

“KNOW YOUR CITY”

STAKEHOLDERS’ CONSULTATION ALLAHABAD

Activities and Findings



Facilitated by
The Challenge Initiative for Healthy Cities
Population Services International
In collaboration with
Department of Health & Family Welfare Uttar Pradesh

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ACRONYMS

ANM	Auxiliary Nurse & Midwife
AWW	Angan-wadi Worker
ACMO	Additional Chief Medical Officer
CBO	Community Based organization
CMO	Chief Medical Officer
CMS	Chief Medical Superintendent
DM	District Magistrate
DUDA	District Urban Development Authority
FOGSI	Federation of Obstetricians and Gynecologists of India
FP	Family Planning
HH	House Holds
HR	Human Resource
HV	Home Visits
HRIDAY CITY	Heritage City Development and Augmentation Yojana City
ICDS	Integrated Child development scheme
IMA	Indian Medical Association
MCH	Maternal and Child Health
NHM	National Health Mission
NULM	National Urban Livelihood Mission
SBA	Swachchh Bharat Abhiyan
TCIHC	The Challenge Initiative for Healthy Cities
ULB	Urban Local Bodies

EXECUTIVE SUMMARY

What: Stakeholders' consultation is one of the prime and initial activity in a TCiHC city as this provides an opportunity of bringing all stakeholders under one roof and find out collective strengths, weaknesses, opportunities & challenges, becoming open to buy other's ideas and support, instigating volunteerism and having a joint commitment towards improved urban health for marginalized communities. Stakeholders' consultation is pre-designed stepwise process that includes identification of stakeholders, their validation as health stakeholders then inviting them to have a day's consultation to find out gaps in urban health system and demand & supply of MCH and FP services along with best possible solution.

Who: In Allahabad stakeholders mapping was done by TCiHC team on tools developed under project and presented to CMO and ACMO- Urban Health for validation. Invitation sent from CMO office to major stakeholders are listed – Department of Health & Family Welfare and NHM, ICDS, Medical Colleges & Other such institutions, Municipal Corporation, DUDA-NULM, FOGSI/IMA/Private Sector Hospitals, Department of Education and NGOs/CBOs/Civil Society Organizations.

How: Consultation started with ceremonial inauguration by AD-Health of Allahabad Division and setting up stage by CMO and ACMO- Nodal Urban Health. Brief Introduction of TCiHC project was given to the participants. City health scenario was presented in form of a presentation entitled "Know Your City". Purpose of the presentation was to trigger a thought process towards need of collective efforts to ensure health for urban poor.

Activities: To make collective efforts this is important to find out collective strengths, weaknesses, opportunities and challenges, this was done through a group activity – SWOT. This was followed by an intense group work to find out gaps and potential solutions in service delivery and demand aggregation of MCH and FP services in urban area. Bridging the Gaps was third and last exercise that gave opportunity to each participant to come up one activity that a particular stakeholder must take up to ensure health for urban poor.

Findings: Unavailability of clients' due list and lack of micro-planning could be considered as two main service delivery level gaps in MCH service delivery while lack of FP counseling and no any fixed day provisioning of FP services keeps client away from adopting FP services. Lesser male engagement activities keep urban slum and migratory populations away from asking any service be it MCH, FP or even vaccination. This is a new world for them and women hardly believe on anyone till their husbands are not convinced. Focus to be given to Male engagement for health care services – DUDA/NULM is the gate to enter to male community in Allahabad. UHND planning is poor, no space to conduct UHND – Nagar Nigam/DUDA/Ward Member/Parshad to be contacted to help it out with their premises. This was the first time stakeholders loudly complain for UPHC doctors' behavior for poor demand of services. Doctors need to be monitored and mentored simultaneously. Organizing ORCs based on regular calendar could work both increase in demand and supply.

BACKGROUND

The Challenge Initiative for healthy cities (TCIHC) is built around the premise that putting cities in the driver's seat of project is essential in ensuring that project succeeds and that its impact lasts beyond the life of the project as it develops into a full-fledged program.

Urban Health is a composite subject and many factors affect wellbeing of an urban society. Further urban society itself is a composite and complex society that includes people from creamy socio-economic strata to slum dwellers and also from people who are living since generations to people who have just migrated to the city. There are identified and unidentified localities of migrated people. Issues like sanitation, safe drinking water, healthy living environment, pollution, knowledge and practice of healthy behaviour and availability of health care facilities play crucial role in keeping poor urban communities, slum dwellers and migratory populations healthy. These issues are taken care by different administrative departments in a city and a perfect health plan can be drafted only when all these departments sit together and talk.

Thus putting cities on the driver seat of the program actually means putting all these people together on the driver seat. This can be done only by bringing them under one roof and get them think and work together as a team. These concerned people will be named as stakeholders and bringing them together to discuss urban health will be called stakeholder's consultation as described further in this document.

MAJOR PRE-CONSULTATION ACTIVITIES

Organising a city level urban stakeholders' consultation requires a series of preparatory activities from identifying potential stakeholders till logistics and developing an agenda to work on.

- Stakeholders mapping and validation
- Collection of data/information from mapped stakeholders
- Finalizing date and time in consultation with stakeholders
- Invitations (from CMO office) and follow up
- Compiling City Profile to trigger the thought process
- Finalizing agenda and day long activities
- Logistic arrangements

STAKEHOLDER’S MAPPING AND VALIDATION

Any government department, private organization, institution, multilateral program or even an individual who can potentially play a role in improving urban health is an “Urban Health Stakeholder”. In other words, people working on any walk of life that can have impact on health of urban poor is a potential “Urban Health Stakeholder”.

Stakeholder’s consultation helps in bringing all stakeholders together to find out gaps in service delivery, overlapping of efforts; do a SWOT analysis, having a buying in of ideas, instigating volunteerism and having a joint commitment to strengthen marginalized communities by providing them with accessible and affordable family planning and MCH services.

Different cities have different kinds of stakeholders and hence it is important to map them to capitalize their presence for improving health status of urban poor especially with respect to Family Planning and Mother & Child Health status. Programs and Interventions those impact community health are also considered as health stakeholders for example programs focussing on water, sanitation & hygiene (WASH) and Swachchh Bharat Abhiyan. Further community which is beneficiary is also a stakeholder.

MAPPING¹ AND VALIDATION OF STAKEHOLDERS²

City of Allahabad has multiple stakeholders who are playing and can potentially play critical role in improving health status of urban poor. These include programs, schemes, institutions and individuals, many of them are working in their own way without any interface with others doing a supplementary or complementary work. The list of stakeholders also includes medical institution, elected representatives, community members, religious leaders, health workers and many more. All the stakeholders have been mapped and validated by authorities through the following process-

THREE STEP PROCESS TO MAP STAKEHOLDERS

Step 1: Listing of all the stakeholders through brainstorming among team members and putting the same in the table with relevant information such as address and contact information was done. The discussion also included if the stakeholder is of primary, secondary or tertiary category as per criteria fixed under project (as detailed in annexure 1) and this was also mentioned while adding to the list. All the potential stakeholders are listed who can play

¹ Annexure 1: CITY LEVEL URBAN HEALTH STAKEHOLDER MAPPING TOOL

² Annexure 2: MINUTES OF STAKEHOLDERS’ VALIDATION MEETING

a role in improved urban health systems, Family Planning and MCH service delivery, supply, demand, policy or policy implementation and city level decisions.

Step 2: The list of stakeholders shared with Chief Medical Officer (CMO), Nodal officer NUHM and their team to discuss listed stakeholder’s possible role and get the list validated. All the suggestions received at CMO Office were recorded by TCIHC team.

Step 3: All the suggestions recorded during stakeholder’s list sharing and validation meeting incorporated in the list and a final list prepared for the city stakeholders. This list is finally endorsed by department of health and can be used further for different meetings, activities and consultations on Urban Health.

FINALIZING DATE AND TIME IN CONSULTATION WITH STAKEHOLDERS

Date and venue was selected in consent with CMO and other major stakeholders. Letter of invitation was issued by CMO³, which was personally shared with stakeholders by TCIHC team to ensure participation of all stakeholders. Follow up was also done with stakeholders by TCIHC team a day prior to the event. Venue arrangements were taken care by TCIHC Team.

