

Report

Stakeholders Consultation on Developing Comprehensive Primary Health Care Model in Mysuru City

15th February 2020, Mysuru





Contact

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Objectives

A consortia consisting of Government of Karnataka (GoK), Karnataka Health Promotion Trust (KHPT) and the Corporate Social Responsibility (CSR) wing of the Landmark group is implementing a pilot project in Mysuru City of Karnataka since 2017 aiming to establish a model for scaling up comprehensive primary care level Non-Communicable Disease (NCD) programs in urban areas. Although the focus was on NCDs, this project had brought out several health systems level gaps such as poor awareness of community on health issues/ risks, lack of patient centric care, human resource issues, lack of provider capacity in standards of care, and issues with referrals in the urban neighborhood of Mysuru city.

In this context, KHPT in partnership with Government of Karnataka, Health System Transformation Platform (HSTP) and St. John's Research Institute (SJRI) have collaborated to advance learning and experience from the existing efforts in NCD care in Mysuru city to a broader, comprehensive primary health care (CPHC) urban model through an implementation research design. A preliminary State Level Consultation Workshop was held in Bengaluru on 8th of November 2019 with wide range of stakeholders. This workshop has culminated into the implementation research design, strategies, tools and processes to develop a CPHC model in Mysuru city. Following this workshop, a second consultation workshop was organized at Mysuru city on 15th February 2020 to engage with a wider group (health and non-health) of stakeholders and build consensus on the proposed implementation research design, tools and processes.

This report captures detailed proceedings and key take away from this second workshop organized at Mysuru city on 15th of February 2020.

The main objective of this workshop was to consult on the primary health care requirements of Mysuru city and to consult on the implementation plans of this proposed comprehensive primary health care model in Mysuru city.

Workshop Proceedings

- **Mr Mohan HL, CEO, KHPT** delivered the welcome speech and briefed about the developments so far in the proposed project. He highlighted the importance of a multi-stakeholder led research-implementation in implementing CPHC project in Mysuru city. In that context he welcomed and expressed gratitude to the district and state level health machinery, the Mysuru City Corporation, the NGOs/CBOs for their participation. He stressed on the crucial importance of intersectoral coordination given the long-term vision is to develop Mysuru as a “Healthy City”. He emphasised the need to look beyond the curative healthcare and highlighted the role of non-health actors such as departments of water, sanitation, waste management in overall health promotion and disease prevention. He stressed that the tools used for assessment of urban health system in Mysuru has the potential for replication in other urban health settings.
- **Dr Swaroop, Deputy Director, KHPT** briefed the audience about experiences from a pilot project on improving NCD care continuum in Mysuru city.
- **Dr N Devadasan, Senior Technical Advisor, HSTP** dived deep into primary health care context to let the audience acquaint themselves into technical details of implementation of the CPHC model. He presented concepts of the primary health care and operational details of the proposed implementation research model. Characteristics of CPHCs were discussed:
 1. Responsive - Patient-Centric
 2. Maintain continuity of care
 3. Providing coordinated care
 4. Accessible, Available and Affordable

He shared his vision for Mysuru city in the next five years to have a strong primary health care system catering to its citizens, a good quality health care which is accessible and affordable. The proposed implementation research study would focus on identification of the gaps, come up with action plan to work with the key stakeholders to implement and roll out the strategies to address the gaps identified. He further deliberated on the importance of social determinants of health, which has direct implication on primary health care. For instance, he said as per NFHS data, Mysuru city has 90% safe drinking water, but it is reported that 10% children report diarrhea in last two weeks. It was discussed that, it is essential to explore the problems with water & sanitation, as part of PHC protocol. He concluded by explaining what the role of key stakeholder in Mysuru city in this project is and how they are going to be involved from its inception. He signed off with the vision and expectation of seeing Mysuru city as a ‘healthy city’ by 2025.

- **Dr Prabhudev Gowda, Deputy Director-Urban health, Government of Karnataka**, mentioned some of the achievements of GoK in implementing Urban Health Mission. Karnataka being the first state to fully implement NUHM in the country, the commitment for the next 6 years is to upgrade all the sub centres and UPHC to health and wellness centres. Currently in phase one, the state is planning to implement the same in 7 high priority districts and it was first piloted in Bannur (T. Narasipura taluk) of Mysuru district.



