Report

Stakeholder Consultation to improve

Health Service Delivery in Nagpur City

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Contact

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This report titled 'Expert Consultation to Review the Design of India Health Policy & Systems Research Fellowship Program' has been developed by Health Systems Transformation Platform (HSTP) and the partner(s) to share the summary of proceedings of this consultation.

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Objectives

India is soon going to celebrate 75th anniversary of its independence. With a growing economy and a demographic dividend, it was expected that India would do well on all fronts. However, Indian citizens still lack access to quality health care, education and social protection. Neighbouring countries like Sri Lanka, Bangladesh and Nepal have overtaken India on key maternal and child health indicators; we have one of the highest rates of impoverishment due to medical expenses in the world and nearly half our children are undernourished (Table 1). There are many reasons for this, ranging from a persistent underfunding of the health sector by the government to a rapid epidemiological and demographic transition. India must tackle the double burden of communicable and non-communicable diseases, as well as manage vulnerable new-borns as well as the elderly.

Table 1: Health status in South Asia

Indicators	India	Sri Lanka	Bangladesh	Nepal
Life expectancy at birth (both sexes)	68.8	75.3	72.7	70.2
Infant mortality rate	32	8	27	28
Maternal mortality ratio	145	36	173	186
ANC 4 coverage (%)	51	93	31	69
Institutional delivery	79	100	37	57
Full Immunisation	88	99	97	90
Out-of-pocket expenditure (% of current health expenditure) *	64.58	50.12	71.89	55.44
Early initiation of breastfeeding (within one hour of birth) (%)	41	90	51	55
Proportion of Population using basic sanitation services (%)	40	95	61	46
Proportion of Population using piped water (%)	28	34	12	24
Physicians Density (per 1000 population)	0.75	0.88	0.4	0.5

*Source: WHO and UNICEF database, *World Bank data (for year 2016)*

Paradoxically, while people in the urban areas have better access to curative care, their access to preventive and promotive care is less compare to their rural counterparts. One of the main reasons for this is the lack of comprehensive primary health care services in the urban areas. For example, in a city like

Nagpur (population 25 lakhs, as per census 2011), there are only 26 UPHCs (Urban Primary Health Centre), i.e. one PHC is catering to one lakh population as against norms of one UPHC for 50,000 populations.

Within the contours of this strategic focus, Nagpur Municipal Corporation and Tata Trusts have jointly initiated Model Urban Primary Health Care Project to strengthen primary health care services in the year 2017. A set of intervention is created based on gaps identified during baseline work. Tata Trusts team and the Corporation team has collaboratively worked to strengthen primary health care services, with an objective to demonstrate an ecosystem approach towards provisioning of comprehensive primary health care services in the given municipal corporation. As a next step, to strengthen the comprehensive primary health care (CPHC) services package in Nagpur city, technical assistance is sought from Health Systems Transformation Platform (HSTP). Marking the beginning of this collaborative effort, and to discuss the way forward, NMC along with technical partners such as Tata Trusts, AIIMS Nagpur and HSTP organised a stakeholder consultation workshop on 21st of January, 2020 at Nagpur with an objective to understand the systems gaps & challenges, population needs and opportunities to enable provision and financing of comprehensive urban primary healthcare services in Nagpur city.

Primary objectives of the workshop are:

- Identifying priority areas for strengthening primary health care in Nagpur city
- Take views of the stakeholders on models of comprehensive primary health care.
- How better health care services can be achieved in the next 3 to 5 years

Sessions were designed to elicit responses adhering to fundamentals of comprehensive primary healthcare, Indian & global experiences of provisioning focused interventions and an envisioning exercise on expectations of the government and other stakeholders from the system. Emphasis was also on using implementation research for aligning needs of the intended audience and be responsive to the particularities of Nagpur city context.

Learnings

In **Session I** and **II,** officials from NMC NUHM, HSTP and faculty from AIIMS discussed the need for strengthening health care in Nagpur. Following paragraphs captures the learnings from the discourse.

