Status of Implementation of NUHM and Healthcare Needs, Utilization of Health Services and Barriers to Access among Inhabitants of an Identified Slum in Shimla.

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- Review of Literature
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Introduction

- Slums are defined as mainly those residential areas where dwellings are in any respect unfit for human habitation by reasons of dilapidation, overcrowding, faulty arrangements and designs of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light, sanitation facilities or any combination of these factors which are detrimental to safety, health and morals.

Section-3 of the Slum Area Improvement and Clearance Act, 1956.

Introduction (contd.)

- Poverty coupled with the lack of access to services emerges as a major issue for a poor and worsening health situation among the urban population.
- On 1st May 2013, the cabinet approved the National Urban Health Mission as a part of the National Health Mission (NHM)
- The main objective of NUHM is “to address the health concerns of the urban poor through facilitating equitable access to available health facilities by rationalizing and strengthening of the existing capacity of health delivery for improving the health status of the urban poor”(NUHM Framework, 2013).

Review of Literature

- The urban population of the country increased from 27 crores in 2001 to 37.7 crores in the 2011 census and is expected to become 46 per cent of the entire population by 2030.

- Studies on the situation of RCH in urban areas noted that there were consistent differences in antenatal care (ANC) coverage between slum and non-slum areas. While 74% of women in non- slum areas received 3 or more ANC check-ups, only 55% of the women in slums did. This study also found that 27% of infants in slums had a low birth weight compared with 18% of those born in non-slum areas. (Das et al,2004)

Review of Literature

- The urban poor suffer from poor health status, as per NFHS III data under 5 Mortality Rate (U5MR) among the urban poor at 72.7, is significantly higher than the urban average of 51.9
- 61 Notified slum areas in Shimla comprising about 15 percent of the total population of Shimla.

Research Questions

- What are the key healthcare needs of the population in the identified slum area in Shimla?
- What is the pattern of utilization of health services and the barriers to access among the inhabitants of the identified slum area?
- What is the status of Implementation of NUHM in Shimla?

Objectives

General Objective

- To find out the key primary health needs and pattern of utilization of health services and barriers to access in the identified urban slum populations in Shimla and document the extent of implementation of National Urban Health Mission (NUHM) to meet the healthcare needs of the study population

Objectives

Specific Objectives

1. To find out the key health needs of the inhabitants of an identified in Shimla.
2. To determine the availability of healthcare providers to the identified slum population.
3. To delineate the pattern of utilization of healthcare services and barriers to access.
4. To document the status of implementation of strategies and activities proposed under NUHM to meet the healthcare needs of the identified slum populations in Shimla.

Research Design

- A cross-sectional descriptive study.
- Qualitative and Quantitative Research.
- Study Area: Krishna Nagar Slum, Shimla, Himachal Pradesh.

Sampling Technique

- Household Survey: Simple Random Sampling
- In-Depth Interviews: Purposive Sampling

Sample Size

Table 1:Population and Sample Size of Study Area for Household Survey			
Study Area Total		Sample Size	
Household	Population (Estimated)	Household	Population
1213	9200	70	304*

*Meets the sample size Calculated using Epi Info for 90 percent Confidence Intervals.

Table:2 Sample for In-Depth Interviews	
State Health Department Officials	2
Urban Local Body Officials	1
Medical Officers at U-PHC	7
Other Health Staff at U-PHC	15

Research Methodology

Data Collection

Qualitative Data

- In Depth Interviews
- Tool Used: IDI guide.

Quantitative Data

- Household Survey
- Tool Used: Semi Structured Questionnaire

Data Processing and Analysis

Quantitative Data	• Microsoft Excel • SPSS
Qualitative Data	• Expanded notes were manually analyzed

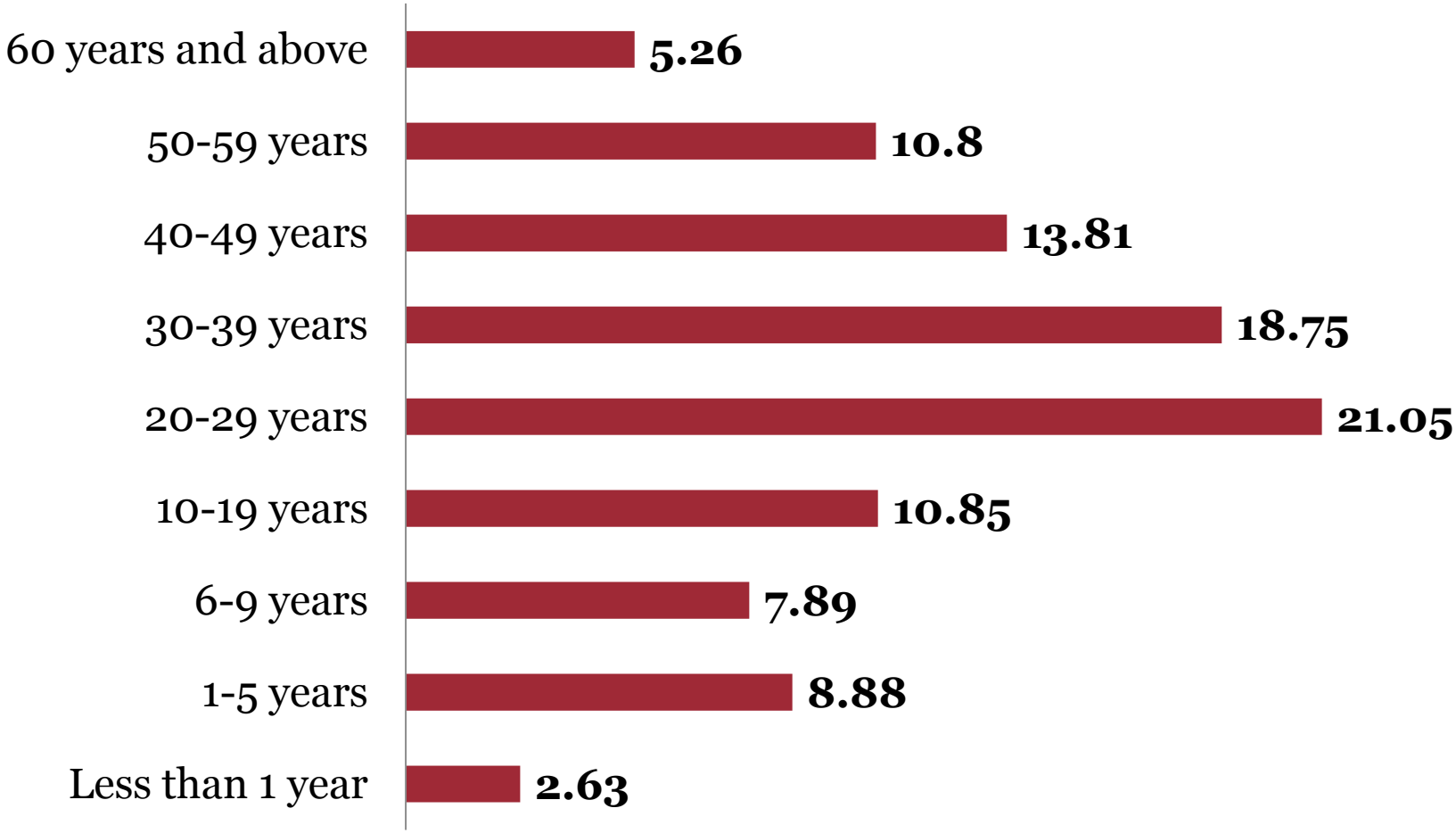
Results

Table 3: Demographic Characteristics of Study Population (N=304)

