Identification of geographies for Health and Wellness Centres and Polyclinics in urban areas for implementation of PM- ABHIM as per the 15th Finance Commission recommendations

An exercise by KHPT in Mysuru city, Karnataka

Identification of geographies for Health and Wellness Centres and Polyclinics in urban areas for implementation of PM-ABHIM as per the 15th Finance Commission recommendations
An exercise by KHPT in Mysuru city, Karnataka

Publisher:
KHPT IT Park, 5th floor 1-4, Rajajinagar Industrial Area Behind KSSIDC Admin office Rajajinagar,
Bengaluru Karnataka - 560 044

Ph: +91 80 4040 0200
Fax: +91 80 4040 0300
Website: www.khpt.org
Email: khptblr@khpt.org

Disclaimer: The photographs in this report have been taken with the consent of the community

Acknowledgements

We acknowledge the officials of the Government of Karnataka and the Mysuru City Corporation for their encouragement and support in developing this process to reach out to the most vulnerable populations with access to healthcare services. We are grateful for the support of all the health facility staff whose knowledge was essential to ensuring the success of this process. We are especially thankful to the Community Coordinators at KHPT who worked tirelessly to make the making process a success.

Contributors
Dr Swaroop N, Thematic Lead, CPHC and MNCH, KHPT
Krishna Prasad, Project Officer, KHPT
Vidyacharan Malve, Manager, M&E KHPT
Dr Yamuna B N, MNCH Specialist, KHPT
Arin Kar, MERL Lead, KHPT
Mohan HL, CEO, KHPT

Editorial
Dr Manoj Kumar Pati, Knowledge Management Specialist, KHPT
Vrinda Manocha, Manager- Knowledge Codification and Analysis, KHPT

Photography
David Bodapati
Sudip Joshy
Avinaash Mohan Kastura

Layout
Harshita Bhargava

Preface

India has seen a growing shift towards urbanization, as more of our citizens move to towns and cities for educational and economic opportunities. While this growth signifies a potential increase in the country's economic development, it has not raised our human development and health indicators. With populations migrating to urban areas, there has been an expansion of slums and slum-like structures within and outside the cities, which are often not served well by the urban public health system. Health surveys have found that immunization rates for children in urban settings have been lower that children in the rural areas. Women and the elderly have also been found to have limited access to health services. The 15th Finance Commission has recommended taking these gender and social norms into account while improving urban healthcare service delivery, and highlighted the need for increased involvement of local government in managing primary healthcare facilities. To fulfil the vision of the National Urban Health Mission of equitable, accessible and affordable care, it is essential to ensure that themost vulnerable populations are able to avail of the services and schemes offered by the government through astrong urban healthcare system.

The Government of India, in its announcement of the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), has established the foundation of a robust public healths system, with its goal of establishing Urban Health and Wellness Centres (UHWCs) in phases for every 15,000-20,000 people. These Government of Karnataka has taken up this Mission on a priority basis, with the aim of establishing new HWCs (called 'Namma Clinics') and Polyclinics that provide specialist health services for the most underserved and vulnerable communities in urban areas.

It is our goal that these HWCs be established to maximize the coverage of people living in slum and slum-like structures and also be located within a convenient distance. The establishment of polyclinics also required the identification of existing Urban Primary Health Centres (UPHCs) with adequate testing facilities to provide specialist services. KHPT has developed a scientific approach to mapping urban areas to identify suitable areas for new UHWCs, as well as existing UPHCs to establish polyclinics. This approach enumerates the vulnerable population in UPHC areas and the distance from the populations and existing UPHCs to ensure that health services are placed conveniently for the largest proportion of vulnerable communities which will need them most.

This mapping document details the approach in a step-by-step manner as it was piloted in the city of Mysuru, with the support of the Mysuru City Corporation. This scientific process has the potential to be easily applied across towns and cities in a short period of time. We urge local government representatives to apply this approach in alignment with the recommendations of the 15th Finance Commission and the principles of Ayushman Bharat, to ensure that urban health systems are fortified.

Sri. Anil Kumar T.K IAS
Principal Secretary to Government
Department of Health & Family Welfare

Mohan H L
CEO, KHPT

Dr. Arundhathi Chandrashekar IAS
Mission Director
National Health Mission

Contents

BACKGROUND

The National Urban Health Mission (NUHM) was rolled out in Karnataka in 2013, as a sub-mission of the National Health Mission, with the aim of improving the health status of the urban population in general, and the poor and disadvantaged sections in particular, by facilitating equitable access to quality health care. This would be done through a revamped primary public health care system, targeted outreach services, and the involvement of the community and urban local bodies. This system includes the Urban Primary Health Centre (UPHC), which is established for a population of approximately 50,000. Outreach functions are undertaken by around five ANMs and 1 ASHA for a slum population of about 2500. Mahila Aarogya Samitis (MAS) are formed in slum areas for every 250-500 people (50-100 households).

The healthcare needs and aspirations of urban residents are different from those in rural areas. The current strategy of relying on outreach teams of ANMs and ASHA

alone to provide selective services is not sufficient. The Karnataka experience[1] demonstrates that the provision of healthcare services by trained service providers from facilities closer to vulnerable urban communities, such as the economically weak, is likely to improve access to an expanded range of services, reduce out-of-pocket expenditure, improve disease surveillance, and strengthen referral linkages. Also, the establishment of "poly clinics / provision of specialist services"[2] in selected UPHCs enables the reach of specialist services to poor communities, thus building trust in the public health system. The expansion and strengthening of grassroot primary healthcare delivery has thus emerged as a pressing need. Limited capacities of health systems in urban areas and the disruption in non-COVID essential health services also underline the need for the provision of universal and Comprehensive Primary Health Care (CPHC) capacities in urban areas.

