

REVIEW ARTICLE

The National Urban Health Mission (NUHM): Impact, Challenges, and Future Directions for Urban Health Care

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ABSTRACT

The rapid urbanization in India has resulted in significant health challenges, particularly for the urban poor residing in slums and underserved areas. The National Urban Health Mission (NUHM) was launched in May 2013 to address these challenges by improving health care access, infrastructure, and outcomes for urban populations. This review provides an in-depth analysis of NUHM, covering its objectives, key features, achievements, challenges, and future directions. NUHM has enhanced health care accessibility through the establishment of Urban Primary Health Centres (UPHCs) and community outreach services, empowered communities through the involvement of Accredited Social Health Activists (ASHAs) and Mahila Arogya Samitis (MAS), and reduced health inequities. However, the mission faces challenges such as inadequate funding, workforce shortages, coordination issues, and the need to address social determinants of health. Recommendations for the way forward include increasing funding, strengthening workforce capacity, fostering intersectoral collaboration, enhancing monitoring and evaluation, and scaling up successful models like MAS. By addressing these areas, NUHM can continue to improve health outcomes for urban populations and contribute to the overall well-being of India's growing urban population.

KEYWORDS

National Urban Health Mission; NUHM; urban health; India; Urban Primary Health Centres; UPHCs; Accredited Social Health Activists; ASHAs; Mahila Arogya Samitis

INTRODUCTION

Urbanization in India has been occurring at an unprecedented pace, fundamentally altering the demographic landscape of the country. According to the United Nations, India's urban population is projected to reach 590 million by

2030, accounting for nearly 40% of the total population(1) . This shift has been driven by factors such as economic opportunities, migration from rural areas, and the natural growth of urban populations. The rapid growth of urban areas has led to significant

infrastructural stress, including overburdened health care systems, inadequate housing, and insufficient sanitation facilities.

The urban poor, who predominantly reside in slums and other underserved areas, face a myriad of health challenges. These populations are often exposed to poor living conditions, characterized by overcrowding, lack of access to clean water, inadequate sanitation, and limited healthcare services(2). The health indicators for urban slum populations are often worse than those in rural areas. Non-communicable diseases (NCDs) such as diabetes and hypertension are on the rise, exacerbated by lifestyle factors and limited access to preventive health services. Communicable diseases, including tuberculosis and respiratory infections, remain prevalent due to the high density of living conditions and poor environmental hygiene.

Recognizing the urgent need to address these health challenges, the Government of India launched the National Urban Health Mission (NUHM) in May 2013. The NUHM was conceived as a sub-mission under the larger National Health Mission (NHM), with the specific aim of improving the health status of the urban population, particularly the poor and vulnerable sections. Unlike rural areas that have a dedicated government healthcare structure, urban areas often lack a coherent and integrated public health system. The NUHM seeks to fill this gap by establishing a robust framework for delivering equitable and accessible health care services to urban populations. It focuses on strengthening existing health infrastructure, enhancing community participation, and promoting public-private partnerships to ensure comprehensive health care coverage.

Table 1 Health service delivery framework

Component	Sub-components	Key Focus Areas
Health Care Delivery System	Service Provision	Urban Health Centres, Ayushmann Bharat Arogya mandir
	Accessibility and Coverage	Population coverage (764 cities in FY 2013-2014 to 1213 in FY 2022-2023), marginalized groups(3)
	Integration with Other Health Programs	Synergy with National Health Mission (NHM), Linkages with other health initiatives
Quality of Care	Standards and Guidelines	Implementation of clinical guidelines and protocols, Quality assurance mechanisms
	Patient Satisfaction and Experience	Feedback and grievance redressal systems, Patient-centric care approaches
Human Resources and Capacity Building	Training and Development	Capacity-building programs for health workers, Continuous medical education (CME)
	Workforce Distribution	Addressing shortages in urban health care providers, Equitable distribution of health professionals
Infrastructure Development	Facility Upgradation	Modernization of existing health facilities, Establishment of new health centres
	Technology Integration	Implementation of digital health solutions, Adoption of telemedicine and e-health services
Resource Allocation and Financial Management	Funding Mechanisms	Government budget allocations, Innovative financing models (e.g., public-private partnerships)
	Efficient Resource Utilization	Financial accountability and transparency, Cost-effectiveness analysis
Community Engagement and Participation	Community Health Workers	Role in health education and outreach, Bridging the gap between community and health services
	Public Involvement	Participatory planning and decision-making, Community feedback mechanisms