Percentage Composition of Sample By Sex	
Male	56.91
Female	43.09
Percentage Composition of Sample by BPL Status	
Yes	42.44
No	57.56

Results:

Figure 1: Demographic Characteristics: Age Structure



Results

Demographic Characteristics of Study Sample

Figure 2: Demographic Characteristics : Caste Category of Study Sample (N=304)

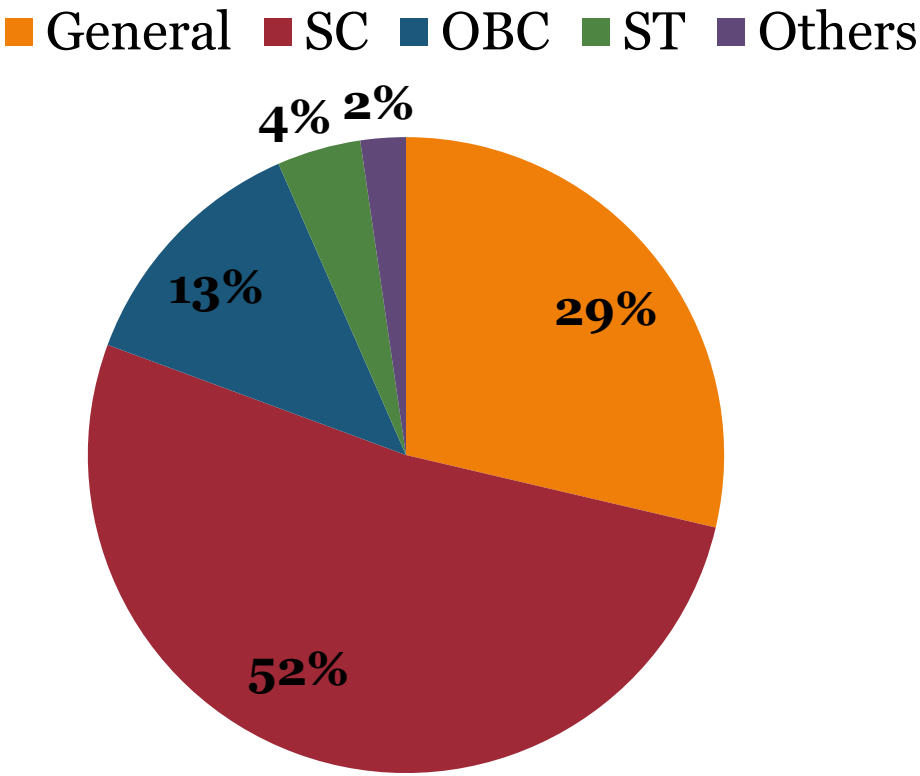


Figure 3: Demographic Characteristics: Marital Status (N=304)

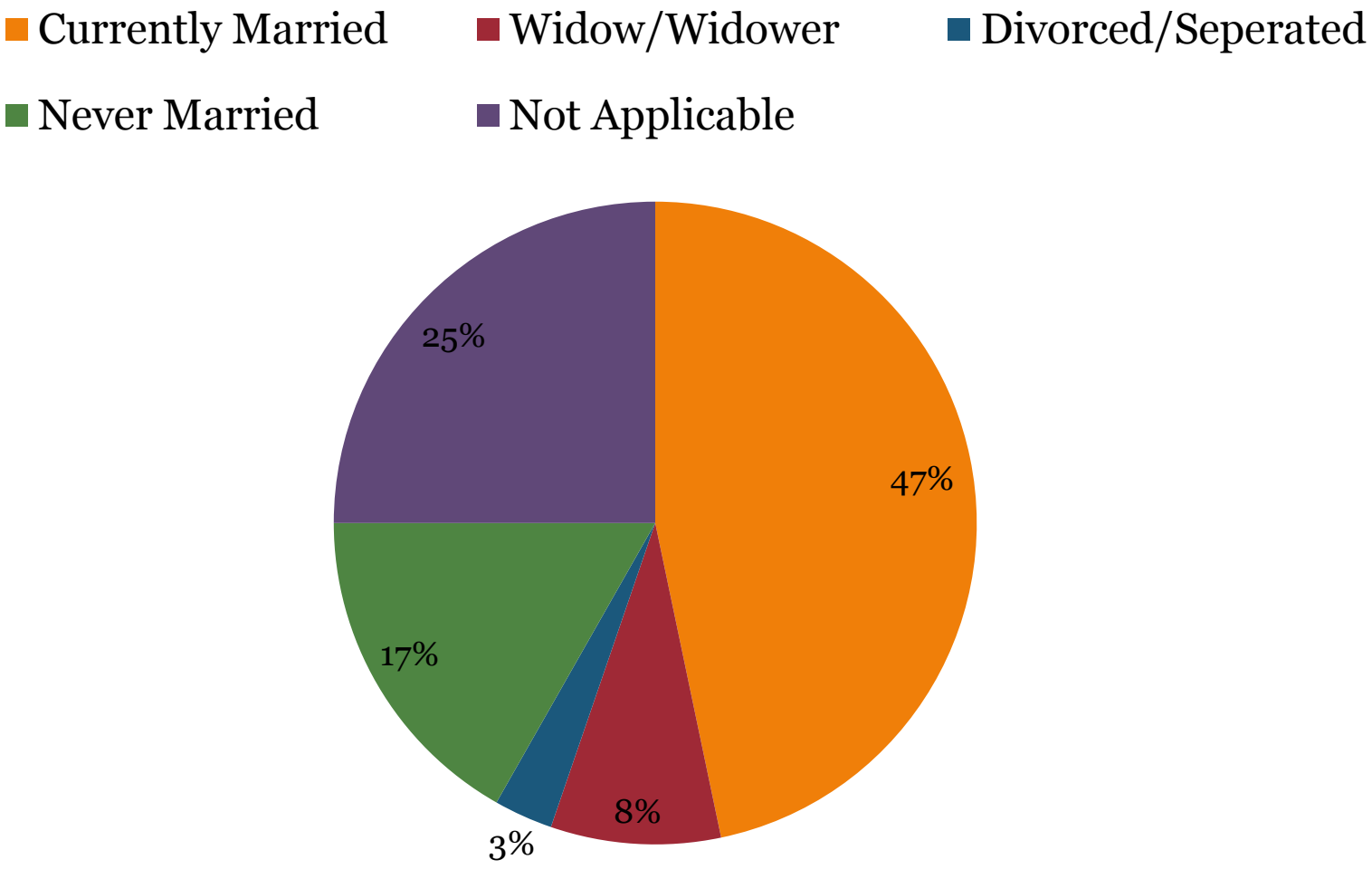


Figure 4: Demographic Characteristics: Educational Level (N=304) (Based on Level of School Attended)

