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सत्यमेव जयते

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कमरा नं. 145–ए, निर्माण भवन,
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Government of India
Ministry of Health & Family Welfare
Room No. 145-A, Nirman Bhawan,
New Delhi - 110 011

D.O.No.L.19017/38/2017-NUHM
Date: 25th July, 2017

Dear Colleague,

The concept of Convergence amongst the ministries who are involved in providing quality social and health structure to the citizens in urban areas is an innovative exercise initiated by the National Urban Health Mission at the national level and requires to be institutionalised at State and City Level to extract highest dividend out of this mechanism. The primary goal of this concept of convergence is to provide a comprehensive health care to the urban populace in an integrated fashion which is influenced by a number of health related social attributes like sanitation, water quality, food adulteration, livelihood, cleanliness & hygiene, and other civic amenities.

The convergence activities shall call for regular meetings with the stakeholders at the state and city levels, joint meetings with the departments concerned at the state level, periodic video conferencing with the functionaries.

The philosophy of the convergence strategy is to work together for the larger benefits of the poor and the vulnerable within the ambit of the Framework of the Guidelines issued in this regard. Regular monitoring of the activities is the key to succeed in providing health in a wholesome manner without misusing the provisions laid down.

With Warm Regards

Yours Sincerely,

(Dr. K. Rajeswara Rao)

1. Principal Secretary Health/Urban Development-All States/UTs
2. Municipal Commissioners of 7 Metros & 75 Million Plus Cities
3. Mission Directors DAY-NULM/SBM/NHM- All States/UTs
4. PS to Minister- Urban Development/Health & Family Welfare- All States/UTs

Copy for information to:

1. Secretary Urban Development/Health & Family Welfare
2. Addl. Secretary & MD-NHM
3. Chief Secretary- All States/UTs
4. PS to Minister for Urban Development/Health & Family Welfare

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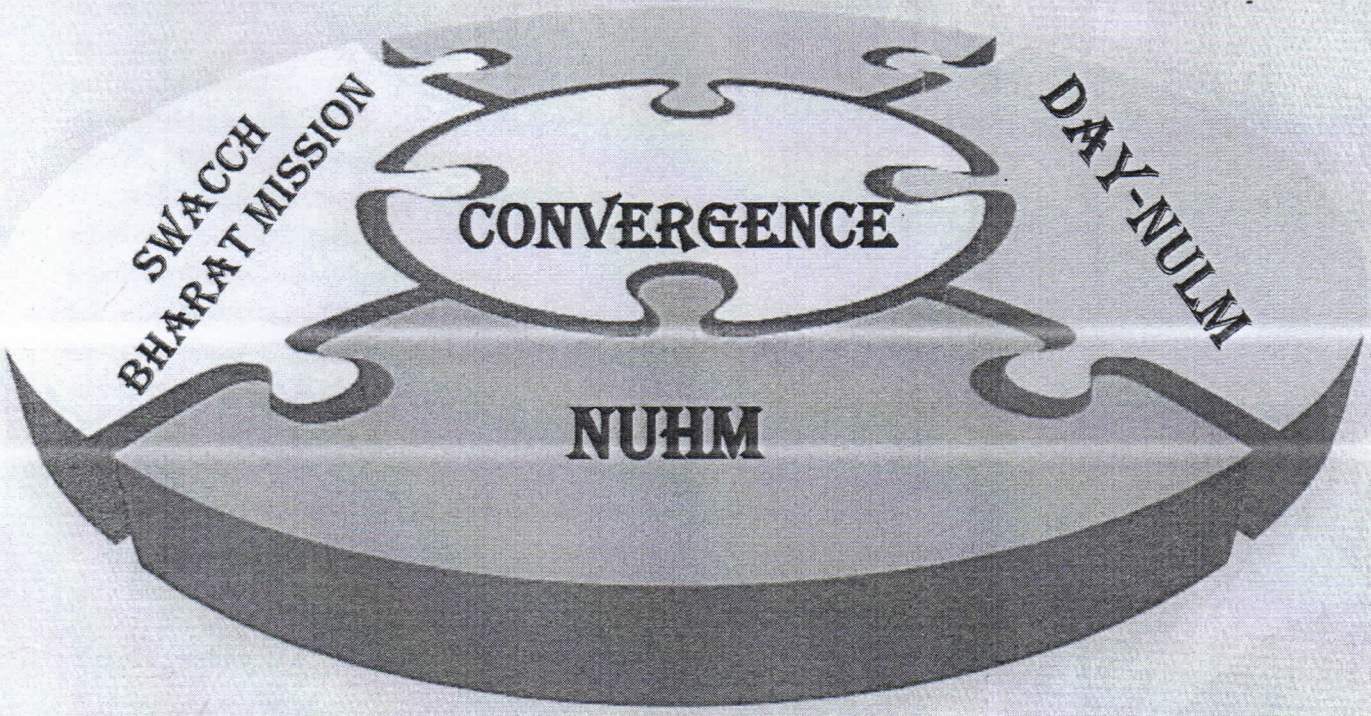
Ministry of Health & Family Welfare
Government of India

