



Ideate 2018

from ideas to action

by

Bansidhar & Ila Panda Foundation

in association with

PATH

A PANEL DISCUSSION ON

"Strengthening of Urban Healthcare Through Community Participation - Challenges, Prospects & Avenues"

Dt : 20th November 2018

At : Empress Hall, Hotel The Crown, Bhubaneswar

Moving the Focus Towards Urban Healthcare

Urbanization is seen as a proxy for economic growth – but it also brings with it complex and myriad socio-economic challenges. The 2011 census counted 108,000 urban slums and identified 13.8 million households — about 64 million people — located in city slums nationwide. Estimates also suggest that about one in six Indian city resident lives in an urban slum with unsanitary conditions that are "unfit for human habitation" – and where there is little or no basic healthcare, education, sanitation and availability of safe drinking water. Maternal and child health suffer disproportionately – more than 46% of children of the country's urban poor are underweight, and almost 60% of poor urban children miss total immunization before their first birthday. What can be done to improve address access to quality health care in Urban slums? How can we find innovative, affordable, and scalable solutions?



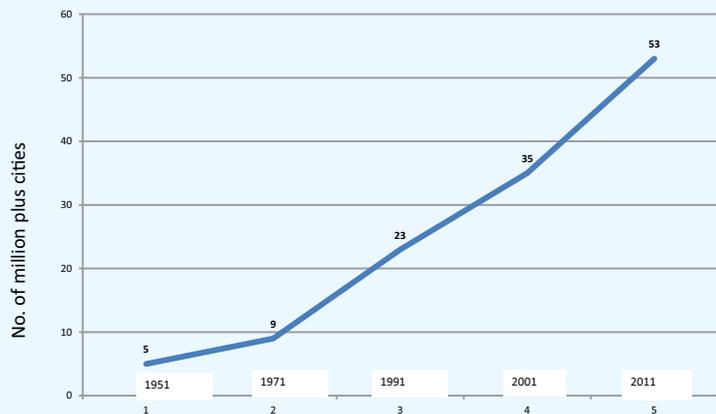
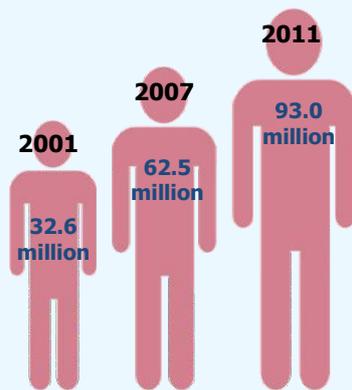
To generate awareness, facilitate a constructive dialogue, and find solutions, Bansidhar & Ila Foundation (BIPF) in partnership with **PATH** organised the **7th Ideate** discussion on the topic- '**Strengthening of Urban Healthcare through Community Participation: Challenges, Prospects, and Avenues**'. Ms. Shaifalika Panda, Trustee & CEO, BIPF, opened the discussion by stating that "...urbanisation is acting as a double-edged sword - on one hand, it provides with an opportunity for growth, while on the other it gives rise to unplanned dwellings. And it is overcrowding that poses the biggest risk to the health of the urban poor." She added that despite numerous efforts being made in this sector, low sanitation levels, lack of clean water and proper waste disposal, and environmental degradation severely impact the lives of the younger generation. Ms. Panda also pointed out that the lack of 3As – Awareness, Accessibility, and Affordability are the main cause of high health expenditure for non-hospitalised treatment in urban areas. She added that in order to make these schemes a success, Assimilation of community participation on a sustainable basis is needed to be integrated into the programs.

Keynote Address

In his keynote address, Dr. Sanjay Pandey, Chief Officer, Advocacy & Partnership, Population Services International, India Country Office, spoke about the current urban healthcare system- National Urban Health Mission in India. During his address, Dr. Pandey talked about the "2-3-4-5 Syndrome of Urbanization". As per this phenomenon, Indian Population is growing by 2%, urbanization by 3%, large cities are expanding by 4% and within that population of the urban poor are growing by 5%.



Estimated Slum Population in India



Urbanisation in India Source: Census 2011

Parallel Health Systems - Leave Populations At Risk

Dr. Pandey stated that providing healthcare to urban poor brings with it a new set of challenges. For instance, expansion of urban boundaries has resulted in the formations of "Peri-urban" areas. People living in these areas are neither covered under the urban healthcare system nor under the rural healthcare system, leaving them as vulnerable and at risk. Another challenge being faced by the urban population is the parallel governing systems such as Corporation, Nagar panchayat, municipalities that have different resources and budgets unlike in rural setting where everything comes under the Panchayat Umbrella.

