

ISSUES IN SOCIAL INFRASTRUCTURE

Public Health Infrastructure in Mumbai



Mumbai Transformation Support Unit

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ISSUES IN SOCIAL INFRASTRUCTURE

Education and Health Infrastructure in Mumbai

THE VISION FOR MUMBAI

Vision Mumbai document targets at health and education as the key areas of improvement for social infrastructure which would lead to better quality of life for the common citizen of Mumbai. In order to transform Mumbai into a city with globally comparable infrastructure and offer a comfortable quality of life, there is a need to identify the problems and come up with a strategy to reach our goals.

First report of the Chief Minister's Task force seeks to improve physical and social infrastructure in Mumbai where delivery of social services will be upgraded to world class levels. This would require drastic improvement in the infrastructure for health and education i.e. improvement in government run hospitals and schools which cater to the common man. **The World Bank Mission in March 2005** has enlisted infrastructure as a major area of focus in the transformation process. This includes provision of better social services with improved social infrastructure. **The World Bank Mission in November 2005** has reiterated the need to focus on education and health as the key sectors of improvement. While establishing the relationship between education, health and

growing economy, the Mission has pointed that tertiary education cannot be ignored. Education provides the city with skilled and talented people to run the city's economy.

PUBLIC HEALTH INFRASTRUCTURE IN MUMBAI

Role of health in a World class city

1. Rapid and unplanned urbanization is a marked feature of Indian demography during last 40-50 years. The urban population of India, according to 2001 Census, accounts for 27.8% of the total population equating 285 million. This represents 100 times increase in the past century and nearly 40% increase during the last decade. It is projected that by 2025 India's urban population will touch 666 million. Maharashtra is one of the most urbanized states in the country with more than 42% population in cities and towns (2001 census). Therefore the impact of the problems that come with urbanization is much more severally felt in this state and particularly in cities like Mumbai.

2. A characteristic phenomenon of urbanization during the second part of the last century is urban poverty. It is estimated that nearly 23.6 % of the urban population in the country is below the poverty line. This figure does not include floating population or unaccounted population. Different studies indicate that the growth of urban poverty is more brisk than the rural poverty now. The parameters of poverty differ from city to city; the fact however remains that urban poor do not enjoy the physical and social infrastructure in most of the cities or their coverage is far too inadequate. In city, like Mumbai, urban poverty manifests in informal settlements and slum which have little or no access to sanitation, water supply, education and health infrastructure. Slum population in Mumbai is more than 50%. Therefore transformation of Mumbai into a world class city has to address the challenge of extending its physical and social infrastructure to urban poor, staying particularly in slum.

3. The strategy of upgrading in health infrastructure has to be evolved within the global and national policy of health which focuses on health for all. The Millennium Development Goals, adopted by United Nations in 2000 aim to achieve reduction in child mortality by 2/3 between 1990 - 2015 also reducing by 3/4 mother mortality rate between 1990-2015. These targets have been accepted by Govt. of India and the State Govt. and accordingly the health infrastructure is being developed. Upgradation of public health infrastructure in Mumbai has to be viewed in this framework.

4. The Vision Mumbai document aims to transform Mumbai into city with the globally comparable infrastructure to provide dynamic growth and quality of life. The Vision document targets health and education as the area of improvement of infrastructure that would lead to better quality of life for the common citizen of Mumbai. The Task Force Committee reports released by the Govt. of Maharashtra also indicates commitment of the Govt. to drastically improve the health infrastructure in Mumbai. Though the health infrastructure in Mumbai is good on the whole, there is need to improve quality and standard of services provided in the hospitals, particularly, those which are catering to the

needs of the common man. In Mumbai is more than 50% population lives in slums and especially in low income categories have to depend on the public sector health facilities. The access to public health infrastructure is not equitable and is more heavily tilted towards Island city, which is disproportionate to the democratic pattern. Majority of the population depend on the public sector health infrastructure as the services provided by the private sector hospitals are beyond their reach. Thus, while on one hand the city boasts of a medical health infrastructure which attracts people not only up country, but also from abroad for specialized treatment, coverage of most of the population by the primary health facilities is inadequate and leaves much to be desired.