National Urban Health Mission



Convergence under NUHM

National Urban Health Mission (NUHM) was approved by the Union Cabinet on 1st May, 2013 as a sub-mission of National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus to vulnerable/slum population.

2 Implementation of NUHM in States is heterogeneous and varies from state to state and city to city. Whereas in Seven Megacities NUHM is being implemented through Municipal Corporations, in some States like West Bengal and Maharashtra, the implementation is through Municipality and Nagar Palika. In most of the States NUHM is implemented through State Health departments as the ULBs are either not strong enough to provide the required services or the mandate is not for health.

3. Health outcomes are more defined by the other social determinants than by the just health itself. Addressing the other determinants entail building partnerships with institutions and actors both within the health and across other related sectors. Reducing health inequalities for sustainable improvement in health status of urban populations requires alignment of all sectors together with health sector, thus making Inter Sectoral Convergence is one of the main core strategies under the NUHM. The National Health Policy,2017 also emphasize the importance of achieving convergence among the wider determinants of health and improving the environment for health. Monitoring of the programme reveals that the platform of NUHM requires integration and coordination of health and health related social determinants in order to provide a equitable, easily accessible, quality primary health care which includes preventive, promotive and curative health services deliverable to the target population i.e. the vulnerable urban population mainly slum dwellers. 4. This convergence of activities will not only improve the quality of services but also do away with the duplication of action thereby saving invaluable resources and time in the process.

5. Convergences may be viewed in the following areas:-

(i) Convergence with the National Disease Control Programmes
(ii) Convergence with other departments of Ministry of Health and Family Welfare
(iii)Convergence with other Ministries

6. The main objective of convergence is to enhance the utilization of the system through provision of a common platform and availability of all services at one point. Convergence among wider determinants of health has been minimal thus far emphasizing the need for creating common institutional arrangements such that the same community organization, under the umbrella of urban local body, is responsible for all the wider determinants such as water, sanitation, nutrition, health care, education, skill development, housing, etc. Effective institutional mechanisms for convergence of urban primary health care services with other government run schemes responsible for health determinant is critical considering the

massive burden that the poor state of these determinants imposes on the health of our population. Therefore the mechanisms for convergence with health related non-medical services (water, sanitation, and waste-disposal) should be strengthened. For example, 4 lakh annual diarrhoeal deaths of children below 5 in the country are due to severe lack of sanitation facilities. World Malaria Report (2012) estimates that over 2.4 crore episodes occurred annually in India, again the chief reason in urban areas being poor sanitation and lack of behavioural change counselling.

Formation of committees at different levels

7. To ensure convergent actions of health and social determinants of health, the formation of common committee at City/State/District/ Ward level is very important. It needs to be ensured that the members of coordination committee expected to be formed at different levels - from National level to Ward level must include the Nodal Officers / Concerned Officials of the National Health Programme e.g. (IDSP/RNTCP etc). It is proposed that the members of Coordination Committee especially at district level must have access to all data related to health and social determinants of health for ensuring timely decision making.

The National Health Mission provides for an executive level headed by Chief Secretary as per the Gazette Notification on NUHM dated 26th June, 2013 which directs that at the City level the States may either decide to constitute a separate City Urban Health Mission/City Urban Health Society or use the existing structure of the District Health Society/Mission under NRHM with additional stakeholder members. The notification also articulates the need for Urban Health Committee headed by the Municipal Commissioner/District Magistrate/Deputy Commissioner/District Collector/Sub-divisional Magistrate/Assistant Commissioner based on whether the city is a district headquarters or sub-divisional headquarter. This would help ensure better coordination with other related departments such as Women & Child Development, Water Supply & Sanitation etc as the administrative heads of these departments are the same officials.

Mechanisms of Convergence at different levels of implementation:

It is envisaged that three-tiered level of mechanisms can be put in place under NUHM, which are as under:

a. Ward level committees including UPHC/UCHC functionaries and community level workers;
b. City level committees for planning, monitoring and reporting; and
c. State level committees for planning, monitoring and provisioning

City Level Coordination Committee(CLCC)- to be constituted to address and resolve the day to day activities related to Health Department such as Water & Sanitation, Biomedical Waste Management, sewerage ,involvement of frontline functionaries, etc.

