

gender population, commercial sex workers, etc. Efforts will be made to ensure that these populations are adequately covered by NHM's social protection initiatives.

(Para 5.6.8)

8. Contracting out of services requiring specialists or medical doctors would be considered in case they are not available/adequate within the public health system. Contracting in of a private care facility in case there is no public health facility, can also be considered. For e.g., in urban agglomerations with large low income populations seeking publicly financed care. (Para 5.7.7)

o **Health of the Urban Poor (Para 5.11):**

- 1) The urban poor suffer from poor health status with a higher burden of mortality and morbidity. Rates of under-nutrition, anaemia, and incidence of vector borne diseases, TB, and other respiratory infections are significantly higher than among other urban population groups.
- 2) This situation is further exacerbated by the fact that a large number of urban poor are living in slums that are not part of the official list as slums. This compromises the entitlement of the slum dweller to basic services.
- 3) The most vulnerable including construction site workers, homeless persons, street children, victims of communal violence, invisible habitations such as lime and brick kiln workers would be accorded focused attention and health care through strategies appropriate to the local situation.
- 4) States will be required to plan for the specific needs of such areas and populations, city wise and allocate higher resource to them in their plan.

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