

# A Report on Building Primary Health Care Capacity for Urban Health in Bhubaneswar, Odisha



A project funded by  
**Infosys Foundation**

In Collaboration with  
**Directorate of Nursing  
National Health Mission, Odisha  
Bhubaneswar Municipal Corporation**

*Project implemented by*





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### **Project Team**

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Prof. Sanjay Zodpey

Dr. Shridhar Kadam

Dr. Bhuputra Panda

Dr. Sarit Kumar Rout

Mr. Srinivas Nallala

Dr. Upasona Ghosh

### **Program Personnel**

Mr. Suhail Mohammed Ali

Ms. Lipika Haldar



# Acknowledgement

The project entitled “Building Primary Health Care Capacity for Urban Health” was an initiative to strengthen Urban Health Services with a strong focus on primary care. The objective of the program was to build capacity for enhancing access, quality and timeliness of primary care services through three programme components namely ; 1.Development and Delivery of a Blended Education Certificate Programme In Public Health Nursing ,2.Engagement With Urban Local Bodies For Priority Setting in Public Health Programmes and Capacity Building for Monitoring and Evaluation, 3.Enhancement of Community Capacity for Participatory Leadership In Public Health.

This acknowledgement is an expression of deep sense of gratitude to all those who were directly or indirectly involved for successful completion of the project.

At the outset we would like to thank Infosys Foundation for trusting us and commissioning this important project on a relevant component of health services in the country which predominantly affects the population-dense urban and peri-urban areas.

We take this opportunity to thank Prof. K. Srinath Reddy , Dr Subhas R Salunke and Prof. Sanjay Zodpey for their guidance and valuable feedback .

We express our sincere gratitude to the key Health Officials especially Mission Director,NHM Odisha, Directorate Public Health (DPH), Govt. of Odisha,Directorate Nursing, Directorat of Medical Education and Training (DMET) Odisha and Directorate of State Institute of Health & Family Welfare (SIHFW) for their strategic leadership and valuable support especially in development and delivery of Blended Education E-Certificate Programme In Public Health for Nursing Tutors from different urban pockets of Odisha State.

We are further thankful to AMD-NHM, Team Leader -State Health System Resource Centre, Urban Health Manager, NHM, ADU-PHO, Bhubaneswar for their generous support and participation during the Capacity Building program for the Medical Officers & Public Health Managers of Urban Primary Health Centres of Bhubaneswar.

We also convey our heart-felt thanks to the Resource Persons who spare their time during weekend and took various sessions for the nursing tutors. All the participants of nursing course also deserves special thanks for active engagement during the E- Learning process.

Last but not the least we would like to thank to all the community members, Front line health workers, Mahila Aarogya Samiti representatives for their support and cooperation during household visits as well as during Focus Group Discussion in the Slum.The MPH students also deserves special thanks for their active engagement in the slum area and facilitated the group meetings and discussions inspite of several challenges in the community.

Project Team  
IIPHB-PHFI



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# Development and Delivery of a Blended Education Certificate Programme in Public Health Nursing

After two rounds of discussion with MD-NHM, Director of Nursing and Team Lead SHSRC, the contours of the programme, curriculum and list of resource persons were developed.

To start with, the National Health Mission (NHM), Government of Odisha, nominated 26 candidates for this course. However, by the time of formal launching of this programme, the number of participants increased to 35, because many more nursing professionals approached NHM and IIPHB, showing their deep interest to be included in to this course. After a formal request from NHM, IIPHB has agreed to increase the batch size to 35 instead of 30. Against the plan of launching the course by mid-June, we actually launched the eLearning programme on 17th July 2022 in the august presence of Prof Sanjay Zodpey, PHFI; Dr Amarendra Mohanty, Director of SIHFW, Odisha; Dr Dinabandhu Sahoo, Team Lead-SHSRC, Odisha; and faculty and staff colleagues of IIPHB.

During the inaugural session, Prof Zodpey, PHFI highlighted the importance of nursing professionals in delivering health care services to the vulnerable population. He specifically mentioned the role of nurses as warriors during COVID-19 pandemic. Dr Amarendra Mohanty, Director, SIHFW appreciated this well-designed programme and offered all subsequent support in conducting the sessions. Dr Dinabandhu Sahoo, Team Leader, SHSRC spoke about the amount of time and energy spent for finalizing the curriculum and resource persons during the formative phase of this project. He also conveyed thanks to PHFI-IIPHB-Infosys Foundation for conceptualizing such a programme for building the capacity of nursing professionals in Odisha state.

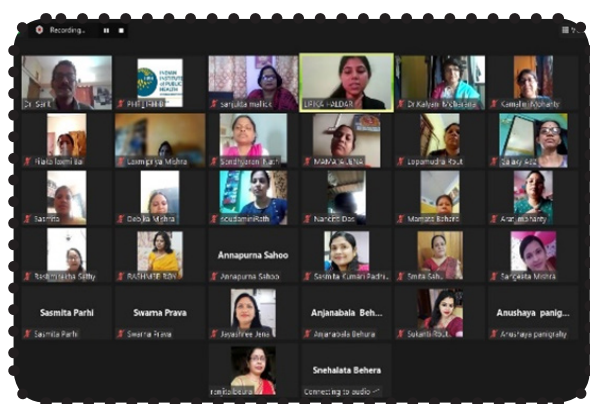
## Inaugural session (17th July 2022)

During technical sessions, the enthusiasm of participants to learn public health was clearly visible. This was also reflected in the anonymized feedback form that have been collected, compiled and analyzed for each session.



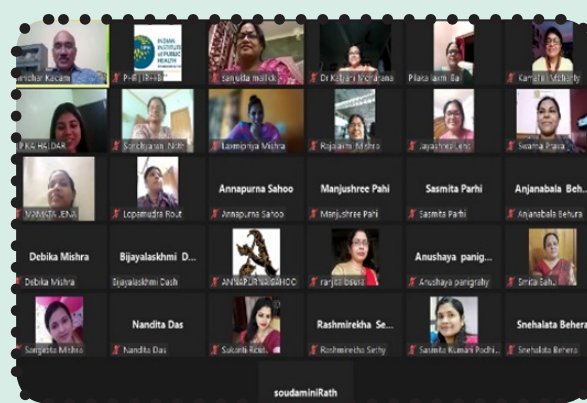
# The Following Sessions have been Covered

The first technical session was on **‘primary care’** under the module basic concepts in public health, Dr Dinabandhu Sahoo highlighted the concepts of essential and comprehensive primary care, the role of nursing professionals and other service providers, the health system preparedness and the emerging concept of health and wellness centres in Odisha.



The second technical session was on **‘universal health coverage’**, Dr Sarit Kumar Rout, Additional Professor at IIPHB touched upon the basics of universal health coverage: dimensions and determinants. The demand side and supply side factors in the context of sustainable development goals were discussed.

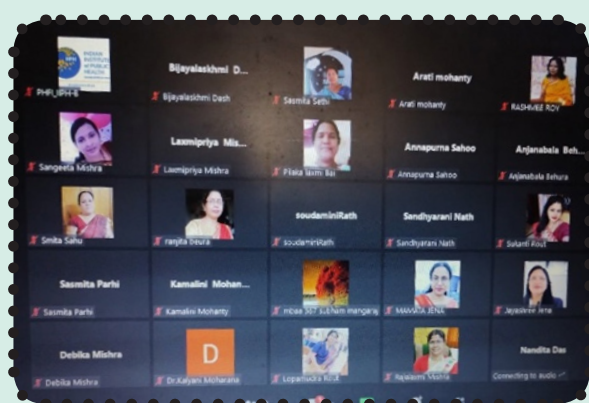
The 3rd technical session was held on the 7th of August by Dr. Shridhar Kadam, Director, IIPHB on the topic of **‘Quality, equity, access & coverage’** under the module ‘Basic concept in public health’. This session, described quality, access and equity in health. The demand side and supply side factors framework access to health care were discussed. The session was very interactive; participants were enjoying the discussion during the session.