In this context, as recommended by the 15th Finance Commission, the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)[3] will establish Urban AB-Health & Wellness Centres to strengthen health systems to deliver comprehensive primary healthcare closer to homes. There is also a recommendation to establish polyclinics to ensure the continuum of care by providing specialty services closer to the community

- **Urban Health and Wellness Centres:** The urban HWCs (UHWCs) are expected to increase reach in the urban areas and cover the vulnerable and the marginalized by acting as satellite centres to be established under the existing UPHCs. **Each UPHC that caters to a population of approximately 50,000, is expected to have 2-3 UHWCs** under it, depending on the vulnerable population of the urban local body. Vulnerability may be defined on the basis of the socio-economic status of the population, which mostly stay in slums or in similar environments. Slum/vulnerable areas where presently no primary healthcare facility exists are prioritized, based on a vulnerability assessment and mapping of the urban areas. The priority is to ensure that there is one UHWC per 15,000- 20,000 population, catering predominantly to the poor population residing in slum and slum-like areas. Decisions regarding the selection of UPHCs for UHWCs would depend on the size of the vulnerable population residing in slums and similar habitations covered by UPHCs, and the average distance of such areas from existing UPHCs.

» **Provisionof specialistservicesaturbanhealthfacilities/Polyclinics:** Polyclinics are envisioned to ensure the continuum of care by providing specialty services closer to the community. In urban areas, 5-6 UPHCs are currently catering to a population of 2.5-3 lakhs; one of the UPHCs, among these 5-6 UPHCs would be identified to be upgraded to a Polyclinic, with the availability of specialist services on a rotation basis.

The NUHM, Government of Karnataka, needed to fast track the selection of UHWCs, with a given target for each city/town in the state, based on the approved budget for the FY 2022-23. The existing UPHCs were to be prioritized for selection of UHWCs considering the criteria that the access of vulnerable populations to the UHWCs needed to improve. This document details the processes followed to map the vulnerable population per UPHC administrative area and some infrastructure and staff-related information of UPHCs to prioritize the selection of UPHCs as UHWCs and Polyclinics in the city of Mysuru.

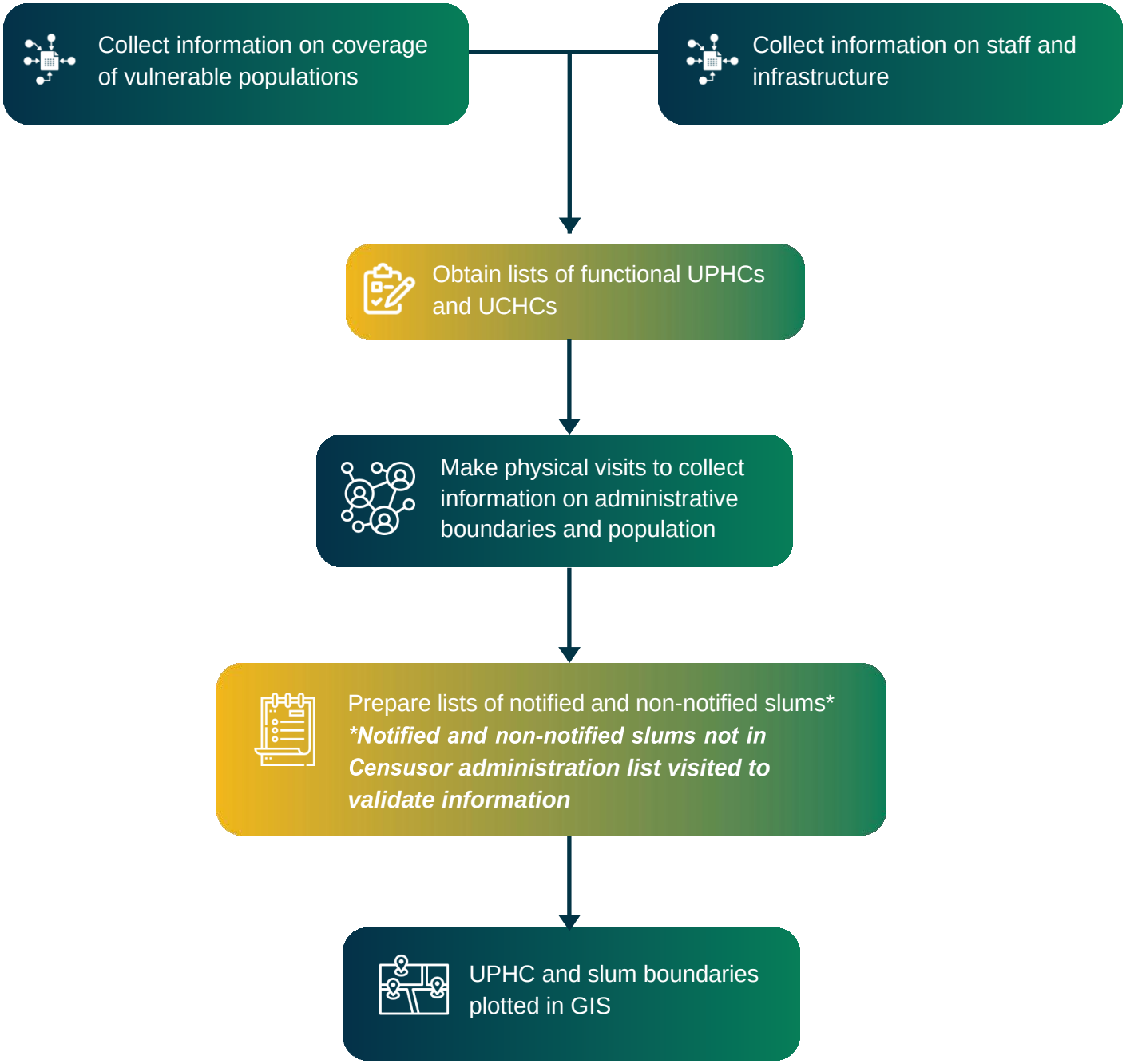
Karnataka Health Promotion Trust (KHPT), with support from the Government of Karnataka, has been implementing an urban health-based Non-communicable Disease (NCD) continuum of care model in Mysuru city area since 2017, and is also working towards developing a CPHC model. This pilot mapping exercise to identify strategic places for UHWCs and Polyclinics was conducted in Mysuru city by KHPT as part of its CPHC project. The process to conduct similar exercises in other cities has been defined based on this experience.

