

Annexure 1:

Strategies for provisioning of Healthcare infrastructure in the city.

Review and up gradation of the existing Health Infrastructure

- 1) Currently there is an existing system of Municipal health infrastructure at the level of primary health centers, dispensaries, maternity homes and general hospitals. There are currently 183 PHC in Mumbai, 162 dispensaries, 26 maternity homes, 23 post-partum centers and 25 municipal hospitals in Mumbai^[1].
- 2) Integration of dispensaries and health posts – curative and preventive care have to go together to have more effective health outcomes. Integration will help reduce requirements for doctors but will require more paramedics and will consolidate primary healthcare. Once this happens a referral system can be put in place which would reduce burden on hospital OPDs.
- 3) An initial mapping of the PHC / Dispensaries and closest referring hospital needs to be created that should also include the mapping of transfer routes requiring minimal time on the road. This would lead to a strong algorithm of referrals between the PHC and the hospitals ensuring smooth and quick transfer of the patients without worsening their conditions.
- 4) Provisions have to be made in order to facilitate the smooth transition of the existing health infrastructure to align to the levels of service provision and standards set in the National Urban Health Mission. The levels of service delivery mentioned in the NUHM need to be incorporated immediately into the existing infrastructure in the form of the Swasthya Chowki, the Primary Urban Health Center and the referral units¹.

A Swasthya Chowki as per the NUHM is to serve a population of 10,000. This comprises of the community outreach segment of the NUHM. Under this segment, there are two further divisions doing community work of *Urban Social Health Activist and Mahila Arogya Samiti*.

This would be providing basic maternal and child health services, disease prevention services, would be somewhere between a health post and a rural sub center within a radius of 1 – 2 Kms. This could be manned by 1 ANM and a helper. It is to be noted that the Swasthya chowkis would be only for the slum population and located in slums. Swasthya Chowki should have a Registered Practitioner.

A Primary Urban Health center as per the NUHM is to serve a population of 50,000 with a concentration on slums and slum like areas. A PUHC is to have provisioning for evening OPD, providing preventive, promotive and non domiciliary therapeutic and curative care (including consultation, basic lab diagnostics and dispensing).

^[1] As the profile of the Public Health Department of the MCGM (2003 – 2004)

¹ As the Framework for the National Urban Health Mission prepared by the Ministry of Family and Health Welfare

It would be staffed by 1 doctor, 2 multi skilled paramedics (including lab technician and pharmacist), 2 multi skilled nurses, upto 4 ANMs, apart from clerical and support staff and one programme manager for monitoring community mobilization, capacity building efforts and strengthening the referrals.

Consulting specialists should also be used on a consulting basis in areas where there is predominance of certain specific diseases in order to reduce the pressure on the referral units.

The network of 26 maternity homes, 23 post partum centers, some dispensaries and primary health posts can be upgraded to serve similar populations. There are currently 3 primary urban health centers that have been functioning in the areas of Malwani, Dharavi and Shivaji Nagar. These units could be treated as models and replicated elsewhere in the city in order to achieve greater coverage. These centers should also be equipped for emergency surgery.

Referral Units as per the NUHM are to act as referral points for different kinds of Health care services such as maternal Health, Child health, diabetes, trauma care, orthopedic complications, dental surgeries, mental Health, critical illness, surgical cases, etc. This part of the setup would address only the critical and complicated cases, which cannot be handled by the PUHC. The existing setup of the peripheral hospitals, state and super specialty teaching hospitals can be used for these purposes.

Use of Accommodation reservations and incentive FSI in the development plan

- 1) Many of the private hospitals are built on the plots of land reserved for the public health utilities in the development plan. This was done under the "Accommodation reservation" scheme, whereby private authorities were allowed to build on the designated land such that they keep a percentage of the facilities for the under privileged sections. This is not being followed in many private hospitals built under such considerations.
- 2) There is a need to map hospitals utilizing the accommodation reservations of the MCGM, in order to increase the accessibility of health care to the people.
- 3) Hospitals given incentive FSI based on the condition of having beds reserved for the purpose of the serving the under privileged should also be mapped in order to increase access to health care for the poor. This map should be made available to the public to facilitate the ability of the poor to access these hospitals. These hospitals should also be mandated to post signs that communicate their status as facilities with reserved beds for the underprivileged.
- 4) Almost all large private hospitals in Mumbai are Trust hospitals and many other hospitals have also received various concessions. The Trust Act as well as concessions given mandates about 20% of beds to be reserved for poor. This has never been honored by the private sector and the government has also never bothered to rein in this resource. If government takes charge of the proportional beds in private hospitals then we would have more than enough beds needed in the public system, especially specialty beds

