JANAAGRAHA

Landscape Study
on the Role of

Urban Local Bodies in Primary Health Care

About Janaagraha Centre for Citizenship and Democracy

Janaagraha is a part of the Jana Group of organisations and is among India's most renowned not-for-profit institutions working towards the mission of fixing India's cities. It was founded by Swati and Ramesh Ramanathan in the year 2001 and presently works across citizen participation and city governance. Its mission is to work with citizens and governments to transform the 'quality of life' in India's cities and towns.

You can read more about Janaagraha at www.janaagraha.org

Authors:

Shoumik Guha, Head | Public Health and Development
Navdeep Gautam, State Project Lead | Public Health
Astha Joshi, Associate Manager | Public Healthcare Reforms
Shraddha Upadhyay, Project Associate | Urban Healthcare System Reforms
Dr. Meenakshi Jain, Independent Consultant

Design:

litmus.ink

List of Abbreviations

ABDM	Ayushman Bharat Digital Mission	**MMR**	Maternal Mortality Ratio
AB-HWC	Ayushman Bharat-Health and Wellness Centre	**NASSCOM**	National Association of Software and Service Companies
AMRUT	Atal Mission for Rejuvenation and Urban Transformation	**NCD**	Non-Communicable Disease
ANM	Auxiliary Nurse Midwives	**NCDC**	National Centre for Disease Control
ASHA	Accredited Social Health Activist	**NHP**	National Health Policy
ARI	Acute Respiratory Infection	**NFHS**	National Family Health Survey
ASICS	Annual Survey of India's City-Systems	**NRHM**	National Rural Health Mission
BBMP	Bruhat Bengaluru Mahanagara Palike	**NSS**	National Sample Survey
BMC	Bhubaneswar Municipal Corporation	**NUHM**	National Urban Health Mission
CAA	Constitutional Amendment Act	**NULM**	National Urban Livelihoods Mission
CHC	Community Health Centre	**ORS**	Oral Rehydration Salts
CPHC	Comprehensive Primary Health Care	**PCMC**	Pimpri-Chinchwad Municipal Corporation
DBT	Direct Benefit Transfers	**PHC**	Primary Health Centre
DLC	District Level Committees	**PICME**	Pregnancy and Infant Cohort Monitoring and Evaluation
DH	District Hospital	**PIP**	Programme Implementation Plan
DHS	District Health Society	**PM-ABHIM**	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission
DOTS	Directly Observed Therapy, Short-course	**PMASBY**	Pradhan Mantri Atmanirbhar Swasth Bharat Yojana
EAG	Empowered Action Group	**PMJAY**	Pradhan Mantri Jan Arogya Yojana
ENT	Ear, Nose, Throat	**PMU**	Project Management Unit
FC	Finance Commission	**PPP**	Public-Private Partnership

FP	Family Planning	**PRI**	Panchayati Raj Institution
GCC	Greater Chennai Corporation	**RCH**	Reproductive and Child Health
GIS	Geographic Information System	**RKS**	Rogi Kalyan Samitis
GNM	General Nursing and Midwifery	**SDH**	Sub-Divisional Hospitals
HLSC	High-Level Steering Committee	**SBM**	Swachh Bharat Mission
HR	Human Resources	**SFC**	State Finance Commission
HRH	Human Resource for Health	**SHS**	State Health Society
HRIS	Human Resources Information System	**SHSB**	State Health Society, Bihar
HWC	Health and Wellness Centre	**SORR**	States' Own Revenue Receipts
IDSP	Integrated Disease Surveillance Programme	**SOTR**	States' Own Tax Revenue
IHIP	Integrated Health Information Platform	**SRS**	Sample Registration System
IMR	Infant Mortality Rate	**SWM**	Solid Waste Management
IPP-VIII	India Population Project VIII	**TCP**	Town and Country Planning
JAN	Jan Arogya Samiti	**TNMSC**	Tamil Nadu Medical Services Corporation
JNNURM	Jawaharlal Nehru National Urban Renewal Mission	**TP**	Town Planning
JSY	Janani Suraksha Yojana	**UD&HD**	The Urban Development & Housing Department
KPP	Key Performance Parameter	**UHC**	Universal Health Coverage
MAS	Mahila Arogya Samiti	**UHND**	Urban Health and Nutrition Days
MCH	Maternal and Child Health	**UHWC**	Urban Health and Wellness Centres
M&E	Monitoring and Evaluation	**ULB**	Urban Local Body
MLSP	Mid Level Service Provider	**UPHC**	Urban Primary Health Centres
MML	Model Municipal Law	**VHSC**	Village Health and Sanitation Committee
MO	Medical Officer	**WASH**	Water, Sanitation and Hygiene
MoHFW	Ministry of Health and Family Welfare	**WHO**	World Health Organization
MoHUA	Ministry of Housing and Urban Affairs	**XV-FC**	Fifteenth Finance Commission of India

Acknowledgements

We are grateful for the insights and guidance of the Additional Chief Secretary of Health, Shri. Pratyaya Amrit IAS, for his valuable and constructive suggestions during the planning and development of this research work. We are thankful to Shri. Sanjay Kumar Singh, IAS Secretary Health-cum Executive Director-State Health Society Bihar, for his continued support. Shri Masood Alam, State Program Manager-NUHM, State Health Society, Bihar, was critical in connecting us to various key officials and their teams at the district level within Bihar and gave us much-needed support during our field visits.

We extend our special thanks to Shri. Sanjay Singh, IAS, Principal Secretary, Rural Development Department Odisha (Ex-Commissioner Bhubaneswar Municipal Corporation), and Shri Animesh Kumar Parashar, IAS, Commissioner Municipal Corporation Patna, for the detailed discussion and sharing of their experiences on the involvement of the Urban Local Bodies in primary health care and the potential roles Urban Local Bodies can play in strengthening Health Systems in Urban Areas.
We sincerely thank Shri D. Randeep, IAS Commissioner Health & Family Welfare, Government of Karnataka; Shri Tushar Giri Nath, IAS, Chief Commissioner Bruhat Bengaluru Mahanagara Palike, Dr K.V. Trilok Chandra, IAS, Special Commissioner Bruhat Bengaluru Mahanagara Palike, Dr Shantha Kumari, Chairperson Standing Committee (Health & Family Welfare) Greater Chennai Corporation; Ms. Sulochana Das, Mayor Bhubaneswar Municipal Corporation; Shri Suvendu Kumar Sahoo, OAS Deputy Commissioner Bhubaneswar Municipal Corporation; Shri Arif Ahsan, IAS Commissioner Municipal Corporation Purnia; Shri Chandra Raj Prakash Executive Officer Municipal Council Banmankhi; Shri Rahul Dhar Dubey Executive Officer Municipal Council Siwan for their support and insights to help us understand the role of ULBs in Primary Health Care.

We gratefully acknowledge the generous support of mayors, Commissioners/ Additional Commissioners Chairperson Standing Committee, Chief Health Officers, Zonal Health Officers, and Health Staff of the Cities of Bengaluru, Bhubaneswar, Chennai, Pimpri-Chinchwad, and cities within Bihar for the detailed discussions and for sharing their knowledge with us during this research on ULBs in Primary Health Care.