The fourth technical session on **‘Determinants of health’** was held on 14th August 2022. Mr. Srinivas Nallala, Associate Professor at IIPHB touched upon the determinants of health, and how we can manage this to achieve our goals. The topic was completely new for them because they have knowledge of patient treatment but here they were acquainted with how they affect health and cause disparities that affect human health.

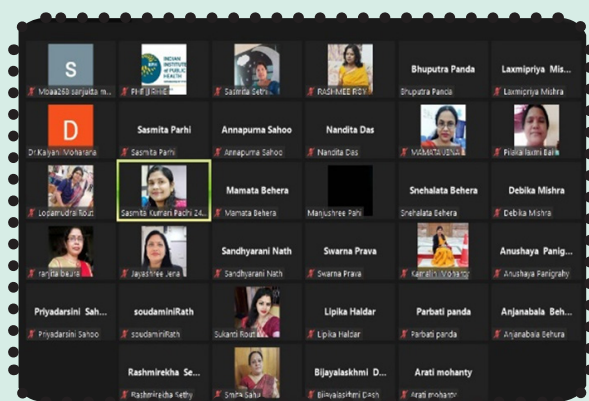
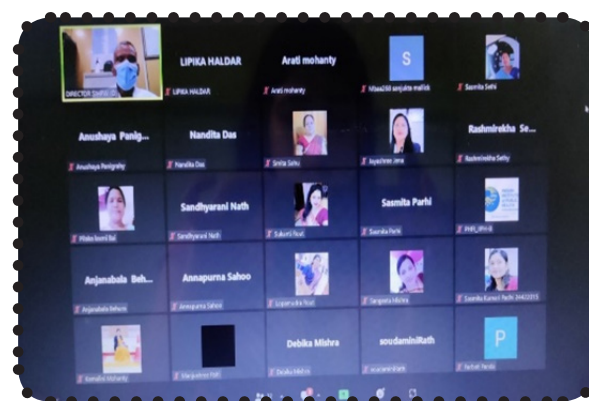


The 5th technical session on **‘Planning monitoring & evaluation of health’** was held on 21st August 2022. Dr. Mithun Karmakar highlighted the steps of planning and evaluation of health programs, monitoring & evaluation of health indicators & outcomes in Odisha. The session was very informative. It’s a huge chapter It was not enough to cover all the topics in 1 hour according to participants.



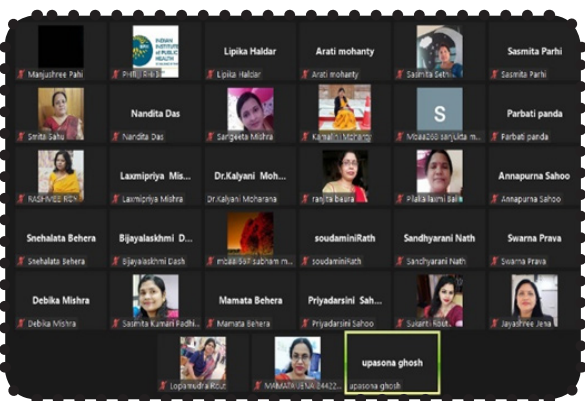
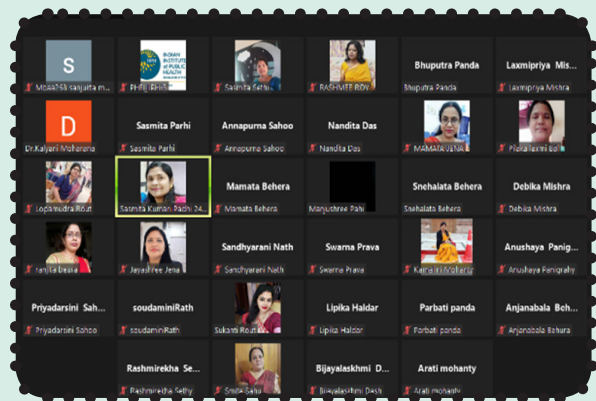
The 6th technical session on **‘WHO framework of the health system’** under the module of health policy & system was held on 28th August 2022. ‘Prof. Kaushik Mishra’ from SCB Medical Collage, Cuttack introduced the health system, what are the objectives of the health system, and how it functions in India. It was a very interactive and informative session.

The 7th technical session was on **‘Health system structure/tiers of health care delivery in India’**. Dr. Amarendra Mohanty, Director SIHF provided information about the need for bilateral responsiveness for better output and health administrative structure in India. Participants were seeming very connected throughout the session.



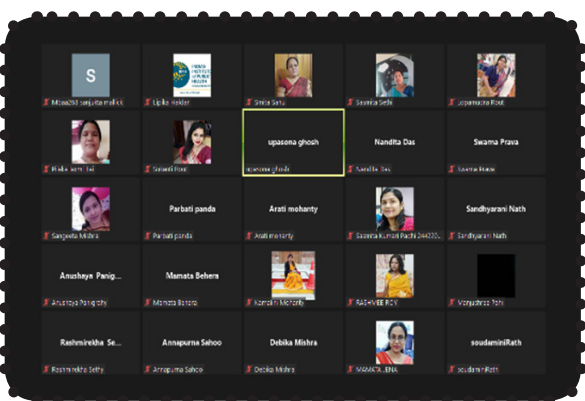
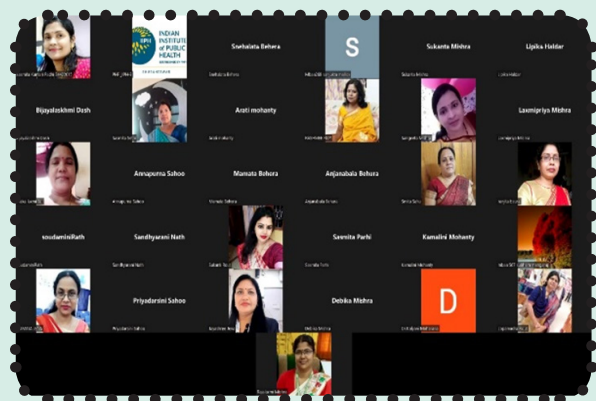
The 8th technical session on **‘Health policy in India: history and evolution, key prescriptions’** was held on 11th Sept 2022. Dr. Bhuputra Panda, Additional Prof. at IIPHB explained about equity, and equality. About what is health policy, and why it is important to study health policy. The session was very educational and enlightening.

The ninth technical session was on **'Policy analysis: Triangle and Control knob frameworks'**. Dr Bhuputra Panda started the session with NHP 2017 aims, goals, objectives, etc. Clarified the health policy triangles. It was an important chapter and the participants enjoyed and actively participated in the session.



The tenth technical session held on 25th September was on **'Urbanization; characteristics'** under the module Urban health. Dr. Upasona Ghosh, Assistant Prof at IIPHB highlighted urban healthcare challenges and urban scenarios in EAG states. Difference between urban health & rural health. It was a very good session & enjoyed by the participants.

