

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 3055
TO BE ANSWERED ON 13th DECEMBER 2024**

NATIONAL URBAN HEALTH MISSION

3055 SHRI MANI A:

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

- (a): the criteria for selecting cities/towns for the implementation of NUHM
- (b): the key initiatives undertaken under NUHM to provide accessible and affordable healthcare to the urban poor;
- (c): the role of Urban Health and Nutrition Days (UHNDs) and Mahila Arogya Samitis (MASs) in promoting health awareness and service delivery under NUHM;
- (d): whether the Government has conducted any recent assessment of the impact of NUHM on urban health indicators, if so, the findings of such an assessment and the corrective actions proposed thereon;
- (e): the progress made in achieving the goals of NUHM, particularly in urban slum areas;
- (f): the steps taken/proposed to be taken by the Government to strengthen healthcare services; and
- (g): the steps being taken to improve the availability of healthcare professionals/infrastructure in underserved poor urban areas under the said mission?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SHRI PRATAPRAO JADHAV)**

- (a): National Urban Health Mission (NUHM) was launched as a sub mission under National Health Mission (NHM) in year 2013, to address the health concerns of the urban poor population. The classification of cities and towns under NUHM is aligned with the classification of cities done by the Ministry of Housing and Urban Affairs (MoHUA) and

population norms are based on Census of India (2011) to the extent possible. Under NUHM, cities/towns with a population of above fifty thousand and all the district and state headquarters (irrespective of the population size) are covered. Currently, 1243 cities/towns covered under NUHM in 35 States/Union Territories (except Lakshadweep).

(b): Some of the key initiatives under NHM including NUHM are:

1. Ayushman Bharat: Government of India supports the States/UTs for transformation of Sub Health Centres and Primary Health Centres into Ayushman Arogya Mandirs (AAM) across the country to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that include preventive, promotive, curative, palliative and rehabilitative services which are universal, free and close to the community.
2. Government has laid down Indian Public Health Standards (IPHS). These standards include norms for services, infrastructure, human resource, diagnostics, equipment, medicines etc. They are used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs.
3. To improve healthcare access National Ambulance services, Mobile Medical Units & Telemedicine have also been implemented.
4. Implementation of Free Drugs and Free Diagnostics Service, Pradhan Mantri National Dialysis Programme and implementation of National Quality Assurance Framework have also been undertaken.
5. Programmatic provisions including a host of free services like Janani Shishu Suraksha Karyakram (JSSK), Surakshit Matritva Aashwasan (SUMAN), child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy, Non-communicable diseases etc. have also been implemented.
6. Besides NHM, XV-Finance Commission and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has recommended grants over the period of five years (2021-2026) respectively to strengthen the healthcare system and support for infrastructure development in States.

(c): Urban Health and Nutrition Days (UHND) provides platform for overcoming social, economic and geographic barriers faced by slum dwellers and vulnerable population in accessing primary health care services. UHND is the first step in the continuum of care approach linking primary to secondary and tertiary care services for the slums and vulnerable population in the urban areas.

The Auxiliary Nurse Midwife (ANM) supported by Accredited Social Health Activist (ASHA) and Mahila Arogya Samiti (MAS) organizes UHND on monthly basis at designated locations in slums preferably Anganwadi Centres/community centers/schools etc. under the catchment area of Urban Primary Health Center.

Mahila Arogya Samitis (MAS) is one of the important community interventions to promote community participation in health activities at slum level. The MAS are local collective or group of 10-12 community women in an urban slum or slum-like setting who are drawn from a neighbourhood cluster/existing community. One MAS group covers 50-100 households. They take collective action on issues related to Health, Nutrition, Water Sanitation and its social determinants at Slum / Ward level. Annual untied fund of Rs. 5,000 for each MAS for undertaking different activities in their slum or coverage area is provided. Currently, there are 81,013 MAS formed in 35 States/UTs.

(d) and (e): The assessment of the impact of NUHM on urban health indicators has been done through various surveys/reviews such as National Family Health Survey(NFHS), National Sample Survey (NSSO), Common Review Mission (CRM) & regular review meetings.

The National Family Health Survey (NFHS-5) has shown improvement over NFHS-4 for urban areas in some of the key indicators like Infant mortality rate (IMR), Under-five mortality rate (U5MR), Immunization coverage, and Institutional deliveries. A comparative statement is given in the Table 1 of the Annexure.

Common Review Mission(CRM) is a monitoring and evaluation mechanism under the National Health Mission (NHM) which is held annually. The CRM provides insights into the progress of NHM including NUHM against its objectives, and analyzes its performance from a health system perspective. The CRM also provides a channel for feedback from the community on healthcare services. It helps the Center and States to take stock of the current situation and adopt appropriate policy or strategy changes.

