



# STATE CONCLAVE ON URBAN HEALTH

## PRIORITIZING FAMILY PLANNING & MATERNAL AND NEW-BORN HEALTH

**2<sup>nd</sup> May, 2019 | Hotel Courtyard by Marriott  
Bhopal, Madhya Pradesh**

The National Health Mission (NHM)-Government of Madhya Pradesh (MP) in partnership with the Challenge Initiative for Healthy Cities (TCIHC) led by Population Services International (PSI) jointly organised a one day “State Conclave on Urban Health”. Dr. Pallavi Jain Govil, IAS, Principal Secretary, DHFW, GoMP was the chief guest of the event. The conclave presented cross learning opportunities on access, choice and quality of family planning (FP) and maternal & new-born (MNH) health services for the urban poor through well-structured dialogues by session speakers. It was also an occasion to share tools on high impact approaches in urban FP & MNH. The conclave included an interesting panel discussion on exploring opportunities to reach urban poor with contraceptives and MNH services.

The event was attended by over 190 participants comprising representatives from, Government of India (GoI), Directorate of MP, NHM officials, Joint Directors/Deputy Directors, Divisional & District officials of TCIHC cities, Federation of Obstetric and Gynaecological Societies of India (FOGSI), Indian Medical Association (IMA), Indian Academy of Paediatrics (IAP), Medical College, National and State development partners. The chief guest and dignitaries visited development partners’ stalls and gallery displaying learnings from high impact interventions of TCIHC. Dr. Pragya Dubey and Dr. Shikha Srivastava, from PSI were the master of the ceremony for this formal event. Agenda is given as annexure.

### INAUGURAL SESSION



Dr. O. P. Tiwari, Deputy Director, NUHM, GoMP welcomed the guests and briefly shared the purpose, agenda and expected outcomes of the event. Mr. Pritpal Marjara, Senior Country Representative, PSI, shared the 2,3,4,5 population growth rate syndrome and asserted that the urban growing population is an underserved cohort and mindful planning is important to allocate health resources proportionately to both urban and rural. He opined that the proven high impact approaches of TCIHC creates prospects to meet the FP and MNH needs of vulnerable and poor section of society.

### TAKING FORWARD URBAN FP & MNH AGENDA IN MP-CONTEXT SETTING

Mr. Mukesh Kumar Sharma, Director Programs, PSI, quoting the reanalysis National Family Health Survey- four (NFHS-4) data reiterated the need for improving access to health services for urban poor. The NFHS-4 data shows, urban poor have limited access to spacing methods, ANC, PNC and immunization services as compared to urban non-poor. He flagged five challenges if overcome can improve the reach and quality health care services for urban poor (i) paucity of a well-designed mentoring mechanism for urban Accredited Social Health Activists (ASHAs) as they are a new cadre and need handhold support, (ii) slum population is heterogeneous and health seeking behaviour of community seldom follows a pattern, (iii) most often slum mapping do not include the most vulnerable communities like rag pickers, beggars, (iv) inadequate infrastructure support at UPHC



*Urban poor are in worst situation in terms of receiving any health services -*  
**Mukesh Sharma**

and (v) low priority on FP quality improvement mechanism. He shared the following activities of TCIHC program that aims to bridge the gap in access to quality health services for the urban poor:

- In M.P., PSI is providing technical support to government for improving FP, MNH, TB and adolescent health indicators.
- In 8 cities of M.P. 2,434 unidentified slum clusters are mapped and 3,519,990 vulnerable population linked with the health services.
- 98 UPHCs are organizing weekly FP day and 96 UPHCs are providing Antara injectable services.
- In 2018, 57.6 percent pregnant women registered for ANC during first trimester which was 48.2 percent in 2017
- Mentoring ASHA, scale up of FP day and referral mechanism has resulted in increasing footfall of FP & MNH clients in UPHCs
- In 4 cities facility readiness assessment was done to understand infrastructural gaps

#### FINDING THE UN-FINDABLE

Dr. Abhijeet Arun Pathak, Program Officer FP, BMGF India, raised concern that many slums and poverty clusters in India are not registered or recognized by the government. Hidden populations who live in unregistered slums and poverty clusters have limited access to health services, including FP and MNH. These pockets are increasing rapidly and the health indicators in these clusters are poor than its rural counterpart. Dr. Abhijeet said that urban health indicators need to be compared and reviewed so that specific action can be taken to alleviate their need and ensure supply of services and commodities. Identifying target population is critical for making health services accessible. Another issue he spoke about was high attrition rate of ASHA which needs to be addressed by the government so that services reach the door steps of slum dwellers.