National Urban Healthcare Mission Unifies State Level Health Systems

Dr. Pandey iterated that National Urban Healthcare System (NUHM) has unified the different urban healthcare systems that were working in different states. NUHM puts a special focus on the healthcare of urban poor and people who are vulnerable. Odisha's community women-centric healthcare structure has been adopted by NUHM and has been awarded as the "Best practice for the community involved" in the state best practices summit.



NUHM: Core Strategies

Community-Based Organisations Can Drive Access To Health Care

Dr. Pandey concluded his address by reiterating about the need to strengthen the community participation in the urban healthcare system which can be achieved by focusing on four critical elements of NUHM namely, a) Rogi Kalyan Samiti at facility level, b) Ward Kalyan Samiti at ward level, c) ASHA as a link worker, and d) Mahila Arogya Samiti at the community level. He added that Bansidhar & Ila Panda Foundation and other community-based organisations can play a pivotal role in making urban healthcare robust and inclusive.

Panel Discussion

The discussion was moderated by Dr. Rajiv Tandon, Technical Director, MNCHN+A, PATH India who, through his pointed questions and keen observations, tried to bring forward every aspect of the urban healthcare system in the country, the challenges, and the way forward. The panellists suggested solutions that can be adapted to create a robust healthcare framework for the urban population.



Role of RMPs in Urban Healthcare

Mr. Sudhir M Diggikar, CEO, Apollo Hospital, Bhubaneswar

Mr. Diggikar shared that corporate hospitals such as Apollo focus on preventive healthcare as well. Mr. Diggikar said they organise health camps in the most neglected parts of the city such as the slums and provide free health check-ups. He said that it is imperative to work towards making healthcare affordable and accessible to all. While responding on the quacks and registered medicos, he said that quacks or RMPs who work in the smaller communities need to be involved in the healthcare system. As a lot of cases are handled by RMPs, they have the data that can help us in defining the key areas where we need to focus on.

Empowering Women through Mahila Arogya Samiti

Ms. Sarojini Rautray, Secretary-Maa Gouri Mahila Arogya Samiti (MGMAS), SaliaSahi, Bhubaneswar



Ms. Rautray talked about her experiences as a member of MAS. She began her career as an ASHA worker. After the formation of the MAS, she got involved in the community healthcare. MGMAS has been relentlessly working towards improving the healthcare of women and children. For instance, prior to MGMAS, the majority of the deliveries were taking place in their homes. But today, the situation has changed and the slum has achieved 100% institutional deliveries. She added that “Mamata Diwas” is organised every Tuesday and Friday to have discussions on women health and well-being. Furthermore, the area she is working in has successfully managed to achieve 100% immunization of children. Recently, they have been given training on family planning programs and they will work towards reducing infant mortality rate (IMR) and maternal mortality rate (MMR). Ms. Rautray added that apart from these, the members are also involved in various disease control programs conducted by the health department of the Government of Odisha, such as MDD and leprosy awareness programs.

While talking about the difficulties that women face in their work, she shared that initially women faced a lot of resistance in their houses but these women took their stand and decided to work for sanitation, health, and nutrition needs of the slum. “Today, these women are truly empowered as they are not dependent on men for their basic requirements such as Aadhar or Ration card. Women are mobilizing other women to be independent. In fact, now men reach out to them to seek help on any health and sanitation issue,” she quipped.

Empowering Community Health Workers

Dr. Mrunal Shetye, Country Lead, Maternal, Newborn & Child Health, Bill and Melinda Gates Foundation, India Office

Dr. Shetye joined the conference through skype shared that the health indicators of urban poor are as bad as of rural population. During the discussion, Mr. Shetye focused on the “need-based capacity building for the community health workers that includes the perspective and feedback shared by the community health workers.” He said that something as small as an access to tools like Blood Pressure Monitoring Machine can play a vital role in enhancing the self-esteem of the front face service providers like ASHA, that can lead to a change in their motivation levels. He further stated that ASHAs should be able to identify the most vulnerable families based on the migration trends, socio-economic parameter, religion, caste, and ritual practices so that they can provide need-based support. He concluded his point with a suggestion that the practices adopted by the best performing ASHA can be documented and can be encouraged to be adopted by other ASHAs as well.

