



CITY HEALTH PLAN FOR BHUBANESWAR

(Draft)

January 2013

Submitted To:

**Health for Urban Poor (HUP)
Population Foundation of India**

Submitted By:

Urban Management Centre (UMC)



CITY HEALTH PLAN FOR BHUBANESWAR

January 2013

Submitted To:

Health for Urban Poor (HUP)

Population Foundation of India

Under the program supported by the
United States Agency for International Development

Submitted By:

Urban Management Centre (UMC)



Contact:

Manvita Baradi

Director, UMC

3rd floor, AUDA building,

Usmanpura; Ahmedabad 380014

info@umcasia.org

Phone: 079-27546403

www.umcasia.org



Acknowledgements

We would like to thank the following institutions and individuals for their guidance and support during the course of the study.

Bhubaneswar Municipal Corporation

Mr. Sanjib Mishra, Municipal Commissioner, BMC
Dr. D B Sahoo, CMMO

Odisha Health and Family Welfare Department

Dr. Sudarshan Das, CMO, Capital Hospital

ICDS, Women and Child Development Department, Government of Odisha

Ms. Padmini Bakshi, CDPO
Ms. Manjula, CDPO

HUP

Mr. Partha Roy, City Coordinator

Human Development Foundation

Dr. M Mohanty, Director

Support

The preparation of the City Health Plan for Bhubaneswar is supported by Population Foundation of India under the Health for Urban Poor (HUP) program support by the United States Agency for International Development (USAID).

Urban Management Centre (UMC) is a not-for-profit organization which, in collaboration with International City/County Management Association (ICMA), works towards professionalizing urban management in India. UMC provides technical assistance and support to urban local governments and local government associations and implements programs that bring improvement in cities.

www.umcasia.org

Study team

Manvita Baradi
Meghna Malhotra
Vanishree Herlekar
Poulomee Ghosh
Krunal Parmar

Contents

1. About this study	9
1.1. Background.....	9
1.2. Methodology	10
2. Urban Health-National Framework	16
2.1. The National Urban Health Mission (NUHM)	16
2.2. Link between Urban Health and Sanitation	18
3. The City of Bhubaneswar	20
3.1. Location and Geography.....	20
3.2. Population Growth and Urbanization Pattern	21
3.3. Health Profile	25
3.4. Sanitation Profile	29
3.5. Local Governance	32
4. Urban Poor in Bhubaneswar	37
4.1. Slum Locations and Demographics.....	37
4.2. Disease Incidence among the Poor	44
4.3. Environmental Health and Hygiene.....	55
5. Assessment of Existing Health Care System in Bhubaneswar	63
5.1. Summary of Government Health Facilities.....	63
5.2. Health Access to Urban Poor.....	68
5.3. Institutional Structures for Health Delivery	81
5.4. Inter departmental Convergence	86
5.5. Disease Surveillance and Monitoring	88
5.6. Physical Infrastructure, Equipments and Staffing	90
5.7. Financial Allocations towards Urban Health	94
6. Proposal for Improved Health Services in Bhubaneswar	98
6.1. Summary of Key Health Needs in Bhubaneswar	98
6.2. Proposed Institutional Structures for Health Services Delivery	99
6.3. Rationalization of Health Services	101
6.4. Consolidated Budget for Strengthening of Health Delivery in Bhubaneswar	114
6.5. Disease Surveillance and Health Data Management	103
6.6. Recommendations for Inter-Departmental convergence	106
References	126

Volume II: Profile of Government Health Facilities in Jaipur

Volume III: Comparatives Review of Governance structures

List of Tables

Table 1 Slums in which FGDs were conducted	11
Table 2 List of Stakeholders for City Health Plan	14
Table 3 Rating of cities by SLB indicators	19
Table 4 Population Growth in Bhubaneswar.....	21
Table 5 Population and vital statistics.....	25
Table 6 Child Immunization.....	26
Table 7 Maternal and Child Health.....	27
Table 8 Chronic Illness.....	28
Table 9 Obligatory and Discretionary Functions of BMC	35
Table 10 Growth of Slums in Bhubaneswar	37
Table 11 Ward wise concentration of slums.....	39
Table 12 Snapshot of slums in Bhubaneswar.....	40
Table 13 Reported cases of Malaria and Gastrointestinal disorders in slums	44
Table 14 Incidence if disease in slum and non slum households.....	45
Table 15 Disease Occurrences in Slums- Data from FGD	46
Table 16 Health Care Facilities under CMMO, BMC.....	63
Table 17 Health Care Facilities under CMO, Odisha Health and Family Welfare Department	64
Table 18 Urban Slum Health Centres (USHC) functioning on a PPP basis.....	65
Table 19 Primary Health Care and Outreach Requirements as per NUHM	68
Table 20 Proximity of Slum Population to Primary Health Facility	70
Table 21 Requirement of Link Workers in Bhubaneswar.....	72
Table 22 Government Schemes and Programs for Urban Poor	76
Table 23 NGO Supported Schemes in Bhubaneswar	80
Table 24 Government Agencies involved in Health Management in Bhubaneswar.....	83
Table 25 Staffing Gaps in Primary Health Facilities	92
Table 26 Rapid Assessment of Health Facilities	93
Table 27 BMC budget allocation and expenditure for medical.....	96
Table 28 Fiscal surplus in Bhubaneswar	97
Table 29 Health Facilities in Bhubanewar after rationalization	102
Table 32 Strategies for inter-departmental convergence.....	106
Table 33 Closest U-PHC to Angnwadi centers-ICDS 1.....	109
Table 34 Closest U-PHC to Angnwadi centers-ICDS 2.....	111
Table 35 Closest U-PHC to Angnwadi centers-ICDS 3	113
Table 30 Summary of upgradation in five year plan	114

List of Figures

Figure 1 Sample Health Facility Profile	13
Figure 2 Proposed Urban Health Care Delivery System as per NUHM	16
Figure 3 Geographical context of Bhubaneswar	20
Figure 4 Directions of Spatial Growth	21
Figure 5 Administrative Wing of BMC	33
Figure 6 Executive Wing of BMC	33
Figure 7 Ward wise slum population	40
Figure 8 Trends in Malaria and Gastrointestinal disorders	44
Figure 9 Percentage of children who are fully immunized	47
Figure 10 Project Sammaan- Plan for Execution	61
Figure 11 Preferences of health care of slum dwellers	69
Figure 11 An anganwadi in Salia Sahi, Bhubaneswar	73
Figure 12 Organizational Chart of WCD Department.....	82
Figure 13 Institutional Structures for Health Care	84
Figure 14 Health Data Reporting Structures	88
Figure 15 NRHM funding in Odisha	94
Figure 16 Budget Income and Expenditure of BMC	95
Figure 17 BMC expenditure on Sanitation	95
Figure 18 Key Health Needs for Bhubaneswar	98
Figure 19 Proposed Institutional Framework.....	100
Figure 20 GIS based analyses informs relocation of health facilities	101

List of Maps

Map 1 Administrative map of Bhubaneswar.....	22
Map 2 Bhubaneswar population map	23
Map 3 Population density map of Bhubaneswar	24
Map 4 Slum concentration map	38
Map 5 Slum notification map	41
Map 6 Ward wise slum population	42
Map 7 Reported cases of Cholera in Slums	48
Map 8 Reported cases of Diarrhea/ Dysentery in slums.....	49
Map 9 Reported cases of Gastroenteritis.....	50
Map 10 Reported cases of Jaundice in slums.....	51
Map 11 Reported cases of Typhoid in slums.....	52
Map 12 Reported cases of Malaria in slums	53
Map 13 Reported cases of TB in slums.....	54
Map 14 Percentage of Slum households with individual toilets	58
Map 15 Community toilet blocks in slums	59
Map 16 Percentage of slum population practicing open defecation.....	60
Map 17 Health Facilities in Bhubaneswar	66
Map 18 Location map of Anganwadi Centres	67
Map 19 Proximity analysis of primary health care facilities.....	71
Map 20 Proximity of slums to andanwadi Centres	74
Map 21 Proximity of Aganwadis to primary health centre-ICDS-1	108
Map 22 Proximity of Aganwadis to primary health centre-ICDS-2	110
Map 23 Proximity of Aganwadis to primary health centre-ICDS-3	112

List of Annexure

Annexure 1: List of Slums in Bhubaneswar

Annexure 2: List of Participants in Stakeholders Consultation

Annexure 3A: Results of FGDs: Water Supply

Annexure 3B: Results of FGDs: Sanitation

Annexure 3C: Results of FGDs: Waste Water Disposal

Annexure 3D: Solid Waste Management and Environmental Hygiene

Annexure 4: Questionnaire for Health Facility Assessment

Annexure 5: Questionnaire for Focus Group Discussion

List of Acronyms

ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse and Midwife
ANC	Anti-Natal Care
BMC	Bhubaneswar Municipal Corporation
BSUP	Basic Services for Urban Poor
CHC	Community Health Center
CDMO	Chief District Medical Officer
CMMO	Chief Municipal Medical Officer
CHO	Chief Health Officer
CBR	Crude Birth Rate
CDR	Crude Death Rate
DLHS	District Level House hold and family Survey
GIS	Geographical Information System
HUP	Health for Urban Poor
H & FW	Health & Family Welfare Department
JnNURM	Jawaharlal Nehru National Urban Renewal Mission
IMR	Infant Mortality Rate
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
ICDS	Integrated Child Development Scheme
IDSP	Integrated Disease Surveillance Program
IIPS	International Institute for Population Science
LV	Link Volunteer
NHP	National Health Profile
NIUA	National Institute of Urban Affairs
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NUSP	National Urban Sanitation Policy
MoUD	Ministry of Urban Development
OPD	Out Patient Department
PFI	Population Foundation of India
PHEO	Public Health Engineering Organization
PHC	Primary Health Centre
PPP	Public Private Partnership
RCH	Reproductive and Child Health
RNTCP	Revised National Tuberculosis Program
SIO	Slum Improvement Officer
U-PHC	Urban Primary Health Centre
UMC	Urban Management Centre
USHA	Urban Social Health Activist
USHC	Urban Slum Health Center
WCD	Woman & Child Development Department

1. About this study

1.1. Background

India like the rest of the developing world is urbanizing. Towns and cities are seeing rapid expansions as increasing numbers of people are migrating to urban areas in search of economic opportunity. As per census 2011, Urban population in India amounts to 37.7 Crore exhibiting a rise of 31% over the last decade. This rapid growth in urban population has outpaced the provision of affordable housing and environmental and health infrastructure. The shortfall in urban housing has led to proliferation of slums and squatter settlements in Indian cities. Crowded living conditions, unhygienic surroundings and lack of basic amenities characterize slums in India. The near total absence of civic amenities coupled with lack of primary health care services in most urban poor settlements has an adverse impact on the health status of its residents.

It is understood that the health of the urban poor is significantly worse than the rest of the urban population and is often comparable to the health conditions in rural areas. The 10th five year plan (2002-2007) observed that unlike the rural health services there have been little efforts to provide well planned primary, secondary and tertiary care services in geographically delineated urban areas. It is observed that the primary health care facilities have not grown in proportion to the explosive growth of population. Ineffective outreach and weak referral systems also limit the access of urban poor to health care services.

The 12th five year plan of Government of India seeks to pay systematic attention to urbanization and spearhead the process of inclusive infrastructure development in cities. As part of the plan the government has launched the National Urban Health Mission (NUHM) to address the health concerns of the urban poor through facilitating equitable access to strengthening of the existing capacity of health delivery for improving the health status of the urban poor (Ministry of Health and Family Welfare, 2008).

The United States Agency for International Development (USAID) funded Health of the Urban Poor (HUP) Project-(2009-13) is providing technical assistance to the Ministry of Health and Family Welfare for effective implementation of the NUHM. The project envisages the development of a responsive, functional and sustainable urban health system that provides need-based, affordable and accessible quality healthcare and improved sanitation and hygiene for the urban poor. To access funds under NUHM, each city would be required to develop a City Health plan based on the assessment of local needs. The Ministry of Health and Family Welfare has requested the HUP team to prepare model city health plans, for three cities in the country- Pune, Jaipur and Bhubaneswar. The Urban Management Centre (UMC) has been commissioned to evolve a methodology and prepare City Health Plans for these three cities in 2012-13. UMC has a strong expertise in working with city governments and other parastatal organizations towards data collection, analysis and performance improvement planning in all sectors of urban management including urban health management. UMC has previously prepared detailed project report for Ahmedabad Municipal Corporation (AMC) under the National Urban Health Mission in year 2008-10. UMC has also assisted the AMC in the mapping of slums, health facilities and health data including morbidity and preventive care on a Geographical Information System (GIS) platform. The methodology for the city health plan was developed by UMC in consultation with PFI and HUP teams. UMC also involved local NGOs to assist with data collection and situational analysis.

The findings and recommendations of the Study are presented in three volumes. Volume I is the City Health Plan Document, Volume II presents a detailed facility assessment of all Government Health Facilities in Bhubaneswar and Volume III is a comparative analysis of governance structures in health in Pune, Bhubaneswar and Jaipur.

1.2. Methodology

The following methodology was adopted to prepare the Urban Health Plan of Bhubaneswar:

1.2.1. Slum listing and mapping

As advised by BMC officials and the local PFI-HUP team, The Bhubaneswar Slum Profile, 2008 is used as the primary database for slum related information for the City. The comprehensive document prepared in collaboration with the Indo-USAID FIRE (D) project provides basic information on the city's urban poor settlements including slum location, population and environmental conditions of the slum. Information sourced from the slum profile is mapped on a base map with roads, landmarks and administrative boundaries. BMC is currently undertaking a detailed socio-economic slum survey under the Rajiv Awas Yojana (RAY). However since the RAY survey is at a progressing stage, the data is not available for the purpose of this plan. The Bhubaneswar Urban Health Map prepared by the PFI-HUP team has also been a key resource to map health facilities in the city. All different layers of information including roads, ward boundaries, slums, anganwadi centers and health facilities were mapped in CAD and then transferred to a GIS platform. Key attributes about slums are also fed in GIS which helped create thematic maps for the city based on health indicators and use the data for spatial analysis.

1.2.2. Situational analysis

The following activities were carried out to assess the urban health situation in Bhubaneswar:

Review of health indicators and morbidity data

Latest available morbidity data from various sources was compiled and reviewed. Data from primary health services available with BMC and the Odisha Health and Family Welfare (H&FW) Department is analyzed. Secondary sources such as the Annual Health Survey (2010-2011) and the Baseline Survey for Bhubaneswar (2011) conducted by IIPS HUP team were reviewed to create the morbidity profile for Bhubaneswar. Health Indicators for the city including birth and death rate, IMR and MMR were provided by the Bhubaneswar Municipal Corporation (BMC). In addition news articles citing evidence of disease incidence in the city were tracked and reviewed to understand the trends of disease outbreaks and health care services.

Assessment of Water and Sanitation services in slums

UMC team visited sample slums in different geographical areas in Bhubaneswar to document and assess the environmental conditions and access to water and sanitation. The on site assessment was supported by review of relevant documents including the Water-Sanitation SLB indicators, City Sanitation Plan, City Development Plan, Sanitation Ranking, BMC budget and other project reports.

Assessment of governance structures

UMC understands that an efficient governance structure is critical to the efficient functioning of any system. UMC conducted a comprehensive review of existing governance including roles and responsibilities of various stakeholders in the health and sanitation sector and institutional structures for health care delivery. The aim of this exercise was to understand the existing city administration structure, flow of decisions, flow of funds and finances, flow of information, current monitoring regime and key linkages between health and other departments. While this document presents a snapshot review of the governance structures in Bhubaneswar, a detailed report on governance structures was submitted to PFI, Delhi in October 2012. Volume 3 of this report presents the detailed report on the governance structures and also presents a comparison among the three study cities-Pune, Bhubaneswar and Jaipur.

Assessment of health seeking behavior of slum population

Focus Group Discussions (FGDs) were conducted in the following 25 slums in the city to assess accessibility to health infrastructure and understand the health seeking behavior of slum dwellers. The selection of slum is based on diversity in population, geographical location and tenure status.

Table 1 Slums in which FGDs were conducted

Slum Name	Population	Area (In Acres)	Notified/ Non-Notified
Sikharchandi Cluster-I	1625	8.0	Notified
Hanspala Bhoi Sahi	300	2.0	Notified
Nalabandha Munda Basti	150	0.5	Non-Notified
Rangamatia Tala Sahi	1000	100.0	Notified
Nilamadhab Basti	3570	4.0	Non-Notified
Rental Colony Sahid Laxman Behera Basti	1290	13.0	Non-Notified
Mahavir Basti (VSS Nagar)	722	1.5	Non-Notified
Nilachakra Nagar	6750	6.0	Non-Notified
Nirakari Nagar	6500	14.0	Non-Notified
Jokalandi Cluster-07	1105	10.0	Notified
Mundasahi, Nilakanthanagar	3600	8.0	Notified
Sabarsahi, Baramunda	248	4.0	Notified
Kalyani Krushna Nagar, Nayapalli Nuasahi	750	4.0	Non-Notified
Baragarh Hadi Sahi	220	1.5	Notified
Baragarh Bhoi Sahi	540	5.0	Notified
Laxmisagar Majhi Sahi	2500	20.0	Notified
Masjid Colony	3770	4.0	Non-Notified
Radha Krushna Tala Sahi (Kha) Unit-6	435	1.5	Non-Notified
Mochi Sahi (Old Station Bazar)	660	1.0	Non-Notified
Budhanagar Banaphula Basti	940	1.5	Non-Notified
Bijaya Laxmi Basti Tala Sahi-B	337	1.5	Non-Notified
Kancha Bhoi Sahi	200	1.0	Non-Notified
Samantarapur Telanga Sahi	250	1.0	Non-Notified
Gokhibaba Leprosy Colony	60	1.0	Non-Notified
Subash Bose Nagar Basti	2753	5.0	Non-Notified

The Human Development Foundation (HDF) was identified as the local organization to conduct FGD with slum dwellers. There was a fair representation of female respondents and people from different age groups. The FGD highlighted disease prevalence, access to clean water and sanitation and proximity and access to government health services. The FGD tool is attached as Annexure 6.



Photograph 1 Focus Group Discussions in Slums

Health Facility Assessment

Assessment of all government was carried out to evaluate the existing facilities in terms of staffing, infrastructure and maintenance. The results from the assessment were used as inputs for designing of manpower and capacity building plan for Bhubaneswar. UMC prepared a benchmarking tool to assess all public health facilities in the city. The tool for rapid assessment of health facilities is attached in Annexure B. The tool captured information on availability of health infrastructure (building, equipment), catchment of patients, availability of required human resources and quality of environment and health services. A total of 41 government facilities including primary health care centers, homeopathic and ayurvedic dispensaries hospitals were assessed. . Human Development Foundation (HDF) was identified as the local partner to conduct health facility assessments. The results from the assessment have been compiled in a dossier format with one spread for each health facility. This can be used as an overview of the conditions of the facilities and the facilities needing attention can be quickly identified. Volume 2 presents the dossier on health facility assessment.

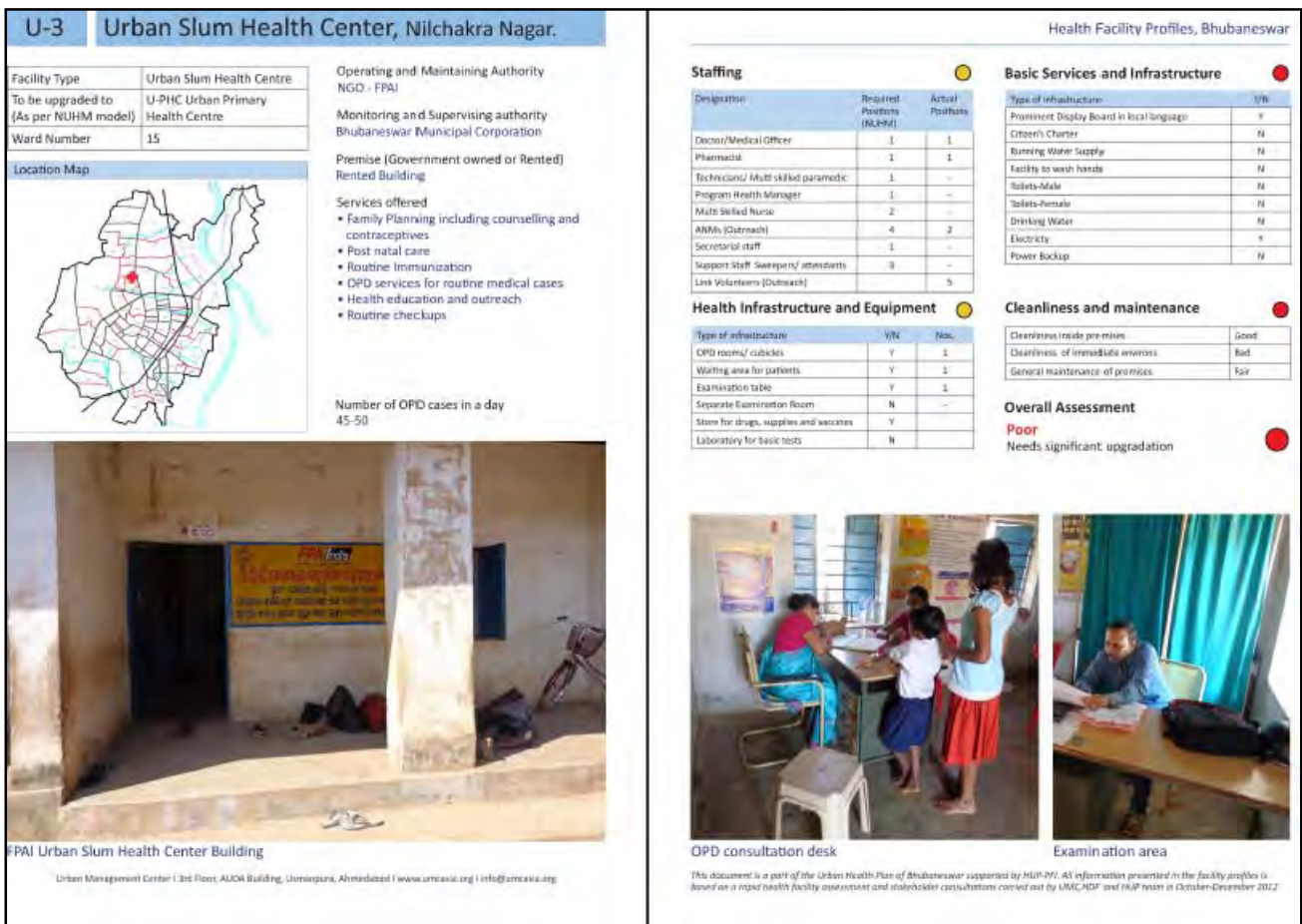


Figure 1 Sample Health Facility Profile

1.2.3. Stakeholder Consultations

Consultative meetings were conducted with concerned ULB staff and state department staff from health and sanitation sector to identify Key issues and needs in health care delivery in Bhubaneswar.

Individual and group consultations were carried out with various stakeholders involved in urban health. The initial study of governance, slum profile, health care services, morbidity profile and mapping was shared for better understanding. The SWOT tool was used to facilitate discussions among stakeholders and to identify prioritized areas for preparation of the essential health package.