PURPOSE

» To map the availability and accessibility of UPHC services by vulnerable populations and geography

» To conduct an assessment of infrastructure, staff availability and specific services at the UPHCs to identify potential Polyclinics

PROCESS


Collect information on coverage of vulnerable populations
Collect information on staff and infrastructure
Obtain lists of functional UPHCs and UCHCs
Make physical visits to collect information on administrative boundaries and population
Prepare lists of notified and non-notified slums*
*Notified and non-notified slums not in Censusor administration list visited to validate information
UPHC and slum boundaries plotted in GIS

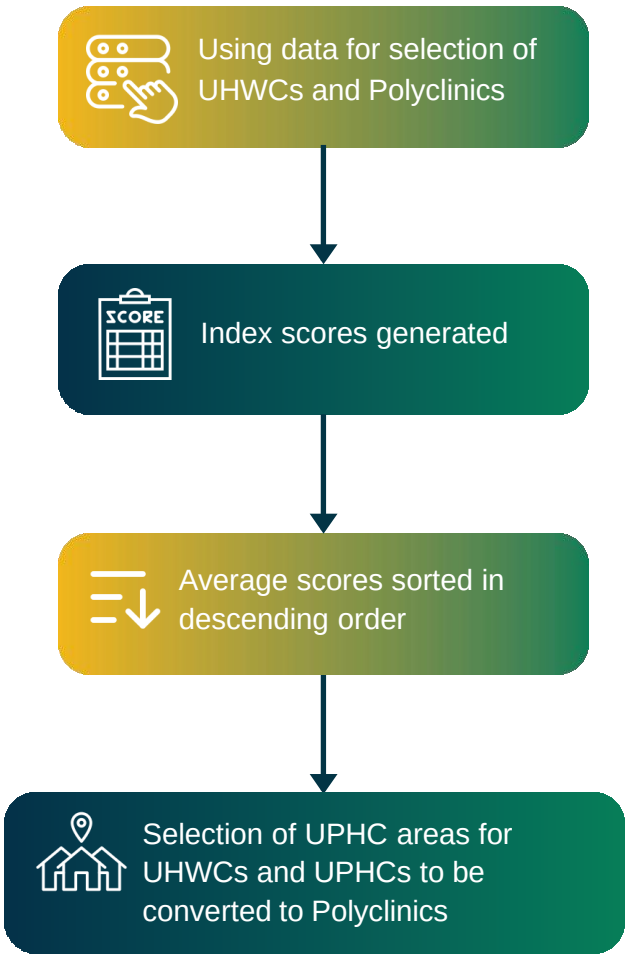


Fig. 1 - The process of data collection and selection of UHWCS/Polyclinics

METHODOLOGY

The city of Mysuru had 21 UPHCs and two Urban Community Health Centres (UCHCs) as of April1, 2022. KHPT conducted an assessment of coverage of vulnerable population by UPHCs, as well as an audit of staff availability and some infrastructural parameters, using a tool comprised of two sections. The first section aimed to understand the size of population coverage and that of vulnerable populations residing in notified /non-notified slums; the second, to understand existing staff, vacancies, and infrastructure of the UPHCs and the UCHCs. The Census of India defined slums as notified if they were notified by administration under any Act, including the Slum Act. Non-notified slums are areas with poorly-built congested residences, with a population of at least 300 (or about 60-70 households) in an unhygienic environment, usually with inadequate infrastructure, and lacking in proper sanitary and drinking water facilities. It includes those recognised by the administration, but yet to be notified as a slum.[4]

The second section is an abridged tool derived from the UPHC standards according to the National Quality Assurance standards (NQAS) of the Government of India. We used only a few parameters in the NQAS which are critical basic requirements. The local field investigators collected data about the population from key informants, including staff of the UPHCs/UCHCs and the frontline health workers (FLWs) attached to these health facilities. The following are the steps followed to collect information on the coverage of vulnerable populations and to obtain information on staff and infrastructure:

- Obtain the list of all the functional UPHCs and UCHCs from the District Health and Family Welfare office.
- Make physical visits to each UPHC and UCHC to collect information on the administrative boundary and the population covered by the UPHC, including that of notified/non-notified slums, wherever applicable, and the average distance of slums from the UPHC (see Annexure 1) and about staff and infrastructure (see Annexure 2). For population of slum areas, data was gathered after discussing with frontline workers. For infrastructure and staff availability, an abridged tool based on items as per NQAS was administered with the Medical Officer and/or any other staff present in the UPHC; this can be adapted differently in different states, based on local context.
- The investigators prepared a list of notified and non-notified slums as listed by the 2011 Census, or by the local administration - the slum development board in Mysuru city. Notified and non-notified slums in the city within the administrative area of the UPHCs were mapped/located. The population covered by the UPHC was listed, along with the population of notified and non-notified slums, if there were any within the UPHC administrative area. Teams probed further for census slums or non-notified slums if not initially mentioned by the FLWs. This was needed in the alternative situation of using only the slum population as informed by the Census 2011 or by the local administration, instead of considering information collected from the FLWs.
- All the notified and non-notified slums mentioned by FLWs, which were not part of the Census 2011 or the list provided by local administration, were visited to validate the information provided by the FLWs. The places visited were considered slums based on the criteria to identify slums as defined in the Census.

In case of a notified or non-notified slum mentioned in the Census 2011 or by local administration, but not mentioned by FLWs as part of the UPHC administrative area, the FLWs of the concerned areas were informed about the same. The KHPT team visited the area, and recorded the estimated population. They also confirmed with the FLW that they had not included the population under any other slum area to avoid any duplication.

- To represent the UPHC and slum boundaries in GIS, the KHPT team either collected the latitude and longitudes of the notified and non-notified slums to be plotted in the GIS, or got the shape files of the ward, UPHC, and slum boundaries - in addition to the UPHC points- from the concerned authorities. For Mysuru city, KHPT got the shape files from the office of Karnataka Geographical Information System, Bangalore.