Ward level Coordination Committee(WLCC)-Ward is the smallest administrative unit in a city and is recognized as the unit for planning and monitoring. Each ward is politically represented by the elected member (Ward Councillor) in Municipal Corporation. The key

departments like Department of Health and Family Welfare, Women and Child Development (WCD), Urban Development Department, Public Health Engineering Department (PHED) and other related departments also often respect the ward division and plan accordingly.

WLCC will serve as the nodal body for the planning and monitoring service delivery at the community level and effectively link the communities and may be utilized to address the health and other issues by involving the UPHC/UCHC functionary of the concerned area and also the community level workers, elected & other department representatives.

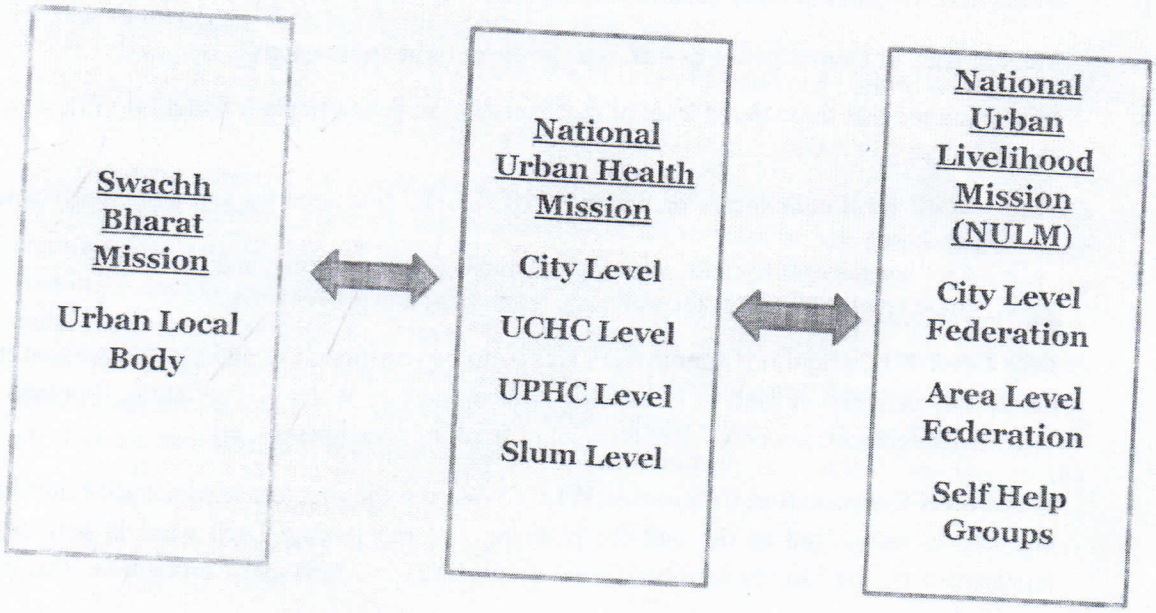
Convergence of activities among different departments under ULBs which are looking after the social determinants of health such as Water, Sanitation, Waste disposal, Food adulteration is essential to provide a quality holistic health care even if the ULBs are not implementing NUHM.

The convergence with these agencies/divisions of the health service providing agencies (ULBs/State Health Department) is another paradigm of coordinated activity.

Numbers of Missions are underway under the aegis of the Urban Development department whose activities have direct and indirect implication on the health care quality. It is now envisaged that a convergence model is to be planned to integrate the activities of these missions in order to leverage the performance and experiences of these missions. The foci of the Missions' activities are Swachhata (Cleanliness) and development of the urban poor. These parameters are complementary to the achievement of NUHM goals as health is intricately associated with cleanliness and socio-economic status of the population. Therefore we expect the proposed convergence model facilitates reaching NUHM goals in an accelerated manner.

8. Convergence Model

In this context, realizing the importance of wider determinants of health, NUHM seeks to adopt a convergent approach for interventions planned under the umbrella of SBM & NULM at the City/State/District /Ward level.



The model above would define the steps to be taken for various convergence activities at the City, District, UCHC and UPHC levels and also the rationalization of manpower and resources being deployed by the various Missions. This will impact the status of social determinants of health and maximize efficiency of all the Missions.