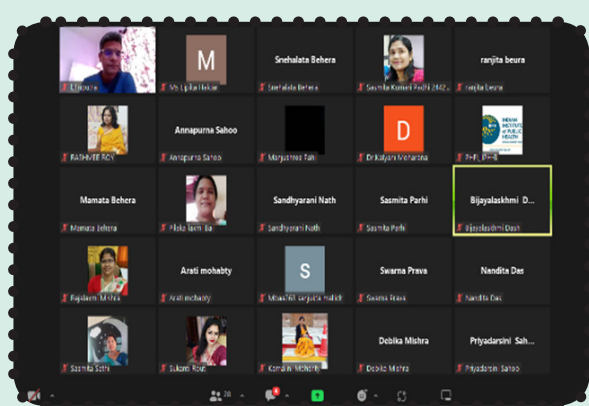
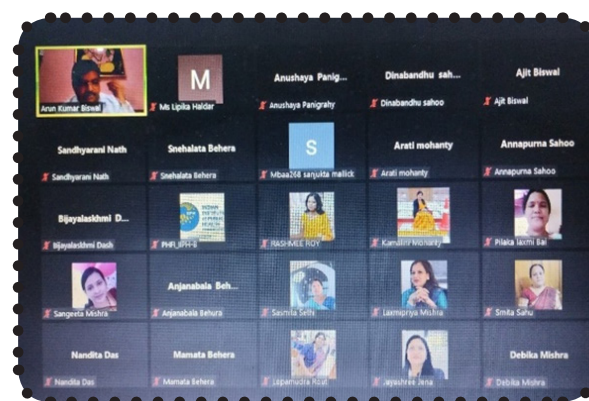
The eleventh technical session on **'Urban health care delivery system'** was held on 11th October 22. Mr. Sukanta Kumar Mishra, Urban Health Manager, NHM briefed about the National urban health care mission, and how PHCs & CHCs function. Participants were listening to the entire session very carefully & responded actively.



The twelfth technical session on **'Problems & challenges in delivery of urban health'** was held on 16th October. Dr Upasona Ghosh highlighted about health determinants and indicators, social, clinical, and environmental challenges also about the disease burden of air pollution in India. The session was very informative.

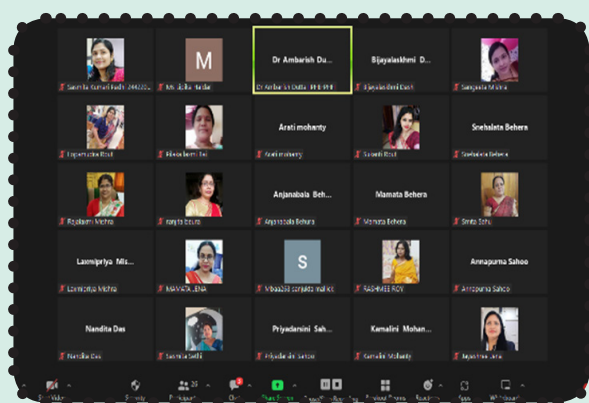
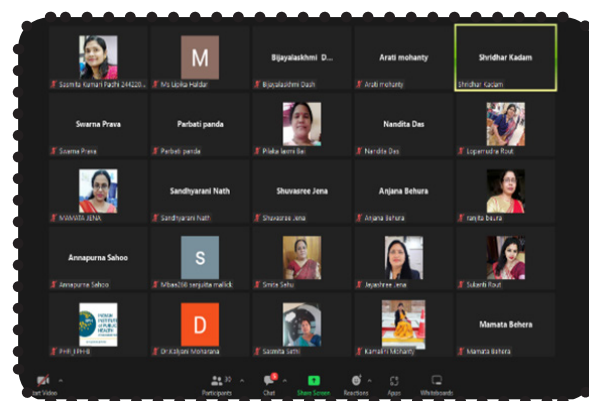


In the thirteenth technical sessions on **‘Human resource management: motivation, leadership, conflict management’** was held on 23rd October. Mr. Arun Biswal, NHM shared his knowledge on the concept of HRM, leadership, conflict, and causes of conflict in an organization also shared the aims and objectives of the session. Participants were paying good attention throughout the session.



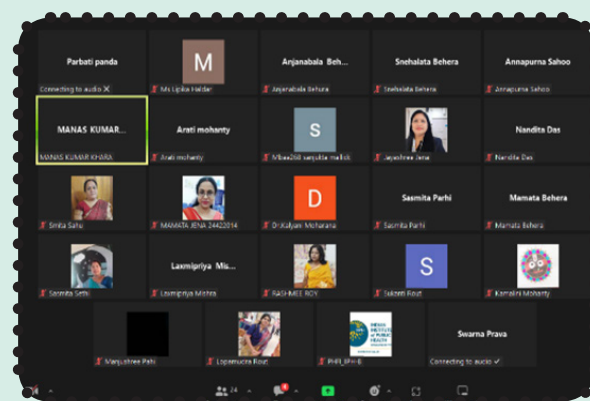
The fourteenth technical sessions on **‘Health management information systems’** was held on 13th October 22, under the module of principles of management in public health. Dr. Bhuputra Panda touched upon the basic concept of HMIS, types of indicators, concepts, and frameworks. The session was informative and gave clarity to understanding the principle of Public health.

The fifteenth technical session on **‘The style of leadership, managerial roles, functions, and decision-making’** was held on 6th November 2022. Dr. Shridhar Kadam shared knowledge on domains of public health, objective, reduce the burden of disease. The topic was very new to them. Overall the feedback was very positive, which is a testament to the great presentations, and enthusiasm about the subject.



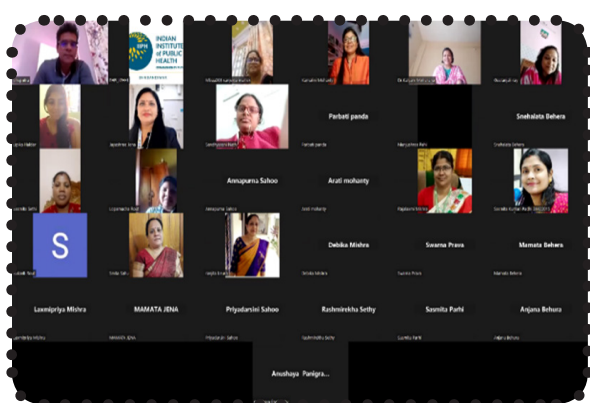
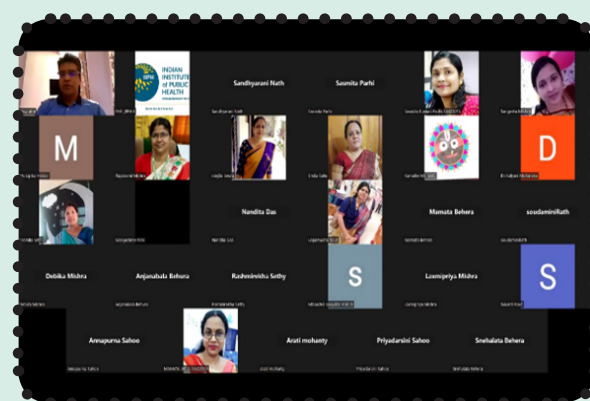
The sixteenth technical session on **‘Outbreak investigation and management’** was held on 13th November. Dr Ambarish Dutta, Additional Prof at IIPHB gave information about the 10-step- approach of the outbreak investigation, cohort studies, relative risk, etc. It was an attractive session with a good presentation according to the participants.

The seventeenth technical session on **‘Budgeting: scope & practice’** was held on 20th November. The sessions were covered by Manas Kumar Khara started with moving from MDGs to SDGs Goals with targets. Also budget classification and their application in health. It was an informative session.



