Report on

Technical Capacity Enhancement Workshop under the Urban Health Program

(For Madhya Pradesh, Uttar Pradesh and Uttaranchal)

29-30 April 2004

Narendra Nagar, Uttaranchal, India

About Workshop Coordinating Team

Dr. VK Behal former DDG, MoHFW, GoI and AK Mehra former Director Area Projects, MoHFW, GoI guided the planning of the workshop design in the initial stages.

TV Raman (Director Area Projects, MoHFW, GoI) provided inputs to the session design and coordinated with state teams.

Dr. Massee Bateman, Senior Child Health Advisor, USAID/India provided overall guidance to the session design.

Dr Siddharth Agarwal, Country Representative, EHP, was the key facilitator in the workshop.

Karishma Srivastava, Shivani Taneja Dr. Sainath Banerjee, Anuj Srivastava Srinivas Varadan, Anju Dadhwal Singh and Dr. Rajesh Dubey provided technical inputs to the state teams for the development of their plans.

SK Kukreja, Umesh Tiwari and Sudhir Miglani provided logistics and IT support to the workshop.

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Contents

ACRONYMS

ANM	Auxiliary Nurse Midwife
AMS	Academy of Management Studies
APL	Above Poverty Line
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communications
BCG	Bacilli Calmette Guerin
BPL	Below Poverty Line
CBO	Community Based Organization
CGHS	Central Government Health Service
CPR	Couple Protection Rate
DDG	Deputy Director General
DUDA	District Urban Development Authority
EAG	Empowered Action Group
EC	European Commission
EHP	Environmental Health Project
ESI	Employees' State Insurance (Scheme)
GoI	Government of India
IEC	Information Education and Communication
ICDS	Integrated Child Development Services
IPP	India Population Project
MCD	Municipal Corporation of Delhi
MOHFW	Ministry of Health & Family Welfare
MOU	Memorandum of Understanding
NGO	Non Government Organization
PPP	Public Private Partnership
RCH	Reproductive and Child Health
RNTCP	Revised National Tuberculosis Programme
SJSRY	Swarna Jayanti Shahari Rozgar Yojana
SUDA	State Urban Development Authority
ToR	Terms of Reference
UFWC	Urban Family Welfare Centre
ULB	Urban Local Body
USAID	United States Agency for International Development
VIPP	Visualization in Participatory Programmes

Acknowledgement

The Urban Slum Health Project is being implemented by the Government of India to improve the delivery of health care services for urban poor in select cities. In order to provide impetus to the process of need based planning and city specific programming, a two-day capacity building workshop was organized at Narendranagar, for the state and district officials of select cities of Uttaranchal, Uttar Pradesh and Madhya Pradesh.

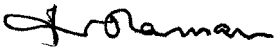
The excellent presentation by Dr. Massee Bateman, USAID, on Urbanization set the tone for deliberations to follow. Mr. SK Das, Secretary, Medical, Health and Family Welfare, Govt of Uttaranchal, and Dr. Umakant Pawar Addittional Secretary, Govt of

Uttaranchal graced the occasion and elaborated the challenges involved in making provision of health care services for the urban poor.

The deep insight and sharing of experiences by resource persons Dr. Dinesh Agarwal, of UNFPA and Dr. Karuna Singh, & Dr. Gurpreet of IPP VIII, MCD Delhi, helped in facilitating a proper understanding of the issues. I am thankful to them.

My heartfelt gratitude to different state teams. Their active participation and involvement resulted in a meaningful exchange of ideas during sessions. The presentations by state teams highlighting the activities and time frame for developing the urban health proposals makes me feel that we have started our journey towards "Improving the Health of the Urban Poor" on the right note.

The USAID-EHP team lead by Dr Siddharth Agarwal deserves a great deal of appreciation for facilitating this workshop. The ongoing technical support being provided by USAID-EHP to urban health initiatives can be expected to positively influence the urban health programming and implementation in identified cities in the country.



T V Raman
Director (Area Projects)
Ministry of Health and Family Welfare , GoI

Executive Summary

Background and context

The urban population in India during the period 1991-2001, grew by 31.2% in comparison to 17.9% in rural areas. The present rate of population growth in urban areas suggest that India would become majority urban by 2015. Large number of urban poor, in our rapidly growing cities are living in slums— in poor hygienic and vulnerable environmental conditions. The vulnerability of the urban poor, in particular, to mortality and morbidity is the result of an over-burdened health infrastructure and poor utilization of existing resources. This is further compounded by financial constraints and lack of positive health consciousness.

A recent study by the World Bank has concluded that the health of the urban poor is as bad as that of their rural counterpart. This fact has also been recognized by the National Population Policy-2000, National Health Policy-2002, Draft RCH II policy and the Tenth Five Year Plan. Hence, improving the delivery of health services, with a focus on *RCH components for the urban poor, has emerged as a thrust area* for health planners and practitioners. The Ministry of Health and Family Welfare, GoI, has decided to implement the **Urban Slum Health Project** with the above objective. The GoI has accordingly elicited proposals from select cities to implement the Urban Slum Health Project.

The projects submitted by the cities were found inadequate due to lack of effective experience and capacity in planning at the city level. Hence, GoI, in collaboration with USAID-EHP, organized a two-day capacity building workshop to provide impetus to urban health programming in the states of Uttaranchal, Uttar Pradesh and Madhya Pradesh on April 29-30, 2004 at Narendra Nagar, Uttaranchal.

The workshop was attended by representatives from the GoI (Director Area Projects and DDG-ID) among others. The Uttaranchal state team was represented by Secretary (Medical, Health and Family Welfare), Additional Secretary (Medical, Health and Family Welfare), Director-General (Family Welfare) and district health officials of Roorkee, Uddham Singh Nagar, Haridwar, Haldwani, and Dehradun. The Madhya Pradesh team comprised of the Deputy Director (DHS), Deputy Director (RCH) and district health officials of Gwalior, Satna, Indore and Guna. The Uttar Pradesh team comprised of Joint Director (FW) and district health officials of Meerut, Kanpur, Gorakhpur, Saharanpur and Varanasi, Consultant (EC) and AMS (GoUP's consulting agency).

Session design & process

The workshop was divided into four sessions. Each session was designed to facilitate a gradual understanding of issues involved in urban health planning. The workshop adopted group thinking and discussion to facilitate collective learning built upon strengths and experiences of the participants.

Urbanization and health of urban poor

The empirical evidence-based presentations on urbanization, urban poverty and health status of urban poor reemphasized the need for a dedicated thrust on health programme for the urban poor. The presentation on experiences of urban health programmes such as IPP VIII helped participants identify opportunities that existed at the district level for improving health of urban poor.

The discussion in the next session helped in identifying challenges in ensuring credible and quality health care to the urban poor. The challenges were mainly related to the service provider, community level & inter-sectoral coordination and correct estimation of the target population. The participants also listed the means or opportunities that could be explored for overcoming the challenges. The presentation of *Guidelines for Development of City Level Urban Slum Health Projects,* issued by GoI, led to better contextualization of issues listed as challenges and opportunities.

