDs per month in Slum areas. UHNDs 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 UHND in coordination with the ASHA.

Supplies for UHNDs 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 generate from the UHNDs 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 UHND..

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 UHNDs 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 NUHM hoarding (01 hoarding at average of each 50,000 urban population) has been proposed.

Convergent Actions in NUHM

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 heath 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) and Non Communicable Disease Control Programme 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

As evident from various studies, India's public sector health services need major reforms that require active support from private and social sector. There is considerable existing capacity among private providers, which needs to be explored and operationalized. Public Private Partnership (PPP) is clearly a new avenue which is today increasingly being acknowledged by the government as an area of cooperation for developing a healthy society as a whole.

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.

Broad norms for engaging private partners and NGOs in Strengthening Health Services for the Urban Poor in the state:

- **Strengthen the delivery of services;** Mission will hire the specialist doctors to provide special health services at U-PHC or outreach based on needs on reimbursement basis
- **Potential private partners should be identified and tapped optimally** to improve the quality and health status of urban poor, by capitalizing on the skills of potential partners, encouraging pooling of resources, and supplementing Government's efforts and resources.
- **Appropriate mechanisms for partnering** (or entering into agreement) with the private sector need to be considered, including accreditation methods (for ensuring quality), memorandum of understanding, reporting and monitoring systems etc.
- **Considerable existing capacity among private providers** (NGOs, medical practitioners and other agencies), which would be explored, fruitfully exploited and operationalised.

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)

The government has recommended the allocation of a specific proportion of a company's net profit as the budget for CSR activities; as a result, it is expected that corporate sector enterprises would have large funds available for CSR programs.

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.

City Health plans

Decentralized district-based health planning has been done in Uttar Pradesh because of the large inter-district variations. In city health plan urban population of census 2011 is being used and Urban slum population from DUDA, NPSP (HRA household)etc. In the absence of vital data at the district level, the State level estimates are being used for formulating district level plans as well as setting the milestones thereof. At present, none of the Surveys provide estimates of core vital indicators on fertility and mortality at district level. The National Family Health Survey (NFHS-3, 2005-06) conducted with periodicity of five years focuses on urban and urban poor and these data are old need to be updated for proper planning .There has, therefore, been a surge in demand from various quarters, in recent years, to generate timely and reliable statistics at the district level for informed decision making in the health sector.

Training

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

The M&E systems would also capture qualitative data to understand the complexities in health interventions, undertake periodic process documentation and self evaluation cross learning among the Planning Units to be made more systematic.

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.

Suggestive Activity Plan under NUHM for the state and cities

No.	Activity	Responsibility		Quart er 1	Quart er 2	Quart er 3	Quart er 4
		State level	City level				
1	**Establishment of Platform for Convergence at state level**						
2	**Preparation & finalization of Guidelines for various urban health systemic and programmatic components**						
3	**Induction of state level staff for Urban Health Cell**						
4	**Induction of city level staff for Urban Health program**						
5	**Meeting of DHS for establishment of City Program Management Committee (UH)**						
6	**Sensitization of new probable members on NUHM**						
7	**Identification of NGOs for their role under NUHM**						
8	**Establishment & orientation of City Program Management Committee (UH)**						
9	**Identification of groups, collectives formed under various govt. programs (like NHG under SJSRY, self help groups etc.) for MAS**						
10	**Organize meetings with women in slums where no groups could be identified**						
11	**Formation and restructuring of groups as per MAS guidelines**						
12	**Orientation of MAS members**						
13	**Selection of ASHAs**						
13a	- Selection of local NGOs for ASHA selection facilitation						
13b	- Listing of local community members as facilitators by NGOs						
13c	- Listing of probable ASHA candidates and finalize selection						
14	**Convergence meeting with govt. stakeholders**						
15	**Mapping & listing exercise (for health facilities and slums)**						
15a	- Mapping of all urban health facilities (public & pvt.) for services						
15b	- Mapping of slums (listed and unlisted)						
15c	- House listing of slums/ poor settlements						
16	**Planning for strengthening of health facilities/ services**						
	- Health Facility Assessment (of public facilities including listing of public facility wise infra & HR requirement)						
17	**Baseline survey of urban poor/ slums (KFAs)**						
	(to determine vulnerability, morbidity pattern & health status)						
18	**Meetings of RKS for all the public health facilities under NUHM**						
19	**Identification of alternate/ suitable locations for UPHCs under various urban devp. Programs**						
20	**Strengthening of public health facilities**						
	- Selection, training and deployment of HR in pub. health facilities						
21	**IEC activities**						
22	**Outreach camps & UHSNDs** (from existing UHPs)						
23	**Empanelment of Private Health Facilities for health care provisioning**						
24	**Involvement of CSR activities**						