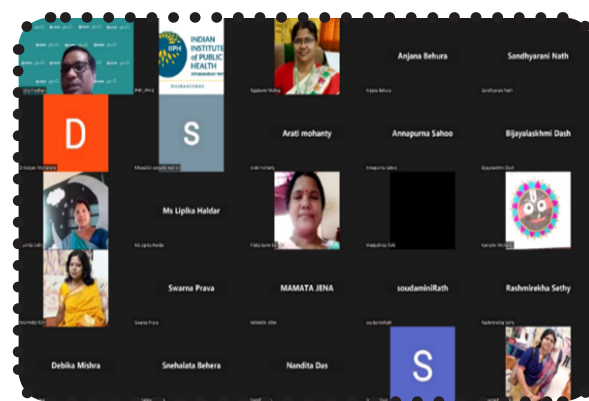
The eighteenth technical session on **‘Logistics management: principles and approaches’** was held on 27th November 2022. Mr Srinivas Nallala highlighted the factors influencing access to medicines, supply chain management, and logistics management.

The nineteenth technical session was on **‘Theories, models & approaches to health promotion’** was held on 4th December 2022 under the module health communication & promotion. Dr. Bhuputra Panda shared his knowledge on what is health promotion, health public policy vs health promotion policy.



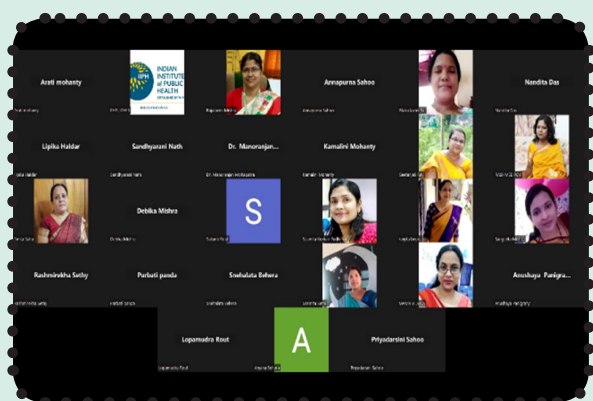
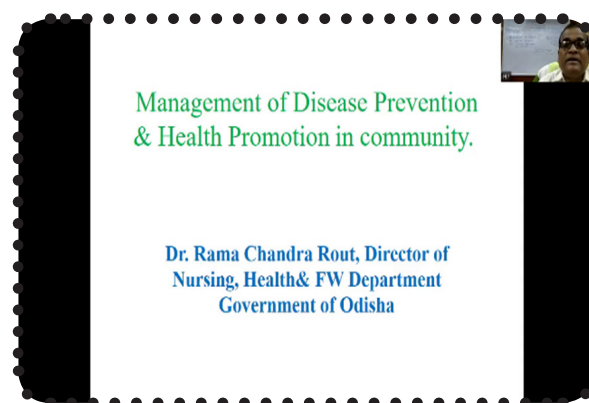
The twentieth technical session on **‘Principles of health communication’** was held on 11th Dec 2022. Dr. Bhuputra Panda highlighted the goal, role, definition, types of health communication also theoretical framework, and IES & BCC tools.

The 21st technical session on **'Interpersonal communication & community-based communication'** was held on 18th December 2022. Mr. Rudra Pradhan, Program Manager, JHEPIEGO shared the knowledge on interpersonal communication, non-verbal communication with a specific focus on community based communication.



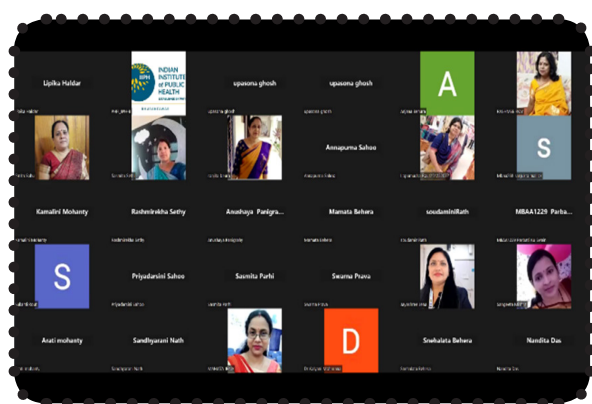
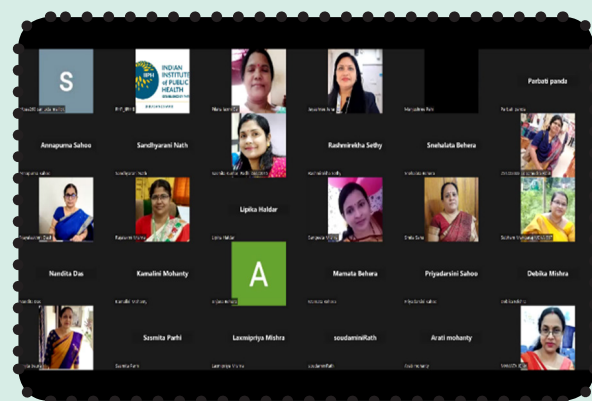
The 22nd Session was on **Basic Principles, framework and services under Health Communication** which was taken by Ms Bibhuda Bijaya Laxmi, Nursing Consultant, NHM Odisha on 8th Jan 2023. All the participants actively participated in the session.

The 23rd session was on **Management of Disease prevention & Health promotion in the community** which was taken by Dr Rama Chandra Rout, Director Nursing, Govt of Odisha on 23rd Jan 2023. The session was very informative and interactive.



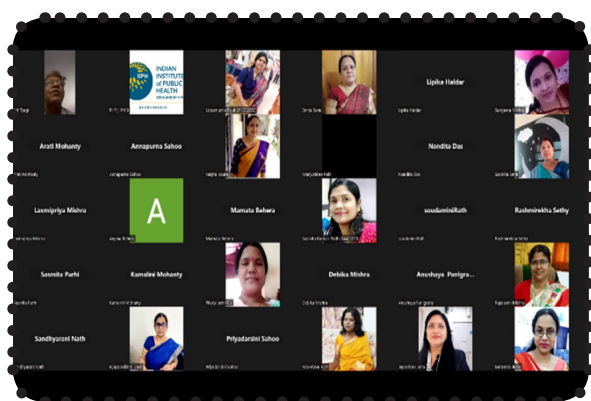
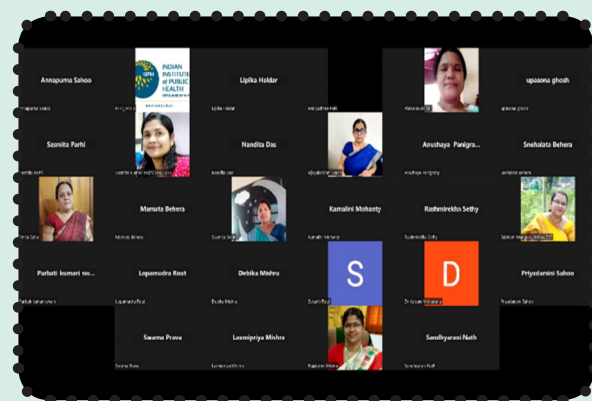
The 24th Session was about **Waste and Excreta Disposal** which was taken by Mr Manoranjan Mohapatra on 29th Jan 2023. It was very interesting topic and the participants actively participated in the discussion and enjoyed the session.

The 25th session was on **Malnutrition : dual burden, low cost diet with a focus on Community Based approaches** which was taken by Dr Kiruthika Selvaraj, Lecturer at IIPH Bhubaneswar on 5th Feb 2023. All the participants found it very interesting and enjoyed a lot. The session was very informative and liked by the participants.



The 26th session was on **Importance of Gender in public Health** which was taken by Dr Upasana Ghosh of IIPH Bhubaneswar on 12th Feb 2023. It was very informative and enjoyed by the participants.