Urban health planning: emerging key programme issues

The output of the discussion on challenges and opportunities were used as framework for the state-wise group exercise. In group deliberations state teams used selected cities as cases for which they have brought detailed information, to develop city-level action plan. The participants concluded that the key issues for developing an urban health proposal are:

a. *Need for complete listing and plotting of slums(including unrecognized)*

- Current slum list and estimates of urban poor population are not available at the city level. Such list would help in correctly estimating the infrastructure requirement
- Map of health facilities, along with target population, will help in appropriately planning the location of health care infrastructure, and deliceration of its catchment area
- Information about existing community level platforms would help in identifying appropriate institutions for community service provider linkage.

b. *Improving service delivery*

The participants while discussing options for improving service delivery came out with the following suggestions:

- The need to define and map catchment areas of 1st tier facility for ensuring better reach and quality of services.
- Strengthening community structures and linkages with first tier facilities for better utilization of services (community level platforms are mostly neglected or low priority areas in most projects).

c. *Coordination and convergence*

- Improved coordination and convergence among various departments/stakeholders was perceived as crucial for improving and sustaining programme efforts.

d. *Sustainability*

- Resource generation through appropriate pricing of the services, with a mechanism for protecting the poor would ensure financial sustainability.
- They also felt that an urban health corpus fund should be created at the city level.
- The involvement of elected representatives would ensure institutional sustainability of project interventions.

e. Capacity building

- Orientation and capacity building of multiple stakeholders would facilitate their meaningful participation. The training centers of the State Health and Family Welfare Department and specialized agency could be utilized for the purpose.
- A comprehensive training calendar, detailing the objective of each training programme, number of participants, venue and date, along with resource persons, should be prepared and strictly adhered to for ensuring quality interventions.
- Capacity building of elected representatives would enable them to contribute positively towards improving the delivery of primary health care services to slum dwellers.

Public- private partnership

- Public-private partnership was strongly advocated by the participants. They felt that NGOs, private service providers along with charitable hospitals could be potential partners for improving both first and second tier services.
- NGOs were suggested as potential partners for training link workers and other community level functionaries and supporting outreach activities.
- Participants felt lack of clear guidelines and relatively less experience of working in public-private mode were barriers in forging collaborative partnerships.
- Participants were of the view that a set of guidelines broadly defining parameters like screening criteria for selection of partners, mechanism for deciding cost of the services provided by private partners would help the city-level managers in entering PPP.
- The participants felt that the central government should prepare guidelines for public-private partnership on the basis of which the state governments would issue guidelines for operationalising PPP. The participants also felt that there should be workshop at the GoI and state level for working out operational aspects of PPP.

Urban health planning: next steps

1. The city teams proposed a time-frame for developing the urban health proposal and their submission to the state government.
2. The following support is required for developing proposals by the city teams:
    - Sensitization and Technical capacity building workshop (for Senior State & District Officials) at the state level.
    - Technical assistance to city / state teams for UH planning

Proceedings of the workshop

1 Background and rationale

The provision of assured and credible health services of acceptable quality to vulnerable populations in urban areas has emerged as a priority for both Central and State Governments. Accordingly, the Urban Slum Health Programme is proposed to be implemented in identified cities of India. To assist the States to develop urban health proposals, the MoHFW has formulated **"Guidelines for Development of City-level Urban Slum Health Projects."**

However, it was found that proposals from many States, particularly EAG States, were not comprehensive, due to lack of sufficient expertise and experience in urban health planning. As nodal agency for technical assistance to GoI on urban health, USAID-EHP has been asked by the Ministry to organize a series of Technical Capacity Enhancement Workshops for EAG States to provide impetus to their urban health programming. The first workshop was organized for Uttaranchal, Uttar Pradesh and Madhya Pradesh on 29-30 April at Narendra Nagar, Uttaranchal.

The workshop was attended by representatives from GoI (Director Area Projects and DDG-ID) among others. The Uttaranchal state team was represented by Secretary (Medical, Health and Family Welfare), Additional Secretary (Medical, Health and Family Welfare), Director General (Family Welfare) and district health officials of Roorkee, Uddham Singh Nagar, Haridwar, Haldwani, and Dehradun. The Madhya Pradesh team comprised of Deputy Director (DHS), Deputy Director (RCH) and district health officials of Gwalior, Satna, Indore and Guna. The Uttar Pradesh team included Joint Director (FW) and district health officials of Meerut, Kanpur, Gorakhpur, Saharanpur and Varanasi, Consultant (EC) and AMS (GoUP's consulting agency). The detailed list of participants is annexed[1].

> The major challenges in front of the urban health system are
>
> - Inadequate infrastructure
> - Uneven existence of facility
> - Low level of access by urban poor
> - Lack of effective partnership among key stakeholders
>
> *Mr. TV Raman, Director (Area Projects), MoHFW, GoI*

1.1 Opening remarks

Mr. T.V Raman, Director, (Area Projects) MoHFW, GoI, in his introductory remarks said that that till recently urban health was not a priority area for health policy planners and it was a recent development that has acquired major attention of the GoI. The government's concerns and commitment towards the health of urban poor gets reflected in some of the important policy initiatives like the National

[1] See Annex 1 for list of participants

Population Policy (2000), National Health Policy (2002) and the Tenth Five Year Plan.

1.2 Workshop goals and objectives

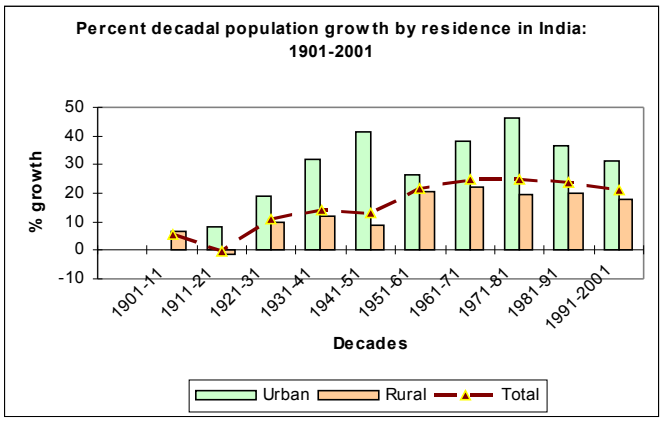
The workshop had the following objectives:

- To sensitize the participants on the need to focus on urban health
- To reflect and review the key elements of the GoI urban health guidelines
- To identify next steps for the city-based urban health plan
- To discuss available options and identify next steps for public-private partnership

The agenda[2] was reviewed and discussed among the participants for a common understanding of the sessions over two days.

1.3 Urbanization and urban poverty[3] , Dr. Massee Bateman, USAID

Dr. Massee presented the trends in urban/rural population growth. He reiterated that the Indian demography is showing a 2-3-4-5 syndrome. In the last decade as India grew at an average of 2%, urban India grew at 3%, mega cities by 4% and slums by 5%. The present trend suggests that by 2010 the global urban population would be equivalent to the rural population. The growth in urban population would mostly be in smaller cities of poorer countries. The above pattern is also reflected in the demographic features of poorer states i.e. EAG[4] States, which account for 43% of India's urban poor population. The increasing number of urban poor, with high burden of disease, makes it imperative for health planners to improve the delivery of health care to urban poor.



