

Brief Note on Urban RCH programme

Backdrop-

The urban poor population in Rajasthan has been increasing rapidly in recent decades along with rapid urbanization. It is estimated that 47.51 lakh persons comprising 32.9 per cent of the urban population of the state live below the poverty line. Urban Poverty in Rajasthan is almost double that in rural area of the state. The urban poor rarely benefit from the facilities in urban areas and are as deprived as those in the rural areas. The health of the slum communities is considerably worse off than the non poor in urban area and is comparable to the rural figures.

Health Status of the Urban Poor-

The conditions in urban areas of the state have not shown significant improvement since NFHS -2. Re analysis of NFHS III findings (2005-2006) has revealed the status of Urban Poor in the State of Rajasthan. While immunization coverage amongst urban poor, there has been an improvement from 6.6% to 21%. There has been significant decline in percentage of deliveries in urban areas being conducted by skilled personnel, in spite of the assumed proximity of services in cities among urban poor¹. Incomplete treatment of diarrhea creates delicate situations for child survival in a situation of rampant malnourishment.

Urban RCH programme-

Goals and Objectives of Urban RCH Programme

Urban RCH programme aims to improve the health status of the urban poor particularly the slum dwellers and other disadvantage groups by provisioning access to quality Primary Health Care Services along with strengthening the existing capacity of health delivery systems leading to improved health status and quality of life.

Core Strategies

The Urban Health RCH Program includes the following core strategies:

- A. Decentralized Urban Health Planning
- B. Improve access to quality health services through decentralized health facilities – ensuring 1 Urban Health Post at 50,000 population in all cities (including existing infrastructure and manpower) and regularized outreach camps
- C. Community level mobilization in slums of all cities through community health worker and health groups

¹ USAID, UHRC (2007) NFHS – 3, disaggregated data by Wealth Index Quartiles

D. Enhanced management capacity of the program at the State and city level

E. Baseline survey of health conditions in urban areas of the state

Formulation of I Tier Institutions i.e. Urban RCH Centres:

In the financial year 2008-2009, it is proposed to establish I Tier type Urban Health Institutions along with 8 cities viz. Ajmer, Alwar, Bharatpur, Jaipur, Jodhpur, Kota, Bikaner and Udaipur selected and identified and also in all District Headquarter town . Hence, in total there will be 65 Tier-I type Institutions across the state. In some cities, out of these it is observed that there are few large pockets of urban slum population which will not be adequately covered by these Tier-I institutions. Moreover, in smaller cities of Class A and B municipalities, it is proposed to establish Aid Posts, which will be a much smaller unit having an ANM and nursing staff (Nurse Grade-II) to deliver OPD and outreach services.

Details of Staff Structure and operational costs at the Urban Health Centre

. Category of Personnel (Each health center)	No. of post Sanctioned	Monthly Exp.	Annual Exp.
Medical Officer, General Physician (Preferably Female)	1	8000/- pm	96000
LHV (Staff Nurse)	1	6,500/- pm	78000
Nurse II grade	1	4,500/- pm	54000
ANMs	4	3,500/- pm	168000
Laboratory Technician	1	3,500/- pm	42000
Class IV	1	2,500/-pm	30000
Safai Karamchari (part time)	1	1,000/- pm	12000
II. Electrical, Water, Building Charges etc. including rent of the Centre		10,000/- pm	120000
III. Drugs		30,000/- pm	360000
IV. Training		8,00 per month	10000
V. IEC materials		2,000/- per month	25000
VI. Office Expenses		1,500/- pm	20000
Total			1015000

Note: On total expenditure, 5% of the administrative expense will be admissible to the NGOs.

Equipment & Furniture

Equipments		Non recurrent	70,000/-
Furniture		Non recurrent	50,000/-
GRAND TOTAL			1135000

Total amount for one Urban RCH Centre given to NGOs for a year comes to Rs 1135000

Current Status –

Initiation mapping process of the slums in the 8 cities have been accomplished and based on the same, number of Urban Health Centres have been decided in 8 cities. To operationalize and manage the Urban Health Centres, 43 NGOs have been selected for 8 cities.

Next Proposed Activities for the NGOs-

- Signing of MOUs
- Identification of suitable Rented place for Urban Health Centre and establishing set up in identified slum area
- Recruitment of Staff as per guidelines for Urban Health Centre
- Procurement of Equipments and furniture
- NGO to conduct Community Needs Assessment Survey to identify the targets for delivery services
- Delivery of Primary Health Care Services (Regular OPD services with Antenatal, postnatal care and immunization), Treatment of RTI/STI , lab services, family planning services
- Referral for institutional deliveries
- Demand generation of services in the slum areas with regular IEC / BCC activities
- Regular and focused Outreach sessions with record keeping and tracking fortnightly in identified and needy slum areas by ANMs.

Performance Indicators-

- No. of pregnant women given ANC, PNC services
- No. of children fully immunized
- No of cases referred for institutional deliveries
- No of cases covered under national programs like DOTS , NMCP
- No of cases of IUD insertion, NSV camps and sterilization camp
- No of cases of OPD including RTI/STI cases
- No of beneficiaries using contraceptives and ORS
- Details of Outreach activities conducted by ANMs and link volunteers
- No of cases availing Lab investigation services
- Details of IEC activities conducted

Expected Outcomes-

Outcome: Increase in the coverage of the Fully Immunised Children by 25% after 6 months of starting the Programme and by 50% by the one year of service in selected slum as specified.

100% of complete immunization in slum areas

80% of ANC's achieved for pregnant women

80 % institutional deliveries