

Developing City Profile

WHAT: is a city profile?

City profile is a document that captures all relevant information from authenticated sources for example census, national family health survey, city NUHM PIP and others required to understand city's socio –economic status, health indicators of the city, resources available in the city to make an informed city proposal. The city profile will be used to have a glance of critical indicators and taking timely decision. The profile will be updated annually to keep the TCIHC team updated.

HOW: to develop a city profile?

A standard format (Tool3) is developed to capture city specific data. This may be filled by taking information from available authorized source of data, from various departments and individuals. Format is proposed to be filled in by TCIHC team members.

WHEN: to use a city profile?

City profile although will be utilized and updated in whole duration of the project for various purposes but at early stage of city engagement, this will be used in “stakeholder’s consultation” to trigger the gap analysis followed by SWOT analysis to formulate a city proposal.

WHERE: we can get data to complete city profile?

Major data sources to complete city Profile are

1. National Family Health Survey – 4 (NFHS-4) 2015-16
2. Census - 2011
3. National Urban Health Mission (NUHM) City PIP
4. Health Management Information System (HMIS) data
5. Integrated Child Development Services (ICDS) data
6. Urban Local Body (ULB) data
7. District level information from district official web portal
8. Progress/Resource data of stakeholders



TOOL3.

CITY PROFILE FORMAT

<p>A MAP OF THE CITY</p>	<p>B HISTORICAL AND SOCIO-CULTURAL BACKGROUND OF THE CITY IN BRIEF</p>
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C- DEMOGRAPHIC INDICATORS (AS PER CENSUS)			
Indicator	City	District	State
Total Population			
# of women of reproductive age (15-49 Years)			
Sex Ratio			
No. of Households			
Total Population 0-6 years			
Total Population 10-19 (female)			
Total Population 14-19 (female)			
Total Population 14-19 (male)			
Total Population 10-19 (Male)			
% married (girls 14-19)			
Adolescent pregnancy rate			
Sex Ratio 0-6 years			
Population SC			
Population ST			
Population Literates			
% Male Literacy			
% Female Literacy			
Crude Birth Rate			

D- STATUS OF HEALTH INDICATORS (Whatever is recent most- NFHS,AHS, DLHS, RSoC)
D-1. STATUS OF HEALTH IDICATORS



INDICATOR	CITY	DISTRICT	STATE
MMR			
NMR			
IMR			
Under 5 mortality			
TFR			
D-2. STATUS OF FAMILY PLANNING INDICATORS			
CPR (%)			
m-CPR (%)			
Female sterilization (%)			
Male Sterilization (%)			
IUD / PPIUD (%)			
Pill (%)			
Condom (%)			
Unmet need for spacing %			
Unmet need for limiting %			
Source of Family Planning Methods / Services			
Public facility (%)			
Private facility (%)			
D-3. Maternal and Child Health Indicators			
Mothers who had at least 4 antenatal care visits (%)			
Mothers who had full antenatal (%)			
Institutional births (%)			
Children age 12-23 months fully Immunized (%)			

E. Trends in selected FP and FP related indicators between 2012 and 2016

Indicator	2013	2014	2015	2016	Mode of data collection
Approved Health budget (Amount in INR)					NUHM City PIP



Indicator	2013	2014	2015	2016	Mode of data collection
Proportion of health budget allocated to FP					State / NUHM City PIP
Proportion of FP budget utilized for FP activities					NUHM City PIP
% of women receiving FP services					DHIS Secondary data analysis
% of women receiving LAPM services					DHIS Secondary data analysis
Proportion of women receiving FP services from private providers (including FBO)					DHIS Secondary data analysis
% annual reporting rates for (FP related summary tools e.g. MOH 711 and CDRR)					Secondary data analysis

NATIONAL URBAN HEALTH MISSION IN CITY

F. PHYSICAL COVERAGE OF NUHM IN THE CITY

SN	Activities	Proposed	Approved	Status
1.	Urban Health Facilities under NUHM			
1.1	Urban Community Health Centers			
1.2	Urban Primary Health Centers			
2	Human Resource Sanctioned			
2.1	Medical Specialist			
	Gynecologist			
	Pediatricians			
	Others			
2.2	Medical Officers			
2.3	Staff Nurses			
2.4	Auxiliary Nurse Midwife (ANMs)			
2.5	Lab Technicians			
2.6	Pharmacists			
2.7	Urban ASHA			
2.8	Mahila Arogya Samiti (MAS)			



