URBAN DESIGN RESEARCH INSTITUTE

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Shri Subodh Kumar
Municipal Commissioner,
MCGM Headquarters,
Mahapalika Marg,
Mumbai 400 001

14th September, 2011

Dear Shri Subodh Kumar,

Subject: Revision of the Development Plan for Mumbai 2013-2034- HEALTH

This is in follow up to our earlier letter to you dated 29th July 2011 on the subject of Facilitating and ensuring wider consultation in the formulation of the Development Plan of Mumbai 2014-2034.

The DP Stakeholder believes that the provisioning in the development Plan should be based on the policy of Universal Access to Health Care. The basic principles of UAHC are –

- The whole population having access to same range of health services
- Regardless of the income levels, social status, gender, caste, religion, urban/ rural or geographic residence
- A comprehensive range of curative, symptomatic, preventive, promotive and rehabilitative health services should be made available at the primary, secondary and tertiary levels of health care

The stakeholder group feels that these principles can be fulfilled in the public health scene of Mumbai by the following strategies -

- Review and Up gradation of infrastructure to facilitate a smooth transition to NUHM facilities
- Use of Accommodation reservations and incentive FSI for Health care provision in the development plan
- Creation of Specialty Hospitals

Please find attached the detailed pointers attached in the form of annexes to the each of the principles discussed above. These detailed pointers have been prepared by the members of the stakeholder groups working on these issues on the ground.
The Health Group strongly believes that the above mentioned processes are crucial and important order to produce a "**People's Brief**" for the Development plan of Mumbai. If you permit us we shall forward this same letter to the planning consultant group SCE who have been commissioned by the MCGM for the purpose of preparing the revised Development Plan of Mumbai. We would be happy to meet you to elaborate further on our concerns regarding the importance of taking the Health concerns into consideration for the revision of the Development Plan.

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With kind regards,

Yours sincerely,

Sd/-
Dr Jairaj Thanekar
Former Executive Health Officer

Dr Armida Fernandez
SNEHA

Sd/-
Dr Wasundhara Joshi
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NSF – Narotam Sekhseria Foundation

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Puja Marwaha.
Puja Marwaha
CRY

Annex II: Strategies to Address the Universal Access to Health care in Mumbai

Review and up gradation of the existing Health Infrastructure

1) Currently there is an existing system of 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 Swathya Chowki, the Primary Urban Health Center and the referral units[1].

   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.

   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).

   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.

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[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

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"[2] 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

[2] Accommodation reservation as per the UDPFI 1996- 97Guidelines means the permission to the owner of land which is required for public amenities in the development plan to use the potential of a plot in the form of built space guided by FSI or Floor area ratio, in addition to the area required for the amenity, in lieu of the cost of the land and the built up space of such amenity to be transferred to the planning authority in accordance to the regulations made.

proportional beds in private hospitals then we would have more than enough beds needed in the public system, especially specialty beds[2]

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[3]. 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].

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.

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[2] Urban Poor and Unmet Demand for Public Health services in Mumbai, India – Mr T R Phillip and Mr Ravi Duggal

[3] Indicator Code Book. World Health Statistics - World Health Statistics indicators, 2011 - http://www.who.int/whosis/indicators/WHS2011_IndicatorCompendium_20110530.pdf