Public Health Infrastructure in Mumbai

5. In Mumbai, the health infrastructure is provided by

1. Municipal Corporation of Greater Mumbai
2. Government of Maharashtra and
3. Public Trusts and Private owners of the Hospitals.

The MCGM provides a very comprehensive infrastructure at primary, secondary and Tertiary levels. The health infrastructure under the MCGM is as follows:-

Primary:

- Health Posts168
- Dispensaries163
- Post Partum Centers..... 23

Secondary:

- Peripheral Hospitals..... 16
- Specialty Hospitals..... 5
- Maternity Hospitals..... 27

The MCGM runs 4 medical colleges attracts with major hospitals namely -

1. Seth G.S. Medical College (KEM Hospital)
2. Topiwala Memorial Medical College (Nair Hospital)
3. Lokmanya Tilak Memorial College (Sion Hospital)
4. Nair Dental College.

Of these, KEM hospital is proposed to be elevated to the level of All India Institute Medical Science, New Delhi.

6. The Government of Maharashtra owns and runs Grant Medical College (JJ Hospital), St. Georges Hospital, Gokuldas Tejpal Hospital and Cama Hospital as the major health care facilities in city area. However, there are no such Govt. facilities in suburbs. In addition, there are hosts of private hospitals and the hospital owned by various charitable trusts such as Bombay Hospital, Jaslok

Hospital, Breach Candy Hospital, Hinduja Hospital etc. with super specialties. The quality and range of medical care and treatment provided by the private hospitals is good quality. It is however far too expensive to be within the reach of the common citizen.

7. In terms of distribution of in patient beds of the total 40,000 beds in Gr. Mumbai, 22% are provided by Govt., 28% by MCGM and 50% by private. As mentioned earlier, the MCGM provides public health services at primary, secondary and Tertiary levels, while most of the citizens can be served during the primary health care levels, the distribution of municipal hospitals beds is highly skewed as mentioned below :-

Hospitals	Beds
Major Hospitals	4,454
Peripheral Hospitals	3,733
Specialized Hospitals	1,890
Maternity Hospitals	520
Total	10,597

8. The distribution of hospital beds in the city, eastern and western suburbs is also highly skewed and disproportionate to the population as shown in the following statement.

	Population	Hospital beds	Population per beds
City	33,38,031	6464	516
Eastern suburbs	35,08,096	1919	1828
Western suburbs	51,32,323	2214	2318
Total	1,19,78,450	10597	1130

9. As per the Municipal Corporation Act, the MCGM is primarily responsible for preventing health care majors in the city. However, the current focus of the health services in the city is more on the secondary and Tertiary levels rather than on the primary public health care activities. This can be seen in the following statement:-

• **Budget for Major Hospital**

(Rs. In Thousand)

	Revenue	Capital Works (Civil)	Plant & Machinery	Total
1. Public Health Department	98,39,60	3,73,80	75	102,14,15
2. Medical Relief & Education				
a. Medical Relief	536,98,81	62,71,60	45,58,00	707,36,71
b. Medical Education	62,38,30			
	<u>599,37,11</u>			
3. Measures to Control Environmental Air Pollution	3,69,70	11,22	69,30	4,41,22
Total	701,46,41	66,26,62	46,19,05	813,92,08

• **Budget for Major Hospitals**

(Rs. In Thousand)