We truly appreciate the insights shared by Dr Rajani Ved, Director of Health; Ms. Archna Vyas, Deputy Director, Advocacy, Communications, and Behavioural Insights; Ms. Medha Gandhi, Lead, Program Advocacy: Family Health, Immunization & Infectious Diseases and Dr Hemant Shah Advisor Consultant at the Bill & Melinda Gates Foundation for their support and guidance in technical and thematic areas. We are thankful to Dr. Ranjani Gopinath for her valuable input on urban health systems and for sharing her expertise and deep insights based on her extensive work in the sector.

We thank our peers, including Shri Sumit Kumar Care India and Shri Shyamal Santra and Transform Rural India Foundation (TRIF) Team, for their critical inputs during the discussions.

Ms. Katie Pyle, Head of Research & Insights, Janaagraha and Ms Neha Malhotra Singh, Manager- Research and Insights and their team were instrumental in the design of the study, focus group discussions, and drafting of this report.

A very special thanks to all our respondents in the citizen's part of the study, for their constant support and encouragement.

This report has been a collective writing journey with critical inputs from government officials, government and other reports, academicians, civil society organisations, citizens, ULB and health officials.

Foreword

This Landscape Study on the Role of Urban Local Bodies in Primary Health Care was conducted by Janaagraha Centre for Citizenship & Democracy as a part of the Project Transforming Governance of Primary Health Care, supported by the Bill & Melinda Gates Foundation.

The Transforming Governance of Primary Health Care in Bihar programme aims to help the government of Bihar & its Urban Local Bodies (ULBs) best plan to, access and deploy grants that the Fifteenth Finance Commission of India (XV-FC) has allocated for it towards improving primary health care in urban areas. This is a necessary first step towards strengthening health care governance in Bihar.

The landscape report is an exploratory study to understand the role of Urban Local Bodies for primary health care, models of implementation through decentralisation at the Urban Local Bodies level, and synergies with the National Urban Health Mission. It looks at Bihar (selected cities from five districts), gives an overview of national policy on ULBs and their role in public health, and then narrows to take the examples of four Indian cities outside Bihar (Bengaluru, Bhubaneswar, Chennai, and Pimpri-Chinchwad) to offer points of comparison.

Primary research was conducted in Bihar and the four benchmark cities between May 2022 to July 2022, which included extensive interviews of key officials in urban

JANAAGRAHA

governance. The secondary research incorporates a desk review of the Municipal Acts, State Finance Commission Reports, and Town & Country Planning Acts of different states in addition to the other relevant studies. Based on Desk & Field Research, the report has been written with recommendations keeping in mind a 'City Systems' based approach for strengthening the Urban Health System specifically in Bihar. The study is intended for the State to draft a roadmap to strengthen Primary Health Care outcomes through decentralisation.

We, at Janaagraha, believe Urban Local Bodies are best placed to enable greater reach to local communities given their proximity at the 'First Mile' to citizens. Further, cities and towns are complex in nature when compared to rural areas with ever expanding geographical areas due to rapid urbanisation, presence of private sector and therefore need a more nuanced approach in Governance, Systems and Processes. Recent experience during the COVID-19 pandemic have shown us the importance of co-opting ULBs in delivering and managing primary health and public health in general. With this study, we seek to support the state in drafting a roadmap to strengthen primary health care outcomes through Urban Local Bodies (ULBs). We hope the recommendations from this study are implemented not just in Bihar, but across states based on context and the system while our attention on health care remains heightened following the pandemic, and as India's urban population continues to grow.

Scope of the Study

The present landscape study on the Role of Urban Local Bodies in Primary Health Care was conducted with specific objectives, as part of the Transforming Governance of Primary Health Care project focusing on Bihar. During the field visits between May 2022 to July 2022 to the selected cities outside Bihar and within Bihar, we attempted to explore the significant aspects of governance and functioning of primary health care systems. Considering the timing and context, the study has potential limitations, and considerable elements which still need to be explored. Our study is qualitative and non-exhaustive in its areas of coverage, as we intended to provide a view of the landscape in Bihar and our benchmark cities as-is.

In the case of cities within Bihar, there is selective involvement of ULBs in Health Care. Therefore, we interviewed key officials such as Commissioners/ Executive Officers from ULBs and some ex-Councilors, with most discussions held with the health department. Responses recorded in the Focus Group Discussions were mainly on hospital-based health care, as the community cannot differentiate between Primary Health and Secondary/Tertiary Health Care.

However, these limitations of the field research do not influence the findings and recommendations at large. We hope that the learnings, findings, and recommendations from this report are used within and beyond Bihar to empower Urban Local Bodies to take on a more active role in the provision of primary health care.

Executive Summary

A Landscape Study on the 'Role of Urban Local Bodies in Primary Health Care' was conducted by the Janaagraha Centre for Citizenship & Democracy as a part of the Project 'Transforming Governance of Primary Health Care'.

BACKGROUND

Until two decades ago, urban health was not a pressing matter within public discourse, as most urban-rural comparisons showed that the urban population was faring better on most health indices. There was an assumption that urban populations have better access to resources and access to health care, in addition to the greater presence of private health care. Disaggregating these health indicators by socio-economic criteria brought forth the realisation that the health indicators of the urban poor and marginalised communities are, in fact, worse than their rural counterparts.