Photograph 2 Stakeholder Consultations

The following stakeholders were interviewed and consulted for preparing the health plan:

Table 2 List of Stakeholders for City Health Plan

Bhubaneswar Municipal Corporation	
Mr. Sanjib Mishra, IAS	Municipal Commissioner
Dr.D.B. Sahoo	Chief Municipal Medical Officer (CMMO)
Mr. Binaykumar Das	Slum Improvement Officer (SIO)
Mr. Binod Shroff	City Engineer
Dr. Chandrikaprasad Das	Chief Health officer (CHO)
Mr. B.K.Mishra	CHO office clerk
Mr. Labanya Sabara	Chief Finance Officer (CFO)
Mr. P.Sahoo	Accountant, CFO office
Mr. Mahapatra	Project implement officer, JNNURM Cell
Mr. Srimanta Mishra	Project Officer, JNNURM cell

Public Health Engineering Organization (PHEO), Government of Odisha	
Mr. Bibekananda Mohapatra	Engineer-in-Chief
Mr. Manoj Ranjan Nanda	Executive Engineer, P.H Division-II
Mr. Jena	Superintendent Engineer, P.H. Division II

Health and Family Welfare Department, Government of Odisha	
Dr. Pramila Baral	Integrated Disease Surveillance Program
Dr. Rupak Rupsu	District Program manager, NRHM
Dr.Sudarshan Das	Chief Medical Officer (CMO), Capital Hospital
Dr. Panigrahi	Disease Surveillance Medical Officer& District TB Officer, Khurda District
Mr. Mihir Ranjan Gauda	Hospital Manager, Capital Hospital

Women & Child Development Department, Government of Odisha	
Ms.Padmini Bakshi	Child Development Programme Officer(ICDS-1 &2)
Ms. Manjula	Child Development Programme Officer(ICDS-3)
Ms. Kajal	Supervisor, ICDS-3

NGO run Urban Slum Health Centers (USHC)	
Dr. S.C Das	Medical Officer, OVHA
Dr. Geeta Mishra	MO saliasahi (MY HEART)
Ms. Shanti Sahoo	ANM,FPAI
Ms. Pushpanjali	ANM, FPAI

In addition several group meetings were conducted with different set of stakeholders to identify key issues pertaining to health in Bhubaneswar and develop an essential health package for the city.

1.2.4. Development of essential health package and associated multiyear budget

Finalizing the key health sector needs of the city was undertaken in a consultative manner with concerned ULB staff and elected officials. UMC presented the current statistics and situation analysis based on previous data collection and facilitated discussions among stakeholders and to identify prioritized areas for preparation of the EHP. The priorities identified were used to strategize interventions and programs for bridging the gap. The District NRHM PIP guidelines were used to prepare the multiyear budget template for the city.

In addition to the budget for the city health plan recommendations on institutional structures, data management systems and convergence mechanisms were also discussed with the concerned officers and included as part of the plan.

2. Urban Health-National Framework

2.1. The National Urban Health Mission (NUHM)

Urban health is a thrust area for Government of India’s 12th Five Year Plan (2012-2017). As part of the plan the government has launched the National Urban Health Mission (NUHM) to address the health concerns of the urban poor living in slums through facilitating equitable access to quality health care through a revamped public health system in urban areas. The health mission will soon be launched in 779 cities and towns in India with a population of 50,000 or more.

2.1.1. Proposed Health Care Delivery Model under NUHM

The proposed national urban health service delivery model intends to rationalize and strengthen the existing public health care system in urban areas, promote effective engagement with the non-governmental sector and strengthen the community participation in planning and management of health care service delivery. Urban Health Centre (UHC) providing primary health care services is central to the proposed health care delivery model. One UHC will cater to a slum population of 25-30,000 and will have outreach and referral linkages as illustrated in the diagram below.

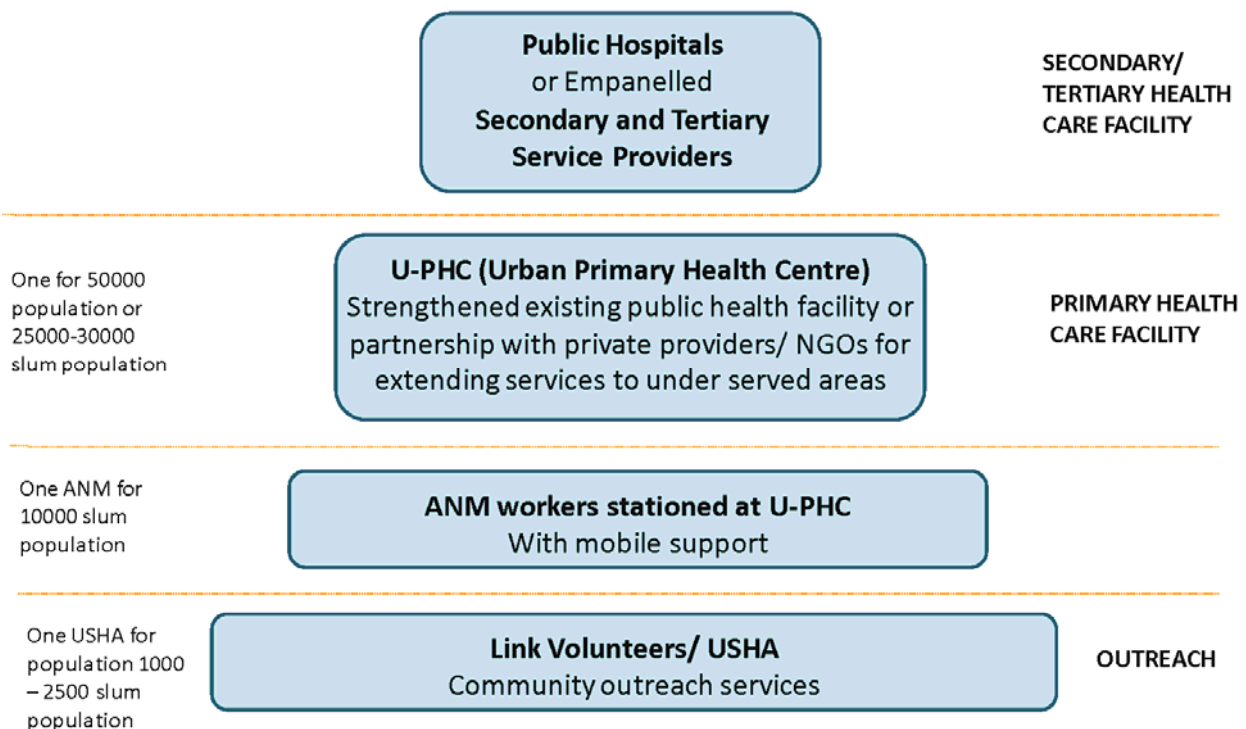


Figure 2 Proposed Urban Health Care Delivery System as per NUHM

2.1.2. Health Care Delivery in Urban Areas: Existing Systems

The NUHM framework document points out the diversities in organization and management of health care services in urban areas across India. In cities such as Mumbai, Pune, Ahmedabad, Chennai etc. are responsible for the management of health care services. However in most other Indian cities like Agra, Jaipur, Indore etc. the provision of primary health services vests with the State Government through its district structures. In these states where health care services are planned and managed only by the State government, the involvement of the urban local bodies is observed to be limited. There are also a few cities where the ULBs and State Governments are both providing health care in urban areas the management of which may or may not be coordinated. This issue of multiplicity of agencies is unique to urban areas and needs to be carefully addressed while selecting the appropriate health care delivery model for a city.

Some basic women and child related health services such as pre natal checkups, immunizations and nutrition are also being provided at anganwadi centers that were established in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. The anganwadi centers come under the aegis of the Women and Child Development (WCD) department while the state health and welfare department oversees health care facilities and programs. Though an integral part of the public health-care system in rural areas, the linkage between health services and anganwadi centers in urban areas is observed to be relatively weak. NGOs and charity organizations currently act as crucial links in urban areas in facilitating the convergence of health care services and the ICDS program.

2.1.3. Recommended Strategies for Urban Health Care Delivery

Acknowledging the diversity of the available facilities in the cities, NUHM offers flexibility to cities to choose a model for health care delivery that best suits the needs and capacities of the states and the ULBs. The following key strategies regarding institutional structuring are suggested to operationalize urban health mission in cities:

- In addition to the central and state missions, cities may either decide to constitute separate City Urban Health Societies or use the existing structure of the District Health Society under NRHM with additional stakeholder members.
- Public health care system in cities can be strengthened through revamping the existing health care system, partnerships with NGOS or through public private partnerships (PPP)
- All existing primary health facilities such as government dispensaries, Family Welfare Centers (established by GOI under the first five year plan), Urban Health Posts (centrally funded program established on the recommendation Krishnan Committee in 1983) to be strengthened and upgraded into a “Primary Urban Health Centre” with outreach and referral facilities.
- Foster convergence across departments at the ULB level (Slum improvement, JNNURM, RAY) and state level (ICDS program of the women and child development department)

2.2. Link between Urban Health and Sanitation

Environmental sanitation includes safe management of human excreta, its safe confinement treatment, disposal and associated hygiene-related practices such as solid waste management and the management of drinking water supply (National Urban Sanitation Policy, 2009). For a long time, sanitation in India has been accorded low priority and there is poor awareness about its inherent link with public health. According to the National Urban Sanitation Policy (NUSP), inadequate discharge of untreated domestic/municipal wastewater has resulted in contamination of 75 per cent of all surface water across India leading to rampant spread of water and vector borne diseases in urban areas. The loss due to diseases caused by poor sanitation for children under 14 years alone in urban areas amounts to Rs.500 Crore at 2001 prices (Planning Commission-United Nations International Children Emergency Fund (UNICEF), 2006). NUHM acknowledges the impact of poor sanitation on human health, especially among the urban poor. Strengthening promotive action for improved health and prevention of diseases is a major focus of the health mission. NUHM recommends key partnerships and linkages with urban local bodies and other national and state institutions for improved water and environmental sanitation and other aspects having a bearing on health.

The Ministry of Urban Development (MoUD) is the nodal agency responsible for formulating national level policies on urban water supply and sanitation. The Ministry's strategic plan (2011-2016) calls for cross departmental synergies with the Ministry of Health and Family Welfare and the Ministry of Housing and Poverty Alleviation to address urban sanitation and hygiene. The following initiatives of MoUD facilitate creation of basic urban infrastructure relating to water supply sanitation and promote healthier cities:

2.2.1. Jawaharlal Nehru National Urban Renewal Mission (JNNURM)

Recognizing the process of rapid urbanization in India and the urgent need to invest in urban infrastructure and improve the quality of life in cities the MoUD launched the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) in 2005. JNNURM is a city-based program through which financial assistance is made available to ULBs and parastatal agencies for implementing urban infrastructure projects n infrastructure projects relating to water supply, sewerage, solid waste management, road network, urban transport etc. is The JNNURM Sub-Mission for Basic Services to the Urban Poor (BSUP) is administered by the Ministry of Urban Employment. The main thrust of the Sub-Mission is to encourage integrated development of slums through projects for providing shelter, basic services and other related civic amenities. UMC has been involved in conducting training programs for ULBs and orienting the city staff.

2.2.2. National Urban Sanitation Policy

The Government of India launched its National Urban Sanitation Policy (NUSP) in November 2008 with the goal of making India “community-driven, totally sanitized, healthy and livable cities and towns”. The policy advocates that all cities should become open defecation free, all human wastes and liquid wastes be collected and safely treated and adequate resources be available for the operation and maintenance of the sanitation facilities. As per NUSP guidelines, cities need to prepare City Sanitation Plans (CSPs) that encompass plan of action for achieving 100% sanitation in the city through demand generation and awareness campaign, sustainable technology selection, construction and maintenance of sanitary infrastructure and clarifying institutional roles and responsibilities. UMC has been involved in preparation of city sanitation plans and also city development plans for many cities.

2.2.3. Service Level Benchmarking

The Service Level Benchmarking (SLB) initiative by MoUD seeks to identify a minimum set of standard performance parameters for water and sanitation sector that are commonly understood and used by all stakeholders across the country. The SLB effort defines a common minimum framework for monitoring and reporting on specific indicators across cities and has set out guidelines on operationalising this framework in phased manner (Ministry of Urban Development, 2010).

2.2.4. Rating of Cities

The national rating for cities by MOUD was launched to achieve the goals of the NUSP. The exercise involved rating cities with a population of 1 lakh or more on various aspects of sanitation. The first national rating was carried out in 2009 across 429 cities in India. The rating scores cities on a scale of 100. Once the scores are calculated, cities are categorized into four color categories- red, black, blue or green. A city that receives less than 33 points is marked as a ‘Red city’ which needs to pay immediate attention to its sanitation situation and undertake remedial actions.

Table 3 Rating of cities by SLB indicators

Category	Description	Points
RED	Cities requires immediate remedial action	<33
BLACK	Needing considerable improvement	<34 ≤ 66
BLUE	Recovering but still diseased	<67 ≤ 90
GREEN	Healthy and clean city	<91 ≤ 100

Source: MoUD

The rating was a useful exercise which allowed various cities to compare their water supply and sanitation situation with other cities in India. The exercise also attempted to instill healthy competition in cities and recognize excellent performance in sanitation through national awards. The rating exercise is proposed to be carried out every two years to track performance. UMC had rated 43 cities in Gujarat and Rajasthan under the sanitation rating program of MOUD.

3. The City of Bhubaneswar

3.1. Location and Geography

Bhubaneswar is the capital city of Odisha located in the district of Khurda. Bhubaneswar lies in the Mahanadi delta on the western bank of Kuakhai River. The city is divided in two parts by the East-Coast railway line. Most of the city lies towards the west of the railway line and sits comparatively higher than the eastern part.

The current layout and appearance of the city reflects its history and growth pattern. The ancient city of Bhubaneswar was established over 3000 years around 2nd to 3rd century BC. Numerous temples were built in the city throughout ancient and medieval times giving it the status of a temple city. The old city with the Lingaraja temple at its epicenter and several other monuments of religious and historic importance remains a significant religious destination in the region as well as the country. The modern city of Bhubaneswar was designed in 1946 by German architect Otto Königsberger. The city conceived with ample green spaces and wide roads in a radial grid pattern is one of the first planned cities of India. Today Bhubaneswar is a major hub for higher education, advanced medical care and metal processing industries.



Figure 3 Geographical context of Bhubaneswar

Source: Khurda District Health Plan, NRHM

The climate of the city is hot and humid with extremely high temperatures during summer. The mean maximum and minimum temperatures vary between 31°C to 43°C and 12°C to 24°C, respectively and the annual average rainfall is 1,498 millimeters. The coastal location of Bhubaneswar makes the city susceptible to climatic and natural risks such as cyclones, heat waves, floods and droughts. The city has witnessed several natural disasters in the last few years such as the super cyclone in 1999 and the floods in 2001. These natural calamities make the poor population extremely vulnerable to disease and health risks. Such disasters also lead to mass displacements and vast migration from rural areas in to Bhubaneswar.

3.2. Population Growth and Urbanization Pattern

In 1951, the population of Bhubaneswar was only 16,512 but the city saw a steep increase in population in the next 10 years and the population increased to 38,211 in 1961. This sudden increase in population could be attributed to the shifting of the state capital from Cuttack to the planned city of Bhubaneswar in the year 1954. The population growth rate of Bhubaneswar city during 61-71 and 71-81 was one of the highest in the country. The city also grew spatially during this period and almost quadrupled its area from 25.9 sqkm in 1951 to 92.9 sqkm in 1981. Since then the population growth rate has decreased but the city kept growing spatially in an outward direction along major arterials and roads. Today Bhubaneswar has a population of 8.37 lakhs (census 2011) and extends over an area of 135 sqkm. The following table shows the area, population, and growth rate and population density of Bhubaneswar city over the past few decades.

Table 4 Population Growth in Bhubaneswar

Year	Population	Decadal Growth Rate (%)	Area (sqkm)	Density (per sq km)
1951	16512	-	25.9	638
1961	38211	131.41	50.25	760
1971	105491	176.07	65.03	1622
1981	219211	107.8	92.91	2359
1991	411542	87.74	124.74	3299
2001	648032	57.46	135	4800
2011	837737	29.27	135	6205

Source: Census of India

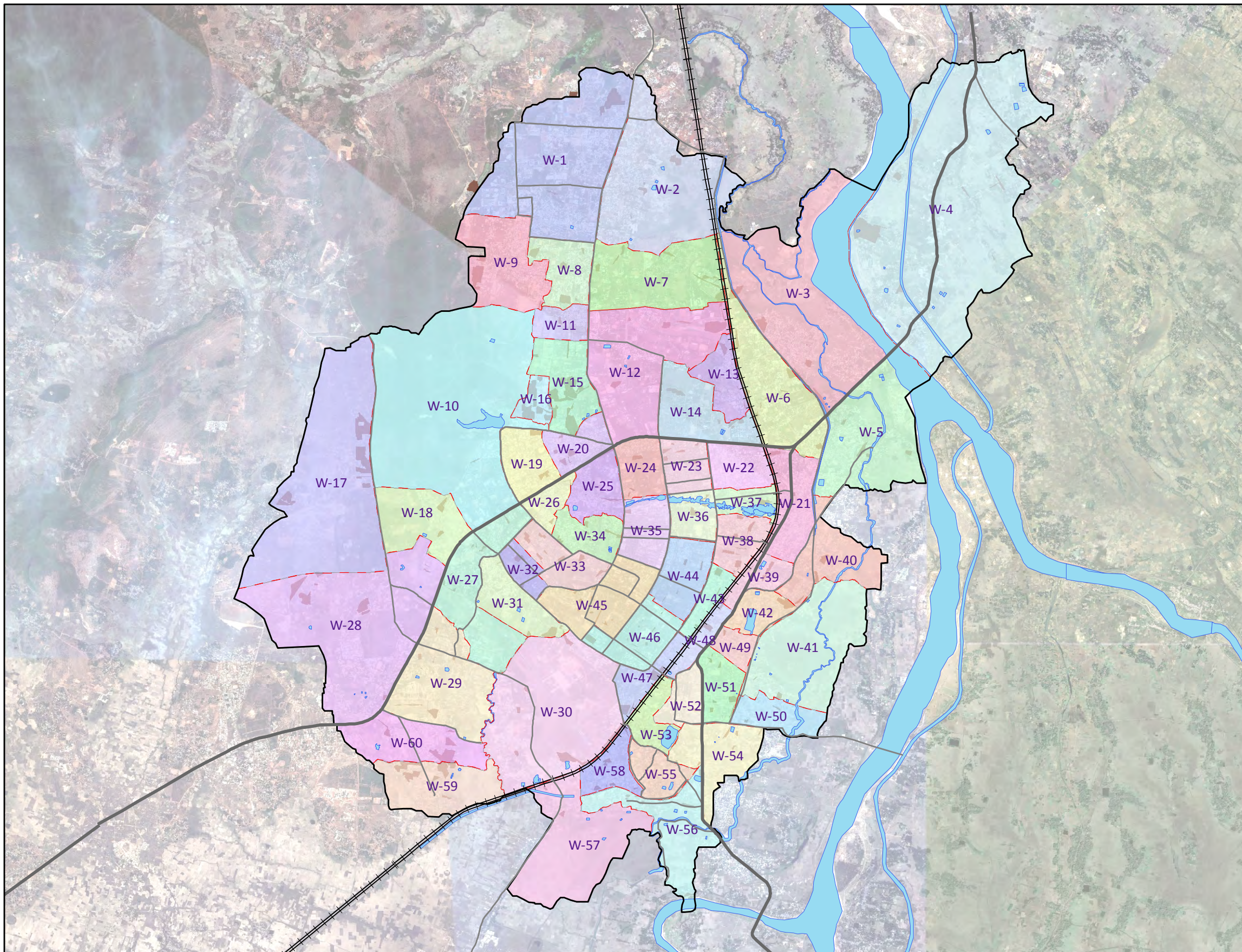


Figure 4 Directions of Spatial Growth

Source: (City Development Plan, 2006)

The city is fast growing along the NH-5 towards Cuttack in the northeastern direction and towards Jhatni and Khurda in the southwest direction (Community Consulting India Private Ltd, 2006). Chandrashekharpur, Khadagiri, patia village are newly developed areas in north and western part of the city. The scope for extension towards south is limited due to the presence of the Old city and low laying flood plain of Daya River. These current trends indicate that the demand for land within the fringe areas and peri-urban areas of the Bhubaneswar Municipal Corporation (BMC) is growing. Haphazard growth in peri-urban areas poses challenges for the local city government in terms of loss of forest land, land management and provision of services. Populations residing in peri-urban areas are most vulnerable because they have no or little access to basic infrastructure including clean water, sanitation and health services.

The administrative limits and divisions of BMC are illustrated through the following map. The population distribution and density across the city is also illustrated through the subsequent maps.