Services	Community level			U-PHC	U-CHC
	U-ASHA & MAS	Urban Health & Nutrition Day(UHND)	Outreach camps		
Maternal Health	Counselling & behaviour changes , mobilization for ANC care	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up, PNC care initial management of complicated delivery cases and referral,	Delivery (normal and complicated), management of complicated maternal and gynae cases , hospitalization & surgical intervention including blood transfusion
Child care	Home based new born care, postnatal visit, counselling for newborn care, exclusive breast feeding , complementary feeding , identification of danger signs, referral and follow-up, distribution of ORS	counselling for newborn care, exclusive breast feeding , complementary feeding , identification of danger signs, referral and follow-up, distribution of ORS, immunization	counselling for newborn care, exclusive breast feeding , complementary feeding , identification of danger signs, referral and follow-up, distribution of ORS, immunization	Diagnosis and treatment of childhood illnesses , referral of acute and chronic illness , identification and referral of neonatal sickness	Management of complicated paediatric/neonatal cases, hospitalization, surgical intervention, blood transfusion
Family Planning	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Distribution of OCPs/CCs ,IUD insertion , referral for sterilization, management of contraceptives related complication	Sterilization operation , fertility treatment
RTI/STI	Referral , community level follow-up for ensuring adherence to treatment regime of cases undergoing treatment	Referral , community level follow-up for ensuring adherence to treatment regime of cases undergoing treatment	Referral , community level follow-up for ensuring adherence to treatment regime of cases undergoing treatment	Symptomatic diagnosis and primary treatment and referral of complicated cases	Management of complicated cases , hospitalization
Nutrition deficiency disorder	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW , promotion of iodized salt	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW , promotion of iodized salt, height and weight measurement,	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW , promotion of iodized salt, height and weight measurement, distribution of therapeutic dose of IFA,	Diagnosis and treatment of seriously deficient patient , referral of acute deficiency	Management of acute deficiency cases , hospitalization , treatment , rehabilitation of severe under nutrition

		distribution of therapeutic dose of IFA	screening of malnourished children and treatment and referral		
National disease control programme	Counselling for practices for vector control and protection	Counselling for practices for vector control and protection	Counselling for practices for vector control and protection, slide collection , testing	Diagnosis and treatment , referral of terminally ill cases	Hospitalization and treatment of terminally ill cases
Chest infection (TB/Asthma)	Symptomatic search and referral for check-up	Symptomatic search and referral for check-up, ensuring adherence to DOTs , other treatment	Symptomatic search and referral for check-up, ensuring adherence to DOTs , other treatment	Diagnosis and treatment , referral of complicated cases	Management of complicated cases
Cardiovascular disease	Symptomatic search and referral	BP measurement , symptomatic search and referral , follow-up of under treatment patients	BP measurement , symptomatic search and referral , follow-up of under treatment patients	Diagnosis and treatment , referral of complicated cases	Management of complicated cases
Diabetes	Symptomatic search and referral	Blood/ urine sugar test , Symptomatic search and referral	Blood/ urine sugar test , Symptomatic search and referral	Diagnosis and treatment , referral of complicated cases	Management of complicated cases
Cancer	Symptomatic search and referral	Symptomatic search and referral	Symptomatic search and referral, first aid	Identification and referral, follow-up of under treatment patient	Diagnosis and treatment ,hospitalization if needed
Trauma care (burns and injuries)		First aid and referral	First aid and referral	First aid emergency , resuscitation ,	Case management and hospitalization , physiotherapy and rehabilitation
Other surgical intervention	Not applicable	Not applicable	Not applicable	Identification and referral	Hospitalization and surgical intervention
Other support services –IEC/BCC, counselling	IPC , wall writing , wall posters , women groups discussion, individual and group counselling	Urban Health and Nutrition day individual and group counselling	Outreach health camps / fairs / special screening camps individual and group counselling	Distribution of health education material patient and attendant counselling	Distribution of health education material patient and attendant counselling
Personal and social hygiene	IEC on hygiene , community mobilization for cleanliness drives, disinfection of water source	IEC on hygiene , community mobilization for cleanliness drives, disinfection of water	IEC on hygiene , community mobilization for cleanliness drives, disinfection of water source	Not applicable	Not applicable