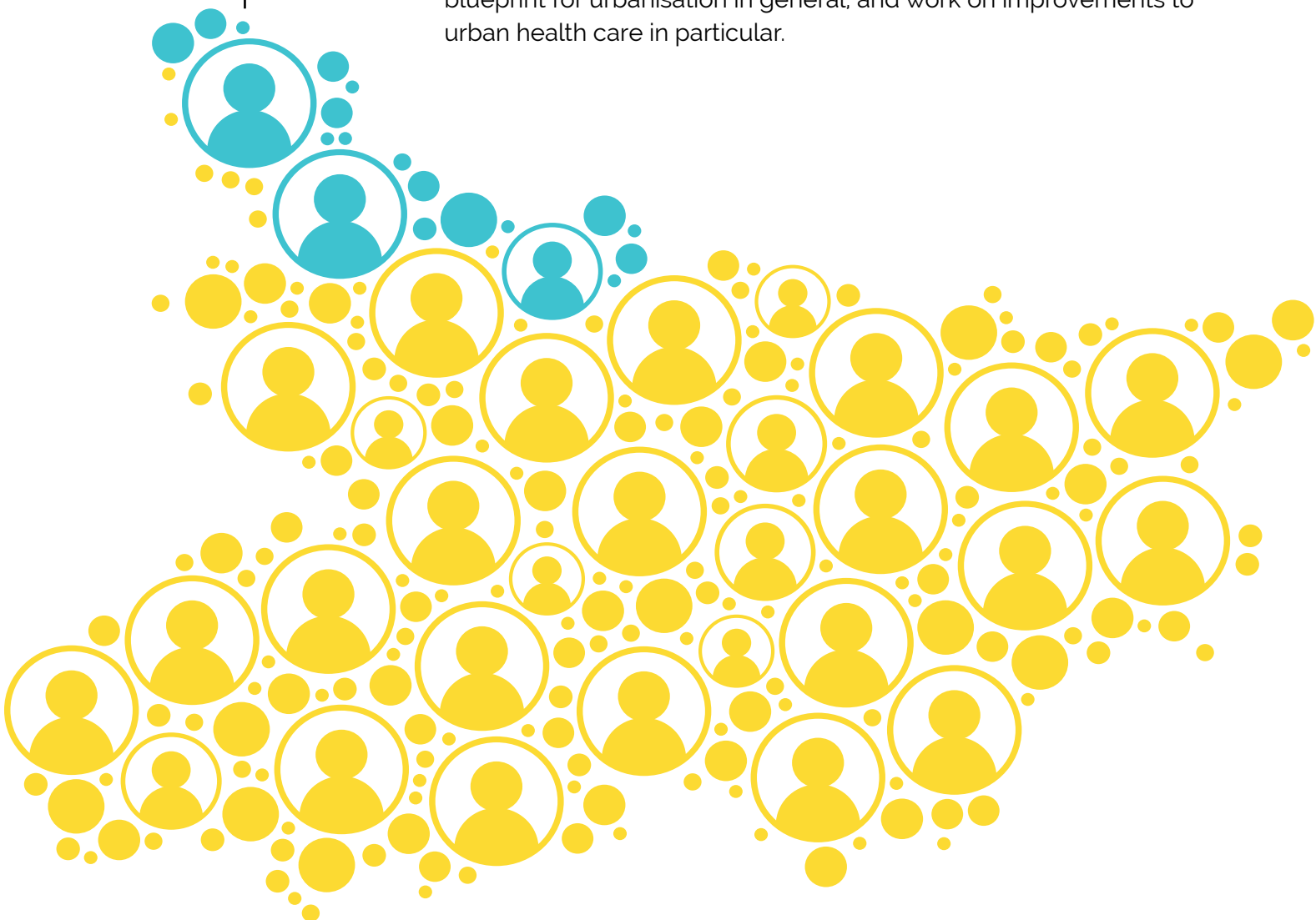
A combination of factors is contributing to this, particularly that exposure to certain risk factors to health are unique to urban environments, and access to key determinants of health such as clean drinking water, good air quality, and sanitation facilities is low amongst the urban poor. Recent National Family Health Surveys make it evident that key health indicators in urban areas are either plateauing or declining, and the triple burden of disease (Reproductive and Child Health, Communicable & Non-Communicable Diseases, and emerging diseases) in urban areas requires urgent attention.

Of the

119 million population of Bihar

less than 12% is currently urban as compared to about 35% in India.

As per the 2030 population projections for the state, 13.93 million people (12.8%) will be in urban areas. It is timely to now create a blueprint for urbanisation in general, and work on improvements to urban health care in particular.



EFFORTS TO IMPROVE URBAN HEALTH – NATIONAL

May 2013

The **National Urban Health Mission (NUHM)** was launched in May 2013 to focus on the health needs of urban populations, particularly the marginalised populations in state capitals, district headquarters and cities/towns with a population of more than 50,000.

2017

The **National Health Policy, 2017** took the agenda of urban health further by prioritising the health needs of the underserved populations living in listed and unlisted slums and other vulnerable populations (such as the homeless, rag-pickers, street children, rickshaw pullers, construction workers, sex workers and temporary migrants), and reiterating the need for a cross-sectoral ecosystem level action to address the determinants of health.

2018

The **Ayushman Bharat or 'Healthy Bharat' initiative** was launched in 2018 to achieve the vision of Universal Health Coverage (UHC), the **primary care** component being provisioned through **Health and Wellness Centres (HWCs),** and **secondary and tertiary care** through strengthening the Public Health Institutions and the **Pradhan Mantri Jan Arogya Yojana (PMJAY)** in both rural and urban areas.

EFFORTS TO IMPROVE URBAN HEALTH – BIHAR

These national policies have seen varying levels of implementation in different states. Bihar has been making steady progress in improving urban health with NUHM implementation in 25 cities having more than 50,000 population. The Urban Development & Housing Department (UD&HD) has no direct engagement with health care delivery but plays an important role in prevention and control of vector-borne diseases; advancement of civic consciousness of public health; birth and death registration; and eradicating determinants of health. The COVID-19 pandemic brought together all city level stakeholders in managing the pandemic and has demonstrated that the Urban Local Bodies (ULBs) can play an important role in health care.

Currently, there are 259 ULBs in Bihar

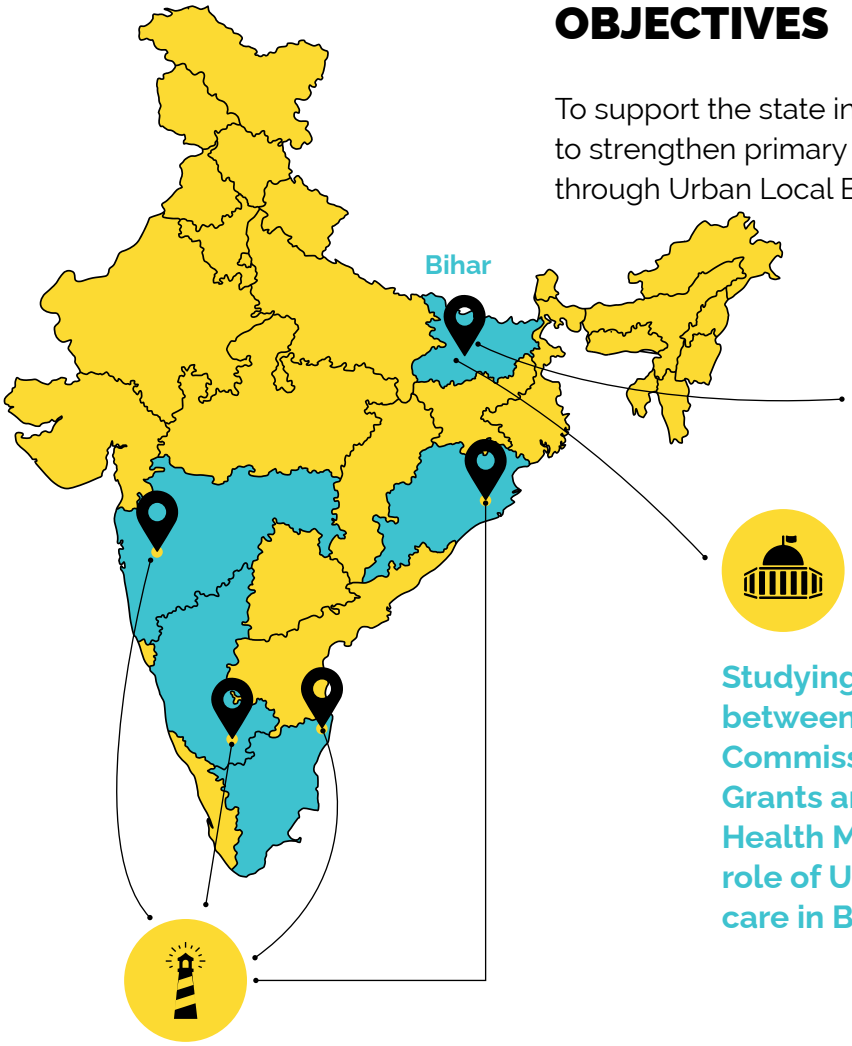
comprising of 18 Nagar Nigams, 83 Nagar Parishads and 158 Nagar Panchayats. 44% of the urban population of Bihar resides in Nagar Nigams, 32% resides in Nagar Parishads and 24% resides in Nagar Panchayats.[1]