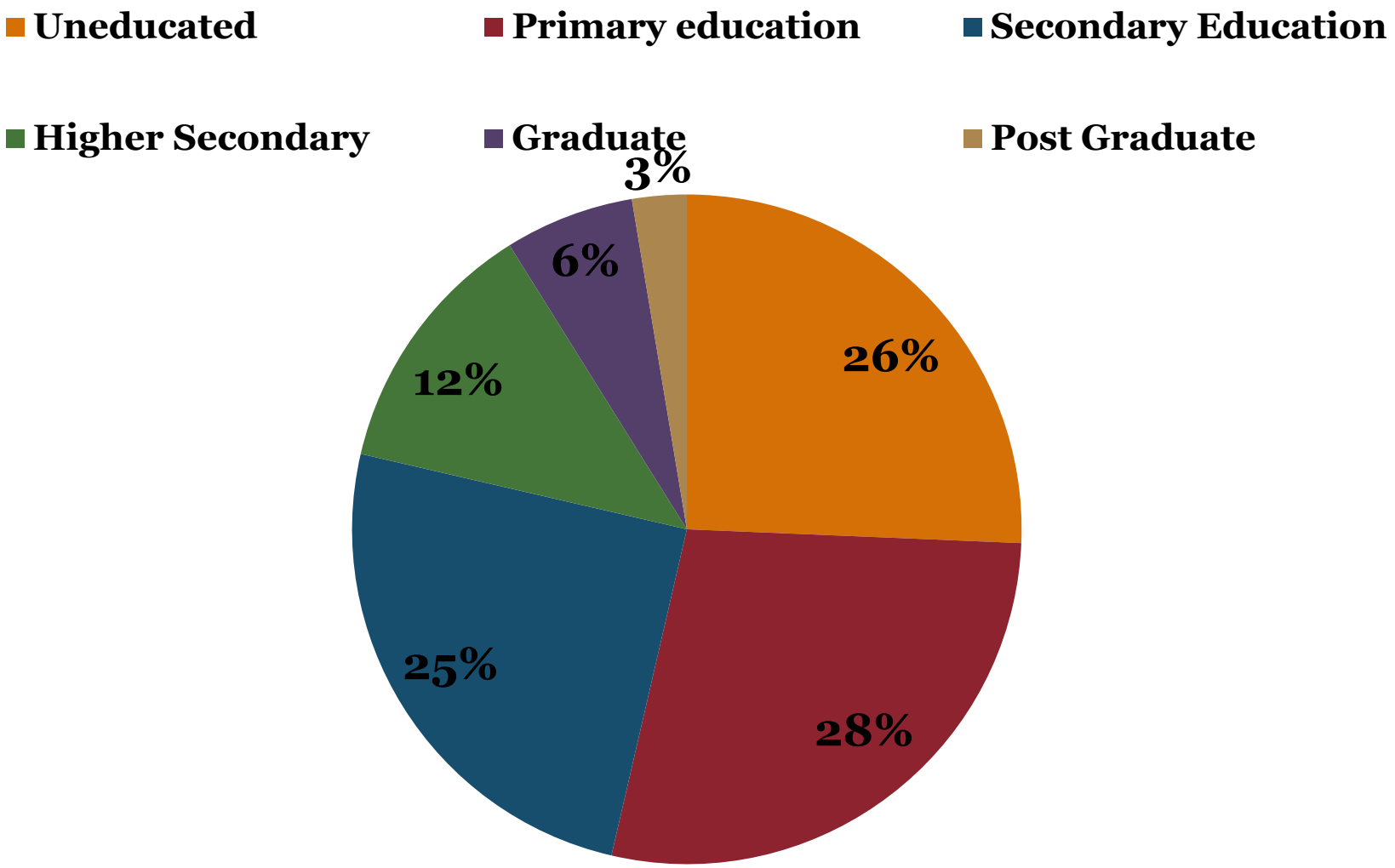
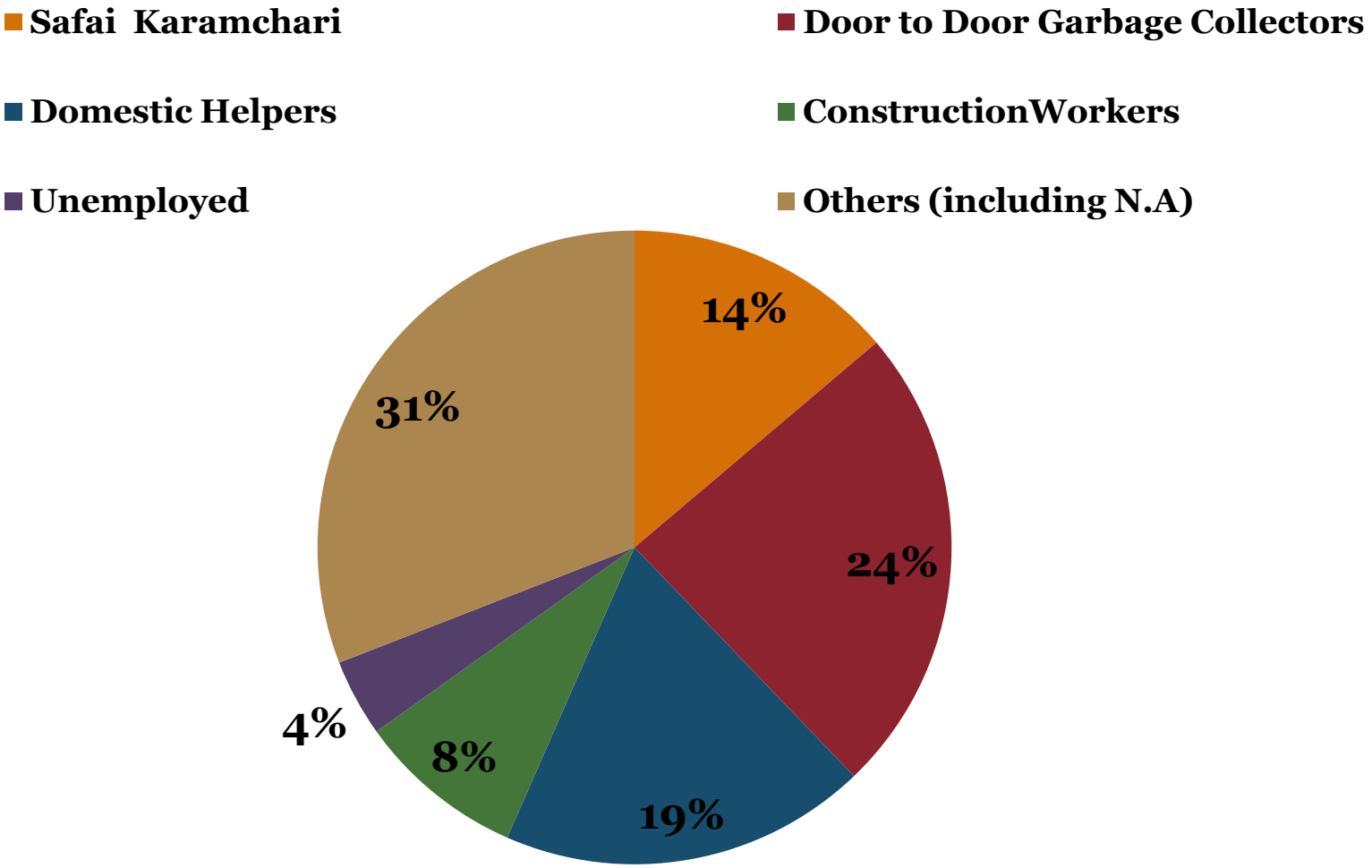