He shared his perspective on the concept of CPHC and it all started when the government realized the patient load at secondary and tertiary health care centres was increasing. The cases that could be managed at primary health care level were still seeking care at higher centres. In this regard, GoK along with HSTP and KHPT planned to have an implementation research to strengthen primary health care. He listed some of the challenges at primary health care level, such as infrastructure, human resource, availability of drugs, capacity building and therefore the government is looking at various health models that would effectively deliver comprehensive health care. He highlighted some of the areas where KHPT is already working such as TB and HIV and recently the Department of Health and Family Welfare along with KHPT have formed an 'innovation hub' to work on improving various health programs in the country. Now, the GoK with the help of HSTP and KHPT is hoping to have an effective CPHC model in Mysuru city by 2025.

- **Mr Ashokanand, Director, KHPT** summarized the context put forward by Dr. Devadasan and Dr. Prabhudev Gowda and shared his experience from targeted intervention in the community and the lessons learnt. He said Mysuru has been known for innovation and there is positive environment to make Mysuru a healthy city. Further, he highlighted some of the challenges anticipated in the implementation of CPHC model; i) involvement of private practitioners: KHPT's work with private practitioners shows that patients mostly seek care from unqualified doctors. KHPT's project of engaging them through training and provision of incentives resulted in usage of contraception and reduction of STIs. He asked to look for the modalities to work closely with private practitioners to deliver quality primary health care. He suggested to invite private practitioners for the next workshop to gain their confidence in the government led projects, (ii) project need to take cognizance of diversity in Mysuru city, because 'what works in one area may not work in the other area. For example, what works in Chamundi nagar may not in shanthinagar, (iii) He reiterated the need to identify non-health actors, as the proposed CPHC model aims to go beyond NCD project implemented by KHPT in Mysuru city. Further, he highlighted the fact that the CPHC is an implementation research, with a long duration of implementation and processes. We need to be open for learning from the ground realities.
- **Mr Ramachandran R, Mission Director, National Health Mission, Government of Karnataka** extended his best wishes to the participants and looking for having a good discussion and hoped that this turns out to be an exemplary and replicable model.
- **Representative from the Mysuru City Corporation** shared the Corporation's perspective about this program and working with the Health Department.

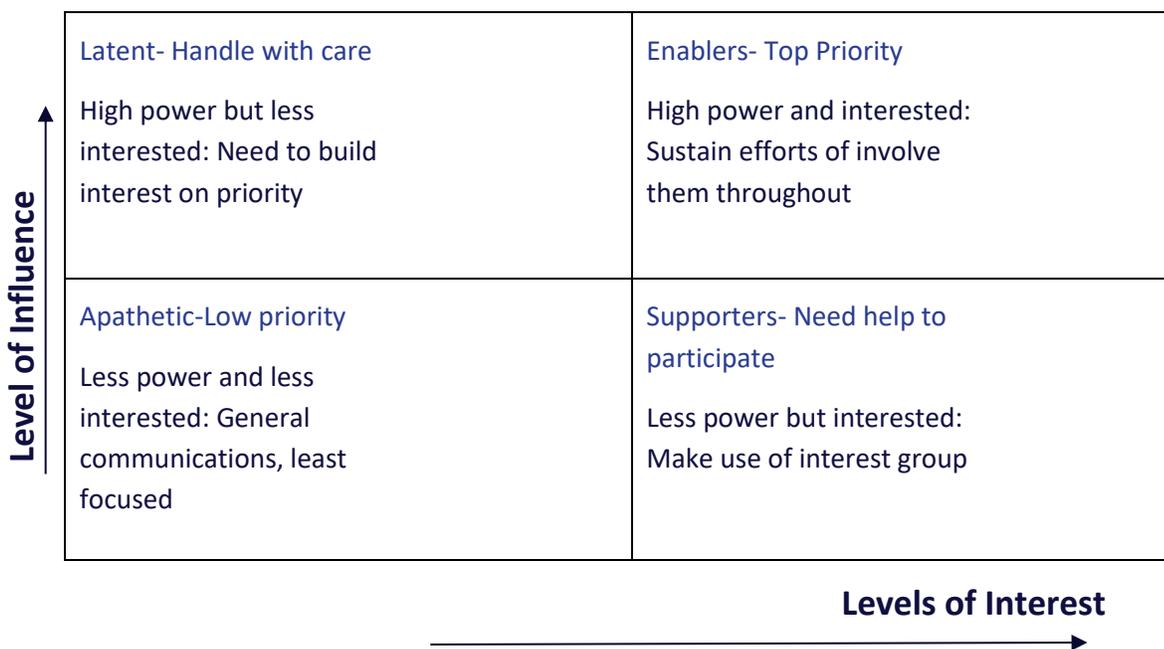
Learnings

Participants were divided into three groups of 6-8 participants, each discussing the strategies to develop a healthy city (ideation), plans and processes for a comprehensive care model (operational) and evidence, innovation for intersectoral coordination (collaboration) that will support the proposed implementation research initiative was created. Emphasis was on using implementation research for aligning needs of the intended audience and be responsive to the peculiarities of Mysuru context.