1. KEM Hospital & GSM College	Revenue	114,08,28
	Civil	10,83,30
	Plant & Machinery	12,59,00
	Total	137,50,58
2. LTMG Hospital & College	Revenue	93,18,19
	Civil	18,89,90
	Plant & Machinery	11,98,00
	Total	124,06,09
3. BYL Nair Hospital & TNM College	Revenue	70,86,49
	Civil	23,51,28
	Plant & Machinery	17,30,00
	Total	111,67,77
4. Nair Hospital Dental College	Revenue	7,44,04
	Civil	83,60
	Plant & Machinery	1,45,00
	Total	9,72,64
Total of Major Hospitals		382,97,08

• **Budget of Special & Peripheral Hospitals**

(Rs. In Thousand)

1	Bhajekar Hospital	1,37
2	ENT Hospital	2,97,50
3	Eye Hospital	1,70,68
4	K B Bhabha Hospital Bandra	15,90,13
5	K.B. Bhabha Hospital Kurla	8,39,98
6	Mun. Gen. Hospital Ghatkopar	19,89,70
7	Bhagwati Hospital	14,44,39
8	MTA Mun Gen Hospital, Mulund	8,86,37
9	Cooper Hospital	21,79,23
10	D N Mehta Hospital Chembur	4,13,67
11	V N Desai Hospital, Santa Cruz	8,91,97
12	M W Desai Hospital, Malad East	4,63,26
13	V.D. Savarkar Hospital, Mulund	3,44,16
14	MGH Barvenagar Hospital,	3,62,88
15	S K Patil Hospital, Malad East	1,66,46
16	Centenary Hospital , Kandivali	3,66,72
17	Centenary Hospital, Govandi	6,65,11
18	Mahatma Jyotiba Phule Hospital, Vikhroli	4,68,92
19	Siddhartha Nagar, Goregaon,	3,40,15
20	BSES Mun. Gen. Hospital, Andheri West	2,69
Total		138,85,34

• **Infectious Diseases Hospitals, Tuberculosis Hospitals etc.**

(Rs. In Thousand)

1	Kasturba Hospital	14,37,07
2	GTB Hospital	17,65,48
3	RDTB Clinic Dadar	41,70
4	Shamaldas Gandhi Marg TB clinic	30,74
5	Balaram Street TB Clinic	23,33
6	TB Clinic, Khar	93,04
7	Nawab Tank, TB Clinic	27,16
8	Acworth Leprosy Hospital	1,40,03
Total		35,58,55

- **Others**

(Rs. In Thousand)

1	Maternity Homes, Children Welfare, Services etc	59,03,21
2	Dispensaries	20,58,71
3	CH.M.S.(PH)	3,54
4	Central Analytical Lab.	29,02
Total		79,94,40
5	Public Health Department	98,39,60
6	Measures to Control Environmental Air Pollution	3,69,70

10. Another factor to be considered while analyzing the health service is that the existing health infrastructure of the city was planned between 1950 and 1980 to cater population of about 52 to 70 lakh while the facilities are currently used by about 13 million people. It is therefore essential to drastically increase and upgrade the health infrastructure and also prioritizing the improvement of services at the primary level which will include a package of improvement of physical infrastructure trained staff and public private partnerships to ensure quality and responsibility of the services.

11. Studies have shown that there is strong preference to access public sector health infrastructure by most people in Mumbai, largely due to affordability factor. This makes it mandatory to strengthen the public health infrastructure and improve the quality of services and accountability of service providers to the citizens.

HEALTH STRATEGY

After discussion and consultation with experts in the field of health care, the following strategy devised for achieving better health for the city of Mumbai. It was agreed that it should include quantitative as well as qualitative aspects. One cannot achieve health just by upgrading health infrastructure but supporting healthy and clean environment is equally essential. Therefore the following aim and objectives are set up to reach a world class level in health of the city.

AIM

Accessible, equitable, quality and cost effective health care system for all in the Mumbai region.