When & Where	
Date	June 22,2017
Day	Thursday
Time	10.30AM till 4.30PM
Venue	Hotel Grand, Allahabad
Invitations	Validated list of stakeholders’

COMPILING CITY PROFILE⁴ TO TRIGGER THE THOUGHT PROCESS

City specific information was collected on City Profile tool. Information is collected in various heads. This includes socio cultural/historic background of the city, demography, major health indicators pertaining to Family Planning and MCH, availability of resources with health department and other stakeholders.

Information gathered on city profile tool was then converted into a title presentation “Know Your City” to be used during consultation workshop in order to trigger the discussion and thought process among participants.

FINALIZING AGENDA⁵ OF DAY LONG CONSULTATION

Time bound day long agenda along with activities’ design to reach out to required conclusions and inferences was design after an in depth team discussion. This was surrounding the themes mentioned in TCIHC tool – “Organizing Stakeholders’ Workshop”. Background preparation was done for each participant group work- methodology, content and how to facilitate the activity and by whom.

³ Annexure 3: LETTER OF INVITATION BY CMO

⁴ Annexure 4: CITY PROFILE TOOL

⁵ Annexure 5: AGENDA OF THE WORKSHOP

PROCEEDINGS OF THE CONSULTATION

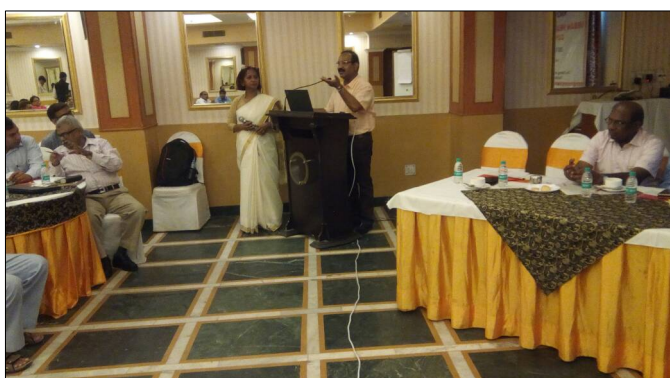
Day long consultation was divided into three parts – 1. Inaugural ceremony, 2. hard core workshop business that included sharing of basic urban health statistics to trigger the thought process through presentations, conducting pre-designed group work and activities to find out shared resources and strengths, weaknesses, opportunities and challenges and thinking of solutions 3. summarizing work done together by all stakeholders’ and formulating a way forward.

1. INAUGURAL CEREMONY

After opening words from TCIHC at onset of the inaugural session Capt. Ashutosh – ACMO and Nodal officer NUHM- Allahabad set the context of the stakeholders’ meeting. He expressed the need of the workshop and requirement of collective understanding and planning and how this consultation is going to help.



Formal inauguration of the workshop was done through lamp lighting jointly by Additional Director Health – Allahabad Mandal Dr. Virendra Pratap Singh, Chief Medical Officer (CMO) Allahabad Dr. Ashok Verma. Joint Director Health – Dr. Dileep Ranjan, Nodal Officer – NUHM Capt. Ashutosh and Divisional Program Manager –NHM Mr. Harit Saxena. To make participants comfortable with discussions ahead a brief presentation on, “The Challenge Initiative for Healthy cities” (TCIHC) was given by TCIHC representative from PSI.



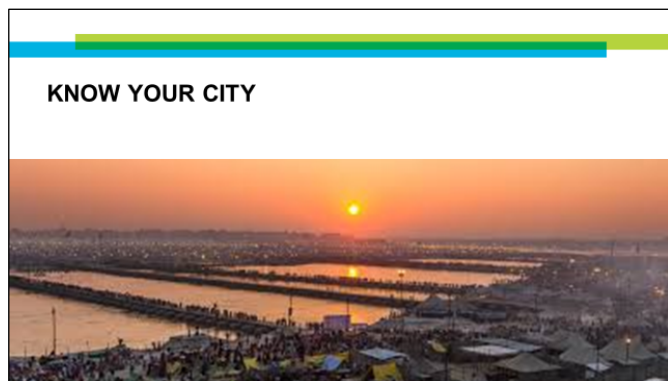
Chief Medical Officer- Allahabad, Dr. Ashok Verma in his inaugural remarks focussed on need of putting hundred percent efforts by urban medical officers. He said we very much talk about shortcomings of system and infrastructure but this is the time we should also look inwards where as a service provider we are not putting our efforts religiously. He said This is a

wonderful opportunity to assess what we can do for urban poor. TCIHC has come up as a great support for us to plan for our urban populations further joint brainstorming with other departments will help us in planning in more composite way to maximum utilization of our resources. This is an opportunity to reach out and talk freely to those who can make our way easy in terms of service delivery to urban poor. There is difference in number of slums, there are issues of cleanliness which can be discussed with Nagar Nigam.

Additional Director – Allahabad Mandal Dr. V. P. Singh emphasised and stated to the participants that this is an important opportunity and all of them have to participated whole heartedly for better urban planning. He said that urban health is too much about integration and convergence and this is also need of the hour to join hands to reach each and every urban poor. He said I am expecting a fruitful discussion among team of health department with other stakeholders to come up with an integrated health plan for the city. He congratulated to TCIHC and participants.

CONSULTATIVE SESSIONS AND GROUP WORK

Consultative business started with workshop title presentation “KNOW YOUR CITY” by PSI. Presentation consists of city profile to trigger the thought process towards urban health. Presentation highlighted health indicators’ specially of MCH and FP in comparison with state as well as from past years so participants could guess where the gaps could be and what



must be the focus areas to ensure health for urban poor Presentation also gave a wide picture of what resources city has collectively from various departments, organizations and institutions to pour in to serve urban poor with respect to improving their health status.

GROUP WORK1 – SWOT⁶ ANALYSIS

“Know Your City” presentation sets a stage for further group work and triggers thought process towards health related issues of urban poor and what could be done for them jointly by all stakeholders. In order to intensify understanding of each stakeholder that what are their strengths and challenges to support health for urban poor they were invited to

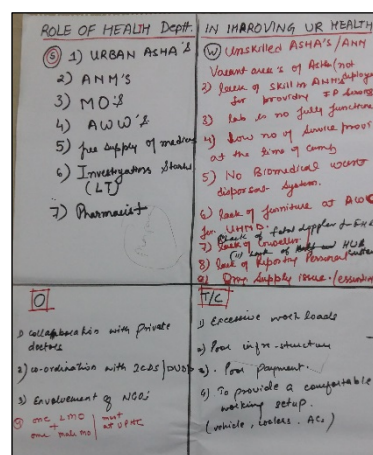


participate in carrying out SWOT analysis in groups as group work 1- the SWOT Analysis (Strength, Weakness, Opportunity and Threat/Challenges). PSI facilitator explained through a presentation that what is the exercise and what is expected from participants.

In Allahabad city eight major stakeholders were identified for urban health – Department of Health, ICDS, Medical Colleges and other speciality hospitals, Education Department, DUDA-National Urban Livelihood Mission(NULM),

⁶ Annexure 7: SWOT PPT

Municipal Corporation-Swachhh Bharat Abhiyan (SBA), Private sector health institutions, NGOs/CBOs/DPs. Based on presence of participants they worked in four groups and carried out SWOT analysis for health, ICDS, DUDA and NGOs/CBOs/Civil Society Organizations in the city. Participants were provided with around 45 minutes to complete the exercise with in group. Post exercise each group was requested to share one highlight from each four sections – strength, weakness, opportunity and threats/challenges of the analysis with larger audiences. A summary of top findings of SWOT analysis carried out by the participants is as under-