Urban Health Needs a Multisectoral Approach

Dr. Lipika Nanda Vice President, Multi-Sectoral Planning in Public Health, Public Health Foundation of India, Hyderabad

Dr. Nanda shared that providing preventive healthcare is a bigger challenge to urban poor. She said, “Urban health is not only about the health departments, doctors & medicines. It also includes municipality corporations, and sectors such as education, water, sanitation & hygiene, and nutrition.” Dr. Nanda noted that earlier the emphasis was given to rural health which proved to be disadvantageous to the urban population. To overcome these differences, we need a strong political and bureaucratic leadership as well as robust governance that will monitor the urban health programs. She further stated that we need to empower communities through capacity-building programs like Mahila Arogya Samiti or self-help groups that are successfully working at the grassroots level. “We also need to work towards establishing coordination between UN agencies, community-based NGOs, and government and adopt the best practice models in urban health programs,” she added.



Health Rights are the Basic Rights of an Individual

During the discussion, Dr. Pandey added that the slums are dynamic in nature and their geographical area cannot be clearly defined. He emphasized that health rights are the basic rights of every citizen irrespective of their geography. He highlighted that because of Mahila Arogya Samiti, now the women have a right to access quality health. Dr. Pandey pointed out that to bring a real change in urban healthcare different players would need to work together. For instance, community-based organizations can play the role of an aggregator, private players such as private hospitals can act as the quality services provider with affordable cost, agencies like PHFI can play the role of a knowledge partner through its strong research-based knowledge and International organization like PSI & PATH can play the advocacy role to develop a strong healthcare framework.

Training of Front-line Healthcare Providers

While sharing her insights during the discussion, Ms. Panda emphasised that social welfare needs to go hand in hand with the economic development for an inclusive growth. She shared that BIPF has always tried to inculcate a behavioural change through life skill approach that extends to health practices as well. She shared that the “need of the hour is to create awareness amongst urban poor about health and safety and how preventive health can lessen their economic burden.” She further suggested that the policymakers need to build any health policy after identifying the real needs of a community. While talking about how private hospitals can play a role in urban healthcare, she said that there is a huge need for trained and motivated frontline workers. Private hospitals can help by training and working with these healthcare providers.

Key Takeaways of the Discussion



We need to collect accurate field data through the right research methodology that helps us in identifying the needs of a community.



To ensure that the urban poor has access to quality healthcare, we need to form a multi-stakeholder partnership among different organisations at the international, national, and community level to form a strong healthcare consortium.



To create a need-based capacity building for the community healthcare workers. This can be done by taking their feedback and identifying the right training they would require to handle different health situations/emergencies.



A strong political and bureaucratic will and determination is vital for any program to sustain in our society.



To assimilate untrained/semi-trained medical practitioners who work in the community in the healthcare supply chain. These practitioners can help in developing the disease surveillance at the grassroots and in building the community-disease database for the right intervention. There is a need to subsidise the healthcare by the private hospitals for the urban poor so that equitable healthcare can be provided to all.



A defined strategic role that each stakeholder will play can help in addressing a number of community-specific healthcare issues. For instance, community-level organisations such as Mahila Arogya Samiti can be an aggregator, private hospitals/private players can provide quality services at an affordable cost, agencies like PHFI can play the role of knowledge partner through their strong research-based knowledge database, and International organization like PSI & PATH can play the role of Advocacy for development of framework.



Lastly, it will make a huge impact on the urban poor's health if private firms can dedicate a share of their CSR outlay for their health, as these people can become a healthy human resource for these firms.



About Ideate

Ideate is an annual panel discussion, hosted by BIPF, which brings together experts from diverse sectors with the aim of spreading awareness and discussing ways forward on pressing social issues. Discussions focus around social initiatives in the areas of Water & Sanitation, Education, Skill Development, Health and Women & Child Development. In the past, the panel has consisted of representatives from UNDP, Water for People, UNICEF, National Neonatology Forum, Global Health Strategies, Federation of Indian Chambers of Commerce & Industry, Nettur Technical Training Foundation, Infrastructure Leasing & Financial Services, Rural Development Trust, Slum Soccer and Government of Odisha among others.

About Bansidhar & Ila Panda Foundation

BIPF is the social arm of Indian Metals & Ferro Alloys Ltd (IMFA; est. 1961), a leading business house of Odisha. The work of BIPF focuses on giving back to society by way of providing basic healthcare, running schools, Industrial Training Centres and creating infrastructure for the local community. BIPF was formed to take forward sustainable social initiatives with a special focus on preventive health and women's empowerment.

About PATH

A global team of innovators working to accelerate health equity so all people and communities can thrive. PATH advocate and partner with public institutions, businesses, grassroots groups, and investors to solve the world's most pressing health challenges. They work in more than 70 countries to transform bold ideas into sustainable solutions that improve health and well-being for all. In India PATH is working since 1978 to address health challenges, share technical know-how, and, increasingly, support local innovation.