Creation of Specialty Hospitals

- 1) At present there are 5 specialty hospitals of Kasturba, GTB Hospital, Acworth Hospital, ENT Hospital and eye hospital. However, there is a need for establishing more specialty hospitals in the fields of pediatrics, cancer, HIV and cardiovascular diseases. There is also a great need for tending to mental health treatment rehabilitation and welfare in the city.
- 2) It is understood that the expansion programme for various hospitals such as existing Bhagwati, Cooper, Govandi Shatabdi, Kandivilli Shatabdi and Trauma hospital at Andheri Western Express Highway has been undertaken. The group feels that this does not do justice to the WHO ratio of 1 bed for a population of 500. Hence it should be possible to have expansion programs for other existing hospitals such as Siddhart Hospital at Goregaon, S K Patil at Malad, Tagore Nagar Hospital, Kannawar Nagar at Vikhroli and Barve Nagar at Ghatkopar in order to try and meet this need. The addition of specialty wards to these expanded hospitals should also be carried out.
- 3) There is a dire need of trauma care centers on both the eastern and the western express highway to tend to the accident cases. The upcoming trauma hospital at Andheri and Bhagwati will tend to the western express highway, but there is a need of focusing on the Eastern Suburbs. Govandi Shatabdi and Mulund General Hospital can be considered for the up gradation and incorporation of special trauma units.
- 4) It was noted that there were not enough ambulances in the city, which to respond to emergencies. The few that are available are in very bad shape and do not have parking space. These parking spaces for ambulances should be indicated in the DP. Atleast one ambulance at small hospitals and two in the bigger hospitals should be provided.
- 5) Set up health emergency help line in all hospitals that have 24 hours functioning ER and disseminate this information widely so that the access of critical care would become much more systemized. This may in turn decrease mal-utilization of curative and emergency services.

KEY Planning Recommendations

- Equitable distribution of preventive care, primary health facilities may reduce the pressure on general hospitals.
- Adequate Swasthya Chowkis should be provided for basic maternal and child health services in the smallest planning unit.
- The Primary Urban Health Centers (PUHC) must have provisioning for evening Out Patient Department (OPD), providing preventive, promotive and non-domiciliary therapeutic and curative care (including consultation, basic lab diagnostics and dispensing). The DP to include DCR for PUHCs.

- DP must define localized solution in planning the network of maternity homes, post-partum centers, dispensaries and primary health posts can be upgraded to serve similar populations.
- These units could be treated as modules and replicated elsewhere in the all planning units of Greater Mumbai.
- Private and public hospitals cannot be clubbed to show adequacy of health amenities in the city. The DP must demarcate private and public health facilities separately.
- For equity in public health facilities development plan should give public health as priority.
- Incentive F.S.I. (Accommodation Reservation) must be given to hospitals on the condition that of reserving beds for the poor shall be through a public hospital referral.
- Land use category for Urban Public health post is not included in legend in preparatory study report, and these are not mapped. Also urban health centers are not mapped.
- SRA schemes could provide for spaces required by anganwadis, balwadis, nutrition centre, instead of offices.
- MCGM must develop its own infrastructure and not reserve/allot land for charitable hospitals and other private hospitals.
- Permissions to set up private hospitals should be given on the basis of geographical distribution and population across different wards.
- Adopt Right to Education model (multiple schools cannot come up in the same area) in healthcare.
- To deal with space crunch and reservation of plots for healthcare must be done by providing additional FSI to the public hospitals.
- Additional facilities must be set up to deal with cases of violence against women.
- Holistic approach in development plan can be useful. Sewage disposal, waste management, designs and amount of open spaces, Availability of adequate sunlight and ventilation in SRA buildings have major impact on improving health of citizens.
- In view of increasing population of senior citizens and nucleus families, Elderly care homes need to be established. Locations can be decided based on survey.