Selection of UPHCs areas to establish the HWCs:

Index scores were generated based on the proportion of notified/non-notified slum population being covered by the UPHC and the average distance of UPHC from the slum areas. Based on the scores generated, those UPHCs with highest average scores were given priority. The formula used for the index scores is

$$I = \frac{(\text{value} - \text{minimum value})}{(\text{maximum value} - \text{minimum value})} \times 100$$

Where, I is the index score, value is the concerned proportion or distance from slum to the UPHC, minimum and maximum are the minimum and maximum values of the indicators among all UPHCs. Here, the greater the score, the higher the chance of selecting the UPHC area for setting up the HWC.

Selection of UPHCs for establishing polyclinic:

For selection of a polyclinic catering to 4-5 UPHCs, quality standards of the UPHC, NQAS, GOI guidelines, 2015[5] were referred to, and from the list of requirements, the following were used to assess the preparedness of the UPHC:

1. Whether the UPHC building is owned by the government
2. Whether the UPHC has consultation rooms
3. Whether there is a separate laboratory in the UPHC
4. Availability of Haematology analyzer
5. Availability of Semi auto analyser
6. Whether the UPHC has the facility for routine urine tests (sugar, albumin, microscopy)
7. Whether the UPHC has the facility for sputum testing for mycobacterium [as per guidelines of the National Tuberculosis Elimination Programme (NTEP)]

We scored the UPHCs based on the above criteria, where 1 was given if the infrastructure/service was available and 0 if not available. Those with higher scores, ranging from 0 to 7, were matched with the UPHCs which were prioritized to be UHWCs. Only UPHCs with a score of 5 or more were considered. Those UPHCs which were ranked higher in terms of selection for HWCs were given preference as Polyclinics. Further, the city of Mysuru is divided into nine administrative zones. In case multiple UPHCs were selected in the same zone, preference was given to UPHCs with a higher proportion of slum population. If any UCHC was present in same zone, the UPHC was not selected as a prospective Polyclinic.

The following are the steps towards using the data for selection of UHWCs and Polyclinics:

1. Once the data was collected, index scores were generated based on the proportion of notified and non-notified slum population to the total population covered by UPHC, as well as the average distance of notified/non-notified slums to the UPHC. One may follow either the population of slums as informed by FLWs, or only that of Census, or those which are mentioned by the local administration. However, index scores were considered for only where slum population is reported.

2 The UPHCs for establishing the UHWC or polyclinic were finalized based on the selection process mentioned above. Once the average of the index scores were generated, the average scores were sorted in descending order. Based on the ranking of scores, the UPHCs could be prioritized to be selected as probable UHWCs. We used two different options on the basis of which we could select the UHWCs or polyclinics. Option one was to consider the notified and non-notified slums according to the FLWs. This is shown in Table 1a. Similarly, for option two, we considered the notified and non-notified slums according to the Census 2011, as shown in Table 1b. One may also consider only those slums as listed by the local administration. Based on the average index scores of more than 50% and zonal representation, we prioritized the UPHCs to be converted to UHWCs.

3 Similar to the selection of UHWCs, for identification of polyclinics among the existing UPHCs, we considered those with scores of at least 5 of the 7 criteria, and selected as UHWCs based on the vulnerable population criteria and distance. Lastly, to avoid selection of multiple UPHCs in same zone, preference was given to HWCs with a higher proportion of slum population. Just as in the selection of UHWCs, the two options of key informant information and of the Census 2011 were used for polyclinics also. These are shown in Table 2a (corresponds to Table 1a) and 2b (corresponds to Table 1b), respectively.

One may plot the administrative boundaries of the UPHCs and the slums in GIS to clearly understand the position of notified and non-notified slums covered by the UPHC (Picture 1). In GIS, we could only plot the slums according to the Census 2011 and not the non-notified slums.

