A Public Private Partnership Model for Managing Urban Health: A Study of Ahmedabad City

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Abstract

Urbanization is an important demographic shift worldwide. India's urban population of 300 million represents 30 % of its total population; with the sl-m population in urban cities registering a 5 % growth in the last few years. Responding to the healthcare needs of urban poor is therefore very essential. Government of India focus has been mainly on rural health till the late 90s. Recognizing the urgency to manage urban health for the vulnerable sections of our population, the 9th and 10th Five Year Plans of the Government of India have laid special emphasis on developing a well structured network of urban primary care institutions.

Ahmedabad city (also known as Ahmedabad Municipal Corporation, AMC) is the sixth largest city in India with a population of 3.5 million spread over 192 square kilometers, across 43 wards. AMC has nearly 2500 slums and chawls housing approximately 1.5 million people. Out of 43 wards in AMC, 9 wards which house more than 20 % of AMC population, have no government health facility at all. With more than 3500 private health facilities in AMC, it is therefore worthwhile to explore Public Private Participation (PPP) to improve the delivery of healthcare services.

In this working paper, we outline our approach to developing a PPP model for a decentralized and integrated primary healthcare center for each ward of AMC. Our model is built on a clear understanding of the socio-economic profile, status of public health, and the healthcare seeking habits of Ahmedabad population. Our GIS (Geographic Information System) methodology guides the AMC authorities to identify good locations for urban health center (UHC) so as to ensure availability, affordability, accessibility, and equity to primary healthcare facilities to the slum populations. We illustrate our methodology for Vasna and Naroda wards in AMC.

Key words: Urban poor, availability, affordability, access, equity, GIS, PPP

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1. Introduction

1.1 Urbanization:

Urbanization is an important demographic shift worldwide. Urban population is increasing at a faster rate than ever before. About 3 billion people or 48 % of the world population live in urban areas today. And by 2007, more than 50 % of the world population is likely to be living in urban areas (UN, 2004)

In Asia, the urban population has increased from 230 million in 1950 to more than 1.2 billion by 2000, see Table 1.1 below. It can be seen from Table 1.1 that by 2030, urban population will exceed 60 % in Eastern Asia, 44% in South Central Asia, and 56 % in South Eastern Asia (Population Reference Bureau, 2004).

Table 1.1
Level of Urbanization in Asia

Major Regions in Asia	1950		2000		2030	
	No('000)	%	No('000)	%	No('000)	%
Eastern Asia	121,250	18.0	616,845	41.6	106,4756	62.7
South Central Asia	82,882	16.6	440,879	29.8	968,944	44.0
South Eastern Asia	26,305	14.8	196,029	37.5	407,174	56.5
Overall Asia	230,437	17.1	1,253,753	34.9	2,440,874	52.5

India has an urban population of 286 million, accounting for 28 % of the total population. Table 1.2 below shows the increase in urban, rural and total population over the period 1991-2001.

Table 1.2
Level of Urbanization in India

Area	1991 Population		2001 Population		% increase in last decade
	In Million	%	In Million	%	
Urban	215.7	25.7	286.1	27.8	32.6
Rural	622.8	74.3	742.5	72.2	19.2
Total	838.5	100.0	1,028.6	100.0	22.6

Source: Census of India, 1991 & 2001

Population growth in India follows the 2-3-4-5 syndrome, 2 % increase in total population, 3 % increase in urban population, 4 % increase in mega city population, and 5 % increase in urban slum population (Chatterjee, 2002). Exhibit 1 shows the growth of slum population in each state and union territory of India, over the 10 year period, 1991-2001(NIUA, 2000). Some of the major concerns arising out of urbanization are given below:

- Unplanned Development & Growth : Most of the cities/towns in India are witnessing unplanned development and growth, because of economic developments

- Poor Basic Public Services: Basic services such as Food, Shelter, Water etc are being stretched beyond limits in order to cater to an ever increasing urban population. The World Water Development Report 2003 (UN, 2003) ranks India 120 among 122 countries on the quality of drinking water.

- Scare of HIV/AIDS: The migratory population into urban areas in search of work cause considerable concerns to the health authorities about the spread of communicable diseases such as HI/AIDS, TB etc.

- Incidence of Life Style Diseases: Non-Communicable diseases such as Diabetes, Cardiovascular diseases, kidney failures etc are also on the rise due to life style habits in cities and towns.

- Occupational: Unhealthy environments and unhygienic living conditions lead to occupational health hazards, respiratory diseases, mental illness etc.

- Urban Poverty: Urban poverty is a multidimensional phenomenon. It is associated with poor quality of life, deprivation, vulnerability, complex social relationships, malnutrition, and low human resource development. A few dimensions of the life of urban poor are inadequate and insecure housing, high unemployment, poor access to basic services etc.

Creating sustainable urban environments has thus assumed critical importance. According to the statistical figures presented by the Planning Commission of India, about 32.4 % of the urban population was below the poverty line in 1993-94 (Planning Commission, 1996) and about 23.6% in 1999-2000 (Planning Commission, 2001). Eradication of poverty has been an integral component of the strategy for economic development in India; the 74th constitutional amendment highlights the scopes for improvements in the quality of life of the urban poor.

1.2 Urban Health:

Research studies have shown that the health indices of urban slum dwellers in India are worse than that of the rural population (MoHFW, 2002)**,** even though the health infrastructure in urban areas is believed to be much better than those in rural areas.

Till the 9th Five Year Plan, the Government of India has been constantly emphasizing the need to improve rural health, with practically no attention to urban health. India has nearly 286 million people or 28 % of the population living in urban areas. To cater to this population, Government of India is funding more than 1000 Urban Family Welfare Centres (UWFC), and 900 Urban Health Posts (UHP) **(**Planning Commission, 2002). With more than 423 towns and cities having more than one lakh population, government efforts so far has accounted for only a few UFWC/UHP per city. However, the government has now become vary sensitive to the neglect of urban health and has therefore identified urban health as a priority area under the 10th FYP (Planning Commission, 2002), National Population Policy (National Commission on Population, 2000), and the National Health Policy 2002 (MoHFW, 2002). Recent initiatives by the Government of India in setting up Jawaharlal Nehru National Urban Renewal Mission (Government of India, 2005) are very encouraging.

2. Ahmedabad City:

2.1 Profile of Ahmedabad:

Ahmedabad City (also known as Ahmedabad Municipal Corporation, AMC) is the sixth largest city in India, as can be seen from Table 2.1 below.

Table 2.1
Mega Cities in India

Rank	Name of the city	Population
1.	Greater Mumbai	11,914,398
2.	Delhi	9,817,439
3.	Kolkata	4,580,544
4.	Chennai	4,292,223
5.	Bangalore	4,216,268
6.	Ahmedabad	3,515,361
7.	Hyderabad	3,449,878
8.	Pune	2,540,069
9.	Kanpur	2,532,138
10.	Surat	2,433,787

Source: Census of India 2001.

AMC has a population of 3.5 million, spread across 192 sq. km. About 40 % of Ahmedabad population lives in slums and chawls. This is the most vulnerable group of the society needing special attention. Some important statistics about Ahmedabad are given in Table 2.2. (AMC, 2002)

Table 2.2
Important Facts of Ahmedabad

Ahmedabad Municipal Corporation	
Total Area (Sq km)	190.84
Total Population	3,515,361
% of Male Population to Total Population	53 %
Density (Population per sq km)	18420
Sex ratio (Number of females per 1000 males)	886
Overall Literacy	73.38 %
Female Literacy	67.72 %
Election wards	43
Number of elected representatives (councilors)	129

Source: Statistical Outline of Ahmedabad City 2000-01, AMC

The civic affairs of the city are governed by Ahmedabad Municipal Corporation (AMC). Administratively, AMC is divided into 43 Municipal Election Wards across 5 zones, with each ward having an average population of 80,000 people. These 43 wards elect a total of 129 councilors, who in turn elect a Mayor. Mayor is the chairman of AMC Board which takes all policy decisions. The Mayor is assisted by a Deputy Mayor, three statutory committees and thirteen sub committees. The Municipal Commissioner, who is a civil servant from the Indian Administrative Service, is responsible for executing all the decisions taken by the AMC Board. He is assisted by 9 Deputy Municipal Commissioners: 5 Deputy Municipal Commissioners for the

5 zones (Central, East, West, North, and South) and one Deputy Municipal Commissioner each for Engineering, Security, Administration, and Finance. One of the zonal deputy municipal commissioners is given the additional charge of Health Department. The organizational chart of the Health Department at AMC is shown in Exhibit 2.

2.2 Urban Health in Ahmedabad:

AMC attaches considerable significance to healthcare, allocates 10-12 percent of its annual budget to the health sector and subsidizes the cost of healthcare by offering its services through its network of 70 centres consisting of family welfare centres, dispensaries, maternity homes, and general hospitals (AMC, 2002) The state government of Gujarat has a large Civil Hospital of more than 2000 beds in Ahmedabad city. The Employee State Insurance (ESI) Corporation of the Government of India administers its scheme through 50 ESI dispensaries and 2 ESI hospitals in Ahmedabad. Over and above the public healthcare facilities (offered by the AMC, State and Central Governments), Ahmedabad city also has a large network of more than 3500 private healthcare facilities. Yet, the health indicators of AMC are not very impressive.

It is therefore worthwhile to explore public-private partnerships (PPP) to offer a satisfactory level of healthcare services to the urban population in AMC[1].

AMC has recently set up a Urban Health Centre (UHC) for each of its 43 wards by upgrading the existing family welfare centers, and contracting out each UHC to a Mother NGO, as per GoI guidelines (Exhibit 3). The composition of UHC staff is given in Exhibit 4. The list of services to be offered by UHC is given in Exhibit 5. Each Mother NGO is assisted by a Field NGO under contract with AMC (Exhibit 6) to provide link workers to mother NGO for assessing the community healthcare needs. Exhibit 7 lists all the NGOs involved in the working of UHCs in AMC.

[1] Over the years there have been several models of public private partnerships which have evolved in Ahmedabad city in the area of health care services. For example

- Urban Family Welfare Centres: Ahmedabad Municipal Corporation in partnership with NGOs such as Indian Red Cross Society, Indian Medical Association, Family Planning Association of India etc.
- Karuna Trust managing a AMC maternity home and voluntary services to Gujarat Cancer Hospital
- Polio Foundation running a Rehabilitation centre
- SEWA, Ahmedabad jointly with AMC providing community based TB control services under revised National TB Control Program
- NGOs in charge of Anganwadi centers under ICDS program
- Prathama Blood center in Ahmedabad supplying blood to AMC hospitals
- Medical drug stores in AMC hospitals, etc.

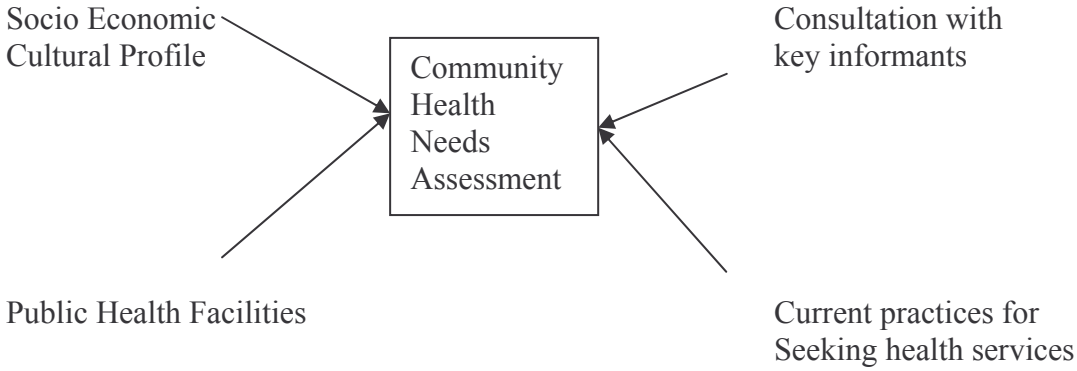
Besides health, there are examples of public private partnership in civic services – e.g. improvement of public gardens through partnership with business and industry, slum development programs and water sanitation programs with NGOs and industry, and so on.

3. Methodology

3.1 Urban Health Needs Assessment: A Conceptual Framework

It is now fairly well established that the key factors affecting urban health can be considered within three broad themes: the physical environment, the social environment, and access to health and health services (Galea, 2004). It is also equally necessary to hold consultations with Key informants, such as healthcare providers, elected ward councilors, and local leaders in order to understand their perception of health services in assessing the community health needs, Figure 3.1 below shows the conceptual framework.

Figure 3.1
Conceptual framework for Urban Health Needs Assessment



Urban population, unlike rural population, is highly heterogeneous. Published data on urban health has three major drawbacks (USAID, 2006):

(a) Health data is usually aggregated to provide an average of all urban residents, rich and poor. It therefore masks the health conditions of the urban poor.

(b) Urban poor are almost always overlooked. The informal or often illegal status of low-income urban settlements contributes to the fact that public health authorities often do not have the means or the mandate to collect data on urban poor population.

(c) It is not easy to identify the urban poor. Policy makers have to define urban poor differently from rural poor.

As a result, policy makers at the local, national, and international levels do not have enough information on the health conditions of the urban poor.

Primary data collection is therefore necessary to correctly comprehend the status of urban health, with a special focus on the health of urban poor in order to assess the urban community needs for healthcare services. Our primary data collection focuses on the following components:

- Household Survey
- Location survey
- Health Facilities Survey:
- Consultation with key informants

Below, we describe in detail each of the above components.

3.1.1 Household Survey: The objective of our household survey is to relate the health assessment needs with socio-economic cultural status, quality of public health facilities, and their current practice of seeking healthcare services.

Our target population for the household surveys consists of

- Slum Population (includes those living in chawls also), and
- Non-Slum population living in LIG, MIG, and HIG flats
  LIG: Low Income group, MIG: Middle Income Group, HIG: High Income group

Sample Size*:* As the objective of the government in establishing urban health centers is to address the needs of vulnerable sections of the population, we decided to sample more households from the slums and chawls than from the LIG/MIG/HIG areas. Based on cost, time, and the feasibility of data collection, we arrived at the following sample size:

- 200-250 households from Slums (slums include chawls also)
- 75-100 households from Non-Slum areas (LIG, MIG, HIG houses)

Sampling Methodology: Most of the wards in AMC have large and small slums. In the case of large slums, we select a random sample of 35-40 households per slum. In the case of small slums, we form clusters of slums and select a random sample of 30-40 households from each of these clusters (called regions). By selecting large slums as well as clusters of slums from various parts of each ward, we obtain a representative sample of 200-250 slum households from each ward. For sampling non-slum population, we were assisted by AMC tax collectors in the random selection of LIG/MIG/HIG houses.

Sample survey: In order to collect reliable data from slum and slum-like poor households, we relied on local NGOs who are very active in the selected wards and are acceptable to the local community. Sample survey in non-slum households was done by IIMA research staff.

The format of our household survey is given in Appendix 1.

3.1.2 Location Survey: Our objective here is to locate the slums and healthcare facilities (public and private) so as to understand the accessibility and equity of various services to different segments of the ward population. Location of slums was relatively easy with assistance from the local NGOs and data from the Slum Networking Project. Also, locating government healthcare facilities was easy from the records maintained by the government systems (AMC, State, and Central Government).

Location of private healthcare facilities turned out to be very difficult, as private healthcare providers are not required to register their services in any government department. We therefore relied on AMC ward tax collectors to locate private healthcare facilities, as they could identify the private health facilities from the records maintained by the municipal tax department, AMC.

We then created a Geographic Information System (GIS) map showing the location of slums and health facilities (public and private) in the town planning map of each ward maintained by AMC. GIS methodology would later on help us to estimate the service level, such as access, equity etc.

3.1.3 Health Facilities Survey: The objective of our survey of all health facilities (public and private) is to estimate the availability, quality and nature of health services to the ward population.

Our survey covered all public and private healthcare facilities, (identified in our location survey) offering outpatient and inpatient services, allopath and Indian System of Medicine (AYUSH) aimed at capturing the nature and types of health services available in the wards. Our survey questionnaire focused on collecting data on all resources in the health facilities and their utilization, such as

- Human Resources (doctors, nurses, para-medical staff)
- Specialty services offered (general practitioner, orthopedic surgeon, etc)
- Number of beds (indoor services)
- Number of patients served (indoor, and outpatient)
- Laboratory and Radiology investigations ordered/advised

We designed separate questionnaires for clinics (OPD) and hospitals (IPD). See Appendix 2 & Appendix 3 respectively for our health facilities survey.

3.1.4 Consultation with Key Informants: We met key informants/stakeholders in the wards such as healthcare providers (public and private), elected ward councilors, and local leaders in order to understand their perception of health services. These consultations were done separately for each type of stakeholder as well as jointly with all stakeholders. This gave us an assessment of the demand for services for the perspectives of different stakeholders.

3.2 A Geographic Information System (GIS) based analysis:

After gaining an understanding of the status of urban health and the urban community needs for healthcare services, our methodology relies on GIS based analysis for locating Urban Health Centres (UHC) in order to provide a satisfactory level of healthcare services.

Below, we describe our methodology based on GIS (Geographic Information System) analysis, for establishing a model UHC for Ahmedabad city.

3.2.1 Creating GIS maps:

This step involves the following tasks:

- Digitizing the town planning map of AMC wards, which shows the slum locations, roads, railway lines, buildings, etc
- Creating a GIS map of the wards
- Populating the GIS map with a ward profile (population, population density, socio-economic status, public heath facilities, health seeking habits, etc)
- Locating the public and private healthcare facilities offering outpatient, inpatient, and investigation services in the GIS maps

3.2.2 GIS based analysis for estimating Service levels:

We rely on GIS based analysis to estimate the current level of healthcare services, and explore alternatives to improve the level of services. Service level is defined across availability, affordability, equity and access to healthcare facilities (public and private) for the population in each ward. Our GIS based analysis includes the following:

- Estimate the current level of healthcare services to the ward population (with respect to the current location of UHC)
- Identify alternate locations for UHC in each ward
- Estimate service levels of UHC from alternative locations
- Select the "best alternative" to locate the proposed UHC
- Identify the characteristics of the proposed "model UHC"
- Identify a Good private healthcare provider in the chosen location for public Private participation.

3.3 A Framework for Public Private Partnership:

This step involves conceptualizing a framework for Public Private Partnership (PPP) for managing urban health. This involves preparing an MOU acceptable to all the public and private healthcare providers, clearly mentioning the commitment of resources, roles & responsibilities, as well as accountability to provide a given set of services at a desired level of quality, so as to meet the urban healthcare needs of the community. Preparing MOU is a lengthy process, involves negotiations, and providing clarity on all the issues by lawyers from all the concerned partners.

4. Urban Health Centre for Vasna: A Framework

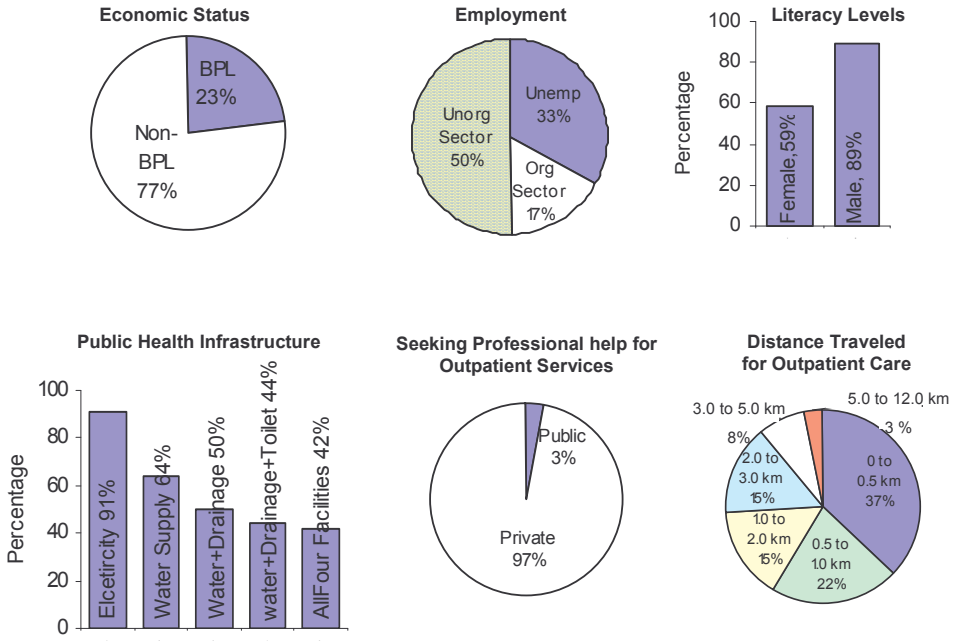
4.1 A Brief Profile of Vasna ward

Vasna ward is located in Western Zone of Ahmedabad Municipal Corporation with a population of about 100,000 spread across 5.5 sq km of area, and has no government health facility. Below we provide a brief profile of Vasna ward, for details readers are requested to consult our earlier working paper (Ramani, 2005).

4.1.1 Slum Population: Slum population in Vasna ward accounts for almost 40% of the population. Overall literacy is 73%, male literacy at 89 % and female literacy only 59 %. Sex ratio is 874 females per 1000 males. Almost 2/3rd of the slum population is in the working age group (15-60 years), 50 % work in the unorganized sector while 33 % are unemployed. About 23 % of the households are under the urban Poverty Line[2]. Yet, most of them (97 % of slum population) depend on private healthcare facilities for outpatient care (common cold and malaria account for almost 70% of all illnesses) paying an average of Rs. 60 per illness episode. Public health care facilities are preferred (53 %) mainly for inpatient care due to low cost considerations. Private healthcare is very expensive for inpatient care; the average cost of inpatient care for gynecology and obstetrics care is around Rs. 3000 in private facilities. Faith in the doctors and proximity to health facilities are the main reasons (almost 70 %) for the choice of service providers.