Component	Sub-components	Key Focus Areas
Monitoring and Evaluation	Data Collection and Analysis Impact Assessment	Health information systems, Performance indicators and metrics Regular evaluations of program outcomes, Identification of best practices and areas for improvement
Policy and Strategic Direction	Governance and Leadership Future Policy Directions	Strengthening institutional frameworks, Enhancing intersectoral coordination Addressing emerging health challenges, Promoting sustainable urban health care models

The Health Service Delivery Framework of the National Urban Health Mission (NUHM) outlines key areas for strengthening urban health systems (Table 1). The framework emphasizes Infrastructure Development, highlighting the need for facility upgradation through the modernization of existing health facilities and the establishment of new health centers. It also underscores the importance of Technology Integration by implementing digital health solutions and adopting telemedicine and e-health services. These measures aim to enhance accessibility, efficiency, and quality of healthcare delivery in urban settings.

STRATEGIC GOALS

The National Urban Health Mission (NUHM) was established with the overarching goal of addressing the unique health challenges faced by urban populations in India, particularly the urban poor and vulnerable groups. The primary objective of NUHM is to improve the overall health status of the urban population. This includes reducing morbidity and mortality rates, particularly among vulnerable groups such as women, children, the elderly, and people living in slums. NUHM aims to address both communicable and non-communicable diseases, providing a comprehensive approach to health care that includes preventive, promotive, curative, and rehabilitative services(4). NUHM aims to ensure that all urban residents, regardless of their socio-economic status, have equitable access to quality health care services. This involves the establishment and strengthening of Urban Primary Health Centres (UPHCs) and other health facilities that provide a wide range of services, from basic primary care to specialized treatments(5). The mission seeks to remove

barriers to health care access, such as financial constraints, geographical distances, and social discrimination. A key objective of NUHM is to strengthen and expand the existing health infrastructure in urban areas. This includes upgrading existing health facilities, establishing new health centers in underserved areas, and ensuring that these facilities are adequately equipped and staffed. By improving the physical infrastructure, NUHM aims to enhance the capacity and quality of urban health services(6).

NUHM recognizes the importance of community participation in achieving sustainable health outcomes. The mission aims to empower urban communities by involving them in health planning and decision-making processes. This is achieved through the formation and strengthening of community-based organizations such as Mahila Arogya Samitis (MAS) and the deployment of Accredited Social Health Activists (ASHAs) in urban areas(7). These community health workers play a critical role in health education, mobilization, and facilitating access to health services. To leverage resources and expertise, NUHM promotes partnerships with private sector entities, non-governmental organizations (NGOs), and other stakeholders. These partnerships are intended to fill gaps in service delivery, improve the quality of care, and ensure the sustainability of health interventions(8). By collaborating with a diverse range of partners, NUHM aims to create a more inclusive and effective urban health system. Accurate and timely health data is essential for effective planning and management of health services. NUHM aims to strengthen health information systems in urban areas to ensure better monitoring,

evaluation, and decision-making. This involves the implementation of robust Health Management Information Systems (HMIS) and regular health surveys to track progress and identify areas for improvement(9). NUHM aims to address the broader social determinants of health that impact urban populations. This includes improving living conditions, sanitation, access to clean water, and education. By addressing these underlying factors, NUHM seeks to create a healthier urban environment that supports overall well-being and reduces health disparities.

KEY FEATURES

The National Urban Health Mission (NUHM) addresses urban health needs through several key features, ensuring comprehensive care, community participation, and collaborative service delivery. Central to NUHM is the establishment and upgrading of Urban Primary Health Centres (UPHCs). Strategically located to serve urban poor and vulnerable populations, UPHCs offer preventive care (immunization, antenatal/postnatal care, family planning), curative services, health education, diagnostic services, and referrals to

specialized care. These centers are equipped with necessary infrastructure, medical equipment, and trained staff.

Community outreach is crucial, with Accredited Social Health Activists (ASHAs) and Mahila Arogya Samitis (MAS) playing pivotal roles. ASHAs conduct surveys, provide health education, and facilitate service access, while MAS committees focus on social determinants of health and mobilize communities. Both groups empower communities to take charge of their health.

