

Meeting Minutes for Health workshop coordinated by SNEHA & CEHAT

Date: 29th of January 2014, Wednesday

Time: 15:20 to 18:00 hrs.

Venue: F/South Ward office,
Conference Hall,
Jn. of Dr. Ambedkar Road and J. Bhatnagar Marg,
Parel, Mumbai 400012

Attendees:

Name	Organisation
Kiran Sawant	Pukar
Shrutika Shitole	Pukar
Dhruv Kulshrestha	CEHAT
Kausalya Salvi	N.V.P.
Uday Chitnis	Godrej Properties Ltd.
N.G.Parasher	Steno
Arokia Mary	Yuva
Pramod Nigutkar	CCDT
Ram Adsul	CCDT
G.S.Rathod	Mumbai Port Trust
Milind H. Shidunkar	MCGM
Champaka Rajgopal	Groupe SCE
Lalit Shah	MCGM
Kaustubh Gharat	Praja
Balwant Kiran	Praja
Almeda Fernandis	
Sabah T2	TISS/FAOW
Dr. Vinayak / Dr. Ravindra	Niramay Health Foundation

Dr. Ravi Ramakant	KEM
Anjali Gokarn	Chetna Foundation
Mayura Tambwekar	G.D.Sambhare &Co.
Sunny Pawar	Minim Charitable Foundation
Balachandran R.	MCGM
S.R.	Health
Shaila Bhor	Mumabi Mobile Creator
Divyanand Raj	CRY, Mumbai
Dr. Saeeda Khan	Nagar Sevak
Sreya Muzumdar	KRVIA
Kaumudi More	KRVIA
Anil D. Kshirsagar	MCGM
Jall Cowasji	Self
Sona Contractor	CEHAT
Sumeet Pokharnikar	CEHAT
Vasant Patil	Individual
Arifa Khan	Mahila Vikas Parishad
Shabnam	Mahila Vikas Parishad
Yasmeen Khan	Mahila Vikas Parishad
Malathy Iyar	TOI
Vaijayanti Bagwe	CCDT
Mrs. Sucheta Patil	Mumbai Vikas Samiti
V.S.Sahare	MCGM
A.V.Shenoy	Mumbai Vikas Samiti
Leni Chaudhari	NSF

Ravindra Rathod	Niramay Health Foundation
Sushma Shende	SNEHA
Dnyaneshwar Tarwade	Apnalaya
Yogesh Dhaigude	SVD
David Cardoz	CCDT
Nachitet Borate	G.D.S.
Alok C. Kadam	Triratna Prerana Mandal
Santosh B. Dhuri	Nagar Sevak
Sumati Belady	Yuva
Vrushali Naik	MMC
Minal Ratod	KRVIA
Meha Kumar	KRVIA
Shruti Boparikar	KRVIA
Prajakta Gawade	KRVIA
Shweta Wagh	KRVIA
Namratha Rao	self

Minutes:

- Founder Trustee, SNEHA thanked the Chief Engineer Development Plan (ChE. DP) for arranging a workshop specifically for health. She stated that as per UDPFI 1.2 sqm per capita is the requirement for health amenities while currently Mumbai only has 0.385 sqm. Health is an important aspect of the city and adequate reservations is done for the same. Almost 20-30% of cancer and trauma cases come from outskirts of Mumbai in hospitals of the city and the space requirement should be considered for these people.

2. ED, UDRI stated the following through a presentation:

- As per the 2011 census only half of the required health facilities are available in hospitals of some sectors and in terms of landuse DP proposes only 1/4th of what is required. There is only one bed for a population of 1319 in Mumbai.

- There are several norms and standards such as NUHM, WHO, NBC, UDPFI. The Development Plan (DP) to review, commit and upgrade infrastructure to these standards for 2014-2034.
- Smaller health issues escalate to big cases as efficient preventive and curative treatment is not provided.
- We need to provide sufficient buffer capacity in public health for people from rural region who are dependent on urban centres for such facilities.
- Mapping, provision and improvement of open spaces, sanitation facilities and solid waste management systems and services is crucial for health.
- 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 Centres (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 localised solution in planning the network of maternity homes, post-partum centres, 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.
- Mumbai is responsible for extending its health amenities for people from Raigad and other neighbouring areas since 30% of the state budget is given to Mumbai. Areas for trauma centres are reserved in the DP near accident prone areas especially Eastern and Western highways.