- **Consultant, NUHM, MoHFW** presented the need for improving urban healthcare and moving towards comprehensive primary healthcare with a special focus on poor, vulnerable and slum dwelling populations. She listed the facility based and outreach services being implemented by NUHM, specific guidelines and the population norms. She outlined the importance of Urban ASHA and role of Mahila Arogya Samiti (MAS) in ensuring community participation in the public health delivery. Specific population needs in urban area and administrative divisions coincide with UPHC catchment areas for smooth governance and thus patient load is reduced at secondary/tertiary facilities. NUHM is now expanding its approach to include health and wellness to achieve comprehensive primary healthcare. Revised Indian Public Health Standards (2012) for Urban facilities are also being launched.
- **Deputy Director Health Services, Maharashtra** in his welcome address highlighted the work being undertaken by NMC and the support by the Tata Trusts. While the Comprehensive Primary Healthcare in the Corporation areas is necessary, there is a lot to be improved in terms of bringing in accountability and integration while working in collaboration with State government, health departments and other allied departments whose tireless work contribute to health of the population. Use of data for planning and systems development, technical inputs from experts and awareness on best practices from partners across India is necessary. He expects that all stakeholders will work together towards establishing an integrated system to treat patients nearest to the community rather than reaching hospitals.
- **Additional Municipal Commissioner, Nagpur** in his address emphasized the vision of developing Nagpur as a healthcare hub. He looks at current health system as a pyramidal structure with tertiary care at the top being delivered by AIIMS Nagpur and several medical colleges and secondary care by corporation hospitals and hospitals in the private sector, followed by the facilities nearest to the community - the UPHCs. But to be more effective he called for restructuring of services to cater to population needs – he is aware of the success of from Mohalla Clinics in Delhi and the existing interventions of NUHM etc. The support by Tata Trusts to revitalize their dispensaries and function as UPHC has been commendable. The Nagpur Nagar Sevaks also visited UPHCs and were satisfied. This helped to change perception of citizens about the quality of services provided at UPHCs and that it has increased the patient foot fall at UPHCs. He emphasised the need for engaging ULBs for popularising this model. He mentioned that around 150-200 patients are treated every day at 27 UPHCs of which 19 are Model UPHCs, including middle income groups, who did not opt for public services earlier. He emphasised that, unlike in rural settings, the urban settings require more UPHCs providing primary care rather than big hospitals. He believes that Primary health care is critical and NMC should prioritise to strengthen primary health care settings in Nagpur. He further expects, the focus should now shift towards improved quality services for population approaching public health facilities. For this purpose, involvement of Urban ASHA and

MAS need to be strengthened. He informed that the program is monitored from office using ICT. They have also developed a hub and spoke model for the laboratory services which collects samples, provides results to patients within 12 hours from their sample being drawn. However, with focus on comprehensive primary healthcare, we should expand population coverage from being vertical programs focused on MCH or disease control programs

- **Technical Adviser, HSTP** introduced Health Systems Transformation Platform (HSTP), whose objective is to address population needs by strengthening health systems entrenched in Implementation research and thinking out of the box leading to experimenting concepts on the ground embedded in existing government and private health sectors.
- **Deputy Director Health Services, NMC** presented the current scenario of Nagpur Health System and all the programs being implemented with relevant statistics. Focus was on Pradhanmantri Matritva Vandana Yojana (PMMVJ), AB PMJAY (40% population coverage), national programs, quality improvement initiatives like NQAS and Kayakalp, PCPNDT implementation and HIT Action Plan.
- **HoD Community Medicine AIIMS Nagpur**, presented study findings from prescription audit of NCDs in Model UPHCs. using WHO & ICMR Framework for audit. The approach – desk review of HMIS developed by Tata Trusts, registers for NCDs, confirmatory register, monthly reports, drugs inventory, interviews of key stakeholders. A situational analysis was done, and the challenges were highlighted – shortage of drugs, expert consultations are less, patient load is high, allied health professionals are not knowledgeable, improper indenting leading to erratic supply of drugs. The recommendations from the study were implemented and he shared some improvements – standard treatment protocols in place, community-based screening initiated, distribution of drugs improved, access to lab diagnostics improved. Soon the following key interventions will also be in place - NCD cards for patients, risk assessment charts, integrated care for NCDs, access to speciality care, preventive and promotive care, expanded essential drug lists, expanded services to cancer and CVDs.

In Session III, the participants were divided into five groups as listed below:

a. Group 1- NMC officers
b. Group 2- UPHC medical officers
c. Group 3- Faculty from Medical colleges
d. Group 4- State and District Officials
e. Group 5- Development partnership

Each group was allotted a patient who represented an ailment linking it up with health programmes: Communicable disease (TB), NCD (Diabetes), Emergency care, RCH and Common ailments. Participants were then asked to listen to the patient's experiences when they accessed care in Nagpur city and document the bottlenecks in the health system with the following questions:

- What are the problems faced in health system when patient access healthcare?

- What are your recommendations to improve the bottlenecks; and
- What are the best practices that you have come across and how these solutions can be contextualised to Nagpur?