NUHM enhances urban health infrastructure by establishing new facilities and upgrading existing ones, ensuring they are well-equipped and staffed. Public-private partnerships with NGOs and private health providers are promoted to fill service gaps and improve care quality. These collaborations leverage private sector resources and expertise for a more inclusive health system. Monitoring and evaluation are integral to NUHM’s success. Robust Health Management Information Systems (HMIS) track program performance, with regular audits and data-driven approaches ensuring accountability and continuous improvement of health services.

Table 2 Indicators to monitor and evaluate the performance and impact of the health services

Indicator Type	Specific Indicators
Process Indicators	Number of Urban Health and Wellness Centres (UHWCs) operational Number of Mahila Arogya Samitis (MAS) formed and functional Number of Jan Arogya Samitis (JAS) formed and functional at UPHC-HWC Number of ASHAs trained Number of drugs and diagnostics available
Output Indicators	Increase in OPD (Outpatient Department) attendance Increase in ANC (Ante Natal Care) check-ups of pregnant women Increase in complete immunization among children under 12 months Increase in case detection for malaria through blood examination Increase in case detection of TB (Tuberculosis) Number of Urban Health and Nutrition Days (UHNDs) held against target Number of population aged 30 years and above screened for five Non-Communicable Diseases (NCDs) Number of UPHC-HWCs providing specialist services Number of citizens allotted Ayushman Bharat Health Account (ABHA) IDs
Outcome/Impact Indicators	Percentage increase in utilization of urban health facilities Reduction in out-of-pocket expenditure (OOPE) of the urban poor All program-specific impact indicators

Table 2 summarizes indicators are used to monitor and evaluate the performance and

impact of the health services provided under the NUHM.

In summary, the key features of NUHM, including the establishment of UPHCs, community outreach services, health infrastructure development, public-private partnerships, and robust monitoring and evaluation mechanisms, are designed to create a comprehensive and sustainable urban health system. These features collectively ensure that health interventions are effective, inclusive, and capable of meeting the unique health needs of India's growing urban population.

ACHIEVEMENTS

The National Urban Health Mission (NUHM) has made significant strides in improving the health landscape for urban populations in India, particularly for the urban poor and vulnerable groups. Several key achievements highlight the impact of NUHM's interventions and strategies(10).

One of the most notable achievements of NUHM is the improved access to health care services. The establishment and upgrading of Urban Primary Health Centres (UPHCs) have brought health care closer to underserved urban populations. By situating UPHCs in accessible locations and equipping them with necessary medical infrastructure and personnel, NUHM has ensured that primary health care services are readily available to those in need. This has reduced the reliance on private sector health services, which are often expensive and inaccessible for the urban poor, thereby lowering out-of-pocket expenditures and making health care more affordable and equitable(11).

Enhanced community participation is another significant achievement of NUHM. The involvement of Accredited Social Health Activists (ASHAs) and Mahila Arogya Samitis (MAS) in health initiatives has empowered communities and increased health awareness. ASHAs have been instrumental in conducting door-to-door health surveys, mobilizing communities, and facilitating access to health services. Similarly, MAS, as community health committees, have focused on addressing social determinants of health and ensuring community involvement in health decision-

making processes. This grassroots engagement has led to better health-seeking behaviors and greater utilization of health services, contributing to improved health outcomes.

NUHM has also played a crucial role in reducing health inequities among urban populations. By targeting the urban poor and other vulnerable groups, NUHM has worked to bridge the gap in health disparities. The mission's focus on equitable access to health services, combined with its efforts to strengthen health infrastructure and community outreach, has led to a more inclusive health system. This has been particularly important in urban slums, where health indicators have traditionally lagged behind those of more affluent urban areas.

Key health indicators and outcomes have shown significant improvement under NUHM. For instance, immunization coverage among urban children has increased, maternal and child health outcomes have improved, and the incidence of certain communicable diseases has declined. The mission's comprehensive approach, which includes preventive, promotive, curative, and rehabilitative services, has contributed to these positive health trends(10). Additionally, the focus on non-communicable diseases (NCDs) has led to better screening and management of conditions such as diabetes and hypertension among urban populations.

Ayushman Arogya Mandir initiative provides comprehensive healthcare services, including preventive, promotive, curative, rehabilitative, and palliative care, through 1,50,000 centers. PM-JAY offers Rs. 5 lakhs insurance to over 10 crore families. The Functional Ayushman Arogya Mandirs includes 1,73,277 facilities, comprising 1,27,498 Sub-Health Centers (SHCs), 23,882 Primary Health Centers (PHCs), 5,089 Urban Primary Health Centers (UPHCs), 11,775 AYUSH centers, and 5,033 Urban Health and Wellness Centers (UHCs)(12).