RESULTS OF THE MYSURU EXCERCISE

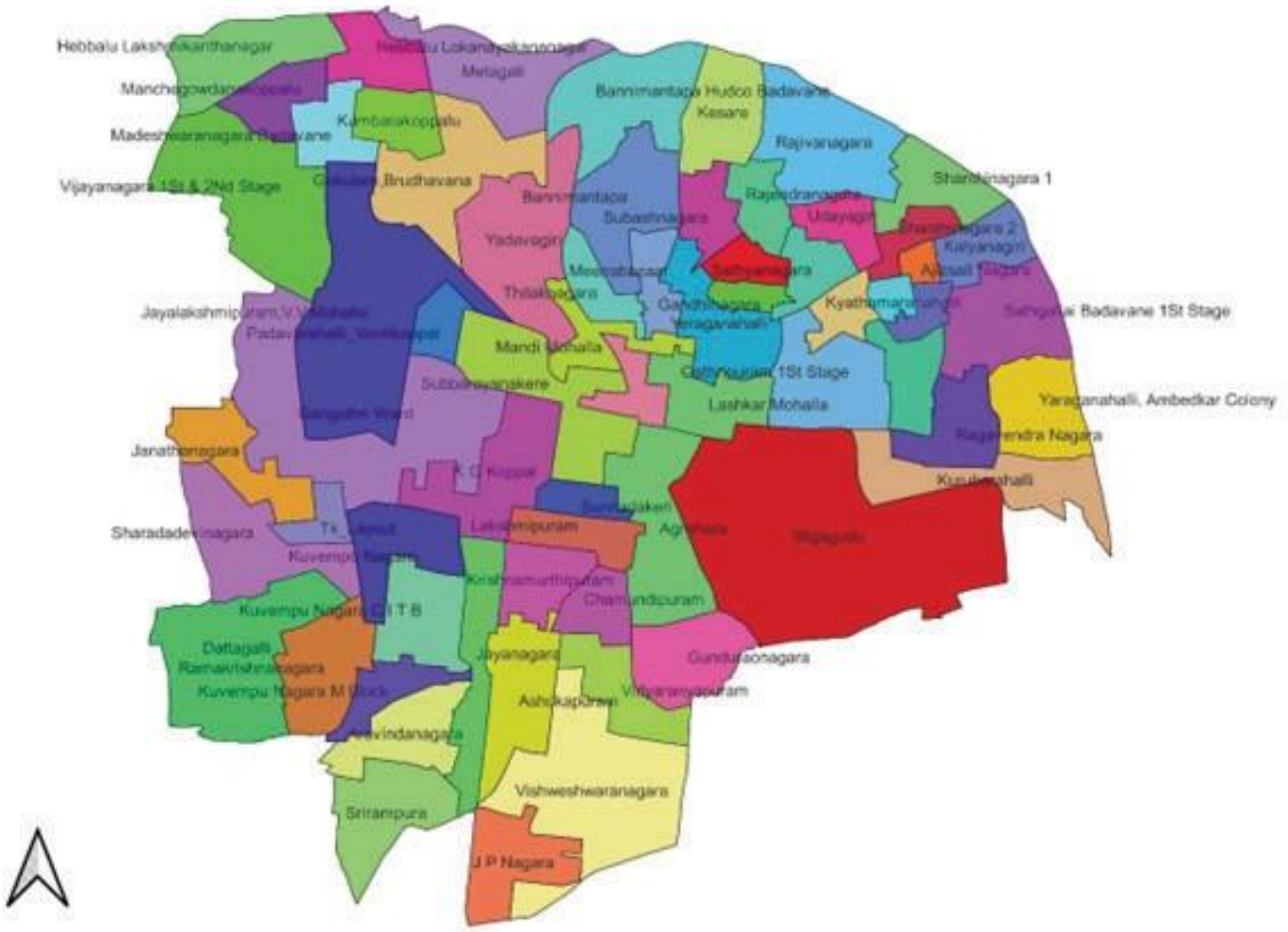


Fig. 2 : Mysuru Urban Ward Map

The exercise in the city of Mysuru informed us that of the nine administrative zones, there are no UPHCs in Zones 4 and 6. Following the steps mentioned above, the UPHCs areas can be Prioritized for selection of the UHWCs based on the average index scores. If there are multiple UPHCs in same administrative zone, preference may be given to UPHCs with a higher proportion of slum population. This is shown in Tables 1a and 1b, where some of the UPHC areas are not proposed to set up UHWCs, even though they have higher vulnerability or average index score (as marked in colour). According to key informants, only in one UPHC area were there no slum or slum like structures (Table 1b), while according to the Census 2011, there werefour including the one informed by key informants which did not have any slum orslum-like habitations (table 1b).

To identify Polyclinics, although we provided scores based on the availability of a few services or infrastructure, we tried to identify the same UPHCs selected earlier, based on the index scores and also zonal representation as the polyclinics, unless there was an existing UCHC in the same zone. This is shown in tables 2a and 2b, where UPHC areas selected for UHWCs based on notified/non-notified slum population and distance from UPHC as per key informants (Table 2a) or only Census 2011 slums (Table 2b) are selected as probable polyclinics, except if any UCHC is present in the same zone. The UPHC names marked in colour are those areas that were selected for setting up UHWCs, and correspondingly, UPHC critical infrastructure scores marked in colour are those selected as probable polyclinics.

CONCLUSION

This note provides strategic information on the development of a plan to identify strategic locations for setting up UHWCs and Polyclinics as per the 15th Finance Commission guidelines, where they will make maximum impact, especially among vulnerable population in the urban areas. Beyond this scientific approach of identification of strategic places for UHWC set-up, as this guideline suggests, we will identify UHWC/Polyclinic locations in consultation with local urban local bodies (ULBs), NGOs, schools, etc. The locations should be closer to slums, and other marginalized/vulnerable pockets. Existing ULB structures and NGO clinics could be considered in consultation as well, if those fall in the strategic places identified. The slums in Mysuru City Corporation area may not be representative of the slums in other metro cities of India. However, the methodology followed in this exercise can be used in metro cities and smaller towns to identify HWCs and polyclinics at strategic locations within a short period of time.

Table 1a: Option 1- Selection of UPHCs for UHWCs: Notified and Non-notified slums, according to the key informants

Facility Name	Zones	Population covered	Population notified & non-notified slum	Percentage of notified & non-notified slum population of the total population	Average distance of slum from the UPHC	Index for proportion of slum population	Index for distance	Average index score
Indiranagara	1	48856	31498	64.5	4	100.0	51.5	75.7
N.R.Mohalla	8	45096	24641	54.6	4.5	83.3	58.8	71.1
Veernegere	7	50000	25837	51.7	4	78.2	51.5	64.9
Shanthinagar	8	57221	35841	62.6	1.5	96.9	14.7	55.8
Kyathamaranahalli	9	53390	32987	61.8	1.1	95.4	8.8	52.1
Old Agrahara	1	47506	3142	6.6	7.3	1.6	100.0	50.8
Rajendra Nagara	8	58212	21541	37.0	3	53.3	36.8	45.0
Kumbarakoppalu	5	52901	27710	52.4	1	79.4	7.4	43.4
Lushkar B Gandi-nagara	7	50064	18576	37.1	2.5	53.5	29.4	41.4
N.H.Palya	2	42712	18542	43.4	1.5	64.2	14.7	39.4
HHMBG	9	42544	6865	16.1	4.5	17.8	58.8	38.3
Subramanya Nagar	5	55000	22200	40.4	1.2	59.0	10.3	34.6
T.K.Layout	3	50193	14976	29.8	2	41.1	22.1	31.6
Giribhovipalya	9	52456	21302	40.6	0.5	59.4	0.0	29.7
Bannimantap	7	53294	13792	25.9	2.1	34.4	23.5	28.9
Krishnamurthy puram	2	44686	13304	29.8	1.5	41.0	14.7	27.8
Chamundipuram	1	50685	14083	27.8	1.5	37.6	14.7	26.2
Nazarabad	9	42381	7627	18.0	1.8	21.0	19.1	20.0
Vishweshwara Nagara	2	51054	5680	11.1	1.5	9.3	14.7	12.0
Saraswathipuram	3	41825	2375	5.7	1	0.0	7.4	3.7
Kuvempunagara	3	60804	0					

Table 1b: Option 2- Selection of UPHCs for UHWCs: Only Census 2011 notified and non-notified slums