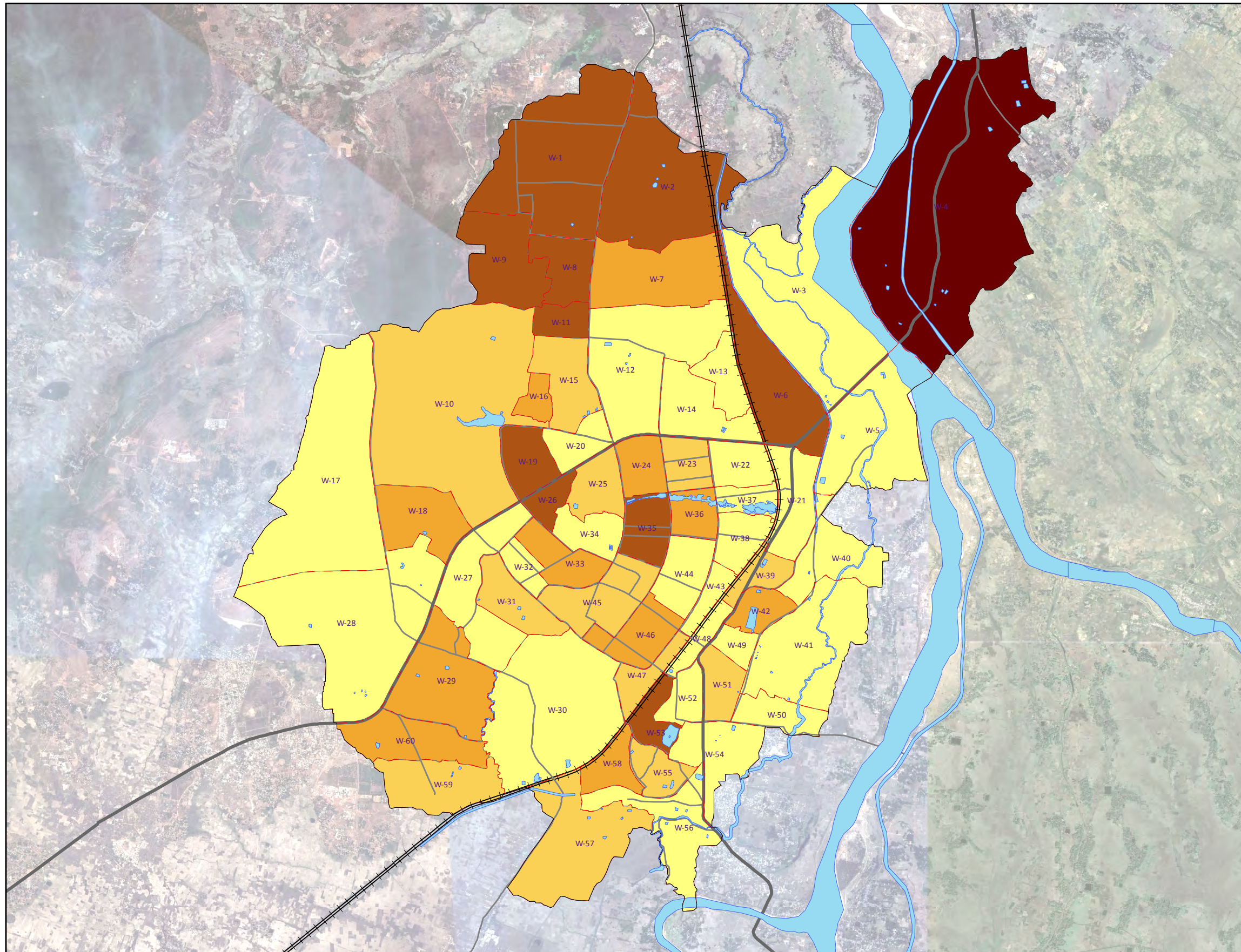
Legend

- Bhubaneswar Municipal Boundary
- Administrative Wards
- Slum Pockets
- Railway Line
- National Highway
- Primary Roads
- Water bodies

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source : Bhubaneswar Health Map, HUP-PFI



Legend

Population (2001)

- <10500
- 10500-11000
- 11000-11500
- 11500-12000
- >12000

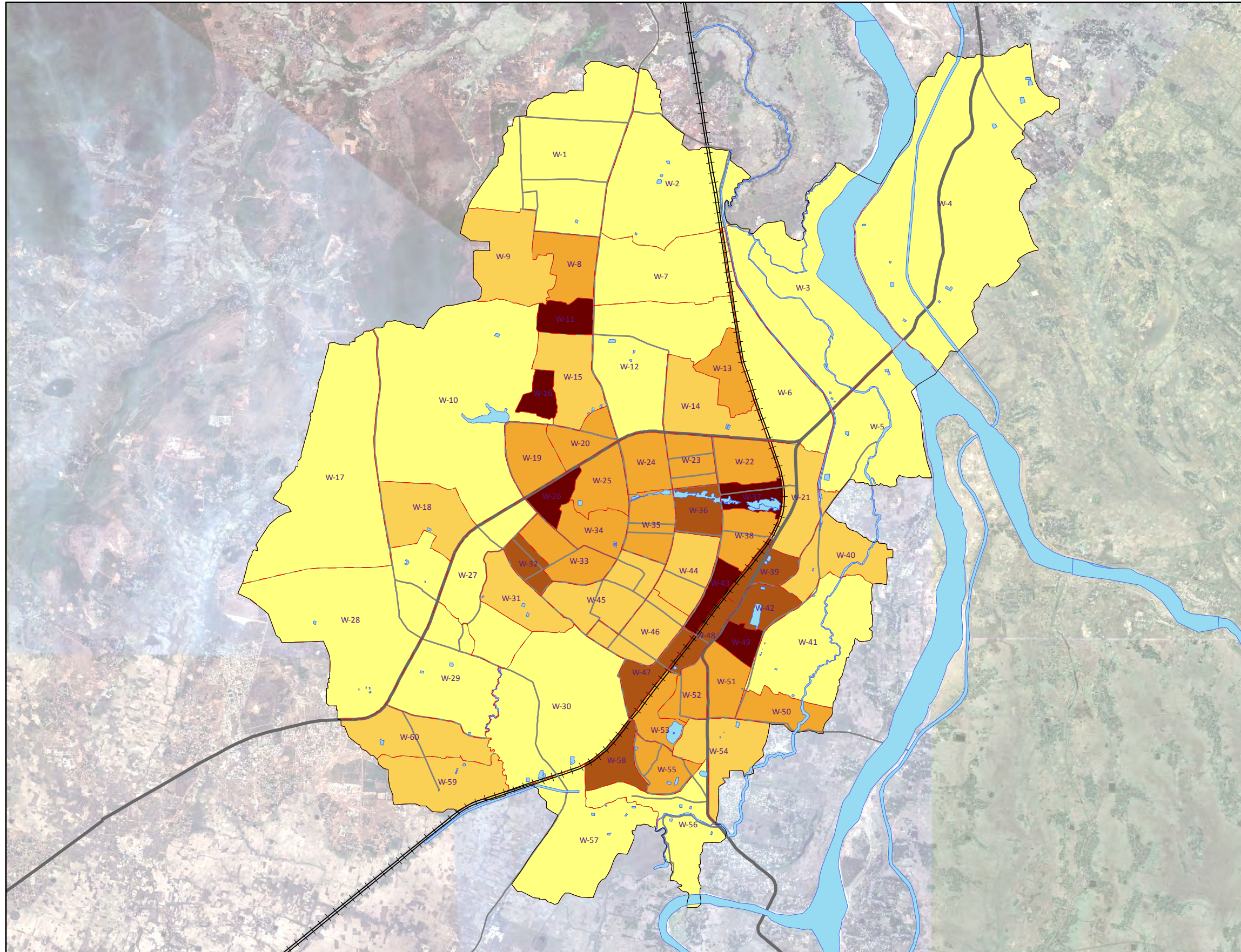
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Ward number 4 has the highest population of 12824.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

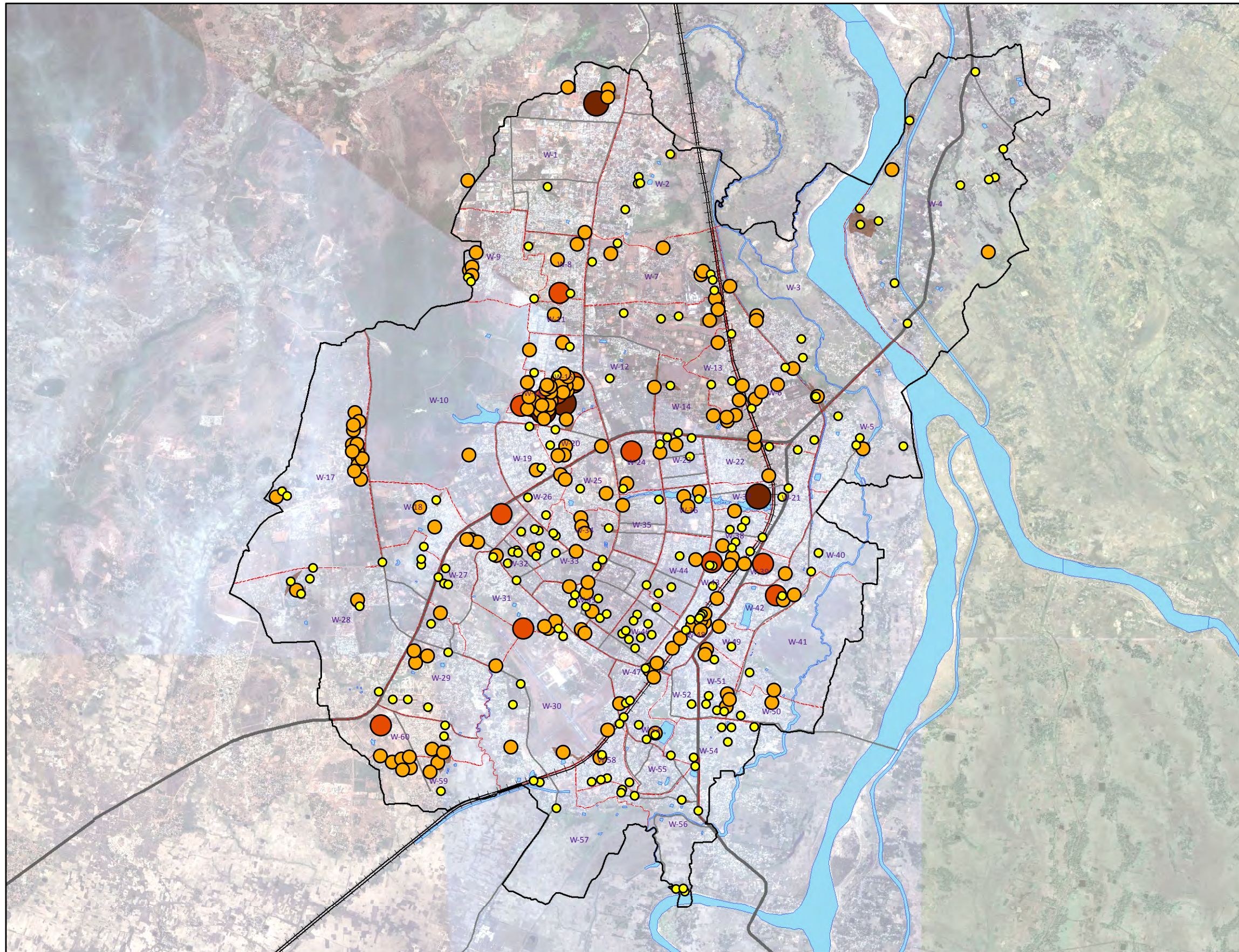
- Density (Persons/ Hectare)
- < 50
 - 50 - 100
 - 100 - 150
 - 150 - 200
 - > 200
- Municipal Boundary
 - Administrative Wards
 - Railway Line
 - National Highway
 - Primary Roads
 - Water Bodies

Ward number 11, 16, 26, 37, 49 and 43 have a density of more than 200 persons per hectare.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

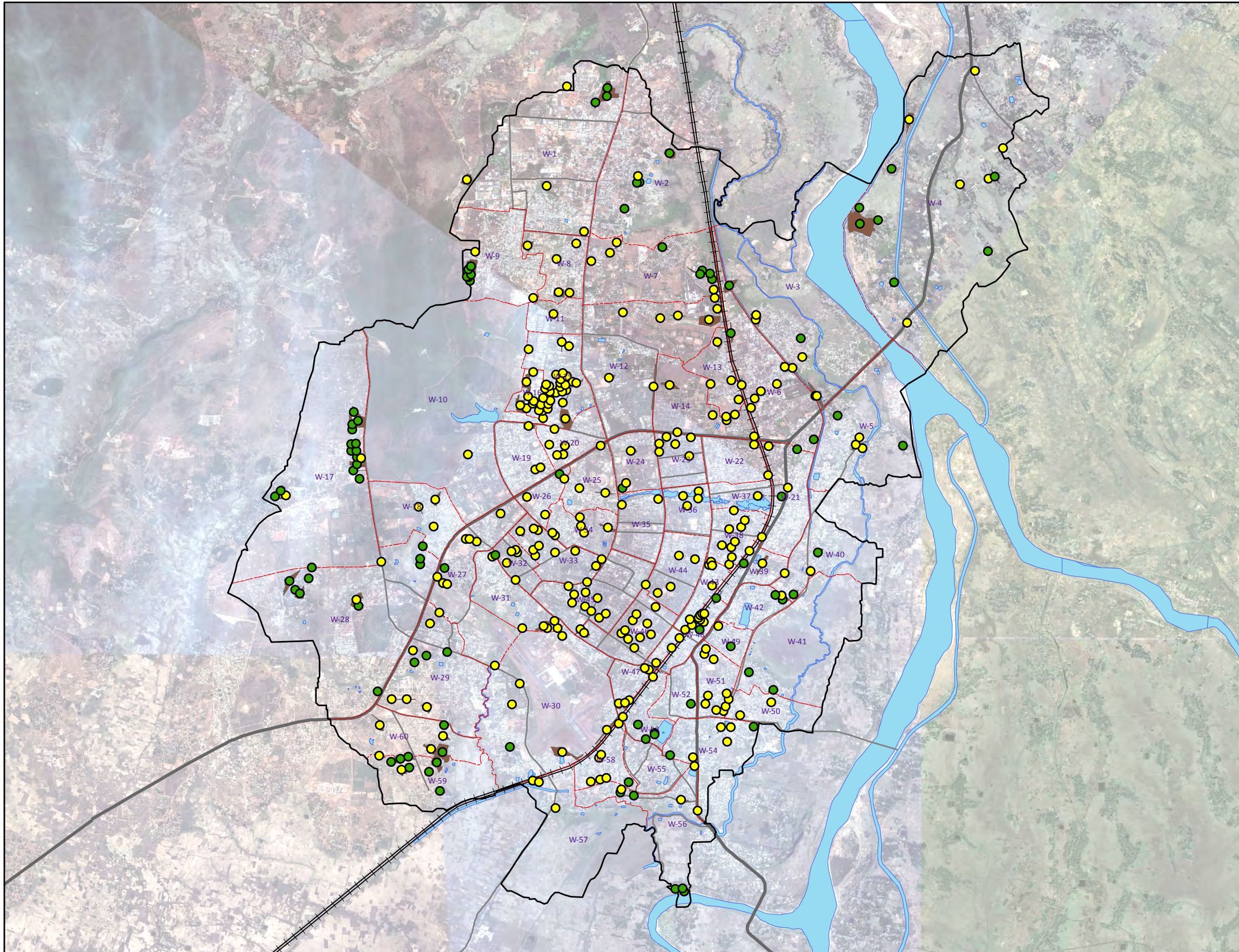
- Slum Location Points
- Slum Population (2008)
 - < 500
 - 500 - 2500
 - 2500 - 4500
 - > 4500
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- National Highway
- Primary Roads
- Railway Line
- Water Bodies

Ward number 15 and 16 have the highest concentration of slum pockets.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source : Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

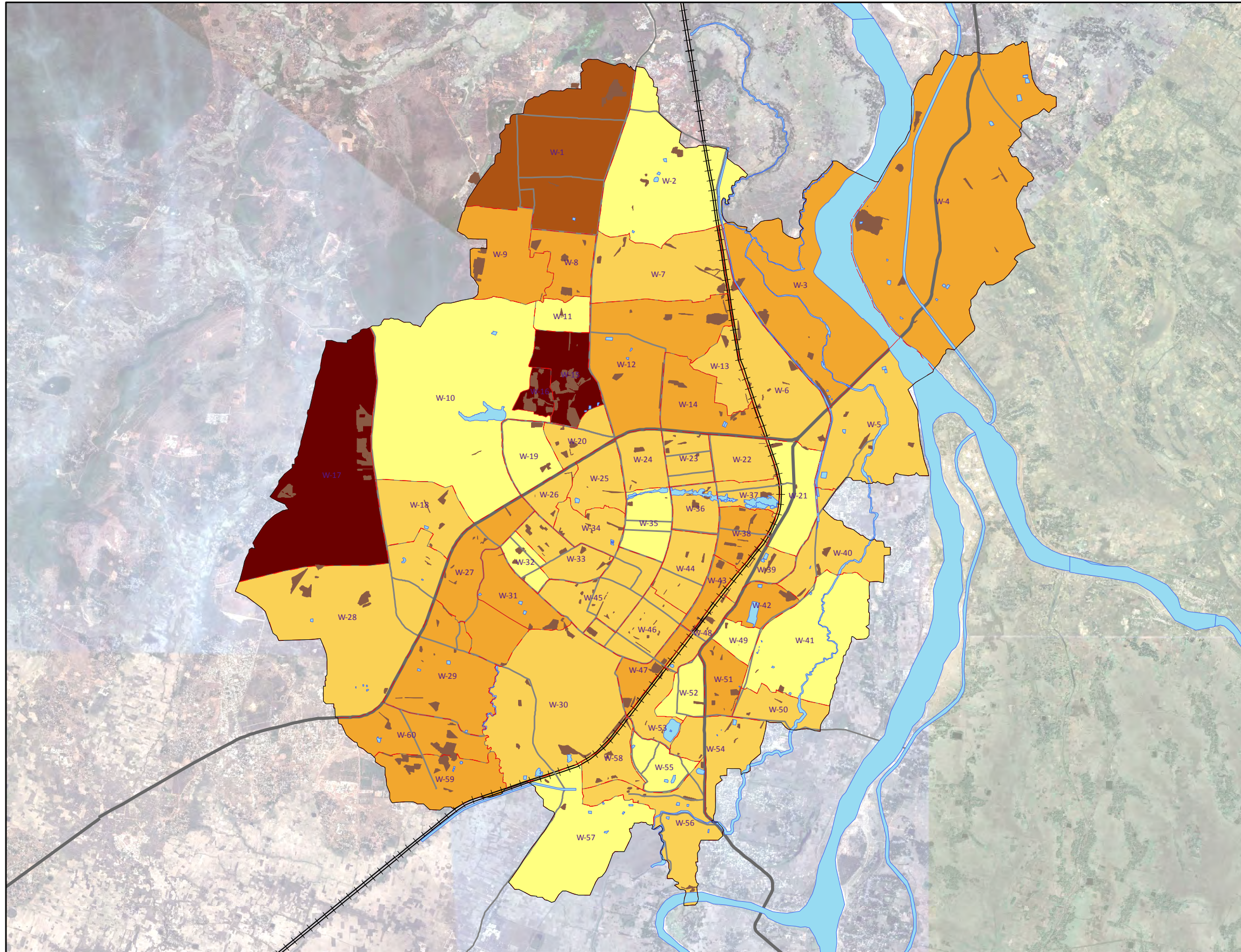
- Slum Pockets
- Slum Notification Status
 - Notified Slum
 - Non-notified Slum
- Municipal Boundary
- Administrative Wards
- National Highway
- Primary Roads
- Railway Line
- Water Bodies

Out of 374 slums 99 slums are notified.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source : Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

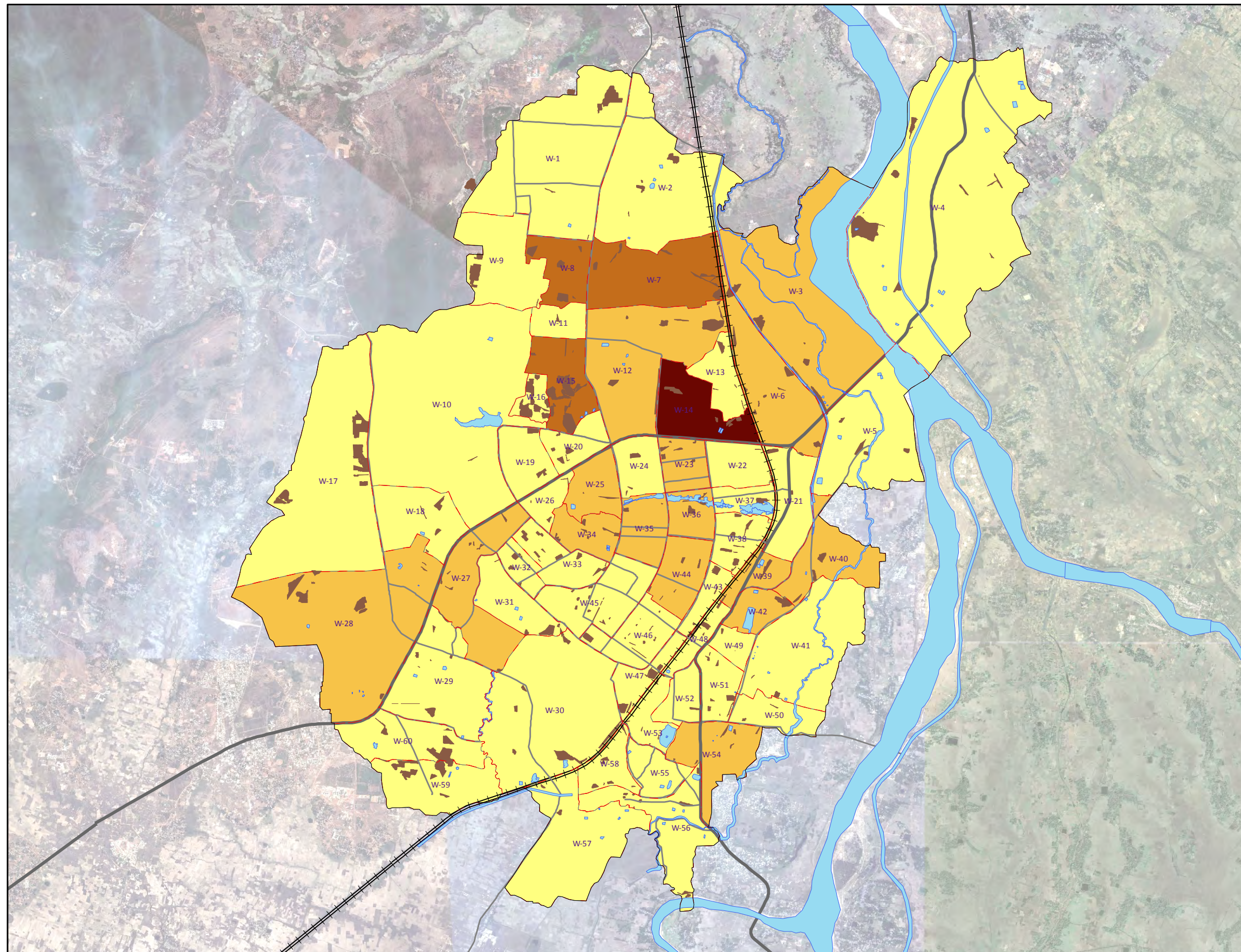
- Slum Population (2008)
- < 1500
- 1500 - 5000
- 5000 - 10000
- 10000 - 15000
- > 15000
- Slum Pockets
- Administrative Wards
- Municipal Boundary
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Ward number 15, 16 and 17 have the highest slum population.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