[2] See Annex 2 for agenda

[3] See Annex 3 for presentation

[4] EAG States are the States that have been lagging behind in containing population growth (contributes 45% of the population of the country) to manageable limits and also have below average socio-demographic indices that need focused attention. The eight EAG States are Bihar, Jharkhand, Uttar Pradesh, Uttaranchal, Rajasthan, Orissa, Madhya Pradesh and Chhatisgarh.

The following points were stressed:

- The population growth in urban areas in future will be more rapid compared to rural areas
- Growth is going to be fastest in concentrations of urban poor – i.e. slums
- Most growth and population will be in small and medium size cities
- Urban growth in India has been exponential over the last few decades
- In India, 43% of urban poor reside in the EAG States

Discussion

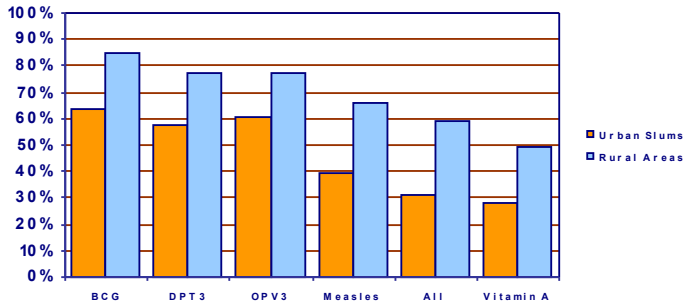
The ensuing discussion mainly focused on the issue of urbanization. Some participants expressed the concern that by giving weightage to urban population the government would be diluting its focus on rural areas. Responding to it Dr. Massee clarified that the renewed focus on urban areas would in no way lead to dilution of its commitment to the needs of the rural populace. The stress on urban areas by development planners is recognition of the fact that a large number of poor are now residing in urban areas. A section of the participants were of the view that rapid migration to cities was an important factor for the population growth in urban areas, hence, the government should address the issues of lopsided development, lack of employment opportunity, etc. in rural areas to improve the situation.

1.4 Health of the urban poor, Dr. Siddharth, EHP

The next presentation[5] primarily focused on bringing to the notice of participants the inequities that exist among the health of urban rich and poor by making a comparison between the health indicators of urban rich/poor/rural population. The presentation further stressed that the health indices of urban poor are similar or in many cases worse than their rural counterparts. This aspect was further stressed by presenting reanalyzed data of NFHS, 2000, for Uttar Pradesh which reveals that one out of three children (36.2%) in poor families of urban U.P. are severely malnourished (-3 SD) as against the urban average of 16.3%. One out of two children in poor families of urban U.P. has been left out from UIP (49.7%) as against urban average of 24.2%. The reanalyzed data of NFHS, 2000, of Madhya Pradesh reveals that among the low SLI only 35% deliveries are institutional.

Coverage of Child Health Services in Urban Slums of 6 Municipal Corporations and Rural Areas of Gujarat

[5] See Annex 3 for presentation



The following points were stressed:

- The need for focusing on the health of urban poor is crucial for two reasons: first because of the low health indicators of urban poor and their increased vulnerability and second the maximum growth in the coming years will be in habitations of poor people (slums) in the cities.
- By many health indicators, urban poor population is comparable to the rural population – or worse in many cases.
- The need to collect disaggregated data reflecting the situation of urban poor was also stressed as urban averages mask sharp disparities between rich and poor in urban settings.
- In most cities public sector health infrastructure is insufficient, inappropriately planned and under-utilized.
- Programmes should be responsive to the real conditions of the target population and better target resources.

Discussion

The ensuing open discussion among participants resulted in crystallization of some key factors responsible for the poor health of the urban poor

Low utilization of health services by the urban poor due to *timing of health services*. The present timings of health centers do not suit the urban poor as they go out to earn their livelihood during day time. The only feasible time for them to visit health centers is in the evening.

The high population density makes the *urban slum population* more prone to communicable diseases than the rural population. Therefore, the burden of such diseases is much higher on the urban population than their rural counterparts. The vulnerability of urban poor is further increased due to the poor environmental conditions and hygiene situation. Hence, improvement in the environmental living conditions should also be made part of the urban health project.

Lack of adequate manpower is also responsible for poor quality of health care services in urban areas. Participants strongly felt that efforts should be made to adopt multiple approaches through inter-departmental coordination.

Related to this, **'political commitment'** and ***'will power'*** of the governing institutions to address the problems of the urban poor were considered critical to sustain the effort in the years ahead.

1.5 Experiences & lessons from other urban health programmes, TV Raman, GoI & Dr. Karuna Singh, IPP VIII, Delhi

The presentation highlighted some of the main issues, which have worked in urban health programmes in the country

- *Cost recovery* in form of user charge for services would work only if the community is taken into confidence and charges are affordable to them. The participation of local community in planning, implementation and monitoring is thus vital for the success of the programme.
- An effective need-based *Management Information System (MIS***)** would increase efficiency of services.
- Locating the existing infrastructure near the target population would improve its utilization.
- The involvement of private service providers and their infrastructure in the delivery of services would improve credibility and also be cost effective.
- Coordination between different departments and agencies to build synergy of different initiatives would strengthen urban health system.
- Skill enhancement and capacity building of volunteers and other people associated with the process would ensure sustainability of interventions.

Discussion

The participants expressed the view that introduction of equitable user charges would improve credibility of services as there was a general belief among the community not to take things seriously which do not come for a price.

The Madhya Pradesh management model of *Rogi Kalyan Samiti was also discussed.* This model of collective

The challenge before the government health services is to regain the credibility by delivering quality services. It's a matter of trust
Mr. S.K. Das, Secy (Medical, Health, and FW), Govt of UA

decision making fosters community participation, renders services at a nominal rate in a sustainable manner.

The participants expressed the fact that political and religious leaders are hesitant to the idea of family planning services. Therefore, there is a need to come up with a strategy to reorient, motivate and include them in the promotion of family planning methods. The participants also felt that some additional criteria, other than BPL card, needs to be identified for selection of beneficiaries as a large majority of urban poor do not have a BPL cards.

2. Health care delivery to urban poor: challenges and opportunities

2.1 Challenges

Presentations & discussions in the context setting session laid the perfect platform for a brainstorming session on *challenges and opportunities* in providing credible health care services to the urban poor. The participants, in a buzz group of 2-4, were asked to identify major challenges responsible for low access and utilization of health care services by the urban poor. The challenges, as listed by participants, in delivering credible health care to the urban poor were grouped into broad categories. Category wise challenges, as identified by the participants, are listed below in the form of matrix.