Figure 5: Demographic Characteristics: Occupation of Study Sample (N= 304)



Physical Environment and Determinants of Health

Figure 6: Type of House(N=70)

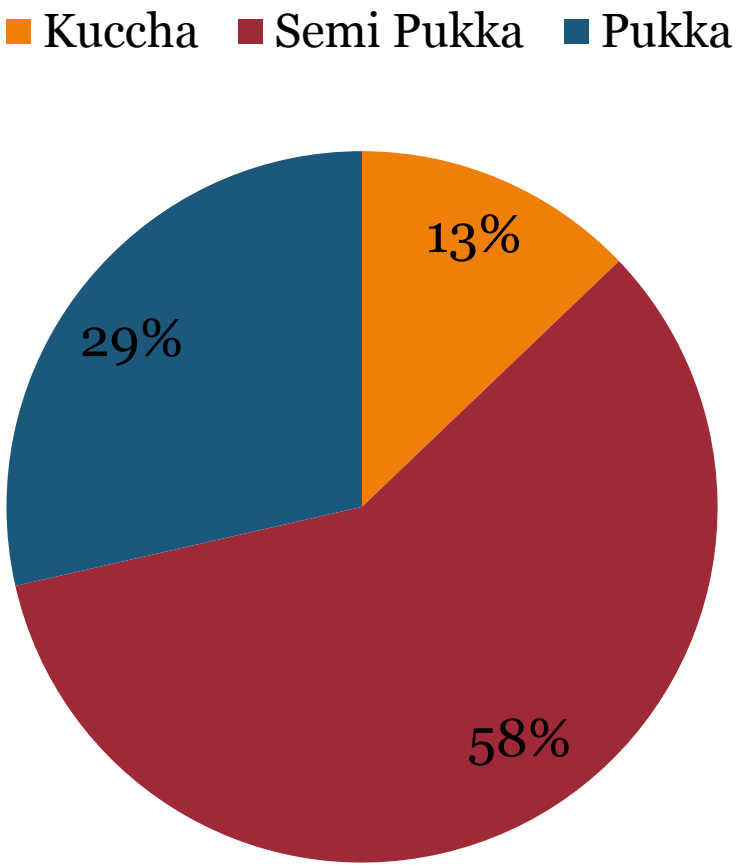
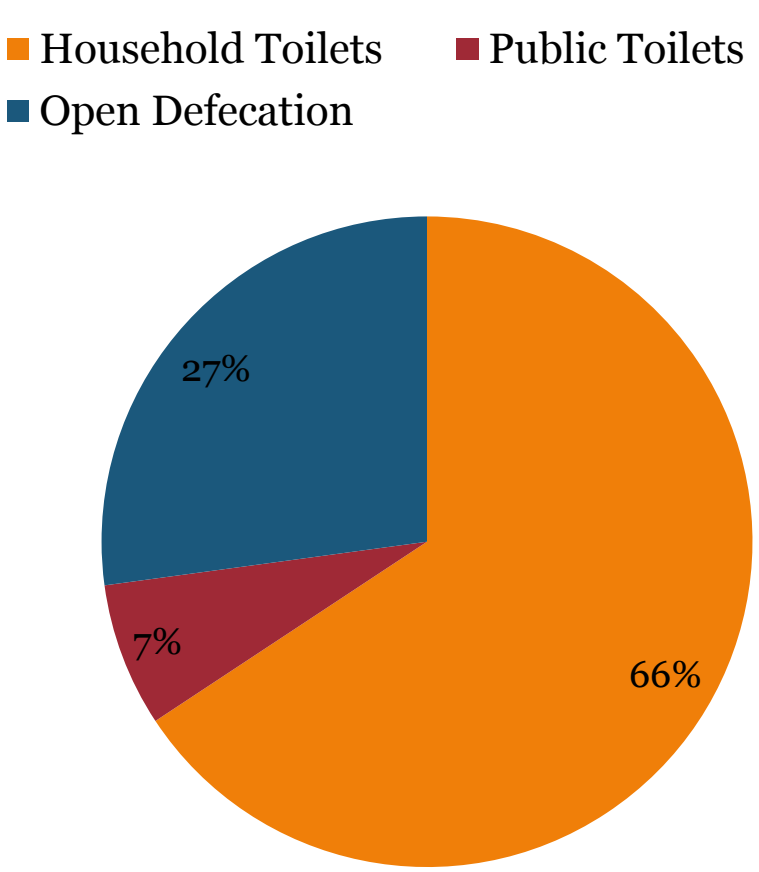


Figure 7:Use of Toilets (N=70)



Physical Environment and Determinants of Health

Figure 8: Source of Water (N=70)

