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Dated: 09.01.2024

From

The State Mission Director

To

District Programme Managers

All Districts

Sub:- Regarding the guidelines for operationalisation of Urban Polyclinics ,

Ref:- 1.D.O.No.L.19017/42/2023-NUHM/8238226 -Guidance Note from MOHFW on  
Urban Polyclinics

2. Operational Guidelines of 15th Finance Commission Health Grants

National Urban Health Mission was launched in 2013 as a subset of NHM to provide healthcare services to urban population with focus on the urban poor and vulnerable groups. The recently introduced initiatives PMABHIM and 15th Finance commission health grants reinforces the vision towards strengthening of primary healthcare system in Urban settings.

Over a period of 5 years the primary health care has been envisaged to be strengthen under 2 arms

1. Urban Health and Wellness centres
2. Urban Polyclinics

The Urban Primary Health centres will get upgraded into Specialist UPHCs or Urban Polyclinics. These institutions following the upgradation will render specialist care to the urban community will march towards the attainment of UHC while reducing the OOPE.

A guidance note on how the Specialist Services can be adopted and implemented in the Urban settings was circulated from MOHFW. The guidelines have been customised according to the needs and existing resources as well as health systems in state. I am forwarding the operational guidelines for the urgent intervention from the District Health Team so as make the Urban Polyclinics operational as early as possible. These guidelines will aid and support you in the whole process of implementation.

I may also request you to kindly submit the compliance report on the operationalisation of Urban Polyclinics by Jan 31st 2024.

With warm regards

State Mission Director

# Approval Valid

Digitally Approved By

Jeevan Babu K. I.A.S

Date: 09.01.2024

Reason: Approved

Copy to

1. District Medical Officers (Health) - All Districts
2. State Nodal Officers - Urban Health , M&E , Biomedical , Child Health , Maternal Health , Projects

The document is digitally approved. Hence signature is not needed.

<b>Subject:</b>	<b>XV Finance Commission Health sector Grants - Establishing specialist services in Urban Primary Health Centres and Urban Community Health Centres – Guidelines for operationalization.</b>
<b>Read:</b>	1. GO (Rt.) No. 2132/2023 dated 31.08.2022 2. DO No. L.19017/42/2023-NUHM/8238226 dated 25.10.2023

## Introduction

Kerala has 102 Urban Primary Health Centres and two urban community health centres across 58 of 93 urban local bodies of the state. Provision for primary healthcare is being expanded to all 93 urban local bodies of the state through setting up of urban health and wellness centres which provide outpatient services to vulnerable populations in the urban area.

Expanding the service provision at UPHCs is an important consideration for the government to ensure that specialist outpatient services are accessible to urban poor. Provision of specialist services at urban primary health centres and urban community health centres are expected to act as linkage to specialist services being provided at major health facilities. Further, it will also help to decongest the outpatient clinics at major health facilities.

## Objectives

The objectives of establishing urban polyclinics in UPHCs and UCHCs is as follows:

1. Improve access to specialist medical care for urban poor in Kerala
2. Establish forward and backward linkages with specialist services being provided through major health facilities to ensure continuum of care

## Scope of services

All UPHCs listed in annexure I are selected for implementation of polyclinic services. The following services are envisaged in the polyclinics.

1. General Medicine
2. Paediatrics
3. Obstetrics and Gynaecology
4. Ophthalmology
5. Dermatology
6. Psychiatry
7. Palliative medicine
8. ENT
9. Dentistry
10. Physiotherapy

11. Optometry
12. Nutrition

The list of specialties is not exhaustive and districts may add to it based on requirement.

### Timing and frequency of services

Districts have flexibility in deciding the specialty services to be operationalized in UPHC/UCHCs where polyclinics are being operationalized. However, the following general guidelines are to be followed.

- a. Specialist services shall be provided at least once per week as fixed day service in all UPHC/UCHCs
- b. At least two different specialty services shall be ensured in all UPHCs.
- c. Specialist services shall be available on fixed days at 9.00 am to 1.00 pm OR 2.00 pm to 6.00 pm. They shall not be deployed for less than 3 hours at a time.
- d. Teleconsultation facilities shall be established for those specialties which are not available in the UPHC.

Specialty services must be provided free of cost. Clear referral pathways have to be established with major health facilities to ensure continuum of care for patients. Further, efforts must be made to mobilize patients requiring post-hospital follow-up to the polyclinic fixed day service.