Challenges in delivering health care services to the urban poor

Issue	Challenges
Service – provider level factors	• Insufficient infrastructure &shortage of staff • Location mismatch • Low motivation and commitment • Unwelcoming attitude of staff • Low per-capita public sector health expenditure
Community level factors	• Lack of awareness and demand • Lack of faith in the public sector • Weak community level linkages
Inter-sectoral coordination	• Ineffective linkages among government agencies • Lack of positive approach on the part of local bodies
Understanding target population / slums	• Negativism about urban poor • Irregular updation of slum list • Large number of slums not listed • Old policies not clarifying slum situations
Public-Private partnership	• Lack of clear directions & ToRs • Limited number of genuine NGOs

2.2 Opportunity

The participants also identified the potential opportunities which could be explored for improving the quality of health care delivery. The opportunities are listed below in matrix.

Opportunities for improving health care delivery to urban poor

Issue	*Opportunity*
Understanding target population/ slums	• Every slums should be listed • Identification and registration of 'No man's land '
Service delivery	• Strengthening of infrastructure by o Reallocation of facilities o Outreach/IEC through NGOs o Redeployment of staff o Filling of gaps by contracting services o Use of Infrastructure of other health agencies like Nagar Nigam, Railway, ESI, CGHS etc. o Timely availability of staff, vaccines & medicines
Inter-sectoral coordination	• All health service delivery infrastructures should be with the Department of Health • Inter-sectoral coordination and convergence among Health Dept, Municipality, SUDA, DUDA, ICDS and Education Dept. • Coordination mechanisms should be institutionalized at state, city, and community level
Public-Private Partnership	• Involvement of Private doctors & nursing homes as partners in providing health care services • Involvement of private practitioners through their Associations • Involving the private sector & NGOs on area adoption approach as being done under RNTCP • Utilize existing PPP systems like *Rogi Kalyan Samiti*
Community level factors	• Involvement of neighborhood committees • Involve slum dweller's representative in planning/ project formulation stage • Community participation can be improved further by IEC activity, by giving them role in decision making, planning and implementation • Involve community women as link worker
Capacity Building	• Develop human resources at different levels

1.3 Summing up: Key issues for urban health planning

The challenges and opportunities as identified by the participants helped in articulating crucial issues that need to be addressed by urban health projects for improving delivery of health care services to urban poor. Dr. Karuna Singh summarized the discussion by stressing the following points

- *Listing of unlisted slums:* The correct estimation of slums in city will help in more pragmatic planning of health infrastructure. Categorization of slums in terms of their health vulnerability would also enable us to prioritize our resources more effectively.
- *Building partnerships:* The urban health projects should make an endeavor to involve elected representatives, communities, other stakeholders.

- *Need-based planning:* Urban health projects should build upon the needs as expressed by the community. Hence the involvement of the community in the planning process becomes crucial.
- The issues for improved quality of service provider (timings, attitude, regularity, improved first tier, referral linkages) have to be addressed.
- *Strong community linkages:* Urban health plan should explore already existing platforms at the community level for improving the community provider-interface.
- *Effective monitoring:* In order to asses our progress, a strong monitoring and feedback system should be built in the programme.
- *Inter-sectoral coordination* at various levels would ensure better coordination and effective utilization of resources available at the local level.
- *Public-private partnership:* The UH plan should explore the avenues of contracting out certain services to private providers. (e.g. Orissa – doctors serving in specified vulnerable areas of the state be given preference in post-graduate courses)

This session was concluded with a presentation of the Urban Health Guidelines.

3. Group deliberations

The objective of the group planning exercise was to help participants

- Understand relevance of various information needed for developing urban health projects,
- Identify source of information collection,
- Analyze and finally deriving key programmatic directions,

As a preparation for the workshop, formats[6] were sent out to cities, for seeking information to facilitate urban health planning for their respective cities.

The participants were grouped into their respective state teams with each team comprising of 8-10 members. The groups were asked to discuss on three key thematic areas, using city level data they had brought with them:

a. Slum scenario and service delivery
b. Strategies to improve provision and utilization of services through effective
    - Community level activities
    - Coordination and convergence
    - Public-private partnership
c. Sustainability and cost recovery mechanisms, & capacity building

Through discussions within groups, participants were asked to identify gaps in information, what further information would be needed to plug in the gaps and

[6] See Annex 6 for format for information collection

then to identify key programmatic directions. The group discussion was facilitated through key questions[7] on each theme.

Two state teams Madhya Pradesh and Uttaranchal took one city each as an example for proposal development process (Gwalior and Roorkee respectively), where as Uttar Pradesh team took up two cities Meerut and Kanpur for the discussion. The cities were selected by the State teams on the basis of availability of data, number of personnel representing a city and also the group size (UP team had more members)

Each team had a senior government official as the main facilitator, supported by two EHP co- facilitators. Each team identified a team leader, rapporteur and a presenter for their respective groups. Facilitators were requested to effectively manage time to enable adequate discussions in the groups, reporting on flip charts and finalization of presentations. These flip charts were put up for visual presentation/gallery walk and for feedback[8] from other state teams and GoI officials.

3.1 Urban poor/ slum scenario and first tier services

Slum scenario

After a thorough discussion on the slum scenario and the urban poor, the following points emerged:

- Slums are the location where majority of the urban poor resides.
- DUDA (or relevant city specific bodies) is the authority for developing and updating the city's slum list.
- In most cities, growth of the slums is fastest on city fringes

> There are many slums which are not listed. The programme development in three cities namely Dehradun, Haldwani and Haridwar has revealed the importance of correct estimation of the slum population and listing & mapping of slums for more pragmatic planning.
>
> Dr. UmaKant Pawar, Additional Secretary,
> MoHFW, Govt. of Uttaranchal

- The actual slum population in the city is much higher than official estimates.
- The living conditions in most of these slums are poor.
- The health indicators of the slum dwellers are very poor.
- The slums located near railway line/ *nallah* / river are more vulnerable than other slums. The living conditions among the slums which are old are better than the newer ones.

[7] See Annex 7 for guidelines on group work
[8] See Annex 8 for feedback form

Programme directions

On the basis of the above analysis the participants were able to identify the following programme directions:

- Correct estimation of present slum population is crucial for estimation of the infrastructure required.
- All slums are not equal and hence in order to prioritize our resources and devise need-based strategy categorization of slums on basis of their health vulnerability is important.

Next steps

The next steps for collecting the information as listed by the state teams are as below:

- Listing of the slums, collecting information on unrecognized slums, temporary settlements, floating population etc. (hidden pockets in otherwise non slum localities).
- Health Vulnerability assessment (based on the living conditions and health indicators)

First tier health services

- The health services are not located appropriately vis-à-vis the spread of the slums
- The health services have become over-burdened due to rapidly growing slum population.
- Lack of adequate staff and equipment
- Weak referral system puts an unnecessary burden on the second tier
- Lack of adequate support for maintenance and upkeep of the existing facilities
- Multiplicity of service providers
- The catchment areas of the health care facilities and the AWW are not properly defined

Programme directions

On the basis of the above analysis the participants were able to identify the following programmtic directions:

- Develop a city map with slums marked on it in order to appropriately locate health services.
- Make attempts to leasing out buildings with the municipal corporation for establishment of health services.
- Redeployment of staff and relocation of existing health infrastructure, if such a need is felt.