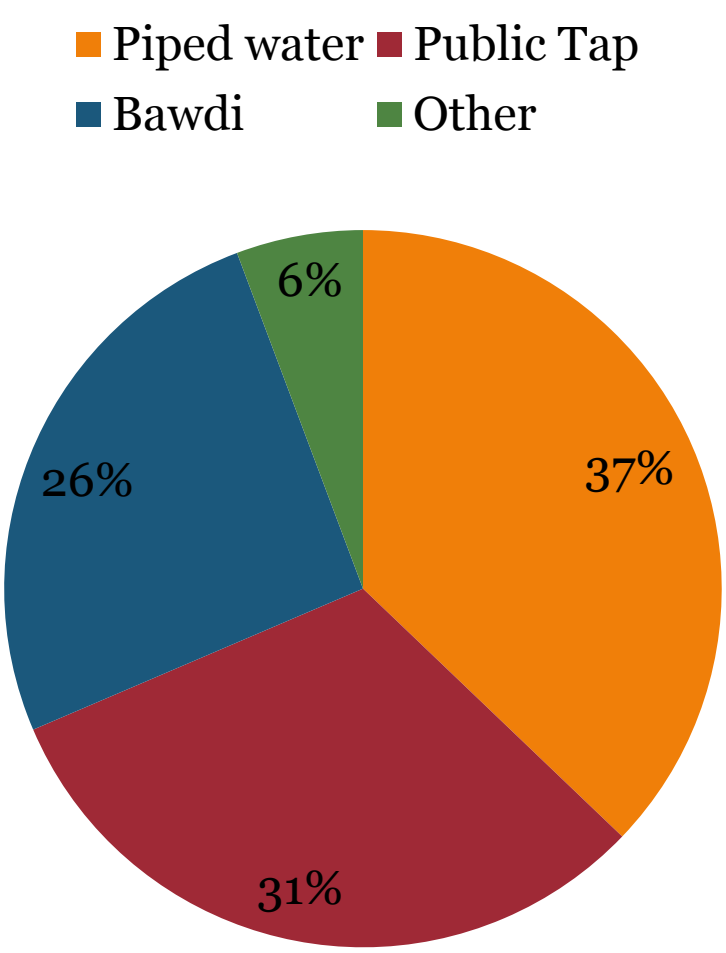
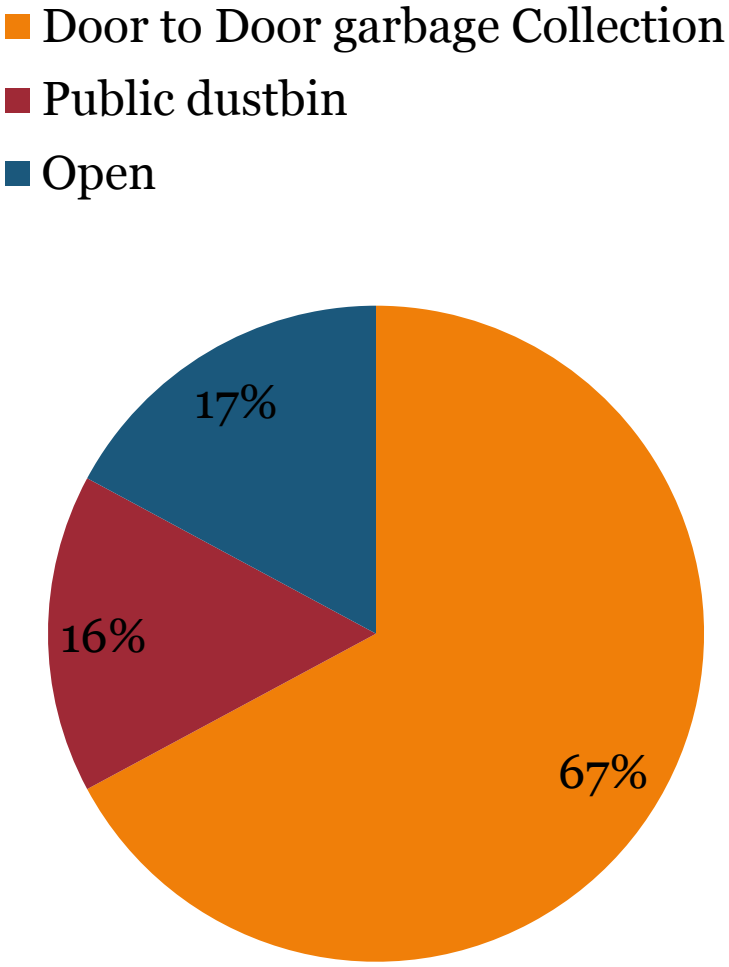


Figure 9: Waste Disposal (N=70)



Healthcare Needs and Utilization of Health Services

A. Other than age less than 5 years

Reported Incidence of Sickness/Disease in Previous month from the date of visit (N=269) : 31.22 %

Percentage of Respondents Who Availed Treatment (N=84) : 72.61%

Figure 9: Disease Burden among Inhabitants of Study Area other than children less than 5 years (N=84)