9. The synergy with different departments within/outside the health department i.e. intra-sectoral /inter-sectoral convergence plays a key role for rolling out of the convergence vehicle.

NUHM would aim to provide a system for convergence of all communicable and non communicable disease programmes at the city level through integrated planning - both annual and prospective, sharing of funds and human resources and joint monitoring and evaluation.

1. **Convergence with the National Disease Control Programmes**

   All the disease control programs such as RNTCP, IDSP, NVBDCP, NPCDCS etc. are to be brought under the umbrella of City/District Health Plan so that preventive, promotive and curative aspects are well integrated at all levels.

   Similarly, the NACP which ensures early detection of HIV/AIDS, effective surveillance and Universal HIV screening will be made an integral part of the ANC check-up. The health and nutrition days would be utilized for rapid blood tests and positive cases would be referred to ICTCs for confirmation. Counsellors, ANMs and ASHA/Link workers at the U-PHC would be trained for counseling on RTI, PPTCT, ANC, nutrition and spacing between births. The training for RTI and PPTCT counseling will be provided by the respective State AIDS Control Society. Testing kits should be made available at the Urban PHCs/CHCs by NACO. All HIV positive patients will be tested for T.B. and vice-versa.

✓ Initiatives under the RCH programme such as Intensive Diarrheal Control Fortnight (IDCF), National Deworming Day (NDD), WIFS, PMSMA etc. need to converge at the UPHC level to ensure health is addressed comprehensively. Similar convergence mechanisms can be developed for other initiatives through integrated plan and support of concerned officials.

   The objective of convergence would be optimal utilization of resources (i.e. common pool for funds, human resources, consumables, infrastructure etc) and ensuring availability of all services at one point (U-PHC) thereby enhancing their utilization by

the urban population. The existing IDSP structure would be leveraged for improved surveillance

2. Convergence with other Ministries

At present NUHM is focusing on inter-sectoral convergence with Ministry of Urban Development/HUPA for the programmes (SBM &NULM) in improving the social determinants related to health (water, sanitation, food & nutrition etc), the following may be looked upon:

Convergence with SBM – Urban Local Body plays an important role in delivering urban development programmes at the city level. This is vital for SBM as well as the NUHM programmes. The convergence with SBM can be can be facilitated as per the following roadmap:

- ✓ Developing a micro-sanitation plan for each catchment area of UPHCs/ UCHCs (total population coverage) needs to be developed by ULBs. Correspondingly, the State Health Department will ensure adherence of quality guidelines of the micro-sanitation plan for the earmarked PHCs/CHCs. The ward office will coordinate with UPHCs and UCHCs so that sanitation and Open Defecation Free (ODF) areas in urban localities can be promoted.
- ✓ ASHA, ANMs, MOs and Directors (Municipal Administration) are to be involved in community triggering exercise by the ULBs especially near identified OD Spots to generate awareness about the oro-fecal transmission route and trigger demand for toilets among the communities. The triggering platforms may be utilized for dissemination of NUHM messages like immunization, ANC, Anaemia control and other related National Health Programmes
- ✓ Registration of health workers (ASHA/ANM/AWW) and members in Mahila Aarogya Samitis as Swachhagrahis for Health Promotion and dissemination of SBM related messages. Recognition of Swachhagrahis by giving non incentives items such as caps, T-shirt, sari, bags, badges etc.
- ✓ Incentives for Swachhagrahis (ASHA/ANM/AWW) as individual or group incentives.
- ✓ 1-2 days training under Swachh Bharat Mission for ensuring proper management of waste and maintenance of hygiene standards in public health facilities and on triggering techniques.
- ✓ Swachh Bharat Mission officials should also be involved in Quality Assurance assessment of UPHC/UCHC facilities at different levels by incorporating their membership in the committee.
- ✓ Dissemination to and utilization of collaterals which are available with the State Mission Directors of SBM at the UPHC/UCHC and slum levels.
- ✓ While implementing the IDCF and National Deworming Day initiative at the ward/district levels, support of the Swachh Bharat Mission can be sought through the

Swaachgrahis, common pool of funds, key health messages, declaration of ODF etc in the form of integrated plan of action.

Convergence with NULM

NULM can provide support in strengthening the community processes as well as improving the socio-economic status of the population which impacts the health in urban areas through convergence within its existing structures.

(DAY-NULM) envisages universal social mobilization of urban poor women in three tired structure of Community Institutions viz. Self-Help Groups (SHGs), Area Level Federations (ALFs) and City Level Federations (CLFs). ALF provides handholding support to SHGs, facilitate SHG bank linkage, negotiate with higher level institutions for benefitting urban poor and facilitate member of SHGs in accessing benefits under various government programmes and schemes.