Reported cases of Cholera in Slums

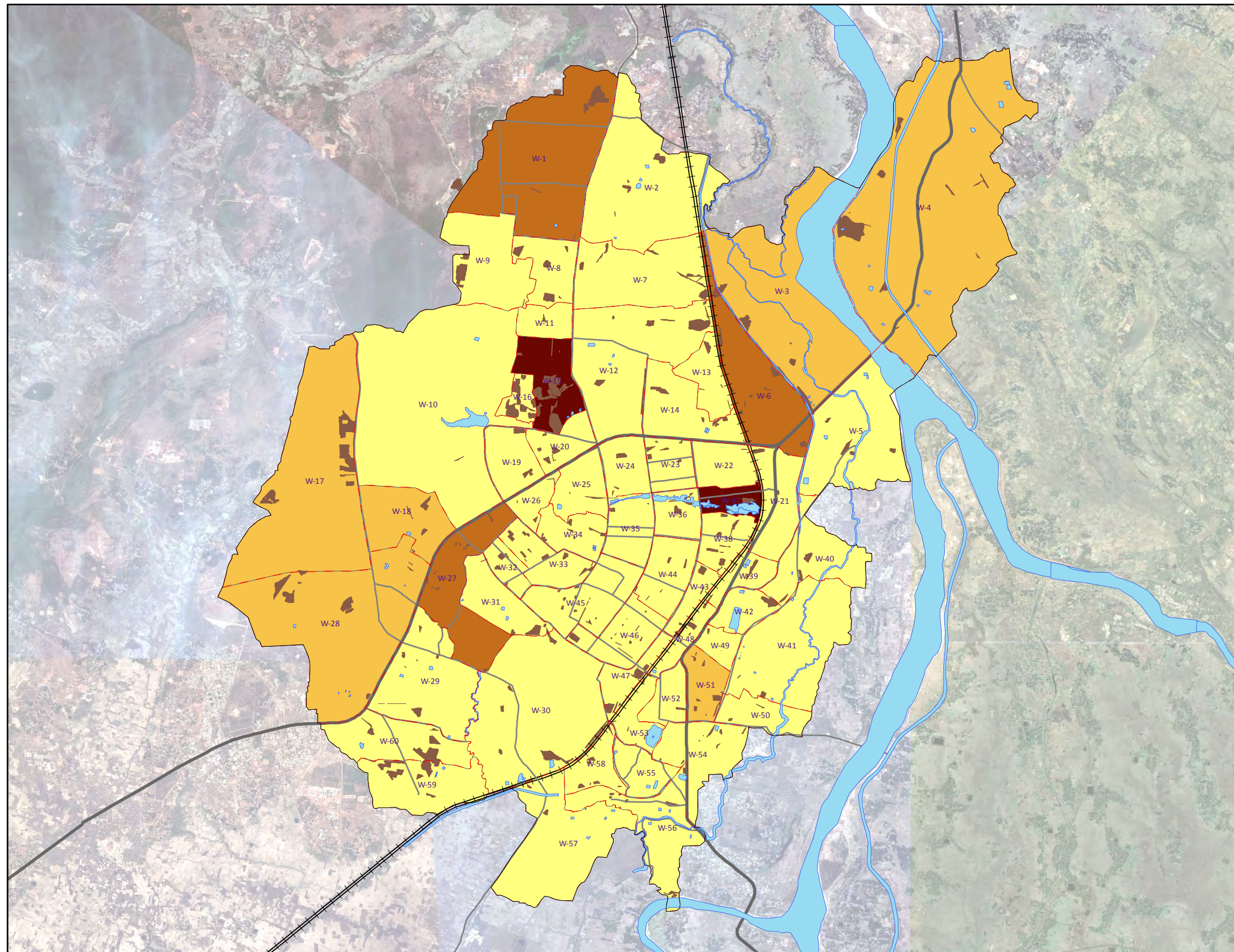
- 0
- 0 - 25
- 25 - 50
- 50 - 165
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Ward number 14 has the highest number of reported cases of Cholera in the slums.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

Reported cases of Diarrhea/ Dysentery in slums

- 0 - 50
- 50 - 100
- 100 - 500
- > 500

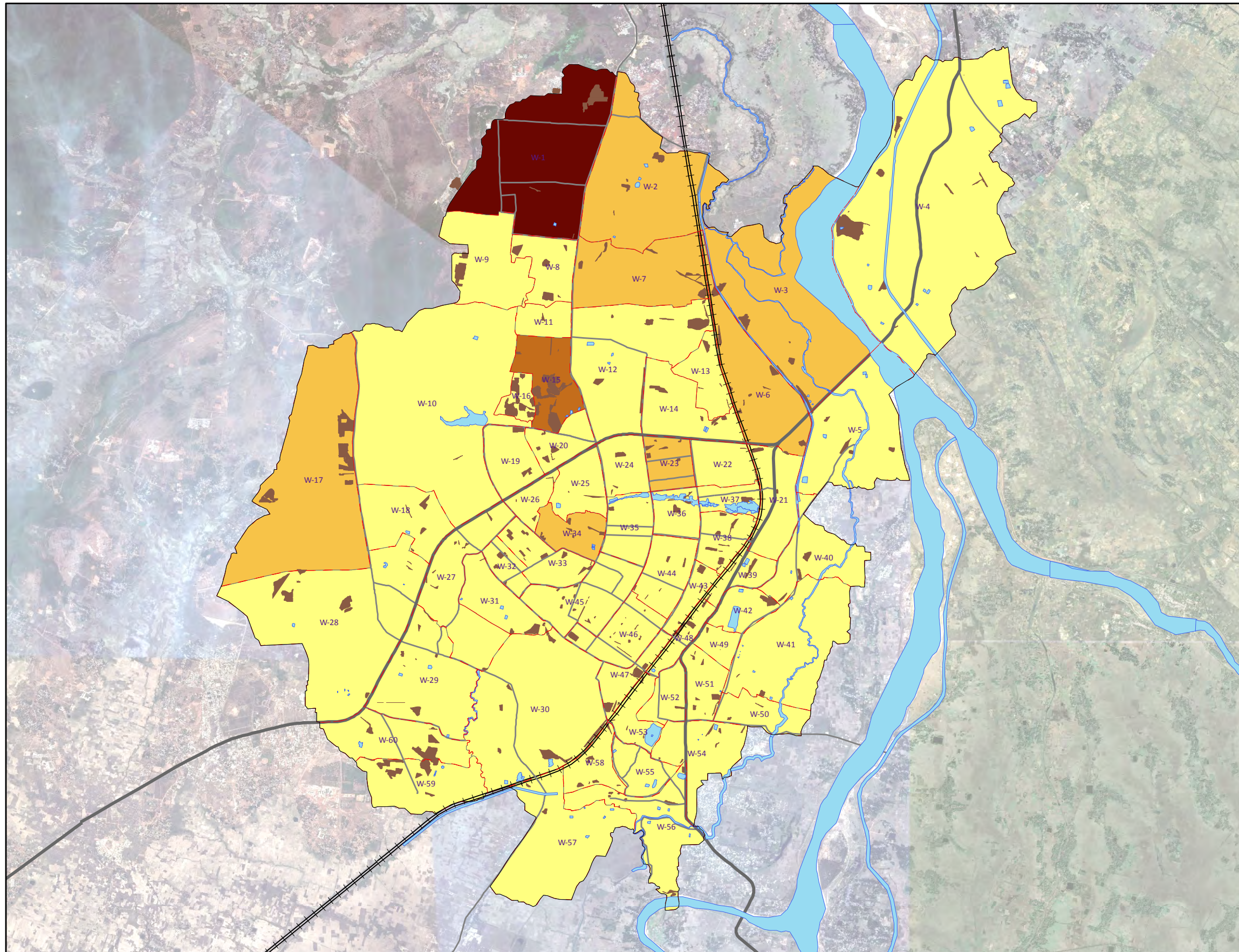
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Ward number 15 and 37 has the highest number of reported cases of Diarrhea/ Dysentery.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

Reported cases of Gastroenteritis in slums

- < 50
- 50 - 100
- 100 - 500
- > 500

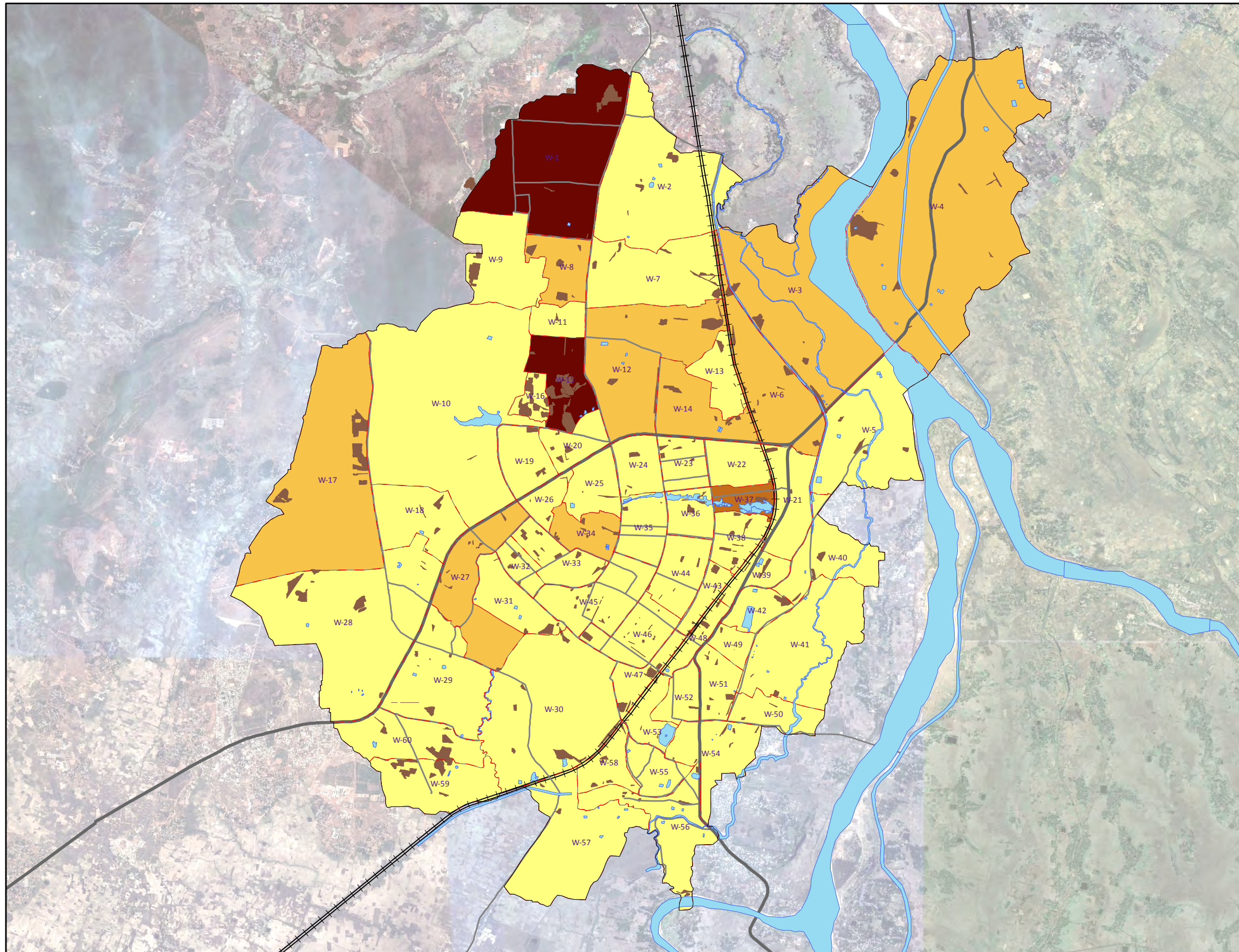
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Ward number 1 has the highest number of reported Gastroenteritis cases.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

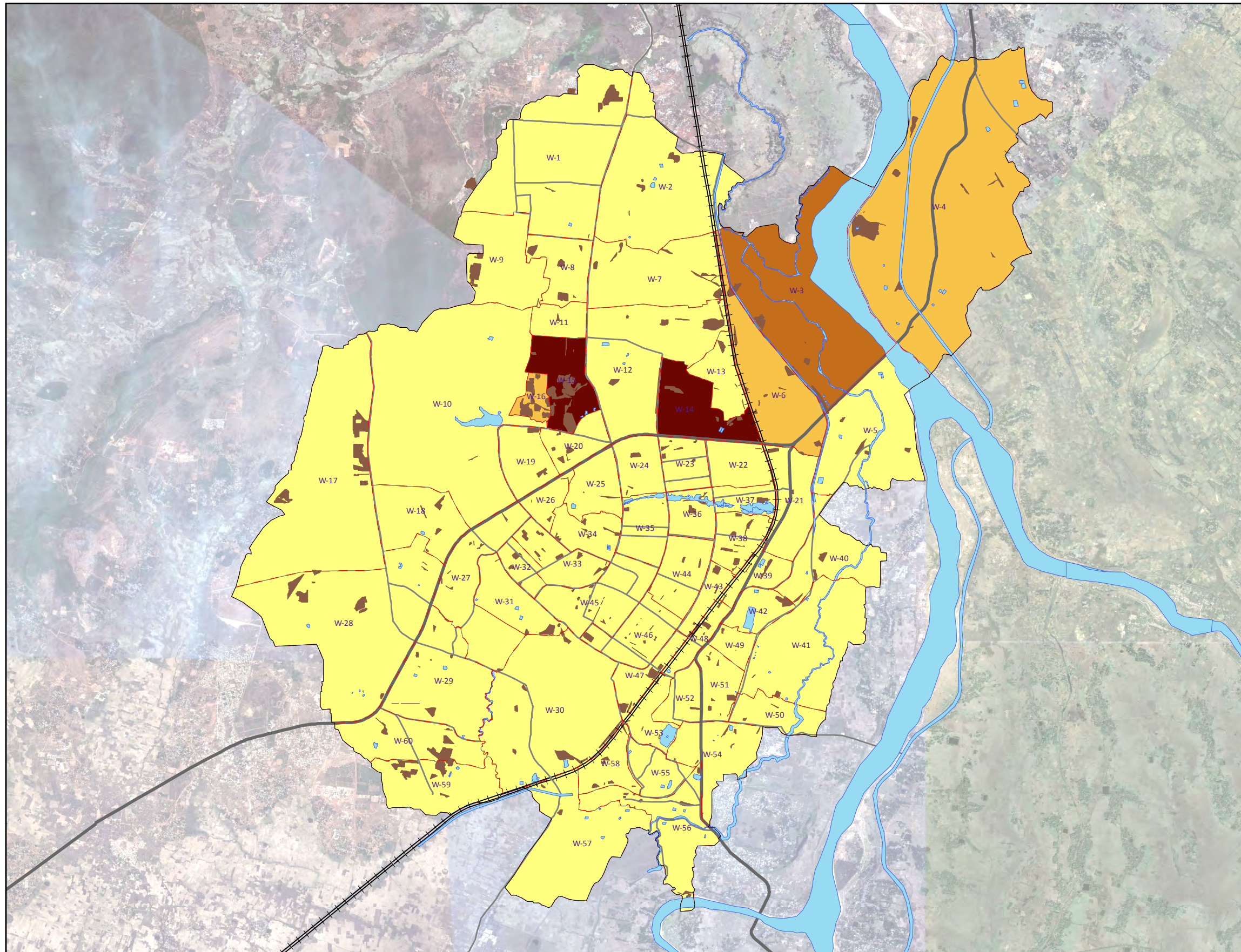
- Reported cases of Jaundice in slums
- 0 - 25
 - 25 - 50
 - 50 - 100
 - > 100
 - Slum Pockets
 - Municipal Boundary
 - Administrative Wards
 - National Highway
 - Primary Roads
 - Railway Line
 - Water Bodies

Ward number 1 and 15 has the highest number of reported Jaundice cases.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

Reported Cases of Typhoid in Slums

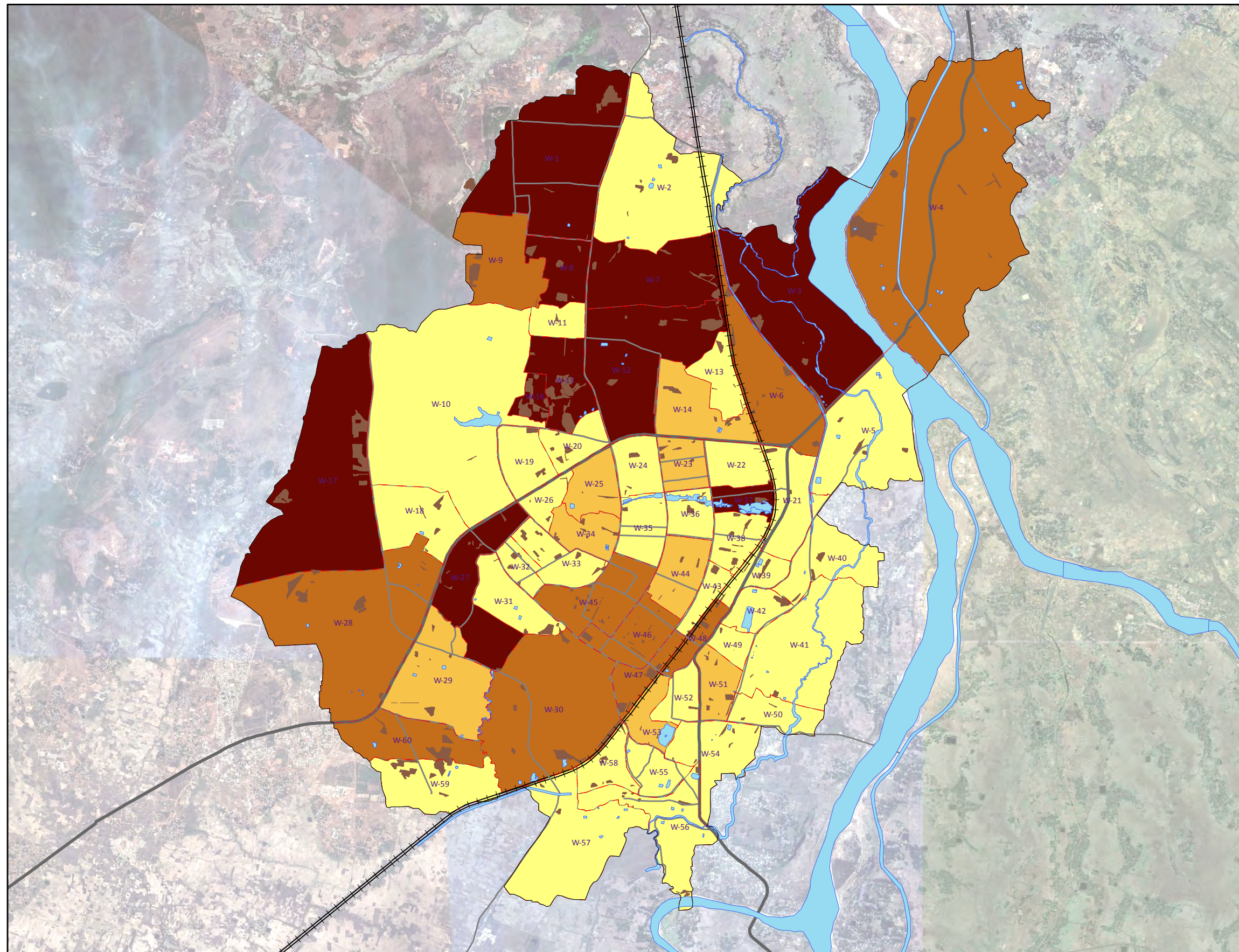
- < 25
- 25 - 50
- 50 - 100
- > 100
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Ward number 14 and 15 has maximum number of Typhoid cases reported between February to July 2008.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source: Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

Reported cases of Malaria in slums

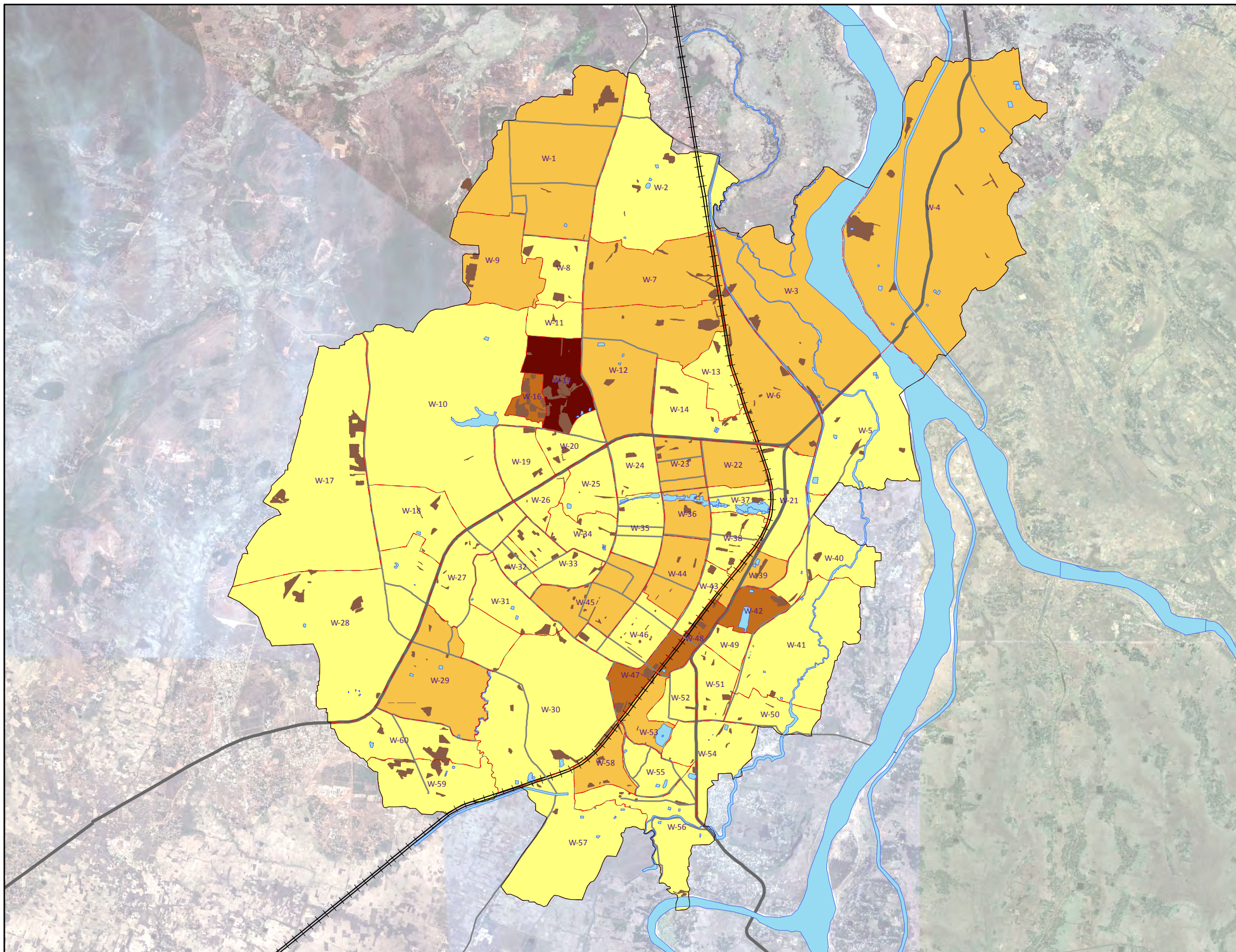
- 0 - 25
- 25 - 50
- 50 - 100
- > 100
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Ward number 1, 15 and 37 has highest number of reported Malaria cases (more than 200 cases)