- Improving quality of services and matching timings as per the need of community.
- Develop a strong referral system.
- Partnership with private providers for improving the delivery of some services like pathology, X-Ray etc.

Next steps

The next steps for collecting the information as listed by the State teams are as below:

- Survey and assessment of the existing health infrastructure.
- Mapping of the existing health care services along with catchments areas for identifying underserved /uncovered areas
- Developing an inventory of potential partners for PPP.
- Discussion with urban local bodies and signing of MoU for leasing out buildings with local bodies.

3.2 Strategies to improve access and provision of services

The group discussions focused on the current reach and quality of first tier RCH services, existing community level platforms, intra and inter-department coordination and convergence mechanisms, and available private partners and their capacities. These discussions enumerated the following areas of consensus:

Quality of health care services would improve if a broad based forum for management of the services is in place. The experiment of *Rogi Kalyan Samiti* in the state is a pointer to this

Madhya Pradesh State Team

Promoting community level activities

- The present health care system does not makes attempt to strengthen the community-service provider interface.
- The ability of the community to ensure accountability is limited.
- The existing community level platforms are underutilized.

Programme directions

- Strengthening the linkage between community and service delivery can be achieved with the help of link workers.

- Existing community platforms should be used for building the above partnership.
- NGOs can play a crucial role in building capcity at the community level.

Next steps

- Collection of information about CDS and SHGs in the city
- Generating a profile of the potential NGO partners in the city
- Selection of Link worker from the slum itself.

Co-ordination and convergence

- The coordination and convergence among various government departments at present is ineffective.
- Elected representatives have not been able to effectively play their role in improving the quality of the health care services.

Programme directions

- Integrated planning (among different departments) on common issues would lead to better results.
- Elected representative have to be effectively involved

Next Steps

- Formation of city-level Urban Health Task Force under the chairmanship of the District Magistrate.

Public private partnership

- Private providers are a crucial stakeholder having greater reach and trust among slum dwellers.
- Attempts have not been made to forge effective partnerships with private providers

Programme directions

- Public-private partnership is crucial for improving delivery of RCH services.
- Lack of adequate understanding of the processes involved in developing partnership at city level.
- NGOs can be involved for awareness creation among the community.

Next Steps

- State government should provide clear cut guidelines for public-private partnership.
- Listing of the potential private health care providers who can be involved in the project.

3.3 Health delivery: cost recovery & sustainability and capacity building

Cost recovery & sustainability

All state teams were in the favor of incorporating some element of cost recovery by levying user charges in an equitable manner. There was a great deal of deliberation on the issue and it was finally concluded that--

- The introduction of cost recovery system for users would help to establish credibility of services.
- The partner charitable hospitals in programme implementation should be allowed to charge a nominal user fees for services at 2nd tier.

The introduction of the user charges would improve the credibility among the user and it will also put pressure on the government to improve the quality of the services delivered

Uttar Pradesh State Team

- Towards institutional sustainability, the ULBs should be strengthened so that they ultimately take up the responsibility of the programme in the long run.

Programme directions

- While implementing user charges, differential system of payment should be adopted. People from BPL should not be levied user charges while APL families should pay.
- Health centers should have a certain amount of autonomy as there are many people who are BPL but don't have a card.
- Urban health project should take advantage of other schemes such as SJSRY for resource generation.
- Elected members could contribute from their development fund and local resource should be generated to establish urban health corpus fund.
- The charges accrued from users should go to this fund and the user committee at health service level should decide as to how the funds would be used.

Next Steps

- Develop an inventory of other social sector programmes.
- Assessment of community's views towards user charges for fixing an appropriate rate at the city level.
- The process and need for introducing user charge would be one of the issues to be discussed at urban health task force level.

- The issue of creating urban health corpus fund with the help local resources would also be taken up at the meeting of the task force
- Use task force meeting as a platform to develop appropriate mechanism for leveraging the funds of other programmes.

Capacity building

- There has been less stress on training and capacity building within the present day health delivery system.
- Regular skill up-gradation of the medical and the para medical staff is not taking place.
- There is a need to develop a proper HIMS for the programme. A training programme is also essential for all programme persons on how to use information for review and decision making.

Programme directions

- Capacity building of multiple stakeholders would ensure their positive involvement.
- To ensure effective involvement of urban local bodies, sensitization of its members is a must.
- State health and family welfare training institutes and specialized agencies should be contracted out for training.
- Orientation on issues like primary health, information on health delivery system, process of community mobilization are topics that were identified for link workers, field staff of *sarva shikhsha abhiyan*, ward members and NGO workers. At UHC level, topics of training would be health refresher course, management mechanism, coordination mechanism or other health issues depending on roles developed.

Next Steps

- Organise stakeholders' consultation to assess capacity building need.
- Develop a detailed training schedule listing out purpose, participants' profile, expected output, resource persons, duration of programme along with budget should be prepared and strictly adhered to.

4. Public Private Partnership: Discussions and Next steps, Dr. Dinesh Agarwal, Mr. TV Raman & Dr. Siddharth

The session started with the participants long out potential partners and their roles in improving the delivery of health care service. The discussion in an open forum brought forth differences in the perception about the capacity of the NGOs to provide outreach activities. The sharing of experience of EHP's Indore programme, where NGOs are doing mobilization and managing the logistics with community help, facilitated a consensus that the NGOs can provide the management support. After a consensus on potential areas of PPP & partners and their roles, participants were given VIPP cards and asked to identify challenges which had to be overcome for building an effective and sustainable public private partnership.

Partner	Role
Private/ Charitable Hospital	Management of 1st & second tier services
NGOs	Management of 1st tier services Manage outreach activities Community Mobilization Training of link volunteers Social Marketing of contraceptives
Social organisations/Industrial houses	Contribution to corpus fund
MLA/ MP	Contribution to corpus fund

4.1 Challenges:

Lack of screening criteria:

The consensus on roles brought forth the challenges in operationalising PPP. The MP team shared the experience of the Bhopal Urban slum health Programme where the Urban Health committee has received proposals from 20 NGOs for partnership. However due to lack of screening criteria at district level, they were not able to operationalise it.

Appropriate pricing of services:

The group expressed apprehensions about the involvement of private doctors and hospitals on whether they would agree to provide services at subsidized rates. In response to this the issue of appropriate pricing of services provided was raised. The participants expressed the view that though the poor were also paying to private providers, the community was not very enthusiastic to the idea of paying for government services. Dr. Dinesh Agarwal said that policy of government towards health insurance should be used to tackle this under which a woman is insured for Rs. 30,000 against a premium of Rs.160. The group reached to a consensus that the services should be positively priced and user protected through insurance.

Need for PPP

- Lack of resources to open new infrastructure
- Growing population
- Participatory mode of projects (eg. PPP & DOTS)
- Involvement of Private sector will bring competition and help in improving quality
- Easy availability of Private players in urban areas makes it more cost effective

Lack of trust between government and private service providers

The group strongly felt that lack of trust and hierarchical relationship is a major factor for past failed attempts. The group felt that criteria of partnership should be pre-defined. The criterion for monitoring and accountability should also be pre-defined. This would also bring transparency and set the rules for partnership.