Progress under NUHM

Utilization of services in Public Health Facilities: The establishment of dedicated public health infrastructure with various other health initiatives by GOI, such as free drugs and diagnostics initiative, implementation of health programmes, expansion of the range of services, augmentation of human resources, etc., in urban areas, have led to gradual improvement in the utilization of public health services for inpatient and outpatient. Table 2 of the **Annexure** provides data as per NSS surveys.

Progress under Infrastructure

- 1286 cities/ towns covered under NUHM (*as on 30th June 2024*)

- 5283 UPHCs and 245 UCHCs are operational (*as on 30th June 2024*)
- 1200 Polyclinics are functional
- 5138 UPHC-AAM are operationalised as per AAM portal (*as on 10th December 2024*)
- 6027 U-AAM (UPHC below level facility) are operationalised as per AAM portal (*as on 10th December 2024*)

Progress Under HR

In the FY 2024-25, nearly fifty three thousand health workforce are in place under NUHM.

- 6065 Medical Officers
- 350 Specialists in-position
- 10,043 Staff Nurse in-position
- 21,691 ANMs in-position
- 4268 Pharmacist in-position
- 4129 Lab Technician in-position
- 530 Public Health Managers in-position
- 1543 Programme Management Staff in-position at State/District/City level
- 4816 Allied & Health Care Workers (others) (*as on 30th June 2024*)

Progress Under Community Processes (*as on 30th June 2024*)

- 87,875 ASHAs are in-position. (One ASHA covers 200 to 500 households)
- 98,101 Mahila Arogya Samiti (MAS) are formed (One MAS covers 50- 100 households)

Service Delivery

From FY 2020-21 to FY 2024-25, 7.69 Crore people screened for Hypertension, 5.9 Crore for Diabetes, 2.96 Crore for Oral Cancer, 1.42 Crore for Breast Cancer and 0.87 Crore for Cervical cancer at UPHC-AAMs and U-AAMs till September 2024.

Quality Assurance

638 UPHCs have been quality certified at the National level and 92 UPHCs at the State level. In FY 2023-24, 2096 UPHCs and 55 UCHCs have qualified for incentives based on external assessment under Kayakalp. (*as on 30.09.2024*)

(f) and (g): Under National Health Mission, including NUHM, States and Union Territories have the flexibility to propose initiatives including infrastructure, human resource, diagnostics, equipments, medicines in their Programme Implementation Plans (PIP) etc. States also have the flexibility to propose following types of incentives and honorarium:

- Annual increment of healthcare professionals based on the performance are accorded in the Programme Implementation Plans (PIPs) within the overall resource envelope as submitted by States.
- team based incentives for primary healthcare team (MO/ANM/ASHA/MPW)
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

Annexure referred to Parts (d) and (e) of Lok Sabha Unstarred Question No 3055 for answer on 13.12.2024

Table 1-All India (Urban Indicators)		
Indicators	NFHS-4	NFHS-5
Infant mortality rate (IMR)	29.0	26.6
Under-five mortality rate (U5MR)	34.0	31.5
Sex ratio of the total population (females per 1000 males)	956	985
Institutional births in public facility (%)	46.2%	52.6%
Children aged 12-23 months fully vaccinated	63.9%	83.3%
Women who are overweight or obese (BMI ≥ 25.0 kg/m ²)	31.3%	33.2%
Men who are overweight or obese (BMI ≥ 25.0 kg/m ²)	26.3%	29.8%
Blood sugar level - very high (>160 mg/dl) Women	3.6%	8.0%
Blood sugar level - very high (>160 mg/dl) Men	4.4%	7.8%
Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) Women	7.3%	13.6%
Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) Men	11.4%	17.1%
Moderately or severely elevated blood pressure (Systolic ≥ 160 mm of Hg and/or Diastolic ≥ 100 mm of Hg) (%) Women	NA	5.2%
Moderately or severely elevated blood pressure (Systolic ≥ 160 mm of Hg and/or Diastolic ≥ 100 mm of Hg) (%) Men	NA	5.9%

Source: NFHS 4 (2015-16), NFHS 5 (2019-20)

Table 2: Utilization of services in Public Health Facilities		
Utilization of public health facilities(urban areas)	NSS Data-71st round(2014)	NSS Data- 75th round (2017)
Outpatient	20%	26%
Inpatient	32%	35%
Childbirth	42%	48%
Receipt of free medical services for in-patient treatments		
Medicines	33.6%	39.1%
X-Ray/ECG/EEG/Scan	50.6%	45%
Other diagnostic tests	51.4%	52.2%

Source: NSS 71 round values are computed from Unit records and NSS 75th are from Health in India Report for NSS Health Round 2017-18