The proposed project involves a multitude of stakeholders. It was essential to undertake stakeholder mapping and analysis exercise of all the interested parties in a project - the people who affect and influence the project, as well as those who will be influenced by it. Participants were asked to do the mapping with the following suggested list of points:

1. Who are the key stakeholders for the healthy city vision?
2. Which stakeholders are the influencers? (Positive influencers, Negative influencers, Neutral)
3. Assess which stakeholders could be interested in such a vision? (interested to involve, interested to support, and Not interested)

Map stakeholders as per their levels of power and interest



Following this exercise, each group deliberated on the topics given to them. The learnings from this exercise is encapsulated in the following paragraphs:

Group 1: consisted of policy makers, administrators, officials from the department of health and family welfare and city corporation. This group was expected to deliberate on policy issues to convert Mysuru into a healthy city, with the following broader objectives:

1. To ideate on the process of transformation of Mysuru city to a healthy city

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2. To ideate on the proposed comprehensive primary health care model in the context of Mysuru
 3. To identify the various stakeholders who may involve and influence the provision CPHC

1. Majority of the patients utilize health services from the private sector compared to public sector. However, the private sector services are costly. The urban population is increasing, but the public health facilities are not able to cope with the demands. Due to this, the public health facilities are not accessible to some pockets of population (vulnerable and hard to reach areas). Hence, there is a need to focus on augmenting the availability of services, increasing the number of facilities and re-organisation of facilities. Additional structures like kiosks need to be added into the system to ease the pressure on the crowded public health system. Along with such initiatives, the quality of care needs to be prioritised.
2. Other determinants of health are not being addressed; waste management, air pollution, distribution of potable water etc, which are primarily social determinants of health needs to be brought to the forefront of the CPHC. This is because of the poor involvement of non-health actors in promoting health. There should an organized pathway through which the community can reach for Corporation's support regarding issues like water, sanitation, hygiene, air pollution, etc.
3. Patients are spending huge amount of money to seek care at private health establishments. The principles of financial risk protection need to be built in the CPHC model and alternative sources of funding need to be explored in the model.
4. Capacity building of the medical and para medical staff through trainings are not being conducted regularly. Training is critical to ensure the quality of care provided at public sector facilities.
5. Currently, there is lack of continuum of care approach in the system. Hence, there is a need to introduce care that is responsive to the need of the society, while developing CPHC model for the Mysuru city.

Group 2: consisted of practitioners, implementers, private sector. This group was expected to discuss the road map of implementation of the healthy city vision starting with plans for implementing the proposed comprehensive urban primary care model (CPHC model) with the following broader objectives:

1. To discuss the strategies for strengthening urban health systems to improve demand
2. To discuss the challenges implementation plans of comprehensive primary health care in Mysuru city and the recommendations thereof.
3. To consult on the proposed processes for implementing the recommendations the context of Mysuru
4. To engage in discussion for a stakeholder mapping and analysis



1. Infrastructure: There are guidelines such as India public health standards (IPHS) which prescribes minimum standards and infrastructure to be made available at UPHCs. There is a need to reorganize and reallocate the facilities while moving towards achieving IPHS at UPHCs, meanwhile there needs to be constant effort to augment the number of UPHCs to meet the demands of urban population. There are not enough staff quarters or rented quarters for contractual staff. Thus, the Government should make necessary arrangements in this regard. Further, the number of ambulances need to be improved, so that people could access care from the peripheries.

2. Health workforce: There is acute shortage of ASHAs in the system. Ideally there needs to be one ASHA per 1000 people. But currently, ASHAs are covering a wider population and the quality is compromised. Recruitment of LHV, BHEO and DEOs need to expedite. Some UPHCs are working from 4-8pm. This facility needs to be expanded to all PHCs and the required HR for this purpose needs to explore. Introduction of mobile clinics especially in the urban slums is an initiative that the project considers, to cater to the vulnerable population.