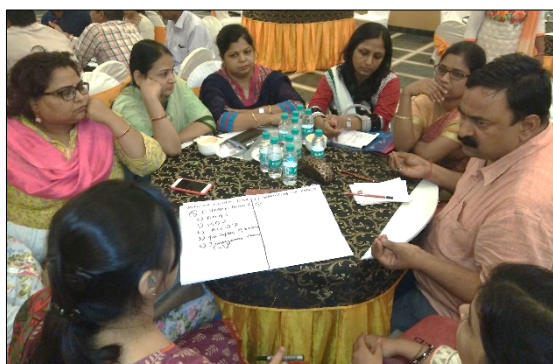


SUMMARY OF TOP FINDINGS OF SWOT ANALYSIS					
Name of Stakeholder	Strength	Weakness	Opportunity	Threat (Challenge)	
Department of Health & Family Welfare + NHM	Mandated to provide Free of Cost health services to urban poor	Infra Structure and human resources are not as per the provisions	Coordination with ICDS/DUDA	Dense Population	
	Allocated budgets and provisions for hiring of required Human resources	Ground staff-ASHA and ANM is not skilled enough as per their roles and responsibilities.			
	Allocated budgets for free medicines, investigations	Labs are not fully functional at UPHC levels			
ICDS	545 Urban AWCs	Lack of basic amenities and own structure to AWCs	Window of opportunity to provide counselling during mothers group meeting, god bharai and Anna prashan	FP engagement with other work	
	Centre of all MCH, FP and nutrition health education activities	AWW is provided with other works	Upcoming mega call centre for VHND and UHND both	Qualification level for engaging AWW to be increased	

	Reach to the community through activities like mothers group, God bhara, Anna Prashan				
DUDA-NULM	900 Members, Area level federations, Street Vendor Associations	Members only focus on “Earning”	Linkages with health department	Motivating SHGs to take up health issues	
		Hesitant to take up other issues	Outspoken women with leadership qualities and education may take up further role of urban ASHA		
NGO/CBO/Civil Society Organizations	Based locally, having good rapport with community	Lack of funds	Convergence	Lack of clarity between govt. and civil societies	

GROUP WORK 2- DETAILED EXERCISE TO IDENTIFY GAPS, POSSIBLE SOLUTIONS AND SUPPORT REQUIRED TO IMPROVE STATUS OF MCH & FP SERVICE DELIVERY AND DEMAND AND ROLE OF STAKEHOLDERS⁷

SWOT analysis enriched each stakeholder with a feeling that they have some strength to support improving urban health and also there are opportunities of doing so barring few challenges. They were also sensitized to do their bit for urban poor. Taking this positive



momentum ahead participants were divided into six groups to work in greater details on gaps in service delivery and demand generation with respect to MCH and FP services for urban poor. Participants were also requested to come up with possible solutions to bridge those gaps

⁷ Annexure 8: Guidelines for Group Work 2

and also support required for the same. Further two groups were requested to work on what role each stakeholder could and should play to ensure health for urban poor in the city. The exercise lasts for around 1.30 hours. Lot of brainstorming done during the exercise and participants come up with strong suggestions. Groups were proposed to select one writer and one presenter among them to record the discussion on given format and then present. Discussions were summarized in tabular forms as shown here.



URBAN HEALTH FOCUS AREA1: MATERNAL AND CHILD HEALTH				
Thematic Area	Gaps	Solutions	Support Required	
Service Delivery	Less than provisioned staff	Hiring of staff		
	Unavailability of fully functional instruments required at UPHCs	Supply and maintenance		
	ANMs not trained and updated on new roles and responsibility	Refresher training not only on technical updates but also their roles in urban health scenario		
	ASHAs are less in number and untrained	Placement of trained ASHAs	Training and handholding of ASHAs	
	Interrupted supply of drugs and consumables	Inventory maintenance system needs to be developed and in place from District to UPHCs. Supplies must reach before previous stock consumed.	There can be an online system to update inventory of an UPHC	
	No proper UHNDs happening due to-	1. ANM area to be demarcated 2. To ensure space for UHND ULB/DUDA can be contacted to provide spaces at Rain Basera or other	<ul style="list-style-type: none"> • Integration and coordination • Handholding in preparing due list • Handholding in microplanning 	
	1. Unavailability of ANM 2. Unavailability of space 3. Non availability of due list			

	4. Lack of Microplanning and monitoring	spaces/ local parshad or ward member need to be contacted to support	
		3. Due list can be cross verified with AWW	
Demand Aggregation	Communities unaware of UPCs and services available there	UPHC Branding	IEC material from partner organization and other health programs to decorate UPHCs
	Health is not their priority as slum populations have migrated to earn	Counselling by ASHAs/ MAS Meetings	Handholding of ASHAs/ MAS Trainings
	They don't get perceived risks in not getting ANC services	Counselling by ANM/ASHA/AWW/MAS members	Handholding of ASHAs/ MAS Trainings
	Poor behaviour by PHC doctors and their absence during OPD timings	Monitoring and Mentoring of doctors and other UPHC staff to treat clients well	Citizens' charter need to placed at each UPHC
	Feeling scared in new locations and not having faith on system/surroundings	Rapport building by ASHA through MAS	
URBAN HEALTH FOCUS AREA2: FAMILY PLANNING			
Thematic Area	Gaps	Solutions	Support Required
Service Delivery	Untrained staff at UPHCs	UPHC Doctors and ANMs need to appropriately trained on spacing methods of FP	
	Interrupted Supply	FP products inventory also to be maintained along with others	FP methods related supplies should also be included in inventory registers
	No specific day and time for FP service delivery	There must be fixed day service provisioning for FP like immunization	Handholding to plan and conduct FDS for FP

	ASHAs are not equipped and no separate FP counsellor	Training on ASHA on FP counselling	Training and handholding of ASHAs on FP counselling
Demand Aggregation	Lack of IEC material at UPHC		Can be made available by TCIHC or coordinated with other DPs/IEC bureau
	Doctors do not take interest in FP promotion	Mentoring of Drs at UPHCs	
	Communities are unaware of methods and service availability	Placement of IEC material at UPHCs, promotion by ASHA/ANMs	
	What so ever little efforts are women centric, who are not much familiar with new urban locations	Increased male involvement	Integration with DUDA can be workable – their street vendor groups may have potential

Two groups worked on role of different stakeholders in improving service delivery and demand generation with respect to MCH and FP and further if those stakeholders require any support. Their recommendations are summarized here-

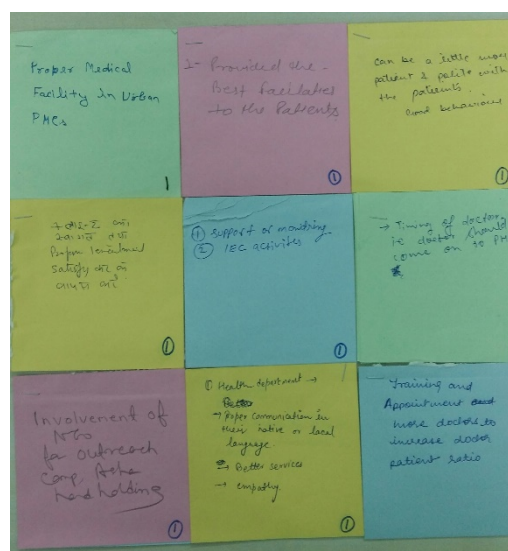
Stakeholder	Role in Demand Aggregation	Role in Service Delivery	Support required
ICDS	Counselling during UHND, God Bharai and Anna Prashan Diwas	Preparing and updating due list of MCH/FP clients	
		Ensuring all their clients getting TT, IFA, THR	
		Keep and distribute Condoms and OCPs	
		Help in community mobilization during UHND along with ASHA	
DUDA-NULM	Can layer health issues in their regular SHG training programs to		IEC material/ Training and

	generate awareness	MCH/FP	handholding of field level staff
	Engage their groups in discussions	male in FP	Integration with NUHM
	Good SHGs can be part of MAS		
	Client mobilization for UHND	Providing proper space for UHND	
Nagar Nigam/ ULB/SBA	Availability of clean drinking water		
	Fogging		
	Cleaning around UPHC		
NGOs/CBOs	Community Mobilization	Community Monitoring	

With this exercise (Group Work 2) participants come up with clear gaps in service delivery and demand generation in urban family planning and MCH services along with other urban health aspect. They also come up with very valuable suggestions where different stakeholders can bank on each other's specific strengths.