OBJECTIVES

- To develop a City Health Profile including quantitative and qualitative data that will provide a description of the health of the people and the conditions in which they live.
- To evolve health policy for Mumbai region clarifying the roles of state government, ULBs, private sector health institutions and community based and non governmental organizations in full filling the aim.
- To facilitate the development of new integrated approaches and co-ordination of all health and health related activities within the city.
- To enable communities to participate in and influence decision-making processes.
- To provide a rational basis for decision-making, one which is, geared towards investing in health and reducing inequalities in health.
- To develop a monitoring and evaluation framework that will indicate progress on action stages and measure outcomes of the City Health Plan process.

The above objectives will enable a sound data base which will in turn be the basis to identify areas of concern in terms of health care need. The creation of a database and monitoring system would also help the government to encourage public participation. It is very important to quantify the health indicators which can help in analysis and further appropriate action.

Most of the times it is seen that, decisions are taken on the basis of individual or community perception. Instead the action should be based on a scientific and rational understanding of the situation. In order to improve health care and health for all, various components of the system need to be looked into in detail.

A) Developing effective health care infrastructure

12. Effective health care infrastructure includes the buildings for health posts, hospitals, dispensaries etc. These have to be adequate in number and located at convenient spots for easy access to its catchments. More important is the staff appointed in these including doctors and other paramedical and non-medical

staff. They should be available when required even at times of emergency as per the norms. This calls for a good management system and commitment of the staff and the authority to serve the people.

Following steps can be identified to develop an effective health care system.

- Baseline study to identify health infrastructure in Mumbai
- Defining the standards of world class health care services and adopt adequate standards.
- Identifying gaps and issues related to referral system considering the present scenario
- Develop action plan based on these gaps

B) Addressing major killers

13. In order to address major killers i.e. fatal diseases which are the reason for high death rate for the city, there must be a good surveillance system. There should be trained medical staff for identifying those diseases which contribute more towards deaths. These killers could be infectious diseases or chronic and lifestyle linked diseases such as TB, HIV/AIDS, malaria, heart problems, cancer, etc. Mortality and morbidity rate for the city should be monitored and these killers be targeted at through special programmes. Accidents can also be a factor contributing to death in a metropolitan city where there is unsafe traffic and other accident prone areas. The following steps can be taken to identify major killers and come up with an action plan.

- Evolve a strategy to control and reduced the incidence as per national guidelines.
- Identify the gaps in the present infrastructure to tackle the above diseases.
- Devise strategy to establish required health infrastructure
- Evolve effective IEC / BCC (Behavioral Change Community) strategy, generate awareness and involve community in both prevention and control of diseases.

C) Creating clean and healthy environment in the city

14. It has been observed that a clean and healthy environment contributes to good health of its citizens. Therefore emphasis should be given on policies of other sectors which are environment friendly and contribute to clean and healthy atmosphere. It is implied that supply of clean drinking water and proper sanitation facilities prevent incidence of water borne diseases. Similarly good transport strategy and clean means of transport can contribute to clean air and in turn reduce respiratory disorders. It should be ensured through housing policy that the citizens get healthy living conditions and proliferation of slums is reduced. Clean localities where solid waste and bio-medical waste is effectively managed can transform the quality of life in the city. The following steps can lead to better planning for prevention of illness;

- Study the status of environment in the region and identify factors contributing to ill health. (drinking water, proper sanitation facilities, solid and biomedical waste mgmt, air pollution)
- Identify factors to be addressed and devise action plan
- Study the status of housing and its impact on health in Mumbai (drinking water, proper sanitation, solid waste mgmt, ventilation etc)
- Identify factors to be addressed and devise plan.
- Integrate health impact assessment in planning infrastructure for the city
- Understand how sustainable transport system can be developed to promote healthier environment (reduction in air pollution, reduction in fuel, development of open spaces, walking tracks etc)

D) Economic Growth and good health infrastructure

15. It is well-known that effectiveness in any activity is increased due to good health. Thus healthy population contributes to better workforce which in turn leads to economic growth. However there needs to be authentic data to support this i.e. the correlation between illness and absenteeism at work, pollution at workplace, occupational hazards etc. should be studied for the city. Knowing this there can be actions taken to increase the productivity and effectiveness of human resource of the city. Good health infrastructure can also be a source of income to the city. This health care assets can cater to patients out of the city as well as from abroad. In order to reach out to the poor and assist them to maintain good health support such as health insurance is needed. A viable model of health insurance for the poor can be devised. Before that it is necessary to understand the relationship between health and the city's economy. Following steps can be followed to find out the same.