1 As per the 74th Constitutional Amendment Act 1992: Nagar Nigams are Municipal Councils for urban areas with a population greater than one million. A Nagar Parishad is an urban body for a population of 20,000 to 1,00,000; and a Nagar Panchayat is a Notified Area Council, ie. a settlement in transition from rural to urban and therefore a form of an urban political unit comparable to a municipality, for a population of 12,000 to 40,000 people.

RATIONALE FOR THIS LANDSCAPE STUDY

The Fifteenth Finance Commission (XV-FC) stressed the need for decentralisation of primary health care to local bodies and allocated a significant amount for this purpose. Additionally, under the Twelfth Schedule of the Constitution, public health functions have been devolved to ULBs. Decentralisation of powers and functions with regard to public health (particularly primary health care) would involve landscaping the current status and drawing up a comprehensive roadmap for attaining this goal.

Given this need to better understand decentralisation and growing urbanisation in Bihar, Janaagraha has undertaken a study of the financial sustainability, accountability, and current capacities of ULBs in Bihar to manage health care delivery. The study also draws lessons from other ULBs in the country that have successfully led health care delivery for the past few decades – in the cities of Bengaluru, Chennai, and Pimpri-Chinchwad; and the ULB of an emerging city making strides in public health provision – Bhubaneswar.



OBJECTIVES

To support the state in drafting a roadmap to strengthen primary health care outcomes through Urban Local Bodies (ULBs) by:

Understanding the current capacity of ULBs in Bihar to manage health care delivery

Studying the synergies between The Fifteenth Finance Commission (XV-FC) Health Grants and the National Urban Health Mission (NUHM) and the role of ULBs in primary health care in Bihar

Studying lighthouse models of primary health care in India where ULBs are playing a primary role in access to equitable health care services (in this study – Bengaluru, Bhubaneswar, Chennai and Pimpri-Chinchwad)

METHODOLOGY

We adopted a two-pronged approach for this study:

1. A desk review, evaluating 22 Municipal Acts of 16 states, Town and Country Planning Acts of 10 states, and State Finance Commission reports of 16 states
2. Field studies were conducted in four major cities (Bengaluru, Bhubaneswar, Chennai and Pimpri-Chinchwad) and 9 selected cities of Bihar

LEARNINGS & FINDINGS

Health Policy

ULBs are largely empowered by municipal acts to handle primary health care. There is provision of public health in core or discretionary functions, standing/subject-matter committees on health, the appointment of health officers, and enabling ULBs to make bye-laws.

In Bihar, community health is a core function and there is a provision for health officers, but their powers are limited to the registration of vital statistics and prevention of dangerous diseases; while in some other states, it is more open-ended.

Town and Country Planning Acts (TCP Acts) do not adequately focus on the important factor of health, but convergent sectors like water and sewerage predominate.

However, the Bihar TCP Act provides for the creation/upgradation of health facilities which are mentioned in the contents of the development plan.

The ULBs lack adequate and appropriate staff for handling primary health care.

Data available from the Annual Survey of India's City-Systems (ASICS) 2017, **indicated the highest vacancy of 65% in municipal corporations.** A separate municipal cadre was recommended from JNNURM and continued via AMRUT, and also 5th State Finance Commission - (SFC) of Bihar Cadre was created but still needs to operationalise fully.

Financing Provisions

The provision of financing varies across ULBs. Out of 22 municipal acts reviewed, 11 acts empower ULBs to spend on public health or raise money on account of public health. However, the State Finance Commissions hardly mention "Public Health", but sanitation, solid waste management (SWM), water supply, and sewage disposal have attained significance. The 6th State Finance Commission (SFC) of Bihar has recommended that 40% of the development fund be untied. The ULBs will be able to use these untied funds to take up schemes for local level development under the subjects enshrined in the Twelfth Schedule of the Constitution, subject to the overall guidelines of the State Government.

During our field visits, we also found that NUHM funds have been devolved to the UPHCs for Untied Grants, Operational Expenditures and grants to Mahila Arogya Samitis (MASs) (i.e., Women's Health Committees).

Devolution and Community Participation

Platforms for Community Engagement are very important in public health. There are specific roles in public health, water, and sanitation for elected representatives in terms of zonal committees, ward committees, and area sabhas in 7 acts. In Bihar, the act enables the ward committees to discharge the functions related to "health immunisation services and slum services" subject to supervision and control of the Empowered Standing Committee.

Interestingly, Jharkhand Municipal Act, 2011 has enabled devolution of functions including provision of health and its allied sectors like drainage and sewerage, SWM, disinfection, etc. and and bustee services, provision of lighting, repair of minor roads, maintenance of parks, drains and gullies, and such other functions to the zonal committees, ward committees and area sabhas.

Overall, it was found that relevant provisions have been made in the municipal acts, but the powers and functions of the ULBs need to be defined and clarified so that they can be gainfully engaged with public health.

HIGHLIGHTS FROM FIELD VISITS OUTSIDE BIHAR

Bengaluru

Highlights of Key Learnings

01 Planning for health infrastructure and services including Human Resources is done on the future projected population (2030) and geographical expansion of the urban agglomeration areas

02 Emphasis on services aimed at Comprehensive Primary Health Care (CPHC) in a phased manner

03 Initiative was taken by Bruhat Bengaluru Mahanagara Palike (BBMP) leadership (Executive Officials and Elected Representatives) to prioritise public health delivery and executive orders issued for public health management in 2007

04 Robust supply chain mechanism of State Health Department leveraged for drugs, diagnostic consumables, and medical equipment

Bhubaneswar

Highlights of Key Learnings

01 Clear mandate from the State Government for the involvement of ULBs in public health

02 Strong convergence between Bhubaneswar Municipal Corporation (BMC) and Health Department for providing health services in the city

03 Active engagement of the elected representatives in the health care system institutionalised up to the ward level

04 Existing health care institutions of BMC as well as Health Department (Urban Health Posts, Urban Family Welfare Centres, and Dispensaries) were upgraded to Urban Primary Health Centres (UPHCs) with the support of NUHM. Emphasis on service delivery, and community outreach and participation

05 Specialist clinics in UPHCs are functional on a roster basis with doctors hired on contractual basis from the private sector

06 Vibrant use of social media for communication on services available

Chennai

Highlights of Key Learnings

01 Chennai has the advantage of being the oldest municipality in the country. Historically, health has been a priority of the policymakers, and therefore a separate cadre of human resources was created for Greater Chennai Corporation (GCC) a few decades ago with a larger share of resource allocation given to health as compared to a majority of ULBs

02 Standing Committee on Health at city level was established and activated

03 Elected representatives are actively involved in responding to the community needs

Pimpri-Chinchwad

Highlights of Key Learnings

01 Selected UPHCs are operational as model UPHCs delivering services as per the CPHC mandate. A shift from focussing only on Maternal and Child Health (MCH) services and some vector control activities to more holistic health care services

02 Municipal Corporation is in the process of undertaking household-based Population Enumeration in the city which will also be utilised for all the social sector schemes

03 There are plans to digitise all health care records in the near future

FINDINGS FROM BIHAR

The findings from our field visits in Bihar are detailed below in three different sub-sections: Health Care Delivery, Community Mobilisation, and Organisational and Financial Governance. Following this, we briefly compare these findings to those from our benchmark cities before moving on to the recommendations of this study.