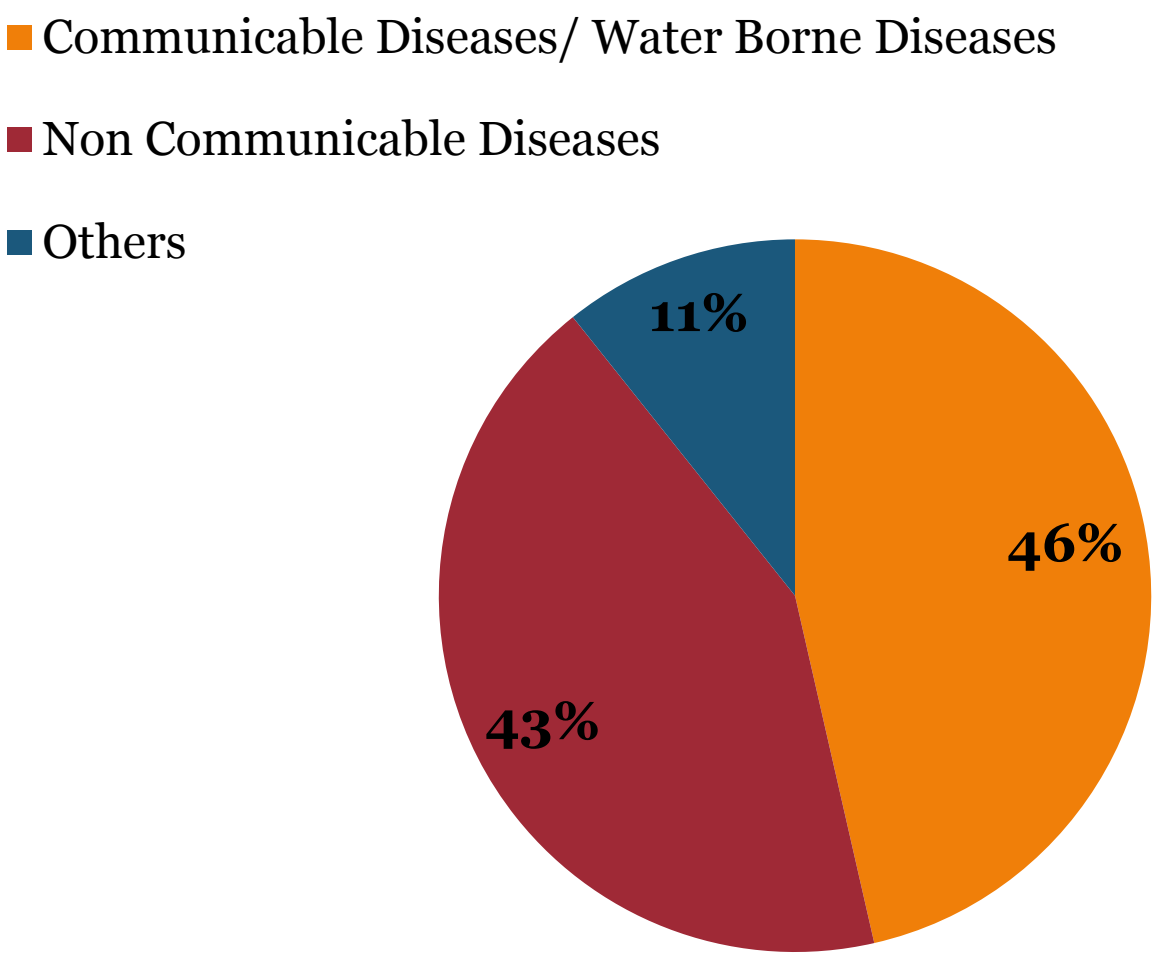
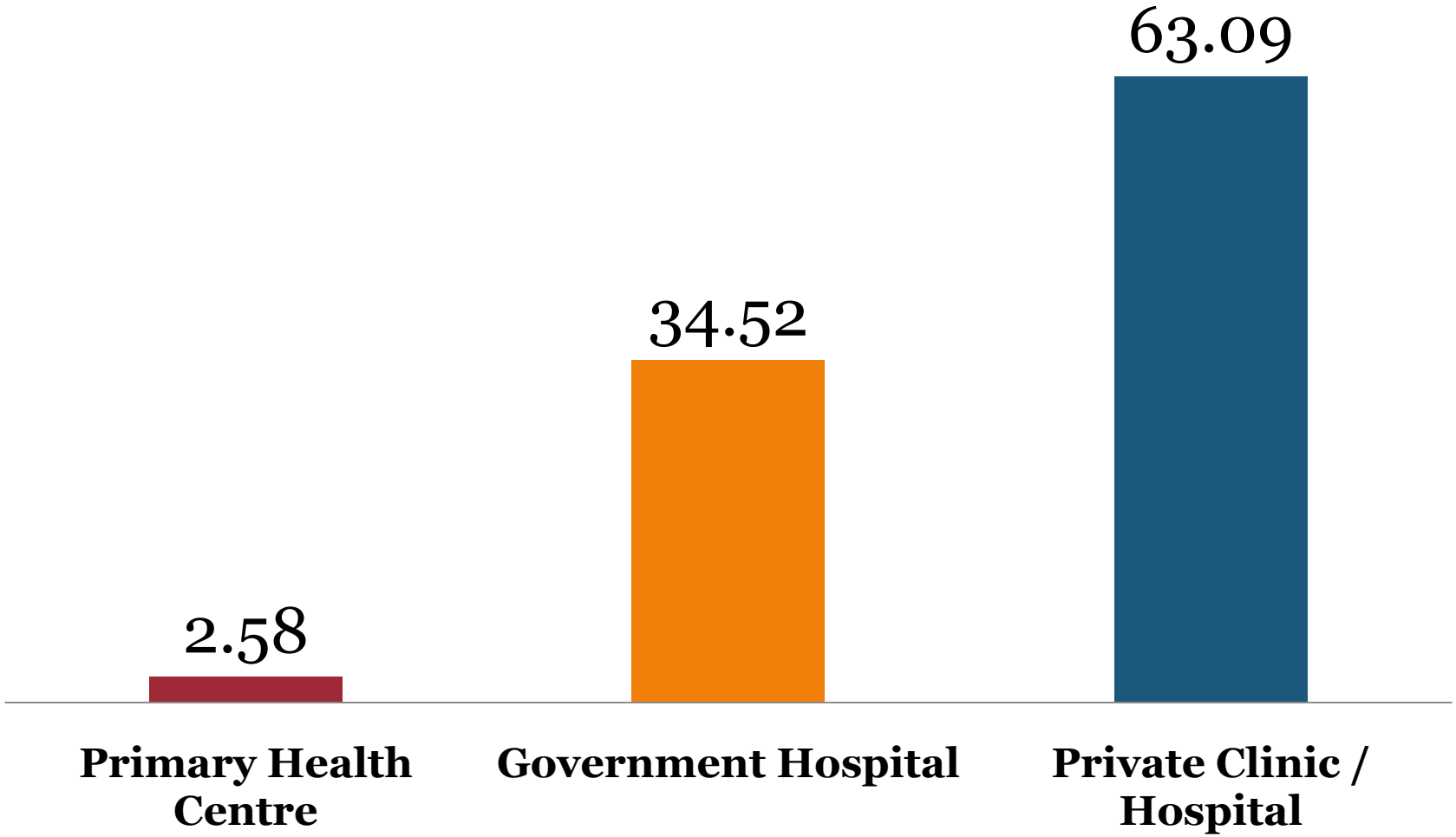


Figure 10: Utilization of Health Services (N=61)



Healthcare Needs and Utilization of Health Services

B. Children less than

Reported Incidence of Sickness/Disease in Previous month from the date of visit (N=31) : 35.4 %

Percentage of Respondents Who Availed Treatment (N=84) : 72.73%

Figure 11: Burden of Childhood Illness (N=11)