### Human resource

District Programme Manager, NHM shall enlist all specialists available under NHM pool within the district and prepare a plan to depute them on fixed days to fixed UPHC/UCHCs. The plan for deployment must be in accordance with the guidelines issued herein. This shall be issued as proceedings of the DPM stating the name of the specialist, institution, and fixed day on which he/she is deputed to that institution for specialist OP services.

In addition to the above, specialist posts are already sanctioned to districts under supplementary ROP for 2023-24 as follows:

District	# of specialists sanctioned additionally	District	# of specialists sanctioned additionally
Thiruvananthapuram	18	Thrissur	11
Kollam	7	Palakkad	13
Pathanamthitta	6	Malappuram	14
Alappuzha	9	Kozhikode	12
Kottayam	7	Wayanad	5
Idukki	4	Kannur	11
Ernakulam	14	Kasaragode	6

DPM (NHM) shall post suitable candidates as applicable based on specialties chosen and utilize their services in UPHC/UCHC for polyclinic services. Their services may be utilized on rotation basis in any UPHC/UCHC as per the requirement of the district. Specialists posted in specialties requiring surgical/procedural interventions may be deployed for upto 2 days per week to a major hospital nearby to ensure continuum of care for patients seen at polyclinic OPDs. However, their main client load has to be from OPDs of polyclinics.

Palliative medicine, physiotherapy, nutrition, and optometry services may be operationalized in association with National Programme for Palliative Care (NPPC), National Programme for NonCommunicable Diseases (NPNCNCD) and National Programme for Control of Blindness & Visual Impairment (NPCB & VI).

Further, specialists may also be engaged on part-time basis from private sector on daily wages basis. Empanelment of specialists may be done for the same. They may be provided daily remuneration as per norms.

## **Infrastructure**

The existing infrastructure of UPHCs and UCHCs shall be strengthened for provision of polyclinic services. Strengthening of infrastructure includes the following:

- a. Setting up space for specialist OPD
- b. Expanding laboratory facilities
- c. Setting up teleconsultation facilities

Funds sanctioned under Scheme 6 of XV Finance Commission Health Sector Grants shall be utilized for this.

## **Teleconsultation facility**

Every UPHC must have a dedicated terminal for teleconsultation with the following equipment.

1. Desktop/Laptop computer with broadband internet connectivity
2. Headset with mike
3. Webcam

The space for setting up teleconsultation facility must have adequate privacy so that patients can discuss their health issues with the specialist without interruptions. Each UPHC/UCHC must be registered as a spoke for eSanjeevani telemedicine services. Any patient requiring specialist consultation shall be provided the same through teleconsultation within the institution itself. Scheme 6 of XV Finance Commission Health Sector Grants for polyclinic may be utilized for setting up teleconsultation facilities.

## **Drugs and diagnostics**

Medical Officer in charge of the UPHC/UCHC shall ensure availability of adequate medicines and diagnostic facilities as required for the polyclinic through annual intends of the UPHC/UCHC or through LSG projects. Efforts must be made to ensure that drugs are provided to patients free of cost. DMO(Health) and DPM (NHM) shall provide necessary support for the same.

Diagnostic services available within the UPHC/UCHC must be utilized fully for the operationalization of polyclinic. Some diagnostic tests required in the specialist clinic may not be available in the UPHC/UCHC. In such cases, those diagnostic tests must be made available to patients through hub and spoke laboratory network or through linkage with the nearest major health facility. Augmentation of diagnostic facilities at UPHC/UCHC has to be undertaken by Medical officer in charge using funds made available through XV Finance Commission Health Grants, quality assurance or untied funds for UPHC. Necessary technical and administrative support shall be provided by DMO (Health) and DPM (NHM).

## **Equipment and consumables**

Availability of equipment and consumables as per the list attached in annexure II must be ensured depending on the specialist services on offer at the UPHC/UCHC. Medical officer in charge of UPHC/UCHC shall ensure utilization of funds made available through scheme 6 XV Finance Commission Health Grants, quality assurance or untied funds for UPHC for these activities. DPM (NHM) and DMO (Health) shall provide necessary administrative and technical support for the same.

## **IEC/BCC**

The following display boards shall be set up in the UPHC/UCHC for information of public.