Our analysis indicates the poor coverage of public health infrastructure for slum population in Vasna ward which leads to poor health and hygiene conditions. Though there is a high level of electrification of slum households in the ward (91%) as a result of the initiative taken by a local NGO, SAATH with Ahmedabad Electricity Company and the slum community in 2002, other basic public health infrastructure services are very poor; only 44 % households having Water supply, drainage and toilet facilities (see Figure 4.1 below)

Figure 4.1
Slum Profile of Vasna Ward



[2] Defined as monthly income below Rs. 2375 per urban household , Press Information Bureau, Govt. of India

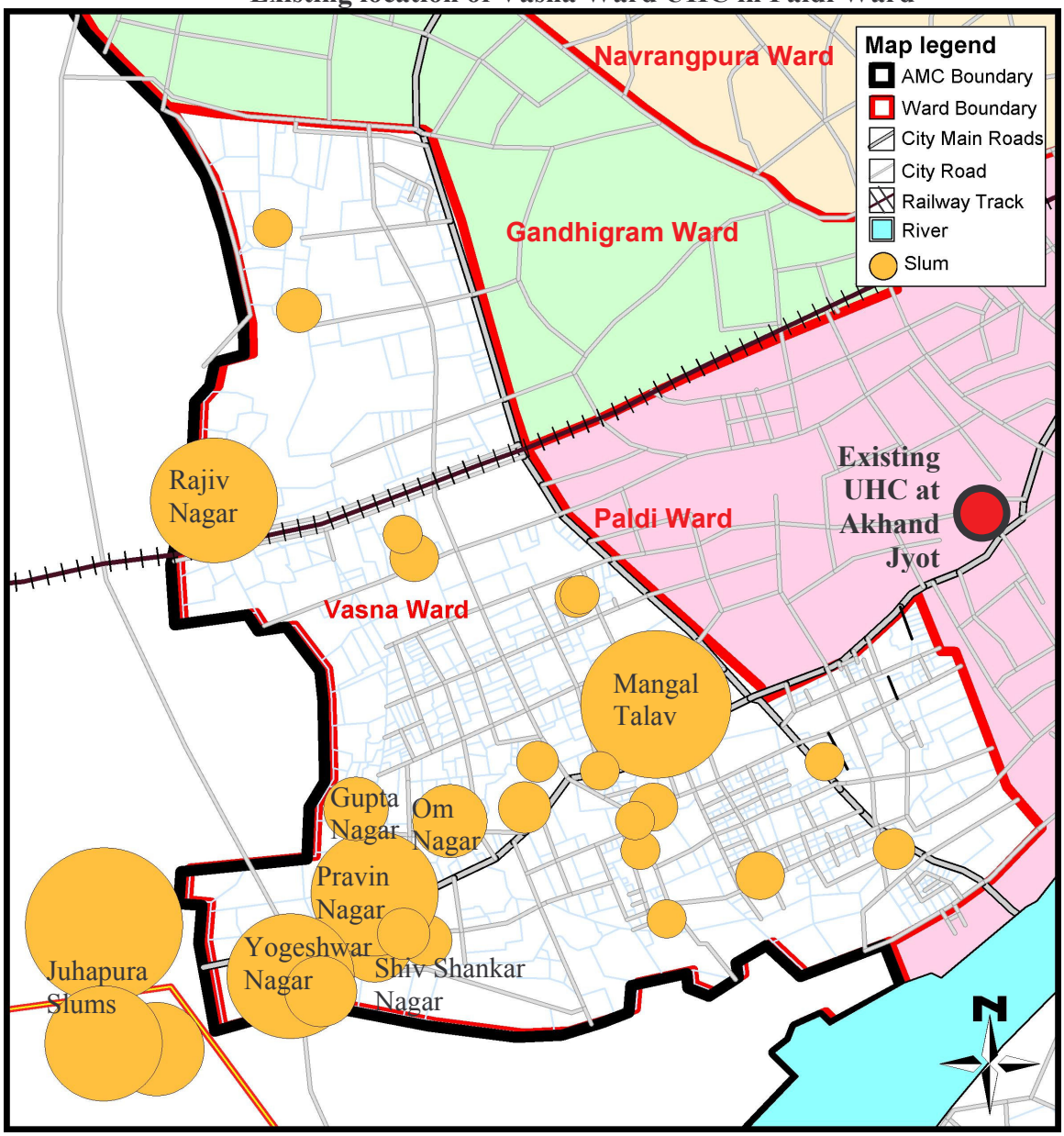
4.1.2 Non-Slum Population: The profile of non-slum population in Vasna is very different. Literacy level is as high as 98.8 %. Almost 70 % of the population is in the working age group with 50 % in the organized sector, 4 % in unorganized sector, and 46 % unemployed. Provision of public health infrastructure is also higher than slum areas; 91 % of households have the basic facilities, namely electricity, water supply, drainage and toilets. Almost 98 % of the non-slum population seek private healthcare for outpatient as well as inpatient treatments, 90 % of them chose their service providers because of faith and reputation. Gynecology and orthopedic cases are the most common episodes for which they seek professional services.

4.2 GIS based analysis to estimate the level of healthcare service delivery

In this section, we provide an analysis of the level of healthcare service in Vasna, with a special focus on the slum population of Vasna. We measure service level across availability, access, affordability and equity of services.

4.2.1 Current location at Akhand Jyot Foundation: We start our analysis by displaying the GIS town planning map of Vasna and the existing Vasna Ward UHC located in the adjacent ward of Paldi, see GIS Map 4.1 below.

GIS Map 4.1
Existing location of Vasna Ward UHC in Paldi Ward

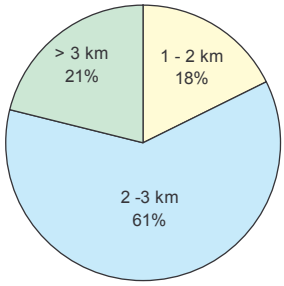


The Akhand Jyot Foundation in Paldi, an NGO (Exhibit 8) which has been offering Urban Family Welfare Services under the GoI scheme since 1968, has been recently upgraded by AMC to manage the Vasna UHC. SAATH, a local active NGO in Vasna (Exhibit 9) offers Link Workers to Akhand Jyot under a contract with AMC.

Availability: As can be seen from the GIS Map 4.1 above that there is no government health facility in Vasna ward. Even the UHC for Vasna ward is situated in the adjoining ward, Paldi. Vasna ward has around 100 - 120 private healthcare service providers, consisting of approximately 60 – 70 OPD clinics and 40- 50 nursing homes and hospitals. OPD clinics offer consultation and medication services, but refer their patients to private labs for laboratory and radiology services. Availability of doctors in the OPD clinics averages around 3 hours in the evening and 2 hours in the morning. Consultation services are offered for a wide range of OPD cases: Common cold and fever, RCH services, and several specialty and super specialty illnesses. For inpatient care, the private sector offers about 650 beds, ranging from small 5 bedded nursing homes to large super specialty Jivraj Mehta Hospital with 200 beds. Around 50 beds are designated as ICU beds. There are 9 facilities exclusively for OBS & GYN with 65 beds and an additional 9 facilities have OBS & GYN department along with other specialties.

Accessibility: It is well known that mere availability of healthcare facilities is not enough; they have to be easily accessible too. Our GIS based analysis reveals that the existing Vasna UHC located in the adjacent Paldi ward serves about 18 % of the Vasna slum population within 1-2 KM distance, 61 % of Vasna slum population within 2 -3 KM distance, and the remaining 21 % has to cover more than 3 KMs, as shown in Figure 4.2 below.

Figure 4.2
Service level: Access to UHC for Vasna Slum Population

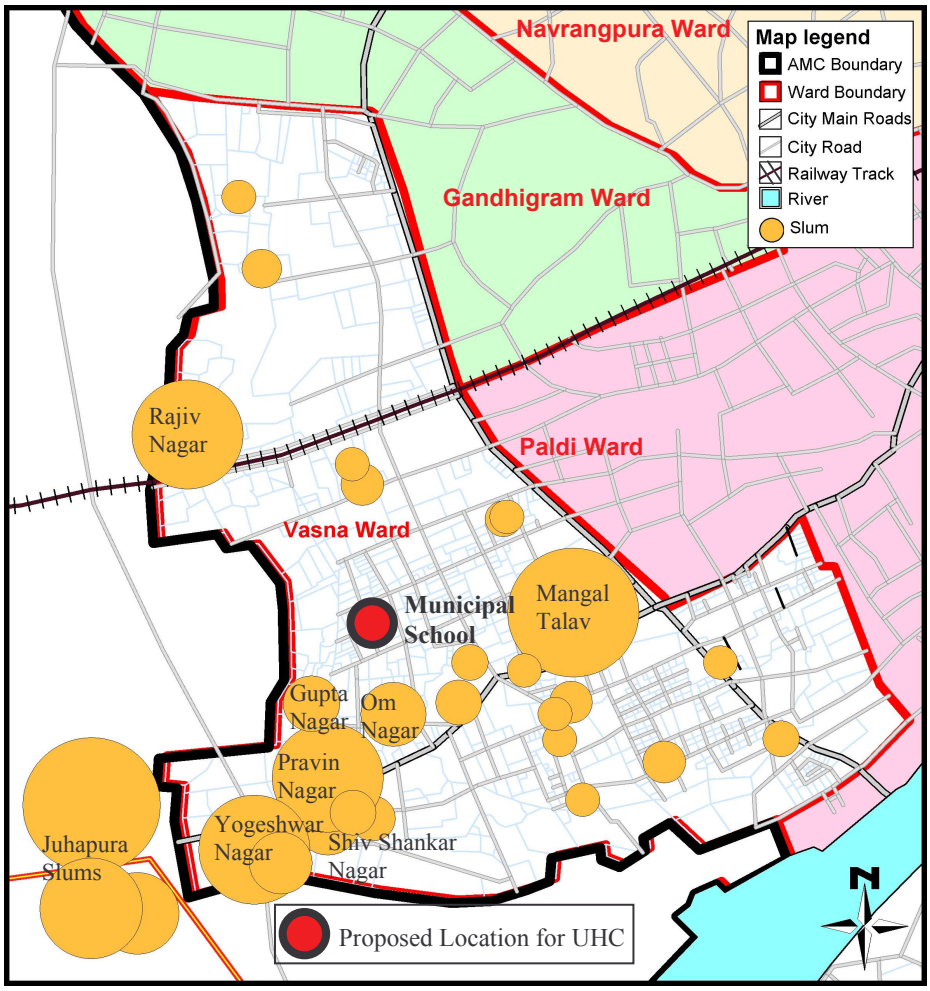


Affordability: Our analysis suggests that people spend on an average Rs. 60 to Rs. 70 for outpatient treatment, which includes consultation and medication. Many slum residents do not visit laboratories for investigation services as they are costly; cost of transportation to the laboratories and x-ray houses in addition to the investigation charges at the private facilities. Inpatient care for Gynecology and Obstetrics services averages Rs 1800, normal delivery costs around Rs. 2000-2500, and C section costs around Rs 10,000-15,000 in the private nursing homes and hospitals.

Equity: It is clear from the above assessment of availability, access, and affordability of healthcare services, that there is an urgent need to make RCH services affordable and accessible to the Vasna slum population. With more than 95 % of Vasna population we surveyed, depend on private healthcare providers for OPD services; it is therefore imperative that AMC improves its provision of healthcare services to Vasna population, so as to ensure equity of services.

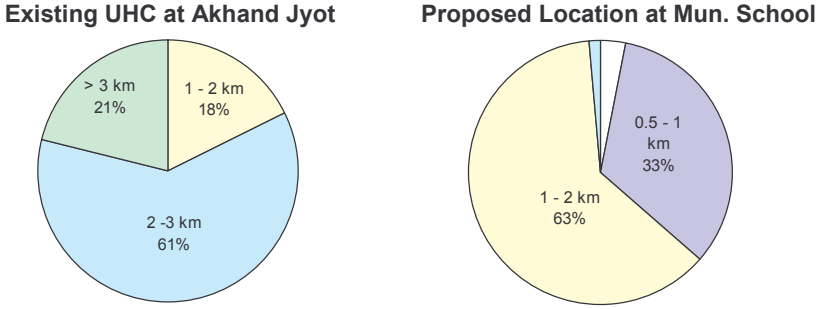
4.2.2 Alternate location at Municipal School: We then analyzed the service level for the AMC proposed location for UHC in the Vasna Municipal School Compound, see GIS Map 4.2 below:

GIS Map 4.2
Alternate Location for Vasna UHC at Vasna Municipal School



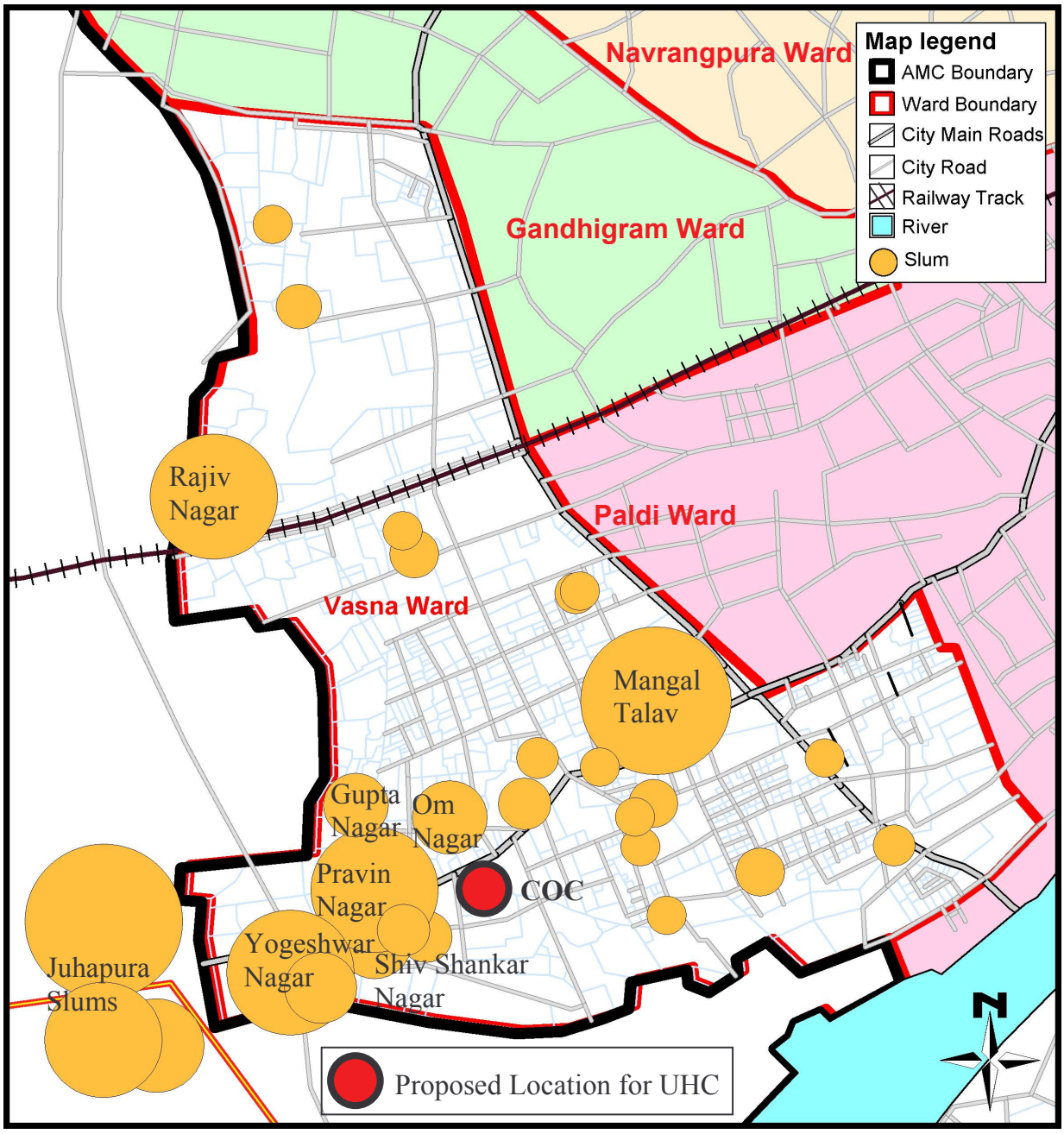
A comparison of the service levels for the proposed UHC location at the Municipal School compound with the existing UHC at Akhand Jyot Foundation is shown below in Figure 4.3. It can be seen that the municipal school location is better as it serves more slum population within 1 KM of distance.

Figure 4.3
Service Levels: Akhand Jyot Vs Municipal School



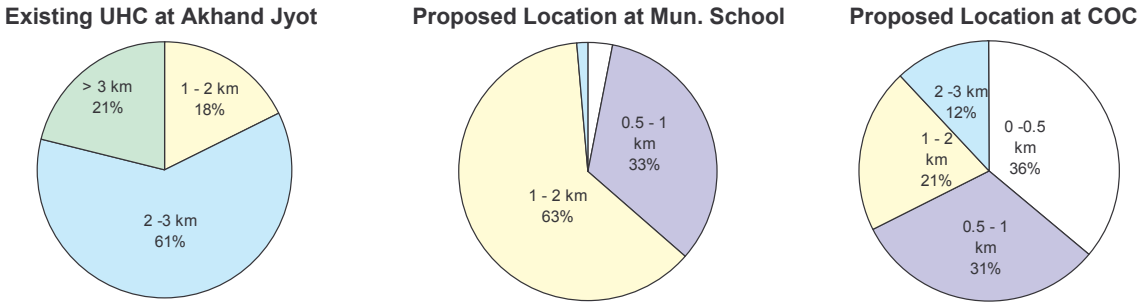
4.2.3 Alternate location at Community Oncology Centre (COC): GIS Map 4.3 below shows the location of the Community Oncology Centre (COC), Vasna. The COC at Vasna, managed by the Gujarat Cancer Society (Exhibit 10) offers comprehensive cancer check up services with assistance from Gujarat Cancer Research Institute (Exhibit 11).

GIS Map 4.3
Alternate Locations for UHC at Community Oncology Centre, Vasna



A comparison of the service levels for the UHC locations at COC Vasna, Municipal School compound and the existing UHC at Akhand Jyot Foundation is shown below in Figure 4.4. It can be seen that COC location serves almost 2/3 rd of the Vasna slum population within 1 KM of distance.

Figure 4.4
Service Levels: Akhand Jyot, Municipal School, and COC



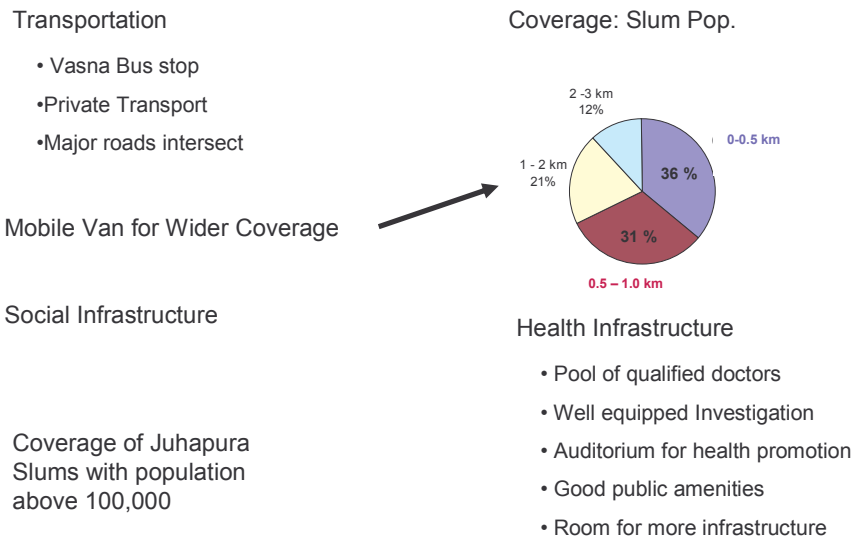
Additional benefits if the proposed UHC is located in the Community Oncology Centre (COC), Vasna are the following:

- Excellent Infrastructure at COC for investigation facilities
- COC has an auditorium for health promotion and awareness
- COC is well connected by public and private transport
- UHC at COC can also serve the 100,000 slum residents in Juhapura, outside AMC boundary.

4.3 Optimal Location for Vasna Urban Health Centre

To Summarize, based on our GIS based analysis on service levels (see Figure 4.5 below); we recommend that the proposed UHC for Vasna be located at the COC of the Gujarat Cancer Society.