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

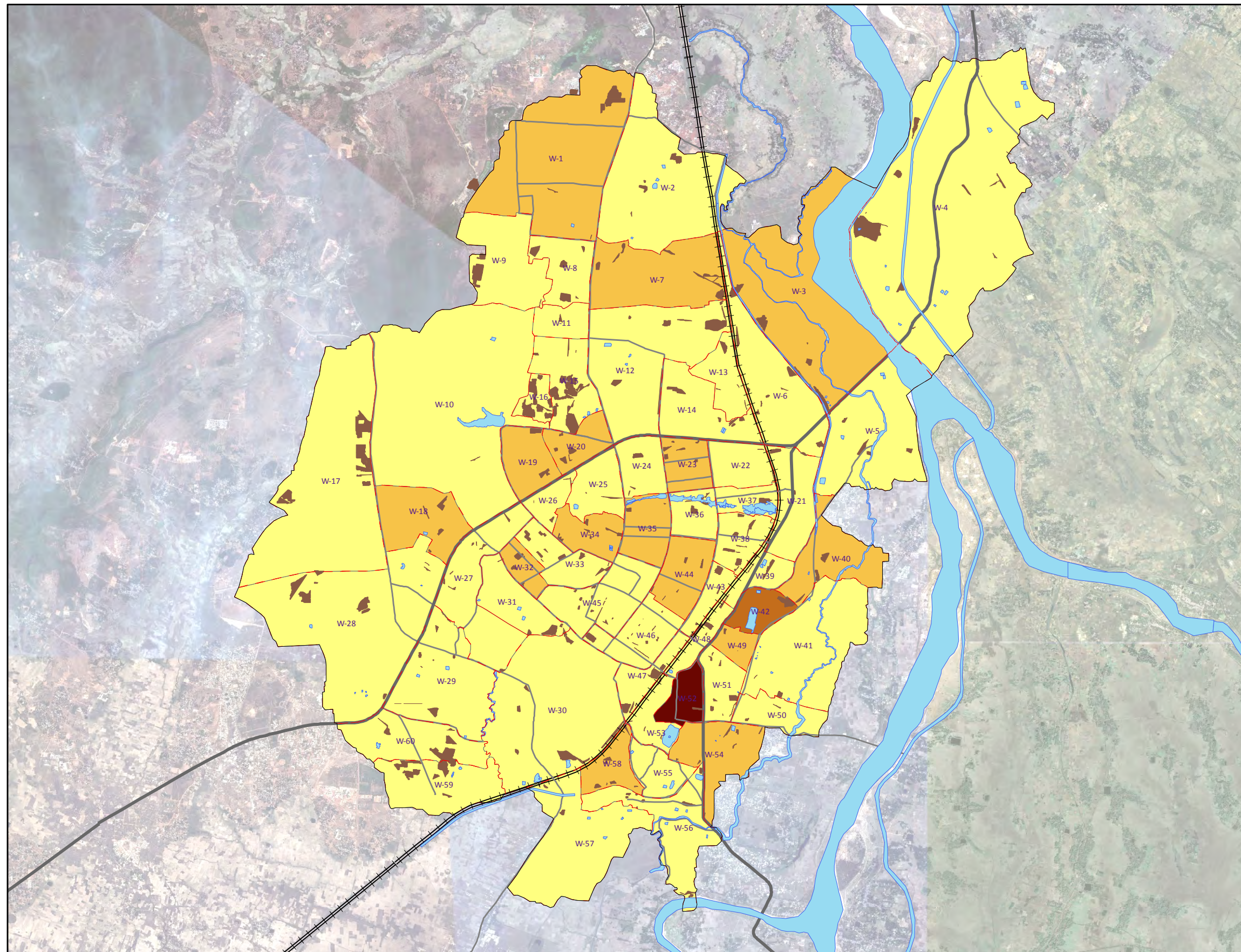
- Reported cases of TB in Slums
- > 10
 - 10 - 20
 - 20 - 30
 - > 30
 - Slum Pockets
 - Municipal Boundary
 - Administrative Wards
 - Railway Line
 - National Highway
 - Primary Roads
 - Water Bodies

Ward number 15 has the highest number of reported TB cases in Slums

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

Percentage of Slum HH with Individual Toilets

- 0 - 5 %
- 5 - 10 %
- 10 - 15 %
- 15 - 20 %

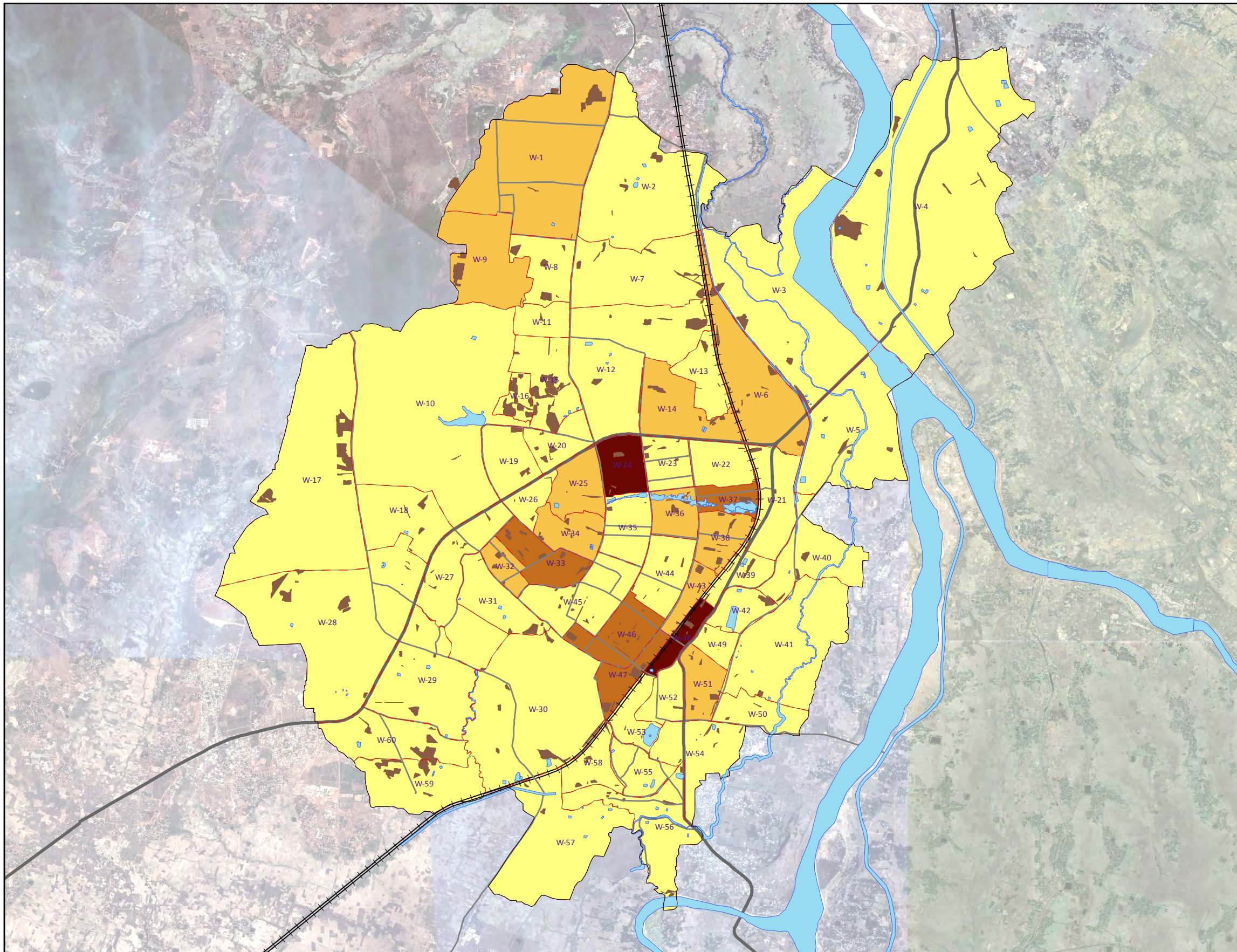
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

3.73 % of the slum households have individual toilets in Bhubaneswar.
Only in ward number 52 more than 15% of the slum households have individual toilets.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

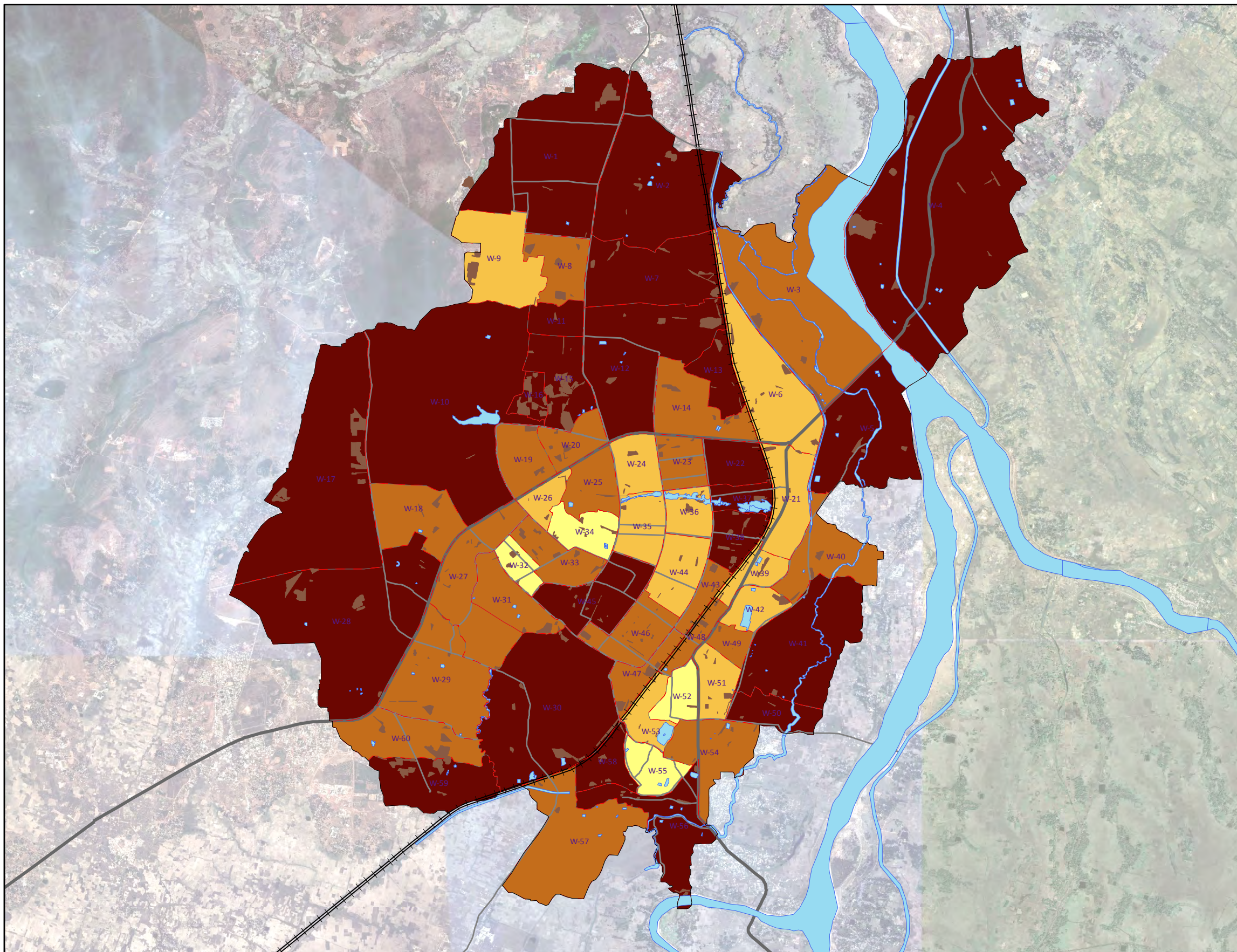
- Administrative Wards
- Community Toilet Blocks in Slums (2008)
- 0
- 0 - 5
- 5 - 10
- > 10
- Slum Pockets
- National Highway
- Primary Roads
- Railway Line
- Municipal Boundary
- Water Bodies

Only ward number 24 and 48 have more than 10 community toilet blocks in the slums.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

- % of Slum Population Practicing OD
- 0 - 25 %
 - 25 - 50 %
 - 50 - 75 %
 - 75 - 100 %
 - Slum Pockets
 - Municipal Boundary
 - Administrative Wards
 - Railway Line
 - National Highway
 - Primary Roads
 - Water Bodies

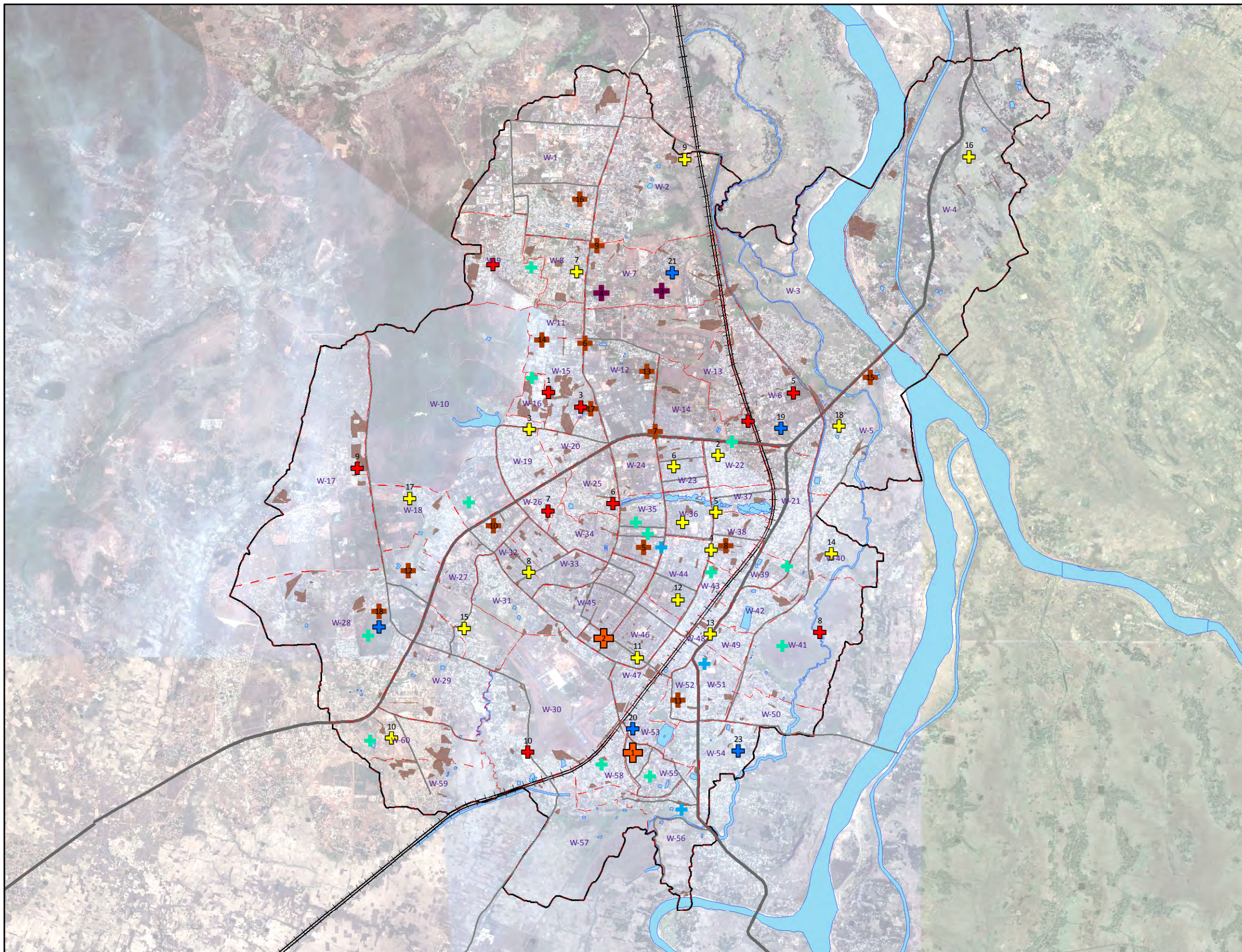
65.62 % of slum population in Bhubaneswar practice open defecation.

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC

City Health Plan for Bhubaneswar 2013



- ### Legend
- + BMC Allopathic Dispensaries
 - + H&FW Allopathic Dispensaries
 - + H&FW Ayurvedic Dispensaries
 - + H&FW Homeopathic Dispensaries
 - + Urban Slum Health Centre (USHC)
- ### Hospitals
- + Government Hospitals
 - + Private Hospitals
 - + Railway Hospital
 - + ESI Hospital
- Slum Pockets
 - Administrative Wards
 - National Highway
 - Primary Roads
 - Railway Line
 - Municipal Boundary
 - Water body

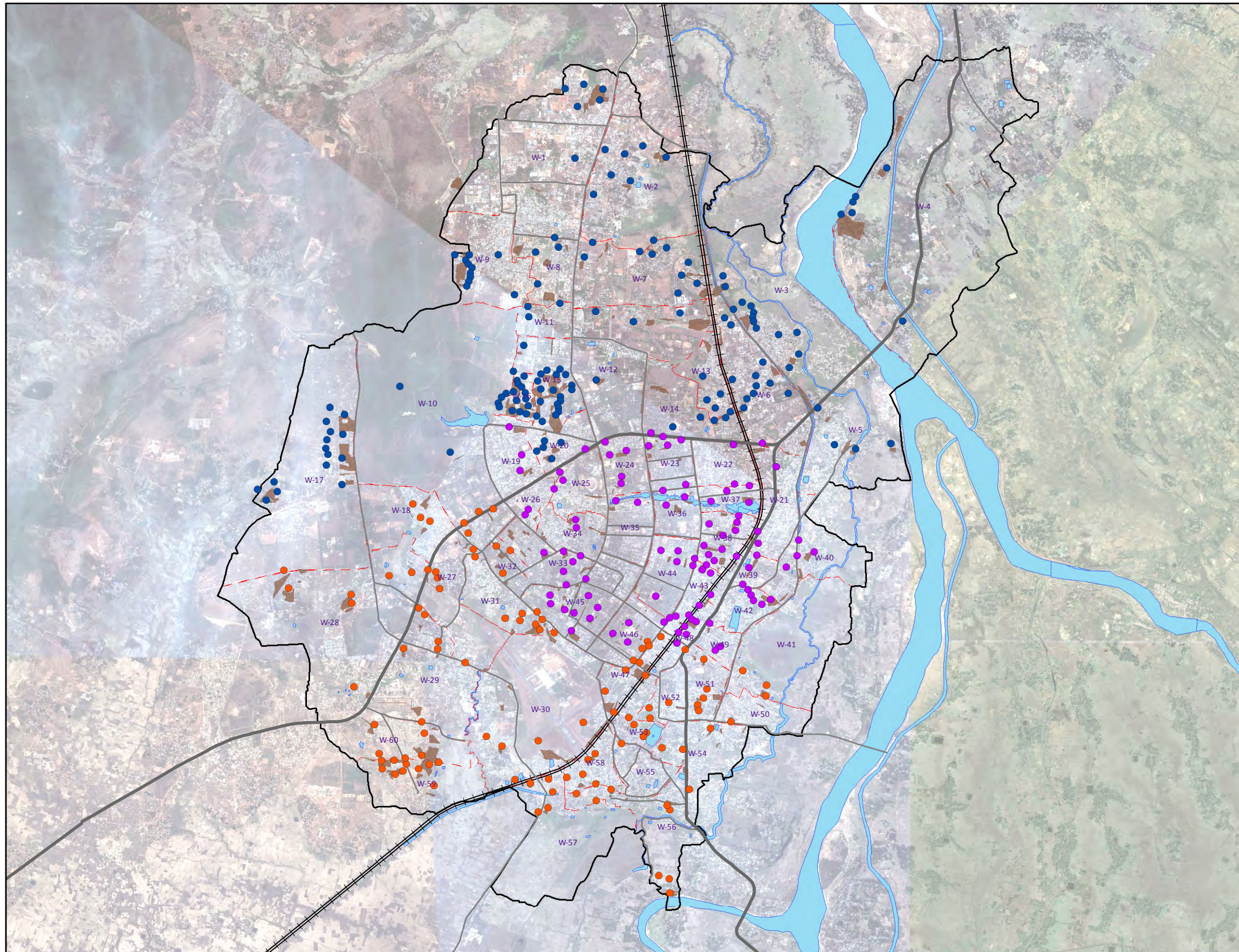
Health Care Facilities

H & FW Allopathic Dispensaries	BMC Allopathic Dispensaries	Urban Slum Health Centres
1 Zonal Dispensary, Unit - 9	19 Rasulgarh dispensary	1 My-Heart
2 Zonal Dispensary, Saheed Nagar	20 Kapil Prasad dispensary	2 OVHA
3 Zonal Dispensary, IRC Village	21 Gadakan dispensary	3 FPAI
4 Zonal Dispensary, Unit 3	22 Bharatpur dispensary	4 NUHASS
5 Zonal Dispensary, Satya Nagar	23 Brameswarpatna dispensary	5 Vikash
6 Zonal Dispensary, Unit 9 Flat		6 OLS
7 Zonal Dispensary, Chandra Sekhar Pur		7 Bhairabi Club
8 Zonal Dispensary, Unit 8		8 VJSS
9 Zonal Dispensary, Patia		9 Ashirbad
10 Zonal Dispensary, Dumduma		10 GJS
11 National Paediatric Centre, Sisu Bhawan		
12 Maternal and Child Health Hospital, Unit 2		
13 Kalpana Dispensary, Kalpana Square		
14 Dahalaram Buddhiraj Hospital, Jharapada		
15 Govt Dispensary, Jagamara		
16 PHC (N), Pahala		
17 Govt Dispensary, Baramunda		
18 Govt Dispensary, GGP Colony		

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source : Bhubaneswar Health Map, HUP-PFI



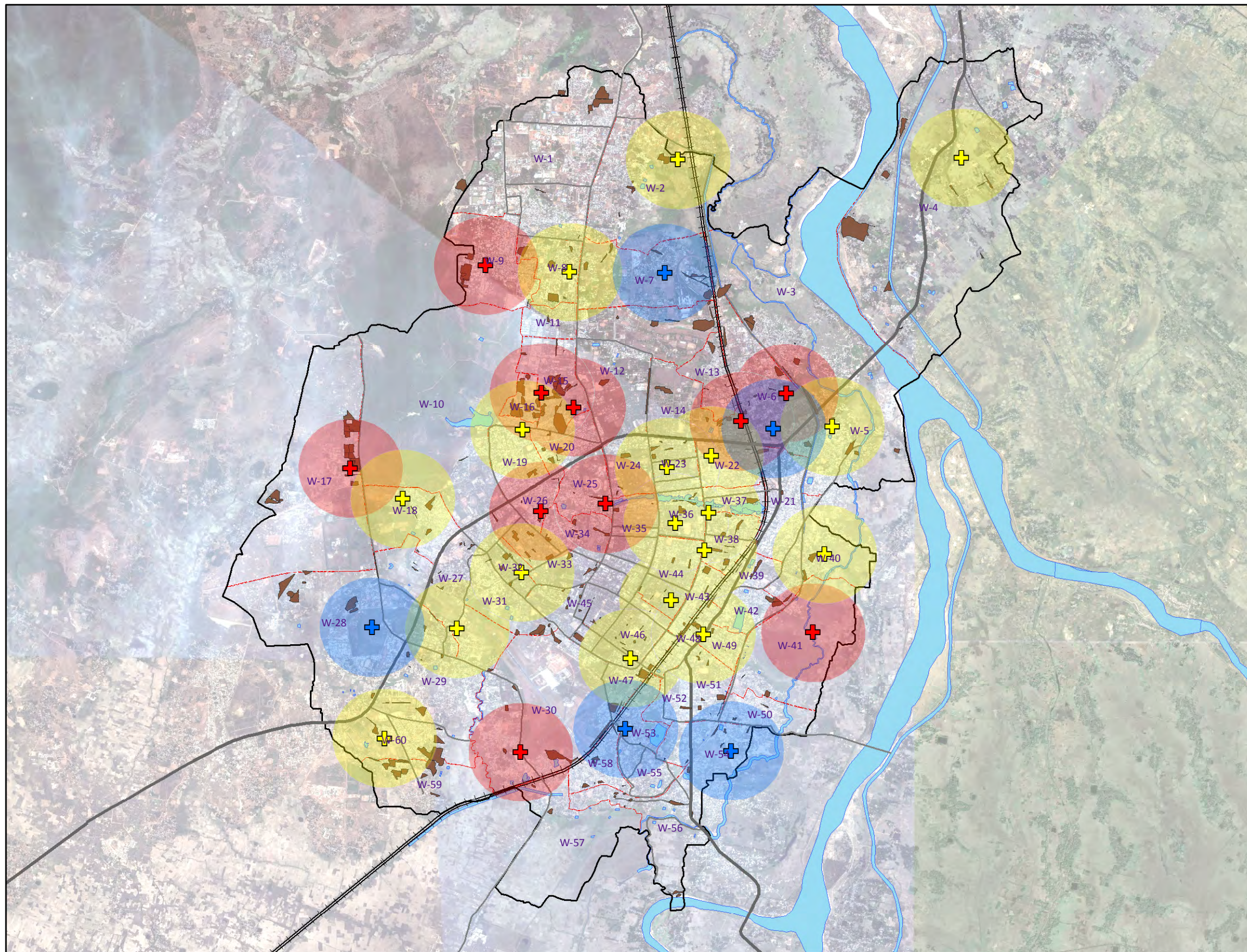
Legend

- Anganwadis under ICDS- I
- Anganwadis under ICDS- II
- Anganwadis under ICDS- III
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- ≡≡≡ Railway Line
- National Highway
- Primary Roads
- Water Bodies