One time revolving fund of Rs. 10,000 for two years is provided to the SHGs and used for internal lending to its members. Registered ALF is provided with revolving fund of Rs. 50,000 per ALF for onward lending of its member SHGs.

The convergence with NULM can be strengthened in the following manner:

- ✓ Target population of both the programs viz NUHM and NULM is same in terms of community participation. It would thus be appropriate to develop linkages between Mahila Arogya Samities (MAS) under NUHM and Self -Help –Group (SHG)/Area Level Federations under DAY-NULM.
- ✓ The convergence of ALF and MAS could be made in such a way that the Chairperson for both of the committees (MAS & ALFs) is common. The list of MAS state-wise under NUHM has been shared with NULM.
- ✓ Three strategies which can be adopted for better linkages between MAS and ALF depending on the level of implementation in the States/Towns.

Option 1: Cities/States, where ALF exists but MAS is not formed

- A subcommittee of 10-12 representatives from existing ALFs can be identified as MAS.

Option 2: Cities/ States where both ALF and MAS exist

- MAS members can be included into SHGs and further be included in ALF.

Option 3: Cities/States where MAS is formed but ALF doesn't exists

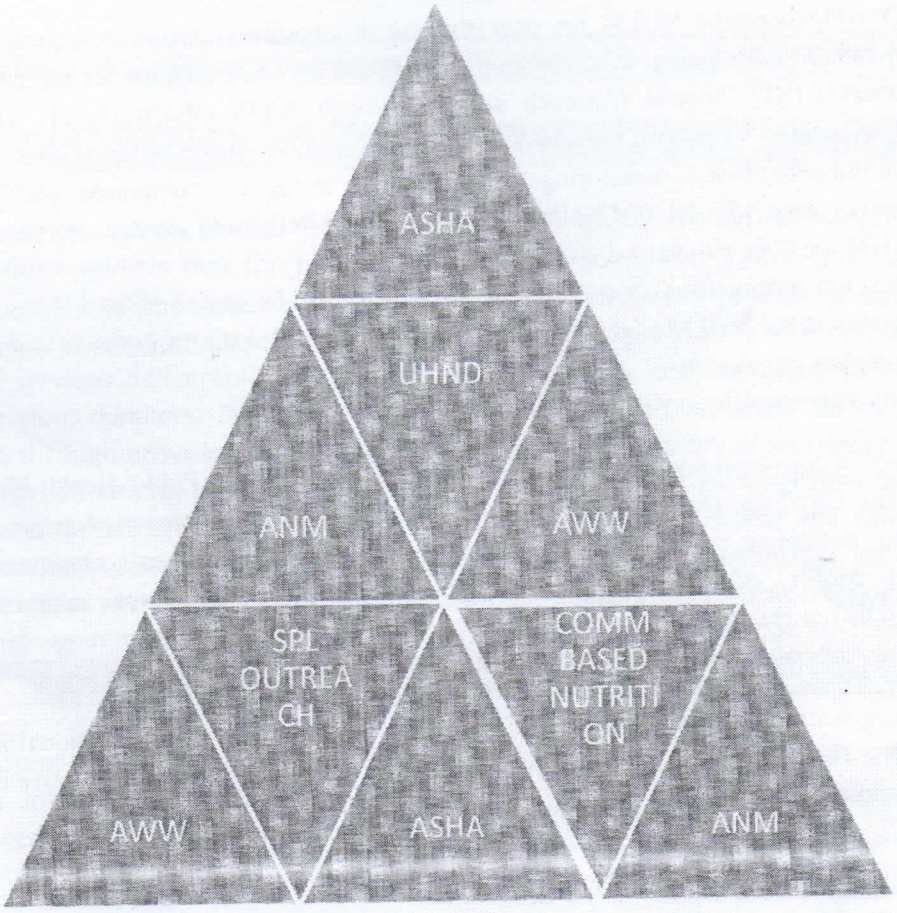
- MAS members who are not part of SHGs will be encouraged to join existing SHGs and will further be represented in ALFs.

- ✓ ALFs will support all community process activities under NUHM through MAS including preparation of plan as per the needs of urban poor and mobilization of community to increase access to health related schemes. ALFs can also facilitate

identification of ASHA as per guidelines of MoHFW where they have not been identified.