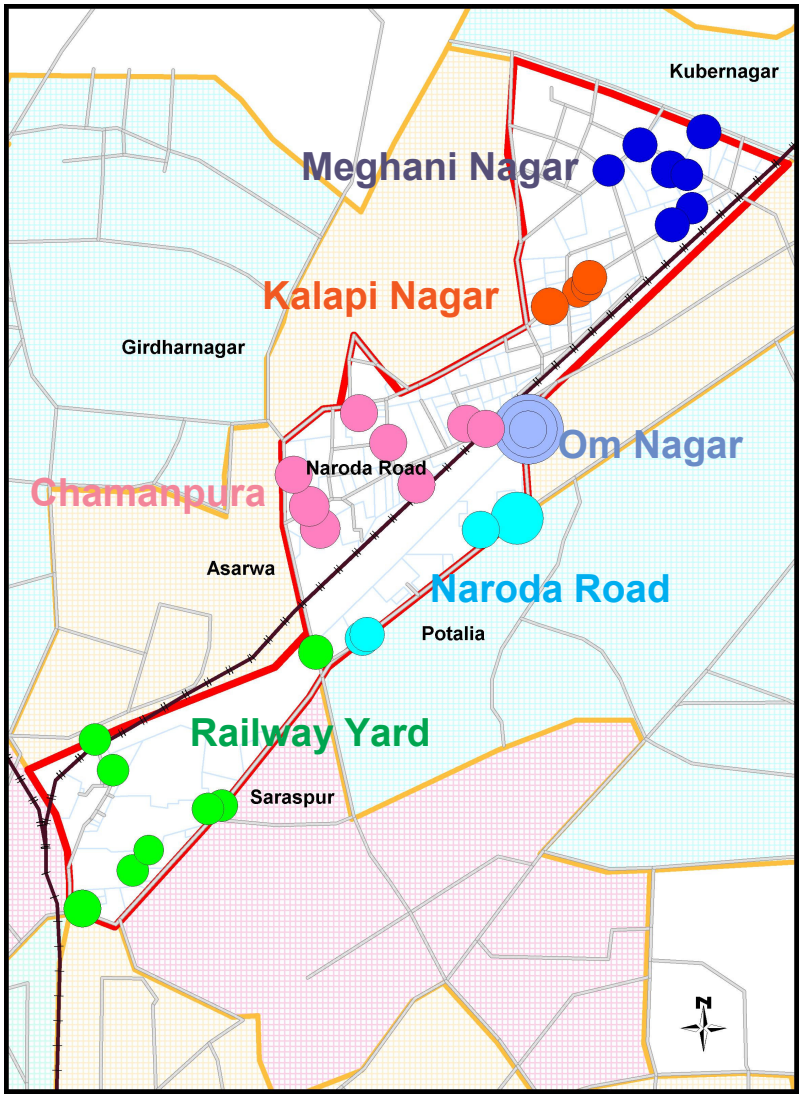
Figure 4.5
Advantages of locating UHC at COC, Vasna



5. Extending the Vasna Health Centre Framework to Naroda Ward

5.1 A Profile of Naroda Ward: Naroda ward (called Naroda Road Ward in AMC records) is located in the North Zone of Ahmedabad Municipal Corporation. It has a population of about 84, 000 spread across 1.75 sq km of area. Its population density of 47846 people per sq km is very high compared to the AMC average density of 18,000 per sq km. Naroda Ward has 89 % of its population living in 82 slums and chawls. Since the Naroda Ward slums are reasonably small in size, we formed the following clusters of slums for our sample survey and analysis, as shown in the GIS Map 5.1 below.

GIS Map 5.1
Slum Clusters in Naroda Ward



Naroda Ward has only 3 government health facilities: ESIS dispensaries located at Kalapi Nagar, Gujarat Housing Board Colony and Meghani Nagar respectively. The state owned Civil Hospital in the neighboring southern ward, Asarva, around 1.5 km away from the ward, offers a wide range of specialty and super-specialty healthcare services and is one of the largest hospital in Asia with more than 2000 beds. The Central Government owned ESI hospital which offers primary, secondary and tertiary care services and has more than 400 beds is situated approximately 5 km away in the neighboring eastern ward Bapunagar. It has around 45 – 50 private healthcare service providers, which includes 35 – 40 OPD clinics and 10 inpatient health facilities.

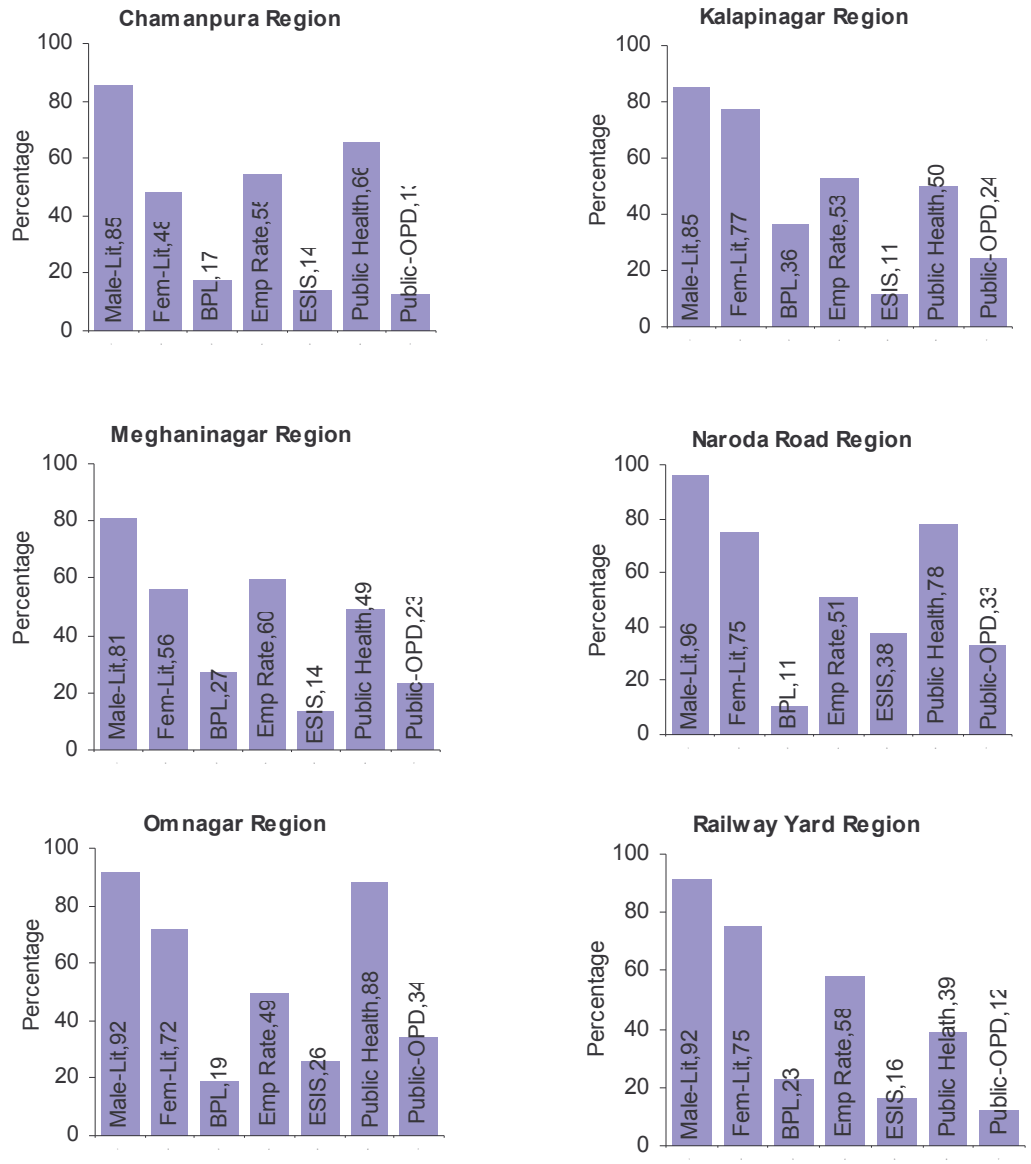
5.1.1 Slum Population: We focused our household survey on the slum clusters/ regions shown in GIS Map 5.1 above, Table 5.1 shows the sample sizes from each slum region.

Table 5.1
Slum Clusters (Regions) and Sample Size for Household Survey: Naroda Ward

Region	Est. Slum Pop.	Sample Size
Chamanpura	25163	70
Kalapinagar	4349	36
Meghaninagar	9351	37
Naroda Road	7717	37
Om Nagar	17297	43
Railway yard	5999	31

We present below a profile of the slum regions in Naroda ward, on socio economic status, public health facility, and their health seeking practices (see Figure 5.1).

Figure 5.1
Profile of Slum Regions in Naroda Ward



Chamanpura: The Chamanpura region houses around 13500 slum residents, and has average household size 5.8 members. The overall literacy level is around 66%, with male literacy at 85 %, and female literacy at only 48%. Sex ratio is 833 females per 1000 males. The region has 60% of its population in the working age group out of which 17% are working in the organized sector, 38% are working in unorganized sector, and 45% unemployed. Around 14% of the households are covered under the ESI Scheme in this region. About 17% of the population in Chamanpura lives below the poverty line, and the average monthly income is Rs.4420 per household. Around 66% of the slum households are having all the four basic public health infrastructure facilities; water, drainage, toilet and electricity. Common Cold and Fever account for almost 70 % of illnesses, followed by Diarrhea (12 %) and gastrointestinal problems (9%). On an average, it costs round Rs. 40 per treatment for outpatient care.

Kalapi Nagar: Kalapi Nagar region houses around 3500 residents, with an average household size of 5 members. Overall literacy level is 81%, with male literacy at 85%, and female literacy at 77%. Sex ratio is 978 females per 1000 males. This region has 63% of its population in the working age group, from which 25 % work in the organized sector, 28% in the unorganized sector, and 47% unemployed. Only 11% of the households are covered under the ESIS Scheme. Kalapi Nagar has 36% of its population living below the poverty line. Monthly income averages Rs. 3000 per household. Status of public health facilities is poor; only 50% of the houses have all the four basic facilities. Common cold (44 %) tops the list of illness episodes, followed by fever/malaria at25%, diarrhea/vomiting at 13% and gastrointestinal problems at 7%. On an average, it costs Rs.43 per outpatient treatment.

Meghani Nagar: Meghani Nagar region house 5400 slum residents, with the average household size of 6 members. Overall literacy level is 69%, with male literacy at 81% and female literacy at only 56%. Sex ratio is 933 females per 1000 males. It has 57% of its population in the working age group; out of which 13% are in the organized sector, 47% in the unorganized sector and 40% unemployed. Only 14% of the households are covered under the ESIS scheme. The average monthly income is Rs.3800 per household. Kalapi Nagar has 27% of its slum population living below the poverty line. All the four basic public health facilities are available to only 49% of the houses. Major illness episodes are for common cold (39%), fever/malaria (26%), diarrhea/vomiting (10 %) followed by skin diseases and infant problems at 9%, and 7%, respectively. The average cost for the OPD services is around Rs.77 per treatment.

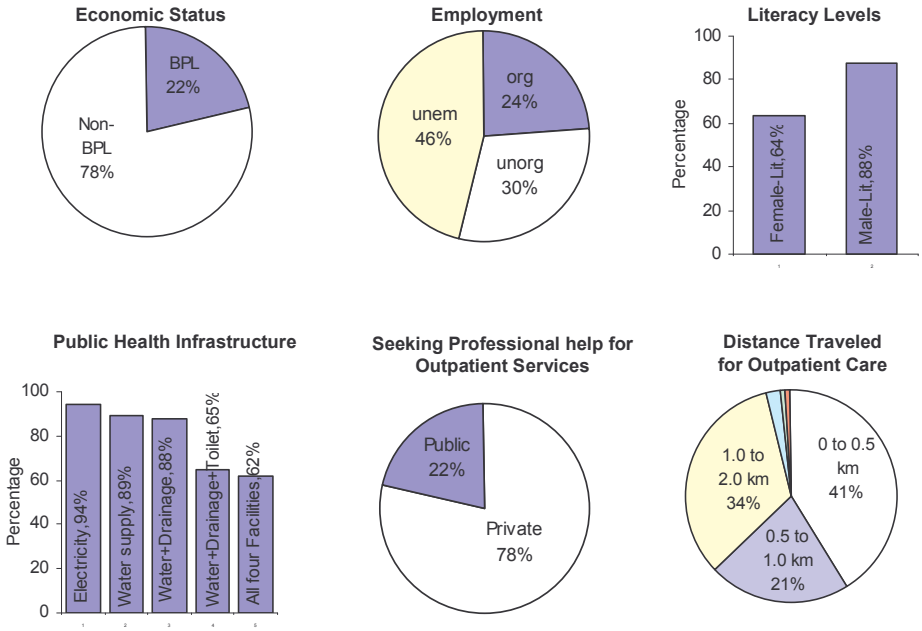
Naroda Road: The Naroda Road region houses about 5200 sum population, with an average household size of 5.5 persons. Overall literacy level is high at 87%, with male literacy as high as 96% and the female literacy at 75 %. The sex ratio is 925 females per 1000 males. It has 68% of its population in the working between age group; 34% work in the organized sector, 18% in the unorganized sector, and 49% are unemployed. Around 38% of the households are covered under ESIS. The average household income is Rs.4700 per month. Only 11% of the population lives below the poverty line in Naroda Road region. Basic public health facilities are available to almost 78% of the houses. Majority of illness episodes are common cold (40 %), fever (26 %), diarrhea (10 %) and skin diseases (9%). Average cost is around Rs 70 for outpatient treatment.

Om Nagar: Om Nagar house 8700 slum residents, with an average household size of 6 persons. The overall literacy level is 82%, with male literacy as high as 92 % and female literacy at 72%. Sex ratio in this region is 966 females per 1000 males. Om Nagar has 67% of its population in the working age group; 30% work in the organized sector, 20% in unorganized sector and 51% unemployed. About 26% of the households are covered under the ESI Scheme. The average household income is Rs.5000 per month. 19% of the population lives below the poverty line. Basic public health facilities are available to 88 % of the houses. The major illness episodes are common cold (45 %), fever/malaria (36%), diarrhea/vomiting (6 %) and skin diseases (5%). The average cost for the OPD treatment is Rs.31 per episode.

Railway Yard: This region houses around 2200 slum residents, with an average household size of 5.8 persons. The overall literacy level is 77%, with male literacy at 92% and female literacy at 75%. Sex ratio is 926 females per 1000 males. About 62% of population is in working age group with 17% in the organized sector, 41% in the unorganized sector and 42% unemployed. Only 16% of the households are covered under the ESI Scheme. The average household income is Rs.4000 per month. 23% of the households are below poverty line. Only 39% of the houses have all four public health facilities. Major illnesses are common cold (48 %), fever/malaria (24%), and skin diseases (14%). The average cost for OPD treatment is Rs. 50 per episode.

Figure 5.2 below summarizes the profile of slum population in Naroda Ward.

Figure 5.2
A Profile of Naroda Ward Slums



Socio- Economic Profile: Around 70,000 of the population live in 82 Slums. Average household size is 5.8 members Sex ratio is 913 females per 1000 males. The overall literacy level is 76%, with male literacy at 88%, and female literacy at 64%. About 22% of the slum population lives below the poverty line. Naroda ward has 67% of its slum population in the working age group; 24% in the organized sector, 30% in the unorganized sector, and 46% unemployed. Only 20 % of the households are covered under the ESI scheme. The average income of the household is Rs.4200 per month.

Public Health Infrastructure: Overall, 94% of the slum households in the ward have electricity, 89% have individual water supply, & 88% have both water and drainage facilities. Only 65% of population has Water, Drainage and in-house Toilet facilities, while 62% have all four basic facilities.

Healthcare Seeking Practices: Maximum incidences of illness for OPD treatment are Common cold (31 %) and malaria & fever (29 %). Almost 80% of the slum population in Naroda ward prefers private healthcare services for outpatient care. Proximity to health facilities and Faith in

the doctors account for 31 % and 29 % respectively, for the choice of service providers. Their dependence on public healthcare facilities for inpatient care is about 60 %, and is mainly due to low cost.

5.1.2 Non-Slum Population: Naroda ward has only 14,000 of its population living in non-slum areas. Sex ratio for this group is 921 females per 1000 males. The overall literacy is 93%, with male and female literacy almost the same. About 67% of the non-slum population is in the working age group; 29% work in the organized sector, 23% in the unorganized sector and 48% unemployed. Only 70 % of the houses have all the four basic public health facilities: electricity, water, drainage, and toilets. About 80 % of the non-slum population select private health facilities, and spend around Rs. 50 to Rs.100 for the outpatient healthcare services. The most common health complaints are common cold, fever/malaria and diarrhea/vomiting at 37%, 27%, and 14% respectively.

5.2 Private Healthcare Facilities:

Naroda ward has around 45 – 50 private healthcare service providers. It includes 35 – 40 OPD clinics and 10 inpatient health facilities. We surveyed 38 OPD clinics and 10 inpatient facilities.

Our survey reveals that only 6 Outpatient Facilities offer multi specialty consultation, and nearly 80 % of OPD clinics are managed by General Practitioners, who are available for 4 hours in the evening and for 2 hours in the morning.

For inpatient care, there are 116 beds in 10 nursing homes/hospitals; about 4 % designated as ICU beds for Neo Natal Care. 4 nursing homes offer OBS & GYN services exclusively, while another 5 nursing homes offer OBG & GYN services jointly with other specialties.

Utilization of beds in private inpatient facilities is quite low in Naroda ward. On an average, out of 116 beds in the surveyed facilities, only 29 beds (25 %) were occupied. Around 250 patients visited these inpatient facilities for Outpatient consultations per day, out of which 60% visited in morning sessions.

Laboratory and Blood Bank Facilities are available only at Shantivan Hospital in Meghaninagar region. Load on lab services is around 2250 investigations per month from OPD clinics. The most frequent laboratory investigations are CBC + ESR, and Tests for Malaria, Typhoid, TB and Jaundice. Prevailing rates for laboratory investigations range from Rs. 20 to Rs.100 in private investigation facilities.

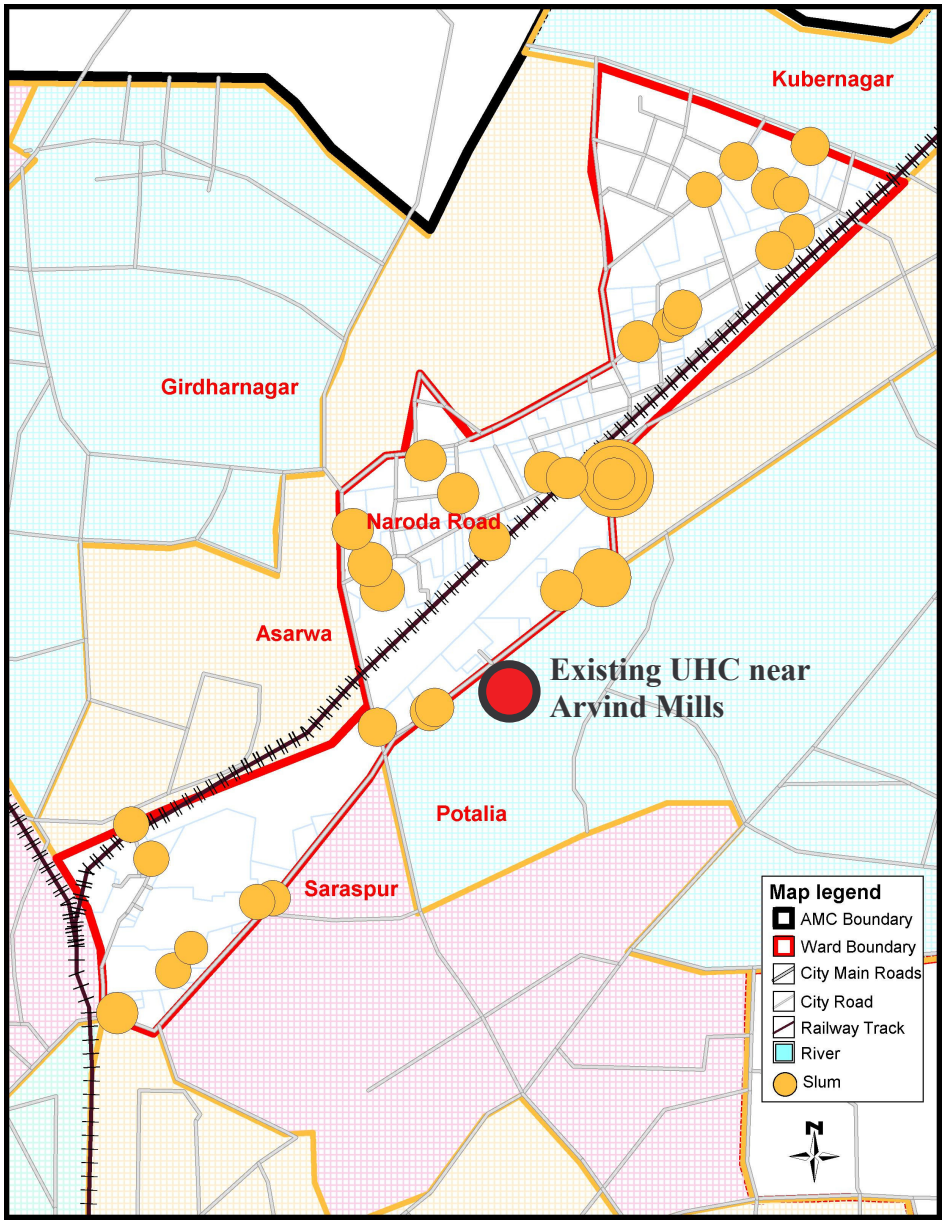
Radio Imaging Facilities are minimal, 1 x-ray machine and screening facility, and USG machines in 4 nursing homes. The investigations include X-rays, X-ray Screening, and USG examinations. The load on radiological investigations is around 1300 per month from OPD clinics. Prevailing rates for radiology investigations vary from Rs. 50 to Rs. 200 per investigation.

5.3 GIS based analysis to estimate the level of healthcare service delivery

In this section, we provide an analysis of the level of healthcare service in Naroda, with a special focus on the slum population of Naroda. We measure service level across availability, access, affordability and equity of services.

5.3.1 Current location near Arvind Mills: We start our analysis by displaying the GIS town planning map of Naroda and the existing Naroda ward UHC located in the adjacent ward of Potalia, See GIS Map 5.2 below.