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

- Primary Health Facilities (Allopathic)
- + BMC Allopathic Dispensaries
- + Orissa H & FW Allopathic Dispensaries
- + USHC
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- ≡ Railway Line
- National Highway
- Primary Roads
- Water Bodies

Slums within 1 km from a primary health facility:
No. of slums: 289 ; Slum Population: 244892

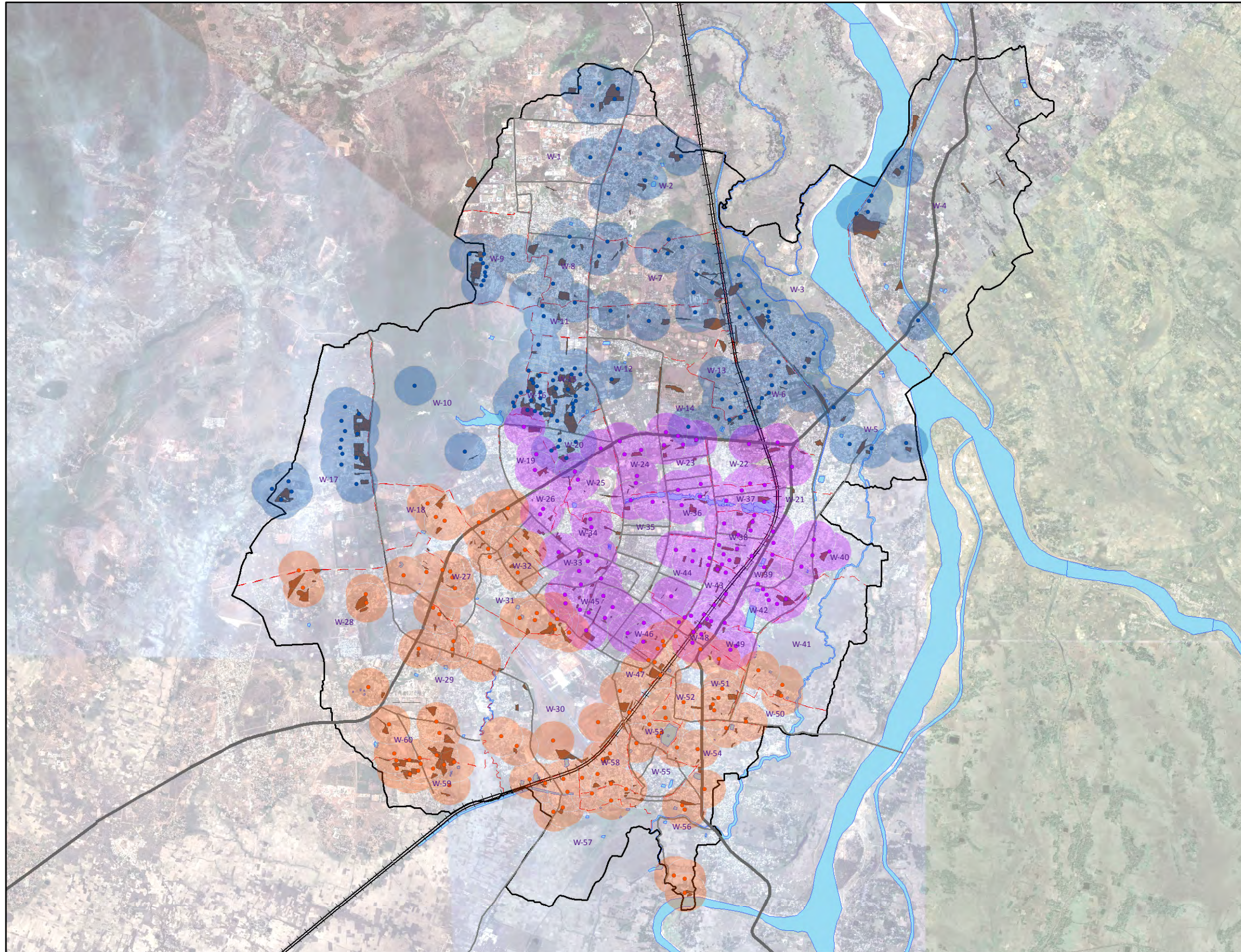
Slums within 1 to 2 km from a primary health facility:
No. of slums: 79 ; Slum Population: 59697

Slums more than 2 km from a primary health facility:
No. of slums: 9 ; Slum Population: 4025

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Legend

- ICDS 1 Anganwadi - 400 m Buffer
- ICDS 2 Anganwadi - 400 m Buffer
- ICDS 3 Anganwadi - 400 m Buffer
- Slum Pockets
- Municipal Boundary
- Administrative Wards
- Railway Line
- National Highway
- Primary Roads
- Water Bodies

Prepared By:
Urban Management Centre, Ahmedabad

Prepared For:
Health of Urban Poor (HUP)

Source :Bhubaneswar Health Map, HUP-PFI
Bhubaneswar Slum Profile 2008, BMC



Photograph 16 Most dispensaries in the city are in fair condition but need some up gradation

References

- (n.d.). From <http://ibnlive.in.com/news/diabetes-on-rapid-surge-in-orissa/201726-60-117.html>
- BMC. (2008). Bhubaneswar Slum Survey.
- (2011). *City Sanitation Plan, Bhubaneswar*. Bhubaneswar.
- Community Consulting India Private Ltd. (2006). *City Development Plan*. Bhubaneswar: Bhubaneswar Municipal Corporation.
- Gupta, M. (2002). *STATE HEALTH SYSTEMS: .* Delhi: INDIAN COUNCIL FOR RESEARCH ON INTERNATIONAL ECONOMIC RELATIONS.
- IBN. (2011, 11 12). Retrieved from <http://ibnlive.in.com/news/diabetes-on-rapid-surge-in-orissa/201726-60-117.html>
- IIPS. (2011). Baseline Survey.
- MIA. (2012, March). The Burden of Disease among India's Urban Poor.
- Ministry of Health ad Family Welfare. (2008). *Meeting the Health Challenges of Urban Population especially the Urban Poor*.
- Ministry of Urban Development. (2009). *National Urban Sanitation Policy*.
- Ministry of Urban Development, G. (2010). *Improving Urban Services through Service Level Benchmarking*.
- MoUD. (2011-12). Service Level Benchmark. Bhubaneswar.
- Project Samman. (2012, August). *Improved Sanitation Services for the city of Bhubaneswar* .
- PRUDA. (2011). *City Sanitation Plan, Bhubaneswar*. Bhubaneswar.
- Times News Network. (2012, September 28). Retrieved from http://articles.timesofindia.indiatimes.com/2012-09-28/bhubaneswar/34147726_1_aedes-number-of-dengue-cases-mosquito-that-causes-dengue
- Times of India. (2012, 10 06). *Malaria claimed 42 lives in state this year*. Retrieved from http://articles.timesofindia.indiatimes.com/2012-10-06/bhubaneswar/34293451_1_malaria-deaths-kalahandi-mosquito-borne-disease
- Times of India. (2012, October 13). *Odisha gets 100 more dengue patients in 3 days*. Retrieved from http://articles.timesofindia.indiatimes.com/2012-10-13/bhubaneswar/34431072_1_vector-borne-dengue-positive-cases-dengue-patients
- Zee News. (2012, October 10). http://zeenews.india.com/news/health/health-news/national-urban-health-mission-gets-green-signal_19160.html.

Annexure 2: List of Participants in Stakeholders Consultation

Sr.no.	Name	Designation & Organization
1	Meghana Malhotra	Dy. Director-UMC
2	Dr. Anjali Sinha	MO- GJS (retd Joint Dir of Health Services)
3	Dr. Namit Patnaik	Medical specialist-BMC
4	Dr. Geeta Mishra	MO Saliasahi (MY HEART)
5	Dr. Rajasam behra	Bhairabi club-NRHM
6	Sushree sangitarath	Bhairabi club-ANM
7	Renuballa Barai	VJSS-ANM
8	Rashmirekha Sahoo	ANM-MY HEART
9	Bidutpkara patharayak	AND- GJS
10	Shanti lata sahuo	ANM-FPAI
11	Dr. S.K.Swain	M.O,KPMD, BMC, BBSR.
12	Dr. P.Sahoo	NGO
13	Dr. Dinabandhu Sahoo	CMMO, Bhubaneswar
14	Partha Roy	City Coordinator, HUP-PFI
15	Niladri Chakarborti	NGO/CBO Coordinator
16	Niroda Neainipohty	FHW, Picmic hospital
17	Manorama	ANM-PPC
18	Puspanjali pal	ANM-FPAI
19	Dr.Sampt Roy	MO-PPC-BMC
20	Bharati sahuo	S/N. BMC hospital
21	Premlata Devi	LHV- BMC-PRC
22	Dr.S.S. Roy	Mo-Ophthalmologist
23	Babita Rath	OVHA
24	Dr.S.C.Das	OVHA
25	Dr.S.R.Singh	(O&G) specialist

HEALTH FOR THE URBAN POOR

PREPARATION OF CITY HEALTH PLAN FOR BHUBANESWAR HEALTH FACILITY ASSESSMENT FORMAT

Prepared by: Urban Management Centre

With Support from: Population Foundation of India
United States Agency for International Development

Date of Assessment

D	D	M	M	Y	Y

Name of the assessor ସାହାଯ୍ୟକାରୀ ବିଶେଷଜ୍ଞଙ୍କ ନାମ : _____

1	BACKGROUND INFORMATION ପ୍ରଚ୍ଛଦପଟ୍ଟ ସୂଚନା	
1.1	TYPE OF FACILITY ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ରର ପ୍ରକାର 1. Urban Health Centre (by Municipal Corporation) ସହର ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ର (ପୌର ସଂସ୍ଥା ଦ୍ୱାରା) 2. Urban Health Centre (by State Health Department) ସହର ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ର (ରାଜ୍ୟ ସ୍ୱାସ୍ଥ୍ୟ ବିଭାଗ ଦ୍ୱାରା) 3. Tertiary level referral hospital (run by Municipal Corporation) ତୃତୀୟ ସ୍ତରର ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ର (ପୌର ସଂସ୍ଥା ଦ୍ୱାରା ପରିଚାଳିତ) 4. Tertiary level referral hospital (run by State Govt) ରାଜ୍ୟ ସରକାରଙ୍କ ଦ୍ୱାରା ପରିଚାଳିତ 5. Maternity ମାତୃତ୍ୱ ନିର୍ଦ୍ଧାରଣ ହୋମ୍ 6. Dispensary ଡିସ୍ପେନ୍ସାରୀ 7. 8.	<input style="width: 50px; height: 50px; border: 1px solid black;" type="checkbox"/>
1.2	NAME OF FACILITY ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ରର ନାମ	
1.3	WARD NAME OR NUMBER ଖୁଡ଼ର ନାମ ଏବଂ ସଂଖ୍ୟା	
1.4	ADDRESS ଠିକଣା	

2	DETAILS OF FACILITY SERVICES ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ରର ମିଳୁଥିବା ସେବା	
	Questions ପ୍ରଶ୍ନ	Coding: YES- 1; NO-2; NA-3 ସଙ୍କେତ ; ହଁ -୧, ନାଁ-୨, ଉଦ୍ଦିଷ୍ଟ ନୁହେଁ-୩
2.1.	Routine and Emergency cases in surgery ସାଧାରଣ ଓ ଜଟିଳ ଶଲ୍ୟ ଚିକିତ୍ସା	
2.2.	Routine and emergency cases in medicine ସାଧାରଣ ଓ ଜଟିଳ ଭେଷଜ ଚିକିତ୍ସା	

2.3.	Managing normal labor ସାଧାରଣ ପ୍ରସବ ପରିଚାଳନା	
2.4.	Essential and Emergency Obstetric Care including C-Section ଆବଶ୍ୟକୀୟ ଓ ଜରୁରୀ ପ୍ରସବ କାଳୀନ ଚିକିତ୍ସା	
2.5.	Post- natal care (facility and home based) ପ୍ରସବ ପରର ଯତ୍ନ (ଡାକ୍ତରଖାନା ଏବଂ ଘରୋଇ)	
2.6.	Routine Immunization ନିୟମିତ ଚିକାକରଣ	
2.7.	Family planning including IEC/ counseling and contraceptives ପରିବାର ନିୟୋଜନ (ଆଇ.ଇ.ସି / ପରାମର୍ଶ / ଗର୍ଭନିରୋଧକ)	
2.8.	RNTCP- (Revised National Tuberculosis Control Program) diagnostic and treatment services. ଆର୍.ଏନ୍.ଟି.ସି.ପି ରୋଗ ନିର୍ଣ୍ଣୟ ଓ ଚିକିତ୍ସା ସୁବିଧା	
2.9.	HIV/AIDS- ICTC and STI clinic ଏଚ୍.ଆଇ.ଭି /ଏଚ୍.ସି.ଏ ଏବଂ ଏସ୍.ଟି.ଆଇ କ୍ଲିନିକ୍	
2.10.	NVBDCP-(National Vector Borne Diseases Control Program) diagnostic and treatment of routine/ complicated cases ଏନ୍.ଭି.ଡି.ସି.ପି (ସାଧାରଣ ଓ ଜଟିଳ ରୋଗ ନିର୍ଣ୍ଣୟ ଓ ଚିକିତ୍ସା)	
2.11.	NLEP-(National leprosy eradication program) diagnosis, treatment of routine/ complicated cases, counseling. ଏନ୍.ଏଲ୍.ଇ.ପି ସାଧାରଣ ଓ ଜଟିଳ ରୋଗ ନିର୍ଣ୍ଣୟ / ନିୟମିତ ଚିକିତ୍ସା./ପରାମର୍ଶ	
2.12.	NPCB – (National program on controlling blindness) vision testing, refraction, early detection and awareness ଏନ୍.ପି.ସି.ପି (ଦୃଷ୍ଟି ଶକ୍ତି ପରୀକ୍ଷା / ରିଫ୍ରାକ୍ସନ/ ପ୍ରାଥମିକ ସ୍ତରରେ ରୋଗ ନିର୍ଣ୍ଣୟ / ସଚେତନତା)	
2.13.	NPPCD (National Program for Prevention and Control of Deafness) diagnosis and treatment of common ear diseases, awareness ଏନ୍.ପି.ସି.ପି.ଡି (ସାଧାରଣ କାନ ରୋଗ ନିରୂପଣ ଏବଂ ଚିକିତ୍ସା /ସଚେତନତା)	
2.14.	NCCP (National Cancer Control Program) screening, early detection, referral and awareness ଏନ୍.ସି.ସି.ପି (ପ୍ରାଥମିକ ସ୍ତରରେ ରୋଗ ନିରୂପଣ / ରେଫେରାଲ ଏବଂ ସଚେତନତା)	
2.15.	NMHP- (National Mental Health Program) identification, diagnosis, treatment, awareness and follow up. ଏନ୍.ଏମ୍.ଏଚ୍.ପି (ରୋଗ ନିରୂପଣ, ଚିକିତ୍ସା, ସଚେତନତା, ଫଲୋ ଅପ୍)।	
2.16.	NPDCS- (National Program for Diabetes, Cardiovascular diseases and Stroke) health promotion, behavior change, investigations, treatment ଏନ୍.ପି.ଡି.ସି.ଏସ୍. (ବ୍ୟବହାରର ପରିବର୍ତ୍ତନ, ଅନୁସନ୍ଧାନ, ଚିକିତ୍ସା ଇତ୍ୟାଦି)	
2.17.	NIDDCP- (National Iodine Deficiency Disorders Control Program) IEC/ IPC and monitoring by salt testing kits ଏନ୍.ଆଇ.ଡି.ଡି.ସି.ପି (ଆଇ.ଇ.ସି / ଆଇ.ପି.ସି ଏବଂ ସଲ୍ଟ ଟେଷ୍ଟିଂ କିଟ୍ ଦ୍ୱାରା ମନିଟରିଂ)	
2.18.	NTCP (National Tobacco Control Program) - health education and IEC. ଏନ୍.ଟି.ସି.ପି (ସ୍ୱାସ୍ଥ୍ୟ ଶିକ୍ଷା ଏବଂ ଆଇ.ଇ.ସି)	
2.19.	NPHCE- (National Program for Health Care of the Elderly) rehabilitation, data compilation, geriatric clinics. ଏନ୍.ପି.ଏଚ୍.ସି.ଇ (ଅଇଥାନ/ତଥ୍ୟ ସଙ୍କଳନ କରିବା/ଜେରିଆଟ୍ରିକ୍ କ୍ଲିନିକ୍)	

2.20.	PMR- (Physical Medicine and Rehabilitation)screening, identification, primary prevention, rehabilitation ପି.ଏମ୍.ଆର - (ଯାତ୍ରା, ରୋଗନିର୍ଣ୍ଣୟ, ପ୍ରାଥମିକ ପ୍ରତିରୋଧ, ଅଭ୍ୟାସ)	
2.21.	Oral Health- dental care and oral health education ଦାନ୍ତ ଚିକିତ୍ସା ଏବଂ ପାଟି ରୋଗ ସମ୍ବନ୍ଧୀୟ ଶିକ୍ଷା	
2.22.	Referral transport services ରେଫରାଲ୍ ପରିବହନ ସେବା	

3	AVAILABILITY OF INFRASTRUCTURE IN THE HEALTH FACILITY ଭିଡିଓମିର ସ୍ୱାସ୍ଥ୍ୟ ସେବା / ସୁଯୋଗ		
	Questions ପ୍ରଶ୍ନ	CODING ସଙ୍କେତ Yes- 1; ହଁ-୧ No-2; ନାଁ-୨ Not Applicable-3 ଉଦ୍ଦିଷ୍ଟ ନୁହେଁ -୩	NUMBERS ସଂଖ୍ୟା
3.1	Separate OPD Consultation Room ଅଲଗା ଓପିଡି ପରାମର୍ଶ କକ୍ଷ		
3.2	Inpatient Ward (Male) ପୁରୁଷ ଖୁଡ଼		Number of Beds: ବେଡ୍ ସଂଖ୍ୟା
3.3	Inpatient Ward (Female) ମହିଳା ଖୁଡ଼		Number of Beds: ବେଡ୍ ସଂଖ୍ୟା
3.4	Labour Room ପ୍ରସୂତି ଗୃହ		Number of Beds: ବେଡ୍ ସଂଖ୍ୟା
3.5	SNCU/ Stabilization Unit ଆବିଳାଭସେନା ଯୁକ୍ତି		Number: ସଂଖ୍ୟା
3.6	Major Operation Theatre ଜଟିଳ ଅସୋପରା ବିଭାଗ		Number: ସଂଖ୍ୟା
3.7	Recovery Room ରିକଭରି ରୁମ୍		Number of Beds: ବେଡ୍ ସଂଖ୍ୟା
3.8	Minor Operation Theatre ସାଧାରଣ ଅସୋପରା ବିଭାଗ		Number: ସଂଖ୍ୟା
3.9	Laboratory ପରୀକ୍ଷା ଗାର		
3.10	Store (Drugs, Supplies And Vaccine) ଷ୍ଟୋର (ଔଷଧ, ବସ୍ତୁ ଏବଂ ଟିକା)		
3.11	Pharmacy (Dispensing) ଔଷଧାଳୟ		
3.12	Blood Storage Unit/ Blood Bank ରକ୍ତ ଭଣ୍ଡାର ବିଭାଗ		
3.13	Emergency/ Casualty Room ତୁରନ୍ତ/ ଆକସ୍ମିକ ଚିକିତ୍ସାଗୃହ (ଦୁର୍ଘଟଣା ଜନିତ)		Number of Beds: ବେଡ୍ ସଂଖ୍ୟା
3.14	OPD Waiting Area For Patients ଅସୋପରା ପାଇଁ ରୋଗୀଙ୍କ ଅପେକ୍ଷାଗୃହ		For number of people ଲୋକଙ୍କ ସଂଖ୍ୟା
3.15	Water Supply For Hand Washing ହାତ ସଫା ପାଇଁ ଜଳ ଯୋଗାଣ		
3.16	Drinking Water Supply ପିଇବା ପାଣି ଯୋଗାଣ		No. of points ପାଣି ପଏଣ୍ଟ୍
3.17	Toilets ସୌଚାଳୟ		Male Female seats

			seats ପୁରୁଷ ସିଟ୍ସ	ମହିଳା ସିଟ୍ସ
3.18	Wheel chairs availability ଝିଲ୍ ଚେୟାର ବ୍ୟବସ୍ଥା ଅଛି କି ନାହିଁ			
3.19	Availability of Stretchers ଷ୍ଟେଚର୍ (ରୋଗୀ ବୋହିନେବା ପାଇଁ ଖଟିଆ ଅଛି କି ନାହିଁ)			
3.18	Availability of Ambulance ଆମ୍ବୁଲାନ୍ସ ସୁବିଧା ଅଛି କି ନାହିଁ			

ANY KEY ISSUES RELATED TO INFRASTRUCTURE BASED ON DISCUSSIONS WITH KEY MEDICAL OR ADMIN STAFF
ମେଡିକାଲ ବା ପ୍ରଶାସନିକ କର୍ମଚାରୀଙ୍କ ସହିତ ଆଲୋଚନା ଆଧାରରେ ଭିଡିଓଫିର ମୂଖ୍ୟ ସମସ୍ୟା ଗୁଡିକ କଣ ?