Facility Name	Zones	Population covered	Population notified & non-notified slum	Percentage of notified & non-notified slum population of the total population	Average distance of slum from the UPHC	Index for population	Index for distance	Average score
Shanthinagar	8	57221	35841	62.6	1.5	100.00	14.71	57.4
Kyathamaranahalli	9	53390	32987	61.8	1.1	98.64	8.82	53.7
Kumbarakoppalu	5	52901	27710	52.4	1	83.63	7.35	45.5
Veernegere	7	50000	25837	51.7	4	82.50	51.47	67.0
N.R.Mohalla	8	45096	24641	54.6	4.5	87.24	58.82	73.0
Rajendra nagara	8	58212	21541	37.0	3	59.08	36.76	47.9
Giribhovipalya	9	52456	21302	40.6	0.5	64.83	0.00	32.4
Lushkar B gandi-nagara	7	50064	18576	37.1	2.5	59.24	29.41	44.3
N.H.Palya	2	42712	18542	43.4	1.5	69.31	14.71	42.0
T.K.Layout	3	50193	14976	29.8	2	47.64	22.06	34.8
Chamundipuram	1	50685	14083	27.8	1.5	44.36	14.71	29.5
Bannimantap	7	53294	13792	25.9	2.1	41.32	23.53	32.4
Krishnamurthy puram	2	44686	13304	29.8	1.5	47.53	14.71	31.1
HHMBG	9	42544	6865	16.1	4.5	25.76	58.82	42.3
Vishweshwara nagara	2	51054	5680	11.1	1.5	17.76	14.71	16.2
Old agrahara	1	47506	3142	6.6	7.3	10.56	100.00	55.3
Saraswathi puram	3	41825	2375	5.7	1	9.07	7.35	8.2
Indiranagara	1	48856	0					
Subramanya nagar	5	55000	0					
Nazarabad	9	42381	0					
Kuvempunagara	3	60804	0					

Table 2a: UPHC scores to identify Polyclinics based on the seven criteria corresponding to numbers provided by key informant

UPHC/UCHC	Zones	Building owned by govern-ment? Yes-1 No-0	Consulta-tion rooms? Yes-1 No-0	Separate laboratory Yes-1 No-0	Haema-tology analyser Yes-1 No-0	Semi auto analyser Yes-1 No-0	Routine urine tests (sugar, albumin, microsco-py) Yes-1 No-0	Sputum testing for my-cobac-terium (as per guide-lines of NTEP) Yes-1 No-**0**	Sum of critical infra-struc-ture/ services
Vishweshwara nagara	2	1	1	1	1	1	1	1	7
N.R.MohaIIa	8	1	1	1	1	1	1	1	7
Saraswathi puram	3	1	1	1	1	1	1	1	7
Giribhovipalya	9	1	1	1	1	1	1	1	7
Bannimantap	7	1	1	1	0	1	1	1	6
Shanthinagar	8	0	1	1	1	1	1	1	6
Subramanya Nagar	5	1	1	1	0	1	1	1	6
Veerengere	7	1	1	1	0	1	1	1	6
HHM BG	9	1	1	1	0	1	1	1	6
Lushkar B gandinagara	7	1	1	1	0	1	1	1	6
Kyathamaranahalli	9	1	1	1	0	1	1	1	6
Kuvempunagara	3	1	1	1	0	1	1	1	6
Kumbarakoppalu	5	1	1	1	0	1	1	1	6
Indiranagara	1	1	1	1	0	1	1	1	6
N.H.PaIya	2	1	1	1	0	1	1	0	5
Chamundipuram	1	1	0	1	0	1	1	1	5
Nazarabad	9	1	0	1	0	1	1	1	5
T.K.Layout	3	1	1	1	0	1	1	0	5
Rajendra nagara	8	1	1	1	0	0	1	1	5
Old agrahara	1	0	1	1	0	1	1	1	5
Krishnamurthypuram	2	0	0	1	0	1	1	1	4
Jayanagara CHC	2	1	1	1	1	0	1	1	6
Vani vilas CHC	4	0	1	1	1	0	1	0	4

Table 2b: UPHC scores to identify polyclinics based on the seven criteria-corresponding to numbers in Census 2011 notified/non-notified slums

UPHC/UCHC	Zones	Building owned by govern-ment? Yes-1 No-0	Consulta-tion rooms? Yes-1 No-0	Separate laboratory Yes-1 No-0	Haema-tology analyser Yes-1 No-0	Semi auto analyser Yes-1 No-0	Routine urine tests (sugar, albumin, microsco-py) Yes-1 No-0	Sputum testing for my-cobac-terium (as per guide-lines of NTEP) Yes-1 No-0	Sum of critical infra-struc-ture/ services
Vishweshwara nagara	2	1	1	1	1	1	1	1	7
N.R.MohaIIa	8	1	1	1	1	1	1	1	7
Saraswathi puram	3	1	1	1	1	1	1	1	7
Giribhovipalya	9	1	1	1	1	1	1	1	7
Bannimantap	7	1	1	1	0	1	1	1	6
Shanthinagar	8	0	1	1	1	1	1	1	6
Subramanya Nagar	5	1	1	1	0	1	1	1	6
Veerengere	7	1	1	1	0	1	1	1	6
HHM BG	9	1	1	1	0	1	1	1	6
Lushkar B gandinagara	7	1	1	1	0	1	1	1	6
Kyathamaranahalli	9	1	1	1	0	1	1	1	6
Kuvempunagara	3	1	1	1	0	1	1	1	6
Kumbarakoppalu	5	1	1	1	0	1	1	1	6
Indiranagara	1	1	1	1	0	1	1	1	6
N.H.PaIya	2	1	1	1	0	1	1	0	5
Chamundipuram	1	1	0	1	0	1	1	1	5
Nazarabad	9	1	0	1	0	1	1	1	5
T.K.Layout	3	1	1	1	0	1	1	0	5
Rajendra nagara	8	1	1	1	0	0	1	1	5
Old agrahara	1	0	1	1	0	1	1	1	5
Krishnamurthypuram	2	0	0	1	0	1	1	1	4
Jayanagara CHC	2	1	1	1	1	0	1	1	6
Vani vilas CHC	4	0	1	1	1	0	1	0	4