GIS Map 5.2
Current Location of Naroda UHC in Potalia Ward

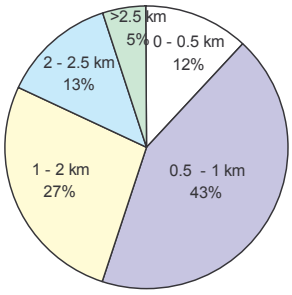


A trust created by three mills, Arvind mills, Ashoka mills and Arun mills, has been offering Urban Family Welfare Services under the GoI scheme and has been recently upgraded by AMC to manage the Naroda UHC. SEWA, an NGO offers Link Workers to Naroda UHC under a contract with AMC. This Naroda UHC is actually located in the adjacent ward Potalia.

Availability: As can be seen from the GIS Map 6.1 above the UHC for Naroda ward is situated in the adjoining ward, Potalia. Naroda ward has around 45 – 50 private healthcare service providers, consisting of approximately 35 - 40 OPD clinics and around 10 nursing homes and hospitals. OPD clinics offer consultation and medication services, but refer their patients to private labs for laboratory and radiology services. Availability of doctors in the OPD clinics averages around 4 hours in the evening and 2 hours in the morning. Consultation services are offered for a wide range of OPD cases: Common cold and fever, RCH services, and several specialty and super specialty illnesses. For inpatient care, the private sector offers about 116 beds, ranging from small 4 bedded nursing homes to general Hospital with 30 beds. Around 4 beds are designated as ICU beds. There are 4 facilities exclusively for OBS & GYN with 36 beds and an additional 5 facilities have OBS & GYN department along with other specialties.

Accessibility: It is well known that mere availability of healthcare facilities is not enough; they have to be easily accessible too. Our GIS based analysis reveals that the existing Naroda UHC located in the adjacent Potalia ward serves about 55 % of the Naroda slum population within 1 KM distance, 27 % of the Naroda slum population within 1-2 KM distance, 13 % of Naroda slum population within 2 -3 KM distance, and the remaining 5 % has to cover more than 2.5 KMs, as shown in Figure 5.3 below.

Figure 5.3
Service Levels: Access to UHC for Naroda Slum Population

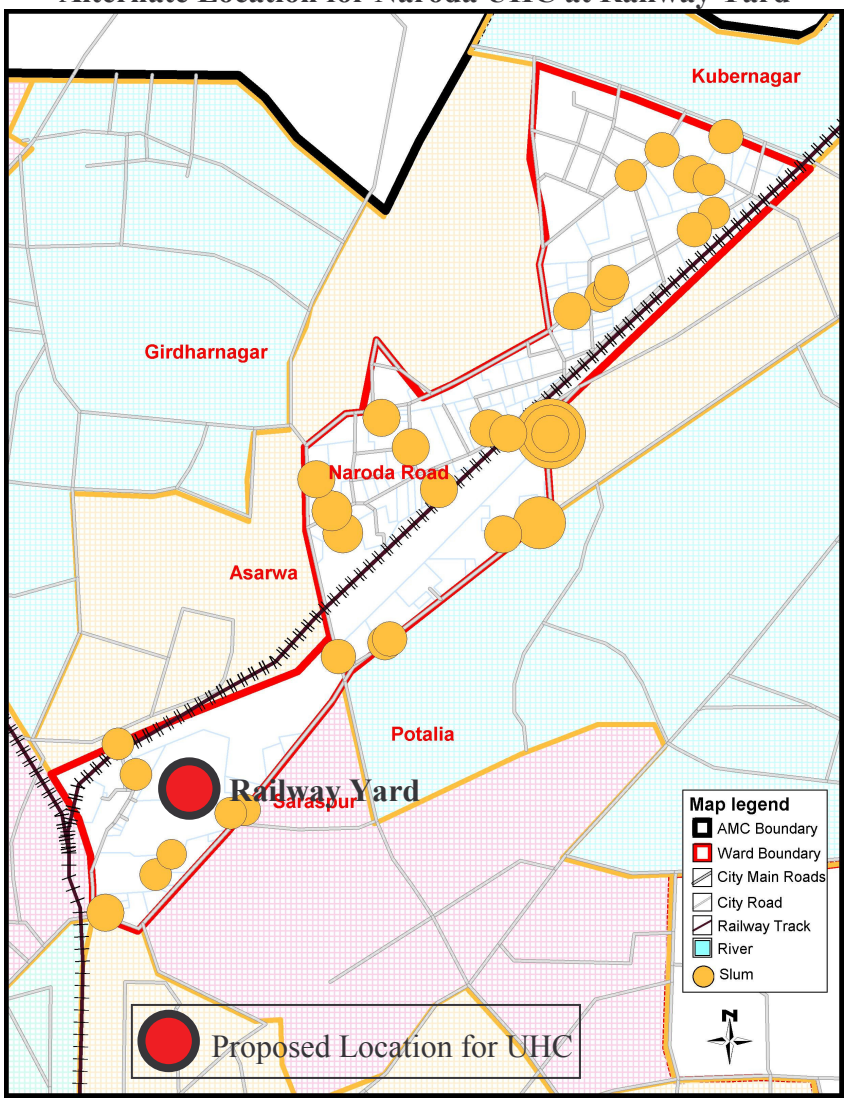


Affordability: Our analysis suggests that people spend on an average Rs. 40 to Rs. 80 for outpatient treatment, which includes consultation and medication. Many slum residents do not visit laboratories for investigation services as they are costly; cost of transportation to the laboratories and x-ray houses in addition to the investigation charges at the private facilities. Inpatient care for Gynecology and Obstetrics services averages Rs 1800, normal delivery costs around Rs. 2000-2500, and C section costs around Rs 10,000-15,000 in the private nursing homes and hospitals.

Equity: It is clear from the above assessment of availability, access, and affordability of healthcare services, that there is an urgent need to make RCH services affordable and accessible to the Naroda slum population. With more than 97 % of Naroda population we surveyed, depend on private healthcare providers for OPD services; it is therefore imperative that AMC improves its provision of healthcare services to Vasna population, so as to ensure equity of services.

5.3.2 Alternate Location in Railway Yard: We then analyzed the service level for a location in the centre of Railway Yard region, See GIS Map 5.3 below:

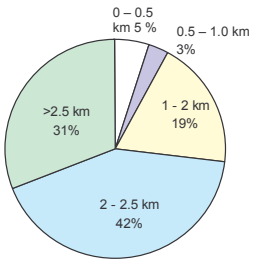
GIS Map 5.3
Alternate Location for Naroda UHC at Railway Yard



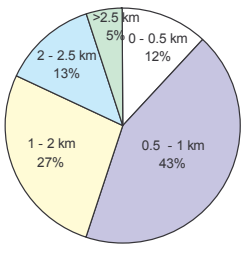
A comparison of the service levels for the proposed UHC location at the Railway Yard with the existing UHC located near Arvind Mills is shown below in Figure 5.4 below. It can be seen that the current location near Arvind Mills is better than the alternate location in Railway Yard.

Figure 5.4
Service Levels: Railway Yard

Proposed Location at Railway Yard

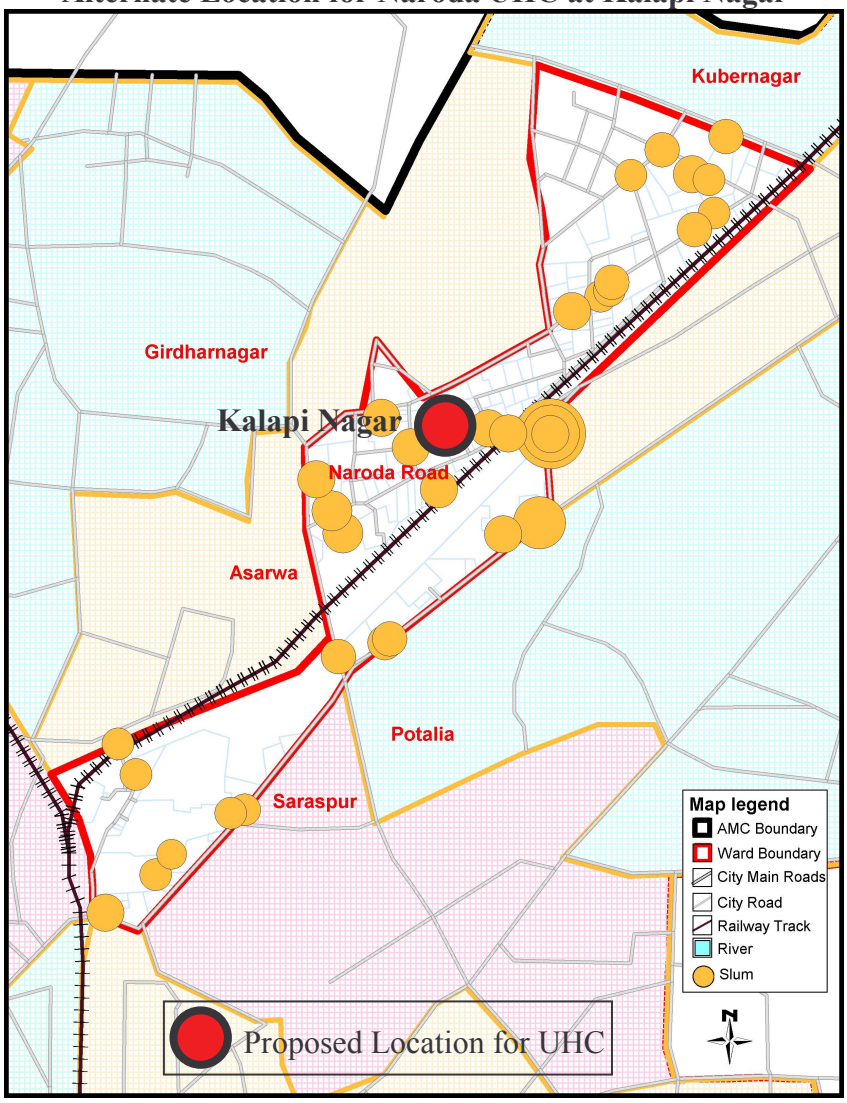


Existing UHC near Arvind Mills



5.3.3 Alternate Location in Kalapi Nagar: GIS Map 5.4 below shows the second alternate location for UHC at Kalapi Nagar. Kalapi Nagar is in the central part of Naroda ward.

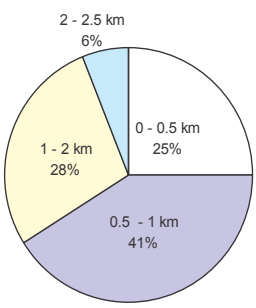
GIS Map 5.4
Alternate Location for Naroda UHC at Kalapi Nagar



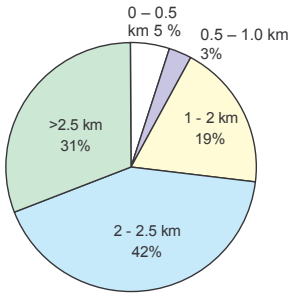
A Comparison of the service levels for the proposed UHC location at Kalapi Nagar with Railway Yard location and the existing UHC near Arvind Mills is shown below in figure 5.5. It can be seen that Kalapi Nagar is a better location than the current location.

Figure 5.5
Service Levels: Kalapi Nagar

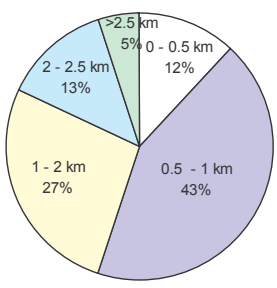
Proposed Location at Kalapi Nagar



Proposed Location at Railway Yard

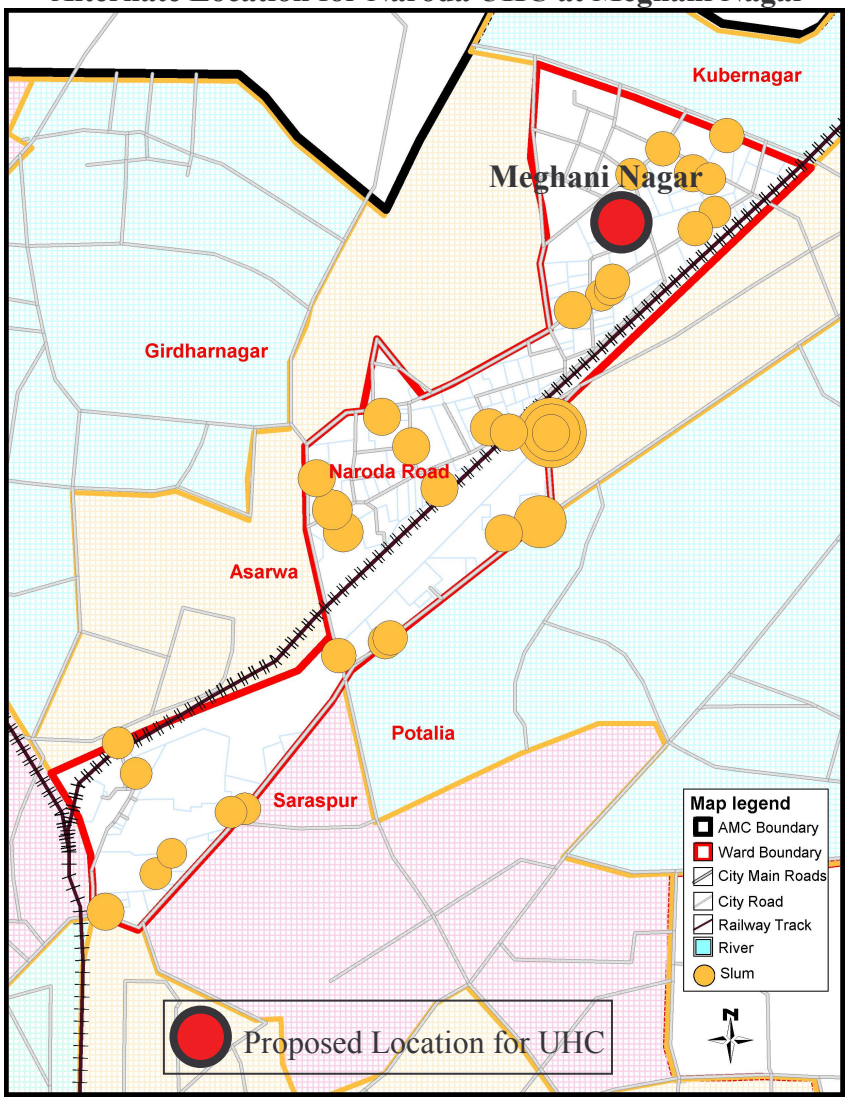


Existing UHC near Arvind Mills



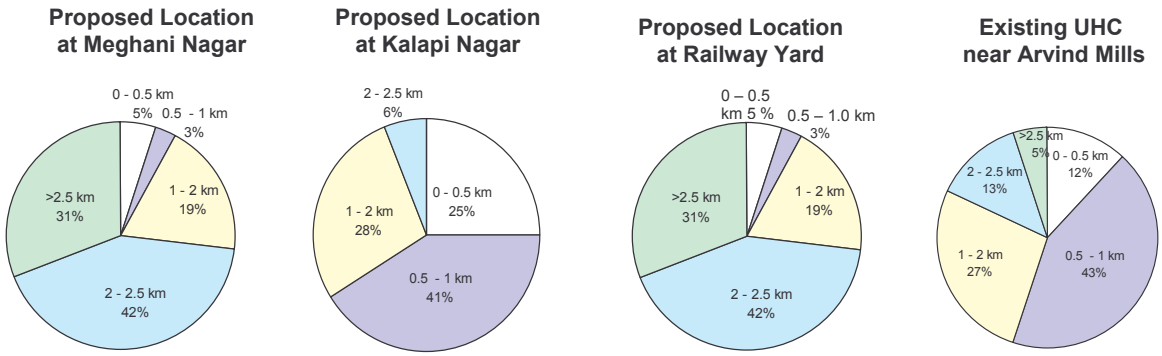
5.3.4 Alternate Location in Meghani Nagar: GIS Map 5.5 below shows the third alternate location for UHC at Meghani Nagar. Kalapi Nagar is in the northern part of Naroda ward.

GIS Map 5.5
Alternate Location for Naroda UHC at Meghani Nagar



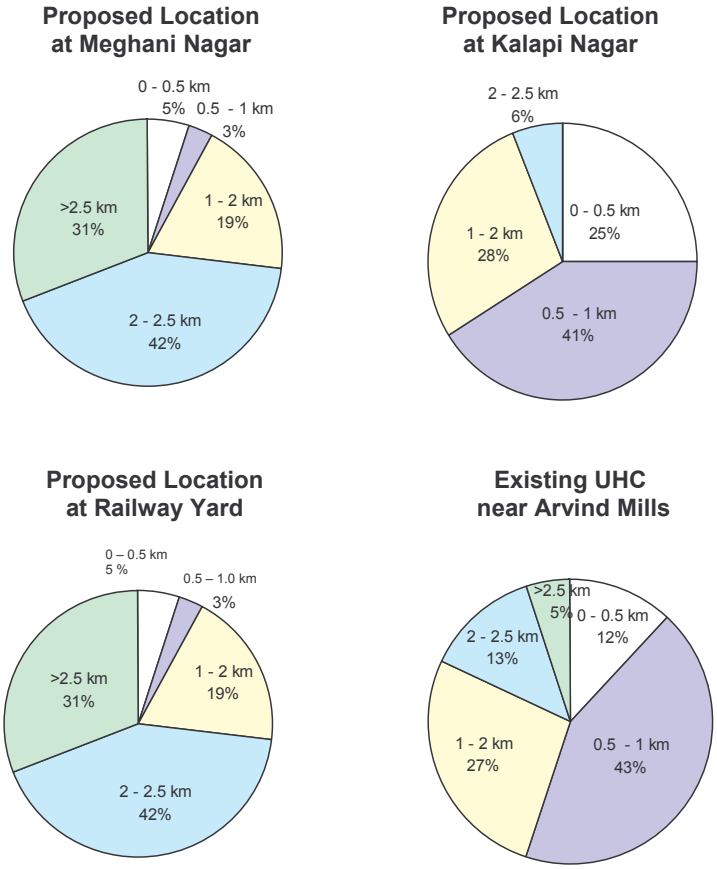
A Comparison of the service levels for the proposed UHC location at Meghani Nagar with Railway Yard location, Kalapi Nagar and the existing UHC is shown below in Figure 5.6. It can be seen that Maghani Nagar is not better than the current location.

Figure 5.6
Service Levels: Meghani Nagar



5.4 Optimal Location for Naroda Urban Health Centre: We explored three alternative locations to find out optimal location for UHC: Meghani Nagar, Kalapi Nagar & Railway Yard. Kalapi Nagar was the most appropriate location covering 66 % of the slum population within 1 km. See Figure 5.7 below showing coverage of slum population in Naroda ward from alternative locations for UHC.

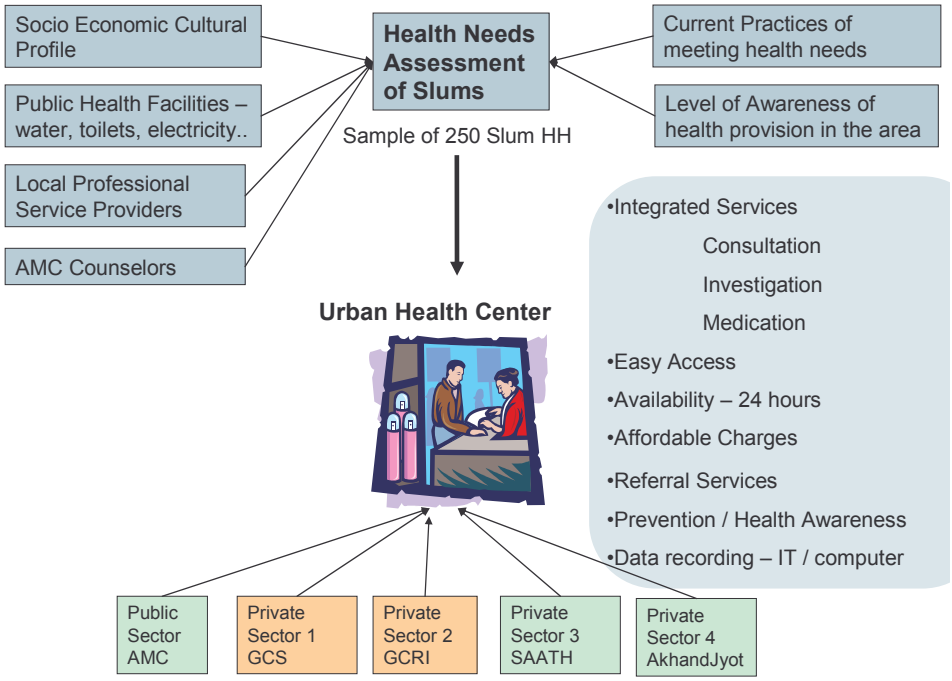
Figure 5.7
Slum Population Covered from alternative Locations



6. A Pubic Private Partnership Model for Vasna UHC

6.1 The Conceptual PPP Model for Vasna UHC: Based on our GIS based analysis presented above, we recommend a public-private partnership model for Vasna UHC, as shown in Figure 6.1 below.

Figure 6.1
A Model Urban Health Centre for Vasna Ward



A brief profile of the UHC private partners for the Vasna UHC is given below.

The Gujarat Cancer Society: The Gujarat Cancer Society is actively engaged in providing preventive and curative services for cancer. Gujarat Cancer Society's main goals include help to needy cancer patients, cancer prevention and early detection, cancer awareness and cancer education, and clinical as well as basic cancer research. The Gujarat Cancer Society regularly carries out health checkups for early detection of cancer at its Community Oncology Center at Vasna. The society actively spreads cancer awareness and organizes public education programs for cancer in innovative manners. Society also runs a drug bank, and actively organizes training of adolescents.