The 27th session was on 19th Feb 2023 on **Innovative Strategies to integrate Gender Strategies** which was facilitated by Dr Upasana Ghosh. The session was very interactive and the participants actively participated and enjoyed the session.



The 28th session was on **Environmental Health and Climate Change** which was facilitated by Prof Ajit Tyagi, Advisor, IRADe, New Delhi on 26th Feb 2023. It was very innovative, informative and participants were enthusiast and actively participated in the session.




The 29th session was on **Management of Emergencies** on 5th March by Dr B.N. Mishra of OSDMA. It was very informative and interactive. He gave a brief presentation on Disaster profile of Odsiha and the innovative initiative taken for disaster management. All the participants actively participated during the session.



### Odisha: Disaster profile

- The Odisha state is located in the eastern seaboard of India
- The geo-climatic conditions make almost the entire State vulnerable to different disasters
- The 480 Kms of coastline frequently affected by cyclones
- 11 major river systems creates frequent floods
- About two-third of the total cultivated area being rain-dependent, drought poses a serious threat at regular intervals in the event of failure of Monsoon.
- Some part of the state comes under Earthquake Risk Zone-III (Moderate Damage Risk Zone) covering 44 out of the 306 urban local bodies
- Tsunami is also a potential hazard for the State.



### ROAD TRAFFIC ACCIDENT: Dr Saumya Shukla

The last session on **Road Traffic Accident** which was facilitated by Dr Saumya Shukla. During her short presentation she highlighted on the initiatives taken by Centre as well as State Government with a specific focus on role of Public Health Officials. It was very interactive and informative. The participants actively participated and enjoyed the session.



## Enhancement of Community Capacity for Participatory Leadership in Public Health

- Under this component, a series of meetings were conducted with the government officials including – a meeting with Mission Director, National Health Mission (NHM), Team leader – SHSRC, NHM and concerned NHM Consultant responsible Urban health in Odisha. We have briefed them about the project, sought their inputs and they were supportive of the initiative.
- Specific recommendations from NHM officials were to implement the community component in Salia Sahi slum, one of the largest slums of Bhubaneswar. Based on their recommendations, we have made visits to the slum and identified pockets that are more vulnerable and need intervention. Thus, the project has selected Ekamra Vihar, the central part of Salia sahi slum for the intervention.
- A rapid situational analysis to understand health needs, identify community groups (MAS/SHGs, Youth organisations etc.) in selected urban slums was planned. As part of situational analysis, we have carried out detailed literature review on urban health needs, challenges and interventions. A report has been prepared based on the literature review, which formed basis for the situational analysis and designing the intervention.
- Community Need Assessment tool has been developed for the situational analysis and started data collection. This exercise helped the visiting team in understanding more about the community, customise health messages and necessary health advice. Community Need Assessment tool was developed for the situational analysis and data collection process. This exercise helped the visiting team members especially MPH students in understanding more about the community, prioritize health issues and customise health messages. The analysis and report writing was further helpful in planning with the community members to design appropriate strategies to address key issues.
- The project team especially the MPH students visited Ekamra Vihar, interacted with ASHA, AWW and community members. Explained them about the project purpose and obtained inputs on the intervention approach. The approach finalized was to build capacity 11 Mahila Arogya Samitis and in turn these committees will spread awareness among their group as well as in community for a healthy life. Accordingly the students were divided into two students were assigned with one MAS group each.
- The project team carried out visits to the selected slum for rapport building with various community stakeholders/groups including MAS, other SHG groups, youth Groups, local NGOs and frontline health workers has been done. As per the project plan, the capacity building of community leaders will be done through the dedicated project staff, fortnightly visits by MPH students to designated communities/UPHCs with the support of faculty members. Accordingly, the MPH students were assigned the slum placement for this task.
- A joint meeting was also held in Salia Sahi with the NSS volunteers of Institute of Media Studies (students of Mass Media & Social Work) along with project team & MPH students so that collaborative strategies can be developed to promote awareness as well as find out the issues pertaining to health & hygiene in the community.

# Slums in Bhubaneswar: An Overview

- There are 436 recognised slum settlements in Bhubaneswar (identified by the BMC) of which 320 (73 per cent) are unauthorised and 116 (27 per cent) are authorised<sup>1</sup>. The total slum population is of the order of 301,611 persons or 80,665 households.
- Geographically the smallest slum; Radha-Krishna Basti, Ward No-45 (0.045 hectares)
- Geographically the largest slum, Khadagiri Bari, Ward No -23 (18.31 Hectors)
- Household wise smallest- Rangamatia Basti, Ward-No-9 (Total HH -13)
- Household wise the highest-Tarini Nagar, Salia Sahi , Ward-16, (Total HH-1414)
- Total Slum covered an area of 7.15 sq km (3.9% of total municipal area)
- Total Municipal area-186 sq km
- Covering 36% of Housing of city population.
- 20% of Slums-Land marked as Residential
- 65% of slums- land marked as Partly Residential
- 15% of slums-Land marked as non-residential

A lot of slums are found in clusters in the northern, southern and western parts of the city. The central part of Bhubaneswar consists of scattered and much smaller slums.

## Characteristics of Unauthorised Slums

A couple of unauthorised slums was visited to understand their characteristics in terms of tenure, housing and services.

- A. TENURE** Majority of unauthorised slums are located on state government land while some are located on central government land (railways, defence). As a result, none of the settlements have any occupancy documents or tenurial rights over the land and house.
- B. HOUSING** In the case of older settlements, it was found that majority of the houses were pucca as the residents had had time to consolidate and improve their living conditions over the years. Newer settlements had a higher degree of kutchha houses. Houses abutting the roads/highways were also mostly kutchha in nature—this could be because of their proneness to eviction owing to their visibility.
- C. SERVICES** Majority of the unauthorised slum settlements did not have individual water connections and instead relied on community standpost/pipe connections extended by the BMC or the Public Health and Engineering Department (PHED). Households would often use pipes to extend these water connections to their homes. As most of the unauthorised slums were within the city and faced space constraints, very few households had been able to construct private toilets.

## Characteristics of Authorised Slums

A couple of authorised slums was visited to understand their characteristics in terms of tenure, housing and services.

- A. TENURE** There are diverse tenurial arrangements within the broad category of authorised slums. During fieldwork, it was discovered that three categories of settlements are counted within authorised slums:

- I. Government rehabilitation sites:** There are three clusters of government rehabilitation sites that came into being in the 1980s. Residents were resettled from the city to these sites which, at that time, were extremely far from the city. Households living in these sites were given plot sizes of



approximately 600 square feet along with some financial assistance in terms of a loan or grant. These sites were given to the households with a 90-year lease agreement.

**II. Basic Services for Urban Poor housing sites:** Basic Services for Urban Poor (BSUP) housing projects, constructed in the early 2000s, are also counted as authorised slums. These individual houses on single plots also have a 90-year lease agreement.

**III. Urban villages:** These include villages that fall within the BMC boundary. Residents own the land as well as the houses.

- B. HOUSING** In every slum, not more than a handful of houses were kutchra. While tenure has a role to play in housing quality, the permanency of the structures could be seen also in the fact that most of the settlements were old and consolidated. The BSUP project sites and old government resettlement sites had mostly single-storeyed houses on individual plots, with the exception of a few kutchra houses that were constructed recently, very close to the main road passing through the settlement. Some of the urban villages towards the outer edge of the city even had G+1 and G+2 housing.
- C. SERVICES** Residents get water from either BMC or PHED boring connections, public standposts or have their own wells. Only the BSUP housing sites have piped water supply for each house. Some residents also purchase water from elsewhere to supplement their requirements.