- a. List of services available with fixed days and timing of services
- b. Citizen's charter showing specialty services as an operational component of UPHC/UCHC

Availability of specialist service in UPHC/UCHC shall be disseminated to public through new/social media posts, interpersonal communication by ASHAs and field staff during home visits, at ward sanitation committee meetings, urban health nutrition days and at mahila arogya samiti meetings. ASHAs and field staff have a key role in mobilizing patients to attend specialty clinics at UPHC/UCHC.

## Monitoring & Reporting

Separate OP register shall be maintained for each specialty to record information on specialty services. Polyclinic services shall be reported in online portals – HMIS, AB-HWC, IHIP and any other online platform for reporting services of UPHC/UCHCs. If the institution is ehealth enabled, it shall be expanded to specialty OPDs so that specialty OP services are captured through ehealth application.

Monthly reporting of polyclinic services shall be in the below format

S.No.	Institution	Specialty	OP sessions in the month	Male OPD attendance in specialty clinic	Female OPD attendance in specialty clinic	Total OPD attendance in specialty clinic	Remarks

Quarterly monitoring format of NUHM shall also include polyclinic services.

Review of functioning of polyclinic services shall be undertaken at institution level, LSG level, block level and district levels on monthly basis.

## Annexure I

**List of institutions sanctioned for Polyclinic operationalization through  
XV Finance Commission Health Grants**

No.	District	Name of UPHC	Name of ULB
1	TVM	Poovathoor	Nedumangadu Municipality
2	TVM	Chaikkottukonam	Neyyattinkara Municipality
3	TVM	Mambazhakkara	Neyyattinkara Municipality
4	TVM	Attukal	Thiruvananthapuram Corporation
5	TVM	Chakkai	Thiruvananthapuram Corporation
6	TVM	Chalai	Thiruvananthapuram Corporation
7	TVM	Kalippankulam	Thiruvananthapuram Corporation
8	TVM	Kannammoola	Thiruvananthapuram Corporation
9	TVM	Muttada	Thiruvananthapuram Corporation
10	TVM	Nanthancode	Thiruvananthapuram Corporation
11	TVM	Palkulangara	Thiruvananthapuram Corporation
12	TVM	Secrteriate (Rajaji Nagar)	Thiruvananthapuram Corporation
13	TVM	Thrikkannapuram	Thiruvananthapuram Corporation
14	TVM	Vattiyoorkavu	Thiruvananthapuram Corporation
15	TVM	Vettukad	Thiruvananthapuram Corporation
16	TVM	Beemapally	Thiruvananthapuram Corporation
17	TVM	Kovalam	Thiruvananthapuram Corporation
18	KLM	Vaadi	Kollam Corporation
19	KLM	Uliyakovil	Kollam Corporation
20	KLM	Mundakkal	Kollam Corporation
21	KLM	Karunagappally	Karunagappally Municipality
22	PTA	Kumbhazha	Pathanamthitta
23	PTA	Uthramel	Thiruvalla
24	ALP	Cheravally	Kayamkulam Municipality
25	ALP	Mullathu Valappu	Alappuzha Municipality
26	ALP	<b>Mangalam</b>	Alappuzha Municipality
27	ALP	Nehrutrophy	Alappuzha Municipality
28	KTM	Perunna	Changanacherry Municipality
29	KTM	Veloor	Kottayam Municipality