Gujarat Cancer Research Institute: Gujarat Cancer Research Institute (GCRI), established in 1965 as Regional comprehensive cancer centre recognised by GoI, has multi-disciplinary super speciality comprehensive cancer care under a single roof. Mission of GCRI is timely detection, treatment, research, education, public awareness and prevention about cancer. To fulfil the mission, GCRI runs OPD, Indoor activities for diagnosis, staging treatment and monitoring the diseases progress, renders free or subsidized treatment to needy patient. They also provide training to new generation doctors as well as practising fraternity.

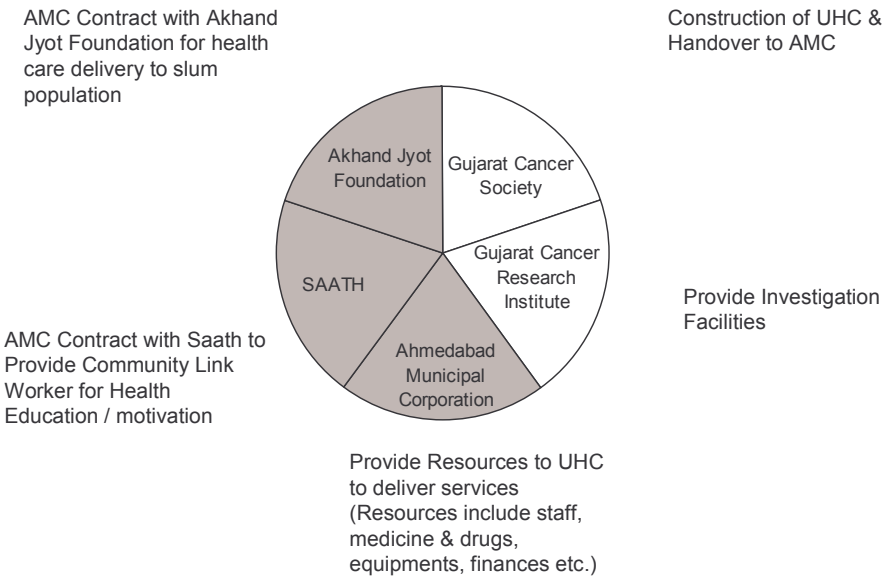
Akhand Jyot Foundation: Akhand Jyot Foundation is a registered welfare organization. The organization works for family welfare in urban, semi-urban and rural areas. It offers various educational and developmental services through projects supported by State Govt., Central Govt.

and Private funds. Akhand Jyot foundation has been running Family Planning Center for Vasna since 1968. They also run HIV /AIDS awareness Program, Children welfare services Program, and Community welfare services in this area.

SAATH: Saath is a non-government organization, registered as a Public Charitable Trust. The vision behind Saath was to facilitate participatory and sustainable development processes that would make human settlements equitable living environments, especially for the vulnerable groups. Saath is working in ICDS Project, Reproductive Child Health (RCH) Project and HIV/AIDS Awareness Programme, Jeevandan Child Survival Programme, Tuberculosis Control Programme. Saath also helps in physical infrastructure up-gradation of Slums.

Figure 6.2 below summarizes the roles of each partner in the proposed UHC for Vasna.

Figure 6.2
Roles and Responsibilities of Vasna UHC partners



6.2 Initiating dialogues with all Stakeholders:

We held several meetings with stakeholders (providers, professionals, and recipients of health services) to understand their views in the delivery of healthcare services. Among these meetings, we reproduce in Exhibits 12-17, the minutes of the following meetings where important issues were discussed.

May 10, 2005, IIM Ahmedabad
June 28, 2005, IIM Ahmedabad
July 6, 2005, Community Oncology Centre, Vasna
September 16, 2005, IIM Ahmedabad
September 28, 2005, Community oncology Centre, Vasna

6.3 Approval of our PPP model by Gujarat Cancer Society

The Gujarat Cancer Society in the Meeting of its Governing Council held on January 7th, 2006 approved our proposal and assured of GCS support in the proposed PPP. (See Exhibit 17, on the minutes of this meeting). This meeting was chaired by HE The Governor of Gujarat, as he is the president of Gujarat Cancer Society.

6.4 Memorandum of Understanding (MOU):

MOU # 1: Currently, MOU is under discussion between AMC and Gujarat Cancer Society (GCS). GCS will build the proposed UHC in its own premises at COC, Vasna for use by AMC as its Vasna UHC. GCRI is a part of GCS, and therefore there is no need to include GCRI in the MOU# 1. Also, Akhand Jyot and SAATH have separate contracts with AMC and therefore not part of MOU # 1.

MOU # 2: Akhand Jyot, the Mother NGO for Vasna UHC is on an annual contract with AMC. There is no MOU between AMC and Mother NGOs, only an order from AMC to the Mother NGOs (see exhibit 6) There is therefore a need to formulate an MOU between AMC and Mother NGOs for service delivery.

MOU # 3: At present there is a formal MOU between AMC and Filed NGO (see exhibit 5). This MOU may need revision in the context of MOU # 1 and MOU # 2.

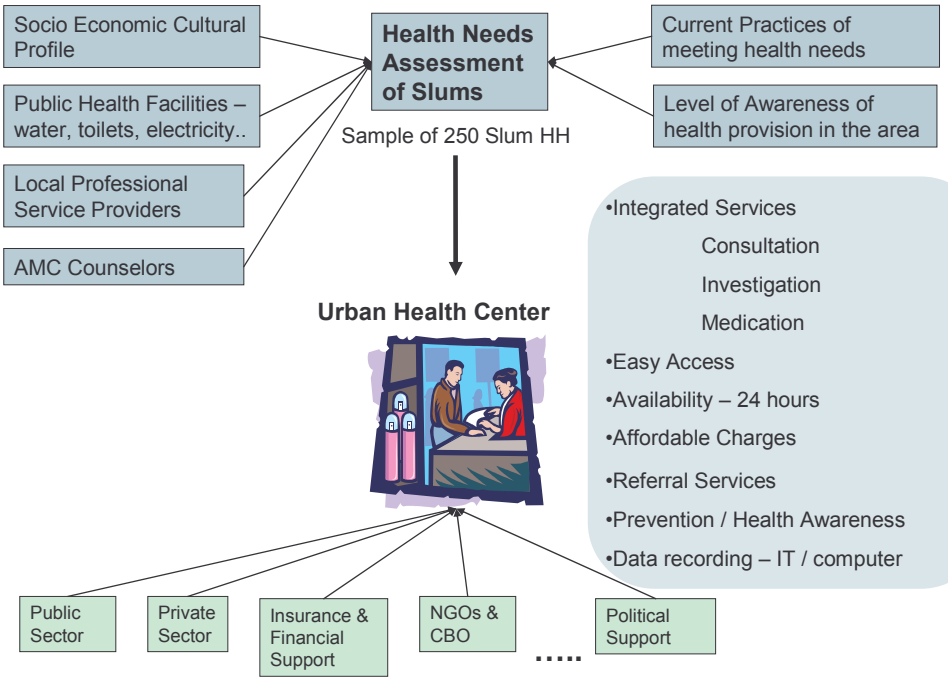
6.5 Approval by the Standing Committee of AMC

We are awaiting a formal approval of MOU # 1 from the AMC standing committee.

7. Conclusion

From our experience gained from the study of four wards in AMC, namely, Baherampura, Kubernagar, Vasna, and Naroda wards, we recommend the following PPP model for any Urban Health Centre in Ahmedabad city.

Figure 7.1
A Generalized Model for Urban Health Center



We will share with our readers the experience of all the stakeholders in implementing our UHC model in the next working paper.

Appendix 1:
Household survey questionnaire

Date of Survey: _____Form No.: _____
Ward Name: _____ AMC Ward ID: _____
Area of Survey: _____ Investigator Name: _____

A. Household members

Name	Age	Sex	Education	Occupation		Income/Month
1.		__ M __ F	__ Illiterate __ KG __ Primary (1-7) __ Second. (8-10) __ Higher (11-12) __ College	__ Seasonal __ Govt. Service __ Private Service __ Own Business __ Maid Service __ Daily Wages	__ Student __ Unemployed __ Housework __ Retired __ Other: _____	
2.		__ M __ F	__ Illiterate __ KG __ Primary (1-7) __ Second. (8-10) __ Higher (11-12) __ College	__ Seasonal __ Govt. Service __ Private Service __ Own Business __ Maid Service __ Daily Wages	__ Student __ Unemployed __ Housework __ Retired __ Other: _____	
3.		__ M __ F	__ Illiterate __ KG __ Primary (1-7) __ Second. (8-10) __ Higher (11-12) __ College	__ Seasonal __ Govt. Service __ Private Service __ Own Business __ Maid Service __ Daily Wages	__ Student __ Unemployed __ Housework __ Retired __ Other: _____	

4.		__ M __ F	__ Illiterate __ KG __ Primary (1-7) __ Second. (8-10) __ Higher (11-12) __ College	__ Seasonal __ Govt. Service __ Private Service __ Own Business __ Maid Service __ Daily Wages	__ Student __ Unemployed __ Housework __ Retired __ Other: _____	
5.		__ M __ F	__ Illiterate __ KG __ Primary (1-7) __ Second. (8-10) __ Higher (11-12) __ College	__ Seasonal __ Govt. Service __ Private Service __ Own Business __ Maid Service __ Daily Wages	__ Student __ Unemployed __ Housework __ Retired __ Other: _____	
6.		__ M __ F	__ Illiterate __ KG __ Primary (1-7) __ Second. (8-10) __ Higher (11-12) __ College	__ Seasonal __ Govt. Service __ Private Service __ Own Business __ Maid Service __ Daily Wages	__ Student __ Unemployed __ Housework __ Retired __ Other: _____	
7.		__ M __ F	__ Illiterate __ KG __ Primary (1-7) __ Second. (8-10) __ Higher (11-12) __ College	__ Seasonal __ Govt. Service __ Private Service __ Own Business __ Maid Service __ Daily Wages	__ Student __ Unemployed __ Housework __ Retired __ Other: _____	

B. Healthcare Needs Assessment

Problems affecting household in last one year	**No. of times**	**Doctor or facility visited, if any**	**Reasons for choosing facility (Tick all that apply)**	**Types of treatment (Tick all that apply)**	**Satisfaction with treatment**	**Cost**

1. Have there been any pregnancies or deliveries in the household in the last year? If yes, did you seek care?

2. Where was the delivery done and who helped?

Pregnancy & Delivery __ Yes __ No		__ Home __ Midwife __ Other (Nurse/Relative): _____ __ Hospital: _____ _____	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines} __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

3. Have there been any other women's health problems in the household? Abortion, menstruation, uterine, etc.?

Gynecological, Other __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines} __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

4. If there any children below the age of 1 year, have they had any health problems?

Infant Problem __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines} __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

5. Have there been colds, breathing problems, or TB?

Common Cold __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit
Respiratory Problem __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit
Tuberculosis __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

6. Has anyone in the household had fever, malaria, measles, diarrhea, vomiting or stomach ache?

Fever / Malaria __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit
Diarrhea/ Vomiting __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit
Gastro-intestinal __ Yes		__ Dr. /Facility Name:	__ Nearby __ Faith/Good reputation	__ OPD { __Consultation, __ Lab tests,	__ Good __ Average	Rs:

__ No		_____ _____ __ Self-medicated __ No treatment	__ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ Xray/Radiology __ Medicines __ IPD; For what? _____	__ Poor	__ Free __ Total __ Per Visit
Measles __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

7. Does anyone in the household have diabetes, blood pressure, or heart problems?

Diabetes __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit
Blood Pressure/ Heart Problem __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

8. Has anyone had any bone fractures or operations (for appendix, hernia, circumcision, etc.)?

Operations / Surgery __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

Bone Fracture __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

9. Has anyone in the household had skin irritations, VD, or any other health problems at all?

Skin Problems/ VD __ Yes __ No		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit
Other __ Yes __ No _____ _____		__ Dr. /Facility Name: _____ _____ __ Self-medicated __ No treatment	__ Nearby __ Faith/Good reputation __ Suitable timings __ Low fees __ Available __ Emergency care __ Other	__ OPD { __Consultation, __ Lab tests, __ Xray/Radiology, __ Medicines } __ IPD; For what? _____	__ Good __ Average __ Poor	Rs: __ Free __ Total __ Per Visit

C. Health Awareness Indicators

1. What health facilities are you aware of (hospitals, clinics, doctors, etc.)?

Name of Facility	Roughly Located Where?
1.	
2.	
3.	
4.	
5.	
6.	
7.	

2. Have you heard of any of the following health insurance plans?

3. Do you have these insurances?

Health Insurance Plan	Aware?		Have?	
	Yes	No	Yes	No
1. ESIS				
2. SEWA				
3. Other: _____				

4. Which NGOs have you heard of?

NGO	Aware?	
	Yes	No
1.		
2.		
3.		
4.		

5. If any children in the household are in school, where are they attending? Are you paying any fees?

Name of School	Fees?	
	Yes	No
1.		
2.		
3.		

D. Socioeconomic Profile

Name of Head of Household: _____

Address: _____

_____

Housing: __ Slum/Chawl
__ LIG Flats
__ MIG Flats
__ HIG Flats/Houses

Religion: __ Hindu
__ Muslim
__ Christian
__ Other:_____

Monthly Health Costs: Rs._____

Monthly Food Costs: Rs._____

E. Public Health Facilities

Toilet facilities	__ In house __ Community __ Open / None	
Drainage facilities	__ Open / None __ Closed __ Soakpit	
Power supply / lights	__ Yes __ No	
Water supply	__ In house __ Community __ None	__ Hrs/day

Appendix 2:
Questionnaire for Outpatient Facility Survey

Name of Clinic/Dispensary: General /Single/Multiple
Specialty
Address: Ward No:

1) Name of Departments in which Specialties Offered. ** If Yes =1 or No =0
If it is multi speciality clinic then pls. fill no. of doctors

Specialty Name	Available Yes/No**	No. of doctors*	Total Time Consultation in AM	Total Time Consultation in PM
ENT				
General Physician				
OB&G				
Oncology				
Opthal.				
Ortho.				
Paeds.				
Physiotherapy				
Psych				
Skin				
Surgery				
Dental				
Cardiac				
Urologist				
Neurologist				
Family Planning				
Diabetes Clinic				
TB Clinic				
Pain Clinic				
Venereal Diseases				
Laser Eye Correction				
Telemedicine				
Gastro enterologist				

* Includes all MBBS, MD, Part time Consultant, full time consultant who does practice in a particular specialty. But excludes interns.

2) Facilities available:

	Facilities Available	Yes/No
2.1	Continuous electricity supply thought consultation timings	
2.2	Municipality water	
2.3	Purified water*	
2.4	Laboratory Services	
2.5	X-ray	
2.6	USG	
2.7	Computers specific for clinic	

* By Purified water we mean any form of treatment done, so as to get improved quality of water

3) On an average,

a) What is the OPD Cases (New & Repeat) per day: ☐
b) No. of OPD cases that you send to laboratories ☐
c) No. of OPD cases that you send to radiology facility: ☐
If 2.4, 2.5, 2.6 are **Yes** then pls. ignore 3b, 3c

4) Remarks

Date:
Name of Surveyor:

Appendix 3:
Questionnaire for Inpatient Facility Survey

Name of Facility: General
Hospital/Single/Multiple Specialty
Address: Ward No:

1.1 Name of Departments in which Specialties Offered. ** If Yes =1 or No =0

Specialty Name	Available Yes/No**	No. of doctors*	No. Of Nurses	No. of Beds (Including ICU's)
ENT				
Medicine				
OB&G				
Oncology				
Opthal.				
Ortho.				
Paeds.				
Physiotherapy				
Psych				
Skin				
Surgery				
Dental				
Cardiac				
Urologist				
Neurologist				
Family Planning				
Trauma Care				

* Includes all MBBS, MD, Part time Consultant, full time consultant who does practice in a particular specialty. But excludes interns.

If segregation is not possible then Total Number of DOCTORS _____
If segregation is not possible then Total Number of NURSES _____
If segregation is not possible then Total Number of BEDS _____
Out of Which Total number of ICU beds is _____
On an average what is the Bed Occupancy % _____

1.2 If any specialty is offered separately

Specialty	Yes/No
Diabetes Clinic	
TB Clinic	
Pulmonary Medicine	
Caesarean Section	
High Risk Pregnancy Clinic	
Pain Clinic	
Radiation Therapy	
Chemotherapy	
Oncology Surgery	
Cataract Removal	
Laser Eye Correction	
Cornea Clinic	
Joint Replacement Surgery	
Cosmetic Surgery	
Burns Ward	
Venereal Diseases	
Specialty	**Yes/No**

Isolation Ward	
Laproscopic Surgery	
Endoscopic procedures	
Telemedicine	
Gastro enterologist	
SICU	
PICU	
NICU	
MICU	
ICCU	

2 Facilities available:

	Facilities Available	**Yes/No**
2.1	Emergency facility (24 hours)	
2.2	Blood bank	
2.3	Laboratory	
2.3.1	**If 2.3 is Yes Separate laboratory**	
(a)	Pathology	
(b)	Microbiology	
(c)	Bio-Chemistry	
(d)	Histo-Pathology	
2.3.1	**If 2.3 is Yes and 2.3.1 is No: Combined laboratory**	
2.4	Radiology	

If 2.4 is Yes

2.4.1	X-Ray	
2.4.2	USG	
2.4.3	Doppler	
2.4.4	CT-Scan	
2.4.5	MRI	
2.4.6	IITV	
2.4.7	C-Arm IITV	
2.4.8	Mammography	
2.5	24 Hour non stop electricity supply	
2.6	Municipality water	
2.7	Purified water*	

* By Purified water we mean any form of treatment done, so as to get improved quality of water

3 Availability of Equipments

Equipment	**Yes/No**	**Remarks** (No.s)
OT's		
Dental Chairs		
Cell Counter		
ABG Gas Analyser		
Non invasive Ventilators		
Invasive Ventilators		
Defibrillators		
ECG Analog		
Central Monitoring Station (in ICU)		
Incinerator		
Stretcher		
Dialysis Machine		
Lithotripers		
Endoscopes		
Laproscopes		

4 Availability of

Computer Facility	**Yes/No**
Stand Alone Computers	
HIS	

Exhibit 1
Growth of Slum Population in India

State/ Union Territory	1991				2001 #		
	Urban Population	Estimated Slum Population	% of Slum to Urban Population		Urban Population	Estimated Slum Population	% of Slum to Urban Population
Andhra Pradesh	17.89	4.31	24.1	*	24.97	6.02	24.1
Arunachal Pradesh	0.11	0.02	18.2		0.19	0.04	21.1
Assam	2.49	0.45	18.1	+	3.24	0.58	17.9
Bihar	11.35	2.69	23.7		14.96	3.54	23.7
Goa	0.48	0.08	16.7		0.66	0.11	16.7
Gujarat	14.25	2.58	18.1	*	19	3.44	18.1
Haryana	4.05	0.68	16.8	*	5.96	1.01	16.9
Himachal Pradesh	0.45	0.13	28.9	+	0.58	0.16	27.6
Jammu & Kashmir #	1.84	0.59	32.1		2.42	0.78	32.2
Karnataka	13.91	1.29	9.3		19.1	1.78	9.3
Kerala	7.68	1.22	15.9		10.35	1.65	15.9
Madhya Pradesh	15.34	2.1	13.7		20.41	2.8	13.7
Maharastra	30.54	7.87	25.8		41.62	10.74	25.8
Manipur	0.51	0.09	17.6		0.67	0.11	16.4
Meghalaya	0.33	0.08	24.2	+	0.46	0.12	26.1
Mizoram	0.32	0.06	18.8		0.64	0.12	18.8
Nagaland	0.21	0.04	19.0		0.3	0.06	20.0
Orissa	4.24	0.84	19.8	*	5.63	1.12	19.9
Punjab	5.99	1.41	23.5	*	8.02	1.89	23.6
Rajasthan	10.07	2.4	23.8	+	13.72	3.27	23.8
Sikkim	0.04	0.01	25.0	+	0.05	0.01	20.0
Tamil Nadu	19.08	3.57	18.7	*	23.31	4.36	18.7
Tripura	0.42	0.07	16.7	*	0.51	0.09	17.6
Uttar Pradesh	27.61	5.84	21.2	*	36.54	7.71	21.1
West Bengal	18.71	5.19	27.7		23.66	6.58	27.8
Andaman & Nicobar Islands	0.08	0.03	37.5	+	0.11	0.05	45.5
Chandigarh	0.58	0.16	27.6		0.76	0.21	27.6
Dadra & Nagar Haveli	0.01	0	0.0		0.02	0	0.0
Daman and Diu	0.05	0.01	20.0		0.07	0.01	14.3
Delhi	8.47	2.25	26.6	+	12.29	3.26	26.5
Lakshadweep	0.03	0.01	33.3	+	0.04	0.01	25.0
Pondicherry	0.52	0.15	28.8		0.72	0.21	29.2
India	**217.61**	**46.24**	**21.2**		**290.94**	**61.83**	**21.3**

* *Slum population estimates are based on the information (for class-I and class-II cities/towns) received from the state/union territory government for the year 1991.*
\+ *Figures of identified/estimated slum population have been furnished (for the state as a whole) by the respective state governments*
\# *Projected.*

Source: Handbook of Urban Statistics 2000, NIUA.