## Intervention Strategies

### Details of MAS group visited by the Students in Salia Sahi

MAHILA AROGYA SAMITIS-EKAMRA VIHAR,SALIA SAHI					
SL No	Name of Slum & Ward No	Name of the MAS	Name of the President /Contact No	Name of Secretary / Contact No	Name of ASHA
1	Ekamra Vihar /Ward No-20	Laxmi Bai Mahila Arogya Samiti	Ms Kasturi Nayak	Ms Sukanti Swain (9938513583)	Ms Sanjukta (7377072486)
2		Mother Teresa Mahila Arogya Samiti	Ms Anusaya Sahoo (7978622654)	Ms Shantilata Pradhan	
3		Laxmi Mahila Arogya Samiti	Ms Sunamani Mallick (9668640072)	Ms Priyambada Rout	
4	Ekamra Vihar /Ward No-20	Astalaxmi Mahila Arogya Samiti	Ms Jayanti Ojha (6370645218)	Ms Puspa Rao	Ms Sabita Behera (9556389410)
5		Narayani Mahila Arogya Samiti	Ms Aarati Bhol (9337355810)	Sabita Behera	
6		Matrushakti Mahila Arogya Samiti	Ms Mina Sahoo (9078162020)	Ms Puspanjali Pradhan	
7		Sarojini Naidu Mahila Arogya Samiti	Ms Tikina Behera(7327863577)	Ms Golap Maharana	
8		Saraswati Mahila Arogya Samiti	Ms Rina Panda (6371063504)	Ms Pratima Parida	
9	Srikrishna Nagar-20	Ganesh Mahila Arogya Samiti	Ms Sujata Kanti (9337940665)	Ms Hafiza Bibi	Ms Sujata Kanti (9337940665)
10		Maa Mangala Mahila Arogya Samiti	Ms Rajanirani Behera(7325854767)	Ms Puja Pradhan	
11		Sidhibinayak Mahila Arogya Samiti	Ms Sunita Paikray(6370349905)	Ms Lili Pradhan	

The Students developed a semi structured quantitative questionnaire and collected information pertaining to socio economic, health ,educational condition as well as issues/challenges in the community with a specific focus on health by door to door survey as well as FGD (focus group discussion) in the community. Mostly the students interacted with Mahila Arogya Samiti (MAS)group members and frontline health workers like ASHAs/Anganwadi. Students also visited the government primary and upper primary schools and interacted with the students for a better understanding of the community and the issues and challenges from the perspectives of the children as well as other community members.

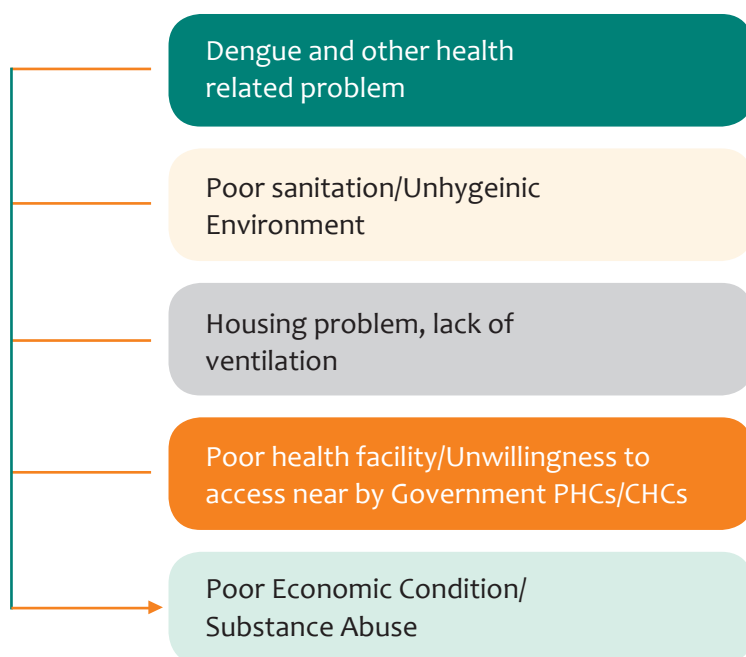
One of the major challenge was during the period of data collection/field intervention the Government had initiated a drive to evict the houses which comes in the way of newly planned road which runs through the salia sahi slum.This has resulted into protest by the residents of the slum dwellers who were demanding compensation in the form of land and houses by the Governemnt before eviction. It was a challenge for the students to intervene and do FGD or door to door survey.However, due to strong rapport in the community the students could manage the same by convincing the key stakeholders especially MAS leaders and frontline workers.

These were some of the key issues which were raised by the community members during discussion. Further, poor sanitation & conjuisted housing with no ventilation is clearly visible during door to door

#### The following information were gathered from the community;

General Information	Issue related to
1) Name, Age, sex, Address	1) Health
2) Marital status	2) Electricity and water facility
3) Family size	3) Health facility
4) Education	4) Waste disposal
5) Income	5) Substance abuse

#### Key Issues Identified



visit. The unhygienic condition/poor sanitation led to various health related challenges in the community especially fever, malaria, dysentery etc. During the visit it was observed that Dengue was very common in the locality every alternate house one would find symptoms of dengue. Even though there were two Government Dispensary PHCs/CHCs in close proximity one at Nayapalli and other near Xavier Square but it was observed that clinical foot fall is not upto the mark. It was further, observed that generally the community preferred to visit Capital Hospital at Unit-6 or preferred to visit near by private clinic /hospitals. During the FGD many community members revealed that the male members/especially youth are involved in substance abuse. Many youths are involved in illegal drug business like Charas, Ganja & opium etc.

### Suggestions given/Action taken

- MAS members had a knowledge gap about the causes of dengue, its sign and symptoms, prevention, etc. The students discussed about the sources of the Dengue and made them aware of the prevention modalities. The community realized to ensure non presence of stagnant water in their surroundings.
- The importance of sanitation and cleanliness in their surrounding was discussed to prevent various diseases /infection especially for the children who easily fall prey to it.
- The role of the MAS towards strengthening and promoting awareness for good health practices and for better sanitation was discussed. Further, the MAS members were sensitized for promoting awareness on reproductive health services especially Family Planning, child immunization and nutrition components.
- Suggested the community members to do cleanliness drive on time to basis to keep their surrounding clean.
- The community was also sensitized to keep the school environment neat and clean in order prevent various water borne and vector borne diseases and other infections. During the school visit it was observed that there was presence of stagnant water in the tyres who were put in the school play ground for beautification. It was a solid ground for breeding of mosquitoes.
- The community was sensitized to use mosquito repellants or Mosquito Net at home especially during night. Use of full body covered dress especially for children can also prevent dengue infection amongst children.
- Further, community was also sensitized on the importance of proper ventilation especially at home. It was observed that in majority of the houses there was no scope for proper ventilation.
- The community members were informed about the facilities and free distribution /facilities of medicine and check up at near by CHCs/PHCs. The clinical footfall at Government facilities needs to be increased further. The majority of the family members had BSKY health insurance cards, while some also had MAMTA cards. Some of the community members opined that “BSKY card is not eligible for some diagnostic tests so they paid their own money for some diagnostic tests.
- The MAS members realized the negative impact of alcohol and other substance abuse especially among youth and other male members. They should take initiative to take control of the same in their houses and neighbor community the substance abuse among the youth has increased due to unemployment and many jumped into this illegal business since it gives huge amount of profit.