- ✓ Once the MAS members will come into SHGs/ALFs, they may avail the benefit of revolving funds and bank linkage and get skill training under DAY-NULM.
- ✓ SHGs along with MAS can mobilize the population to access outreach programs and generate health awareness including for UHND, Immunization drive, health melas among others.
- ✓ Joint Monitoring of health services at community level by ALF/MAS.
- ✓ Vulnerability mapping of slum/urban areas; data sharing between both the programmes; updating; and developing common consensus.
- ✓ NULM can play key role by rendering unused structures/ Shelters for homeless/ City Livelihood Centers for NUHM programme to address lack of infrastructure facilities in urban areas for conduction of UHND, Special Outreach session, for functioning of UPHC where land availability is difficult.
- ✓ NULM conducts regular surveys of street dwellers and provides them with support through night shelters. Since the street dwellers are one of the vulnerable groups that NUHM caters to, the NULM survey data can help ANMs and ASHAs target this population better. This population group can also be targeted at the night shelter level by developing an appropriate mechanism like UHND, Special Outreach session etc.
- ✓ In addition to the above, States/UTs may develop their own mechanism of convergence between these committees based on local needs.

Figure 1-Intersectoral Convergence under NUHM between Frontline Workers



Convergence with Women & Child Development Department(WCD)

There is a close relation between the activities of ICDS and NUHM as in most States/UTs, the NUHM outreach activities i.e. UHND and special outreach sessions take place at the AWC. A service delivery mechanism by involving ASHA-ANM & AWW (3 A's) is being envisaged. Hence a convergence mechanism is to be planned on the same line.

Actionable Points

Therefore the following actionable points are suggested to strengthen convergence to accelerate the achievement of urban health goals:

Identify state, district, city and ward level institutional mechanisms for coordinating and converging with relevant stakeholders in urban health and development.

- ✓ Develop terms of reference for the committees to ensure convergent activities are planned, implemented and monitored effectively.
- ✓ Ensure the integration of all national health programmes, specific initiatives and state health programmes at the UPHC level.

- ✓ Convergence with SBM for developing micro-sanitation plan for urban health facilities with focus on ODF, trigger demand for toilets by community, involvement of health workers as Swachhagrahis, proper solid waste management disposal, proposal for incentives for Swachhagrahis.
- ✓ Convergence with NULM for strengthening of community processes at slum level, vulnerability mapping, joint monitoring of health services, support for infrastructure needs,UHND, Special Outreach session through ICDS infrastructure wherever applicable.
- ✓ Community based monitoring of nutritional status of vulnerable children in convergence with NUHM/NHM. The linkage with NRC and similar structure under NHM are to be maintained.
- ✓ Develop mechanisms to use NULM data on street dwellers and develop outreach actions at the NULM night shelters improve access of health to the most vulnerable homeless population.
- ✓ Any state specific convergence area.

The success of convergent action would depend on the quality of the Public Health Planning process. The City/State/District Health Action Plans should reflect integrated action in-all section that determine good health – drinking water, sanitation, women's empowerment, adolescent health, education, female literacy, etc. At the time of appraisal of City/State/District Health Plan, care should be taken to ensure that the entire range of wider determinants of health have been addressed through the convergent action approach.

Convergence is aimed at improving the effectiveness and efficiency of all national health programmes. Thus promoting inter-sectoral convergence for promotive and preventive health care is of prime importance.

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Frequently Asked Questions(FAQ) about Convergence
National Urban Health Mission
Ministry of Health and Family Welfare

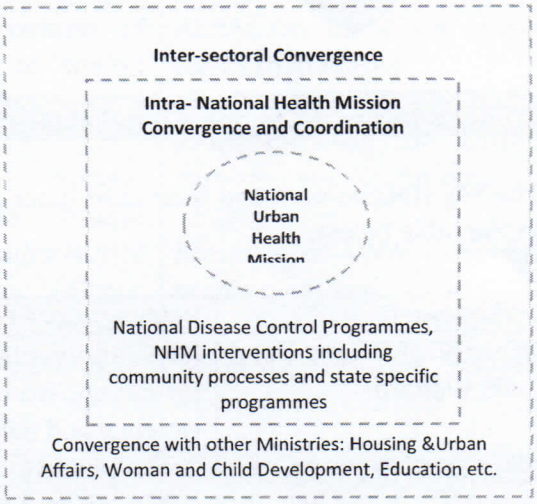
Perspective of the Health Department

1. Why is convergence important under the National Urban Health Mission?

Convergence is one of the main core strategies under the NUHM. Monitoring of the programme reveals that the platform of NUHM requires integration and coordination of health and health related social determinants in order to provide a equitable, easily accessible, quality primary health care which includes preventive, promotive and curative health services deliverable to the target population i.e. the vulnerable urban population mainly slum dwellers. Therefore convergence will help to enhance the utilization of the system through provision of a common platform and availability of all services at one point. Convergence among wider determinants of health has been minimal thus far emphasizing the need for creating common institutional arrangements so that the same community organization, under the umbrella of urban local body, is responsible for all the wider determinants such as water, sanitation, nutrition, health care, education, skill development, housing, etc.