		source			
Diagnostic facility	Not applicable	Blood and urine test by disposable kit	Blood and urine test by disposable kit	Basic laboratory test	Basic and specific laboratory test, X-rays and Ultrasound
Vital Events reporting	Applicable	Applicable	Applicable	Applicable	Applicable

Justification of Physical Norms and costs

FMR. Code	Component	Unit	No. Of units	Justification of physical norms	Rates	Justification of costs
1	**Planning & Mapping**					
1.1	**Metro cities**	Metro	0	GIS mapping has been done in 38 cities by Urban Development department and 14 cities by RSAC under NRHM of which 11 are common (Total 41 cities) in the remaining 90 cities GIS mapping has been proposed, in which mapping of listed, unlisted slum and health facility mapping will be done.	15 lakhs	(30 Towns/Cities @ Rs 05 Lakhs per cities , 60 Towns / Cities @ Rs 02 Lakhs per city
1.2	**Million+ cities**	10 lakh +cities	7		10 lakhs	
1.3	**Cities (1 lakh to 10 lakh population)**	Cities 1lakh-10 Lakhs	58		05 lakhs	
1.4	**Towns (50,000 to 1 lakh population)**	Cities < 1lac	66		02 lakhs	
2	**Programme Management**	**1 State and 75 Districts**	**76 units**			
2.1	**SPMU & Directorate FW**	State Urban Health Cell	State Urban Cell at SPMU and Directorate FW	Since UP is a big State so urban health cells have been established in SPMU as well as in Directorate FW . Directorate FW will be responsible for implementation and monitoring of the programme	Detailed structure of NUHM cell is in PIP draft under programme management head	Within 5.5 % of NUHM budget Similar to NRHM norm for Programme management Cost

2.2	**DPMU**	District Urban Health Cell	Strengthening of 75 DPMU and office of Nodal Officer, Urban Health in the form of extra human resource mobility support and operational expenses	**Allocation of HR – 75 Urban Health Coordinators and 131 DCAAs have been proposed(75 UHC and 83 DCAA have been approved in year 2013-14)**	**Proposed Salaries:** UHC salary @ Rs. 35,000/- pm Data Cum Account Assistants salary @ Rs. 23,000/- pm Rs 30000/-pm for hired vehicle for UHC Rs 25000/-pm for operational expenses and Rs 300000 for strengthening of DPMU	Under 5.5 % of NUHM budget Similar to NRHM norm for Programme management Cost
2.3	**City PMU**	Not proposed				
3	**Training & Capacity Building**					
3.1	**Orientation of Urban Local Bodies (ULB)**					
	Metro cities	Metro	0	As per census 2011 cities/ towns population orientation in all 131 cities will be done	Rs 5 lakhs	given in PIP framework
	Million+ cities	10 lakh +cities	7		Rs 3 lakhs	
	Cities (1 lakh to 10 lakh population)	cities 1-10 Lakhs	56		Rs 1 lakh	
	Towns (50,000 to 1 lakh population)	Cities < 1lac	68		Rs 0.50 lakh	
3.2	**Training of ANM/ paramedical staff**	ANMs and Staff Nurses (Govt and contractual)	3045 ANMs (01 ANM per 10000 urban population, (147 regular and 2898 contractual)	Modules will be prepared and training will be conducted on these modules	Rs 5000 per person per year	Approved by GOI in year 2013-14 ROP
3.3	**Training of Medical Officers**	Medical officer (Govt and contractual)	1276(1129 Regular and 147 Contractual)	Modules will be prepared and training will be conducted on these modules	Rs 10000 per person per year	Approved by GOI in year 2013-14 ROP