## Field Interventions at a Glance...



**Students facilitating a FGD in the Community**



**Students visiting an Anganwadi Centre in Salia Sahi**



**Facilitation of a Group Discussion**



**Students visiting the Community for Observation**



**Door to Door Survey in the Community**



**Focus Group Discussion with the MAS group members**





**Interaction of IIPH students with  
NSS Volunteers**



**Interaction of Students with School Children**



**Students visiting the school campus found  
stagnant water in tyres**



**Door to door survey by students**



**Director -IIPHB sensitizing the community  
on health & Sanitation**



**Interaction with a child during field visit**



## Engagement with Urban Local Bodies for Priority Setting in Public Health Programmes and Capacity Building for Monitoring and Evaluation

- One round of discussion with Commissioner and Deputy Commissioner, Bhubaneswar Municipal Corporation held and briefed about the project and requested to identify officials for capacity building. In addition, the officials of NUHM contacted and discussed the project details.
- Visit to BMC office made to build rapport with key stakeholders & shared the objective of the project with City Health Officer, Deputy Commissioner, State Coordinators & Technical Experts of BMC.
- The team has visited BMC office and identified the department under BMC undertaking activities related to public health importance.
- The BMC commissioner with whom we have initiated this work has changed and a new commissioner has taken the position. We have again sent a letter requesting to nominate two officers or staff from each of the departments under BMC for the proposed capacity building programme. However, due to other engagement and staff shortage in BMC the capacity building program for BMC personnel could not materialized inspite of repeated follow up with BMC officials.
- Meetings were conducted with City Health Officer and NHM officials on setting priorities for capacity building of Medical Officers and Public Health Officer of Urban primary health centres of Bhubaneswar.
- A letter was sent to Mission Director-NHM regarding two-rounds of one-day orientation programme for Medical Officer & Public Health Officers of all the 22 Urban PHCs of Bhubaneswar.
- A One-day orientation programme for Medical Officer & Public Health Managers of all the 22 Urban PHCs of Bhubaneswar was held in the last week of Sep 2022. Director Public Health, Addl. Mission Director, NHM, Urban Health Manager-NHM, Team Leader-State Health Resource Centre along with all the faculties of IIPHB participated during the day long deliberation.





## A Brief Report on One Day Orientation of Medical Officers and Public Health Managers of Urban Primary Health Centers of Bhubaneswar

Venue: Hotel Suryansh, Bhubaneswar  
Dated: 28th September 2022



Organized By: Indian Institute of Public Health, Bhubaneswar

Public Health Foundation of India

Support By: Infosys Foundation



## INTRODUCTION

A One Day Orientation of Medical Officers and Public Health Managers of UPSCs on Public Health was held on 28th Sep 2022 at Hotel Suryansh. All the Medical officers and PHMs of Urban Primary Health Centers of Bhubaneswar attended the day long deliberation. All the faculty members of IIPH Bhubaneswar namely Dr. Shridhar Kadam, Dr. Sarit Rout, Dr. Ambarish Dutta, Dr. Bhuputra Panda, Mr. Srinivas Nalala & Dr. Upasona Ghosh joined as a resource person and took different sessions on key components of Public Health Management. Dr Niranjan Mishra (Director (Public Health), GoO), Mr. Mrunalkanti Das-OAS (Addl. Director NHM), Dr Dinabandhu Sahu (Team Leader-SHRSC, NHM), Mr. Sukant Mishra (Program Manager-Urban Health, NHM) joined as an invitee and addressed the participants.

## OBJECTIVES

- To build the capacity and skill of Medical Officers & Public Health Managers of UPHCs on effective management of public health especially in Urban Context with a focus on Slum.
- To know the public health challenges in Bhubaneswar City especially in UPHCs and design strategies/mechanism to address the same with the support from key stakeholders.
- To strengthen the UPHCs in Bhubaneswar by improving the quality of services rendered by the health professionals.
- To get the feedback and suggestion from participants which will help in designing the content/topic for the next round Orientation scheduled in Feb 2023.

## Major Highlights: (Inaugural Address by Guest Speakers)

### Address by Director IIPH-Bhubaneswar

Dr Shridhar Kadam, Director IIPH-B welcomed all the participants and shared the objective of the training program. He briefed the participants about IIPH -Bhubaneswar & the role it has played towards strengthening public health system in the State. During his short address he also highlighted about the Infosys Foundation supported project “Building Primary Health Care Capacity for Urban Health” and its objective of building capacity of key stakeholders which includes nursing tutors, Urban Local Bodies officials along with Medical officers & Public Health Managers of UPHCs along with Community level Groups especially Grassroot level Health workers & Mahila Arogya Samiti members in Urban Slum to strengthen public health management in the city. He was also of the view that the feedback of the participants & the learning from the Orientation would help in designing the content for the 2nd round Training which has been proposed to take place in February 2023.



**Dr Shridhar Kadam**

*Director-IIPH-B addressing the participants*

### Address by Addl. Mission Director, NHM

Mr. Mrunalkanti Das, Addl. Managing Director, NHM welcomed all the participants and thanked Director, IIPH-Bhubaneswar for taking this initiative to train the Medical Officers & Public Health

Managers of UPHCs on public health management. He also expressed his happiness that IIPH-B has always played a pivotal role towards extending supportive hand to NHM Odisha as when required, especially in providing technical support in implementation, monitoring & evaluation of various programs along with building public health cadres in the state. Further, he highlighted how the Government of Odisha especially the health department successfully dealt with COVID-19 pandemic in the State and appreciated the role of medical fraternity for effective management of the same. He further highlighted the role of health care professionals in dealing with health issues both in urban and rural areas. He further opined that Odisha is one of the front runners in the country in terms of its performance especially in bringing innovations in health care program under National Urban Health Mission. He also discussed some of the challenges, issues pertaining to health and hygiene especially in the community level in urban set up, which needs to be addressed in a holistic manner on priority basis. He highlighted the role of both Government as well as Non-Government Organizations and other research institutions to further strengthen the public health program. He further highlighted the role of Medical Officers which is not confined to treatment only. The Medical Officers act as a bridge between Community and Government counterpart. The Public Health Managers will facilitate the process specially to promote awareness in the community. He stressed the need to empower the community especially women (MAS groups) to promote awareness on health & hygiene and ensure community access to quality health care services. In the end he once again thanked Dr Shridhar Kadam for making this workshop happen and bringing all the key stakeholders under one roof for a noble cause.



**Addl. Mission Director,  
Mr. Mrunal Kanti Das-OAS** during his inaugural address to participants.

## Address by Director Public Health, Odisha

Dr Niranjan Mishra, Director Public Health welcomed the participants and expressed his happiness over the initiative taken by IIPH-Bhubaneswar to strengthen public health program in the city. During his brief address he discussed about various communicable and non-communicable diseases and programmes run by the state. He further, stressed that the participants especially doctors and public health managers to know and understand the various disease prevention programmes, its objectives and the mandates therein for effective implementation of the same. He stressed the need to communicate the key messages of different prevention program in the community at large for larger sensitization and greater acceptance. He stressed the need to strengthen public health programmes both in urban and rural areas. He also highlighted some of the key health indicators & made a comparison between developed countries & under developed countries. He further, referred India as one of the most antibiotic drugs abused country in the world. He also suggested for the need of Antibody sensitivity surveillance in the country. Further, he appreciated



**Director Public Health, ODISHA  
Dr Niranjan Mishra** addressing the participants

the role of different stakeholders (especially doctors) in managing a public health crisis like COVID-19 in Odisha. He praised the inter sector coordination and management effort between different line departments as well as other stakeholders both at state, district and sub district level during the time of COVID-19 crisis. He also highlighted the importance of further strengthening public health system in the state.