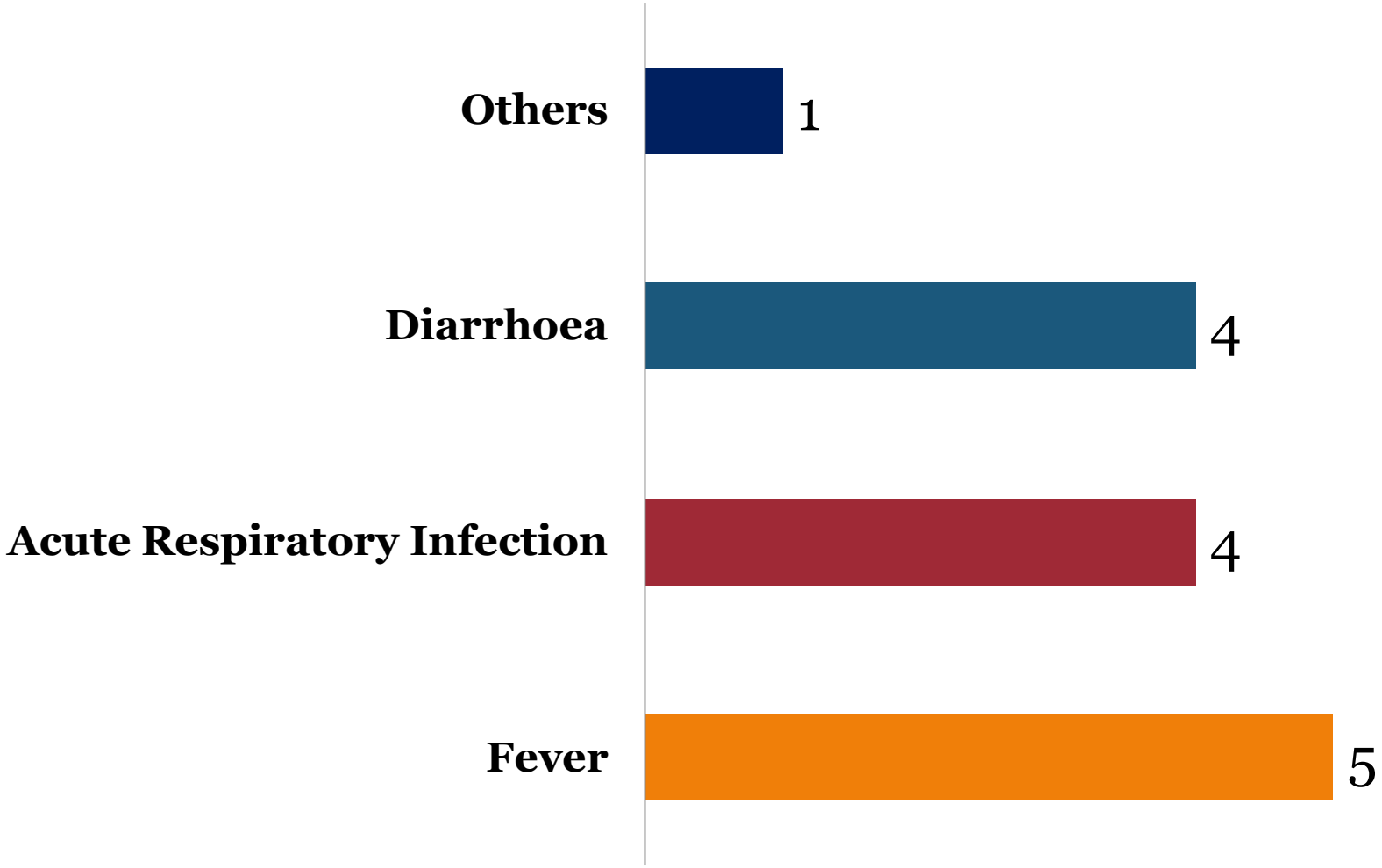


Figure 12: Utilization of Health Services Children < 5 yrs (N=8)

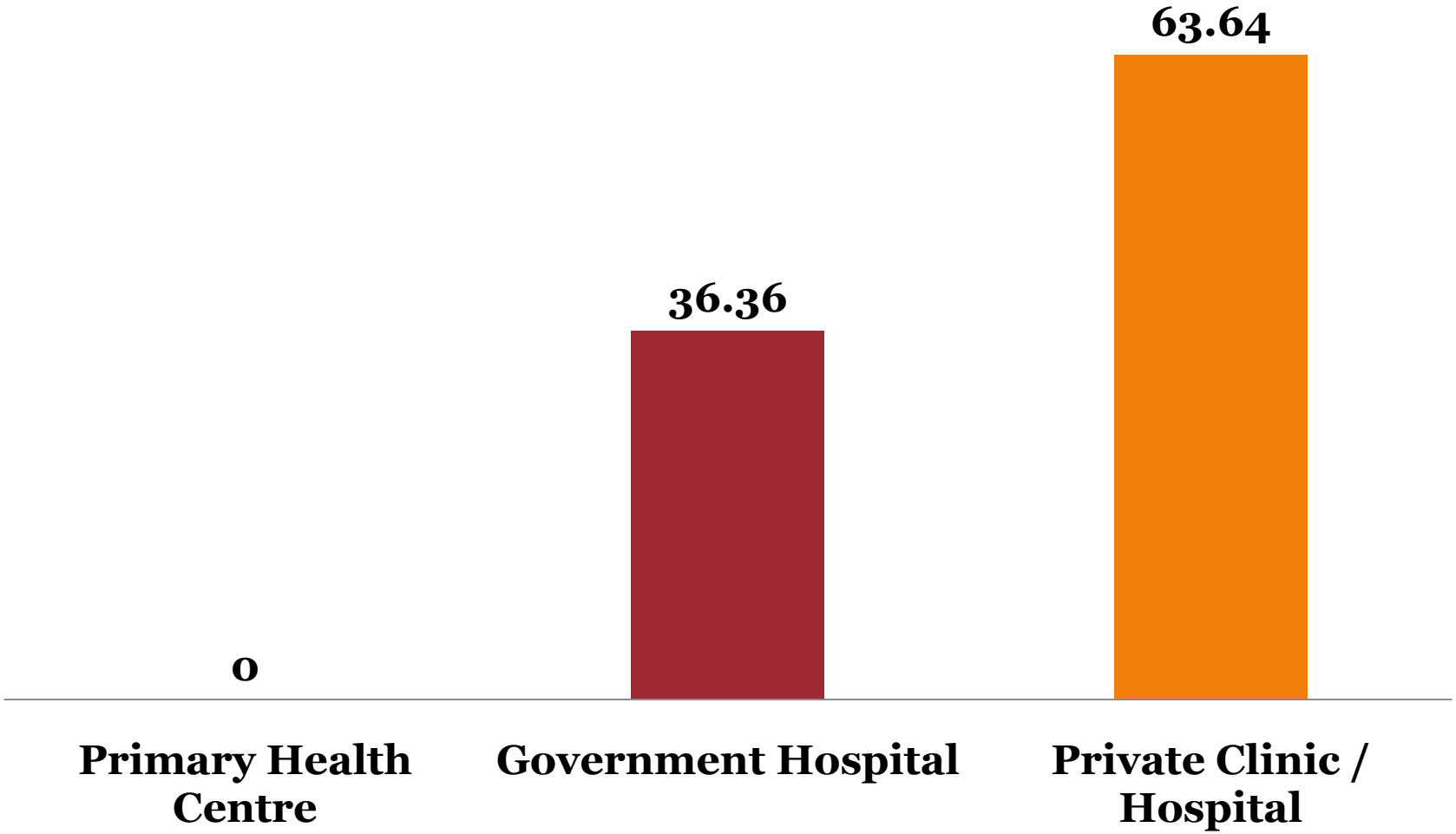


Figure 13:Barriers to Access (N=26)