Exhibit 2
Organization chart of AMC Health Department

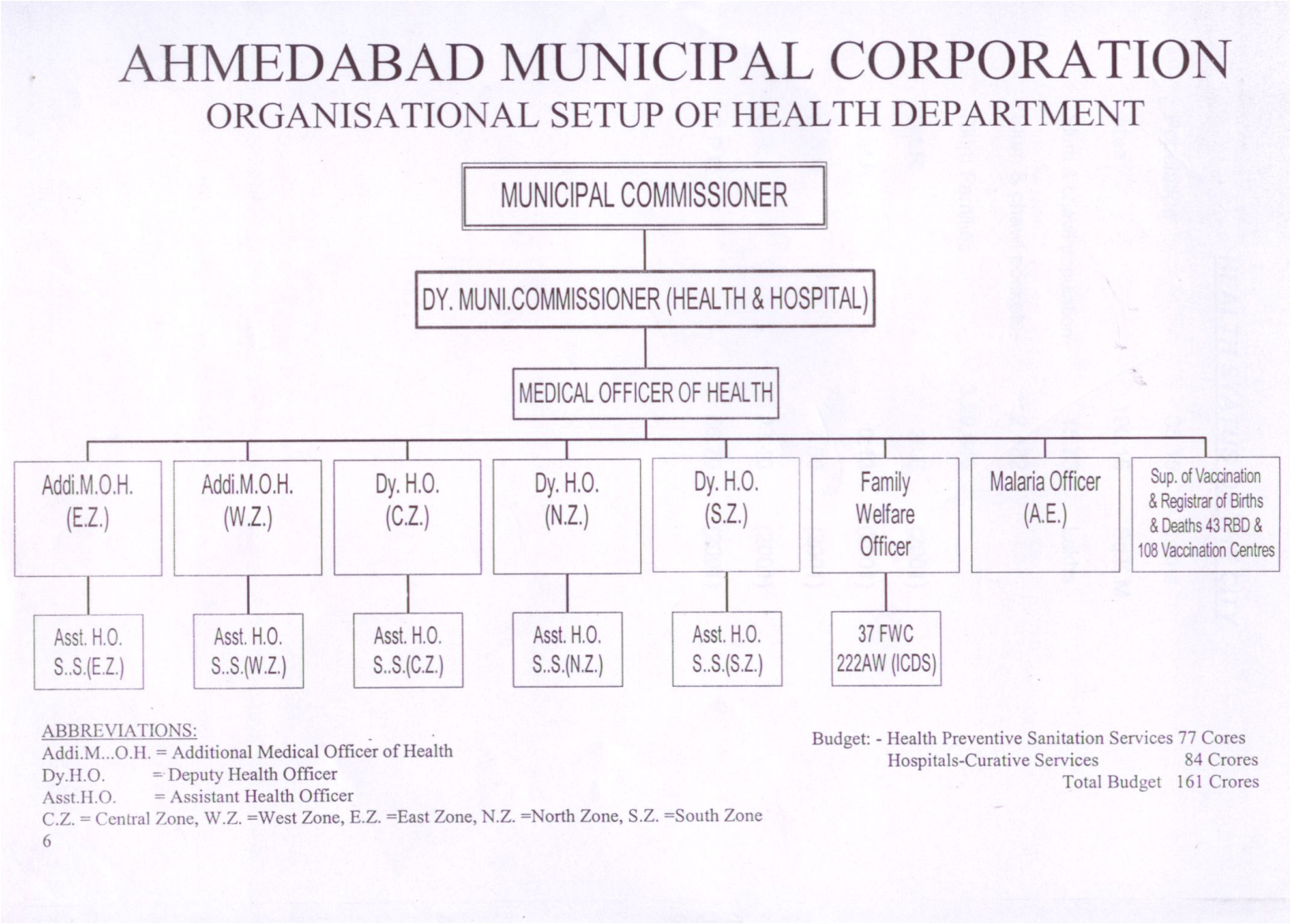


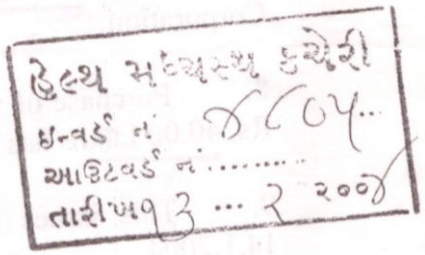
Exhibit 3
Urban Health Project, Ahmedabad (Gujarat) Sanction

L.19012/31/2003-APS
Government of India
Ministry of Health & Family Welfare
(Department of Family Welfare)

Nirman Bhawan, New Delhi
28th January, 2004

To

Sh. D.N. Pandey
Secretary (Family Welfare)
Sachivalaya
Block – VII, 8th Floor,
Government of Gujarat
Gandhi Nagar -382010



Subject: Urban Health Project, Ahmedabad (Gujarat) Sanction – Regarding.

Sir,

I am directed to refer to Municipal Commissioner Ahmedabad's letter No. NIL dated 15.11.2003 on the subject mentioned above and to convey the approval of this Ministry to the Urban Health Project in respect of Ahmedabad City at a total cost of Rs.1410.93 Lakhs only for a period of 4 years subject to following conditions. The breakup of Project cost, head wise is given in Annexure – I.

2. The Project should be monitored at the State and City level by appropriate Committees. There should be one Project Coordinator at the city level who is responsible for the implementation of the Project.

3. GOIs funding is limited to the Project duration and that the State Government has to make its own arrangements for further funding needs beyond the Project period.

4. The fist installment of Rs. 1.00 Crore is being released for the Project shortly to the State Government which will in turn release the funds to the city corporation within one-month. Subsequent installments will be released on receipt of progress report and after utilization of 75% of the funds released. A copy of utilization certificates shall be sent with request for release of subsequent installments.

5. The Project Coordinator should submit monthly Progress Report to the State Government / Director General of Health Services. The State Government shall send a quarterly Physical and financial report to the Government of India.

...2...

6. The Corporation should open a separate account for the Project and get the accounts audited every year. Audit Report and utilization certificates in Form-19-A of the General Financial Rules should also be submitted to this Ministry at the end of each financial year.

7. As regards MIS component of the Project, Computers cannot be provided to each Urban Health Centre. The component budget has been approved for Rs. 1.33 Lakhs for purchase of two computers one for F.W. Department ad one for Health Office at Corporation.

8. Purchase of vehicles is not permissible under Urban Health Projects. A budget of Rs. 40.00 Lakhs has been kept for hiring of vehicles for referral and monitoring purposes.

9. This issues with the approval of AS(FA) vide diary No. 235/AS&FA dated 14.1.2004.

Yours faithfully,

(J.K. TRIKHA)
UNDER SECRETARY (AP)

Copy to :-

1. Dr. K.N. Patel, Additional Director (FW), H&FW Department, Block No. 7, 8th Floor, Sachivalaya, Gandhinagar, Government of Gujarat.
2. Sh. R.K. Tripathy, Municipal Commissioner, Ahmedabad Municipal Corporation, Sardar Patel Bhawan, Ahmedanad-380001
3. Dr. P.K. Makwana, Medical Officer of Health, Ahmedabad Municipal Corporation, Sardar Patel Bhavan, Sardar Patel Marg, Ahmedabad
4. Commissioner of Health, Medical Services and Medical Education, Gandhinagar, Gujarat.
5. Joint Director (RCH), Commissioner of Health, Gandhinagar, Gujarat.
6. PS to Secretary (FW), JS (RCH), ADG(ID), Director (AP), Director (DC).
7. Under Secretary (Finance), Ministry of H & FW, New Delhi
8. Sr. AO (DC), AO (AP)
9. Guard File
10. Sanction Folder

ANNEXURE - I

PROJECT COST AHMEDABAD

Non-recurring Cost

1.	Funds required for furniture @ Rs. 30,000/- for 43 UHCs	:	Rs. 12.90 Lakhs
2.	Funds required for equipment @ Rs.1,00,000/- per UHCs	:	Rs. 43.00 lakhs
3.	Funds for HRD / Training	:	Rs. 7.5 Lakhs
4.	Funds for Computers	:	Rs. 1.33 Lakhs
	TOTAL	**:**	**Rs. 64.73 Lakhs**

Recurring Expenditure

1.	Funds required for rent @ Rs. 1,20,000/- for 17 UHCs.	:	Rs. 81.60 Lakhs
2.	Funds required for salary of 7 MO, 11 clerks, 138 ANM, 38 Lab Technician, 779 Community Health Workers and 17 Class IV.	:	Rs. 889.44 Lakhs
3.	Funds for drugs @ Rs. 1,00,000/- per year per UHC for 43 UHC	:	Rs. 172.00 Lakhs
4.	Cost of Maintenance of 26 UHCs @ Rs. 50,000	:	Rs. 52.00 Lakhs
5.	Cost of Maintenance and replacement furniture	:	Rs. 5.16 Lakhs
6.	Cost of Maintenance and replacement of equipments	:	Rs. 20.00 Lakhs
7.	Cost of Maintenance repair and replacement of equipment for HRD	:	Rs. 3.00 Lakhs
8.	Stationery, Contingencies etc. @ Rs. 25,000/- per UHC	:	Rs. 43.00 Lakhs
9.	IEC through media and NGO	:	Rs. 40.00 Lakhs
10.	Cost of hiring of Vehicle for monitoring and referral purposes	:	Rs. 40.00 Lakhs
	TOTAL	**:**	**1346.20 Lakhs**

Total cost : Rs. 1346.20 Lakhs + Rs. 64.73 Lakhs = Rs. 1410.93 Lakhs
Cost for the : Rs. 64.73 lakhs + Rs. 336.55 Lakhs = Rs. 401.28 Lakhs
For the Ist year

Exhibit 4
Composition of Staff at Urban Health Centers

It is proposed that each urban health center may have the following set up:

Medical Officer	1
Lady health visitor/health supervisor	1
Multi purpose worker at the rate of one Multi purpose worker for 5000 populations	7(average)
Assistance Laboratory technician	1
Computer Cum clerk	1
Class IV servant preferably a female worker	1
Community link volunteer (1/2000 slum population)	18(average)

Source: Urban Reproductive and Child Health and Primary Health Care Project in the City of Ahmedabad, Gujarat, India, August 2003, Ahmedabad Municipal Corporation

AMC will provide additional resources over and above the resources available with Family Welfare Centers.

Exhibit 5a
AMC Circular on UHCs (Original in Gujarati)

RCH THE URBAN RCH SOCIETY

CHARITY TRUST R. NO. 9825 DT. : 30-12-03

Office Add. : City Family Welfare Bureau, Dinbai Tower, Mirzapur Road, Ahmedabad-380 001.

CHAIRMAN
Shree R. K. Tripathi I.A.S.
Municipal Commissioner
Ahmedabad Muni. Corp.

Ref. No.

SECRETARY
Dr. P. K. Makwana
Medical Officer of Health
Ahmedabad Muni. Corp.

Date : 2-૪-૦૫

પ્રતિ
(૧) પરિવાર કલ્યાણ અધિકારીશ્રી - ઝોન ઝોનલ
(૨) RBD
(૩) DTO- RNTCP
(૪) PM- AIDS- Control Society.
(૫) DYHO Malaria.

અર્બન RCH પોગ્રામ હેઠળ ૪૩ વોર્ડમાં અર્બન હેલ્થ સેન્ટર તા.૧-૩-૦૪ થી શરૂ કરવામાં આવેલા છે. અર્બન હેલ્થ સેન્ટર ધ્વારા નીચે મુજબની આરોગ્ય સેવાઓ નાગરિકોને આપવાની છે. જેમાંથી અમુક સેવાઓ તમારા વિભાગનેલગતી છે.

(૧) જન્મ અને મરણ રજીસ્ટ્રેશન - (RBD)
(૨) લાયક દંપતિનું રજીસ્ટ્રેશન અને પરિવાર કલ્યાણ સેવાઓ - કાયમી અને હંગામી - (FW)
(૩) સગર્ભા બહેનોનું રજીસ્ટ્રેશન એન્ટીનેટલ કેર, નેટલ, પોસ્ટનેટલ સારવાર અને જોખમી માતાઓ શોધી જરૂરી રેફરલ સેવાઓ આપવા. - (FW) ICDS
(૪) તબીબી સારવાર - ન્યુમોનીયા, ઝાડા, ઝાડા-ઉલ્ટી, તાવ STD- RNTCP
(૫) વિટામીન-એ અને આયર્ન અને ફોલીકેસીડની ગોળીઓનું વિતરણ - (FW) ICDS
(૬) રાષ્ટ્રીય આરોગ્ય કાર્યક્રમોનો અમલ:-
:અ: રિવાઈઝ્ડ નેશનલ ટી.બી.કન્ટ્રોલ કાર્યક્રમ -(DTO- RNTCP)
:બ: રક્તપિત્ત, સ્કૂલ હેલ્થ - (FW)
:ક: મેલેરીયા -ડેન્ગ્યુ નિયંત્રણ- તાવના કેસોમાં લોહીના નમૂના, લઈ લેબોરેટરીમાં તરત જ તપાસ કરી સારવાર આપવી. (MALARIA)
:ડ: જાતિય રોગો નિયંત્રણ- (AIDS Control Society)
(૭) ચેપીરોગોનું નોટિફીકેશન અને નિયંત્રણ
(૮) આરોગ્ય શિક્ષણ
(૯) ઈમ્યુનાઈઝેશન -
(૧૦) સર્વેલન્સ-નીઓનેટલ ટીટનેર., બાળલકવો, ઓરી, ડિપ્થેરીયા, ટી.બી., રક્તપિત્ત, આંખના મોતિયાના કેસો અંધાપો નિવારણ- STD
૦-૧ ના બાળકોના મૃત્યુ અને કારણો

RCH-1 ૨૦

- સગર્ભા માતાઓનાં મૃત્યુ અને કારણો

(૧૧) ઘર સુવાવડ બંધ કરવા જરૂરી વાતાવરણ ઉભું કરવું.

નાગરિકોને આરોગ્ય શિક્ષણ આપી જન-જાગૃતિ કેળવવા અને લાભાર્થી બાળકો, સગર્ભા માતાઓ, લક્ષિત દંપતિ, શંકાસ્પદ ટી.બી.ના દર્દી, શંકાસ્પદ જાતિય રોગોના દર્દીઓ, મેલેરીઆ-ડેન્ગ્યુ, રકતપિત્ત, આંખના મોતિયાના કેસો વિગેરેને સમજાવી હેલ્થ સેન્ટર ઉપર જરૂરી RCH અને તબીબી સેવાઓ માટે લાવવાના રહેશે. એકપણ લાભાર્થી બાકી ન રહે તે પ્રકારનું વાતાવરણ ઉભું કરવા લાભાર્થીઓ અને શંકાસ્પદ દર્દીઓનો સર્વે રજીસ્ટ્રેશન, આરોગ્ય શિક્ષણ આપી જન-જાગૃતિ કેળવવા અને લાભાર્થીઓને RCH અને તબીબી સેવાઓ સમયસર આપવા સંકલનથી કામ કરવા સુચના આપવામાં આવે છે.

FW, Malaria, RBD, IMMUNISATION, RNTCP, AIDS Control Society, ICDS વિગેરેએ તેમનો સ્ટાફ અને NGO ની પૂરી મદદ આપવી અને તમામ ૪૩ UBC ની વિઝીટ કરી મેડિકલ- પેરામેડિકલ સ્ટાફને જરૂરી માર્ગદર્શન આપી કાર્યક્રમનું મોનીટરીંગ કરવું.

RCH, આઈ.સી.ડી.એસ, રિવાઈઝડ નેશનલ ટી.બી.કન્ટોલ કાર્યક્રમ અને એઈડસ કંટોલ કાર્યક્રમ હેઠળ સેવાઓ આપતી NGO અને સ્ટાફ દ્વારા RCH સેવાઓ હેઠળ આવરી લીધેલ તમામ કાર્યો અને કામગીરી માટે તેમને ફાળવેલ વસ્તી અને વિસ્તારમાં આરોગ્ય શિક્ષણ, જન-જાગૃતિ કેળવી શંકાસ્પદ દર્દીઓ અને લાભાર્થીઓને અર્બન હેલ્થ સેન્ટર ઉપર RCH અને તબીબી સેવાઓ માટે લાવવા યોગ્ય વાતાવરણ ઉભુ કરવામાં અર્બન હેલ્થ સેન્ટરના મેડિકલ ઓફિસર અને પેરામેડિકલ સ્ટાફ સાથે સંકલનમાં રહી નાગરિક સેવાઓ આપવા સૂચના આપવામાં આવે છે.

(ડો.પી.કે.મકવાણા)
આરોગ્ય અધિકારી
અને સેક્રેટરી RCH સોસાયટી

નકલરવાના:

(૧) Addl. MOH (East Zone)
(૨) Addl. MOH (Central Zone)
(૩) Dy.H.O. (North Zone)
(૪) Dy.H.O. (south Zone)
(૫) Dy.H.O. (West Zone)
(૬) M.O.- ૪૩ અર્બન હેલ્થ સેન્ટર
(૭) CDPO ICDS I & II

Exhibit 5b
AMC Circular n UHCs (Translated into English)

The URBAN RCH SOCIETY
CHARITY TRUST NO. 9825 DT. : 30-12-03.

OFFICE ADD. : City Family Welfare Bureau, Dinbai Tower; Mirzapur Road, Ahmedabad.

CHAIRMAN
Shree R. K. Tripathi I.A.S.
Municipal Commissioner,
Ahmedabad Municipal Corporation

SECREATARY
Dr. P. K. Makwana
Medical Officer of Health,
Ahmedabad Municipal Corporation

Ref. No

Date: 02-04-04

To,

1. Family Welfare Officer
2. RBD
3. DTO – RNTCP
4. PM – AIDS – Control Society.
5. DYHO Malaria.

Under the Urban RCH project Urban Health Centers are started in 43 wards from dt.1-03-04. The services mentioned below will be provided through urban Health Center to the citizens out of which certain services are relevant to your department.

1. Registration for Birth and Death (RBD)
2. Registration of eligible couple and Family planning Services—Permanent and Temporary (FW)
3. Registration of Pregnant women, Antenatal Care, Natal and Post natal Care, and to identify the complicated cases and to provide referral services. (FW) ICDS.
4. Medical Treatment for Pneumonia, Diarrhea, Diarrhea- Vomiting, fever, and STD – RNTCP.
5. Distribution of Vitamin A & Iron and Folic Acid Tablets- (FW) ICDS.
6. Implementation of National Health Programs:
    a) Revised national T. B. Control Program—(DTO- RNTCP)
    b) Leprosy, School Health—(FW)
    c) Malaria- Dengue prevention, to collect blood samples in case of fever, and send to laboratory for investigation immediately and to provide treatment.
    d) Sexually Transmitted diseases (AIDS CONTROL SOCIETY)
7. Notification and control of contagious diseases.
8. Health Education
9. Immunization
10. Surveillance—Neonatal Tetanus, AFP, Measles, Diphtheria, T.B., Leprosy, Cataract, Blindness, STD
    Reasons for death of Infant between 0-1 yrs.
    Reasons for death of pregnant women.
11) To create environment to stop home deliveries

Impart Health education and bring public awareness and to convince and bring beneficiaries as children, pregnant mother, eligible couples, suspected T.B. cases, Suspected STD, Malaria Dengue, Leprosy, Cataract cases to the health center for RCH and medical services. It is strongly recommended to work in coordination to create such an environment that no single

beneficiary is left out from the RCH and medical services. In order to achieve this, the survey for beneficiaries and suspected cases should be conducted and they should be registered. Health education should be provided to them for public awareness.

FW, Malaria, RBD, IMMUNISATION, RNTCP, AIDS Control Society, ICDS staff should give support to NGOs and to visit 43 UHC and provide guidance and monitoring of medical and paramedical staff.

It is informed to RCH, ICDS, RNTCP AND AIDS Control Program under which services are provided by the NGO's and there staff should work in coordination with Urban Health Center Medical Officer and paramedical staff to create the environment for bringing the suspected patients and beneficiaries to Urban Health Center for RCH and medical services from their allotted population and area through Health education and public awareness.

-Sd-
(Dr P. K. Makwana)
Health Officer,
& Secretary RCH society.

C.C to

1) Addnl . MOH (East Zone)
2) Addnl. MOH (Central Zone),
3) Dy H.O. (North Zone)
4) Dy H.O. (South Zone),
5) Dy H.O. (West Zone)
6) M.O. 43 Urban Health Center,
7) CDPO ICDS I & II.

Exhibit 6
MOU with Field NGO for Providing Link Workers to UHC

THE URBAN RCH SOCIETY

CHARITY TRUST R. NO. 9825 DT. : 30-12-03 Phone : 25506185

Office Add. : City Family Welfare Bureau, Dinbai Tower, Mirzapur Road, Ahmedabad-380 001.

CHAIRMAN
[redacted]
Shree R. K. Tripathi I.A.S.
Municipal Commissioner
Ahmedabad Muni. Corp.
Phone : 25352828, 25321115
Ref. No.

SECRETARY
[redacted]
Dr. P. K. Makwana
Medical Officer of Health
Ahmedabad Muni. Corp.
Phone : 25350858
Date :

MOU

This Agreement is made at Ahmedabad on this .....day of .....2004 between Urban RCH Society Ahme Office at .....Ahmedabad hereinafter referred to as "MNGO" of One Part and Shri. ..... having its Office at ..... ,Ahmedabad having for referred to as "FNGO" of the other Part.

WHEREAS

1) MNGO is registered trust having Statutory Status and Concern and having goal to improve and provide urban health facilities and RCH Services.
2) FNGO is willing to work for Service as intended by MNGO

NOW IT IS AGREED BETWEEN THE PARTIES AS FOLLOWS.

