



Improving maternal and newborn health status in urban Maharashtra

SNEHA in partnership with the public health system
and community

Policy brief

June 2014



Background

With rapid urbanization the urban poor constitute the fastest growing segment of India's population. A large proportion of a city's poor find themselves residing in old or new slums, squatter settlements or peri-urban spaces.¹ Mumbai is India's most populous city with more than 40% people living in slums. Fast paced urbanization in the city has resulted in sharper inequalities, specifically in terms of access to elementary necessities such as infrastructure, healthcare and other universally essential services.

Information on maternal and child health indicators among slum-dwellers reveals that their health is 2-3 times worse than average urban statistics indicate. This is despite the concentration and proximity of public and private health facilities. Mumbai has vast public health infrastructure by way of health posts, maternity homes, peripheral and tertiary hospitals. However, primary care services are characterized by limited resources leading to sub optimal utilization, and the larger municipal hospitals / medical college hospitals are teeming with patients and hence unable to deliver quality care. Burgeoning private health services in the city are out of reach for the urban poor, and smaller facilities such as clinics and nursing homes remain largely unregulated with unreliable quality of care.

Public-Private-Partnership helps to improve health of the urban poor

Partnership between the public and private/ NGO sector are increasingly being seen as an appropriate means of meeting the health needs of growing populations. There is evidence that show that public and private sectors in health can potentially gain from one another, given their respective strengths and weaknesses. Across the country several types of partnerships have proven to be successful in delivering health services to the poor that are affordable and appropriate, especially in primary health services. Some of the successful models include:

- Management of government-owned primary health centre by NGOs (e.g. Karuna Trust in Bangalore, Aparna Trust managing MCD centre in Molarubund, Delhi),
- NGOs providing services from own hospital (e.g. Marwari Maternity Home in Guhawati, Chennai Corporations partnership with VHS),
- NGOs strengthen community linkages with government health services (e.g. GoUP contracted NGOs to strengthen linkages with government health services in Agra),
- Part time outreach services in slums by private doctors (e.g. IPP VIII in 40 cities of West Bengal),
- Corporate foundations supporting urban health efforts (Mobile clinics run by corporates such as Ranbaxy)

SNEHAs time-tested partnership with Maharashtra's municipal corporations

SNEHA, a voluntary, secular, non-profit organization based in Mumbai, has been a partner with MCGM for over a decade, working with them to **strengthen primary care services** in the city's most deprived slum areas, and **establish essential referral linkages** to ensure access to higher levels of care. After obtaining encouraging results from this association, SNEHA has expanded its reach and is now working with the adjoining municipalities of Kalyan-Dombivli, Mira Bhayandar and Thane, assisting them to improve primary health services and establishing connections with referral health facilities in MCGM and other adjoining municipalities.

¹The invisible poor, Agarwal Siddharth, World Health Design, July 2011



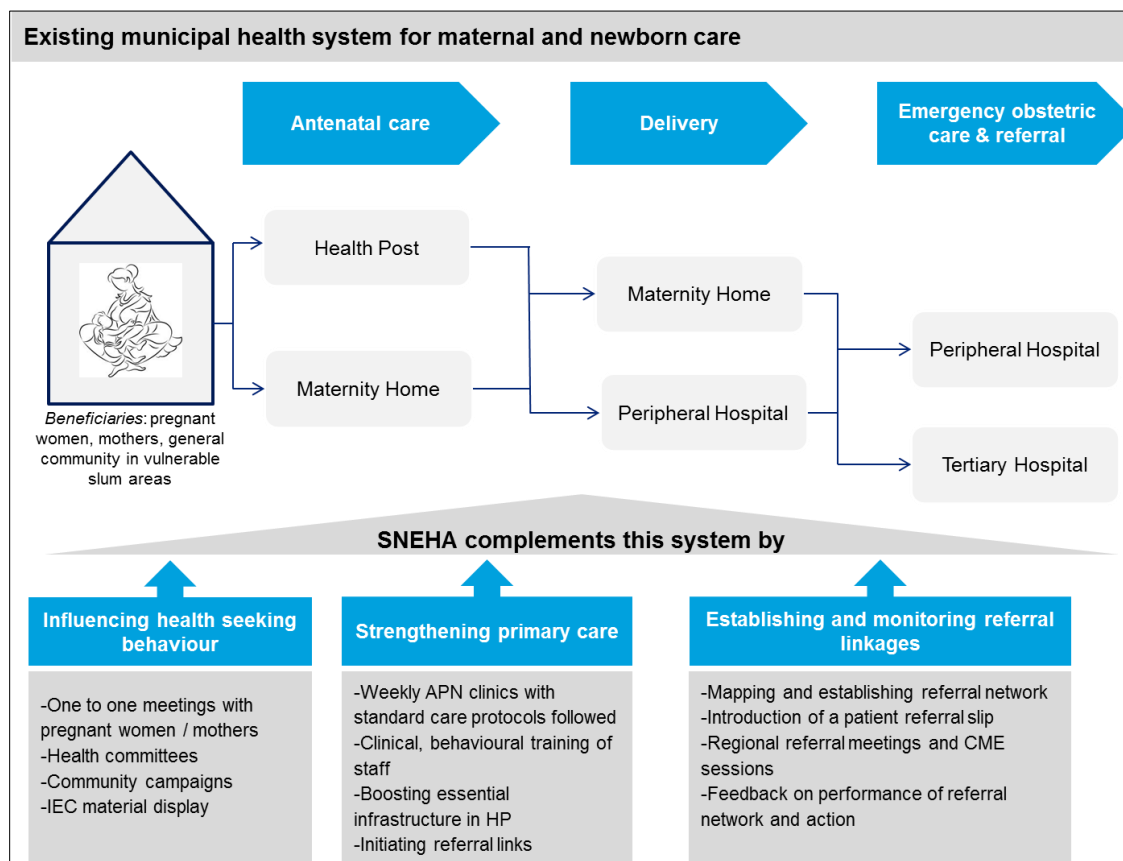
Figure X: SNEHAs value addition to urban public health services