Ayushman Arogya Mandirs are envisaged to deliver expanded range services that go beyond Maternal and child health care services

to include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services

CHALLENGES AND LIMITATIONS

While the National Urban Health Mission (NUHM) has made significant progress in improving urban health care, it faces several challenges and limitations that hinder its effectiveness and sustainability. Addressing these issues is crucial for the mission to achieve its full potential and ensure long-term health improvements for urban populations. One of the primary challenges facing NUHM is inadequate funding. Despite the mission's ambitious goals and comprehensive strategies, the financial resources allocated to NUHM are often insufficient to meet the growing health needs of urban populations. The limited budget affects the ability to establish and maintain health infrastructure, procure necessary medical equipment, and hire and train health personnel. Inadequate funding also hampers the implementation of community outreach programs and public-private partnerships, which are vital for reaching underserved areas and populations. Ensuring consistent and increased funding is essential for the sustained success of NUHM and for scaling up its interventions to cover a larger segment of the urban population(6). Another significant challenge is the shortage of trained health care workers in urban areas. The demand for health services in rapidly growing urban populations often outstrips the supply of qualified health professionals. This shortage is particularly acute in UPHCs, where there is a need for a diverse range of health care providers, including doctors, nurses, laboratory technicians, and community health workers. Additionally, retaining skilled personnel in urban health centers can be difficult due to inadequate compensation, lack of career development opportunities, and challenging working conditions. Addressing workforce shortages through targeted recruitment, better training programs, and improved working conditions is critical for

ensuring the effective delivery of health services(13). Effective coordination and integration among various stakeholders, including government agencies, non-governmental organizations (NGOs), and private health providers, are essential for the success of NUHM. However, achieving seamless collaboration can be challenging due to differing priorities, operational styles, and resource constraints. Coordination issues can lead to duplication of efforts, gaps in service delivery, and inefficient use of resources. Establishing clear roles and responsibilities, fostering communication and collaboration among stakeholders, and integrating services across sectors are necessary to create a cohesive urban health care system.(10)

The National Urban Health Mission (NUHM) faces significant challenges, particularly in ensuring the availability of essential drugs. Consistent supply of medications is critical for effective treatment and maintaining public trust in healthcare services. According to recent reports for 2023-24, nearly 30% of urban health centers experienced stockouts of essential medicines due to logistical hurdles, inadequate funding, and inefficient supply chain management (Ministry of Health and Family Welfare, 2023)(14). Additionally, improper inventory management and forecasting exacerbate the uneven distribution of medicines, especially in densely populated urban areas where healthcare demand is high (15).

While NUHM focuses on health care delivery, addressing the broader social determinants of health is crucial for achieving sustainable health improvements. Factors such as housing, sanitation, education, employment, and social security significantly impact health outcomes(16). However, these determinants often fall outside the direct purview of the health sector, requiring intersectoral collaboration and policy interventions. Integrating health care initiatives with programs aimed at improving living conditions, access to clean water, sanitation, and education is essential for tackling the root causes of health disparities. Developing

comprehensive strategies that encompass health and its social determinants can enhance the overall effectiveness of NUHM.

Case Study: Mahila Arogya Samitis (MAS)

The Mahila Arogya Samitis (MAS) model implemented in the state of Chhattisgarh under the National Urban Health Mission (NUHM) stands out as an exemplary approach to community participation and health empowerment(7). MAS are community-based women's health committees that play a pivotal role in addressing the health needs and social determinants of health in urban slum areas. The model focuses on leveraging the collective power of women to improve health outcomes, ensure equitable access to health services, and address broader social issues that impact health.

The formation of MAS involves a participatory process where women from local slum communities come together to form a committee. Each MAS typically consists of ten women, representing approximately 100-200 households in their neighbourhood. The selection of members is done through a community-driven process, ensuring that the committee is representative of the local population. These women then elect two office bearers from among themselves to lead the committee and manage its activities.