Lack of model MoUs/ ToRs

The participants from Dehradun said that though partnerships have been proposed as part of the proposals and the district team has identified potential partners they were not able to operationalise it due to lack of standardized MoUs and ToRs. The group felt that the state government should take up the responsibility to prepare model MoUs and ToRs and also broadly lay down the specific framework of partnership.

Limited experience of PPP:

The participants felt that there are inadequate concrete examples of PPP from which lessons can be drawn. Even if there are successful examples, the lessons have not been widely shared.

Conflict resolution:

The participants felt that another area related to operational aspect is lack of a third party independent conflict resolution mechanism.

Lack of clear cut guidelines

The participants felt that there has been lack of clear cut guidelines from government on the subject.

4.2 Next steps

The following steps were identified by the participants as the next course of action:

At GOI level	• Workshop involving key stakeholders from states and practitioners
	• Formulation of model guidelines including
	  o Criteria for selection of partners
	  o SOWs for the partners
	  o MOUs/TORs
	  o Pricing of services
	  o Monitoring & evaluation criterion
	  o Forum for conflict resolution
	  o Quality parameters
	  o Standard operating procedures
	• Documentation & dissemination of best practices

At the state level	• States to issue circular in the light of the guidelines

5. City & State level action plans

5.1 Key Activities

Based on the situation analysis in the group work, the participants listed out the following as the key activities for developing action plan at city-level proposal:

- Understanding the slum situation, mapping of slums and health facilities
- Assessing community level platforms and options for coordination and convergence
- Options for public-private partnership in the city
- Consultation with other city level stakeholders

The key steps suggested in the state-level action plan were:

- Constitution of state-level urban health task force or co-option of representatives of other relevant departments in the existing task force
- Conduct state level workshops on urban health planning
- Finalization of state level guidelines and instruments for public-private partnership

5.2 Urban Health planning: key concerns

Financial Support: An important concern of state team's was financial implication of conducting slum situation analysis and plotting.

Nodal Officer: A nodal officer should be nominated at the district level for the planning process. It should be ensured that the concerned person would not be transferred till the planning process is complete.

Tentative schedule for submission of UH Plans[9]

State	City	Submission of final Proposal to GOI
Madhya Pradesh	Gwalior	July 2004
	Satna	July 2004
	Guna	July 2004
Uttar Pradesh	Meerut	September 2004
	Saharanpur	September 2004
	Kanpur	September 2004
Uttaranchal	Roorkee	October 2004

5.3 Support required and action proposed at state level

- Sensitization and Technical capacity building workshop (for senior State & district officials)
  - UP May 17, 2004 & MP (date to be finalized)

[9] See Annex 7 for the respective city action plans for developing UH Proposal

- Technical assistance to city teams/ Core UH planning team at state level

Valedictory Address, TV Raman

The valedictory remarks were made by Mr. TV Raman, Director (AP), Department of Health & Family Welfare, Government of India. He thanked all the participants for having actively participated in the two-day workshop. He observed that the session on context setting was highly enlightening and set the tone for the workshop. It was recognized that state governments shared the perception of the Government of India and accorded high priority to urban RCH. Considering the successful completion of the workshop, he hoped that all future endeavors in this regard would be fruitful and assured that the Government of India would extend all possible assistance to the state governments to fulfill the RCH agenda.

While thanking the state governments and the USAID-EHP, he said that the journey has just begun and we have miles to go…..

6. Workshop feedback[10] and Learning

Workshop: Process related

- For group work the number of members should not be more than 5 as it usually gives an opportunity to some members to be silent.
- The grouping of members from the same State for the buzz session would help in articulating more context specific issues.
- The workshop should have been for three days instead of two.
- More time should have been allocated for lessons from other urban health programmes.
- Sending data collection formats ahead of the workshop was useful. Most cities came prepared with a lot of information.
- The plenary discussion on RCH challenges and opportunities by way of VIPP cards was found to be valuable.

Public-Private Partnership

- The session on the public-private partnership should have incorporated some example of PPP for better learning.
- The time for discussion on a new issue like PPP was less and to implement the learning's of the workshop regarding PPP, clear-cut guidelines be made available by GoI.

[10] See Annex 8 Workshop Feed back form

- Private sector participants from other successful programmes and private sector partners from urban areas who are engaged in urban health services should be included in the workshop.
- The participants felt that a separate workshop should be organized State-wise after the issuance of guidelines for solving city specific issues vis-à-vis the implementation of PPP.
- To make the guidelines broad based and also address the concerns of each State a workshop with key stakeholders from each State should be organized to finalize the PPP guidelines.

Coordination & Convergence

- In order to bring home the message of coordination and convergence more participants from *Nagar Nigam (*urban local bodies) should have been involved.
- Process and areas of convergence with departments like ICDS and *Nagar Nigam* should have been presented.

Cross Visits

- To incorporate elements of other successful programmes cross visits should be organized.

Annex 1

List of Participants

Govt of Uttaranchal	1. Mr SK Das, Secy (Medical, Health, and FW), Govt of UA
	2. Dr Umakant Pawar, Addl Secy (Medical, Health, and FW), Govt of UA
	3. Dr IS Pal, Director General Medical, Govt of UA
	4. Dr BC Pathak, Additional Director, Medical Deptt, Govt of UA
	5. Dr RC Nautiyal, Joint Director (RCH), Govt of UA
	6. Mrs Bharti Dangwal, State NGO Coordinator, Dehradun
	7. Dr BK Ojha, Dy CMO, UIP, Dehradun
	8. Dr RS Puri, DIO, Haridwar
	9. Dr SN Khan, MO, Health and FW, Haridwar
	10. Dr AS Saun, CMO, Nainital (Haldwani)
	11. Dr PS Panchpal, CMO, Uddham Singh Nagar
	12. Dr Devendra Verma, EC (SIP), Dehradun
	13. Ms Sheela Kakkar, Councilor, Municipality, Udham Singh Nagar
	14. Dr JS Negi, CMO, Tehri
Govt of MP	15. Dr Jayashree Chandra, Dy DHS, Directorate of Health Services, Bhopal
	16. Dr Archana Mishra, Dy Dir, RCH, Bhopal
	17. Dr PC Mittal, CMHO, Gwalior
	18. Dr JN Sharma, Civil Surgeon, Gwalior
	19. Dr Lakshmi Narayan Ojha, Guna
	20. Dr RD Sharma, CMHO, Satna
	21. Dr RP Patel, District RCH Officer, Satna
	22. Dr Haridas, Child Specialist, Indore
	23. Dr Anil Srivastav, Medical Officer, Indore
Govt of UP	24. Dr Gajraj Prasad, Joint Dir (FW), Lucknow
	25. Dr JN Srivastava, State Facilitator, EC
	26. Dr SK Srivastava, Municipal Health Officer, Lucknow
	27. Mr Vikram Srivastava, AMS Consulting, Lucknow
	28. Mr Ashish Mukherjee, AMS Consulting, Lucknow
	29. Dr Ram Babu Gautam, Dy CMO (DIO), Kanpur Nagar
	30. Dr JP Mehrotra, Nodal officer (Urban RCH), Kanpur Nagar
	31. Dr AK Tyagi, CMO, Meerut
	32. Dr NP Singh, Senior Pediatrician, Meerut
	33. Dr HC Gupta, Senior Health Officer, Municipal Corp, Meerut
	34. Dr Ram Brij Ram, Dy CMO, Gorakhpur
	35. Dr OM Prakash Pandey, Municipal Health Officer, Gorakhpur
	36. Dr DC Saxena, CMO, Saharanpur
	37. Dr RK Seth, Dy CMO and Urban RCH Officer, Varanasi
	38. Dr AK Gupta, Health Officer, Varanasi
	39. Dr Manoj Kumar Singh, Addl Health Officer, MC, Varanasi
Govt. of India	40. Dr PS Das, DDG (RHS & ID)
	41. Mr TV Raman Dir (AP)
	42. Mr Yadav, Desk Officer (AP)
	43. Mr Hmar, SO (AP)
	44. Mr Sunil Sainani, PA to Secy (FW)
Others	45. Dr Karuna Singh, Project Director, MCD
	46. Dr Gurpreet Singh, SMO, I/C MIS, MCD
	47. Dr Dinesh Agarwal, Technical Officer (RH), UNFPA
USAID	48. Dr Massee Bateman, Senior Child Health Advisor, Office of PHN