1) The FNGO Shall perform the RCH Services during the period .....year Commencing from 2004
2) FNGO will submit monthly narrative performance of RCH Service, report of performance and declaration of expenses in the prescribed format before installment of payment each month.
3) FNGO Should identify and engaged the link Workers to work for RCH service in Slum area. FNGO, Will Select the Suitable link workers with Joint Selection committee.
4) FNGO Shall select link Workers as per guideline for Selection, Which is annexed herewith as Annexure "A".
5) FNGO will get payment for work as specified. Payment will make on monthly disbursement basis. First installment will be given after signing the contract by both the parties. Link worker paid their Salaries Payment by A/c. Cheque only.
6) It is duty of FNGO to Manage that link Worker report about his activities and performance to the health of UHC.
7) FNGO will look after and manage in a way for service So that not a Single beneficiary left out without Service, Otherwise Payment will not made for (RCH) Service.
8) MNGO will Monitoring activities of link worker by its representatives and other entities link Zonal H.O, M.O. of UHC, RNTCP, Malaria and Aids Control Society regularly.
9) Funds provided to work by MNGO to FNGO Should be kept Separately by the FNGO.
10) Book OF account, ledger, bills nad Vouchers for the service and project should be kept and preserved Separately for Minimun Five (5) Years by the FNGO.

11) In Case, service and performance of FNGO found not Satisfactory, Contract may be terminated on prior One-month notice.

IN WITNESS WHERE OF THE Parties have put their had on the day and year first having above written.

Sign by MNGO ----------

through its .....

Sign by FNGO

through its .....

Witness

1. ----------

2. ----------

Exhibit 7
List of Organizations Managing UHC in AMC

Ward No	Name of the Ward	Organization Managing UHC	Organization Providing Link Workers to UHC
1	Khadia	The Urban RCH Society	Quality Circle
2	Kalupur	The Urban RCH Society	Quality Circle
3	Dariapur	The Urban RCH Society	Quality Circle
4	Shahpur	The Urban RCH Society	Sulochana Maternity Trust
5	Raikhad	Family Planning Association	Patni Sheri Sewa Sangh
6	Jamalpur	Indian Medical Association	K. H. Jani Trust
7	Paldi	Gujarat Research Society	Saath
8	Vasna	Akhand Jyot Foundation	Saath
9	Gandhigram	V.S. Hospital, P. P. Unit	Gujarat State Children Welfare Fedration
10	Navrangpura	Citizen Council	K. H. Jani Trust
11	Sardar Patel Stadium	IMA	Samarpan Trust
12	Naranpura	The Urban RCH Society	Swasthya Sewa Trust
13	Nava Vadaj	The Urban RCH Society	NavUthan
14	Juna Vadaj	Indian Medical Association	Apradh Pratibandhak Trust
15	Sabarmati	Ahmedabad Municipal Corporation	Gujarat State Children Welfare Fedration
16	Dudheshwar	Red Cross Society	Vatsalya
17	Madhupura	Family Planning Association	Jaybharti Foundation
18	Girdharnagar	Civil Hospital, P. P. Unit	SEWA
19	Asarwa	The Urban RCH Society	Karnavati Mahila Swasthya Sewa Sangh
20	Naroda Road	Arvind Ashok Mills	SEWA
21	Saraspur	S.C.L. , P. P. Unit	DR. Bhimrao Ambedkar Seva Sangh, Gujurat
22	Potaliya	Indian Medical Association	Karnavati Charitable Trust
23	Kubernagar	Indian Medical Association	Abhinav Foundation
24	Sardarnagar	Indian Medical Association	Chunvad Gram Vikas
25	Sejpur Bodha	Indian Medical Association	Hariom Charitable Trust
26	Thakkarbapa Nagar	Family Planning Association	Siddhi Swaraj Khadi Gramudhyog Mandir
27	Naroda-Muthia	Ahmedabad Municipal Corporation	Ahmedabad District Samaj Kalyan Sangh
28	Bapunagar	Bapunagar Gen Hosp, P. P. Unit	AWAG
29	Rakhial	Ahmedabad Municipal Corporation	Shradha Education Trust
30	Gomtipur	Ahmedabad Municipal Corporation	Manzil mahila Sewa Trust
31	Rajpur	The Urban RCH Society	Bhavna Sewa Sangh
32	Amraiwadi	Indian Medical Association	World Vision
33	Bhaipura-Hatkeshwar	Gujarat Sahyog Trust	Gujarat Seva Samaj
34	Nikol Road	Akhil Hindu Mahila Parishad	Sakhi Sadan
35	Odhav	The Urban RCH Society	Bhagini Niketan
36	Khokhara-Mehamdabad	Ahmedabad Municipal Corporation	Nari Niketan
37	Maninagar	L.G. Hospital , P. P. Unit	Nidhi
38	Kankariya	Ahmedabad Municipal Corporation	Ashirwad Seva Trust
39	Behrampura	Ahmedabad Municipal Corporation	Naya Gujarat Seva Mandal
40	Danilimda	Ahmedabad Municipal Corporation	Patni Sheri Sewa Sangh
41	Bag-E-Firdaus	The Urban RCH Society	World Vision
42	Vatva	Ahmedabad Municipal Corporation	Bhartiya Gramin Mahila Sangh
43	Ishanpur	Indian Medical Association	Krisha Yuva Mahila Vikas

Exhibit 8
Akhand Jyot Foundation

Akhand Jyot Foundation is a registered welfare organization. It is a family welfare agency working at urban, semi-urban and rural level. It offers various educational and developmental services through projects supported by State Govt., Central Govt. and Private funds. The clientele group consists of children 0-14 years, adolescent girls and youth, women (all age group) old age and handicapped people.

Activities: The main Activities of the Organization include:

Family welfare Services:
- Family Counseling Centers
- Free Legal Aid Centers
- Mahila Margdarshan Kendra
- Yuvati Vikas Kendra
- Family Welfare Programme
- HIV/AIDS Awareness programme.

Children Welfare Services:
- Sponsorship Programme
- Welfare of Street Children Project
- National Open School
- HIV/AIDS mapping project
- Project for riots affected women

Community Welfare Services:
- Awareness Shibirs
- Awareness Generation Camp
- Hospital Attendant's Course
- Computer, Art, Craft. Sewing and Beauty parlor classes
- Mahila Gruh Udyog
- Staff Development

The organization also provides various facilities for the growth & Development of children, women & family welfare, the services provided includes:
- Free Family counseling center
- Free legal counseling
- Free medical check up for children, Pregnant women, STD patients
- Free Vaccination & Medical help to STD patients
- Free Education for the community children
- Vocational courses with nominal charges

Management: The board of trustees comprise of:
- Mrs. Nirmala A. Patel (M.A.) Managing Trustee
- Mrs. Sharda Patel, Trustee
- Dr. Urmila Patel, Ph.D, Trustee
- Dr. Viraj Patel,M.D., Trustee
- Dr. Gaurangi Patel, Trustee
- Mrs. Nalini Shah, Trustee
- Mrs. Jyoti Desai, Trustee

Exhibit 9
SAATH

Saath is a non-government organization, registered as a Public Charitable Trust (E-7257) with the Charity Commissioner, Ahmedabad in February 1989. The vision behind Saath is to facilitate participatory and sustainable development processes that would make human settlements equitable living environments, especially for the vulnerable groups. Saath has a rich experience of working in slums of Ahmedabad and has expanded its scope of work to the rural communities as a response to 2001 earthquake in Gujarat which eventually led to long term integrated development.

Activities: The main Activities of the organization Includes:

Integrated Settlements Development Programme (ISDP)-Urban & Rural Areas
- Services: Health and education services
- Livelihood: entrepreneurship development, skills up gradation, savings and credit, income generation activities
- Physical Infrastructure: Slum Networking Project with AMC
- Community Participation & partnerships: formation of Community Based Organizations

Post disaster Relief Work
- Post earthquake relief work in Kutch in 2001
- Post riot relief work in Ahmedabad in 2002
- Resettlement Action Plan project in Rajkot

Health Programmes
- Integrated Child Development Scheme in Baherampura ward of Ahmedabad
- Reproductive Child Health (RCH) Project at Vasna and Paldi ward
- HIV/AIDS Awareness Programme with Gujarat Aids Prevention (GAP) in all the areas of Ahmedabad
- Jeevandan Child Survival Programme with Counterpart International in selected wards of Ahmedabad
- Tuberculosis Control Programme in Vasna and Juhapura Slums
- Health Education and Hygiene Awareness in Ahmedabad

Research, Documentation & Consultancy Services
- In-House Research Studies
- External Research Consultancy

Management: The team of SAATH includes 252 persons. The Board of Trustees Comprises of:

- Mr Rajendra Joshi – Managing Trustee
- Mr. Mayank Joshi - Working Trustee
- Mrs. Chinmayi Desai- Working Trustee
- Mr. Gagan Sethi - Trustee
- Mr. Ram Kumar - Trustee
- Justice Ramesh Desai - Trustee

Exhibit 10
The Gujarat Cancer Society

The Gujarat Cancer Society was formed in the year 1961 under the patronage of the H.E. Governor of Gujarat, Shri Mehdi Navaz Jung. It started with initial donation of Rs. 5000 from ladies wing of the Rotary Club and £ 55,000 from The M.P. Shah Trust of London. The founders of the Society visualized a need for developing modern facilities for poor cancer patients of the newly formed state of Gujarat. With the constant support of Government of Gujarat, help from the Government of India and whole hearted financial support from philanthropists of Gujarat, the M.P. Shah Cancer Hospital was commissioned in the year 1965. The Gujarat Cancer and Research Institute were formed as an autonomous body in the year 1972 as per an agreement between the Government of Gujarat and the Gujarat Cancer Society. The Gujarat Cancer Society became an active member along with the state authorities in spearheading cancer care activity in the state of Gujarat. Gujarat Cancer Society's main goals include help to needy cancer patients, cancer prevention and early detection, cancer awareness, cancer education, and clinical as well as basic cancer research.

Activities: The Gujarat Cancer Society is actively engaged in providing preventive and curative services for cancer. The main activities include:

- Regular health checkups for early detection of cancer at its Community Oncology Center at Vasna
- GCS runs a hospital for the treatment of the cancer patients
- Cancer awareness and public education programmes for cancer in innovative manner on various traditional festivals such as kite flying day with kites having messages of tobacco hazard and cancer awareness
- Help to needy patients through donations under different schemes
- A drug bank which supplies medicines for the cancer patients at subsidized rates
- Support is provided to poor patients with curable cancer especially in children
- Hospice facilities for terminally ill patients at the Community Oncology Center
- Out reach activities for cancer detection and blood donation like health fairs, camps and lectures
- Training of adolescents in their hospital and organizes the visits to the cancer awareness exhibition in their community oncology center at Vasna to sensitize the young children
- Research activities and they have a dedicated committee called Scientific Research Committee which functions round the year, to promote, facilitate and maintain basic and applied research in the field of cancer.
- Conferences and workshops for research in the field of cancer

Management: The board of trustees comprises of:

- Shri Arvind Narottam
- Shri Prashant Kinariwala
- Shri Kshitish Madanmohan
- Shri Rajesh Jaykrishna

Exhibit 11
The Gujarat Cancer & Research Institute

The first governor of Gujarat H. E. Mehandi Nawab Jung established Gujarat Cancer society in 1960. First chief minister Shri Jivraj Mehta blessed this activity by providing 3 acre of land to GCS in Civil Hospital Compound. With the first donation from M P Shah charitable Trust, made it possible to initiate MP Shah Cancer Hospital in 1966. To provide Cancer care and Research Activities free hand for development, Gujarat Cancer Research Institute was established in 1972, as a joint venture of Gujarat Cancer Society and Government of Gujarat.

Activities: The mission of GCRI is to provide state of art diagnostic and therapeutic services to the patients of all types of origin and financial background suffering from cancer. Its scope also encompasses registering the tumor burden in the population, prevention through awareness drives, solving local medical problems through research and training of medical students as well as imparting knowledge to the medical fraternity. GCRI's Commitments to community are prevention of cancer, early detection, hospice care, telepathology and telemedicine projects.

GCRI is actively engaged in following activities to fulfill its mission:

- Conducts OPD and Indoor activities for diagnosis, staging, treatment and monitoring disease progress.
- Renders free or subsidized treatment to needy patients without any distinction of caste, creed or religion.
- Provides training to new generation doctors as well as practicing fraternity,
- In order to improve quality of life and expected survival of those affected with cancer offers unique experimental and research oriented diagnosis and treatment services,
- Organizes public education programmes, diagnostic & blood donation camps, conferences and other scientific meets,
- Displays a permanent cancer awareness and Anti – tobacco exhibition and
- Runs instruction based Hospice center, Home hospice services and Rehabilitation center.

Some of the institutes run by GCRI include:

- GCRU Sub specialty Hospital for Cancer - Regional cancer center: One of the largest cancer hospitals of country with 600 Indoor beds
- GCRI Subspecialty Medical Education Center: DM- Medical Oncology, M. Ch- Surgical Oncology, M.D.- Radiotherapy, PhD – Life sciences _ Gujarat University and M. S, University, M.D. – Pathology / Gynecology /Anesthesiology / Radiology
- GCRI Research Organization: With 5 well equipped research labs, and 50 On going research projects

Exhibit 12
Minutes of the Meeting held on May 10, 2005 at
Indian Institute of Management, Ahmedabad

Members Present:

Mr Pramod Kumar, Dy Mun Commissioner (Health)	AMC
Dr P. K. Makwana, Medical Officer of Health	AMC
Dr. N. K. Patel, Superintendent of Vaccination	AMC
Dr. Kinnari Mehta, Family Welfare Officer	AMC
Dr. Pankaj Shah, Director	Gujarat Cancer Research Institute
Ms Bharti Sharma,	WHO
Darshana Vyas, Director of Health	Counterpart International
Rajendra Joshi	Saath
Dr. Hafez Dalal	NGO
Prof K.V.Ramani	IIMA
Dr. Dileep Mavalankar	IIMA
Prof: Prem Pangotara	IIMA
Amit, Sweta, Diptesh, Jayesh, Avani, Dr. Kranti, Jyoti	IIMA

Prof Ramani gave a presentation of the work done in the IIMA project on Managing Urban Health in Ahmedabad. After profiling the status of government healthcare facilities (Municipal corporation, State government, and ESI facilities) in Ahmedabad, he clearly brought out the status of urban health in three wards of AMC, namely Bahermpaura, Kubernagr, and Vasna wards. The observations were based on an analysis of the sample data from the above wards on the socio-economic cultural profile of the slums and non-slum residents, public health facilities, and the existing practices of meeting the healthcare needs by the various segments of ward population.

He then focused on Vasna ward in detail and presented the quality of healthcare services offered by the government and private sector in Vasna, by deriving estimates of service quality parameters, namely,

Availability of services
Affordability
Access to facilities, and
Equity of services

He argued for setting up an urban health centre in the Vasna unit of GCRI (Gujarat Cancer Research Institute), and demonstrated the choice of GCRI unit as an optimal location using Geographical Information Systems (GIS) analysis, about 70 % of slum population in Vasna are within 1 KM of the GCRI unit. Also, access to the GCRI unit at Vasna is excellent as it is located at the intersection of major crossroads. The only large slum, which is not close by is the Rajivnagar slum located about 2 KMs away, and this area can be served by the GCRI mobile van.

The proposed centre would offer a complete range of services (consultation, Investigation, and medication) for OPD services, and thereby set up a unique model of urban health centre in the country as a whole.

The proposed centre at GCRI unit in vasna would also prove to be very cost effective for AMC as the GCRI unit has excellent infrastructure for healthcare delivery as well as health promotion activities. The vasna unit of GCRI, which offers comprehensive medical check up for cancer, has a large number of experienced doctors of various specialties for consultation, well equipped investigation facilities (lab and radiology investigations), as well as an auditorium for health promotion activities.

Prof Mavalankar suggested that we may also look into the possibility of extending the OPD services to provide basic inpatient care for maternal and child health, since vasna ward has no government facility for such services.

The ideas and suggestions for the proposed Vasna health center at GCRI premises were then taken up for detailed discussions.

The GCRI director briefed the members about the working of his vasna unit set up under the Gujarat Cancer Society, for providing cancer medical check up, and how the existing facilities can be extended to offer excellent OPD services. He was not sure about the feasibility of providing inpatient care immediately.

AMC authorities showed their willingness to consider the proposal seriously and work jointly with IIMA, and GCRI in arriving at mutually acceptable terms and conditions for setting up the Vasna urban health centre in the GCRI premises.

The meeting ended on a positive note with the Dy Municipal Commissioner (Health), and the MOH of AMC expressing an interest to visit the GCRI unit. The director of GRCI agreed to organize a visit shortly for all health officers of AMC.

Exhibit 13
Minutes of the Meeting held on June 28, 2005
Indian Institute of Management Ahmedabad

Members Present:

Dr. P.K. Makwana, Medical Officer Health,	AMC
Dr. Kinnariben Mehta	AMC
Dr. N. K. Patel	AMC
Dr. Vikasben Desai	Dept of H & FW, Gandhinagar
Narendra Patel :	CAO, GCRI.
Rajendra Joshi	SAATH
Nirmalaben, Trustee	Akand Jyot Foundation,
Jayshreeben,	Akhand Jyot Foundation,
Prof. K. V. Ramani,	IIM Ahmedabad,
Prof. Dileep Mavalankar,	IIM Ahmedabad,
Amit Patel, Avani Mishra, Sweta Mehandiratta,	IIM Ahmedabad

Prof Ramani briefed the members about the work done on the project on Urban health, and the deliberations thus far with various stakeholders in setting up an Urban Health Centre (UHC) in the Vasna ward of AMC.

The main objective of this meeting was to understand the working of UHCs and the arrangements between AMC and the NGOs for managing the UHCs. We requested Mrs. Nirmalaben, Trustee, Akhand Jyot Foundation, to tell us about the Vasna UHC managed by Akhand Jyot.

Mrs. Nirmalaben mentioned that there was an MOU at the time of setting up a Family Welfare Centre in Akhand Jyot Foundation in 1966. However, there has been no formal MOU for upgrading the Family Welfare Centre into an Urban Health centre last year. AMC gave some funds for furniture, and also provided a microscope for simple lab investigation, and a Computer for data processing. Family Welfare staff at Akhand Jyot was augmented to meet the norms of UHC staff as per the GoI guidelines for Urban Health centres; Corporation has also recruited a gynecologist, and a pediatrician for Vasna UHC. Akhand Jyot also receives additional funds from the Government for drugs and medicines to run the UHC.

Mr Rajendra Joshi of SAATH mentioned that there is an MOU between SAATH and AMC for providing Link Workers to the Vasna UHC.

Also there are MOUs for other health programs such as HIV/AIDS, TB etc.

Dr Vikasben Deasi was requested to explore if her office would have copies of any MOU as UHCs were set up following GoI guidelines by converting FW Centres.

It was also suggested that it would be worthwhile to explore if PG students from NHL/BJ medical colleges can serve the UHCs as part of their training. Similarly, is it possible for students from Government Nursing college to serve the UHCs.

Exhibit 14
Minutes of the Meeting held on July 6, 2005
Community Oncology Centre, Vasna.

A meeting was held on July 6, 2005 to discuss the proposed Urban Health Center at Community Oncology Centre, Vasna to cater to the needs of urban poor people of the Vasna area under the Central Govt. grant project.

Following members were present in the meeting.

(1) Prof. K.V. Ramani, I.I.M
(2) Dr. Mavalankar, I.I.M.
(3) Dr. Pankaj M. Shah, Hon. Director, GCRI
(4) Dr. Kirti M. Patel, Hon. Dy. Director (Medical Services), GCRI
(5) Dr. Shilin N. Shukla, Hon. Dy. Director (Research Services), GCRI
(6) Shri N. T. Chavda, Hospital Administrator, GCRI
(7) Shri Prashantbhai Kinarivala, General Secretary, GCS
(8) Smt. Bharatiben Parikh, Treasurer, GCS
(9) Dr. N.L. Patel, Member, GCS & GCRI

Prof. Ramani gave details of the proposed Urban Health Center. He informed the members that as a part of Ahmedabad Municipal Corporation's work to provide health care to the urban poor people residing in the Vasna area, they have conducted survey for establishing such center at a convenient place in this area. They have approached various social organizations like SAATH and Akhandjyot working for the urban poor people in Vasna area surveyed medical facilities available in the area and charges paid by the people to avail these facilities. They have also interviewed some doctors on this aspect. After considering all the aspects and objectives to provide health care to urban poor people, they have found that Community Oncology Centre of the Gujarat Cancer Society & Gujarat Cancer & Research Institute is the ideal place to offer health care services for the poor people of Vasna area. He informed the members present in the meeting that we have a preliminary meeting on this issue with the officials of the Ahmedabad Municipal Corporation, officials of the SAATH, officials of the Akhandjyot, Dr. P.M. Shah, Director, GCRI & Shri Kshitish Madanmohan , Secretary,GCS. They have some firm plan of action to prepare a detailed proposal for establishing Urban Health Centre. Prof. Ramani also informed the members of the Society and Institute that if we principally agree to this proposal, a meeting to finalize the plans for this center can be convened after 15 days with further details. He requested Dr. Pankaj M. Shah to provide details of the staff required to run this type of center which can caters to the needs of 100 Out Patient per day. Dr. Pankaj M. Shah agreed that he will provide necessary details about the additional staff required for such type of project maintenance cost of building, electricity, as well as costing of the various Lab tests and other investigations required to be done for the patients who attend the O.P.D.