INDIVIDUAL EXERCISE- BRIDGING THE GAPS

After two group exercises participants were aware of roles and responsibilities that each stakeholder can take up to improve urban health. Third exercise "Bridging the Gaps" was based on putting individual ideas on floor. Each participant was provided with eight cards with numbers 1-8. Stakeholders' names were screened to them one by one and they were invited to write one most important thing which that particular stakeholder must take up to improve health of urban poor on respective card number. Cards with suggestions were collected. As few stakeholders were not present during the workshop discussion with their roles and responsibilities remain limited. 5 top suggestions by the participants for various stakeholders to do in order to ensure health for urban poor are, as under which they perceive can bridge the gaps in ensuring health for urban poor -



SN Participant	Department of Health & Family Welfare + NHM	ICDS	Medical Colleges and Other Organizations	Municipal Corporation/ULB	DUD A-NULM	FOGSI/IMA/Pvt.Sec Hospitals	Educational Deptt.	NGO/CBO etc.
1	Doctors at UPHC should behave properly with clients	Better coordination with health department	-	Support in cleaning UPHC area	Awareness campaign through SHGs	Help in Outreach camp	-	Community Mobilization
2	Doctors need to be punctual and provide quality time to the patients	Community mobilization for UHND	-	Pure Drinking Water	Help in Male participation	Help in PMSM Y	-	Awareness
3	Human resource at community level to be trained fully	Coordination with ASHA	-	Health Awareness	-	Cleanliness	-	Monitoring
4	Fixed day Health camps in Slums	Proper UHND	-	Health Awareness	Coordination with Health Deptt	Waste Management	-	Coordination at ground
5	Training and hiring complete staff	AWW should share due list with ASHA	-	Awareness /Health Camp	Change Agent	-	-	Awareness

Comprehensive outcome of all three exercises will feed to city proposal of Allahabad

CONCLUDING SESSION: THOUGHTS ON WAY FORWARD

Concluding session of day long discussion and brain storming was chaired by ACMO-and Nodal officer urban health Capt. Ashutosh and Divisional Program Manager, Allahabad mandal NHM – Mr. Harit Saxena. Mr. Harit Saxena was requested to summarize day’s business and share his suggestions and remarks as well.

Mr. Saxena summed up days business and highlighted the following points – Demand generation for MCH and FP services in urban slum areas is much felt need of the hour for the purpose few activities can be taken up at war footing 1. Hiring, training and handholding of ASHAs 2. Formation and activation of MASs 3. Coordination with AWWs 4. Branding and beautification of UPHCs. To increase service uptake availability and sensitive behaviours of the service providers is a prime requisite. He further said that we shouldn’t forget that AWW plays pivotal role in ensuring ANC, RI and providing basic counselling on different MCH and FP issues so MOs and MOICs must be aware of urban AWCs in their area and keep good relations with them. Mr. Saxena suggested if triple A meeting can also be adopted for urban area.



ACMO Capt Ashutosh –who leads NUHM in Allahabad recognized the efforts of PSI for organizing such a workshop and bringing all stakeholders together for the cause of improving health of urban poor. He assured for best support to TCIHC from his end.

He guided and suggested medical officers to be true with their duties and be sympathetic to the clients. This was important as during the workshop many participants from other stakeholders than health complain regarding absence and misbehave of UPHC Doctors. He also addressed issues complained by doctors regarding their working conditions. He said that, listing only gaps in infrastructure will not work.

List out gaps in your behavior too, being present at UPHC at OPD timing doesn’t need any infrastructure. Talking patiently with clients doesn’t need and specific training.

He further added need of collaboration with Nagar Nigam for developing health plans for non-notified slums. He appreciated need of each stakeholder to come out of silos and plan activities together so impact of services can be maximized. He further added that NUHM is in nascent stage and lot more to be done. Urban health requires a lot of out of box thinking and innovations in planning.

At the end of his address he thanked PSI and TCiHC project for organizing city level stakeholders' consultation and initiating consultative process. He also thanked all the stakeholders for their participation and offering a helping hand for urban health.

Workshop winded up with vote of thanks by PSI.

CITY LEVEL URBAN HEALTH STAKEHOLDER MAPPING

WHY: to map urban health stakeholder?

Each of the cities has multiple stakeholders who are playing or can potentially play critical role in improving health status of urban poor. These may be programs, schemes, institutions or even individuals, many of them work in their own way without any interface with others doing a supplementary or complementary work. This is observed that different government departments, private sector institutions, community based organization and political representatives are mostly working in the same areas and a coordination among stakeholders can increase the impact by many fold. Coordinated efforts are more important for Family Planning and MCH interventions; as these services are required at each and every household of most vulnerable section of the urban poor population

WHO: are urban health stakeholders?

Any government department, schemes, institution, organization working for urban health or has potential to contribute in urban health activities/interventions is called urban health stakeholders. This also includes medical institution, elected representatives, community members, religious leaders, health workers and many more. Different cities may have different type of stakeholders and hence its important to map them to capitalize their presence for improving urban health status of urban poor especially FP and MCH status. Intervention having impact on health may also be considered as health stakeholders for example WASH and Swachchh Bharat Abhiyan. Further community which is beneficiary is also a stakeholder.

HOW: to categorize various urban health stakeholders

Although there may be many ways to categorize different stakeholders but as per need of the program stakeholders may be categorized as under –

SN	Category	Definition
1	Primary UH stakeholders (Community & Service Delivery)	The stakeholders who impact the urban health related issues at the community level directly can be listed under Primary UH stakeholders' category. This may have- <ul style="list-style-type: none"> • Public Health System • Private Health Providers • Community Based organization • NGO working with community • Community members and beneficiary

2	Secondary UH stakeholders (<i>Supplement and Compliment both at demand generation and service delivery</i>)	The stakeholders who can support or influence primary UH stakeholders can be listed as Secondary UH stakeholders. This may include- <ul style="list-style-type: none"> • ICDS • State Urban Livelihood Mission • Urban Local Bodies • Department of Education • Any Medical college • Organizations like – IMA, FOGSI, NIMA • WASH/DRR programs • Any Civil society organization • Swachchh Bharat Abhiyan
3	Tertiary UH stakeholders (<i>motivate policies/decisions</i>)	The stakeholders who can help in influencing policy decision and not directly involved at community level health activities can be listed under this category. This may include- <ul style="list-style-type: none"> • Political and elected leaders for example -MP, MLA and Mayors etc.

WHAT: process to be followed while mapping UH stakeholders

To map the UH stakeholders in each city following steps are suggested:

Step 1: Listing of all the stakeholders through brainstorming among team members and putting the same in the table with relevant information such as address and contact information. The discussion will also include the type of stakeholders and the same will also be indicated in the table. The team has to keep in mind that all the potential stakeholders should be listed who can play a role in improved Family Planning and MCH service delivery, supply, demand, policy or policy implementation and city level decisions.

Step 2: The list of stakeholders should be shared with Chief Medical Officer (CMO/CMHO) and his team to validate. The validation can be done with other departments too depending on time available. All the suggestions should be recorded in minutes for further reference.

Step 3: All the suggestions should be incorporated in the list and a final list should be prepared for the city. The list should be finally endorsed by department of health of the city and can be used for different type of meeting, activities and discussions.

Validated Urban Health Stakeholder's List of Allahabad

SN	Designation	Department
1.	AD-Health	Health
2.	JD-Health	Health
3.	CMO	Health
4.	ACMO-RCH	Health
5.	ACMO-Urban	Health
6.	DIO	Health
7.	CMS-Male Hospital	Health
8.	CMS-DWH	Health
9.	DPO	ICDS
10.	CDO-City-I & II	ICDS
11.	PO-DUDA	DUDA
12.	Nagar Swathya Adhikari	Nagar Nigam
13.	MOICs/MOs	U-PHCs
14.	Div. PM	SIFPSA
15.	DPM	NHM
16.	Div. Urban Health Coordinator	NUHM
17.	District Urban Health Coordinator	NUHM
18.	President	IMA & FOGSI
19.	District Representatives	TSU, Unicef, HLPPT & Mamta
20.	NGOs Heads	Local agencies whose work on health issues

CMO and ACMO Urban had validated this list as urban health stakeholder's list for Allahabad.