Health Care Delivery

- NUHM funding has improved the infrastructure, maintenance and availability of drugs and diagnostics. Service delivery in urban areas has improved; however, there is a need to improve the quality and expand coverage. The initiatives taken by the state to improve the health care delivery system over the past few years were visible during the field visits to the selected Urban Primary Health Centres (UPHCs)

- A majority of the UPHCs are located in rented buildings

- Special Immunisation Corners are set up in UPHCs and they highlight the importance of immunisation in the urban areas

- Some UPHCs have good arrangements for providing privacy for pregnant and lactating women. While the range of services have

expanded to include yoga sessions, hypertension and diabetes screening for patients over 30, the larger focus continues to be on Family Planning (FP) and MCH services

- Recruitment of human resources at the Urban Primary Health Centers (UPHCs) is a perennial struggle with doctors being the most challenging. In the case of Patna, only 8 out of 25 UPHCs were found to be functioning with Doctors. The recruitment takes time, many candidates do not join, and the attrition rate is high. The doctors recruited during the pandemic period have been contracted only for one year. The recruitment of Auxiliary Nurse Midwives (ANMs) from distant places also impacts service delivery and there are issues of absenteeism and lack of accountability

- Most of the UPHCs visited had two lab technicians – one recruited under NUHM and the other placed by the Public-Private Partnership (PPP) agency contracted for providing laboratory services. Drugs and supplies are sourced from the district stores, but in some of the Urban PHCs, the drug pharmacies were lacking in storage and systematic upkeep of medicines & supplies i.e. proper labelling, keeping the look alike and sound alike drugs separately to avoid confusion during distribution

Community Mobilisation

- Jan Arogya Samitis (JASs) are Patient Welfare Committees, which are constituted in UPHCs with the Medical Officer (MO) In-charge as Chairperson, and UPHC MO as Member Secretary for the JAS. Local Councillors are members but their participation is limited. Meetings of JASs are not held at regular intervals

- Councillors are involved in mobilising the community for availing the health care services and enabling access to underserved and vulnerable communities. If ward councillors are also involved prior to any health activity, then the number of people participating will increase and make the activity successful

Organisational and Financial Governance

- Role of ULBs in health is currently limited to some vector control measures and community mobilisation activities. The ULBs are part of district level health related committees but their participation is limited
- Elected representatives do not have a clear awareness of their roles and responsibilities for health care services. However, some active elected representatives are playing an important role in supporting the UPHCs, particularly in conducting health camps and improving sanitation services. They also help poor and vulnerable people access basic services
- Most of the health care programmes are implemented based on guidelines from the state and there is little scope for flexibility at the district level
- NUHM funds have been devolved to the UPHCs for Untied Grants, Operational Expenditures and grants to Mahila Arogya Samitis (MASs) (i.e., Women's Health Committees)

SUMMARY OF LEARNINGS

It was observed that 10 major municipal corporations in the country are managing health systems

Ahmedabad, Bengaluru, Bhubaneswar, Chennai, Hyderabad, Kolkata, Mumbai, New Delhi, Pimpri-Chinchwad, Pune.

These cities have evolved the systems within ULBs over a period of time and are able to deliver citizen-centric services including health. Most of the other ULBs have a selected role in the management of health care, wherein they work only on disease prevention and health promotion, and supporting the health department. The capacity of ULBs for managing health systems is limited.

Based on the SFCs reviewed for the study, it was observed that the term 'public health' is only occasionally used in the reports, while its allied sectors receive far more focus. The discourse around healthy living is limited to water supply, sanitation, SWM and access to sewerage facilities. The urbanised states are moving towards a focused approach to tackle public health as a system. In contrast, less urbanised states have just started addressing issues related to public health and its allied sectors.

While immediate recommendations are designed to help move Bihar into Universal CPHC (Comprehensive Primary Health Care), the long-term vision is to move each city towards developing more Comprehensive Health and Wellness Plans and enabling the ULBs to have the infrastructure, skills and resources to manage Healthy Cities (as per the WHO framework)

RECOMMENDATIONS

The recommendations below are divided into the following categories:

- Policy/ Governance
- Community Participation
- Service Delivery (Planning and Operationalising)
- Health Financing
- Human Resources
- Health Information Systems

Policy/Governance

Immediate

01 Health Department and Urban Development & Housing Department (UD&HD) to take a joint decision for the devolution of functions related to primary health care to ULBs in a phased manner; community health is a core function as mentioned in the Bihar Municipal Act, 2007. Consider this provision an enabler for ULBs to take on a greater role in primary health

- Legislative rules to be promulgated to describe the role of ULBs in health as mentioned under the Bihar Municipal Act, 2007. In the meanwhile, executive order to be passed by the UD&HD enlisting the

role of ULBs in primary health care (proposed roles and responsibilities are given in Annexure No. 1 and 2 as a reference)

02 Responsibility of the District Level Committees (DLCs) to be expanded beyond the preparation of the District Health Action Plan, but to include the review and monitoring (at least once a quarter) of the activities approved for the district

03 Exposure visit of senior officials of Bihar (Health Department and ULBs) to Bhubaneswar for cross-learning and analysing various practices which can be replicated to strengthen the system suggested

04 Keeping in view the significant financial allocations for urban health through XV-FC Health Grants, the governance and management capacity of the State Health Society needs to be enhanced

- 2 public health professionals to be hired/deputed from the Health Directorate for supporting the Urban Health Cell of the State Health Society

05 To showcase and pilot the initiatives for strengthening the role of ULBs in primary health care, 2 ULBs (Patna and another one as per the decision of the state) are to be selected by a special order empowering the ULBs for implementation on a pilot basis

- As per the mandate of XV-FC Guidelines and Learnings of the Landscape Study, ULBs to take on an increasing role in planning, implementing, and monitoring the Urban Health and Wellness Centres (UHWCs) with technical support from the health department. Health department to depute/ designate senior health official(s) with administrative reporting to the respective Municipal Commissioner for the purpose of providing technical guidance and overseeing the urban primary health initiative as envisaged by XV-FC
- In Patna city and the other selected cities (ULB), the PMU set up under NUHM to be placed in the Municipal Corporation under the City Health/ Medical Officer for managing urban health in the city, reporting to the deputed health officials functionally and administratively to the Municipal Commissioner
- Appoint Public Health Managers on a cluster basis, i.e., UPHCs, as per NUHM guidelines in these ULBs. Public Health Managers at City/Circle Level to lead the managerial functions and community processes in the urban areas with funding support from NUHM