*Mapping the hidden vulnerable urban poor is most critical for maximum coverage*  
- Dr Abhijeet Pathak

#### INCREASING MALE PARTICIPATION IN FAMILY PLANNING

Dr. Sushil Vimal, Assistant Commissioner, NUHM, MoHFW, GoI, emphasised on increasing male participation in FP. He stressed upon strengthening outreach activities, conceptualizing innovative mass media and engaging formal private sector health care providers to increase access to FP services. Dr. Sushil said that FP interventions have an influence beyond contraceptive use as it leads to improving health and social outcomes for women. Overall he highlighted three issues that need immediate attention for FP uptake –promoting male participation in FP, engaging private sector and reaching unreached urban poor with quality FP services.



*FP is family welfare for mothers, child & the family-* Dr Sushil Vimal

#### STREAMLINE HEALTH PROGRAMS-REMARK BY COMMISSIONER HEALTH & MD NHM

Shri. Nitesh Vyas, IAS, Commissioner Health & MD NHM, GoMP, mentioned by 2030, 50 percent of Indian population will live in cities hence urban health must be a priority. M.P. has always been a rural governance state, and recently urban health has come into focus. He said- the urban peripheries should be defined, unknown population should be mapped and standards/quality of primary health facilities should be improved. He stressed upon the capacity building of Mahila Arogya Samiti (MAS) and ASHA to reach urban poor. He shared that Health and Wellness Centres have been rolled out under NUHM with an objective to provide preventive, promotive, rehabilitative and curative care to poor and vulnerable families.



*Adopting best practices can help us in eliminating urban inequities in access to health services* - Shri Nitesh Vyas



He expressed the need for concerted and innovative efforts to improve urban health for poor. He suggested implementing various innovative models to strengthen public health system.

## PROVEN HIGH IMPACT APPROACHES IN URBAN FP & MNH-SHARING OF TOOLS



Dr. Pallavi Jain Govil, IAS, Principal Secretary, DHFW, GoMP, Shri. Nitesh Vyas, IAS Commissioner Health & MD NHM, GoMP, Dr. Sushil Vimal, Assistant Commissioner, NUHM, MoHFW, GoI and other dignitaries' unveiled toolkit on ten proven high impact approaches (HIAs) on urban FP and MNH. The tools are contextual to urban poor and all ten approaches are based on evidences and national guidelines, and being scaled up in 8 TCIIHC cities. **The tools are on ten themes- 1) Mapping & Listing of Slums, 2) Convergence, 3) Fixed Day Static Services/Family Planning Day, 4) Strengthening Urban ASHAs, 5) Capacity Building of Service Providers, 6) Using Data Effectively, 7) Private Sector Engagement in FP Programs, 8) PIP, 9) Engaging MAS and 10) Establishing a Referral Mechanism.** Soft copy of HIA tools was shared in the participant kit.

## VISION OF SUCCESS: ADDRESS BY THE CHIEF GUEST

Dr. Pallavi Jain Govil, IAS, Principal Secretary, DHFW, GoMP iterated that HIAs toolkit unveiled at the conclave is a collection of practices for urban FP and MNH interventions identified by experts and implemented at scale. She urged the development agencies working for reproductive health programs in the state to adapt the HIA tools in their respective programs. She was optimistic that the lessons from the eight cities which will proceed with a systematic road map will also help other cities of the state, in the near future, to implement similar strategies.

Dr. Pallavi explained that we need to be mindful of the data coming from the field/survey as it indicates the requirements of the community. Tailored approaches should be adopted to make health services available for urban poor. She said- FP depends on the efforts of a couple where the man and woman are equally responsible and accountable hence development partners should support government in developing strategies for increasing awareness among male, female and adolescents who in future are going to be in reproductive age or are already in reproductive age.



*Male participation in family planning must be central to FP program designs –*  
**Dr. Pallavi Jain Govil**

The inaugural session ended with the vote of thanks by Dr. Sanjay Pandey, Chief Officer- Advocacy and Partnership, PSI.



## VOICES FROM THE FIELD: EXPERIENCE SHARING ON IMPLEMENTING FP & MNH PROGRAM IN URBAN AREAS

The session amplified stories from the field narrated by ASHA/ANM, city governance teams and service providers moderated by Mr. Mukesh Sharma, Director Programs, PSI, India.