3. Information: Information about the services available at UPHCs are not known to people. Hence it is essential that the government utilize the social media platforms such as twitter and Facebook to announce the services available at UPHCs. It is also essential that the community should know which the facilities are available in Mysuru city. For this purpose, it is essential to pin health facilities on Google maps.

4. Financing: There is a need to explore the alternative source of funding to pay for additional infrastructure and HR, which is been proposed under the current project. To meet these additional financial needs, it is critical to explore alternate source of funding such as funding from Municipal Corporation, CSR, etc. There is also needed to introduce performance-based incentives for the health workers to improve their performance.

5. Leadership/Governance: Currently involvement of elected representatives in health-related activities is not enough. There is a need to create a formal platform to engage with elected representatives. Equally important is the community participation, which is currently not optimal. One of the suggestions was to designate senior citizens as health wardens to strengthen community building activities.

Group 3: consisted of faculty from medical colleges, civil society/NGO

This group was expected to discuss the collaboration in research and innovation which could be brought into the proposed comprehensive urban primary care model (and bringing scientific rigor to the healthy city vision. The group was also expected to deliberate on possible collaborations, partnerships, coordination and bringing about inter-sectoral coordination in the context of Mysuru, with the following objectives:

1. Discuss the on strategies of collaboration and possible partnerships for the CPHC model.

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2. Discuss on how to bring about coordination between health and non-health sectors in Mysuru.
 3. Discuss innovative strategies to bolster the implementation research model.
 4. Engage in discussion for a stakeholder mapping and analysis.

1. For the CPHC model to be effective, it is crucial to identify, understand the needs of the target population and as well prioritize implementation based on the local context. It is also equally important to engage with social science or behavior research institute and medical colleges to undertake the need assessment.

2. Partnership is the key to successful implementation of the proposed project. For this purpose, it is essential to create a consortium of local organizations to understand the issues of Mysuru city from different lenses and to implement more comprehensive interventions.

3. Involving medical colleges in the provision of care at UPHCs. Corporation and medical colleges need to explore the different options of utilizing medical students in this regard: for instance, specialists from medical college can provide services at community level (through camps) and interns can run UPHCs as night clinics.

4. SVYM – a research organization has good community mobilization strategies in place, especially hard to reach population. They also have experience in engaging local elected members in the decision making. Learnings from their experiences need to be adopted while designing the model.

5. There is critical need to work with private providers. They need to be oriented about national health programs, training on standard guidelines for treatment, and establishing a strong referral system (family folder). These initiatives could be taken on a pilot mode and depending on the success it could be scaled up across the city.

6. Community engagement is critical for the success of the proposed model. There are examples which has demonstrated the success when the monitoring and community owning of such models is done by the community participation. This is also important from the sustainability point of view.

Way Forward

An urban health model to provide comprehensive primary healthcare (CPHC) at urban primary health centres (UPHC) whole spectrum of health promotion, preventive, curative, rehabilitative, and emergency care services is required. For this, a robust situational assessment of community health needs and facility level health service delivery systems is needed to inform the design of the CPHC interventions. Specific intervention packages should be defined at the facility and community interfaces based on the assessment results.

Further, a feedback loop mechanism needs to be built at the district level to enable this project/ program continuously aware of the implementation experiences needs and suggestions of the community utilizing and accessing the services.

After the assessment exercise, through collective involvement of stakeholders and partners (KHPT, HSTP and SJRI), there will be a co-creation and co-development of the intervention model in next 6-8 months. This model will essentially be based on the evidence gathered from the field. This intervention package will be presented to the important stakeholders. Feedback obtained from them will be incorporated in the model and implemented in the next financial year.

Agenda

15th February 2020, 10 am – 5 pm; Fortune JP Palace, Mysuru

Time	Sessions/Activity	Presenter/Moderator
10-10.30 am	Registration and Tea	Project Team
10.30 - 10.45 am	Overview of the Healthy City concept in Mysuru	Mr. Mohan HL
10:45 - 11:15 am	Setting the context for CPHC Model in Mysuru city	Dr. Swaroop N
	Broad plans of the proposed model	Dr. N Devadasan
11.15 - 12.15 pm	Remarks and reflections:	
	Mission Director, NHM, GoK	Sri. R. Ramachandran
	CEO, Mysuru Zilla Panchayat, GoK	Smt. K. Jyothi
	Zonal Commissioner, Mysuru City Corporation, GoK	Mr HR Muralidhar
	Director, KHPT	Sri. H.S. Ashokanand
12.15- 01.30 pm	<p>Group Discussion: Strategies to develop healthy city (Energizing activities)</p> <p>Group 1: Policy group –Vision for a healthy city</p> <p>Group 2: Operational group- operationalizing the comprehensive urban primary care model</p> <p>Group 3: Collaboration group- Evidence, Innovation and inter-sectoral co-ordination</p> <p>Group 4: Collaboration group- Community Perspective</p>	<p>Dr. Prabhudev Gowda</p> <p>Dr. Sudha Chandrashekar</p> <p>Dr. Swaroop N</p>
01.30 - 02.30 pm	Lunch Break	
02.30 - 03.00 pm	Group Discussion: Continued	