The primary functions of MAS include monitoring public health services, promoting health awareness, addressing social determinants of health, and facilitating access to health care services. MAS members are trained to identify health issues, mobilize community resources, and advocate for better health services. They engage in activities such as health education, sanitation drives, and organizing health camps. The committees also play a crucial role in grievance redressal by liaising with health authorities and local government officials to resolve issues related to health service delivery(17). The success of the MAS model in Chhattisgarh is due to several key factors. MAS empower women by involving them in health decision-making and addressing broader social determinants like sanitation, nutrition, and education. This

involvement fosters a sense of ownership and responsibility towards community health, leading to more effective interventions. The inclusive and democratic leadership structure, with members chosen through a participatory process, ensures representation of community needs, promoting transparency and accountability. Regular training and capacity-building sessions equip MAS members with the necessary skills for health education, advocacy, and leadership, enhancing their ability to effectively interact with health authorities and stakeholders

MAS are accountable to the communities they serve, and their activities are guided by the needs and priorities of these communities. This accountability is reinforced through regular meetings, community feedback mechanisms, and transparent decision-making processes. Additionally, the recognition and social status that MAS members gain in their communities further motivate them to perform their roles effectively. The success and impact of their initiatives earn them respect and support from both the community and local authorities.

WINDOW OF OPPORTUNITY

Research studies and reports on the National Urban Health Mission (NUHM) underscore the critical "Window of Opportunity" for enhancing urban health outcomes through strategic interventions. Key strategies include deploying community health workers to facilitate timely health interventions, integrating digital health solutions to enhance preventive measures, and optimizing supply chain management to ensure a consistent supply of essential drugs (Ministry of Health and Family Welfare, 2023). Effective resource allocation and strategic health planning are emphasized to overcome implementation challenges and improve healthcare delivery systems these several measures can be implemented:

Strengthening Supply Chain Management:

Ensuring a consistent supply of essential drugs is critical. This can be achieved by improving supply chain logistics, adopting advanced inventory management systems, and

enhancing forecasting methods to prevent stockouts (6). Efficient supply chain management will help maintain the availability of essential medicines and other health supplies, which is vital for continuous healthcare delivery.

Integrating Digital Health Solutions:

The adoption of digital health technologies, such as telemedicine, electronic health records (EHRs), and mobile health apps, can significantly enhance the reach and efficiency of healthcare services. These technologies can facilitate better patient monitoring, data management, and remote consultations, improving access to care and reducing the burden on physical healthcare facilities (3).

Capacity Building and Training:

Continuous training and capacity building for healthcare workers, including community health workers, nurses, and doctors, are essential. Training programs should focus on the latest healthcare practices, use of digital tools, and management of non-communicable diseases (NCDs), mental health, and emergency care (18)

Community Engagement and Participation:

Engaging the community in healthcare planning and delivery can enhance the responsiveness and effectiveness of health programs. Community health workers can play a pivotal role in health education, preventive measures, and feedback collection, ensuring that health services are tailored to the needs of the community(15).

Improving Health Infrastructure:

Upgrading existing health facilities and establishing new centers where needed can improve access to healthcare services. Investments in infrastructure should also include the provision of essential diagnostic equipment and modern medical technologies(6).

Human resource requirement:

Community Health Officers (CHOs) under the National Urban Health Mission (NUHM) are essential in delivering primary healthcare in

urban areas. They bridge the gap between communities and health services, providing comprehensive care, including preventive, promotive, curative, and rehabilitative services. There is essential need to include CHOs in health education, managing non-communicable diseases, maternal and child health, and emergency care. With over 1,50,000 Ayushman Arogya Mandirs planned, CHOs will ensure the availability of essential drugs and diagnostic services, significantly improving access to quality healthcare for urban populations.

Policy and Governance Reforms:

Strengthening governance frameworks and policy implementation can address systemic issues in healthcare delivery. Policies should focus on enhancing accountability, transparency, and intersectoral coordination to ensure that health services are delivered efficiently and effectively.

By implementing these measures, NUHM can better utilize its "Window of Opportunity" to improve health outcomes and reduce disparities in urban healthcare settings.

THE WAY FORWARD

The National Urban Health Mission (NUHM) has made significant strides in addressing the health needs of urban populations, particularly the urban poor. However, several areas require further attention and improvement to enhance the mission's impact and ensure sustainable health outcomes.

One of the most pressing needs for NUHM is to increase financial resources. Adequate and sustained funding is crucial for expanding the reach of health services, improving health infrastructure, and ensuring the availability of essential medical supplies and equipment. The government should prioritize health in urban planning and allocate a larger portion of the budget to NUHM (19). Additionally, exploring alternative funding sources such as international aid, public-private partnerships, and innovative financing mechanisms can provide the necessary financial support to scale up health interventions.