Invitation Letter to Participants from CMO-Allahabad

कार्यालय मुख्य चिकित्सा अधिकारी, इलाहाबाद।

पत्रांक:-का0/पी0एस0आई0/2017-18/31 दिनांक: 06.06.2017

विषय:-नगरीय मातृत्व शिशु एवं परिवार कल्याण कार्यक्रम के सम्बन्ध में एक दिवसीय कार्यशाला।

शहरी स्वास्थ्य मिशन के अर्न्तगत मातृत्व शिशु एवं परिवार कल्याण कार्यक्रम के सम्बन्ध में विस्तृत चर्चा हेतु दिनांक 22 जून 2017 को एकदिवसीय जिला स्तरीय कार्यशाला का आयोजन ~~होस्टल में~~ इलाहाबाद में प्रातः 9:30 से 03:00 बजे तक आयोजन किया जाना है।

इसके अर्न्तगत मातृत्व शिशु एवं परिवार कल्याण कार्यक्रम में चर्चा तथा वर्तमान में उपलब्ध संसाधनों के उद्देश्य में आ रही चुनौतियों के निवारण हेतु रणनीति तैयार की जानी है।

अतः आप सभी से अनुरोध है कि उक्त कार्यशाला में समय से उपस्थित होकर कार्यशाला को सफल बनायें।

मुवदीय
मुख्य चिकित्सा अधिकारी
इलाहाबाद।

कार्यालय मुख्य चिकित्सा अधिकारी, इलाहाबाद।

पत्रांक:-का0/पी0एस0आई0/2017-18 तददिनांक:

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं बैठक में प्रतिभाग करने हेतु प्रेषित-

1. अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, इलाहाबाद मण्डल/सह अध्यक्ष जिला स्वास्थ्य समिति, इलाहाबाद।
2. डॉं दिलीप रंजन, संयुक्त निदेशक, इलाहाबाद मण्डल, इलाहाबाद।
3. प्रमुख चिकित्सा अधीक्षक, एम0एल0एन0, जिला चिकित्सालय, इलाहाबाद/सदस्य।
4. प्रमुख चिकित्सा अधीक्षिका, जिला महिला चिकित्सालय, इलाहाबाद/सदस्य।
5. मुख्य चिकित्सा अधीक्षक, टी0बी0सप्रू, चिकित्सालय, इलाहाबाद/सदस्य।
6. मुख्य चिकित्सा अधीक्षक, जिला क्षय रोग चिकित्सालय, इलाहाबाद/सदस्य।
7. मुख्य चिकित्सा अधीक्षक, एस0आर0एन0 चिकित्सालय, इलाहाबाद/सदस्य।
8. अपर मुख्य चिकित्साधिकारी/नोडल, एन0यू0एच0एम, इलाहाबाद।
9. डॉं मीसम, इलाहाबाद।
10. जिला प्रतिरक्षण अधिकारी, इलाहाबाद।
11. समन्वित बाल विकास परियोजना अधिकारी, शहरी 1 एवं शहरी 2।
12. नगर आयुक्त, नगर निगम, इलाहाबाद/सदस्य।
13. परियोजना अधिकारी, डूडा, इलाहाबाद/सदस्य।
14. जिला कार्यक्रम अधिकारी, आई0सी0डी0एस0, इलाहाबाद/सदस्य।
15. जिला बेसिक शिक्षा अधिकारी, इलाहाबाद/सदस्य।
16. नगर स्वास्थ्य अधिकारी, नगर निगम, इलाहाबाद/सदस्य।
17. समस्त प्रभारी चिकित्साधिकारी, नगरीय प्राथमिक स्वास्थ्य केन्द्र, इलाहाबाद।
18. मण्डलीय कार्यक्रम प्रबन्धक, मण्डलीय कार्यक्रम प्रबन्धन इकाई, सिप्सा, इलाहाबाद।
19. मण्डलीय शहरी स्वास्थ्य सलाहकार, मण्डलीय कार्यक्रम प्रबन्धन इकाई, इलाहाबाद।
20. जिला कार्यक्रम प्रबन्धक, जिला कार्यक्रम प्रबन्धन इकाई, इलाहाबाद।
21. शहरी स्वास्थ्य समन्वयक, एन0यू0एच0एम, इलाहाबाद।

विशेष आमंत्रित सदस्य :

1. अध्यक्ष एवं सचिव, आई0एम0ए0, इलाहाबाद
2. अध्यक्ष एवं सचिव, एफ0ओ0जी0एस0आई0, इलाहाबाद
3. प्रतिनिधि, ममता, यूनिसेफ, एच0एल0एफ0पी0पी0टी0, इत्यादि।
4. स्वास्थ्य सेवाओं पर कार्य करने वाले स्थानीय एजेन्सीज।

मुख्य चिकित्सा अधिकारी
इलाहाबाद।

DEVELOPING CITY PROFILE

WHAT: is a city profile?

City profile is a document that captures all relevant information from authenticated sources for example census, national family health survey, city NUHM PIP and others required to understand city’s socio –economic status, health indicators of the city, resources available in the city to make an informed city proposal.


HOW: to develop a city profile?

A standard format (Tool3) is developed to capture city specific data. This may be filled by taking information from available authorized source of data, from various departments and individuals. Format is proposed to be filled in by TCIHC team members.

WHEN: to use a city profile?

City profile although will be utilized and updated in whole duration of the project for various purposes but at early stage of city engagement, this will be used in “stakeholder’s consultation” to trigger the gap analysis followed by SWOT analysis to formulate a city proposal.

CITY PROFILE FORMAT

	<p>Allahabad....</p> <p>Allahabad a famous city of Uttar Pradesh. Triveni Sangam, the confluence of the Ganges, Yamuna and "invisible" Saraswati rivers, Kumbh Mela and Magh Mela make this city a place of pilgrimage. It’s near the 16th-century Allahabad Fort, In the fort are the ancient sandstone Ashoka Pillar, the underground Patalpuri Temple and a sacred banyan tree. Allahabad has been heartland for Hindi literature for long</p>
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C- DEMOGRAPHIC INDICATORS

Indicator	<i>Allahabad</i> (Urban)	<i>Allahabad</i>	Uttar Pradesh
Total Population *		63,95,295	21,80,89,000
Women in reproductive age group 15-49 Years *		12,47,879	5,35,58,000
Sex Ratio **	948	1016	946
No. of Households***		9,76,733	3,34,48,035
Total Population 0-4 years *		7,05,596	2,51,75,000
Total Population 10-19 (female) *		6,23,165	2,10,55,000
Total Population 10-19 (Male) *		7,03,795	2,36,53,000
Total Population 15-19 (female) *		3,16,797	1,05,25,000
Total Population 15-19 (male) *		3,48,708	1,14,01,000
Married (girls 14-19) %	-	-	-
Adolescent pregnancy rate	-	-	-
Sex Ratio 0-4 years**	1036	961	919
Population SC [§]		14,45,486	4,55,14,048
Population ST [§]		8,779	12,48,267
Population Literates		40,45,313	12,58,94,509
Male Literacy %***		85.0	79.2
Female Literacy %***		62.3	59.3
Women age 20 -24 years married before age 18 yeas %	16.2	20.5	21.2
Crude Birth Rate**	15.7	25.1	24.8

Source: *Population Projections - 2016, United Nations Population Fund - India (UNFPA, 2009), ** Annual Health Survey 2012-13, *** Census 2011, [§]Estimated population 2016, Note: - Data Not available

Note: - Data Not available

D- HEALTH INDICATORS

Indicator	<i>Allahabad</i> (Urban)**	<i>Allahabad</i> **	Uttar Pradesh#
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Mortality			
MMR	-	283	258
NMR	48	51	31
IMR	60	70	64
Under 5 mortality	62	104	78

Source: # National Family Health Survey -4 (2015-16), ** Annual Health Survey 2012-13

Note: - Data Not available

Indicator	<i>Allahabad</i> (Urban)**	<i>Allahabad**</i>	Uttar Pradesh#
TFR	-	3.2	2.7
Family Planning			
CPR (%)	-	37.7	45.5
m-CPR (%)	-	32.7	31.7
Female sterilization (%)	-	24.3	17.3
Male Sterilization (%)	-	0.0	0.1
IUD / PPIUD (%)	-	1.0	1.2
Pill (%)	-	1.5	1.9
Condom (%)	-	5.8	10.8
Unmet need for spacing (%)	-	11.9	6.8
Unmet need for limiting (%)	-	11.2	11.3
Health worker ever talked to female non-users about Family planning (%)	-	19.0	12.8
Current users ever told about side effects of current method (%)	-	57.8	47.5
Source of Family Planning Methods / Services			
Public facility (%)	-	-	-
Private facility (%)	-	-	-
Maternal and Child Health			
Mothers who had antenatal check-up in the first trimester (%)	-	39.8	45.9