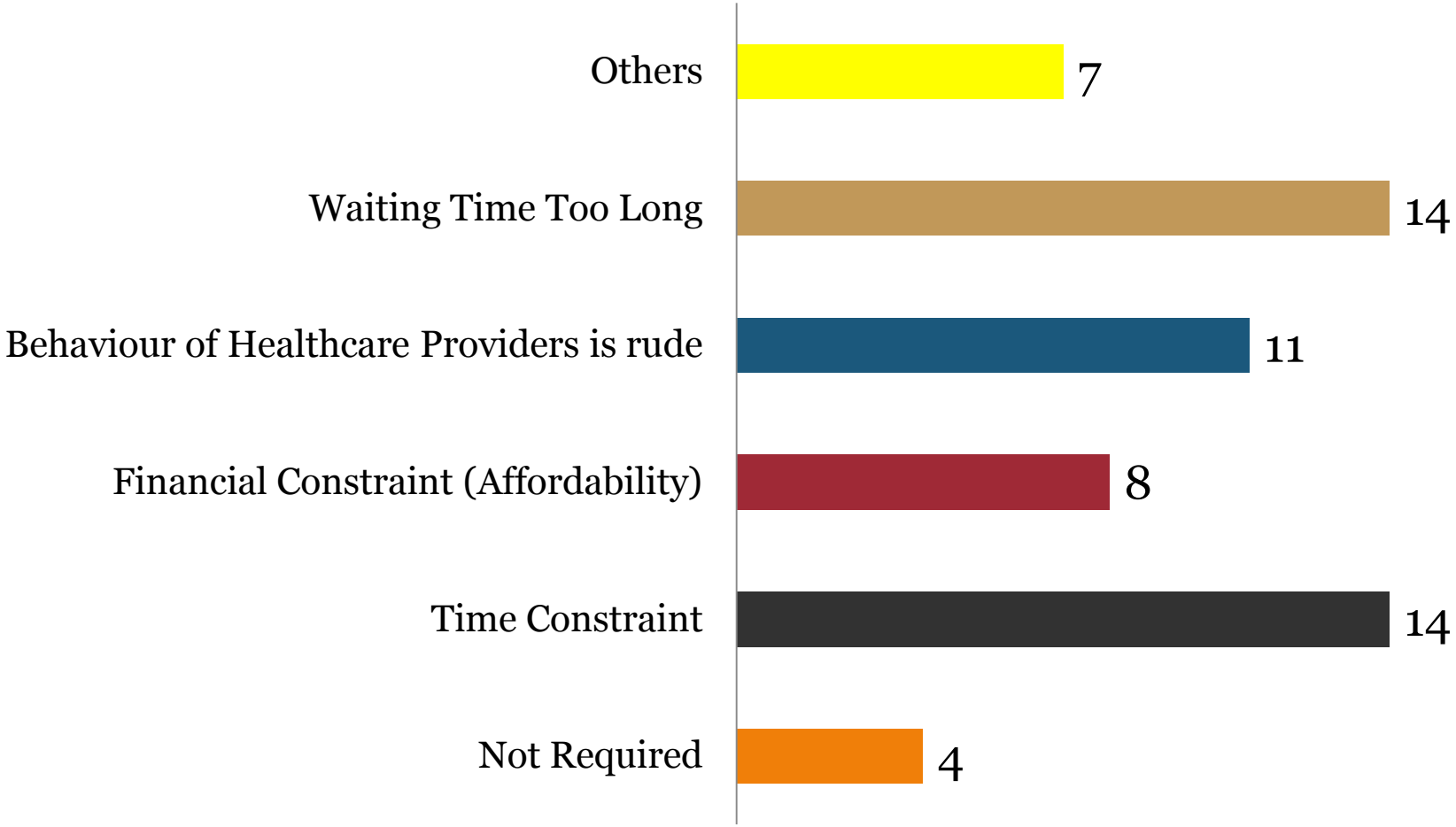


Figure 14: Utilization of Heath Services (Maternal Care) N=19

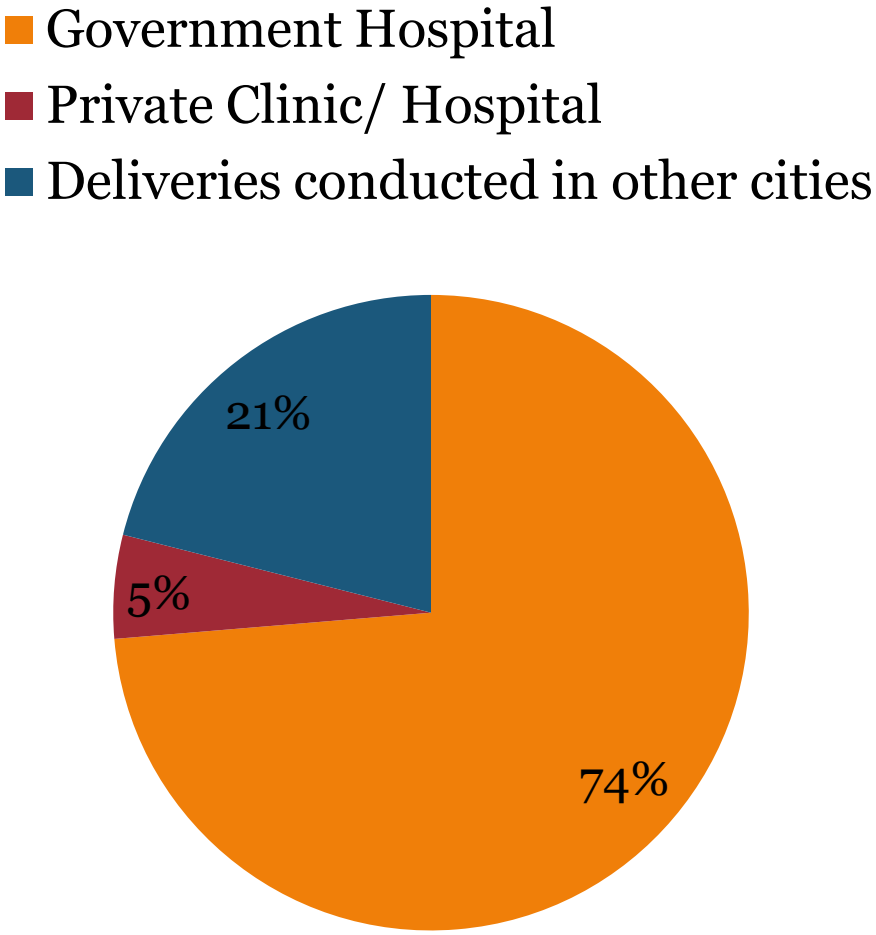


Table 4: Availability of Healthcare Providers/ Services

Government Heath Facilities	**4**	
U-PHC (within 1000m)		1
Din Dayal Upadhyay Zonal Hospital, Shimla		1
Kamla Nehru Hospital, Shimla		1
Indra Gandhi Medical College and Hospital, Shimla		1
Registered Private Clinics	**7**	
Ayurvedic Clinics		2
Homeopathic Clinic		1
Allopathic Clinics		3
Dental Clinic		1
Unregistered Practitioner	1	
Traditional Faith Healers	2	

Status of Implementation of NUHM

- **Planning and Mapping**
- **Scope and Extent of Healthcare Services Provided**
- **Community Processes under National Urban Health Mission**
- **Outreach Services**
- **Programme Management Units**
- **Training and Capacity Building**
- **Involvement of Local N.G.O's**
- **Convergence with Different Stakeholders**
- **Innovative Actions and PPP Projects**

Discussion

- Burden of Disease
- Utilization of Private Health Services High
- Emphasis of U-PHCs on vulnerable population.

Strengths of the Study

- First in its efforts to document the healthcare needs to the identified slum population.
- Serves as an interim evaluation of the National Urban Health Mission in the city of Shimla

Scope of Future Research

- Out of pocket Expenditure of the inhabitants in meeting their healthcare needs
- Factors responsible for preference for the private sector while seeking health care
- Exploring the conditions which are the probable cause of high rates of morbidity in the sanitation workers or safai-karamcharis and door to door garbage collectors
- Rates of tobacco and alcohol consumption, drug abuse in the study population and factors precipitating such behavior, in-depth study of the healthcare behaviours of the study population.

Recommendations

1. Convergence with Rajiv Awas Yojna Project in study area to

- Provide Regular Supply of Water
- Construct Public Toilets
- Locate U-PHC in one of the proposed Buildings

2. Strengthening Community Processes under NUHM with possible involvement of Voluntary Health Association of India in the formation and training of MAS.

Recommendations (Contnd)

- Strengthening Programme Management Units by Filling the Human Resource Gaps.
- Outreach Services: Conducting UHNDs in the High Risk Areas with involvement of volunteering N.G.O's
- Making Operational Rogi Kalyan Samitis under NUHM.

Thank You!