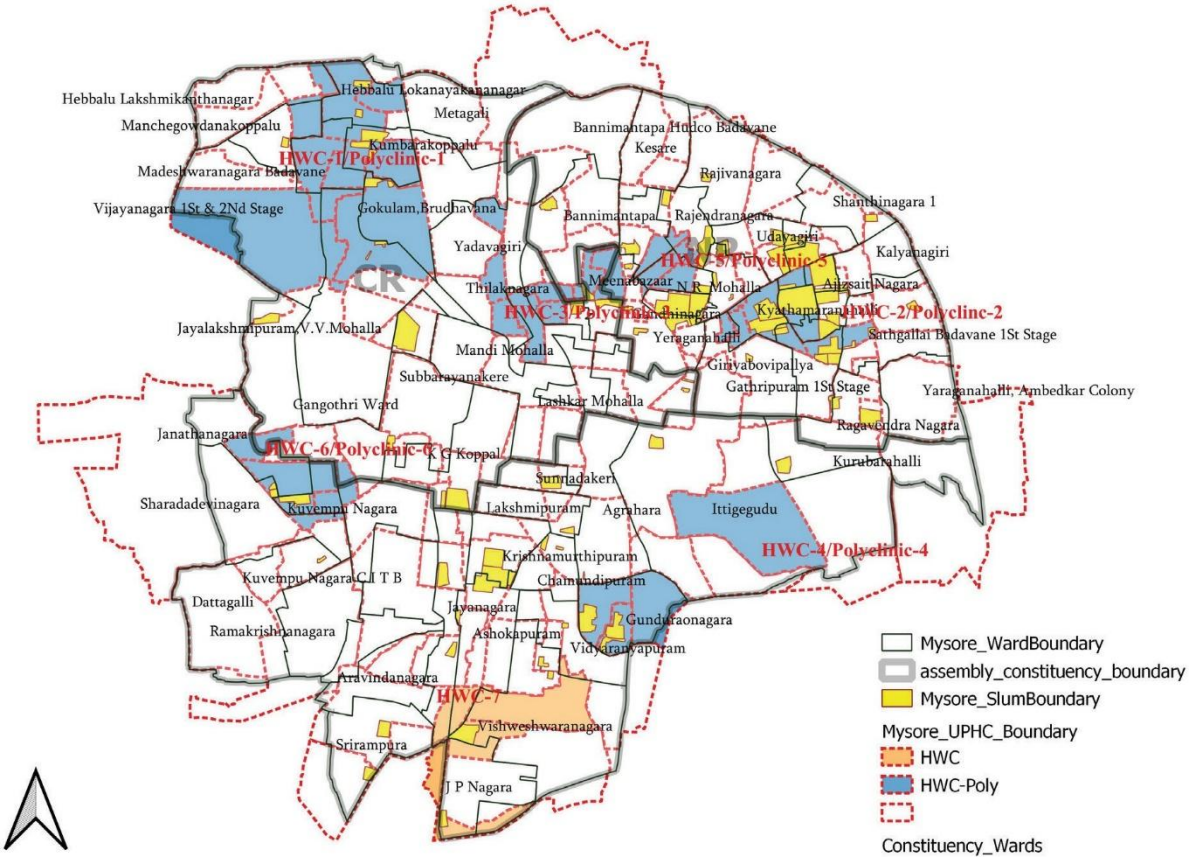


Fig. 3 : Selection of UPHCs for UHWCs : Notified and non-notified slums, according to the key informants

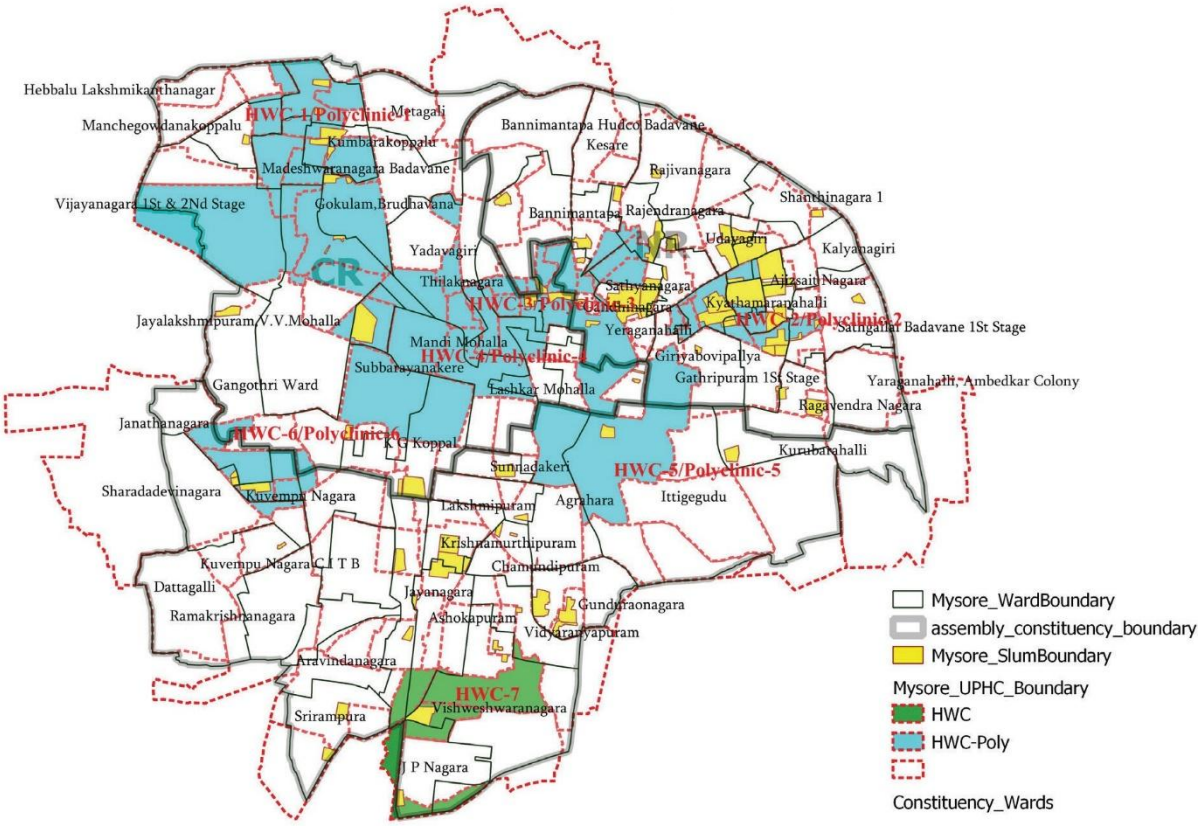


Fig. 4: Selection of UPHCs for UHWCs: Only Census 2011 notified and non-notified slums