Each group was then asked to write and post 3-4 most important recommendations at six lamp posts as mentioned below:

1. Human Resource for Health
2. Finance
3. Leadership and Governance
4. Infrastructure including diagnostics and equipment
5. Information technology
6. Dugs and supply chain management
7. Health service delivery

Groups	Recommendations
Development Partners	○ Digitalise patient's as well as all health records and registers ○ Access to better diagnostics ○ Availability of EDL drugs at UPHC ○ Expanded package of services
Medical College	○ 24*7 hours services at UPHCs ○ More Responsive doctors ○ Integrate medical college & NMC and Dept of public health in planning and service provision ○ Use medical college for training and evaluation of the intervention of programmes ○ Increase community awareness on services available at UPHC ○ Well managed referral system ○ Induction training for doctors and allied staff ○ Medical colleges to do operational/ implementation research
Medical Officers	○ Doctor patient ratio should be increased at UPHCs ○ Ban on over the counter drugs sales ○ Specialists consultation at UPHCs
NMC officials	○ Increase the number of UPHCs ○ Specialists consultation at UPHCs ○ Integration between GMC, NMC and UPHC, by signing an MoU ○ Population based screening ○ One community health worker for 250 households

State & GoI officials	○ Population based clinics in urban areas ○ Access to better diagnostics ○ Availability of Geriatric and mental health care ○ MAS members become volunteers/ community health workers

Way Forward

A Panel Discussion was held to discuss the way forward. Representative from NMC, medical college, state health department, TATA Trust and developmental partners. Following issues were discussed as the way forward:

a. Can medical colleges adopt a UPHC? - while there was an in-principle agreement by the medical colleges, they said the decision lies with their leadership - dean, director and state principal secretary (health). It was agreed that NMC will take a decision on whether they are open for collaboration. If yes, then the decision will be communicated to each medical college, who after obtaining the needed approvals will communicate their decision to the community.
b. UPHC medical officers expressed the need of having specialist consultation and diagnostic services from medical colleges. Is it possible for medical college to agree on one day for specialist service consultation at UPHC on pre-specified days? This was agreeable to the medical college, but the final decision had to be with the appropriate authorities.
c. Medical college is a referral centre, but they end up providing primary health care. In order to encourage people to visit UPHC instead of medical colleges, it was discussed whether people who consult UPHCs and approach medical colleges with referral slips can be given preferential access. It was agreed to consider this option against possible objections that would come from many quarters.
d. Possibilities of making UPHCs provide round the clock services was discussed. To materialise this, a policy action is required at several levels since it requires additional staff. Other alternative discussed was contracting of private doctors. Government of India under NUHM is willing to pay for these services. Another alternative discussed was utilising nurse practitioners to fill in the HR gaps at UPHCs.
e. Need for digitalising the patient records for Integrated Healthcare platform is critical. A potential partner who could undertake this task needs to be identified.
f. Population screening is not ethical, if treatment/services are not made available. As a first step it was decided to confine to opportunistic screening for those who come to facilities and are above a certain age/ are at risk/ vulnerable. It was suggested to undertake population screening can be considered for specific conditions where prevalence is high, and treatment can be assured.
g. It is vital to improve the availability of quality diagnostics. The options are to expand the hub and spoke model of labs to all wards and contract out the services to private providers. One example is to increase sonography by contracting in or purchasing services from private sector rather than capital investment.
h. On counter sale of drugs by retail pharmacists is a challenge. It was discussed that, unless the regulatory infrastructure improves considerably it is will be difficult to ban the over the counter sales of drugs. In order to strengthen the argument for ban on sale of OTC antibiotics medical colleges could start an Anti-Microbial Resistance Surveillance.
i. Mental health and elderly health are included in the packages of services of the Health and Wellness. However, this need to be incorporated into the UPHC services. Kerala included

depression screening in the package of primary care services and found that it had reached epidemic proportions.

j. Need for developing family health register was discussed, especially for the urban slums. Need for updating it every 6 months was important to utilise the date optimally for decision making.

k. Possibility of developing capacity of one or more members of MAS to be a conduit for health messaging in urban slums, on the lines of BRAC model of swathya sakhi, was discussed.