Short Term

To empower the ULBs in taking a leadership role in health, legitimately and adequately through provision of enabling laws/executive orders, some of the steps to be followed are suggested below:

01 The Bihar Municipal Act enables the Empowered Standing Committee to constitute ad-hoc committees on the matters it considers significant

- Constitute a High-Level Steering Committee (HLSC) at the state-level to assess the situation of primary health in urban areas and define the role of ULBs in the medium to long term
- The HLSC can draft and ratify a white paper on how the transition to ULBs playing an active role in primary health care delivery in urban areas could be a vital step towards improving health in cities and enhancing the accountability of the health care delivery system. Based on the white paper and consultations, a policy/guideline for the roles and responsibilities of ULBs for primary health care in urban areas is to be formulated and implemented

02 For effective planning and execution of the initiatives for strengthening urban health in major cities, a decentralised management structure for health will be beneficial

- Constitution of City Health Society (2 pilot ULBs) for management of urban health programmes at the city level. A governing body under the Chairpersonship of Mayor, and Executive Committee under the Chairpersonship of the respective Municipal Commissioner to be constituted

03 Regularly updating the City Health Action Plans will help in consistent planning based on the gap assessment and priorities of the state. State to revisit and update the assessment of urban demography, slums and health facilities, human resources, etc. (an earlier assessment was undertaken in 15 cities in 2013-14)

- Annual updating of the dynamic data, i.e., Human Resources and Infrastructure; and updating the demographic and slum data every three years to be mandatory
- Based on this, the annual action plan of NUHM, PM-ABHIM and XV-FC to be prepared

Medium/Long Term

01 Strengthen the ULBs as per the provision of Bihar Municipal Act, 2007

- To universalise it at the state level, ward committees can be vested with the powers as defined by the rules promulgated under the Act. For example, the Gujarat legislature passed the Gujarat Municipal Corporation's Ward Committees Functions, Duties, Territorial Areas and Procedure for Transaction of Business Rules, 2007 under the Gujarat Provincial Municipal Corporations Act, 1949

Community Participation

Immediate

01 At the District Level Committees (DLCs), there is low representation of ULBs (only Municipal Commissioner/ Executive Officer is a member) as against Panchayati Raj (where the District Panchayati Raj Officer, elected representatives - Zila Parishad Chairperson/Member, Block Samiti, and Mukhiya are members)

- To ensure that ULBs have equitable representation in DLCs, nominate 1-2 elected representatives of ULBs in the DLCs. State Level Committee to pass an order for inclusion of the elected representatives of ULBs as members of DLCs
- Review and monitor the activities approved by the district in the District Health Action Plan by DLC
- Orient and build capacities of the key stakeholders (elected representatives and executives) for the effective functioning of the DLC

Short Term

To empower the ULBs in taking a leadership role in health, legitimately and adequately through provision of enabling laws/executive orders, some of the steps to be followed are suggested below:

01 Strengthening communitisation of urban health by ensuring coverage by Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs) and Mahila Arogya Samiti (MAS). This will help communities to be active participants rather than passive beneficiaries in improving the health of the city. Strengthen community-level committees - MAS and Jan Aarogya Samiti (JAS) to achieve better outcomes in preventive and promotive health. The following actions are proposed in this regard:

- Ensure coverage by ASHAs, ANMs and MASs to empower communities to be active participants in improving health of the city
- Ensure regular meetings of JASs, discuss and address gaps in service delivery and resources
  - Induct local elected representatives as members of JASs
  - Orient JAS members about their roles and the processes stipulated for the functioning of the JAS
- Constitute and operationalise Sthaniya Swasthya Sabhas as per the mandate of the XV-FC recommendations
- Constitute and operationalise ward committees and conduct regular meetings
- Utilise platforms of National Urban Livelihoods Mission (NULM) and Swachh Bharat Mission (SBM) for community engagement and convergence

02 Set up a grievance redressal mechanism and ensure the smooth operation of health centres. TeleHelpline Service – Dial '104' is a medical advice helpline number, which is to be expanded for registering community grievances

- Develop a mechanism for follow-up of the grievances and action taken (timelines and responsibilities for resolving the grievance based on the type of grievance). Feedback to be provided to the complainant regarding the action taken and the solution to the problem

03 The Bihar Municipal Act enables the ward committees to discharge the functions related to "health immunisation services and slum services" subject to supervision and control of the Empowered Standing Committee

- A resolution by the HLSC defining the functions of the ward committee regarding primary health to be passed

03 "Nominate, Recognise and Reward" best-performing institutions/service providers

- Mechanisms to be developed for monitoring the performance of the health institutions and service providers based on Key Performance Parameters (KPPs)
- Based on the KPPs, the best-performing health institutions and service providers to be identified and rewarded

Medium/Long Term

01 Strengthen the ULBs as per the provision of Bihar Municipal Act, 2007

- Strengthen ward committees with regular meetings, with emphasis on mechanism of convergence

Service Delivery (Planning And Operationalisation)

Immediate

01
- A mechanism needs to be developed to strengthen the service delivery specifically to the underserved and vulnerable populations (migrants such as those working on construction sites, or in small habitations along roads and under bridges, non-notified slum areas, destitute and street children). They remain unserved/ underserved and may remain excluded during service delivery planning or statistics. A concerted effort at the local level is required to ensure their access to services. This will help in achieving universal coverage and increasing access for the underserved

- Conduct facility assessment- gap analysis and planning basis 'Design Thinking' by considering socio-demographic profiling and vulnerability assessment of the area
- Conduct Vulnerability Assessments jointly by the departments of Health and UD&H, based on the Vulnerability Mapping and Assessment guidelines and tools developed by MoHFW for Urban Health[2]
- Map all slums (listed and unlisted) in cities and include planning for health care delivery
- Equip the UPHCs/UHWCs for providing services related to MCH, FP, and management of communicable diseases and screening of non-communicable diseases
- Display Citizens' Charter in all facilities including services provided, grievance redressal mechanism and patient responsibility. The staff list and names of drugs and diagnostic tests available at the facility to be prominently displayed
- Designate government academic institutions such as IIM Bodh Gaya or IIT Patna as nodal institutes for maintaining the currency of GIS (geographic information system) maps of the cities. This can also dovetail into the Smart Cities Mission and National Urban Digital Mission

- Decentralised planning of primary health care by co-opting the ULBs will enhance the efficient use of resources
  - Planning based on population projections and geographical expansion to be undertaken for establishing the new health institutions
  - Map the area, assess the existing health infrastructure and identify the sites and buildings for the health centre. ULBs to steer the identification of sites/areas for establishing UPHCs/UHWCs

Short Term

01

- Facility level assessment- assessing gaps in infrastructure and availability of services- planning basis 'Design Thinking' (socio-demographic profiling and vulnerability assessment)
  - While selecting the site for UPHCs/UHWCs, easy accessibility (by pucca roads) by the general population, including poor and marginal sections of society, is to be taken into consideration. Health institutions are to be accessible to the community at large. Establishing UPHCs/UHWCs in the middle of a slum will restrict the usage by the periphery area because of the overcrowded slum and adjoining population, as the area is likely to lack

2 Guidelines and Tools for Vulnerability Mapping and Assessment for Urban Health, 2017, National Urban Health Mission, Ministry of Health and Family Welfare.

sanitation facilities and an unhygienic environment thereby creating limitations to access.