03.30 - 04.15 pm	Presentations by the group and discussion	Sri. R. Ramachandran Dr. Prabhudev Gowda Dr. N Devadasan Dr. Krishnamurthy J
04.15 - 04.45 pm	Summary and Way forward	Mr. Mohan HL
04.45 - 05.00 pm	Tea	

Participants

Name	Department/Organization
Dr Prakash B	JSS Medical College
Mr N Divakara	DHO Office Mysuru
Dr Krishna Raju	Deputy Secretary, Zilla Panchayat Mysuru
Dr Suresh Rudrappa	IMA Mysuru
S Ramesh	Pollution Control Board
M B Padmashekara Pande	Zilla Panchayat, Mysuru
Dr Komala	Health & Family Welfare
Dr Ravi L	Health & Family Welfare
Dr K H Prasad	Health & Family Welfare
Dr B S Pushpa Latha	Health & Family Welfare
Dr Kasturi MR	UPHC VV Nagara
Dr Jayanth	Mysuru Municipal Corporation
Mr Arvind A N	Rotary Club, JP Nagar
A Subbanna	Lions Club
Dr Mudassir Azeez Khan	Dept. of Community Medicine, NMCRI
Dr Mohammed Shiraz Ahmed	Health & Family Welfare
Dr Pavithra BV	Health & Family Welfare
Dr Devianand	Health & Family Welfare
Dr Venkatesh R	Health & Family Welfare
Ms. Pooja T	Health & Family Welfare

Mr Prasad Kumar M	Health & Family Welfare
Ms. Ananya Samajdar	GRAAM
Mr HR Muralidhar	MCC
Dr Suvarna Kumari	Health & Family Welfare
Dr Roopashree TM	Health & Family Welfare
Dr Mahadev Prasad	Health & Family Welfare
Sri Ramachandran	Health & Family Welfare
Dr Prabhudev B Gowda	Health & Family Welfare
Ms. K Jyothi	Zilla Panchayat, Mysuru
Dr Chandrashekhar	Medicine, Shree Nursing Home
Dr T Shivaprasad	Health & Family Welfare
Mr Dayashankar	Member
Mr Prakash S	Health & Family Welfare
Dr Ramya SR	Health & Family Welfare
Dr Devadasan N	Health Systems Transformation Platform
Dr Vijayashree Yellappa	Health Systems Transformation Platform
Dr Sudhashree Chandrashekar	Health Systems Transformation Platform
Dr Raghukumar S	CHC Jayanagar
Dr Basavaraju R	GRAAM
Mr KH Girish	Health & Family Welfare
Dr Manoj Kumar Pati	Karnataka Health Promotion Trust



Mr Arin	Karnataka Health Promotion Trust
Dr Sushma J	Karnataka Health Promotion Trust
Mr Vidyacharan	Karnataka Health Promotion Trust
Ms. Sucheta	Karnataka Health Promotion Trust
Mr Krishna Prasad M	Karnataka Health Promotion Trust
Dr Krishnamurthy J	Karnataka Health Promotion Trust
Mr Mohan HL	Karnataka Health Promotion Trust
Mr Ashokanand HS	Karnataka Health Promotion Trust
Dr Swaroop N	Karnataka Health Promotion Trust
Ms. Pratibha Rai	Karnataka Health Promotion Trust
Mr Srikantamurthy	Karnataka Health Promotion Trust
D Satyanarayana	Karnataka Health Promotion Trust
Mr Vidyasagar	Karnataka Health Promotion Trust
Ms. Lakshmi C	Karnataka Health Promotion Trust
Mr Gurumurthy UH	Karnataka Health Promotion Trust
Mr Martin	Karnataka Health Promotion Trust
Mr Dhananjay	Karnataka Health Promotion Trust