The meeting was terminated with vote of thanks

Exhibit 15
Minutes of the meeting held on September 16, 2005
Indian Institute of Management, Ahmedabad

Members Present:

Shri S.R. Rao, Principal Secretary, Dept of Health & FW, Gandhinagar
Dr.Vikasben Desai, Additional Director, Dept of Health & FW, Gandhinagar
Shri Anil Mukkim, Municipal Commissioner, Ahmedabad Municipal Corporation
Shri Devendrabhai Makwana, Dy. Comm(Health) Ahmedabad Municipal Corporation
Dr. P.K. Makwana, Medical Officer (Health), Ahmedabad Municipal Corporation
Shri Anil Bakeri, Vice President, Gujarat Cancer Society
Shri Prashant Kinariwala, General Secretary, Gujarat Cancer Society
Shri Kshitish Madan Mohan, Secretary, Gujarat Cancer Society
Smt. Bhartiben Parikh, Treasurer, Gujarat Cancer Society
Dr. Pankaj M Shah, Director, Gujarat Cancer Research Institute
Shri N.T Chawada, Hospital Administrator, Gujarat Cancer Research Institute
Smt. Nirmalaben Patel, Trustee, Akhand Jyot Foundation
Smt. Chinmayiben Desai, Working Trustee, SAATH
Dr. Neeta Shah, Health Program Coordinator, SAATH
Mrs. Sonal Modi, JMC Group
Dr. Seema Tripathi, Medical Officer, Baroda Municipal Corporation
Dr. Mitesh N Banderi, Medical Officer, Rajkot Municipal Corporation
Prof. K.V. Ramani, Indian Institute of Management, Ahmedabad
Prof. Dileep Mavalankar, Indian Institute of Management, Ahmedabad
Amit, Avani, and Sweta, Research Staff, Indian Institute of Management, Ahmedabad

Meeting started with Prof Ramani welcoming all the members to IIMA. Also, the minutes of the meetings held on May 10, June 28, and July 6, 2005 were circulated.

Prof Ramani gave a presentation of the work done so far in establishing a working Public Private Partnership (PPP) model for an urban health centre (UHC) in Ahmedabad, choosing Vasna ward for illustration.

Vansa ward is one among eight wards in AMC with no public health facility at all, not even a Family Welfare Centre. Residents of Vasna ward therefore have no option but to depend on private healthcare service providers, or the VS Hospital of AMC which is about 3.5 KMs away. There are about 80-100 private OPD clinics and 40-60 private nursing homes in Vasna.

AMC has set up its Vasna UHC in the adjoining ward Paldi. This UHC is managed by Akhand Jyot Foundation (which has been managing a Family Welfare Centre since 1966). AMC has provided some resources (Staff, Finance, Materials, Equipments) to Akhand Jyot Foundation in accordance with the norms laid down by GoI for urban health centres. SAATH, an active NGO in Vasna for the last 20 years, provides Link Workers to Akhand Jyot for the Vasna UHC, under an arrangement with AMC

Using Geographic Information Systems (GIS) methodology, Prof. Ramani demonstrated the service levels of the existing urban health center for Vasna Ward. :

- **Existing Location:** The existing UHC for Vasna ward is located in the adjacent ward Paldi, which is more than 3 KMs away from most of the Vasna slums. Only 35-40 patients visit the centre daily; out of which only 15 % are RCH cases while 75 % come for general OPD services with common ailments.

Hence there is a need to improve RCH services in the Vasna UHC and also to provide Primary healthcare services over and above RCH services.

Our survey of Vasna households gave us the directions for improving the health services. Vasna residents felt the current location at Paldi is too far, and wanted Vasna UHC to be located close to major slum areas in Vasna.

Two possible locations for Vasna health centre were therefore evaluated using GIS methodology:

- **Proposal 1:** Locate Vasna UHC in the Vasna Municipal School Compound. This
  Service level **3 %** of Vasna Slum population within a radius of 0.5 KMs
  36 % within a radius of 1 KM

- **Proposal 2:** Locate the Vasna UHC in the Community Oncology Centre (COC) of Gujarat Cancer Society (GCS):
  Service Level: **31 %** of Vasna Slum population within 0.5 KM distance
  67 % of Vasna Slum Population within 1 KM distance.

  Additional attractions of COC are

  COC can also serve Juhapura area, which is just outside AMC limits and has a population of 100,000 slum dwellers.

  COC has excellent infrastructure: A pool of highly qualified doctors and para medical staff, well equipped lab and radiology diagnostic facilities, an auditorium with audio/visual facilities, peaceful, quite and enough open area.

  Well connected by road, good private and public transportation, shops etc.

Prof Ramani then concluded his presentation by arguing strongly in favor of shifting the Vasna UHC from Paldi into the COC of GCS. He also suggested that the COC would have two types of clinics, namely

- A General Clinic (to house the Vasna UHC of AMC) to offer RCH services to slum population. Services include Consultation, Investigation, and medication.

- A Private clinic to offer primary care services to all. Services include consultation, investigation and prescriptions for medicines and drugs (for a reasonable user fee).

Prof Ramani suggested a Public Private Partnership to manage the proposed Vasna Health Centre at COC, involving the following stakeholders:

Public Partners:	Dept. of Health and Family Welfare, Government of Gujarat Ahmedabad Municipal Corporation
Private Partners:	Gujarat Cancer Society Gujarat Cancer Research Institute Akhand Jyot Foundation SAATH

Department of Health & Family Welfare, Government of Gujarat

Principal Secretary (H & FW) Shri S.R. Rao and Additional Director Dr. Vikasben Desai welcomed the proposed PPP involving Gujarat Cancer Society, GCRI, Akhand Jyot Trust and SAATH. They emphasized the importance of Outreach services to serve the goals of UHCs.

Role of Outreach in service provision: Community outreach is the most important factor for utilization of services by the poor and needy. Even subsidized treatment would not be able to attract the target population if community outreach is poor. Though UHCs are performing well, there is enough scope for UHCs to improve their services to the poor.

Role of NGOs: NGOs have the outreach and experience to provide the link between the community and its UHC, and can also manage the UHC. There is therefore a need for partnership with the local NGOs in meeting the goals of UHCs.

Reasons of lower utilization of services: Poor utilization of government healthcare services is mainly due to inflexible timings and perceptions of the people. UHCs operate from 9.00 in the morning to 5.00 in the evening where as most people come from work after 5.00 in the evening. Private sector service providers are available till 9.00 o'clock in the night. Also, people have a perception that government services are not good, since they are subsidized, and therefore prefer to utilize private facilities even though they pay high fees.

Patient Load and Quality of Services: Quality of laboratory and radiology services from GCRI in the proposed PPP should be of high quality and comparable to the best for the UHCs to attract a sizeable number of patients. Supervision and standardization in service provision are necessary. While it is a very good idea to offer lab and radiology services in the proposed health centre, caution should be exercised to ensure that diagnostic services are not unnecessarily recommended.

Role of Dept. of H & FW: Dept. of H & FW will ensure continued assistance to the UHC, and would be happy to provide funds for equipments, but not necessarily any recurring expenditure. The dept would like to understand the extent of subsidy for patient care in the proposed Health Centre. The department will also facilitate to initiate the process of getting resident doctors (PGs) from the BJ/NHL medical colleges for the UHC, as well as to explore assistance from nursing students.

Ahmedabad Municipal Corporation

Municipal Commissioner Mr. Anil Mukkim, Dy. Municipal commissioner (Health) Dr. Devendrabhai Makwana and Medical Officer Health Dr. PK Makwana also welcomed the proposed PPP for improved performance of UHCs.

AMC has 43 UHCs, one for each ward. AMC has provided resources (staff, medicines and drug, etc) to each UHC in accordance with the GoI norms for UHCs. AMC has tied up with several NGOs for managing the UHCs as well as to provide link workers to understand community needs. UHCs located in the relatively poorer wards of AMC are doing better than those in affluent wards like Navarangpura and Gandhigram. If the UHCs do well, it would lead to a reduction in the load handled by AMC hospitals, namely, VS, LG, and SCL hospitals.

Public Private Partnership: AMC is positively inclined to go for PPP, and feels a strong need for a draft MoU to initiate the process of public private partnership. The MoU for setting up Family Welfare Centres done in 1966 is outdated and a new MoU is to be prepared for UHCs, clearly stating the roles and responsibilities of each partner. Learning from the failure of AMC maternity homes should also provide insights into the drafting of new MOUs.

AMC also committed to pay an amount of Rs 10,000 to GCS towards rent and overhead expenses for the proposed UHC in GCS premises. AMC is also open to discuss any additional requirements to make the proposed PPP work effectively.

Gujarat Cancer Society: Senior executives of Gujarat Cancer Society (GCS) Shri Anil Bakeri (Vice President), Shri Prashant Kinariwala (General Secretary), Shri Kshitish Madan Mohan (Secretary) and Smt. Bhartiben Parikh (Treasurer) who attended the meeting were very positive about the proposed PPP.

Provision of Land and Building: Shri Khitishbhai very gladly agreed to construct a building for the proposed health centre in the GCS land (housing COC) in Vasna. It is necessary to build a separate unit, so that regular activities of COC are not disturbed. It is also important to maintain a peaceful environment as COC houses a hospice unit.

Laboratory and Radiology Services: GCS is well equipped with excellent medical equipments for lab and radiology investigations. GCS would be glad to offer lab and radiology services to UHC patients at the same charges listed in the GCRI user charges booklet. These charges are highly subsidized and lower than even VS hospital rates. GCS would take the responsibility to supervise the lab and radiology services, as its diagnostic equipments are very costly.

The proposed monthly rental income of Rs 10,000 from AMC would contribute towards meeting the O/H expenses for managing the UHC. However, additional resources are required to offer a full range of services to the proposed health centre. Cost of subsidy borne by GCS for offering diagnostic services will be taken up for discussion with AMC.

Mr Anilbhai Bakeri mentioned the need to explore collaborations with Jivraj Mehta Hospital for inpatient care at later stage.

Gujarat Cancer Research Institute:

Dr Pankaj Shah (Director) and Mr NT Chavda (Hospital Administrator) were also very interested to take the proposed PPP to a successful model for improving the delivery of health services in Ahmedabad.

GCRI services from the OCC campus would over 67 % of Vasna slum and a large number of Juhapura slum populations within 1 KM of distance. If required, GCRI can also lend its mobile medical van to serve the Rajivnagar slum population, as they are about 2.5 KMs from OCC. It may be possible in future to provide Telemed facilities through GCRI mobile vans.

Role of GCRI in proposed Vasna UHC: GCRI has a pool of highly qualified, experienced and dedicated staff in the COC, Vasna. The working hours in the COC at Vasna are from 8 AM to 2 PM. Dr Pankaj Shah mentioned that he will try to persuade his staff to extend their working hours till 6 PM by paying a suitable honorarium. Additional financial needs should be recovered from the user charges for private patients. Mr N T Chavda mentioned that additional finances required to run the proposed health centre at COC would be around Rs 100,000 per month. This is a rough estimate to take care of salary for additional staff (Two doctors, one radiologist, one pathologist, one lab technician, one x-ray technician, 3 staff nurses, 3 attendants, etc).

GCS/ GCRI would also facilitate health education and health promotion activities.

Akhand Jyot Foundation

Mrs. Nirmalaben Patel, Trustee, Akhand Jyot Foundation briefed the members about the various types of activities her foundation is engaged in with a view to improve the socio-economic condition of the poor people.

Outreach: Akhand Jyot has many outreach activities in the community. They have prepared many youth volunteers through training. Akhand Jyot also does a lot of vocational training courses for women, such as nursing, tailoring etc.

Need for UHC in the community: There is a need to provide services at reasonable rates to the poor people as they end up spending a lot of money in private sector. It is also necessary to make the services accessible. Maternal and child health should be the focus of health services.

Need for cohesive Unit: There should be a unit taking care of all problems as people do not understand what to do when they fall sick. For example, counseling services should become an integral part of health services. It would be preferable if all services can be provided under one unit for effectiveness and efficiency.

Role of Akhand Jyot Foundation in proposed UHC: Akhand Jyot Trust has the necessary expertise for managing UHC, and would be very happy to manage the proposed UHC in the OCC campus of GCS.

SAATH

SAATH has been working jointly with IIMA and AMC from the beginning of this study. SAATH team has worked extensively with IIMA team in the she study of Vasna Community health needs. Community needs assessment for Vasna is already documented in the form of a Working Paper.

Smt. Chinmayiben Desai, Working Trustee, and Dr. Neeta Shah, Health Program Coordinator from SAATH ensured continued support to all the stakeholders in taking the proposed PPP for strengthening the urban health delivery system in Vasna.

Outreach: Saath has been very active in its outreach services in Vasna for the last 15 years. SAATH played a very crucial role in the Slum Networking Project of AMC. SAATH has been instrumental in responding to the needs of Juhapura slums for infrastructure improvements and electrification.

Need for services: SAATH has an experience in providing health services to the community of Vasna and they understand the needs of the community very well.

There is a pressing need for a heath center like the proposed one, as it will be nearer to the community and therefore likely to be well utilized. People themselves will take the responsibility to bring the patients to the proposed UHC.

Role of SAATH in proposed UHC: Saath will continue to provide outreach services to the proposed UHC through its dedicated network of link workers. SAATH and Akhand Jyot have worked together in several projects. It will be a big achievement for both SAATH and Akhand Jyot to be partners in the proposed PPP as the proposed PPP will definitely improve the health services delivery to the poor people not only in Vasna, but also in the adjoining areas of Juhapura.

SAATH team also expressed their total support for building a good and sustainable health delivery system in Vasna ward and if possible to render their services to other wards as and when necessary.

Prof Mavalankar concluded the meeting by stressing the need for better urban health delivery services. Districts have one PHC for a population of 30,000, while GoI norms for urban health envisage only one UHC for a population of 100,000. Also, he mentioned that the package of service delivery in the proposed Vasna Health Centre (consultation, investigation, and medication under one roof) would be highly appreciated by the urban citizens, as they demand UHCs to offer better facilities for primary healthcare needs.

The meeting ended with a Vote of Thanks by Prof Mavalankar. All the partners unanimously welcomed the proposed model of Vasna Health Centre, and agreed to work together to bring out a draft MOU and proceed further for a successful implementation of the proposed PPP for offering improved urban health services.

Exhibit 16
Minutes of the meeting held on September 28, 2005
At Community Oncology Centre, Vasna

Members Present:

1. Dr. P.K. Makwana, Medical Officer, Health, AMC
2. Dr. Samir Dani, Medical Officer, Vasna Urban Health Centre
3. Mr. Utpalbhai Patel, Akhand Jyot Foundation
4. Mrs. Chinmayaben Desai, Working Trustee, SAATH
5. Shri Anil Bakeri, Vice President, Gujarat Cancer Society
6. Shri Prashant Kinariwala, General Secretary, Gujarat Cancer Society
7. Shri Kshitish Madan Mohan, Secretary, Gujarat Cancer Society
8. Smt. Bharatiben Parikh, Treasurer, Gujarat Cancer Society
9. Shri Bipin Desai, Director, Bakeri Engineers Limited
10. Dr. Pankaj Shah, Director, Gujarat Cancer Research Institute
11. Mr. N T Chawada, Hospital Administrator, Gujarat Cancer Research Institute
12. Dr. RD Dave, Dy Director (Surgery), Gujarat Cancer Research Institute
13. Dr. Shilin Shukla, Dy Director (R & D), Gujarat Cancer Research Institute
14. Dr Kirti Patel Dy Director (Medicine), Gujarat Cancer Research Institute
15. Shri Bharatbhai Shah, Honorary Consultant, Gujarat Cancer Society
16. Dr. Ajitbhai Dave, Consultant Pathologist, Gujarat Cancer Society
17. Shri Rashmibhai, Social Worker, Gujarat Cancer Society
18. Dr. Deepak Rathod, Chief Administrator, Gujarat Cancer Society
19. Shri Navin Patel, RMO, Social Oncology Center

Initially all the members assembled near the car parking area of the Community Oncology Centre (COC). Shri Kshitishbahi suggested that the proposed UHC could be built in the existing car park area. Shri Anilbhai Bakeri studied the proposed location in the COC map and in consultation with Mr Bipin Desai (Director, Bakeri Engineers), Dr PK Makhwana (MOH, AMC) and other members present, discussed various details for utilizing the car park area to build the proposed UHC.

Subsequently, members met in the COC committee room. A summary of main points:

Gujarat Cancer Society (GCS): Shri Anilbhai Bakeri (Vice President, GCS) briefed the members about the proposed building needs as per his understanding and discussions with other members, especially Dr Samir Dani of Akhand Jyot Foundation. As per his assessment, the proposed UHC should have two rooms for consultation and one room for administration, besides waiting room, toilet facilities and other amenities. Shri Khitishbhai (Secretary, GCS) offered to raise funds for the proposed building and committed that Gujarat Cancer Society would bear the cost of constructing the building for UHC. Shri Prashantbhai Kinariwala (General Secretary, GCS), and Smt Bharatiben Parikh (Treasurer, GCS) also agreed with Shri Khtishbhai.

Gujarat Cancer Research Institute (GCRI): Dr Pankaj Shah (director, GCRI) welcomed the offer by GCS and committed all GCRI services available at COC to UHC patients, as per GCRI norms for user charges. It is necessary to mention here that GCRI rates for investigation services are 50 % less than private lab/x-ray units, and even 10-20 % lower than VS Hospital charges. Mr Narendrabhai Chavda (Hospital Administrator, GCRI) offered to extend all administrative help to set up the UHC in COC campus.

Ahmedabad Municipal Corporation (AMC): Dr Makhwana (MOH, AMC) had extensive discussions with members from Gujarat Cancer Society and Gujarat Cancer Research Institute. He welcomed the idea of locating the Vasna UHC in the COC campus of GCS, as it would be the best option for AMC, since the COC would serve 70 % of Vasna Slum population and also Juhapura population within 1 KM of distance. Dr Makhwana mentioned that if GCS could finance the cost of constructing a building for UHC, AMC will be glad to bear the cost of buying equipments, instruments, furniture etc for the UHC (over and above staff, medicine etc) . AMC money could thus be utilized for providing the necessary infrastructure for the proposed UHC. AMC will pay to GCS a monthly rent of Rs 10,000 as already communicated. Dr Makwana also agreed to assist GCS in getting the necessary clearance from AMC for building the UHC in COC.

Akhand Jyot Foundation: Dr Samir Dani, Medical Officer, who is managing the Vasna UHC at Akhand Jyot in Paldi, said that he would be very happy to move to COC, as he could then serve a larger number of people because of the proximity of COC to the slum areas of Vasna and Juhapura. He gave some useful suggestions regarding the requirements of the building for UHC, and agreed to extend all his assistance to take the proposal forward.

SAATH: Mrs Chinmayaben of SAATH gave whole hearted support from SAATH for the proposal to move the Vasna UHC from Paldi to COC campus, Vasna. She said that SAATH link workers who work for Vasna UHC would extend all support in creating an awareness of the proposed centre in COC, and the benefits of comprehensive services (Consultation, Investigation, and medication) under one roof.

Prof Ramani, IIM Ahmedabd clarified that the proposed UHC to be built on the COC campus of GCS will work independently as it is working now at Akhand Jyot. There will be no interference from GCS to the UHC activities. Also, UHC would not disturb GCS activities.

All the members present unanimously suggested that Shri Anilbhai Bakeri be made the project leader from now on, while Shri Khitishbahi and Dr PK Makhwana would be members of the project team. SAATH and Akhand Jyot would be routinely consulted as they are the ultimate users of the proposed facility.

The meeting ended on a very positive note since all the parties in the PPP (AMC, GCS, GCRI, Akahnd Jyot, and SAATH) were unanimous to build the proposed UHC for Vasna in the COC campus of GCS, as it would serve 70 % of Vasna slums and a large number of Juhapura population within a distance of 1 KM. By locating the UHC in the COC campus, UHC can offer comprehensive primary care services (Consultation, Investigation, and medication). COC location is also well connected by public and private transport facilities. Above all, COC has an excellent auditorium for health promotion and awareness activities.

Shri Anilbhai Bakeri requested Shtri Bharatbahi Shah of Gujarat Cancer Society to coordinate with Dr PK Makhwana of AMC and get the necessary clearance from AMC for constructing the proposed building for UHC in the COC campus, Vasna.

Exhibit 17
Minutes of the meeting held on January 7th, 2006
At Community Oncology Centre, Vasna

Members Present:

Pandit Shri Nawal Kishore Sharma H.E. the Governor of Gujarat & President, GCS
Shri Arvind Narottam Vice President, GCS & Executive Chairman
Shri Amarjit Singh, IAS Commissioner of Health Services
Shri Deepak Navnitlal, Vice President, GCS
Shri Anil R. Bakeri, Vice President, GCS
Shri Prashant Kinnarivala, General Secretary, GCS
Dr. Pankaj M. Shah Hon. Director, GCRI
Shri Kshitish Madanmohan, Secretary, GCS
Smt. Bhartiben Parikh, Treasurer, GCS
Shri Kaushik D. Patel, Treasurer, GCS
Dr. Shilin N. Shulkla, Joint Secretary GCS
Dr. Kirti M. Patel, Joint Secretary, GCS
Dr. N L Patel, X-Director GCRI
Shri. Amrish H. Parikh, Member GCS
Prof. K. V. Ramani, IIM Special Invitee
Shri. BharatBhai Kshatriya, Member GCS
Smt. Padmaben JayKrishna, Member GCS
Shri. Sudhirbhai Nanavati, Legal Advisor
Shri, Chandra Vardhan R. Patel, Member GCS
Shri Dilipbahi Sarkar, Member GCS
Shri N.T Chavda, Hospital Administrator GCRI & Member GCS
Smt. Zarine Naushir Cambatta, Member GCS
Shri. V. J. Shah, Statutory Auditor, CC Chokshi and Co.
Shri. Yogesh Shah, Income Tax Consultant, CC Chokshi and Co.
Shri. Bipin M. Shah, Internal Auditor, Shah Brothers
Shri Malav J. Shah, Member GCS
Smt. Madakini P. Bhagwati, Member GCS

Relevant Excepts on UHC for Vasna:

Dr. Pankaj Shah Hon. Director, informed about the "Urban Health Project" and requested Prof. Ramani to dive details. Prof. Ramani explained the importance of the project and the role played by GCS, GCRI, Ahmedabad Municipal Corporation and other non-government organizations. He also explained the benefit received from this project by poor and needy people of surrounding areas of Vasna and gave reasons of selecting Community Oncology Center Vasna for this project.

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