2. What is the scope of convergence under the National Urban Health Mission?

The synergy with different departments within/outside the health department, in other words intra-NHM and inter-sectoral convergence plays a key role for rolling out of the convergence vehicle.



Convergences may be viewed in the following areas:-

- Convergence with other Ministries
- Convergence with other departments and efforts of the National Health Mission of Ministry of Health and Family Welfare
- Convergence with the National Disease Control Programmes

The objective of convergence would be optimal utilization of resources (common pool for funds, human resources, consumables, infrastructure etc) and ensuring availability of all services at one point (U-PHC) thereby enhancing their utilization by the urban population. For example "The Red Ribbon Express project of National AIDS Control Organization presents one successful model of partnership comprising of Government (Ministries of Railways, Social Welfare, AIDS Control Organization) and Non-Governmental stakeholders and intergovernmental bodies".

3. What Convergence can be applied within National Health Mission?

Convergence as an administrative process which facilitates different Divisions / Units within the Department can be applied to work in synergy e.g. Health Department. All programmes such as

1. Disease control programs (RNTCP, IDSP, NVBDCP, NPCDCS, NACP etc) among others must be brought under the umbrella of City/District Health Plan so that preventive, promotive and curative aspects are well integrated at all levels.
2. Initiatives under the RCH programme such as Intensive Diarrheal Control Fortnight (IDCF), National Deworming Day (NDD), Weekly Iron Fortification Supplementation (WIFS), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and others need to converge at the UPHC level to ensure health is addressed comprehensively.
3. Regular Intra-NHM meetings need to be institutionalized. The existing different program heads should be responsible for implementing the different program related activities with respect to NUHM concurrently with NHM programs.

List of Important Intra-Health Departments for Urban Health

- Immunization Task Force involving Immunization Division & NUHM
- Reproductive and Child Health
- HIV - NACO
- TB- RNTCP
- Vector Borne Diseases - NVBDCP
- Non-Communicable Diseases - NPCDCS
- Surveillance - IDSP
- National Prevention and Control of Blindness
- National Prevention and control of deafness
- National Mental Health Programme
- Tobacco Control
- IEC cell

Note: List is not exhaustive it is

4. Who are the important stakeholders for urban health?

The key stakeholders and their core functions which influence health have been presented in the table below.

Stakeholder	Relevant Core Functions
Ministry of Woman and Child Welfare	ICDS interventions pertaining to nutrition and health, SHG formation, women empowerment and prevention of domestic violence and early marriage.
Ministry of Housing and Urban Poverty Alleviation	Urban poverty alleviation through gainful self employment and skilled wage employment under DAY-NULM , housing, Shelter for homeless, livelihood, implement programs such as Swachh Bharat Mission and DAY-NULM; through ULBs and parastatals implement Solid waste management, water supply/quality, sanitation, preventive vector control and food hygiene
Ministry of Drinking Water and Sanitation-(MDWS)	To provide safe drinking water and better sanitation. In state the department is called – Public Health Engineering Department.
Ministry of Education	Primary, secondary and higher education; mid day meal

	schemes; support to school health schemes/nutritional programmes
Ministry of Social Justice & Disability Department	Focus on vulnerable and disabled persons including their pension.
Ministry of Food & Civil Supplies	Focus on subsidized ration.
Elected representatives	MPs, MLAs, MLCs and ward representatives play an overarching role in monitoring welfare and developmental activities of the urban areas.
Intergovernmental organizations and donors	Demonstrate innovations and models of health; provide technical assistance and knowledge management
Private Sector Providers	Curative and specialist care; diagnostics and health insurance
NGOs and CBOs	Community mobilization, capacity building and support to implementation
Communities	Adoption of healthy behaviors, service utilization and participation