Establishing referral mechanism has been very helpful. Client with referral slip is given services on priority & they return back satisfied from the big facilities. Now we have enough time to do household visits because there is no need to escort clients to higher facilities- **ASHA Indore**

TCIHC supported in skill building of ASHAs and now they are capable of counselling, documenting & providing FP services during the UHND session. TCIHC also supported in regularizing weekly ASHA-ANM meeting which helped to review & monitor performance- **ANM Indore**

TCIHC has made our defunct UPHC functional, where we now conduct FDS on weekly basis. Initially clients use to go far to the private sector or to higher facilities for services but now they are availing all necessary health services from our UPHC- **Staff Nurse Indore**

FDS has made our work focused, Wednesday is for NCD cases; on Thursday we cater ANC women & on Friday we provide FP services. Referral mechanism has decreased high risk cases load, now clients for minor ailments, FP & MNH are reaching UPHC- **MOIC Indore**

TCIHC supported in strengthening many areas like- formation of QI team has improved service quality at UPHC. MAS is now supporting ASHA/ANM in fieldwork & ASHAs are effectively counseling clients by demystifying their myths related to various FP methods- **DHO Bhopal**

Defining the catchment area & identification of hidden slums has helped in requesting for more ASHAs & shifting existing service providers based on new identified population. TCIHC team has supported in increasing the FP uptake & making Indore rank first in the uptake of Antara and other FP methods- **CMHO Indore**

## PANEL DISCUSSION- REACHING THE URBAN POOR WITH FP & MNH HEALTH NEEDS - ACCESS, DEMAND & QUALITY

The panel was chaired by Mrs. Usha Parmar, IAS, Additional Mission Director, NHM, GoMP. Dr. Jyoti Vajpayee, SRH & Public Health Consultant moderated the panel of eminent sector specialists, which included Dr. Anuradha Jain, USAID, India, Dr. Abhijeet Pathak, BMGF, India, Dr. Pankaj Shukla, Joint Director Quality Assurance, NHM, GoMP, Dr. Archana Mishra, Deputy Director Maternal Health, NHM GoMP, Dr. Manish Singh, Deputy Director Child Health, NHM GoMP, Dr. L M Pant, Senior NSV Surgeon, GoMP, Dr. Nilesh Deshpande, State Program Coordinator, UNFPA, MP and Mr. Pritpal Marjara, Sr. Country Representative & MD, PSI, India .

Dr. Jyoti set the context by presenting National Population Policy, 2000 (State of World's Cities 2006-2007) data which indicates that urban poor population is expected to increase from 100 million to 200 million by 2020. Urbanization refers to the population shift from rural areas to urban areas and unplanned migration often results in rapid growth of slums. The urban poor and migrants remain neglected populace in geographies with least access to health services. This target population needs to be brought under the ambit of health system. She stated that with this expert panel the intention is to identify uniform strategies for strengthening primary health care to deliver quality FP and MNH to urban poor.




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### CATERING CONTRACEPTION NEEDS OF YOUNG & ADOLESCENTS

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**Dr. Abhijeet Pathak** reiterated that contraceptive needs of adolescents and youth are different from that of older men and women. Population council survey shows 63 percent adolescent have contraceptive need whereas only 13 percent are using any method. He dwelled on the challenges faced by young first time parents as they are unaware about service delivery points and methods available. **He stated government should have segmented approach for reaching urban poor and service provision should have non-segmented approach.** The facility based services and community based engagement should specifically address the contraceptive needs of young and adolescent.

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### CREATING AWARENESS ON NEW CONTRACEPTIVE METHODS

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**Dr. Nilesh Deshpande** pointed that uninterrupted supplies of new contraceptives and creating awareness on new contraceptives can meet the spacing needs of urban poor. **Strengthening UPHC and UHNDS for providing new contraceptive services will cater the FP needs of young and adolescents.** Women accepting the new contraceptive methods should be made aware and counselled on the after effects of method to avoid dropouts. **Coaching ASHA and managing side-effects of contraceptive methods is very critical to increase uptake of contraceptive methods.**

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### PROMOTING MALE PARTICIPATION IN FP

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**Dr. L.M. Pant** remarked male participation is not only about NSV it also about supporting women in the contraceptive service. He cited MP NFHS data, which shows that in NFHS round three male sterilization was 1.3 percent which dip down to 0.5 percent in round four of NFHS. Male participation plays a crucial role in population management, but patriarchal notions, sociocultural defined gender roles, combined with the inefficiency of FP programs contribute towards keeping male participation low. **Government and non-government agencies should strategize community sensitization programmes aiming to improve male involvement in FP.**