Agenda

Time	Topic
09:30-10:00	Registration
10:00-11:00	Inaugural sessions (15 minutes each) • Opening remarks- Shri. Sandeep Joshi (Mayor –NMC) • Brief on NUHM- Ms. Preeti Pant (JS-NUHM) • Brief on NMC work- Mr. Abhijit Bangar (Commissioner NMC) • Brief on Model UPHC Project work- Mr. HSD Srinivas (Director Health- Tata Trusts) • Brief on HSTP role in Model UPHC project work- Mr. Rajeev Sadanandan (CEO-HSTP)
11:00-11:30	Introduction about Primary Health Care- Dr. N. Devadasan (Technical Advisor- HSTP)
11:30-12:15	Situational analysis of Primary Health Care in Nagpur city (15 minutes- Each) • Current Health Scenario- Dr. Bhavana Sonkusale (DDHS- Nagpur) • Model UPHC project- Dr. Amar Nawkar (Tata Trusts) • Quality of Primary Care, NCD- Dr. Pradeep Deshmukh (HoD- PSM, AIIMS Nagpur)
12:15 – 12:30	Tea Break
12:30 - 13:15	Group work - Visioning “where does Nagpur city want to be in the next three years”
13:15 - 14:00	Lunch
14:00-15:00	Group work: “how we reach primary health care goals”
15:00-16:15	Group Presentations- 5 groups (15 minutes each)
16:15-16:30	Tea Break
16:30-17:00	Conclusion (10 minutes each) • Dr. Anup Kumar Yadav- (MD-NHM & Commissioner Health Services) • Dr. Sanjeev Kumar – (Divisional Commissioner- Nagpur) • Mr. Abhijeet Bangar – (Commissioner- NMC)
17:00-17:30	Way Forward- Mr. Rajeev Sadanandan (CEO-HSTP)

Participants

Name	Designation
Col. Carriapa	Advisor Tata Trusts
Bhavana Sonkusale	DDHS-NMC Nagpur
Vishawjeet Bhardwaj	CVHO-Nagpur
Abhishek Mamarde	Psychiatrist RMH
Amar Nawkar	PO-Tata Trusts
Ambedkar	District Epidemiologist
Amol Deshmukh	Head Medical Research Foundation
Amrita Anand	Project Head, Equi-City, Nagpur
Archana Patel	CFO Lata Medical Research Foundation
Ashok Mehandale	HoD-PSM MGMIS-Wardha
Deepak Ganvir	SPM-NIPI Madhya Pradesh
Dipika Gorade	DPM Nagpur
Diplata Narnaware	Consultant Tata Trusts
Doiphode	ADHS-NLEP & RNTCP
Gahlot	DHO Chandrapur
Govardhan Navgahre	Nodal Officer-RI
Hemangi Bhannarkar	MO-UPHC-Dipti Signal
Jadhav	HoD-PSM Indira Government Medical
Jyotsana Deshmukh	Assistant Prof. IGGMC Nagpur
K Rahul S Reddy	National Coordinator-HSTP
Khushboo Chandal	AIIMS, Nagpur, Eldery Care Program TI
Kirti Rajurwar	MoH Chandrapur
Krushna Sirmanwar	Consultant Tata Trusts
Laxman Shinde	Consultant Tata Trusts
M.D.	DHO Bhanda
N Devdasan	Technical Advisor-HSTP
Nimodiya	Additional Civil Surgeon Wardha
Payal Jaiswal	MO-UPHC-Jagnath Budhawari
Pramod	Civil Surgeon Bhandara
Prashant Bagdey	Professor PSM Government Medical
Praveen	
Priyanka	Coordinator Lata Medical Research Foundation
Purvali Katkar	CPM-NMC
Rajesh Bure	CQAC-NMC
Rakshita Khanijou	NHM Consultant

Renuka Yawalkar	MO-UPHC-Futala
Rupali Patale	Assistant Prof, IGGMC Nagpur
S.M Bhelkar	Associate Professor
Sanjay Jaiswal	DDHS, Nagpur
Sarita K Wadhawa	Associate Professor PSM Government
Sheetal Gonawilwar	MO-UPHC-Mominpura
Shilpa Jichkar	CTO- Nagpur
Shivam Sharma	Consultant Tata Trusts
Sonal	Representative of Elderly care Project
Sonali Patil	Associate Professor PSM Government
Sulabh Rahangdale	MEMS Nagpur
Sushama Thakare	Associate Professor IGGMC Nagpur
Swati Gupta	MO-UPHC-Babulkheda
Tikesh Bisen	Lead Operation Model UPHC Project Tata
Uday Narlawar	Prof & HoD-PSM Government Medical College
Ujwala Ukey	Associate Professor
V Bharadwaj	CVHO, WHO
Vibhuti Panbude	CO-NCD
Vijay Joshi	AA-MoH
Vijayakumar	HoD, PSM, Amrita Institute of Medical Sciences, Kerala
Vijayashree Yellappa	Senior Specialist-HSTP
Madhura Bonde	Communication Expert
Manish S. Nand	DDHS
Manish Soni	PRO NMC
Harsh	Consultant Tata Trusts
Nitin	Yuva NGO N
Rajeev Sadanandan	CEO-HSTP
Amrita Puranik	Lata Medical Research Foundation
Meenakshi Gophane	Consultant Tata Trusts
Pradeep Deshmukh	Professor Head
Rupali Gode	Program Assistant
Nilesh Bhabare	CAM-NMC
Deepali Nagre	NUHM Coordinator