5. What are the areas for convergent actions with key stakeholders?

At present NUHM is closely working with Swachh Bharat Mission and DAY-NULM

SBM	DAY-NULM	WCD
Developing a micro-sanitation plan for each catchment area of UPHCs/ UCHCs. Promotion of Open Defecation Free (ODF) areas in urban localities. Registration of health workers (ASHA/ANM/AWW) and members in Mahila Aarogya Samitis as Swachhagrahis for Health Promotion and dissemination of SBM related messages – incentives and collaterals. Training under SBM for waste management, hygiene, point of use care. Support from SBM for IDCF	Sharing of DAY-NULM survey data of vulnerable groups with NUHM; provision of health outreach to shelter for urban homeless. Developing linkages between Mahila Arogya Samities (MAS) under NUHM and Self -Help –Group (SHG)/Area Level Federations under DAY-NULM. Common chairperson for MAS and ALFs; Sub-committee of ALFs can function as MAS; MAS members can be included in SHGs. Involvement of SHGs, ALFs in health planning, community mobilization, dissemination	Assigning administrative linkages between AWWs and ASHAs (as there are fewer AWCs than ASHAs. Joint planning of Urban Nutrition and Health Days. Presence of AWW in health sector meetings. Reporting of IDSP related information. Identification and referral of malnourished children to NRCs. Sharing of data pertaining to household surveys and utilization. Joint dissemination of health information and IEC.

activities.	of information, UHNDs, health melas, vulnerability mapping and joint monitoring of services .	

6. What are the envisaged roles for the Urban Local Body under the NUHM?

The 74th Constitutional Amendment Act (1993) lays down the provisions for the devolution of funds, functions and functionaries to enable Urban Local Bodies (ULBs) to perform their duties. The Model Municipal Law (MML) provides guidance to states towards implementation of the provisions under the 74th CAA. The MML classifies municipal functions into three categories - core, additional and other functions. Community health, curative heath and health and sanitation are listed under these categories of functions.

Primary core functions are provision of safe drinking water, environmental sanitation, air pollution, licensing of butchers and slaughterhouses and preventive vector control. Among the larger ULBs with further devolution curative care at primary, secondary and tertiary levels are also among the primary functions. There has been an expansion of roles being performed by the Municipal Health teams under NUHM. The municipal health teams in some cities are participating in carrying out health assessment; developing city health plans; and in many cities supporting the identification of infrastructure for health facilities as well as monitoring the implementation of the program.

Envisaged Roles of the ULB

- Support to situational analysis of urban health;
- Participation in city health planning in terms of infrastructure and human resources; Rationalization of health facilities;
- Co-ordination and support TO CPMU/DPMU.
- Joint monitoring of program implementation;
- Identification of land, its acquisition, or allocation for health facilities;
- Provision of budgets for contractual human resources, if the city plan demands for additional centres which are not approved under the NUHM;
- Provision of budgets for medicines from ULB budget;
- Epidemic planning and management;
- Coordinated management of water contamination episodes;
- Execution of its core functions of solid waste management and preventive vector control; and
- Implementation of urban development programs/schemes in coordination with NUHM to better target the vulnerable

7. What are the proposed institutional mechanisms for convergence at each level?

To ensure convergent actions of health and social determinants of health, the formation of common committee at City/State/District/ Ward level is very important. It needs to be ensured that the members of coordination committee expected to be formed at different levels - from National level to Ward level must include the Nodal Officers / Concerned Officials of the National Health Programme e.g. (IDSP/RNTCP etc).

The 3 tier system which can be followed are as follows:

- ✓ WARD LEVEL-Ward Level Coordination Committee
- ✓ CITY LEVEL- City Level Coordination Committee
- ✓ STATE LEVEL-State Level Committee

In six mega city corporations the above three tiered mechanism for convergence is followed.

The above committees are expected to facilitate convergent planning and implementation with ULBs and other critical stakeholders. This coordination is to be delivered through the platform of the district health societies in smaller towns. Various inter-sectoral convergence structures currently exist in different forms at the city, and ward levels either as a part of the Urban Local Bodies administrative structure or through national programmes such as Swacch Bharat Mission.
In addition to the committees it will be important to establish working groups of key functionaries involved in operational activities. These working groups could meet more frequently than the committees.

8. What are the existing platforms under various programmes that can be leveraged at each level for constituting the committees?

Programme/ Body	State Level	District/City Level	Ward Level	Community Level
NUHM	State Level Executive Committee	District Health Society	Ward Level Committees (these have not been established everywhere)	Mahila Aarogya Samitis
DAY-NULM	Executive Committee (includes Secretary Health)	Executive Committee (Includes Chief Medical Officer) Common District level Committee	Area Level federations of SHGs	Self Help Groups/ Area Level federations of SHGs
SBM	High Powered Committee	Advisory & Monitoring Committee	Ward sanitation committee	Swacchagrahis
ULBs	NA	City Council Area Sabhas	Ward Committees	NA