- Establishing UPHCs/UHWCs within an already existing outpost of a medical college or hospital will not be any value addition for the community
  - Setting up new UPHCs/UHWCs within District Hospitals (DHs), Sub-Divisional Hospitals (SDHs) and/or Community Health Centres (CHCs) to be avoided, so as to increase access by a larger community
- Focus on providing CPHC in a phased manner:
  - 7 services are being provided in the UPHCs. The ambit of services is to be expanded for screening and management of communicable diseases, ENT and elderly care in a phased manner
  - While expanding the services in Bihar, it is imperative that MCH services and communicable diseases continue to be a priority as the state is yet to achieve the desired results in Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and control of communicable diseases
  - Specialist services to be provided, at least on a weekly basis, including Medicine, Obstetrics & Gynaecology, Paediatrics and Dermatology (on an honorarium basis) at selected UPHCs which are to function as polyclinics
- Public-private partnership with the not-for-profit sector for facility operationalisation. Models can be:
  - Doctor on hire – Doctor to be hired by the department for a limited period/ hourly basis/per case basis. Full-time Paramedical staff to be hired by the department. Service delivery will be as per the in-house model presently operational
  - Selected UPHCs/UHWCs to be operationalised through partnerships with community-based/charity organisations/trusts who have experience in providing health care services. Human resource to be deployed by the organisation. Service delivery including OPD and outreach services to be provided by the organisation. Lump-sum amount for operationalising the UPHCs/UHWCs to the organisation. Supply of drugs and diagnostics by the department. Outreach services of community engagement, public surveillance and health awareness being undertaken by ASHA. This will require robust governance mechanism to oversee the implementation of the Public Private Partnership (PPP) and defined key performance indicators

Medium/Long Term

01 Operationalise services as per CPHC services in a phased manner

Health Financing

Immediate

01 Track planning, budgeting, and utilisation of financial resources allocated for urban health (State Government, NUHM, XV-FC, etc.)

Short Term

01 Institutionalise the financial devolution process to ULBs – ensure that the funds flow from State Government is timely and utilised for the intended purpose

02 Empower ULBs to enhance their revenue-generating capacity through instruments like bonds, grants, taxes, user charges etc. and utilise these resources to provide social services including primary health

Medium/Long Term

01 Increase financial allocation for ULBs as part of municipal finance reforms. The 6th SFC of Bihar has recommended that at least 40% of the development fund to be untied. 5th & 6th SFCs of the state have also recommended that activity mapping is to be implemented on priority basis. Activity mapping to identify the priority for sectoral allocation of funds to ULBs

- UD&HD to undertake activity mapping to disseminate the functions for available subjects under the Twelfth Schedule. ULBs are to adapt to the mapped activities, and the pool of funds devolved may be used for their local conditions (Activity mapping undertaken by Maharashtra for Panchayati Raj Institutions can be taken as a reference)

02 Institutionalise the financial devolution process to ULBs – ensure that the fund flow from State Government is timely and utilised for the purpose

03 ULBs to be empowered to enhance their revenue generating capacity and utilise these resources on providing social services including health

- For primary health to be institutionalised as a function of the ULB, the ULBs are to be empowered by the State Government to raise funds to increase the pool of funds available for financing primary health. The example of Pimpri-Chinchwad Municipal Corporation can be followed in this regard that has embarked on raising capital via a Municipal Bond to fund health care infrastructure and services

Human Resources for Health Institutions

Immediate

01 Data and field findings on the availability of Human Resources point to a severe shortage of human resources in the existing urban public health facilities which need to be urgently resolved

- Rational Deployment of Human Resources – HR assessment already undertaken by the state, this is to be the basis for the rationalisation
- Conduct walk-in interviews for recruitment of Medical Officers for UPHCs and UHWCs
- Devolve recruitment of paramedical staff at the district level, which will ensure the availability of local HR and better retention. This will ensure district-level cadre and restrict the

inter-district transfers, with some exceptions

- If required, at the state level written test may be conducted and thereafter candidates to apply at district level, and further selection process to be undertaken at district level
- Leverage use of telemedicine facilitated by Mid Level Service Provider (MLSP) at the Urban Health and Wellness Centers (UHWCs) and UPHCs to address the shortage of Doctors
- Along with the fixed pay and perks, some financial and non-financial incentives (performance-based incentives, area allowances, leave, higher education opportunities) to be introduced based on the service delivery in the underserved and low-performing districts where retention of Human Resources is a challenge, e.g., additional incentives may be given in cities like Purnia, which is underserved and low performing as compared to Patna

Short Term

01 As is evident from the data and reports compiled on the availability of Human Resources, there is a lack of human resources in public health facilities. Hence, in the short term, the state needs to focus on:

- Comprehensive assessment of Human Resources (based on population projections) to be undertaken to assess the shortfall, and create new posts within the health department or the urban development department
- Depute/designate senior health official(s) from the health department to provide technical guidance to the selected ULBs
- Prioritise recruitment and posting of the cadre of Assistant Health Officers @ Circle/Zonal level in ULBs, which has already been approved by the state
- Existing Human Resources Information System (HRIS) to be customised to provide city/town-specific information. Retirement planning is already a part of the HRIS

02 Multi-skilling of existing Human Resources to meet the specific service delivery requirements would help reduce the gap between the needs and availability of services

- Capacity building of Medical Officers for management of diseases for special groups, i.e., adolescents, geriatric care, mental health, etc., to be undertaken. For example, in Chennai, all the Female Medical Officers have been trained for conducting ultrasound scans for antenatal cases, thereby addressing the shortage of Radiologists
- Capacity building of GNM/ANM cadre for counselling services on different health issues and mental health to be undertaken

Medium/Long Term

01 Operationalise Health Cadre (recruit and post Assistant Health Officer @ Circle/Zonal level) within the pilot ULBs. 5th & 6th SFCs in Bihar have strongly recommended a proposal for creating a Municipal Cadre in Bihar to overcome the challenges restricting the development of the urban areas in the state

- The role of the Health Officer appointed under the act to be expanded to include primary health care in its ambit by a legislative amendment in the act
- However, since a legislative amendment is a lengthy process, it can be instantly operationalised by passing an executive order, as can be seen in the example of Bruhat Bengaluru Mahanagara Palike in short term for pilot ULBs