Mothers who had at least 4 antenatal care visits (%)	-	29.7	26.4
Mothers whose last birth was protected against neonatal tetanus (%)	-	91.7	86.6
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	-	24.6	12.9
Mothers who had full antenatal (%)	-	10.6	5.9

Source: #National Family Health Survey -4 (2015-16)

Note: Rourkela has more than 70% rural population, hence urban indicators not reported

- Data Not available

Indicator	Allahabad (Urban)**	Allahabad**	Uttar Pradesh#
TFR	-	3.2	2.7
Family Planning			
CPR (%)	-	37.7	45.5
m-CPR (%)	-	32.7	31.7
Female sterilization (%)	-	24.3	17.3
Male Sterilization (%)	-	0.0	0.1
IUD / PPIUD (%)	-	1.0	1.2
Pill (%)	-	1.5	1.9
Condom (%)	-	5.8	10.8
Unmet need for spacing (%)	-	11.9	6.8
Unmet need for limiting (%)	-	11.2	11.3
Health worker ever talked to female non-users about Family planning (%)	-	19.0	12.8

Source: #National Family Health Survey -4 (2015-16)

Note: Rourkela has more than 70% rural population, hence urban indicators not reported

- Data Not available

E. Trends in Selected FP and FP Related Indicators between 2012 And 2016

Indicator	2013	2014	2015	2016	Mode of data collection
Approved Health budget (Amount in INR)					NUHM City PIP
Proportion of health budget allocated to FP					State / NUHM City PIP
Proportion of FP budget utilized for FP activities					NUHM City PIP
% of women receiving FP services					DHIS Secondary data analysis
% of women receiving LAPM services					DHIS Secondary data analysis
Proportion of women receiving FP services from private providers (including FBO)					DHIS Secondary data analysis
% annual reporting rates for (FP related summary tools e.g. MOH 711 and CDRR)					Secondary data analysis

F. Physical Coverage of NUHM in the City

Activities	Proposed	Approved	Status*
Urban Health Facilities under NUHM			
Urban Community Health Centers			
Urban Primary Health Centers			
Human Resource Sanctioned			
Medical Specialist			
Gynecologist			
Pediatricians			

Others			
Medical Officers			
Staff Nurses			

Note: * whether facility is active or not and facility located at the right place or need to shift. Proposed number of facilities and staff as per norm or not

F. Physical Coverage of NUHM in the City

Activities	Proposed	Approved	Status*
Auxiliary Nurse Midwife (ANMs)			
Lab Technicians			
Pharmacists			
Urban ASHA			
Mahila Arogya Samiti (MAS)			
Any other (specify)			

Note: * whether facility is active or not and facility located at the right place or need to shift. Proposed number of facilities and staff as per norm or not

G. INFORMATION OF UPHC

Name of UPHC (This table is to be prepared for each UPHC in the city)			
Topic	Status	Is there any gap (Y/N)	Remarks
UPHC building is rightly located as per requirement			
No of MOs posted			
Qualification of MOs			
No of Nurse posted			
No. of LHV posted			
No of Pharmacist posted			
No of Lab Technician posted			
No of ANM posted			
No of Public Health Manager/Mobilizer Officer posted			
No of Support Staff posted			

No of M& E Unit			
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H. Other Health Care Facilities Available In City

Facility	Provide MCH Services Y/N	Provide FP Services Y/N
District Women Hospital		
District Combined Hospital		
District Hospital		
CGHS Hospital		
Army Hospital		
Railway Hospital		

H. Other Health Care Facilities Available in City

Facility	Provide MCH Services Y/N	Provide FP Services Y/N
Medical College		
Any Charitable Hospital		
Hausala Sajheedari accredited Private hospital		
Aayush Medical College		
Others (Specify)		

I. AVAILABILITY OF FAMILY PLANNING SERVICE DELIVERY

Method	Name of facilities where Services provided	Name of facilities where Services not provided	Reason/Remarks
NSV			
FST			
Condom			
Combined oral			

contraceptive			
Progestine Only Pills			
Emergency Contraceptive pills			
Centchromane			
Injectable contraceptive			
Interval IUCD			
Post- partum IUCD			
FP counseling			

J. RESOURCES AVAILABLE WITH STAKEHOLDERS

J-1- INTEGRATED CHILD DEVELOPMENT SCHEME

Facility/Structure			
Physical Structure	Sanctioned	Status	Any Specific Information
Urban AWCs			
Human Resources			
Urban AWW			
Urban Lady Supervisors			
Urban CDPOs			

J-2- NATIONAL URBAN LIVELIHOOD MISSION

To reduce poverty and vulnerability of the urban poor households by enabling them to access gainful self-employment and skilled wage employment opportunities, resulting in an appreciable improvement in their livelihoods on a sustainable basis, through building strong grassroots level institutions of the poor. NULM is closely interlinked and guided by the common objective of promoting sustainable livelihoods of the poor and work with the goal of eradication of urban poverty and empowerment of the urban poor.

As health and livelihood are strongly related with each other, NULM can be a strong stakeholder of NUHM.

NULM envisages mobilisation of **urban poor households** into a 3- tiered structure with Self-Help Groups (**SHGs**) at the grass-root level, Area Level Federations (**ALFs**) at the slum / ward level and City-level Federations (**CLFs**) at the city-level. These community structures can be

used for community mobilization for seeking health care services as well. SHG leaders could also be part of Mahila Arogya Samitis (MAS).

Structure	Number/Total Women Engaged	Any Specific Information
Community Level (SHGs)		
Area level (ALFs)		
City Level (CLFs)		
NULM City level Human Resource		

J-3- LOCAL URBAN BODIES

City level local governance bodies like – Nagar Nigam, Nagar Parishad, Nagar Palika or Nagar Palika Parishad are termed as Local Urban Bodies (LUBs). In many cities these bodies also run certain health care facilities and are responsible for various systems those have impact on health for example water and sanitation.

1. Do Local Urban body run some health facility? If Yes then give the details	
Number of Health Facilities	
Type/Status of Health Facilities (Provide Basic or secondary health care?)	
Are MCH/FP services being provided at these facilities (If yes then specify)	
2. Other activities which impact on health (for example, fogging at regular interval)	
3.	
4.	

J-4- SWACHCHH BHARAT ABHIYAN

The Swachh Bharat Mission - Urban (SBM-U), launched on 2nd October 2014 aims at making urban India free from open defecation and achieving 100% scientific management of municipal solid waste in statutory towns in the country. The objectives of the mission include

- i. Elimination of open defecation,
 - ii. Generate awareness about sanitation and its linkage with public health
- Components of the mission are household toilets, including conversion of insanitary latrines into pour-flush latrines; community toilets, Public toilettes, IEC & Public Awareness.

