

RELOCATION of UPHCs

Bringing health services closer to communities



BACKGROUND

The Urban Primary Health Centre (UPHC), on the lines of a rural PHC is envisaged as the nodal point for delivery of health care services under the NUHM while the basic concept remains the same, the services and service delivery mechanism of UPHCs is modified to address the unique health and livelihood challenges faced by the urban population. The urban areas today are increasingly becoming congested, especially slum and slum-like habitations, and with poor or no proper sanitation, water supply, garbage disposal mechanism, resurgence in urban infectious diseases etc.


TCIHC covers three states, 31 cities, 32 million city population and 15 million slum population in the country. This slum population is covered by over 500 UPHCs. Some of these UPHCs are on the outskirts of the city; some do not have a sizable population or have less need for health services; some are located where already other health facilities exist and some UPHCs have inadequate allocated space. These reasons make it necessary to relocate UPHCs to appropriate location.

NUHM NORM

The UPHC must be located either within or at a distance of not more than half-a-kilometre from a slum or slum-like habitation, to ensure easy access by the most vulnerable of the urban population. Depending on the spatial distribution of the slum population, the population covered by a UPHC may vary from 50,000 for cities with sparse slum population to 75,000 for highly concentrated slums. The UPHC may cater to a slum population between 25,000-30,000.

TCIHC INTERVENTION

In 2017 when TCIHC was launched in select cities, 11 cities were already having necessary systems and structures to strengthen NUHM activities, left behind by Urban Health Initiative (UHI). In the remaining cities, the process of slum mapping and listing was carried out (after considering data on slums which was being maintained by multiple agencies such as District Urban Development Agency, WHO's NPSP team, ICDS, Urban Local Bodies, National Urban Livelihood Mission and select NGOs) and plans were drawn to match slums with UPHCs, Anganwadi Centres and accredited private providers requiring their relocation or opening of new ones. As in earlier 11 cities, the City Coordination Committees (CCC) were set-up in the newly introduced cities also. With representatives from various city government departments in the committee (Health & Family Welfare, Urban Development - DUDA, Housing & Urban Poverty Alleviation, Women & Child Development (ICDS), Minority Affairs, Nagar Nigam, Basic Education and Water & Sanitation – Jal Nigam), relevant decisions were taken and approved in line with NUHM guidelines. Once approved, the Ward Committees meetings chaired by local Corporators approved and facilitated the subsequent activities. In addition, a number of advocacy meetings are held with the officials of Health, DUDA and Nagar Nigam to convince them on options proposed for implementing the decisions of Ward coordination committee. Based on these decisions, proposal for relocation of UPHC is made for inclusion in PIP. These proposals were accepted clearly showing the costs for strengthening/relocating of existing facilities and setting-up of new facilities. On their approval and release of funds the existing health facilities of health department were upgraded to the standards of Urban Primary Health Centres and select DUDA/Municipal corporation / medical college dispensaries are strengthened to provide services similar to those of UPHCs. In most of the facilities which were not suitably located due



to various factors (as listed in the background section above), were shifted closer to the slums, for the convenience of slum dwellers and for higher uptake of services.

REASONS FOR RELOCATION UPHCs

1. Co-location of two facilities in close proximity to each other (this is one of the common reasons in most of the cities);
2. Co-located in a larger government hospital or civil dispensary due to which the people were not aware about the existence of the UPHC, hence it was underutilized (as in case of 4 sets of co-located facilities in Indore where the UPHCs were located in the premises of civil dispensaries)
3. Difficult to reach UPHCs due to distance (cases in Lucknow, Allahabad);
4. Difficult to reach UPHC due to inaccessibility on account of deep interior/ congested location within the slums (in case of Indore and Allahabad)
5. Dilapidated condition of the building, posing threat to life and property (cases in Kanpur and Allahabad)
6. Existing space was inadequate to run the services (this is one of the most common reasons in most of the cities)
7. Existing space was on rent and too expensive to continue in the given budget. This includes cases where house-owner of the existing UPHC was demanding higher rent which could not be afforded as per available budget (another factor which is common to most of the cities)


REASONS FOR OPENING NEW UPHCs

1. Population numbers justified need for more UPHCs than those existing;
2. Load in a Secondary level facility (CHC) in the vicinity was too high in absence of a UPHC, thus requiring opening of a separate UPHC;
3. Client load was much higher (than the recommended 50,000) for one UPHC to handle as in the case of UPHC Naini, Allahabad where the slum population was 135,000

CHALLENGES FACED

The process of relocating/ opening of UPHCs in the cities was not easy. Following challenges were faced-

1. Coordination issues between the stakeholder departments (Health & DUDA or Nagar Nigam)
2. Reluctance to sign MOU between Health and other stakeholder departments for using an existing facility by health department for UPHC
3. Identifying houses with the prescribed space in the desired location
4. Identifying houses in slums or in their vicinity within the available rental limits for setting up UPHC
5. Demand for rent enhancement by house-owner, which cannot be met due to budgetary limitations.

- 
6. Ensuring regular availability of staff in the UPHCs
 7. Coordination with elected municipal members (Corporator)

The process of relocation or opening of new uphcs enables better utilization of public resources such as-

1. By doing strategic asset management, leveraging of defunct or underutilized government premises (of DUDA, Nagar Nigam etc.) for use by UPHCs was done;
2. Rationalized utilization of human resources (doctors and paramedic staff)
3. Better utilization of Health and NUHM budgets due to higher uptake of services by increased clientele

PROGRESS SO FAR

In four cities of MP, namely Gwalior, Indore, Bhopal and Jabalpur, seven out of 14 identified facilities for relocation have been relocated in the last eight months.

Similar efforts in UP have resulted in relocation of 38 facilities across 13 cities.