Health Information Systems

Short Term

01 Strengthen systems for data collection for urban areas to improve the availability of data for evidence-based planning and implementation of Urban Health Services

- Recording of disease profile of patients visiting UPHCs/UHWCs, collection, and analysis of OPD, using digital platforms
- Analysis based on the NFHS and other survey data to be utilised for the implementation of programmatic health facilities
- As per the mandate of the Integrated Disease Surveillance Programme, capacity building and equipping grassroots workers for disease surveillance to be undertaken

- Involvement of the Community/Councillors in reporting outbreaks will be given emphasis in the capacity building module for ULBs. Awareness among the community to identify and report the inordinate/unusual health incidents in their locality, e.g., fever, diarrhoea or other such conditions in 2-3 families in a locality
- Rapid response to the outbreak/suspected illness by the local health and ULB officials
- Use social media for surveillance; reporting the outbreak for quick responses and containing the outbreak, as well as providing information on health-related issues

Medium/Long Term

01 Implement Ayushman Bharat Digital Mission.

Other Recommendations

Immediate

01 Learning and analysing the Best Practices on the role of ULBs in primary health, which are being followed by other states and which can be replicated, are to be assessed and adopted in Bihar

- Organise a learning visit to Bhubaneswar Municipal Corporation (representatives from Health Department/State Health Society, Bihar (SHSB), UD&HD, and major ULBs)

Medium/Long Term

01 Other recommendations
Create urban health plans based on WHO Healthy Cities Framework

AGENDA FOR DISCUSSION

The focus of this study was to support the State of Bihar to draft a roadmap to strengthen Primary Health Care outcomes through ULBs. Although the recommendations are focused on Bihar, they can be adapted by other States, since almost all ULBs do not manage primary health care functions. Therefore, this study may be helpful to a majority of State Governments/Urban Local Bodies and at a National Level to create a plan of action for strengthening the Primary Health Care Systems with the proactive support of Urban Local Bodies, wherein Urban Local Bodies either or are actively co-opted in managing Primary Health Care in the long run.

Based on the learnings from both research and fieldwork, specific recommendations are made as part of each chapter. Some broader points for discussion with respect to high-level initiatives at the national & state levels are:

Using the Model Municipal Law 2003 as a mechanism for strengthening the Urban Local Bodies specifically for Primary Health Care

Creating a typology of the municipal bodies based on their capacities/state government's decisions for managing Primary Health Care through Urban Local Bodies in the long term

Creating Healthy Cities India Report for million plus cities on the line of Healthy States, Progressive India Index

01 Using the Model Municipal Law 2003 to strengthen Urban Local Bodies for Primary Health Care

In the Model Municipal Law, health is mentioned across three functions three kinds of functions:

- **Core municipal functions** – Every Municipality shall provide on its own or arrange to provide through any agency, are known as core functions
- **Additional functions** – Each State Government may consider and decide whether the costs for performing such functions which strictly speaking do not belong to the functional domain of the Municipalities shall be underwritten by the sponsoring Government - Central or State

- **Other functions** – Each State Government may consider the various lists in this clause and may add or delete any function

Drainage & Sewerage, Solid Waste Management, Community Health, and protection of the environment are among the functions related to Public Health and its allied sectors falling into the category of Core municipal functions. Curative Health is placed among the additional functions assigned by the state government. At the same time, Public Health and Sanitation is classified into other functions.

Except for a few major ULBs, most of the ULBs may not be able to manage the Curative Care Systems, i.e. secondary & tertiary care services. But, basic curative services as part of Comprehensive Primary Health Care can be provided at UPHC, which includes management & treatment of basic ailments, communicable diseases (TB, Malaria, and Dengue), non-communicable diseases (hypertension, diabetes, ophthalmic & ENT care and screening of common cancers) can be managed.

In 2003, the Model Municipal Law was circulated as a directive for states to make amendments to the 74th Constitutional Amendment Act, 1992 and include health in these municipal functions. Many states did amend their acts to include Community Health, Curative Health, and Health and Sanitation, but this did not translate into policy and practice on ground. The powers and functions of the ULBs need to be defined and clarified so that they can be gainfully engaged with public health.

02 Typology of municipal bodies based on capacity to manage Primary Health Care through ULBs

In light of the preliminary findings from the study and thrust on engagement of ULBs in primary health care, there is a need to closely study a larger number of ULBs. There is an opportunity to engage at the national level to draw upon a policy framework on the progressive involvement of ULBs in primary health care and look at the set of recommendations that can be generalised and replicated across ULBs. This would create a robust typology and a specific roadmap for each set of ULBs. The typology could be based on predefined metrics of involvement, capacity, and performance classifying them into four groups- Small ULBs, Medium sized ULBs-II, Medium sized ULBs-I, and Large ULBs. In the figure below is an emerging hypothesis on the role of municipalities in primary health care.

Here's an emerging hypothesis on role of municipalities in primary health care

5-7 years

Small ULBs

Need handholding for most roles; evolve shared services model

Cluster-based shared services model with role in community engagement, monitoring

3-5 years

Medium sized ULBs- II

Active role in planning, gap analysis, financing, vulnerability assessment, monitoring

Well defined role in planning, financing, community engagement, monitoring

2-3 years

Medium sized ULBs- I

Own basic primary health care delivery

Comprehensive urban health programming through convergence of all urban development programs

Large ULBs

Comprehensively own primary health care delivery

03 Creating Healthy Cities India Report for million plus cities

WHO's Healthy Cities framework advocates for a participatory process to respond to health issues that have emerged due to urbanisation. The core principles of the approach included good governance for health, strong political commitment to optimal health, health equity, multi-sectoral collaboration, community participation, monitoring and evaluation, transparency and national and international networking. According to the proposed plan by WHO, for the kick-start to become a healthy city it should commence with the commitment to put people and health at the centre of the urban development agenda. Furthermore, this requires a multi-disciplinary approach that includes urban planning, economic development, social sciences and public health.

Through this study and the workshop around it, we seek to invite community workers, practitioners, researchers, government officials, politicians, and others who are engaged in and/or are active stakeholders in either urban governance or public health to participate in the discussion and engage in a fruitful partnership to strengthen democratic governance at the local level. We, at Janaagraha, believe Urban Local Bodies are best placed to enable greater reach to local communities given their proximity at the 'First Mile' to citizens. Further, cities and towns are complex in nature when compared to rural areas with ever expanding geographical areas due to rapid urbanisation, presence of private sector and therefore need a more nuanced approach in Governance, Systems and Processes. Recent experience during the COVID-19 pandemic have shown us the importance of co-opting ULBs in delivering and managing primary health and public health in general. We hope our recommendations from this study are implemented not just in Bihar, but across states based on context and the system while our attention on health care remains heightened following the pandemic, and India's urban population continues to grow.

This report is part of a project Transforming Governance of Primary Health Care supported by the Bill & Melinda gates foundation

Janaagraha Centre for Citizenship and Democracy

3rd Floor, Sair Bagh, 19/4, Cunningham Road, Bengaluru, Karnataka, India – 560052
Phone: 080 41200844, 41500844

info@janaagraha.org www.janaagraha.org