ANNEXURES

Annexure: UPHC Mapping tool

MAPPING UPHC SERVICES

A: IDENTIFICATION
DISTRICT _____ ⌐¬
TOWN/ _____
WARD _____ ⌐¬
⌐¬
URBAN PRIMARY HEALTHCENTRE (Location) _____
NAME OF THE INTERVIEWER _____
SIGNATURE OF THE INTERVIEWER _____
NAME OF THE UPHC MO _____
SIGNATURE OF THE UPHC MO _____

	VISIT 1	VISIT 2	VISIT 3
DATE	DAY MONTH YEAR ⌐¬⌐¬⌐¬⌐	DAY MONTH YEAR ⌐¬⌐¬⌐¬⌐	DAY MONTH YEAR ⌐¬⌐¬⌐¬⌐
RESULT*			

RESULT: 1. Completed 2. Primary respondent not available 3. Postponed 4. Refused 5. Partly completed 6. Other_____(SPECIFY)

B: Coverage of vulnerable population by UPHC

1	Names and designation of key informants	Name	Designation
A			
B			
C			
D			
E			
F			
2 a	Number of wards covered		
2 b	Ward numbers covered by the UPHC		
2 c	Total population covered by UPHC		
3 a	Number of notified Slums in the UPHC administrative area- as per key informant		

3 b	Number of notified Slums in the UPHC administrative area- as per Census 2011				
4	Name of slum	Available in Census 2011 (Yes/No)	Total pop-ulation	Distance from the main UPHC (In Kms)	Name and Distance of Nearest UPHC
A					
B					
C					
D					
5 a	Number of Non-Notified Slums- as per key informant				
5 b	Number of Non-notified Slums- as per Census 2011				

6	Name of the Non-notified Slums	Available in Census 2011 (Yes/No)	Total population	Distance from the main UPHC (In Kms)	Name and Distance of Nearest UPHC if exist
A					
B					
C					
D					

C. Human Resources

What is the number of staffs sanctioned in the Primary Health Centre? (Add Group D staff)

SN	2. Please give me the designation of each staff sanctioned. RECORD THE DESIGNATIONS OF EACH SACTIONED POSITION IN SEPARATE ROWS. FOR EXAMPLE, IF 3 MEDICAL OFFICERS POSITIONS ARE SANCTIONED, RECORD MEDICAL OFFICER 1 IN ONE ROW, MEDICAL OFFICER 2 IN THE ANOTHER ROW, MEDICAL OFFICER 3 IN YET ANOTHER ROW. IF ANY OF THE STAFF NOT MENTIONED AS IN REFERENCE SHEET, PROBE	3. Is this position currently available at the PHC? (AVAILABLE = 1, NOT AVAILABLE = 2) ASK Q. 4-8 IF AVAILABLE.	4. Name of the staff
1			
2			
3			
4			
5			
SN	Q2	Q3	Q4
7			
8			
9			
10			

5. Is the available staff a male or a female? (MALE = 1, FEMALE = 2)	6. What is his / her educational qualification? RECORD AS REPORTED	7. What is the type of appointment of the staff in this position? (PERMANENT /REGULAR APPOINTMENT AT CURRENT HEALTH FACILITY=1 ON DEPUTATION FROM ANOTHER GOVERNMENT FACILITY=2 SHARED WITH OTHER GOVERNMENT FACILITIES=3 CONTRACTED FULL TIME=4 CONTRACTED PART TIME=5 OTHER (SPECIFY)=6)
Q5	Q6	Q7

REFERENCES

1 Ministry of Health & Family Welfare, Government of India. Operational Guidelines for PM Ayushman Bharat Health Infrastructure Mission. Page 26. Available from: https://nhsrcindia.org/sites/default/files/OGls%20PM%20Ayushman%20Bharat%20Health%20Infrastructure%20Mission.pdf

2 Ministry of Health & Family Welfare, Government of India. Operational Guidelines for PM Ayushman Bharat Health Infrastructure Mission. Page 26. Available from: https://nhsrcindia.org/sites/default/files/OGls%20PM%20Ayushman%20Bharat%20Health%20Infrastructure%20Mission.pdf

3 Ministry of Health & Family Welfare, Government of India. Technical & Operational Guidelines for Implementation of 15th Finance Commission (FC –XV) – Health grants through local Government. Available from: https://nhsrcindia.org/sites/default/files/2021-09/FCXV%20Technical%20and%20Operational%20GLs%20to%20States%20dated%2031082021.pdf

4 https://censusindia.gov.in/nada/index.php/catalog/42602/download/46252/Census%20of%20India%202011-Housing%20Stock%2C%20Amenities%20%20%20Assets%20In%20Slums.pdf\\

5 Ministry of Health & Family Welfare Services, Government of India. Quality standards for Urban Primary Health Care Centres. Available from: http://qi.nhsrcindia.org/sites/default/files/Quality%20Standards%20for%20Urban%20Primary%20Health%20Centre_0.pdf

KHPT
IT Park, 5th Floor, 1-4, Rajajinagar
Industrial Area,
Behind KSSIDC Admin office,
Rajajinagar, Bengaluru - 560 044
Ph: + 91 80 4040 0200, **Fax**: + 91 80 4040 0300
E: khptblr@khpt.org | **W:** www.khpt.org