3.5	**Orientation of MAS**	A group of 10-12 Women from the community per 50- 100 slum household	13626	Modules will be prepared and training will be conducted on these modules	Rs 10000 per MAS per year	given in PIP framework
3.6	**Selection & Training of ASHA**	Per 200-500 slum household	6813	Modules will be prepared and training will be conducted on these module	Rs 10000 per ASHA per year	given in PIP framework
3.7	**Other Trainings/Orientations**	District level workshop Quarterly multi sectotral meeting with DUDA, Local Body, ICDS, Education ,NGOs etc	131 Towns/ cities in 75 Districts	All DHQs and towns/cities	Rs 1,00,000 for District HQ and Rs 10,000 for Town /City for workshop Rs 10000/- for each quarterly meeting for District level cities and Rs 5000/- for each meeting for towns/cities	Whole day workshop along with technical sessions Quarterly meeting at District level and other cities
4	**Strengthening of Health services**					
4.1	**Outreach services/camps/UHNDs**					
4.1.1	**UHNDs**	04 UHND per month per ANM on AWC (Aganwadi centre)	12180 UHNDs per month	ANMs will perform outreach services on each AWC, if AWC are not in city she will 04 Outreach session per month to cover about 10000 urban population in the slum	Rs 250 per UHND	Approved by GOI in year 2013-14 ROP
4.1.2	**Special outreach camps in slums/ vulnerable areas**	One outreach camp per 10,000 urban populationper month	1914 sessions per month	Special screening camp and mobile camp to unreached areas	@ Rs.10,000 per outreach camp.	Approved by GOI in year 2013-14 ROP
4.2	**ANM/LHV**					
4.2.1	**Salary support for ANM/LHV**	01 ANM per 10000 Urban Population	2898 ANMs	Outreach camp & UHND , she will cover 10,000 urban population	Rs 15,000 per month	as per salary approved under NHM

4.2.2	**Mobility support for ANM/ LHV**	147 Govt. ANMs and 2898 are Contractual ANMs	3045 ANMs	Mobility support to ANM	Rs 500/month per ANM	all ANMs contractual as well as on government payroll. (as in PIP frame work)
4.3	**Urban PHC (UPHC)**					
4.3.1	**Renovation/up-gradation of existing facility to UPHC**	Renovation of Govt. Urban Health Posts to upgrade to a U-PHC (Health , DUDA, Nagar Nigam , Labour) Equipment for each U-PHC	93 Govt Health Facilities as U-PHC (59 already approved in year 2013-14)	As per GoI guideline Equipments as per need according to IPHS norm	Rs 10,00,000 (one time) Rs 3,00,000 per U-PHC	one time expenditure for building renovation (as in PIP frame work) one time activity for UPHCs for purchase of equipments
4.3.2	**Building of new UPHC**	Building of 03 New U-PHC (in Saharanpur, Jaluan and Bareilly)	03 new building	As per norms	Rs 75,00,00,000	As per PIP framework
4.3.3	**Operating cost support for running UPHC (other than untied grants and medicines & consumables)**				Rs.20 lakhs per annum per UPHC	As per norms given in framework
4.3.3.1	**Human Resource**					
4.3.3.1.1	**MO salary**	02 M.B.B.S doctor at each U-PHC	1129 MOs on contractual and 147 MOs from Govt.	(after excluding the no of Govt. Medical Officer who are posted in UHPs)	2 MOs per UPHC @ Rs 40,000 pm	as per salary approved under NHM
4.3.3.1.2	**Salary of paramedical & nursing staff (Staff Nurse/ Lab Technician/ Pharmacist/ Other)**	02 Staff Nurses , 01 Pharmacist , 01 Lab Technician at each U-PHC	638 UPHCs		2 Staff Nurses per UPHC @ Rs 22000 pm, 1 Pharmacist per UPHC @ Rs 18000 pm; 1 Lab Tech. @ Rs 15000 pm	as per salary approved under NHM
4.3.3.1.3	**Salary of support staff (non clinical**	3 Support staff for 1 UPHC	1914 (147 Ayah regular and 1767	(after excluding the no of Govt. Worker who are	Rs 5,000 pm per support staff	as per salary approved under NHM