- Baseline study to understand how economic growth of Mumbai can be linked to health.
- Identify factors that would boost economic growth
- Devise strategy and action plan

E) Community involvement

16. For the success of any health strategy it is very important for it to be acceptable by the community. In the city of Mumbai we find that community needs are extremely varied. Hence one blanket solution cannot address all. Though the ultimate goal is health for all, the community involvement can be of varied nature. Firstly the needs of different communities should be assessed and then decisions should be made with community participation for smaller programmes. This should be a two way process whereby there is trust built up at the community level as well as the service delivery i.e. supply end. Issues such as timings of service of the health posts, disease surveillance, referral system etc. can be effectively dealt with. The following action steps can lead to effective participation of people in delivery of health services.

- Need assessment of communities.
- Identify gaps in the service delivery system
- Develop appropriate strategy and action plan with community participation
- Develop proper IEC material and create health awareness amongst the people.

F) Education

17. Education can be very effective medium of creating health awareness. The school curriculum should include basic preventive measures, good sanitation practices, awareness about killer diseases, awareness against superstitions, etc. Therefore it is necessary to devise a strategy for education which covers aspects of health awareness.

G) Integrating and disseminating Information

18. Information dissemination is an important aspect of health services. People need to be informed about the various programmes run by the health department and where people can avail of health services. Other data generated by the department also needs to be compiled and provided to other departments and the common citizen. In order to compile, collate and disseminate information, the needs of the citizen and the target group have to be identified. Another important aspect would be to network all the hospitals so that unnecessary delay in treatment is avoided and help in case of emergency is prompt. Therefore following studies and actions are required:

- Study on information required by common man regarding health services and for effective working of health care facilities.
- Develop integrated information system.
- Develop mechanism to make the same accessible to all.
- Awareness amongst the communities about the same.

Way forward: the consultative process

19. As a part of the Mumbai transformation project and the Business plan for the transformation process, the way forward would be as follows. A way forward is to identify activities to be done further so that a health strategy for the city will emerge through a consultative process.

The consultative process

Activity	Timeline
To carry out comprehensive study of present status of public health in Mumbai	January-March 2006.
To organize consultative workshops and meetings with stakeholders to evolve strategy of health for all	January 2006 and April 2006
To develop state level policy on health care standards and infrastructure in Mumbai	September 2006
To set up framework for coordinated action planning, implementation, evaluation of the above strategy	September 2006

OBJECTIVES

The study would be carried out with the following objectives.

- Develop urban health policy for city of Mumbai region.
- Empowerment (BCC) of communities to access health care
- Standardization and provision of primary, secondary and tertiary health and home based care infrastructure.
- Establish formal referral system
- Ensuring affordable access to quality health care for all socio economic strata.

STAKEHOLDERS

The following stakeholders can be involved in the process:

- Government agencies - MCGM, State Govt.,
- CBOs and NGOs like CEHAT, SNEHA, Bombay first
- Associations of doctors (private and public sector) including all streams of medicine - GPA, IMA, IAP, NNF, MOGSI, TNAI, AYUSH,
- Educational institutions such as TISS, IIPS, Nirmala Niketan,
- Financial institutions for health insurance and such other schemes
- Pharmaceutical firms / Private firms, McKinsey & Co. etc.
- Health Management Institutes
- International organizations like UNICEF, USAID, DFID, WHO, World Bank
- Politicians and community leadership

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