Municipal corporations services some gaps and Challenges	SNEHA's contribution to the partnership
Policy mandate and wide network of health facilities	Commitment to needs of urban poor
Overall planning and management with rigid systems to ensure compliance	Response to community needs, adopts new approaches
Provides primary, secondary and tertiary care services to all, but weak outreach and no coverage in unlisted slums	Targeted approach – focuses on primary care services and targets the needy including unlisted slums
Human resources available but are inadequate and may lack skills and motivation. Primary care services characterized by low quality and poor uptake.	Focus on quality through capacity building and encouragement (Appreciate Enquiry). Rich experience in community mobilization and individual counselling to improve Health Seeking Behaviour .

The SNEHA Model

SNEHA approaches the problem with a two pronged strategy: strengthening primary care and establishing referral linkages between the health posts, maternity homes, general hospital and tertiary hospitals either within the municipality or in neighboring municipalities.

The figure below lists the action steps taken by SNEHA to support health services in partner municipal corporations.



Some early successes:

SNEHA's commitment to better the lives of mothers and children has resulted in significant improvement in service provision in the facilities in the program areas. Some of the successes so far include:

- Between June 2012 and April 2013 about **29,000 normally pregnant women** and **9,700 high risk pregnant women** benefitted from SNEHA's engagement with MCGM.
- As on April 2013, out of 29 health posts covered by SNEHA in MCGM, **80% of the facilities are either fully functional** (i.e. providing all 7 essential ANC services) or **partially functional** (providing at least 4 out of the 7 essential services)
- **Referral networks have been designed and established** in all four municipalities (MCGM, TMC, KDMC and MBMC) and regional referral meetings are being regularly held to improve coordination among providers and ensure their continued support.
- Through constant engagement with health care providers in MCGM, supporting and motivating them, SNEHA has been successful in **enhancing the participation of health care providers in regional referral meetings** at MCGM, from 35 to 61 between June 2012 and February 2014.



- In June 2011 only 41% of high risk delivery cases in MCGM facilities were referred according to protocol.² One year later 62% referrals were according to protocol, and in June 2013, **71% of the cases were being referred according to protocol.**

About SNEHA

Founded in 1999 by a team of committed neonatologists from LTMG Sion Hospital in Mumbai, SNEHA serves the health needs of women and children. Over the past 14 years, SNEHA has been implementing large scale maternal and newborn health projects in Mumbai's slums in partnership with the municipal corporation. The first such partnership was the **City Initiative for Newborn health (CINH)**– a multi partner model intervention to improve the quality of care offered in the MCGM health facilities. Success of this model led to more such initiatives such as Sure Start, funded by PATH, and a scale up of the approach called SNEHA Sankalan funded by Department of International Funding (DFID).

In the Beyond Boundaries project, with support from IDFC Foundation, SNEHA has expanded reach to three other large municipalities surrounding Mumbai – Thane, Kalyan Dombivli and Mira Bhayandar. Here SNEHA is working with the public health officials to establish regional referral linkages between primary, secondary and tertiary care centres within the municipality, and adjacent corporations such as the MCGM. In addition, outreach work with the local communities is aimed at creating awareness and generating demand for quality health services.

²Protocol refers to the document developed jointly by SNEHA and MCGM to define what cases should be treated at maternity homes, peripheral hospitals and tertiary hospitals.