## PRIVATE SECTOR ENGAGEMENT IN FP

**Mr. Pritpal Marjara** asserted there is a need to reinvigorate public-private partnership (PPP) for FP in India. He reiterated the need for engaging private sector health care providers as they share 70 percent of the patient load. He opined that the fear of cumbersome financial management processes reduces private sector interest in many public schemes. The heterogeneity and lack of structured mechanism were cited as reasons for such imbalance in PPP leverage. He emphasised the need to build on creative initiatives like Hausala Sajheedari a PPP model of Uttar Pradesh where incentives for private sector have bolstered private sector participation in FP services. He suggested **Government should develop transparent and hassle free mechanism for engaging and reimbursing private sector for FP services.**

## STRENGTHENING MNH SERVICES FOR URBAN POOR

**Dr. Archana Mishra** lauded the government's ongoing efforts for meeting the MNH needs of urban poor. She pointed out that; in order to reduce the client load of district hospital, primary health facilities should be equipped with essential resources. **Preparing primary health facilities for basic services like pregnancy test, haemoglobin blood test, is an immediate priority.** Positioning of human resource especially staff nurse at the UPHC will ensure that ANC examination is done because as compared to NFHS 3, ANC services have shown decline in NFHS four. To mitigate the challenge of dearth of service provider's partnership with medical college and private sector is essential.

**Dr. Manish Singh** emphasised on **improving the Sick New-born Care Units (SNCUs) and strengthening home based new-born care.** He stated that there are only 54 SNCUs in the state where both public and private referrals are made thus establishing both Neonatal Intensive Care Unit and Paediatric Intensive Care Unit is highly required. Dr. Manish suggested for ensuring services to all age group of children falling in the paediatric category.

## IMPROVING DEMAND GENERATION PROCESS



**Dr. Anuradha Jain** pointed that health needs are heterogeneous hence various counselling styles, methods and approaches should be used by community health workers and service providers. Each health domain requires different style of counselling considering place, time and people. TCIHC is using "Lead, Assist and Observe" model to coach and mentor urban ASHA but for sustainability like rural structure a supervisory cadre should be introduced for the handholding of urban ASHAs. She suggested to improve

the community process by involving **existing women's collective like-MAS and self-help group for demand generation.**

## QUALITY ASSURANCE IN HEALTH CARE DELIVERY

**Dr. Pankaj Shukla** echoed that urban poor population should receive quality services. His views were inclined towards strengthening quality assurance mechanism to address the quality issues at UPHC level. He suggested primary health facilities need to assess, monitor and improve the quality of healthcare by developing internal assessment mechanism. Kayakalp assessment, National Quality Assessment Standards and District Quality Assurance Committee can contribute in upgrading the quality indicators of UPHCs. **Effective counseling is one of the critical elements in the provision of quality FP services hence it should be maintained both at facility level and community level.**

**PANELLIST'S RECOMMENDATIONS TOWARDS URBAN HEALTH-** Partnership with private sector, Strategic purchase of health services from private sector, increase access to FP services, 30 percent NSV in mCPR, Mapping existing resources and proper utilization, *Rashtriya Kishor Swasthya Karyakram* (RKSK) services in the urban area, Improving quality indicators of primary health facilities and work towards 'no maternal and new born death'.

Dr. Sanjay Pandey was the rapporteur of the panel discussion. He shared following key take aways from the whole discussion-

- Segmented approach should be adopted for reaching urban poor for health services.
- Developing business models for private sector engagement such that the partnership is mutually beneficial to both private and public sectors.
- Monitoring and evaluating quality indicators of primary health facilities.
- Enhancing counselling skills of urban ASHAs and strengthening local women's groups.
- Engaging men in FP to improve contraceptive practice.
- Promoting new contraceptive methods through UPHC and UHND.



Mr. Prabhat Jha, General Manager, PSI, MP, closed the consultation with a vote of thanks and seeking continued support for taking the urban FP and MNH agenda forward at the state level.