EHP	49. Dr Siddharth Agarwal
	50. Anju Dadhwal Singh
	51. SK Kukreja
	52. Sudhir Miglani
	53. Umesh Tiwari
	54. Karishma Srivastava
	55. Shivani Taneja
	56. Srinivas Varadan
	57. Rajesh Dubey
	58. Anuj Srivastava
	59. Sainath Banerjee

Annex 2

Technical Capacity Enhancement Workshop under Urban Health Program
29-30 April 2004
Narendra Nagar, Tehri Garwal, Uttaranchal
AGENDA

28 April	6:00 pm onwards	Registration
	7:30 pm onwards	Inaugural Reception and Welcome remarks
29 April	9:00 -10:00 am	**Introductions**
	10:00 – 11:00 am	**Session 1: Context Setting** ***Presentation and Discussion on*** • Urbanization and Urban Poverty *(Dr. Masse Bateman, USAID)* • Health of Urban Poor *(Dr. Siddharth Agarwal, EHP)* • Experiences and Lessons from concluded and ongoing Urban health programs *(Dr. Karuna Singh,MCD)*
	11:00 – 11:15 am	**TEA**
	11:15 am – 1:00 pm	**Session 2: RCH Services and Urban Poor: Challenges & opportunities** • Discussion in Buzz groups for listing reasons for low access • Discussion on additional critical urban health programming issues • Summing Up
	1:00 pm – 1:45 pm	**LUNCH**
	1:45 – 5:30 pm	**Session 3: Urban Health planning discussions in state teams** *Group work (discussion and preparation of posters) using data from 1-2 cities as an example* 1. Description of slum situation and existing first tier services 2. Strategies to improve access and utilization of services • Coordination & Convergence • Public Private Partnership • Community level activities
30 April	9:00 – 10:30 am	**Session 3: Urban Health planning discussions in state teams (contd)** *Group work (discussion and preparation of posters) using data from 1-2 cities as an example* 3. Sustainability and Cost recovery mechanisms 4. Capacity Building
	10:30 – 11:15 am	**TEA and Viewing of posters and inputs by other participants**
	11:15 am – 1:00 pm	**Session 3 (contd): Presentation by State teams on next steps for Urban Health Planning**
	1:00 pm – 1:45 pm	**LUNCH**
	1:45 – 3:00 pm	**Session 4: Discussion on Framework for operationalization of Public Private Partnership** *(Dr. Dinesh Agarwal, UNFPA, Mr. TV Raman, GoI)* • Expected roles of partners • Constraint analysis in a Buzz group • Steps for operationalising PPP • Technical support required by states • Next steps at GOI and State level
	3:00 – 4:30 pm	**Session 5 : Developing an Action Plan for preparing Urban Health Proposal** Action plans for proposal development & presentations by State / city teams
	4:30 – 5:00 pm	**Session 6 : Summing up & Valedictory Remarks** *(Mr. TV Raman)*

Annex 4

Information required for Development of Urban Health Proposals in identified cities

(States are requested to bring available information (along with reference period and basis/source of data, wherever applicable) to facilitate urban health planning for their cities.

A. City Profile

Information
Area
Population of city
Slum Population (Ward wise, if possible)
Growth rates • State a. Urban b. Rural • City
Literacy rates
Number of Wards
Map of the city (Ward wise, if possible)

B. Profile of the Urban poor

Information
Slum population (official)
Slum population (unofficial estimates)
Number of slum clusters or sites (Slum list)
Profile of the urban poor • Geographical location of slums • Origin and growth of slums • Occupational status of slum dwellers • Social conditions – literacy rates, status of women

C. Health Indicators for Urban Slums

Information
Immunization rates (complete immunization among children 12-23 months)
ANC coverage
% of Institutional deliveries
Couple Protection Rate
Nutritional indicators (underweight)
NMR, IMR, CMR

D. Existing First tier Health Facilities (for provision of primary MCH and FP services)

	Dept. Of Health & Family Welfare (eg., UFWCs, SAD, D-Type Health Posts, PPC, etc)	**Municipal Corporation**	**Other Govt (Railways, ESI, etc)**	**Private non profit / Charitable institutions**	**Private profit oriented institutions**
Description and Number of facilities					
Primary MCH and FP services being provided					
Outreach camps or other BCC activities					
Total Population and Type of population					
Staff structure (posts sanctioned vs. filled)					
Buildings on rent or owned by institution					
Any subsidy for services to urban poor; criteria for identification of beneficiaries)					

UFWC – Urban Family Welfare Center, SAD – State Allopathic Dispensaries

E. Existing Second Tier Health Facilities

	Dept. Of Health and FW	Municipal Corporation	Other Govt (Railways, ESI, etc)	Private non profit / Charitable institutions	Private profit oriented institutions
Description and Number of facilities					
Description of maternal in-patient facilities (Beds; services; hours/ time; Maternal staff)					
Description of family welfare in-patient facilities (Beds; services; hours/ time; FW staff)					
Diagnostic Facilities					
Charges •IUD •Normal delivery •C-section •Vasectomy					
Subsidy/fee waiver for the poor; criteria					
Special activities (camps/outreach)					

F. Existing Community-level Organizations or Activities

Institution	Health or sanitation related activities in slums
ICDS	
CDS/DUDA groups	
DWCUA groups	
CBOs/NGOs	
Other Self help groups or community volunteers	

ICDS – Integrated Child Development Services Scheme
CDS – Community Development Societies
DUDA – District Urban Development Authority
DWCUA – Development of Women and Children in Urban Areas
CBOs – Community Based Organization
NGOs – Non Government Organization

G. Provision of Basic Services (Water, sanitation, and drainage) to Slums

Basic service	Agency Responsible	User charges (if any)	Slums not covered by any service	Remarks
Water				
Toilets (construction and maintenance)				
Nali / kharanja				
Conservancy (cleaning of nails& pathways)				
Any other service				

H. Ongoing / Concluded slums health and family welfare programs (govt., donor agency, NGO programs)

Program /Year	Implemented by	Program interventions/ strategies	Number of slums covered

Annex 5

Discussion on Major Urban Health planning themes in state teams
Guidelines for Group Exercises

1. The Group exercises are divided into four separate sections. Analyse each section as per the available city level data and suggest suitable program directions.