	staff)		contractual support staff)	posted in UHPs)		
4.3.3.1.4	**HMIS/MCTS Data entry operator**	01 HMIS/MCTS data entry operator per U-PHC	638 U-PHCs	01 HMIS/MCTS Data Entry Operator per U-PHC	Rs 12000/- pm	State has decided to focus on strengthening the HMIS /MCTS under NUHM, therefore the position of HMIS/MCTS DEO has been proposed in PIP meanwhile the position of Public Health Manager at U-PHC is not being proposed as per State decision
4.3.3.2	**Office Expenses**	For each UPHC	638 UPHCs	For electricity, water, telephone , stationary etc	Rs 7,000 pm	As approved by GOI in ROP of 2013-14
4.3.3.3	**Others (e.g. hiring of premises/mobile PHC)**	For rent of UPHC	545 UPHCs	(Govt. Running in rented building , under NRHM and new U-PHCs	Rs 15000 pm per U-PHCs for 545 UPHCs	As approved by GOI in ROP of 2013-14
4.3.4	**Untied grants to UPHC**	For each U-PHC	638 UPHCs		Rs 2,50,000 per year	As per PIP framework
4.3.5	**Medicines & Consumables for UPHC**	For each U-PHC	638 UPHCs		Rs.12,50,000per year per UPHC	As per PIP framework
4.4	**Urban CHC (UCHC)**					
4.4.1	**Capital cost support for new UCHC**	Proposed in Lucknow, Varanasi, Shahjahanpur and Kanpur nagar	19 Urban Health Facilities	09 (08 BMCs + 01 U-CHC at T.B. Hospital) in Lucknow, 04 in Varanasi, 05 Kanpurnagar 01 in Shahjahanpur	Rs 30,00,000/- per U-CHC (maintenance of building, renovation and equipments) after gap analysis	As per District PIP
4.4.2	**Human Resource**					

4.4.2.1	Specialists,	Specialists,	Gynaecologists, Paediatrician, Radiologists, Anaesthetists and Physician	Additional support after gap analysis Total 95 Specialists have been proposed after gap analysis	Rs 65,000 pm per Specialists	as per salary approved under NHM
4.4.2.2	**Support Staff**	Staff Nurse, Pharmacists, LT and support Staff	86 Staff Nurse,26 Pharmacists, 30 Lab Technician,09 Data Assistant and 112 Support Staff	Additional support after gap analysis Total 95 Specialists have been proposed after gap analysis	Rs 22000/- pm per Staff Nurse, Rs 18000/- pm Per pharmacist, Rs 15000/- pm per LT, Rs 12000/- pm per Data Assistant and Rs 5000/- pm per support Staff	as per salary approved under NHM
4.4.3	**Untied grants for UCHC**		19 U-CHC		Rs 5,00,000 per U-CHC	As per PIP framework
4.4.4	**Medicines & Consumables for UCHC**		19 U-CHC		Rs 25,00,000 per U-CHC	
4.6	**IEC/BCC**	ASHA kit IEC at U-PHC NUHM hoarding per 50000 urban population	To each U-ASHA (after selection and training), To each U-PHC 01 NUHM hoarding 50000 Urban Population	6813 U-ASHAs(**ASHA Kit, Flip Book, Slum HIR, dress to ASHA, Bag, ID, Pen, handouts for community),** 638 U-PHCs for Citizen's charter, ED List, Immunization Schedule, Signage 684 NUHM hoarding for IEC and awareness	Rs 2,000 per ASHA, Rs 15000/- per U-PHC Rs 23100/- per NUHM hoarding	one time to each U-ASHA, each U-PHC and for NUHM hoarding
5	Regulation & Quality Assurance					
6	Community Processes					
6.1	MAS/community groups	To each MAS as untied grant	13626 MAS	As untied grant after opening of their accounts	Rs.5000 per year per MAS	As per PIP framework
6.2	ASHA (urban)	For U-ASHA incentives	6813	After selection and training	Approx. Rs.2000 pm per ASHA for 6 months	As per PIP framework
6.3	NGO support for	For each MAS formation	13626	For MAS formation	Rs 500/- per MAS formation	processes meeting