2.9	Any other (specify)			
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G. OTHER HEALTH CARE FACILITIES AVAILABLE IN CITY

SN	Facility	Provide MCH Services Y/N	Provide FP Services Y/N
1.	District Women Hospital		
2.	District Combined Hospital		
3.	District Hospital		
3.	CGHS Hospital		
4.	Army Hospital		
5.	Railway Hospital		
6.	Medical College		
7.	Any Charitable Hospital		
8.	Hausala Sajheedari accredited Private hospital		
9.	Aayush Medical College		
10.	Others (Specify)		

H. AVAILABILITY OF FAMILY PLANNING SERVICE DELIVERY

Method	NSV	FST	IUCD	PPIUCD	DIMPA	OCPs	Condoms	FP Counselling
Facilities	DH	DWH	DWH	DWH	DWH	DWH	DWH	
	DCH	DCH	DCH	DCH	DCH	DCH	DCH	
	Medical College	Medical College	DH	Medical College	Medical College	DH	DH	
			Medical College			UHC	UHC	
			UHC			UPHC	UPHC	

I. RESOURCES AVAILABLE WITH STAKEHOLDERS

I1- INTEGRATED CHILD DEVELOPMENT SCHEME

SN	Facility/Structure	Sanctioned	Status	Any Specific Information
1	Physical Structure			
1a.	Urban AWCs			



2.	Human Resources			
2a.	Urban AWW			
2b.	Urban Lady Supervisors			
2c.	Urban CDPOs			

I2- NATIONAL URBAN LIVELIHOOD MISSION

To reduce poverty and vulnerability of the urban poor households by enabling them to access gainful self-employment and skilled wage employment opportunities, resulting in an appreciable improvement in their livelihoods on a sustainable basis, through building strong grassroots level institutions of the poor. NULM is closely interlinked and guided by the common objective of promoting sustainable livelihoods of the poor and work with the goal of eradication of urban poverty and empowerment of the urban poor.

As health and livelihood are strongly related with each other, NULM can be a strong stakeholder of NUHM.

NULM envisages mobilisation of *urban poor households* into a 3- tiered structure with Self-Help Groups (**SHGs**) at the grass-root level, Area Level Federations (**ALFs**) at the slum / ward level and City-level Federations (**CLFs**) at the city-level. These community structures can be used for community mobilization for seeking health care services as well. SHG leaders could also be part of Mahila Arogya Samitis (MAS).

SN	Structure	Number/Total Engaged	Women	Any Specific Information
1.	Community Level (SHGs)			
2.	Area level (ALFs)			
3.	City Level (CLFs)			
4.	NULM City level Human Resource			

I3- LOCAL URBAN BODIES

City level local governance bodies like – Nagar Nigam, Nagar Parishad, Nagar Palika or Nagar Palika Parishad are termed as Local Urban Bodies (LUBs). In many cities these bodies also run certain health care facilities and are responsible for various systems those have impact on health for example water and sanitation.

1. Do Local Urban body run some health facility? If Yes then give the details	
Number of Health Facilities	
Type/Status of Health Facilities (Provide Basic or secondary health care?)	



Are MCH/FP services being provided at these facilities (If yes then specify)	
2. Other activities which impact on health (for example, fogging at regular interval)	
3.	
4.	

14- SWACHCHH BHARAT ABHIYAN

The Swachh Bharat Mission - Urban (SBM-U), launched on 2nd October 2014 aims at making urban India free from open defecation and achieving 100% scientific management of municipal solid waste in statutory towns in the country. The objectives of the mission include

- i. Elimination of open defecation,
- ii. Generate awareness about sanitation and its linkage with public health

Components of the mission are household toilets, including conversion of insanitary latrines into pour-flush latrines; community toilets, Public toilettes, IEC & Public Awareness.

List /Detail Public Health Awareness work of SBA in City

15- PROFESSIONAL BODIES

Organizations like Indian Medical Association (IMA), National Integrated Medical Association (NIMA), FOGSI are considered under this category

SN	Name of the Organization	Activities they are doing related with MCH/FP
1.	FOGSI	
2.	IMA	
3.	NIMA	
4.	Others	

16- OTHERs

List any other organization (NGO, CBO, CSR Project can be a stakeholder of UH)

SN	Name of the Organization	Activities they are doing related with MCH/FP
1.		
2.		
3.		
4.		