2. The group is expected to make a presentation with key program strategies based on the analysis of the city level data. The presentation may contain emerging program directions and next steps. Overall data analysis may be put up in flip charts for a gallery walk. The following components can be used to compile the city level data analysis:

    a. Theme

    b. Existing Information

    c. Process identified for fulfilling information gap

    d. Emerging program directions

3. Please identify a Team leader, rapporteur and a presenter from the group.

4. The groups may identify and park unresolved issues for later discussions.

5. Ensure that all the members of the group participate in the discussion.

6. Kindly regulate time to enable adequate discussion, reporting on flip charts and finalization of power point presentation.

Group Work on Slum Situation and Health Delivery System

A. The group is requested to discuss the following issues based on the information brought by you.

Q.1. Please describe the slum situation in the city as required for planning urban RCH services:

- Number and population of slums:
    - Official list
    - Un-official estimates
- Geographical spread of slums vis-à-vis present location of health centers, and with respect to growth of the city
- Diverse features and vulnerability in the slums in order to prioritize the more needy slums for RCH services
- Any other features of slums (such as temporary settlements, specific communities, floating population) important for RCH planning

Q.2. Please describe health conditions (ANC and TT coverage, delivery related practices, immunization, and contraceptive use).

Q.3. Please describe the key aspects of Public sector first tier health services:

- Population load and staff strength per centre
- Location of Centers in terms of proximity to slums
- Challenges in holding regular ***outreach camps*** for TT/ANC, Immunization, Contraceptive distribution
- Challenges in enhancing service coverage and contraceptive usage

Q.4. Propose steps for strengthening first tier RCH services to the urban slums and vulnerable population:

Q.5. Suggest measures for effective utilization of first tier health services by slum dwellers, particularly by vulnerable population.

Q.6. Identify next steps and key milestones.

B. Please summarize your discussions on a flip-chart

Group Work on Coordination & Convergence with other Departments

A. The group is requested to discuss the following issues based on the information brought by you.

Q.1. Which are the stakeholders that would play a role in planning and implementation of urban RCH? How would you involve the stakeholders to build overall ownership of the plan?

Stakeholder	Potential Role

Q.2. Please suggest mechanism for strengthening capacity of the UL body in urban health in view of the 74th Amendment ?

Q.3. What are the existing mechanisms for coordination and convergence between various departments?

Q.4. What options can be explored for improved convergence at different levels to ensure effective implementation of urban RCH?

Level	Converging Institutions	Functions	Coordinated By

Q.4. Identify next steps and key milestones.

B. Please summarize your discussions on a flip-chart

Group Work on Public-Private Partnership (PPP)

A. The group is requested to discuss the following issues based on the information brought by you.

Q.1. What are the key areas in which PPP can be undertaken for improving the quality of RCH services in urban slums and other vulnerable areas?

Q.2. Who are the potential partners in the city?

Q.3. What roles/activities do you envisage for NGOs and charitable hospitals for improving RCH services?

Q.4. How will this be operationalised ?

Q.5. What capacity building needs do you envisage at state and city levels to operationalise PPP?

•

The following Matrix can be used for making the presentation

#	Area for PPP	Possible Partner	Operational Mechanism

Q.6. Identify next steps and key milestones.

B. Please summarize your discussions on a flip-chart

Group Work on Community level Activities

A. The group is requested to discuss the following issues based on the information brought by you.

Q.1. What are the various issues that will be addressed through community level activities?

Q.2. What are the available platforms that enable linkage with urban poor communities?

Q.3. What strategies are required to promote RCH issues?

Q.4. Identify next steps and key milestones.

B. Please summarize your discussions on a flip-chart

Group Work on Sustainability & Cost Recovery

A. The group is requested to discuss the following issues based on the information brought by you.

Q.1. Please suggest approaches for promoting institutional sustainability at various levels for UH plan?

Q.2. Please suggest approaches for ensuring common and consistent understanding of the significance & approach/ guidelines of Urban health?

Q.3. Suggest suitable mechanisms to mobilize, manage and utilize local resources?

Q.4. Any other approach to sustain improvement in the health of the urban poor communities.

Q.5. Identify next steps and key milestones.

B. Please summarize your discussions on a flip-chart

Group Work on Capacity Building/Training

A. The group is requested to discuss the following issues based on the information brought by you.

Q.1. What are the key capacity building needs of the functionaries for improving the quality of RCH services in urban slums and other vulnerable areas? How will the needs be identified?

Urban Health functionary	Proposed Role in the Urban Health Project	Areas for Capacity Building

Q.2. Suggest a capacity building plan to address capacity building needs of key Urban Health functionaries.

Topic / issue for CB	Staff (who will be trained)	Potential resources / trainers	Methodology	Time frame / periodicity

Q.3. Identify next steps and key milestones.

B. Please summarize your discussions on a flip-chart or transparencies

Annex 6

Comments & Suggestions: Poster gallery

1. What other sources of information can you suggest besides the ones listed?

2. Kindly comment on the processes identified for program planning and suggest any other effective approach/methodology.

3. From the analysis of the data as presented by the state team please suggest any other possible programme strategy/activities?

Annex 8

Urban Health Program - Technical Capacity Enhancement
Workshop Feedback Form

A. Session-wise feedback:

Session	Adequate coverage of subject [-, +, ++]	Practical Utility for UH Planning [-, +, ++]	Method Used [-, +, ++]	Suggestions / Remarks
Context Setting: - Urbanization and Urban Poverty - Health of Urban Poor - Experiences and Lessons from concluded and ongoing UHPs				
RCH Services and Urban Poor: Challenges & opportunities				

B. Should more time have been allocated for any session?

C. Was the methodology of sessions effective?

Urban Health Program - Technical Capacity Enhancement Workshop
Feedback Form

A. Session-wise feedback:

Session	Adequate coverage of subject [-, +, ++]	Practical Utility for UH Planning [-, +, ++]	Method Used [-, +, ++]	Suggestions / Remarks
Discussion on Urban Planning themes in State Teams				

B. Should more time have been allocated for the session?

C. Was the methodology of session effective?

Urban Health Program - Technical Capacity Enhancement Workshop
Feedback Form

A. Session-wise feedback:

Session	Adequate coverage of subject [-, +, ++]	Practical Utility for UH Planning [-, +, ++]	Method Used [-, +, ++]	Suggestions / Remarks
Operationalisation of Public Private Partnership				
Action Plan for preparing UH proposal				

B. Should more time have been allocated for any session?