

FREQUENTLY USED TERMS

A glossary of terms often used/heard in TCiHC

URBAN PRIMARY HEALTH CENTRE

An Urban Primary Health Centre (UPHC) is the basic health care unit under the National Urban Health Mission (NUHM) to provide comprehensive primary health care services to urban slums/vulnerable population.

A UPHC provides integrated reproductive, maternal, newborn, child and adolescent (RMNCH+A) and other preventive, promotive, curative health services under the national health programmes, and has referral linkages with higher order service centres. The population covered by a UPHC may vary from 50,000 for cities with sparse slum population to 75,000 for highly concentrated slums.

FIXED DAY STATIC SERVICES / FAMILY PLANNING DAY

Fixed Day Static Services / Family Planning Day (FDS/FPD) is a collaborative effort wherein trained human resource, equipment, commodities and supplies at the facility are made available on a pre-scheduled day and time.

FDS/FPD provides underserved population a greater access to family planning counselling, products and services on an assured basis. FDS/FPD are organized in government facilities, as well as in accredited private facilities.

OUT REACH CAMP

An ORC provides range of basic primary health care services nearest to the community living in inaccessible/hard to reach locations within urban /peri-urban settings. Outreach services in urban areas are limited to those who present themselves for care, or at best reach out to pregnant women and children with a restricted basket of antenatal, postnatal care, immunization and family planning services.

Each UPHC organises at least one ORC per month to cater to vulnerable populations/ left out pockets who are not able to access the services provided at a UPHC due to distance or other reasons. These camps provide pregnant women and children with a restricted basket of antenatal, postnatal care, immunization and family planning services, and refer. for higher order services. An Auxiliary Nurse Midwife (ANM) organizes the ORC with the support of Accredited Social Health Activist (ASHA) and Mahila Arogya Samiti (MAS) members. A team of doctors, pharmacists, and support staff provides services in an ORC, and provide free consultation, medicines and family planning products (oral contraceptive pills & condoms) during the camp.


URBAN HEALTH NUTRITION DAY

An Urban Health Nutrition Day (UHND) is an outreach session to cater to slum population within the catchment area of an UPHC and provides preventive, promotive and simple curative services focused on reproductive, maternal, new-born child and adolescents.

A UHND is organized monthly in close coordination with Anganwadi worker (AWW), ASHAs and ANM at each Anganwadi center/ an ASHA area. An area wise detailed micro plan is prepared for each ANM for UHNDs. An ANM is the core service provider in a UHND. A UHND offers range of services including routine immunization, full range of ante-natal care (ANC), post-natal care (PNC), nutrition and health counselling, growth monitoring, including take home ration. Family planning counselling and services are also layered on UHNDs for uptake and referrals.

ACCREDITED SOCIAL HEALTH ACTIVISTS

An ASHA is an accredited and trained female social health activist selected from the community. They are part of the National Health Mission (NHM).



An ASHA is appointed for every 1000-2500 population, and covers about 200-500 households depending upon the spatial distribution of the population. An ASHA plays a vital role in reducing preventable child and maternal deaths by linking community with the health care services; be it facilitating a UHND, family planning services or motivating Mahila Arogya Samiti (MAS) members to organize community meetings for health awareness and promoting services. They are mentored by the ANM of their area.

AUXILIARY NURSES MIDWIFE

An Auxiliary Nurses Midwife (ANM) is a trained nurse and midwife under the NHM framework. They act as a first contact person between the community and the health services.

An ANM covers approximately 10,000 populations in her catchment area. They support UPHCs, are responsible for providing health services, conducting outreach activities and making referrals to the primary, secondary and tertiary healthcare facilities.

MAHILA AROGYA SAMITI

Mahila Arogya Samiti is a local women's collective/group involved in community awareness, interpersonal communication, community based monitoring and linkages with services and referral.

This group focuses on preventive and promotive health care, facilitating access to identified health care facilities and health entitlements under various government schemes. The NHM implementation budget includes an untied fund to support MAS groups in organizing community meetings. . Each MAS group consists of 5-20 women from about 50-100 households with an elected chairperson and treasurer. A MAS supports ASHA/ANM in developing health plans specific to the local needs.

URBAN LOCAL BODY

An Urban Local Body / ULB (municipalities) is an institution for local self-governance, which looks after the administration of an urban area.

The ULB functions are broadly related to public health, welfare, regulatory, public safety, public infrastructure and development activities. A ULB is implemented under various schemes such as Rajiv Awas Yojana (RAY) - slum free city plan, Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Smart City Mission etc. for improving quality of life for the poor and the disadvantaged.

PROGRAMME IMPLEMENTATION PLAN


A Programme Implementation Plan (PIP) is prepared annually by states, which helps in estimating their physical and financial needs visa-vis expected level of achievement required for programme implementation for the proposed year.

The state's PIP is made by the Executive Committee (EC) of the State Health Society and approved by the State Government/Governing Board. The EC of the State Health Society implements the approved plan, with governance and oversight exercised by the Governing Board and the State Health Mission.

RECORD OF PROCEEDINGS

State government based on districts requirements submit record of proceedings (ROP) to NHM, Government of India.

The National Programme Coordination Committee (NPCC) reviews the state PIP and the suggestions/recommendations made in NPCC meeting are incorporated in the form of RoPs. Basis these suggestions the state PIPs are finalized. The Additional Secretary-Mission Director (AS-MD) NHM and



representatives of MoHFW and the participating states chair this committee. The AS-MD approves RoPs and sends them to the states for implementation.

CITY COORDINATION COMMITTEE

A city-level apex body, which converges various urban stakeholders involved in the delivery of health services, water, sanitation and hygiene to the urban poor population.

The city health coordination committee reviews the progress of the city health programme /activities provisioned in the NHM PIP and also of other development partner interventions. development partners and

ROGI KALYAN SAMITI

Rogi Kalyan Samiti (RKS /Patient Welfare Committee/Hospital Management Committee) is a registered society and is managed by a group of trustees of the hospital to manage the affairs of the hospital.

RKS looks after proper functioning and management of the hospital /UPHCs/ Urban Community Health Centre (UCHC) / First Referral Unit (FRU). Each RKS has a separate account in which the untied grant (budgeted under the NHM PIP) is being transferred. It consists of members from government sector, NGOs, local elected representatives etc. RKS utilizes the untied funds for patient welfare /improving the quality of services.

STRATEGIC PURCHASING

The government purchasing health services from private sector through public private partnership (PPP) schemes.

The purpose of strategic purchasing is to meet the deficit of doctors and infrastructure in the public sector. Government engages private sector providers by accrediting their facilities and empaneling them as per norms who provide services and seek reimbursement under the announced government schemes.

QUALITY ASSURANCE COMMITTEE

The QACs have been formed at the state and district level to take effective actions for traversing the gaps, periodic assessment and improving the quality of service delivery.

The QACs ensure that the facilities and service providers meet the standards based on government norms for Reproductive,