Strengthening workforce capacity is another critical area for enhancing NUHM's impact.

Addressing the shortage of trained health care workers in urban areas requires targeted recruitment, better training programs, and improved working conditions. Investing in the education and continuous professional development of health care providers will ensure that they are equipped with the skills and knowledge needed to deliver high-quality care. Retaining skilled personnel by offering competitive salaries, career development opportunities, and a supportive work environment is essential for maintaining a robust health workforce(20).

Fostering intersectoral collaboration is essential for addressing the broader social determinants of health impacting urban populations, such as housing, sanitation, education, and employment. Collaboration between government departments, NGOs, and private sector entities can create integrated approaches to urban health challenges. Joint planning, resource sharing, and coordinated action through policies and programs will enhance the effectiveness of health interventions.

Enhancing monitoring and evaluation is crucial for ensuring accountability and continuous improvement of NUHM. Strengthening Health Management Information Systems (HMIS) and implementing regular audits and performance tracking can provide valuable data on health program effectiveness. This data can inform policy decisions and program adjustments, helping to identify gaps, optimize resource allocation, and improve health outcomes. Transparent reporting and feedback mechanisms will also foster trust and engagement among stakeholders.

Scaling up successful models like the Mahila Arogya Samitis (MAS) can significantly enhance the impact of NUHM(7). The MAS model in Chhattisgarh has demonstrated the power of community-based approaches to health care. By empowering women, fostering inclusive leadership, providing training and capacity building, and ensuring accountability and recognition, MAS have significantly improved health outcomes in urban slum areas. Adapting and replicating this model in other urban contexts can help in addressing the health

needs of diverse populations and promoting sustainable health improvements(21).

To improve the opportunities under the National Urban Health Mission (NUHM), several measures can be implemented, emphasizing public-private partnerships (PPPs). Public-private partnerships (PPPs) in the National Urban Health Mission (NUHM) have been instrumental in enhancing urban healthcare delivery in India. A notable case study is the Model Urban Primary Health Center (UPHC) project in Nagpur, a collaboration between Tata Trusts and the Nagpur Municipal Corporation. This partnership improved infrastructure and services, focusing on comprehensive primary healthcare delivery, preventive services, and health education. The initiative significantly enhanced healthcare accessibility and quality for urban populations (22).

In another example, the PPP model in Bihar for diagnostic services involved private partners managing diagnostic facilities within government health centers in Patna, ensuring timely and affordable access to essential diagnostic services for the urban poor(23). These case studies demonstrate the potential of PPPs in addressing healthcare challenges and improving service delivery under NUHM.

CONCLUSION

The National Urban Health Mission (NUHM) has emerged as a critical initiative in addressing the health challenges faced by urban populations in India. By establishing Urban Primary Health Centres (UPHCs), promoting community outreach services, enhancing health infrastructure, fostering public-private partnerships, and implementing robust monitoring and evaluation mechanisms, NUHM has significantly improved access to health care for the urban poor. The mission has also empowered communities, reduced health inequities, and improved key health indicators. Despite these achievements, NUHM faces several challenges that need to be addressed to enhance its impact and ensure sustainable health outcomes. Inadequate funding remains a major constraint, limiting the expansion and maintenance of health services. Workforce shortages, particularly in

terms of trained health care professionals, pose significant barriers to effective service delivery. Coordination and integration issues among various stakeholders can lead to inefficiencies and gaps in health care provision. Additionally, addressing the broader social determinants of health, such as housing, sanitation, and education, requires stronger intersectoral collaboration.

Looking to the future, several key directions can further strengthen NUHM and urban health care in India. Increasing financial resources through government budget allocations, public-private partnerships, and innovative financing mechanisms is crucial for sustaining and expanding health services. Strengthening workforce capacity through targeted recruitment, comprehensive training programs, and improved working conditions will ensure a robust health workforce capable of meeting the demands of urban health care. Promoting intersectoral collaboration can address the social determinants of health and create a more integrated and holistic approach to urban health challenges. Enhancing monitoring and evaluation systems will provide valuable data for informed decision-making and continuous improvement of health programs. Scaling up successful models like the Mahila Arogya Samitis (MAS) can offer valuable lessons and strategies for community-based health interventions, fostering greater community participation and empowerment.

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