	community processes					
7	Innovative Actions & PPP					
8	Monitoring & Evaluation					
8.1	Baseline/end line surveys	Baseline survey	In 131 cities	To be carried out centrally from State level :	Rs 220000/- for cities having Urban population less than 1 Lakh, Rs 330000/- for cities having Urban Population from 1-5 Lakhs, Rs 550000/- for cities having Urban Population from 5-10 Lakhs ,Rs 770000/- for cities having Urban population from 10-40 Lakhs	As per MHUPA guideline (budget has been proposed after 10% increase in)
8.3	IT based monitoring initiatives					

Proposed State level NUHM Budget for 2014-15

Human Resource under State Urban Health Cell:

Sl.no	Post	No	Amount in Lakhs	Approved /new Posts	Remarks
1	Additional Mission Director	01	As per Norms	Already approved	**Budget has been proposed under State Programme Management head under NHM**
2	General Manger	01	As per Norms	Already approved	
3	Deputy General manager	01	As per Norms	Already approved	
4	Consultants	04	As per Norms	02 posts already approved and 02 new posts	
5	PS to AMD	01	Rs 30000/-pm	01 New Post	
6	Accountants	02	As per Norms	01 post already approved and 01 new post	
7	Programme Coordinators	04	As per Norms	02 posts already approved,02 posts new	
8	Programme Assistant	01	As per Norms	Already approved, working at DGFW office	
9	Data Assistant	04	As per Norms	02 already approved(01 working at DGFW),02 new posts	
10	Data Entry Operator	05	As per Norms	01 already approved,04 new posts	
11	Office attendant	07	As per Norms	New posts	
12	Cost of hiring of SPMU and DPMU staff	01	Rs 30 Lakhs	Selection will done as per norms under NHM by external agency	

Mobility support to State NUHM Staff:

Sl. No	Particulars	Quantity	Amount in Lakhs	Remarks
1	*Vehicle on rent*	*2*	*As per norms*	*01 for DGFW office and 01 for SPMU under pool*

Operational Expenses at State Urban Health Cell					
Sl. No.	**Particulars**	**Target**	**Unit cost(in Rs)**	**Frequency**	**Budget (in Lakhs)**
1	State Stakeholder workshop for NUHM	1	10,00,000	1	10
2	Review meetings	150	300	3	1.35
3	Multisectoral meetings	40	400	3	0.48
4	Orientation training of Urban Health Coordinators	75	10,000	1	7.5
5	Orientation training of DCAA	131	7,000	1	9.17

6	Orientation training of HMIS/MCTS operator	638	1,000	1	6.38
7	Study tour	1	500,000	1	5
8	Strengthening & Operational Expenses for State Urban Health Cell	1	Procurement will be done as per Norms		2
a.	Photocopy machine(for DGFW office)	1			
b.	Laptop(for DG FW office)	1			
c.	Computer set(for DGFW office)	2			
d.	Colour printer and scanner (02 DG FW office and 01 for SPMU)	3			
e	Fax Machine(01 for DGFW office and 01 for SPMU)	2			
f	Data Card(net USB) (01 for DGFW office and 01 for SPMU)	2			
g	CUG mobile (03 for DGFW office and 03 for SPMU)	6			
Total					**41.88**

Budget Summary & percentage of budget in different heads

Sl.	Budget Head	Total budget	% of total budget
1	**Planning & Mapping**	270.00	0.78
2	**Programme Management**	858.00	2.48
3	**Training & Capacity Building**	2,536.45	7.33
4	**Strengthening of Health Services**	28,950.41	83.70
5	**Regulation & Quality Assurance**	-	-
6	**Community Processes**	1,563.39	4.52
7	**Innovative Actions & PPP**	-	-
8	**Monitoring & Evaluation (Base line Survey)**	408.10	1.18
	TOTAL	**34,586.35**	100.00