4	STAFFING POSITION		
	Staff କର୍ମଚାରୀ	Number of Sanctioned Positions କେତେ ଜଣ ଷାଫ୍ଟ ରହିବା ପାଇଁ ସାଂକ୍ଷୟ ହୋଇଛି	Actual Positions ପ୍ରକୃତରେ କେତେ ଷାଫ୍ଟ ଅଛନ୍ତି
4.1.	Medical Officer ସ୍ବାସ୍ଥ୍ୟାଧିକାରୀ		
4.2.	Surgeon ସର୍ଜନ୍		
4.3.	Obstetrician & Gynecologist ପ୍ରସୂତି ଏବଂ ସ୍ତ୍ରୀ ରୋଗ ବିଶେଷଜ୍ଞ		
4.4.	Pediatrician ଶିଶୁ ବିଶେଷଜ୍ଞ		
4.5.	Ophthalmologist ଚକ୍ଷୁ ବିଶେଷଜ୍ଞ		
4.6.	Dental Surgeon ଦାନ୍ତ ଚିକିତ୍ସକ		
4.7.	Anesthetist/ LSAS Trained MO ନିଷ୍ଠେଡକ ବିଶେଷଜ୍ଞ		
4.8.	AYUSH MO ଆୟୁର୍ବିଦ୍ୟା ଡାକ୍ତର		
4.9.	Public Health Program Manager ଜନ ସ୍ବାସ୍ଥ୍ୟ କାର୍ଯ୍ୟକ୍ରମ ପରିଚାଳକ		
4.10.	Any Other Medical Specialist ଅନ୍ୟ ବିଶେଷଜ୍ଞ		
4.11.	Staff Nurse ଷାଫ୍ଟ ନର୍ସ		
4.12.	Public Health Nurse ଜନ ସ୍ବାସ୍ଥ୍ୟ ନର୍ସ		
4.13.	Lady Health Visitor (LHV) ମହିଳା ସ୍ବାସ୍ଥ୍ୟ ପରିଦର୍ଶକ (ଏଲ୍.ଏଚ୍.ଭି)		
4.14.	Health Worker (Female)/ ANM ସ୍ବାସ୍ଥ୍ୟ କର୍ମୀ (ମହିଳା) ଏ.ଏନ୍.ଏମ୍		
4.15.	Health Worker (Male)/ MPW ସ୍ବାସ୍ଥ୍ୟ କର୍ମୀ (ପୁରୁଷ) ଏମ୍.ପି.ଡବ୍ଲ୍ୟୁ		
4.16.	Pharmacist ଫାର୍ମାସିଷ୍ଟ		
4.17.	Laboratory Technician ଲାବୋରାଟୋରୀ ଟେକନିସିଆନ୍		
4.18.	X Ray Technician ଏକ୍ସ-ରେ ଟେକନିସିଆନ୍		
4.19.	Statistical Assistant/ DEO ପରିସଂଖ୍ୟାନ ସହକାରୀ/ ଡି.ଇ.ଓ		

ANY KEY ISSUES RELATED TO INFRASTRUCTURE BASED ON DISCUSSIONS WITH KEY MEDICAL OR ADMIN STAFF ମେଡିକାଲ ବା ପ୍ରଶାସନିକ କର୍ମଚାରୀଙ୍କ ସହିତ ଆଲୋଚନା ଆଧାରରେ ଭିଡିଓମିର ମୁଖ୍ୟ ସମସ୍ୟା ଗୁଡ଼ିକ କଣ ?

5	TIME SHEET OF THE OPD FACILITY ଓପିଡିର ସମୟ (working days/hours) (ଦିନ/ଘଣ୍ଟା)	Start Time ଆରମ୍ଭ	Close Time ଶେଷ
5.1	Morning ସକାଳ		
5.2	Afternoon ଅପରାହ୍ନ		
5.3	Evening ସନ୍ଧ୍ୟା		
5.4	Weekend –Saturday ଶନିବାର		
5.5	Weekend- Sunday ରବିବାର		

6. REPORTS AND FORMS ରିପୋର୍ଟ ଏବଂ ଫର୍ମ		
6.1	<p>Are manual registers maintained in the facility or the information system is computerized? ତାଲର ଖାତାରେ ତଥ୍ୟ ସବୁ ରେଜିଷ୍ଟର ରେ ହାତରେ ଲେଖା ଯାଉଛି ନା କମ୍ପ୍ୟୁଟରରେ ଲେଖା ଯାଉଛି ?</p> <p>1- Manual; ହାତରେ 2- computerized କମ୍ପ୍ୟୁଟରରେ</p>	<input type="checkbox"/>

ANY KEY ISSUES RELATED BASED ON DISCUSSIONS WITH KEY MEDICAL OR ADMIN STAFF ତାଲରଖାତାରେ ବା ପ୍ରଶାସନିକ କର୍ମଚାରୀଙ୍କ ସହିତ ଆଲୋଚନା ଆଧାରରେ ଭିଡିଓମିର ମୁଖ୍ୟ ସମସ୍ୟା ଗୁଡ଼ିକ କଣ ?

- **TIMING OF THE FUNCTIONING** କାର୍ଯ୍ୟର ସମୟ
- **REPORTING AND MIS** ରିପୋର୍ଟିଂ ଓ ସୂଚନା ପରିଚାଳନା ପଦ୍ଧତି

7. UTILITIES		
Yes- 1; ହଁ-୧ / No-2; ନାଁ-୨ Not Applicable-3; ଉଦ୍ଦିଷ୍ଟ ନୁହେଁ-୩		
	Questions ପ୍ରଶ୍ନ	Code ସଙ୍କେତ
7.1	Is clean water available? ପରିଷ୍କାର ଜଳ ଉପଲବ୍ଧ କି ?	<input type="checkbox"/>
7.2	Is electricity available at all times? ସବୁ ସମୟରେ ବିଜୁଳି ଯୋଗାଣ ଅଛି କି ?	<input type="checkbox"/>
7.2	Does the facility have a power back up (generator) କରେକ୍ଟ ଗଲେ ଜେନେରେଟର ବ୍ୟବସ୍ଥା ଅଛି କି ?	<input type="checkbox"/>
a	For the operation theatre only କେବଳ ଅପୋପରାଟର ବିଭାଗ ପାଇଁ	<input type="checkbox"/>
b	For the entire hospital ଡାକ୍ତର ଖାନାର ସବୁ ବିଭାଗ ପାଇଁ	<input type="checkbox"/>
c	For the refrigerators only କେବଳ ଶୀତଳ ଉତ୍ସାର ପାଇଁ	<input type="checkbox"/>
7.3	Are the toilets clean and maintained? ଶୌଚାଳୟ ପରିଷ୍କାର ରହୁଛି କି ?	<input type="checkbox"/>

ANY KEY ISSUES RELATED TO UTILITIES BASED ON DISCUSSIONS WITH KEY MEDICAL OR ADMIN STAFF
ମେଡିକାଲ ବା ପ୍ରଶାସନିକ କର୍ମଚାରୀଙ୍କ ସହିତ ଆଲୋଚନା ଆଧାରରେ ଡାକ୍ତରଖାନାର ଭିତ୍ତିଭୂମିର ମୁଖ୍ୟ ସମସ୍ୟା ଗୁଡ଼ିକ କଣ ?

9. OBSERVATIONS ON THE ENVIRONMENT AND THE PREMISES		
ଡାକ୍ତରଖାନା ପରିବେଶର ପର୍ଯ୍ୟବେକ୍ଷଣ		
Yes- 1; ହଁ-୧ / No-2; ନାଁ-୨ Not Applicable-3; ଉଦ୍ଦିଷ୍ଟ ନୁହେଁ-୩		
	Questions ପ୍ରଶ୍ନ	Code ସଙ୍କେତ
8.1	Cleanliness of the premises ପାରିପାଶ୍ଵିକ ପରିଚ୍ଛନ୍ନତା	<input type="checkbox"/>
a	Whitewash/ fresh paint କାନ୍ଥରେ ରୂନ / ରଙ୍ଗ	<input type="checkbox"/>
b	Mosquitoes and flies ମଶା / ମାଛି	<input type="checkbox"/>
c	Waste and litter around in the facility and campus ଅଳିଆ / ଆବର୍ଜନା କ୍ୟାମ୍ପସ୍ ଚାରିପଟେ ପଡୁଛି କି ?	<input type="checkbox"/>

d	Stray dogs/ animals ଦୁଲା କୁକୁର/ ପଶୁ	<input type="checkbox"/>
e	Signage of the health facility is visible and readable from a distance ଡାକ୍ତରଖାନାରେ ହୋଟିଂ ଦୂରରୁ ଦିଶୁଛି ଏବଂ ପଢ଼ି ହେଉଛି କି ?	<input type="checkbox"/>
f	Is the citizens' charter displayed in the premises of the facility? ଡାକ୍ତର ଖାନା ଭିତରେ ସିଟିଜେନ୍ ଚ୍ୟାପ୍ଟର ପରିଦୃଶ୍ୟ ମାନ ଅଛି କି ?	<input type="checkbox"/>

9. INTERVIEWS WITH FEW PATIENTS ରୋଗୀ ମାନଙ୍କ ସହ ସାକ୍ଷାତକାର		
9.1	What have you come to the facility for? ତମେ କଣ ପାଇଁ ଡାକ୍ତରଖାନାକୁ ଆସିଛ ?	
9.2	How much is the average waiting time କେତେ ସମୟ ଅପେକ୍ଷା କରିବାକୁ ପଡୁଛି ?	
9.3	Are doctors available here at the scheduled time? ଡାକ୍ତର ଠିକ୍ ସମୟରେ ଆସୁଛନ୍ତି କି ?	
9.4	Are you satisfied with the health service here? ଏଠାକାର ସ୍ୱାସ୍ଥ୍ୟ ସୁବିଧାରେ ତୁମେ ସନ୍ତୁଷ୍ଟ କି ? Rate from 1-5 ୧ ରୁ ୫ ମଧ୍ୟରେ ରେଟିଂ କରନ୍ତୁ 1-as not satisfied at all ଆଦୌ ସନ୍ତୁଷ୍ଟ ନୁହେଁ 5- very satisfied ବହୁତ ସନ୍ତୁଷ୍ଟ	

HEALTH FOR THE URBAN POOR

PREPARATION OF CITY HEALTH PLAN FOR **<name of city>**

FOCUS GROUP DISCUSSION (FGD) WITH SLUM DWELLERS

Prepared by: Urban Management Centre

With Support from: Population Foundation of India
United States Agency for International Development

Date of FGD

D	D	M	M	Y	Y

Number of Participants: ପ୍ରତିଯୋଗୀଙ୍କ ସଂଖ୍ୟା _____
 ଏଫ.ଜି.ଡି.ର ତାରିଖ **Men ପୁରୁଷ** _____ **Women ମହିଳା** _____

Name of facilitators/ପରିଚାଳକଙ୍କର ନାମ : _____

1.0 GENERAL INFORMATION ABOUT THE SLUM /ବନ୍ଧି ବିଷୟରେ ସାଧାରଣ ତଥ୍ୟ:

- 1.1 Name of the Slum /ବନ୍ଧିର ନାମ: _____
- 1.2 Name of the zone/କୋର୍ସର ନାମ: _____
- 1.3 Number and Name of the ward /ଓଡ଼ା ର ସଂଖ୍ୟା ଓ ନାମ: _____
- 1.4 Population of slum /ବନ୍ଧିର ଜନସଂଖ୍ୟା : _____
- 1.5 Number of Households in the slum/ ବନ୍ଧିର ଘର ସଂଖ୍ୟା _____
- 1.6 Land title of the slum (Tick the appropriate answer): / ଜମିର ମାଲିକାନା (ଉପଯୁକ୍ତ ସ୍ଥାନରେ (√) ଚିହ୍ନ ଦିଅନ୍ତୁ)

Own ନିଜସ୍ୱ		Railway ରେଳ ବିଭାଗ	
Private ପ୍ରାଇଭେଟ୍		Airport ଏଆର୍‌ପୋର୍ଟ୍	
State Government ରାଜ୍ୟ ସରକାର		Central Government କେନ୍ଦ୍ର ସରକାର	
Municipal Corporation ନଗର ନିଗମ		Any other (specify) ଅନ୍ୟାନ୍ୟ (ଦର୍ଶାନ୍ତୁ)	

1.7 Location of the slum (Tick the appropriate answer): ବନ୍ଧିର ଅବସ୍ଥିତି

Along Nallah (major storm water drain) (ମୁଖ୍ୟ ନାଳ ପାଖରେ)		Along water bodies (river, pond, lake, etc)bank ଜଳାଶୟ ପାଖରେ(ନଦୀ, ପୋଖରୀ, ହ୍ରଦ ଇତ୍ୟାଦି)	
Along other drains ଅନ୍ୟ ଡ୍ରେନ୍ ପାଖରେ		Hazardous or objectionable ବିପଦ ଜନକ କିମ୍ବା ଆପତ୍ତିଜନକ	
Along railway line ରେଳ ଲାଇନ୍ ପାଖରେ		Any other (specify) ଅନ୍ୟାନ୍ୟ (ଦର୍ଶାନ୍ତୁ)	
Along major transport alignment ମୁଖ୍ୟ ପରିବହନ ସ୍ଥଳୀ ପାଖରେ			

1.8 Age of the slum (How old it is?)(Tick the appropriate answer):

ଏହି ବସ୍ତି କେତେ ବର୍ଷ ପୁରୁଣା (ଉପଯୁକ୍ତ ସ୍ଥାନରେ (✓) ଚିହ୍ନ ଦିଅନ୍ତୁ)

Less than 1 year ୧ ବର୍ଷରୁ କମ୍		11-15 years ୧୧-୧୫ ବର୍ଷ	
2-5 years ୨ରୁ ୫ ବର୍ଷ		More than 15 years ୧୫ ବର୍ଷରୁ ଉର୍ଦ୍ଧ୍ୱ	
6-10 years ୬ ରୁ ୧୦ ବର୍ଷ			

1.9 Type of houses in slum: ବାସଗୃହର ପ୍ରକାର

% of h/hs with kacha construction / କେତେ % ମାଟିଘର _____

% of h/hs with pucca construction / କେତେ % ପକ୍କା ଘର _____

% of h/hs with semi pucca construction / କେତେ % ମିଶ୍ରିତ ଘର _____

1.10 Type of road in the slum? (Tick the applicable answer):

କଣ୍ଠି ରାସ୍ତାର ପ୍ରକାର ? (ଉପଯୁକ୍ତ ସ୍ଥାନରେ (✓) ଚିହ୍ନ ଦିଅନ୍ତୁ)

Pucca (Asphalt/Tar)- / ପକ୍କା		Stone paving / ପଥର ରାସ୍ତା	
Concrete / କନକ୍ରିଟ୍		Kaccha / କକା	
Brick paving / କାଟାରେ ତିଆରି		Any other (specify)/ ଅନ୍ୟାନ୍ୟ(ଦର୍ଶାନ୍ତୁ)	

Field observations: ପର୍ଯ୍ୟବେକ୍ଷଣ ରିପୋର୍ଟ

2.0 WATER SUPPLY ଜଳ ଯୋଗାଣ

2.1 What are the sources of water in the slum? ବସ୍ତିର ଜଳ ଯୋଗାଣର ଉତ୍ସ ଗୁଡ଼ିକ କଣ ?

Sr. କ୍ର.ସଂ	Source ଉତ୍ସ	Tick yes if applicable ଯଦି ଉଚିତ୍ତ ଟେବେ ଠିକ୍ ମାର	Tick sources used for drinking water ପିଇବା ପାଣି ପାଇଁ ବ୍ୟବହୃତ ଉତ୍ସ ଉପରେ ଠିକ୍ ମାର	Number of units ଯୁନିଟ୍ ସଂଖ୍ୟା	% of hhsdependent on this source କେତେ ଭାଗଲୋକ ସେହି ଉତ୍ସ ଉପରେ ନିର୍ଭର କରନ୍ତି	Quality of drinking water for only potable water sources on parameters of Clear/ odour/turbidity ପିଇବା ପାଣିର ମାନ (ସ୍ୱଚ୍ଛ/ ଦୁର୍ଗନ୍ଧ ଯୁକ୍ତ/ ଗୋଳିଆ) <i>Rate from 1-5 ୧ ରୁ ୫ ମଧ୍ୟରେ ରେଟିଂ କରନ୍ତୁ 5 as very good / (୫ - ଖୁବ୍ ଭଲ) 1 as poor quality (୧- ଖରାପ)</i>
1	Municipal individual water supply connections- legal ନଗର ନିଗମ ଦ୍ୱାରା ଆଇନ୍ ଗତ ଭାବେ ଜଳଯୋଗାଣ					
2	Municipal individual water supply connections- illegal ବେଆଇନ୍ ଭାବରେ ନଗର ନିଗମ ଜଳର ଘରୋଇ ପାଇପ୍ କନେକ୍ସନ୍					
3	Public standpost/ Community standpost/ ସର୍ବସାଧାରଣ ପାଣିକଳ/ ଗୋଷ୍ଠୀ ପାଣିକଳ					
4	Private bores ବ୍ୟକ୍ତିଗତ ବୋରଡ୍ରେଲ୍					
5	Handpumps ହ୍ୟାଣ୍ଡ ପମ୍ପ୍					
6	Dug well କୂପ					
7	Ponds/Lakes ପୋଖରୀ/ ହ୍ରଦ					
8	River ନଈ					
9	Tankers (private) ଟ୍ୟାଙ୍କର୍ (ବେସରକାରୀ)					
10	Tankers (government) ଟ୍ୟାଙ୍କର୍ (ସରକାରୀ)					
11	Purchase water in containers ପାତ୍ରରେ କିଣା ଜଳ					
12	Others Specify- ଅନ୍ୟାନ୍ୟ (ଦର୍ଶାନ୍ତୁ)					

2.2 If the settlement receives piped water supply, then what is the frequency of supply?
 ଯଦି ବନ୍ଧିରେ ପାଇଁ ପାଣି ଯୋଗାଣ ବ୍ୟବସ୍ଥା ଅଛି, ତେବେ କେତେ ଅନୁରରେ ପାଣି ଆସେ ?

Daily ଦୈନିକ		Weekly ସାପ୍ତାହିକ	
Alternate day ଦିନେଛାଡ଼ି ଦିନେ		No schedule/erratic ଅନିୟମିତ ଭାବରେ	
Twice in a week ସପ୍ତାହକୁ ଦୁଇଥର			

2.3 Number of hours of supply on the supply day? _____
 ପାଣି ଯୋଗାଣ ଦିନ କେତେ ଘଣ୍ଟା ପାଣି ଆସେ ?

Field observations: ପର୍ଯ୍ୟବେକ୍ଷଣ ରିପୋର୍ଟ

3.0 SANITATION (TOILET, SEWERAGE & SOLID WASTE): ପରିମଳ

3.1 Status of sanitation (toilets) in the slum ବନ୍ଧିର ପରିମଳ ବ୍ୟବସ୍ଥା

Sr.	Type of toilet	% of households that resort to this option
1	Individual toilets ବ୍ୟକ୍ତିଗତ ସୌଚାଳୟ	
2	Shared toilets ଭାଗହାରୀ ସୌଚାଳୟ	
3	Community toilets ଗୋଷ୍ଠୀ ସୌଚାଳୟ	
4	Pay & use toilets ପେ ଏଣ୍ଡ ୟୁଜ୍ ସୌଚାଳୟ	
5	Open defecation ଖୋଲାରେ ମଳତ୍ୟାଗ	

3.2 Status of community/pay & use toilets in the slum ଗୋଷ୍ଠୀର ସ୍ଥିତି / ବସ୍ତିର ଯେ ଏଣ୍ଡ୍ ସ୍ଲୁଜ୍ ସୌଚାଳୟ

Type of facility ସୁବିଧାର ପ୍ରକାର	Total no. of seats for women ମହିଳା ମାନଙ୍କ ପାଇଁ ଉଦ୍ଦିଷ୍ଟ ପାଇଖାନା ସଂଖ୍ୟା	Condition of the toilet ସୌଚାଳୟର ଅବସ୍ଥା Rate from 1 to 5 ୧ ରୁ ୫ ମଧ୍ୟରେ ରେଟିଂ କରନ୍ତୁ (5 -very well maintaine) ୫- ଖୁବ୍ ଭଲ 1- poor and non-functional) ୧ – ଖରାପ ଏବଂ ବ୍ୟବହାର ଅନୁପଯୋଗୀ	Total No. of seats for men ପୁରୁଷ ମାନଙ୍କ ପାଇଁ ଉଦ୍ଦିଷ୍ଟ ପାଇଖାନା ସଂଖ୍ୟା	Condition of the toilet ସୌଚାଳୟର ଅବସ୍ଥା Rate from 1 to 5 ୧ ରୁ ୫ ମଧ୍ୟରେ ରେଟିଂ କରନ୍ତୁ (5 -very well maintaine) ୫- ଖୁବ୍ ଭଲ 1- poor and non-functional) ୧ – ଖରାପ ଏବଂ ବ୍ୟବହାର ଅନୁପଯୋଗୀ	Total No. of seats for child friendly ଛୋଟ ପିଲାମାନଙ୍କ ବ୍ୟବହାର ଉପଯୋଗୀ ପାଇଖାନା ସଂଖ୍ୟା
Community toilets ଗୋଷ୍ଠୀ ସୌଚାଳୟ					
Pay & use toilets ଯେ ଏଣ୍ଡ୍ ସ୍ଲୁଜ୍ ସୌଚାଳୟ					
Urinals ମୁତ୍ରାଗାର					
Bathing units ଗାଧୁଆ ଘର					

3.2.1 Do public toilets have water provision?
ସର୍ବସାଧାରଣ ସୌଚାଳୟରେ ଜଳର ବ୍ୟବସ୍ଥା ଅଛି କି ? Yes / No
ହଁ / ନାଁ

3.2.2 Do public toilets have lighting and are perceived safe as women?
ସର୍ବସାଧାରଣ ସୌଚାଳୟରେ ଲାଇଟିଂ ବ୍ୟବସ୍ଥା ଏବଂ ଏହା ମହିଳା ମାନଙ୍କ ପାଇଁ ସୁରକ୍ଷିତ କି ? Yes / No
ହଁ / ନାଁ

3.2.3 Are public toilets open throughout the day and night?
ଏହା ଦିନ ରାତି ଖୋଲା ରହେ କି ? Yes/No
ହଁ/ ନାଁ

3.2.4 Are pay & use toilets open throughout the day and night?
ଯେ ଏଣ୍ଡ୍ ସ୍ଲୁଜ୍ ସୌଚାଳୟ ଦିନ ରାତି ଖୋଲା ରହେ କି ? Yes/No
ହଁ/ ନାଁ

3.3 Who maintains these toilets? (Tick the appropriate answer)
ସୌଚାଳୟର କିଏ ଦାୟିତ୍ୱ ବହନ କରୁଛନ୍ତି (ଉପଯୁକ୍ତ ଉତ୍ତରରେ (√) ଠିକ୍ ମାର)

User group ବ୍ୟବହାରକାରୀ ଗୋଷ୍ଠୀ		Municipal Corporation ନଗର ଉନ୍ନୟନ	
NGO/CBO/Trust ଏନ୍.ଜି.ଓ/ସି.ବି.ଓ/ ଟ୍ରଷ୍ଟ		None of them ଏଥିମଧ୍ୟରୁ କୌଣସି ନୁହେଁ	

3.4 What are the using charges for the pay& use toilets?
ଯେ ଏଣ୍ଡ୍ ସ୍ଲୁଜ୍ ସୌଚାଳୟ ପାଇଁ କେତେ ପଇସା ଦେବାକୁ ପଡେ ?

Use ବ୍ୟବହାର	One time use ଥରେ ବ୍ୟବହାର	Per month pass for family ମାସିକ
Bathing ଗାଧେଇବା		
Use of urinal ପରିସ୍ରା ଗୃହର ବ୍ୟବହାର		
Use of Toilet ପାଇଖାନାର ବ୍ୟବହାର		

3.5 Which are the sites used for open defecation? ଖୋଲା ମଳତ୍ୟାଗ ପାଇଁ ବ୍ୟବହୃତ ଜାଗା ।

3.6 Status of safe disposal of waste water ? ମଳନାପାଣି ନିଷ୍କାସନର ସ୍ଥିତି ।

Type of connection ସଂଯୋଗର ପ୍ରକାର	% of households connected to this option କେତେ % ଘର ପାଇଁ ଏହି ସୁଯୋଗ ଅଛି
h/hsconnected with underground sewerage network ଅନ୍ତର ଗ୍ରାଭଣ୍ଡ ସେଜ୍ ବ୍ୟବସ୍ଥା	
h/hs connected with open drain ଖୋଲା ଡ୍ରେନ୍ ସହ ସଂଯୋଗ	
h/hsconnected with soakpit ସୋକ୍‌ପିଟ୍ ସହ ସଂଯୋଗ	
h/hsconnected with septic tank ସେପ୍ଟିକ୍ ଟ୍ୟାଙ୍କ ସହ ସଂଯୋଗ	
h/hsnot connected with any network of disposal system କୌଣସି ସଂଯୋଗ ବ୍ୟବସ୍ଥା ନାହିଁ	

3.7 Are there issues of waste /sewerage water being let out in the open? Does this also lead to increased mosquito menace?
ନର୍ଦ୍ଦମା ପାଣି ଖୋଲାରେ ଛତାଯାଏ କି ? ଏଥି ପାଇଁ ମଶା ସମସ୍ୟା ବଢ଼ୁଛି କି ?