- There is a necessity for speciality hospitals in the city as these are currently only 5 in the city. There is also a need for tending to mental health treatment rehabilitation and welfare in the city. Addition of specialty wards for the extension programs of hospitals is required.
 - Parking spaces for ambulances should be marked and reserved in the DP.
3. SNEHA presented the ward wise deficiencies of numerous health facilities considering several standards and stated the following:
- There are several standards in health care such as NBC, UDPFI, IPHS, NUHM, NHM etc. MCGM must inform the citizens about the standards considered by them for DP 2014-2034.
 - Development plan should consider the hierarchy of health facilities
 - i. Primary facilities- maternal care, child care, curative health post, preventive care centres
 - ii. Secondary facilities- peripheral hospitals
 - iii. Tertiary facilities- speciality hospitals
 - Primary health care and OPDs are needed most in the slums.
 - The DP must reserve areas for presently inadequate facilities for chronic diseases such as cardio, TB, neurology, vascular, cancer, HIV/AIDs, geriatric problems, mentally challenged, trauma, emergency obstetric and neonatal care and ambulances.
 - The services provided by U-PHC must include OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing and delivery of Reproductive & Child Health (RCH) services, as well as preventive and promotive aspects of all communicable and non-communicable diseases.
 - Area for additional mental health facilities must be reserved in the DP.
4. TISS presented a case study on M-East Ward, to give a brief idea about the health facilities available in low income group areas.
- Facilities are not equally distributed in Mumbai, they are more concentrated in few wards and few wards do not have adequate access to the health facilities.
 - Health post of slums is not shifted from the slums which are shifted to new place.
 - Development plan needs to look into the facilities like sanitation blocks, overhead water storage tanks, storm water drain and garbage vans.

- 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 centres are not mapped.
 - Existing ELU report shows that education, medical facilities, open spaces, amenities are far below the standards mentioned by MCGM.
 - As per the human development indicators we need 1 hospital for 27438 population but Mumbai has 1 hospital for 66,881 population.
 - Number of facilities, land availability, the accessibility to facilities and quality of services are the major concerns to the optimum utilization for health facilities.
5. Founder Trustee, SNEHA suggested that the SRA schemes could provide for spaces required by anganwadis, balwadis, nutrition centre, instead of offices.
 6. Individual suggested that every ward must have one hospital of at least 100 bed with a blood bank, ventilator facilities and neonatal facility.
 7. CEHAT stated the following:
 - The concentration for hospitals is high in wards having people from middle and high income groups. Hospital permissions are reserved for wards which have few or no hospitals.
 - 80% of the charitable hospitals have violated the provisions of Bombay Public Trusts Act, 1950 (BPT Act) and norms of the Indigent Patient Fund (IPF) in spite of the subsidies given for FSI, land, water and electricity bills, octroi etc. Even the hospitals under PPP arrangement in Mumbai have failed to comply with the agreed norms. Thus :
 - i. MCGM must develop its own infrastructure and not reserve/allot land for charitable hospitals and other private hospitals.
 - ii. Permissions to set up private hospitals should be given on the basis of geographical distribution and population across different wards.
 - iii. Adopt Right to Education model (multiple schools cannot come up in the same area) in healthcare.
 - iv. To deal with space crunch and reservation of plots for healthcare must be done by providing additional FSI to the public hospitals.
 - v. Additional facilities must be set up to deal with cases of violence against women.
 8. PUKAR stated that permissions for building health care amenities in all the land that comes under MBT cannot be given by MCGM. These areas do not receive any BMC facilities like garbage

collection thus resulting in poor sanitation facilities. BMC camps in such areas like Kaula Bandar have improved the conditions. The DP to consider such areas and plan their neighbouring areas considering the population and accessibility.

9. ED, UDRI stated that since the slums are not mapped 2/3rds of the city population's accessibility to health facility will not be planned for in the DP
10. ChE. DP promised that the above issue will be considered at the ward level planning.
11. CCDT stated that health facilities do not reach the national park areas.
12. Founder Trustee, SNEHA stated that areas need to be reserved in the DP for crèches, women crisis centres, women hostels and senior citizen day care centres.
13. TISS stated the following through a presentation:
 - Public health post must be included in the land use categories for DP.
 - The DCR must ensure quality of services provides in public health amenities.
14. Individual stated that open spaces must be converted into green spaces. For these areas to be beneficial to mental and physical health of the citizens their minimum size to be 1 acre. Provision of open spaces reduce loneliness in senior patients and also reduce the burden on health budget and economy.
15. Individual suggested collaborating the anganwadies with MCGM school.
16. Individual stated that the 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.
17. Student, KRIVIA stated that DP must reserve areas for de addiction centres and preventive health care systems.
18. Mumbai Vikas Samiti stated that the DP 2014-2034 must plan for a geriatric friendly city.
19. MCGM, ChE. DP stated
 - Most of the discussed aspects are taken into consideration in preparatory study report.
 - We will look into suggestions for development plan in next stages.
 - Planning standard is site specific, planning standards are set considering space available, population density on land, available facilities and road network.
 - Development plan has been planned considering to what can be achieved in 20 years.

- Setting up the standards which are too high to achieve is not implementable in future.
- The provision of anganwadi in SRA scheme along with balwadi is in process.
- ELU shows that privet hospitals are developed on privet land and the parcels which are reserved for public health facilities under MCGM will surely be developed by MCGM itself.

20. The meeting concluded at 18:30 hrs.