### KEY RECOMMENDATIONS EMERGED FROM THE CONCLAVE

1. The important programmatic learnings emerging from eight TCIHC cities should be scaled up across state by NHM with the support of partners like TCIHC.
2. State to prepare have a comprehensive 'Urban FP Strategies' customised for the challenges and opportunities in the urban context for Madhya Pradesh.
3. State to develop a comprehensive communication strategy for addressing FP and MNH needs of urban poor.
4. State should design and implement a PPP model to engage private health care facilities through accreditation for strategic purchase of family planning services. The successful model like Hausala Sajheedari from Uttar Pradesh to be studies and learnings customised for MP.
5. State to have clear guideline on quality assurance for FP to be rolled out in UPHCs.
6. Formation of state level task force/action group to support urban FP and MNH services.
7. Scaling up of learnings emerging from implementing proven high impact approaches across 8 cities under the TCIHC in the state.
8. Family planning day strategy and referral mechanism should be scaled up across state.
9. State should design and implement a robust strategy to engage men in family planning by incorporating learnings from male engagement approaches implemented across states.
10. Partnership with potential private medical colleges and nursing schools to overcome staff shortage at urban health facilities.



## ANNEXURE- AGENDA

Time	Topic	Speaker/ Facilitator
10.00-10:30 am	Registration & Tea	
<b>Inaugural Session</b>		
10.30-10:45 am	<ul style="list-style-type: none"> <li>A Gallery Walk on Facets of Urban FP &amp; MNH</li> <li>Health Partners' Exhibits</li> <li>Formal Inauguration of the Workshop</li> </ul>	<b>Dr. Pallavi Jain Govil, IAS</b> Principal Secretary, DHFW, GoMP
10.45-10.55 am	<b>Welcome Address</b>	<b>Dr. O. P. Tiwari</b> , Dy Director, NUHM, GoMP
10.55-11.05 am	<b>Objective Setting</b>	<b>Mr. Pritpal Marjara</b> , Sr. Country Representative & MD, PSI, India
11.05-11.20 am	<b>Context Setting:</b> Learnings from the NHM-TCIHC partnership in taking forward urban FP & MNH agenda in MP	<b>Mr. Mukesh Sharma</b> Director Programs, PSI, India
11.20-11.30 am	<b>Address by BMGF Representative</b>	<b>Dr. Abhijeet Arun Pathak</b> Program Officer, Family Planning, BMGF, India
11.30-11:40 am	<b>Key Note Address by MD NHM, GoMP</b>	<b>Shri. Nitesh Vyas, IAS</b> Commissioner Health & MD NHM, GoMP
11.40-11.50 am	<b>Sharing of Tools on 'Proven High Impact Approaches in Urban Family Planning &amp; MNH'</b>	Principal Secretary, DHFW, GoMP
11:50-12:05 pm	<b>Address by the Chief Guest</b>	<b>Dr. Pallavi Jain Govil, IAS</b> Principal Secretary, DHFW, GoMP
12:05-12:10 pm	<b>Vote of Thanks</b>	<b>Dr Sanjay Pandey</b> Chief Officer- Advocacy & Partnerships, PSI, India
12:10-1:00 pm	<b>Voices from the field:</b> Experience sharing of implementing FP & MNH program in urban areas	Moderated by Director Programs, PSI, India
1:00- 1.45 pm	<b>Lunch</b>	
<b>Technical Session</b>		
1.45-3.50 pm	<p><b>Panel Discussion on:</b> <i>Reaching the Urban Poor with Family Planning, Maternal and New-Born Health Needs- Access, Demand &amp; Quality</i></p> <p><u>Chairperson:</u> Mrs. Usha Parmar, IAS, Additional Mission Director, NHM, GoMP</p> <p><u>Rapporteur:</u> <b>Dr Sanjay Pandey</b>, PSI, India</p> <p><u>Moderator-</u> <b>Dr Jyoti Vajpayee</b>, SRH &amp; Public Health Consultant</p>	<p><b>Panellists:</b></p> <ol style="list-style-type: none"> <li><b>Dr Anuradha Jain</b>, USAID, India</li> <li><b>Dr Abhijeet Pathak</b>, BMGF, India</li> <li><b>Dr Pankaj Shukla</b>, Joint Director QA, NHM, GoMP</li> <li><b>Dr Archana Mishra</b>, Dy. Director, Maternal Health, NHM GoMP</li> <li><b>Dr Manish Singh</b>, Dy Director, Child Health, NHM GoMP</li> <li><b>Dr L M Pant</b>, Sr NSV Surgeon, GoMP</li> <li><b>Dr Nilesh Deshpande</b>, SPC, UNFPA, MP</li> <li><b>Mr Pritpal Marjara</b>, PSI, India</li> </ol>
3.50-4.00 pm	<b>Vote of thanks</b>	<b>Mr Prabhat Jha, PSI, MP</b>