Yes/No
ହଁ / ନାଁ

3.8 Is fogging for prevention of malaria done in the slum? Yes/No if yes, then when did you remember last fogging?
ବସ୍ତିରେ ମଶାମରା ଧୂଆଁ ଛତାଯାଏ କି ? ହଁ / ନାଁ । ଯଦି ହଁ, ତେବେ କେତେ ଦିନ ତଳେ ଏହି ଧୂଆଁ ଛତା ଯାଇଥିଲା ?

3.9 Is your slum settlement connected with storm water drainage network?
ତୁମ ବସ୍ତିରେ ବର୍ଷା ଜଳ ନିଷ୍କାସନ ବ୍ୟବସ୍ଥା ଅଛି କି ?

Yes/No
ହଁ / ନାଁ

3.10 Is the slum is prone to any water logging/ flooding area?
ବସ୍ତିରେ ପାଣି ଜମୁଛି କି ?

Yes/No
ହଁ / ନାଁ

3.11 Status of disposal of municipal solid waste ମୁନିସିପାଲିଟି ଦ୍ୱାରା ଅଳିଆ ଆବର୍ଜନା ସଫା କରିବାର ସ୍ଥିତି ।

Sr.	Disposal of Garbage	% of households that use this option କେତେ ଶତକଡ଼ା ଘର ଏହି ସୁବିଧା ବ୍ୟବହାର କରନ୍ତି
1	Door to Door collection ଘରକୁ ଘର ସଂଗ୍ରହ କରିବା	
2	Community waste bin ସର୍ବସାଧାରଣ ଡ୍ରେଷ୍ଟ୍ରି ବିନ୍	
3	On road side ରାସ୍ତା କଡ଼ରେ	
4	Other (specify) ଅନ୍ୟାନ୍ୟ (ଦର୍ଶାନ୍ତୁ)	

3.12 Do you feel that you live in an unhygienic environment? Yes/No

ତୁମେ ଅସ୍ୱାସ୍ଥ୍ୟକର ପରିବେଶରେ ବାସ କରୁଛ ବୋଲି ଭାବୁଛ କି ?

ହଁ / ନାଁ

If Yes, then ଯଦି ହଁ, ତେବେ

Do you feel that theun-hygienic slum condition has led to any disease or ill health in your family?

Yes/No

ଏହି ବସ୍ତିର ଅସ୍ୱାସ୍ଥ୍ୟକର ପରିବେଶ ଯୋଗୁଁ ପରିବାର ରୋଗରେ ପଡୁଛନ୍ତି କି ?

ହଁ / ନାଁ

If yes, then, what are the major diseases that have occurred in this settlement recently? ଯଦି ହଁ, ତେବେ ନିକଟରେ ବସ୍ତିଲୋକ କେଉଁ ରୋଗରେ ପଡିଛନ୍ତି ?

Field observation ପର୍ଯ୍ୟବେକ୍ଷଣ ରିପୋର୍ଟ

4.0 ACCESS TO HEALTH CARE FACILITIES AND SERVICES ଡାକ୍ତର ଖାନା ଓ ସ୍ୱାସ୍ଥ୍ୟ ସେବାର ଉପଲବ୍ଧି

4.1 Is any health card issued to slum dwellers?

Yes/ No

ବସ୍ତି ବାସିନ୍ଦାଙ୍କୁ ହେଲଥ୍ କାର୍ଡ ଦିଆଯାଇଛି କି ?

ହଁ / ନାଁ

If yes, then what percentage of slum households have been issued health card

ଯଦି ହଁ ତେବେ କେତେ ଶତକଡା ଘରକୁ ଏହି କାର୍ଡ ଦିଆଯାଇଛି ?

Who issues it? What are the benefits? ଏହି କାର୍ଡ କିଏ ଦେଇଛି ? ଏହି କାର୍ଡ ଯୋଗୁଁ କି କି ସୁବିଧା ମିଳୁଛି ?

Field observation ପର୍ଯ୍ୟବେକ୍ଷଣ ରିପୋର୍ଟ

4.2 Which health care facility slum dwellers generally visit for the following medical needs?
 ସାଧାରଣତଃ ବସି ବାସିନ୍ଦା କେଉଁ ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ରକୁ ନିମ୍ନଲିଖିତ ସ୍ୱାସ୍ଥ୍ୟ ସମସ୍ୟା ପାଇଁ ଯାଆନ୍ତି ?

Type of medical need ସ୍ୱାସ୍ଥ୍ୟଗତ ସମସ୍ୟା	Health Service at home by government ସରକାରୀ ଦ୍ୱାରା ଘରୋଇ ସ୍ୱାସ୍ଥ୍ୟ ସେବା	Name of the government hospital ସରକାରୀ ଡାକ୍ତରଖାନାର ନାମ	Private Hospital/clinic ବେସରକାରୀ ଡାକ୍ତରଖାନା / ଘରୋଇ ଚିକିତ୍ସାଳୟ	Local practitioners within slum ବସିରେ ରହୁଥିବା ଡାକ୍ତର	Top three priorities କେଉଁ ତିନୋଟି ମୁଖ୍ୟ କାରଣ ପାଇଁ ଏହାକୁ ଲୋକ ପସନ୍ଦ କରନ୍ତି 1. Proximity ଦୂରତା 2. Cost of service ସେବାର ମୂଲ୍ୟ 3. Quality of service ସେବାର ମାନ 4. Availability of the female doctor ମହିଳା ଡାକ୍ତରଙ୍କର ଉପସ୍ଥିତି 5. Trust/Faith in the doctor ଡାକ୍ତରଙ୍କ ଉପରେ ବିଶ୍ୱାସ 6. Less waiting time କମ୍ ଅପେକ୍ଷା ସମୟ 7. Other specify ଅନ୍ୟାନ୍ୟ ଦର୍ଶାନ୍ତୁ
General sickness (Fever, Cold,Cuts& Wounds, Dressing, etc.) ସାଧାରଣ ରୋଗ (ଜ୍ୱର, ଅଣ୍ଡା, କଟା ଘା, ଇତ୍ୟାଦି)					
Surgery ଅପରେସନ୍					
Child birth ପିଲା ଜନ୍ମ					
Pediatric Care ଶିଶୁ ଯତ୍ନ					
Vaccination/ Immunization for Kids ବିକାକରଣ					
Family planning and Contraception ପରିବାର ନିୟୋଜନ ଏବଂ ଗର୍ଭନିରୋଧକ					
Gynecological care ସ୍ତ୍ରୀରୋଗ					
Diagnostic tests ରୋଗ ନିରୂପଣ					

4.3 Which is the nearest government health care facility available to the slum? How far is it (in km.)? ବସ୍ତିର ସବୁଠାରୁ ନିକଟରେ ଥିବା ସରକାରୀ ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ର କେଉଁଠି ଅଛି ଏବଂ ଏହାର ଦୂରତା କେତେ ?

4.4 Which is the nearest private health care facility available to the slum? How far it is (in Km.)? ବସ୍ତିର ସବୁଠାରୁ ନିକଟରେ ଥିବା ବେସରକାରୀ ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ର କେଉଁଠି ଅଛି ଏବଂ ଏହାର ଦୂରତା କେତେ ?

4.5 People's perception about the government health facility:

ସରକାରୀ ସ୍ୱାସ୍ଥ୍ୟ ସୁବିଧା ବିଷୟରେ ଲୋକମାନଙ୍କ ଅନୁଭୂତି

a. What is the approximate distance of the facility from the slum?(tick the appropriate choice) ବସ୍ତିଠାରୁ ପାଖାପାଖି ଦୂରତା ? (ଉପଯୁକ୍ତ ସ୍ଥାନରେ(✓) ଠିକ୍ ଚିହ୍ନ ମାର)

< 1 Km. (Convenient/walk able) ୧ କି ମି ରୁ କମ୍ (ଚାଲିବା ଯୋଗ୍ୟ)	
1-3 Km.(Little Far) ୧ ରୁ ୩ କିମି (ଟିକେ ଦୂର)	
> 3 Km. (Very Far) ୩ ରୁ ଅଧିକ କିମି (ବହୁତ ଦୂର)	

b. Are the timings of the health facility convenient? Yes/No _____
ଡାକ୍ତର ଖାମା ଖୋଲା ରହୁଥିବା ସମୟ ଆପଣଙ୍କୁ ସୁବିଧା ହୁଏ କି ? ହଁ / ନାଁ

If NO,What are the problems with timings? ଯଦି ନାଁ, ଅସୁବିଧା ଗୁଡ଼ିକ କଣ ?

c. Rate the cleanliness and overall environment of government health facility where you have visited in past? (1-as very poor and 5 as good) _____
ତୁମେ ଯାଇଥିବା କୌଣସି ସରକାରୀ ଡାକ୍ତର ଖାନାର ପରିବେଶ ଓ ପରିଷ୍କାର ପରିଚ୍ଛନ୍ନତା ବିଷୟରେ ଦର୍ଶାଅ ।
(୧-ବହୁତ ଖରାପ ଏବଂ ୫- ଭଲ)

d. How much has been the waiting time in government health facility? (tick the appropriate choice) ସରକାରୀ ଡାକ୍ତର ଖାନାରେ କେତେ ସମୟ ଅପେକ୍ଷା କରିବାକୁ ପଡେ ? (ଉପଯୁକ୍ତ ସ୍ଥାନରେ(✓) ଠିକ୍ ଚିହ୍ନ ମାର)

less than an hour / ଘଣ୍ଟାକରୁ କମ୍	
1 hour to 3hrs / ୧ ରୁ ୩ ଘଣ୍ଟା	
More than 3hrs / ୩ ଘଣ୍ଟାରୁ ଅଧିକ	

e. Do you have to fill a form and your personal details prior to consult the doctor? Yes/No_ _____
ଡାକ୍ତରଙ୍କ ପରାମର୍ଶ ପାଇଁ ଫର୍ମ ପୂରଣ କରିବାକୁ ପଡେ କି ? ହଁ / ନାଁ

f. Is the Doctor/Specialist generally available in hospital? Yes/No _____
ସାଧାରଣତଃ ଡାକ୍ତରଖାନାରେ ଡାକ୍ତର ଥାଆନ୍ତି କି ? ହଁ / ନାଁ

g. What was the behavior /attitude of the doctor during the consultation? (tick the appropriate choice)

ପରାମର୍ଶ ସମୟରେ ଡାକ୍ତରଙ୍କ ବ୍ୟବହାର କିପରି ଥାଏ ? (ଉପଯୁକ୍ତ ସ୍ଥାନରେ(✓) ଠିକ୍ ଚିହ୍ନ ମାର)

Polite /pleasant ଭଦ୍ର / ନମ୍ର		In hurry ଡରଡର	
Harsh /rude କଠୋର		Give time to understand the problem ସମୟ ଦେଇ ରୋଗୀର ସମସ୍ୟା ବୁଝନ୍ତି	

h. What is the level of satisfaction after consultation with the doctor? (tick the appropriate choice) ଡାକ୍ତରଙ୍କ ସହ ପରାମର୍ଶ ପରେ କେତେ ସନ୍ତୁଷ୍ଟ ହୋଇଛନ୍ତି (ଉପଯୁକ୍ତ ସ୍ଥାନରେ(✓) ଠିକ୍ ଚିହ୍ନ ମାର)

Very satisfied ବହୁତ ସନ୍ତୁଷ୍ଟ	
Satisfied ସନ୍ତୁଷ୍ଟ	
Not satisfied ଅସନ୍ତୁଷ୍ଟ	

i. Are the medicines and drugs generally available at the health facility? (tick the appropriate choice and describe) **Yes/No** _____

ଡାକ୍ତର ଖାନାରେ ଔଷଧ ସାଧାରଣତଃ ମିଳେ କି ? (ଉପଯୁକ୍ତ ସ୍ଥାନରେ(✓) ଠିକ୍ ଚିହ୍ନ ମାର ଏବଂ ବର୍ଣ୍ଣନା କର) ହଁ / ନାଁ

4.6 What is your level of satisfaction of the overall services delivered by government health centres? ସରକାରୀ ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ରରେ ମିଳୁଥିବା ସେବାରେ ତୁମେ କେତେ ସନ୍ତୁଷ୍ଟ ?

Rate from 1 to 5 (as 1- not satisfied at all and 5 as fully satisfied) _____

(୧- ଆଦୌ ସନ୍ତୁଷ୍ଟ ନୁହେଁ ଏବଂ ୫- ସପୂର୍ଣ୍ଣ ସନ୍ତୁଷ୍ଟ)

4.7 Facilitate discussion on challenges people face when accessing a public facility. Some issues could be unfriendly staff, lack of privacy, gender of care givers, long procedures, and perceived quality of care etc. ଲୋକମାନେ ସର୍ବ ସାଧାରଣ ସୁବିଧା ଗୁଡ଼ିକର ବ୍ୟବହାର ପାଇଁ କି କି ସମସ୍ୟାର ସମ୍ମୁଖୀନ ହେଉଛନ୍ତି ? ଉଦାହରଣ - ଅସହଯୋଗୀ କର୍ମଚାରୀ / ଗୋପନୀୟତାର ଅଭାବ/ ସେବା ପ୍ରଦାନକାରୀର ଲିଙ୍ଗ(ପୁ/ମ)/ ଦିର୍ଦ୍ଧ କାର୍ଯ୍ୟ ପଦ୍ଧତି/ ସେବାର ମାନ

4.8 Is there any government health worker (ASHA/USHA) visiting to your slum settlement? Yes/No କୌଣସି ସରକାରୀ ଆଶା କର୍ମୀ ବସିଲୁ ଆସନ୍ତି କି ? ହଁ / ନାଁ

If Yes, then what is his/her name? _____

ଯଦି ହଁ, ତାଙ୍କ ନାମ କଣ ?

When do they visit? କେତେ ବେଳେ ସେମାନେ ଆସନ୍ତି ?

Daily ଦୈନିକ		Once in 2 week ଦୁଇ ସପ୍ତାହରେ ଥରେ	
Alternate day ଦିନେ ଛାଡି ଦିନେ		Once in a month ମାସକୁ ଥରେ	
Twice in a week ସପ୍ତାହକୁ ଦୁଇଥର		No schedule of visit ପରିଦର୍ଶନର ନିର୍ଦ୍ଦିଷ୍ଟ ସୂଚୀ ନାହିଁ	
Once in a week ସପ୍ତାହକୁ ଥରେ		Other (specify) ଅନ୍ୟାନ୍ୟ (ଦର୍ଶାନ୍ତୁ)	

4.9 What does the health worker do in the slum? ବସ୍ତିର ସ୍ୱାସ୍ଥ୍ୟକର୍ମୀ କ'ଣ କରନ୍ତି ?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Are you satisfied with the work of health worker/visitor coming to your slum? Yes/No
ତୁମେ ସ୍ୱାସ୍ଥ୍ୟକର୍ମୀ / ସ୍ୱାସ୍ଥ୍ୟ ପରିଦର୍ଶକଙ୍କ କାର୍ଯ୍ୟକ୍ରମରେ ସନ୍ତୁଷ୍ଟ କି ? ହଁ / ନାଁ

4.10 If, No, then what are the reasons for dissatisfaction? Give details?

ଯଦି ନାଁ, ତେବେ ଅସନ୍ତୋଷର କାରଣ ଗୁଡ଼ିକ ଜଣା ?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

4.11 Is there any Anganwadi located in the slum? Yes/No _____
ବସ୍ତିରେ କୌଣସି ଅଙ୍ଗନୱାଡ଼ି ଅଛି କି ? ହଁ / ନାଁ

If No, then which is the nearest Anganwadi to the slum? How far is it (in km.)?
ଯଦି ନାଁ, ତେବେ ନିକଟସ୍ଥ ଅଙ୍ଗନୱାଡ଼ି କେଉଁଠି ? ଏବଂ କେତେ ଦୂରରେ ଅବସ୍ଥିତ(କି.ମି) ?

4.12 What are the major activities in the Anganwadi? ଅଙ୍ଗନୱାଡ଼ିର ମୁଖ୍ୟ କାର୍ଯ୍ୟ ଗୁଡ଼ିକ ଜଣା ?

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

4.13 Are you satisfied with the work of Anganwadi? Yes/No _____
ଅଙ୍ଗନୱାଡ଼ିର କାର୍ଯ୍ୟକ୍ରମକୁ ନେଇ ତୁମେ ସନ୍ତୁଷ୍ଟ କି? ହଁ / ନାଁ

If No, then what are the reason for dis-satisfaction? Give details?
ଯଦି ନାଁ, ଅସନ୍ତୋଷର କାରଣ ଦର୍ଶାଅ ?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

4.14 Is there a crèche facility for younger children in the slums? Yes/No _____
ବସ୍ତିରେ ଛୋଟପିଲାଙ୍କ ପାଇଁ ଦିନବେଳେ ରଖି ଦେଖାଶୁଣା କରିବାର ସୁବିଧା ଅଛି କି ? ହଁ / ନାଁ

If yes, then give details ଯଦି ହଁ, ସଂପୂର୍ଣ୍ଣ ବିବରଣୀ ଦିଅ

If no, then is it required, and how would it help working parents?
ଯଦି ନାଁ, ତେବେ ଏହା ଦରକାର କି ? କାମ କରୁଥିବା ପିତା ମାତାଙ୍କ ପାଇଁ ଏହା କିପରି ସାହାଯ୍ୟ କରିପାରିବ ?

Has any vaccination camp been conducted by the government recently? Yes/No _____
ସରକାର ନିକଟରେ କୌଣସି ଚିକାଦାନ କ୍ୟାମ୍ପ କରିଛନ୍ତି କି ? ହଁ / ନାଁ

If Yes, Give details? ଯଦି ହଁ, ସଂପୂର୍ଣ୍ଣ ବିବରଣୀ ଦିଅ ।

4.15 Services for pregnant women (this needs to be conducted separately with women group)

Do you get nutritional supplement during the pregnancy? If yes, where, how many times?
ଗର୍ଭାବସ୍ଥାରେ ପୂର୍ଣ୍ଣକର ଖାଦ୍ୟ ମିଳେ କି ? ଯଦି ହଁ, କେଉଁଠି, ଓ କେତେଥର ମିଳେ ?

Do you get the required vaccines and medicines/drugs during pregnancy? If yes, where?
ଗର୍ଭାବସ୍ଥାରେ ଆବଶ୍ୟକୀୟ ଔଷଧ ଏବଂ ଚିକା ପାଇଛ କି ? ଯଦି ହଁ କେଉଁଠି ?

4.16 Delivery related ପ୍ରସବ ସମ୍ପର୍କୀୟ

Where are most deliveries occurring? ଅଧିକାଂଶ ପ୍ରସବ କେଉଁଠି ହୁଏ?

Are there deliveries still happening at home? Is there a trained ANM available? ଏବେବି ଲୋକେ ଘରେ ପ୍ରସବ କରୁଛନ୍ତି କି? ବସ୍ତିରେ କେହି ତାଲିମ ପ୍ରାପ୍ତ ଏ.ଏନ୍.ଏମ୍ ଅଛନ୍ତି କି?

Are there ambulance services to take you to the hospital? ଡାକ୍ତରଖାନାକୁ ଯିବା ପାଇଁ ଆମ୍ବୁଲାନ୍ସ ସେବା ଉପଲବ୍ଧ କି?

Are there incentives from the government for institutional delivery? ଡାକ୍ତରଖାନାରେ ପ୍ରସବ ପାଇଁ ସରକାରଙ୍କ ତରଫରୁ କିଛି ପ୍ରୋତ୍ସାହନ ରାଶି ମିଳେ କି?

Is there optimum privacy maintained during the consultation with doctor? ଡାକ୍ତରଙ୍କ ସହ ପରାମର୍ଶ କରିବା ବେଳେ ସେଠାରେ ଯଥେଷ୍ଟ ଏକାନ୍ତତା ଥାଏ କି? Yes/No _____ ହଁ/ନାଁ

4.17 Post Delivery Services ପ୍ରସବ ପରର ସେବା

Is there regular visit from ANM to ensure health of mother and child? ଏ.ଏନ୍.ଏମ୍ ନିୟମିତ ପରିଦର୍ଶନ କରି ମା ଓ ଶିଶୁକୁ ସ୍ୱାସ୍ଥ୍ୟ ସମୀକ୍ଷା ସୂଚନା ପ୍ରଦାନ କରନ୍ତି କି? Yes/No _____ ହଁ/ନାଁ

Is there vaccination support provided for the infant? ଶିଶୁର ଚିକିତ୍ସା କରାଯାଏ କି? Yes/No _____ ହଁ/ନାଁ

Does vaccination happen at home or slum or to the health facility? Yes/No _____

ଚିକିତ୍ସା କେଉଁଠି କରାଯାଏ? (ଉପଯୁକ୍ତ ସ୍ଥାନରେ(✓) ଠିକ୍ ଚିହ୍ନି ମାର)

At home ଘରେ		Slum ବସ୍ତିରେ		Health centre ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ରରେ	
----------------	--	-----------------	--	--------------------------------------	--

Field observation / ପର୍ଯ୍ୟବେକ୍ଷଣ ରିପୋର୍ଟ
