

Implementing Health Strategies at the Community Level Using a Partnership Approach

Overview of India Urban Health Program

Goal
Bring sustained improvement to child health in urban slums of India.

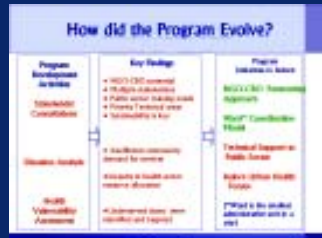
Objectives
Improve service coverage and behavior adoption for IMR and newborn care, diarrhea prevention, immunization and acute illness prevention
Enhance capacities of public sector, NGOs and CBOs
Strengthen linkages between service providers and the community

Health Indicators Among The Urban Poor

(Sample of National Family Health Survey (NFHS), Phase-3 India, 05-09)

(For the 1 year preceding the survey)	Urban Poor (Low SES)	Urban Poor (Low SES)
Infant Mortality (per 1,000 live births)	61.9	99.4
% of deliveries attended by a health professional at home or at a health facility	61.5	38.1
% of children completely immunized by 12 months among 12-23 months children	41.2	20.6

U.S. Standard of Living Index used by National Family Health Survey



NGO-CBO Partnership Model

[Enhances demand, build capacity at grassroots community linkages]

- NGO fulfills the role of guide and facilitator and works towards building capacity of Lead CBOs
- Lead CBO (community based organization) serves the role of primary implementer in the community and develop as a local long-term resource for the community



Promoting Healthy Behaviors in Underserved Urban Communities

- NGO - Capacity building, Advocacy, Coordinate technical guidance
- LEAD CBO - Capacity building, Monitoring & Supervision, Referral linkages & coordination
- SLUM CBOs - Group meetings and discussions, community based monitoring, health coverage & BCC activities, Home visits and Counseling



Lessons from NGO-CBO Model

- CBOs and NGOs have complementary strengths and can work effectively together
- CBO-NGO teams can develop context-appropriate action plans with communities
- CBOs as implementers have several advantages:
 - Context appropriate, practical/sustainable efforts
 - Community ownership and program sustainability

"Ward Coordination Model"

Ward is the smallest administrative unit in a city and is recognized by the Public Sector as the unit for planning and monitoring.

- Public sector driven
- Improves coordination and community linkage
- Strengthens Public and other non-profit services



Lessons from Ward Model

- "Ward" is recognized by public sector as the unit for planning & monitoring.
- Participatory situation analysis at mapping identifies underserved slums, priority needs and local resources in the "ward".
- Discussions with stakeholders, using situation analysis leads to coordinated collective action.
- Resources from other public sector agencies should complement Health Department resources.
- In India, local resources are adequate for leveraging existing Public and other non-profit services. EHP plays a facilitative role.

What Makes an Effective Urban Health Program

- Targets vulnerable slums/urban settlements
- Focus on slum level institutional and individual capacities
- Is technically effective
- Coordinates among multiple stakeholders
- Engives from stakeholders
- Enhances utilization of Government resources
- Reaches out to the urban poor through outreach activities

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