List /Detail Public Health Awareness work of SBA in City

J-5- PROFESSIONAL BODIES

Organizations like Indian Medical Association (IMA), National Integrated Medical Association (NIMA), FOGSI, NNF (National Neonatal Forum) and IAP (Indian Association of Pediatrics) are considered under this category

Name of the Organization	Activities they are doing related with MCH/FP
FOGSI	
IMA	
NIMA	
IAP	
NNF	
Others	

J-6- OTHERS

Annexure 5
AGENDA OF THE WORKSHOP

Agenda “KNOW YOUR CITY” District Level Urban Health Stakeholders’ Consultation Allahabad				
Venue	Hotel	Grand	Day, Date &Time	Tuesday June 22, 2017 09.30AM to 3.30PM
SN	Time	Activity		Facilitator/Resource Person
1	9.30-10.00AM	Registration with Morning Tea		
2.	10.00- 10.20AM	Opening Remarks		Meenakshi - PSI
		Context Setting		Dr. Ashutosh Nodal Officer - UH
		Lamp Lighting		CMO +AD
3.	10.20 -10.30AM	TCIHC Program- Overview		PSI
4.	10.30- 10.50AM	Address by CMO		Dr. Ashok Verma
5.	10.50-11.15AM	Know Your City		PSI
6.	11.15-12.00AM	Exercise - SWOT Analysis (Group Work 1) - Facilitators ppt - Group Work - Groups sharing highlights of their findings		Participants +PSI
7.	12.00- 1.00PM	Group Work <ul style="list-style-type: none"> • System Strengthening- City Coordination and Monitoring Mechanism, Pvt Sector Engagement for FP and MCH- role of FOGSI and IMA, • Supply Side Strengthening including strengthening UPHC, UHND and ORC, FP FDS at PHC for long acting reversible methods, FP and MCH Logistics • Demand Aggregation including strengthening ASHA, MAS, ULB-Ward Coordination, ICDS interface 		Participants +PSI
	1.00-1.30 PM	Lunch Break		
8.	1.30- 2.00PM	Summarizing findings of group work		Participants
09.	2.00- 2.30 PM	<ul style="list-style-type: none"> • Bridging the gaps – who can contribute what (exercise) 		Participants +PSI
10.	2.30-3.00PM	<ul style="list-style-type: none"> • Open Session 		
11.	3.00-3.30PM	<ul style="list-style-type: none"> • Day summary and way forward 		
12.		Vote of Thanks		PSI
		Disperse with tea		

**Annexure 6
List of Participants**

Attendance Sheet 1

PATICIPANTS LIST OF STAKEHOLDERS' CONSULTATION WORKSHOP						
Date :- June, 22nd 2017			Venue:- Hotel Grand Continental			
Sr No	Name of Person	Designation	Department/ Institution/ Org	Contact No	E-mail ID	Signature
1	Ravi Manjyay	DPMC	Ad of/du	9415834431	Dr.ravi.mh.subhadda@gmail.com	
2	DR. Poonam Singh	MOHC	Teliyarganj	9335102362	Dr.poonam.singh@gmail.com	
3	DR. Poojanka Singh	MOHC	Raninanda (Dufferin)	9935767400		
4	ओम प्रकाश यादव	CDPO	ICDS	9452421823		
5	Shyam K. P. Das	K.I.D	SWASTI	8953990159	shyamk.p.das@gmail.com	
6	Dr. Anupam	MOHC, Civil Lines	Health Depart.	9794839194		
7	Shabanaul Haq	SPC	MAAMTA HIMC	9792085319	shabanaulhaq@gmail.com	
8	Manoj Mishra	Kamla	Lt	8953990171		
9	Ashraf	D.C.	SWARA URG	8181851217	ashraf751@gmail.com	
10	Dr. Surendra Singh	MOHC	Karela bag	9405823355		
11	Dr. SAM MEESUM	Asst Nodal Officer	Health	9415289907	sammeeesum@gmail.com	
12	Dr. Vinay Durrani	MOHC/Ganswari	Health	9532832234	vinaydurrani@gmail.com	
13	Mr. Shivaji Yadav	Manager	Jagdish Hospital	9415639171	shivajisim27@gmail.com	
14	Vinod Singh	Dr. Pr.	Metro.	8085193028	vinodsingh1984@gmail.com	
15	Dr. Alka		DRUG	9415023772		
16	K. P. Sharma					
17	Dr. Vikas Singh	MOHC	Health	9452785182		
18	Dr. Vikas Singh	MO	UPHC, Sulaim Sarai	9956506766	vikas56@gmail.com	
19	Vidya Kashyap	Hospital manager	District Women's Hospital Allahabad	7042153258	vidyakashyap03@gmail.com	
20	Dr. Biswajit Das	MOHC	Dr. Rupa	9450612941		

Attendance Sheet 2

PARTICIPANTS LIST OF STAKEHOLDERS' CONSULTATION WORKSHOP						
Date :- June, 22nd 2017			Venue:- Hotel Grand Continental			
Sr No	Name of Person	Designation	Department/ Institution/ Org	Contact No	E-mail ID	Signature
1	Dr. V.P. Singh	A.D	Med. Health Dept	9415214074	vpsingh.durgapad@gmail.com	
2	Dr. Dilip Ranjan	JD	Med Health	9415283697		
3	Dr. Ashutosh Kumar	Asst. Comm. D/O	CMO office health	9415235372	cmoald@gmail.com	
4	Dr. Abhishek Kumar	Asst. Comm. D/O	CMO office health	9415235372		
5	Hant Saxena	Dist. PM	SIFPSA/HNH	8005192426	hantain.athait@yahoo.co	
6	Dr. Anil Yadava	Dist. PM	Dist. Health Officer	9839635479	anil.yadava@gmail.com	
7	Anil Yadava	Project Director	SWAR-G	9415217442	swarg-swarg@rediffmail.com	
8	Dr. D. Prasad	MO/CA/EST	Health DPT	9005296329		
9	Dr. Virey Babu Singh	MO/CA/EST	Health DPT	9984998999	virey1011@gmail.com	
10	Vivek Rajan	Chief executive	District VIK-CA	286022229	dulid.vik.ca@gmail.com	
11	Dr. Rohit Chandra	Partner MD	Bhola Ka pura	9794845094	rohitchandra@gmail.com	
12	Dr. Mansi Upadhyay	MO/CA/EST	Darapany	9919091055	upadhyaymanside@gmail.com	
13	Rohit Srivastava	Sr. Counselor	HLPPT	7800900065	rsrivastava@hlppt.org	
14	Dr. Shreyas	MO/CA/EST	UPHC-Kyda	9415230320	Doct82@gmail.com	
15	Hidayat Noor	DRD	ICDS	9450596811	acjad1568@gmail.com	
16	Dr. Jayashankar	Private facility	Shakuntala Hosp.	9919286648	jayashankar@gmail.com	
17	Dr. P.L. Gupta	MO/CA/EST	UPHC, Dhaukanbasi	9453461571	plgupta@gmail.com	
18	Memalsky	consultant	PSI			
19	Pradeep Pandey	Area manager	HLPPT	9506849109	pradeep.pandey@gmail.com	
20	Sanjay Kumar	P.M LSSP	L.S.S.S	7860022490	Sanjaykumar@gmail.com	

Attendance Sheet 3

Participants List Place: - Hotel Radisson Varanasi Date 19th May 2017						
Sr. No	Name	Designation	Department/ Institution/ Org	Mobile No	Email ID	Signature
1	Dr. Manjiv Sinha	M.O.	UPHC Pandeypur Var	9452713123	22-manjiv Sinha@com	
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5	Dr A.K. Maurya	Health.	Urban health	9918902101	alempedra@gmail.com	
6	Dr Saugata Nayak	MO	UPHC ordaly Bazar	9532681609	saugata23@yahoo.com	
7	Ravindra Singh	Atom	HLF PPT	9415249534	R.Singh.HLPPT	
8	Neelam Prasad	Icds (supervisor)	Icds	9918969990	neelamprasad@gmail.com	
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10	Dr. SURESH SINGH	DCMO/DIG	Health	9451965078	sureshsingh19@gmail.com	
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13	Dr. Namrata Rai	M.O.	UPHC. Madanpur.	849050909	namratarai@gmail.com	
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15	Dr. S.P. Singh	Professor	Comm Medicine, IHS UPHC	9415766367		
16	Dr. Pratishtha Singh	MO	MO, UPHC, Sadar Bazar	8948272927	pratishtha_0729@gmail.com	
17	Dr. AMILA SINGH	M.O.	UPHC SHIVPUR	9335633366	dramilasingh@yahoo.com	
18	DR. UPA PANDAY	M.O.	UPHC LALLAPURA	9450218529	upapandey@gmail.com	
19	M. K. Anshu	Adc Urban	URBAN CMO/HU	9415689860		
20	Dr. S.K. Sinha	Med Subst	M.C.V. Kachyur Var	9450572119		

SWOT ANALYSIS



SWOT Matrix

		HELPFUL (for your objective)	HARMFUL (for your objective)
INTERNAL (within organisation)	Strengths	<ul style="list-style-type: none"> • • • • • <p style="font-size: 2em; text-align: center;">S</p>	<p>Weaknesses</p> <ul style="list-style-type: none"> • • • • • <p style="font-size: 2em; text-align: center;">W</p>
	EXTERNAL (outside organisation)	<p>Opportunities</p> <ul style="list-style-type: none"> • • • • • <p style="font-size: 2em; text-align: center;">O</p>	<p>Threats</p> <ul style="list-style-type: none"> • • • • • <p style="font-size: 2em; text-align: center;">T</p>