### Address By TL-SHRSC

Dr. Dinabandhu Sahu, Team Leader, SHRSC welcomed the participants and thanked IIPH Bhubaneswar team for their initiative to build the skills of Medical Officers and Public Health Managers of Urban Primary Health Centers of Bhubaneswar City. During his short address he highlighted the role of Doctors and PHMs and the challenges faced by them. He focused on proper planning and commitment at Doctors and PHMs level to further strengthen the UPHCs. He also praised some of the UPHCs of Bhubaneswar who are performing extremely well and has been awarded by Government of India. He also viewed that Odisha is one of the pioneer states in the country who has set an example for others in effective implementation of National Urban Health Mission (NUHM) program. Major innovations in implementation of urban health program has started from Odisha especially from Bhubaneswar for which he thanked the UPHCs team who were present. He urged the participants to open the UPHCs in the odd hours. He stressed the need to strengthen the UPHCs further in the city. He highlighted the current challenges of UPHCs & focused on the need to increase the clinical footfalls as per the target set by Government of India. He also focused on improving quality of services in all the UPHCs as per IPHS standard.



**TL-SHRSC, NHM Dr Dinabandhu Sahu,**  
*addressing the participants*

### PPT by IIPH Faculties & Program Manager-Urban Health

#### Dr Shridhar Kadam

Dr Shridhar Kadam, Director, IIPH-Bhubaneswar gave a small presentation on "Strengthening Health System". During his short presentation he highlighted on the difference between Disease, Illness and Health Problem. He briefly discussed on the Demand, Need and Supply of Health Services with a special focus on determinants of health (Physical, Economical Social and Political). He also discussed on key concept or definition of Public Health. He further, highlighted on three major components of public health i.e 1. Health Promotion & Improvement, 2. Health Protection 3. Health Service delivery. He also discussed on the difference between Disease Control Program & Basic Health Care Programs.



**Dr Shridhar Kadam**  
*Director-IIPH B taking a session on  
Strengthening Health System*



### **Dr Upasona Ghosh**

At the outset Dr Upasona Ghosh explained the participants the relevance of a Social Anthropologist in Public Health Education program. Followed to it, she gave a short presentation on Social Determinants and Indicators of Urban Health. She briefly explained the factors which makes the urban health different from rural health. She also highlighted on the trends of urbanization in India especially how in-migrants and floating population has worsened the situation. Further, she highlighted that rapid urbanization has led to increase number of poor especially in urban slums, which has resulted into a greater public health concern. She explained that Physical and psychological well-being of slum residents is being severely compromised due to poor living condition. She further, threw a light on the disease burden of Air Pollution & Water Sanitation due to rapid urbanization.



**Dr Upasona Ghosh**

*Asst. Professor taking a session Determinants of Urban Health*

### **Dr Ambarish Dutta**

Dr Ambarish Dutta, gave a brief presentation on “Burden of Diseases in Urban Areas” which gave a basic conceptual clarity to participants on topic related to disease prevalence, incidence, disabling diseases or disability, Disability adjusted life Years (DALYs) lost to any disease. He further explained the Demographic Transition Model & Epidemiological Transition (4 stages of health transition). He highlighted that epidemiologic transition of health is driven by economic transition, Nutrition transition, technological or occupational transition and Mechanization of travel. He further, explained how Urbanization is cross cutting tool to all these transitions. He further, highlighted on various urban specific risk factors which resulted into both Communicable & Non-Communicable Diseases mostly affecting the poor & middle-class people.



**Dr. Ambarish Dutta**

*Addl. Prof -IIPH-B taking a session on Burden of Diaseses in Urban Areas.*

### **Mr Sukant Mishra**

Mr. Sukant Mishra, Program Manager-Urban Health, NHM-Odisha gave a brief presentation on National Urban Health Mission program, its Goal, objectives, Structure, journey so far and the achievements and challenges in the context of Odisha. During his brief presentation he briefly highlighted on the Indian Public Health Standards for Urban Health facilities & the



**Mr. Sukant Mishra**

*Program Manager-Urban Health, NHM taking a session on Urban Health.*

services provided at UPHCs with a focus on minimum standards as per IPHS & major PIP conditionality in Odisha context. He also praised the participants as some of the UPHCs of Bhubaneswar has been awarded by Government of India for its performance and target achievement. He further, highlighted that though the overall performance of UPHCs is satisfactory but there are certain gap areas which needs further improvement e. g (Documentation, Timely Reporting, Field Visit of UPHC personnel, PIP Conditionalities).

### **Dr Sarit Rout**

Dr Sarit Kumar Rout gave a short presentation on “Health Care Services: Economic Analysis & Preparation of a budget”. During his brief presentation he highlighted on topic related to cost of unit of services in urban areas & rural areas and the difference of cost in Outpatient Services in urban and rural context. He further explained the participants on the basic concept of costing, the methodology of doing. He explained how budget expenditure is different than costing. He also discussed about Opportunity cost, Financial Costing & Economic Costing for a general understanding of participants. In financial costing we use actual data incurred in a program and use the accounting data. Apart from programme cost the economist also calculate donations received, time spent by anyone irrespective of payment made or not. He stressed that While conducting a costing exercise- perspective is required (health system perspective or societal perspective). Social perspective examines the health care cost incurred due to any disease, loss to the society (productive loss) and overall loss to the economy.



**Dr. Sarit Rout**

*Addl. Prof, IIPH-B taking a session on Economic Analysis & Preparation of Budget*

### **Dr. Bhuputra Panda**

Dr. Bhuputra Panda gave a brief presentation on “Health Management Information System (HMIS) with a further focus on Monitoring & Evaluation tool. During his short presentation he discussed about the basic framework and standards for data collection. He highlighted that better information resulted into better decisions and ultimately lead to better health. He further, opines that Information or data helps in priority setting as well as planning for effective implementation of health information strengthening activities. He also discussed about the components of HMIS (Input, Process, Output), level of information requirement tools, domain of measurement and data sources etc.



**Dr Bhuputra Panda**

*Addl. Prof, IIPH-B taking a session on Health Management Information System (HMIS)*

### Mr Sinivas Nalala

Mr Sinivas Nalala gave a short presentation on the concept, purpose of SWOT analysis with a focus on techniques for formulating strategies for the growth and development of an organization. He briefly highlighted that by using strengths and overcoming weaknesses one organization can take advantage of the opportunities and grow further. Similarly, the strengths of an organization helps in avoiding possible threat to it. He stressed that SWOT analysis helps in taking appropriate strategies to fulfill its goal and objectives. He also discussed about the concept of Strategic Planning & Strategic Management in the context of over all project management cycle from beginning to the end. He also briefly discussed about Log frame model, relevance of Gannt Chart and the process of budget allocation etc to give more clarity on project management process to the participants.



**Mr. Srinivas Nalala,**

*Asso. Prof -IIPH-B taking session on SWOT and Strategic Planning & Management*

### Participants Feedback & Concluding Remarks

Most of the participants appreciated the content, handout of ppt and methodology of the orientation. Some of the participants felt the duration of the orientation program was too short and needs longer duration of at least 2-3 days for better understanding on public health management. Some of the participants asked for more reading materials on related topic. The Director IIPH -Bhubaneswar Dr Shridhar Kadam assured the participants for sharing the relevant reading materials. Further, he also briefed them about Post Graduate Diploma Course on Public Health Management run by IIPH -Bhubaneswar for the in-service Government Doctors sponsored by Government of Odisha. Admission to the course is open. Interested Doctors can apply through proper channel. Last but not the least, he thanked the participants for their active participation during the day long deliberation & called it a day.