No.	District	Name of UPHC	Name of ULB
30	KTM	Perumbaikadu	Kottayam Municipality
31	IDK	Parakkadavu	Thodupuzha Municipality
32	IDK	Kattapana	Kattappana Municipality
33	EKM	Kennadimukku	Thrikkakara Municipality
34	EKM	Thammanam	Cochin Corporation
35	EKM	Kadavanthra	Cochin Corporation
36	EKM	Vattekunnam	Kalamaserry Municipality
37	EKM	Elamanthoppu	Thripunithura Municipality
38	EKM	Pandikudy	Cochin Corporation
39	EKM	Moolamkuzhy	Cochin Corporation
40	EKM	Mangattumukku	Cochin Corporation
41	EKM	Kuthapady	Cochin Corporation
42	EKM	Ponnurunni	Cochin Corporation
43	EKM	Chalikkavattom	Cochin Corporation
44	EKM	Vennala	Cochin Corporation
45	EKM	Champakara	Cochin Corporation
46	EKM	Edakochi	Cochin Corporation
47	EKM	Kaloor	Cochin Corporation
48	TSR	Gosayikunnu	Thrissur Corporation
49	TSR	Kachery	Thrissur Corporation
50	TSR	Anapuzha	Kodungallur Municipality
51	TSR	V R Puram	Chalakudy Municipality
52	TSR	Porkalanged	Kunnamkulam Municipality
53	TSR	Guruvayoor	Guruvayoor Municipality
54	TSR	Paravattani	Thrissur Corporation
55	PKD	South Panamanna	Ottapalam Municipality
56	PKD	Kolupully	Shornur Municipality
57	PKD	Vennakkara	Palakkad Municipality
58	PKD	Diara Street	Palakkad Municipality
59	PKD	Alangode	Palakkad Municipality
60	MLPM	Pannakkad (Malappuram)	Malappuram Municipality
61	MLPM	Mangalassery (Manjeri)	Manjeri Municipality

No.	District	Name of UPHC	Name of ULB
62	MLPM	Annara (Tirur	Tirur Municipality
63	MLPM	Kooriyad (Kottakkal)	Kotakkal Municipality
64	MLPM	Ponnani	Ponnani Municipality
65	MLPM	Vettekode (Manjeri)	Manjeri Municipality
66	MLPM	Eravimangalam (Perinthalmanna)	Perinthalmanna Municipality
67	MLPM	Mummuly (Nilambur)	Nilambur Municipality
68	MLPM	Venniyoor (Tirurangady)	Tirurangadi Municipality
69	MLPM	Cheramangalam (Parappanangady)	Parappanangadi Municipality
70	MLPM	Musilyarangady (Kondotty)	Kondotty Municipality
71	MLPM	Kunnumpuram (Tanur)	Tanur Municipality
72	MLPM	Biyam	Ponnani Municipality
73	KKD	Kannadikal	Kozhikode Corporation
74	KKD	Veliyancheripaadam	Kozhikode Corporation
75	KKD	Kallunira	Vatakara Municipality
76	KKD	Naderi	Koyilandy Municipality
77	KKD	Kunduparamba	Kozhikode Corporation
78	KKD	Kinassery	Kozhikode Corporation
79	KKD	Kannancheri	Kozhikode Corporation
80	KKD	Payyanakkal	Kozhikode Corporation
81	KKD	Ponnamkode	Kozhikode Corporation
82	KKD	Chelavoor	Kozhikode Corporation
83	KKD	Payyoli	Payyoli Municipality
84	WYD	Kalpetta	Kalpetta Municipality
85	KNR	Maithanappally	Kannur Corporation
86	KNR	Koovode	Taliaparamba Municipality
87	KNR	Kolassery	Thalassery Municipality
88	KNR	Muthathi	Payyanoor Municipality
89	KNR	MattaNoor	Mattanoor Municipality
90	KNR	Panoor	Panoor Municipality
91	KSD	Pullikunnu	Kasaragod Municipality
92	KSD	Kanhangad Kadapuram	Kanhangad Municipality
93	KSD	Nileshwaram	Neeleshwaram Municipality

## Annexure II

**Indicative list of equipment and consumables for Polyclinics**

<b>S.No.</b>	<b>Equipment</b>
	<b>Emergency, triage, resuscitation and stabilization</b>
1.	Emergency drug tray, crash cart, oxygen cylinder, suction machine, ambu bag
2.	Surgical blade, pulse oximeter
	<b>OPD services</b>
3.	Examination table with footstep, BP apparatus, weighing machine, stethoscope, thermometer, examination lamp with white light,
4.	Dental chair and accessories (for dental services)
5.	Ophthalmoscope and accessories (for ophthalmology and optometry)
6.	Otoscope, headlight and accessories (for ENT services)
	<b>Rehabilitation services (for physiotherapy services)</b>
6.	Shoulder wheel, shoulder pulley, adjustable walker, reciprocal walker, exercise couch, resistance bands, lower and upper extremity cycle
	<b>Furniture</b>
7.	Chairs for patient waiting area, footstep, office chair, table, screen separators, steel almirah, cupboard, patient stool

The list of equipment/furniture is indicative and not exhaustive. Districts can decide on which equipment is necessary based on local requirement.