An Example:



Role of Stakeholders in Ensuring Health for Urban poor

<p>Strengths (Internal Factors that Influence)</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	<p>Weaknesses (Internal Factors that Hinders)</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	<p><u>Key Stakeholders</u></p> <ol style="list-style-type: none"> 1. Health Department 2. Medical Colleges & Specialty Govt Hospitals 3. ICDS/ Anganwadi 4. Municipal Corp/ULB 5. DUDA-NULM 6. FOGSI/IMA/Pvt Sector Hospitals 7. Education Dept. 8. NGO/Civil Society
<p>Opportunity (External Factors that Influence)</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	<p>Threats (External Factors that Hinders)</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 	

Guideline for Group work – 2

- Date** : 22th June, 2017
- Duration** : 1.30 Hour (90 Minutes)
- Groups** : Six groups two for MCH, two for FP and two for Other stakeholders
- Group moderators** : 1 in each group (will be decided by organizers)
- Group work title** : Discussion on city level gaps and possible solution and strategies for FP and MCH

General Guidance: The respective persons from stakeholders including Government and TCIRC (PSI) will sit together in three groups and in circles to discuss the Supply demand and enabling environment status in terms of urban health, Urban Family Planning and Urban MCH. Moderators will ensure that the discussions are participatory and everyone is getting chance to put their thoughts on table. The moderators will start the discussion with purpose of group work and expected outcome.

Purpose and Outcome: The purpose of group work is to identify the gaps existing in assigned thematic area which is affecting urban health strengthening, urban family planning and urban MCH. Group one, two and three will brainstorm on these areas under Demand, Supply and enabling environment respectively. The gaps will be noted down by group leader selected by group in prescribed format. After identification of gaps, the group will further discuss the probable solutions for each of the identified gap to serve urban poor population of the city. The discussions will be based on the city situation analysis presented in the first session. By end of the group work, we envisage that the following format will be filled up by group as gap identified and solution proposed to be implemented in next 9 months.

Tool to be used to frame the constraints and solutions:

GROUP NO– 1 /2 (MCH) & 3/ 4 (FP)

Thematic Areas	Gaps	Solution	Support Required
Service Delivery			
Demand Aggregation			

GROUP NO– 5/6 ROLE OF STAKEHOLDERS

Name of Stakeholder	Role in Demand Aggregation	Role in Service Delivery	Support Required
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**Annexure –
MINUTES OF STAKEHOLDER'S CONSULTATION**

प्रेषक,

मुख्य चिकित्साधिकारी
इलाहबाद

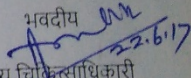
दिनांक : 22 06.2017

पत्रांक: का / PSI / 2017-18/31 दिनांक: 22/06/2017

विषय: NUHM/TCIHC कार्यक्रम के अंतर्गत आयोजित stakeholders कंसल्टेशन कार्यशाला का कार्यवृत्त

महोदय,

अवगत हों कि NUHM/TCIHC कार्यक्रम के अंतर्गत अपर मिशन निदेशक के पत्र संख्या 31 के क्रम में विगत 22 जून 2017 को इलाहबाद के शहरी स्वास्थ्य stakeholders की कंसल्टेशन कार्यशाला PSI/TCIHC के सहयोग से आयोजित की गयी थी ।
कार्यशाला का संक्षिप्त कार्यवृत्त संलग्न है ।

भवदीय

22.6.17
मुख्य चिकित्साधिकारी
इलाहबाद

Minutes of Stakeholder's Consultation Workshop City of - Allahabad

Date: 22/06/2017

Venue: Hotel Grand Continental, Allahabad

BACKGROUND

Day long stakeholder's consultation workshop was organized jointly by health department – Allahabad and PSI through TCIHC program. Purpose of the workshop was to find out strengths, gaps and challenges in ensuring health to urban poor with special reference to MCH, Family Planning and urban health system improvement both in terms of demand and supply.

Highlights of the workshop proceedings are as under –

1. Inauguration of the Workshop

- Workshop started with auspicious ritual of lamp lighting by Additional Director- Allahabad, Chief Medical Officer Allahabad, ACMO & Nodal Urban health – Allahabad jointly.
- ACMO- Nodal UH Capt. Dr. Ashutosh set the stage and discussed objective of the workshop.
- CMO – Dr. Alok Verma – shared his views on strengthening of urban health and importance of stakeholders in ensuring urban health. He made a powerful appeal to the health system people and said that first of all they need to pool in their 100 percent commitment for the cause before talking of other gaps.
- AD- Dr. V.P. Singh extended his best wishes and requested participants to be fully involved during the workshop as findings will feed in to the city plan and further NUHM PIP.

2. Presentation on TCIHC program

- A power point presentation was done by PSI so participants could understand the program and its approach. Support areas of TCIHC at city level were also explained as under -

City level support by TCIHC will be in overall urban health planning, urban family planning and urban MCH services. The focus area of support in urban health planning and execution of activities will be –

- Support in developing city specific urban health plans
- Support in strengthening UPHC, UHND and Outreach Camps through facilitating micro-planning, resource mobilization, and stakeholder's coordination. TCIHC here will be playing role of a catalyst to empower and enable local workforce in carrying out these activities.
- Support in PIP preparation to Allahabad city to feed in district
- Facilitate convergence of efforts and resources at city level
- Support in ASHA training, monitoring and implementation of approved activities

3. Know Your City

Detailed presentation was made on Allahabad city profile , providing status of basic health indicators of city under TCIHC thrust areas to trigger the discussion and guide the thought process in due course of workshop

4. Activities to identify Gaps & Solution

Three activities were conducted – 1. SWOT analysis of each and every stakeholder– what are their strengths, weaknesses, opportunities and challenges in regard with ensuring UH 2. Large group work where participants tried to identify gaps in demand & service delivery and how all the stakeholders jointly can bring in solutions for those gaps. 3. Third activity was an individual exercise called “bridging the gap” where each participant was requested to write one important work that a stakeholder must do in order to ensure urban health.

- **Detailed analysis of these activities will be done and shared by TCIHC in process document of the workshop. Here are some glimpses of major gaps identified** Need basic amenities should be placed at U-PHCs like drinking water, waiting room, signage etc.
- Providers should provide quality service to all patients
- Timing of providers should plan according to clientage load
- Fixed day should plan for FP& MCH services
- Placement and training of U-ASHA should plan quickly
- A convergence meeting among the U-ASHA and ANM should frequently plan in these initial days
- Seeing the high clientage load at DWH, Medical college and T.B. sapru, need to more strength to U-PHCs that clientage can directly go to these hospitals and take specific services without OPD

- Time to time the provider of U-PHCs should visited at the clientage home that their trust could more increase to the health facilities
- Department of Health is rapidly identifying the adequate building for U-PHCs that it could run in their own building, welcome to other department who can laid to Health department for the same

In concluding session Div. Program Manager –NRHM highlighted importance of convergence at grass root level and put the idea if NRHM initiative like HBNC can be taken up for the urban slum population as well.

ACMO- Nodal UH concluded the workshop by addressing various issues raised by UH staff and assuring that health department will fully support where ever required to all stakeholders in view of improving UH. He said district is looking forward for a detailed health plan of Allahabad city and support of TCIHC to develop city as model town for UH.

Workshop winded up with a vote of thanks by PSI.

Amal
22/6/17

ACKNOWLEDGEMENTS

- Shri Alok Kumar, IAS: Mission Director NHM UP
- Dr. Usha Gangwar, GM Urban Health, SPMU, NHM
- Dr. Virendra Pratap Singh, Additional Director, Health Allahabad Mandal
- Dr. Ashok Verma, Chief Medical Officer, Allahabad
- Dr. Dileep Ranjan, Joint Director, Health, Allahabad
- Capt. Ashutosh, ACO, Nodal Officer –NUHM, Allahabad
- Mr. G. D. Yadav DPO, ICDS, Allahabad
- Mr. Harit Saxena, Div.PM, NHM, Allahabad