

Healthcare delivery system in Kolkata, West Bengal : A Cholera Control Perspective



Gangetic Delta



- West Bengal, situated in lower gangetic delta and endemic area for cholera
- Cholera outbreaks in last few years

West Bengal and Kolkata at a glance

West Bengal

Population (2011)

Total : **91,347,736**

Rank : **4th**

Density : **1,029/km² (2,670/sq mi)**



Kolkata

Population (2011)

Metropolis : **4,496,694**

Rank : **7th**

Density : **22,000/km² (57,000/sq mi)**

Metro : **14,112,536**

14,617,882 (Extended UA)

Metro rank : **3rd**



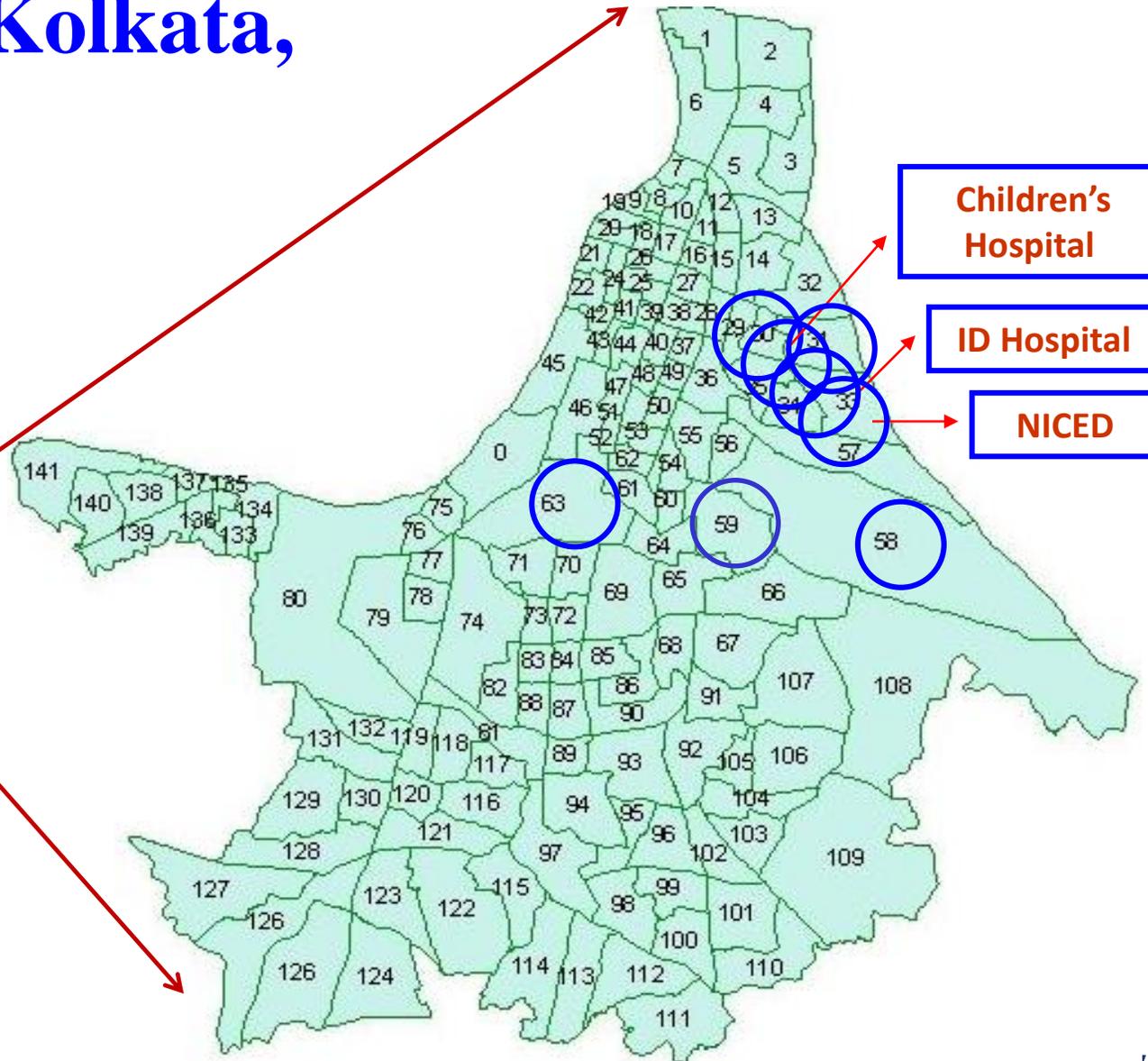
Cholera Burden in Kolkata

- An urban slum community is a typical example of a high risk area for cholera
- Risk factors for cholera in Kolkata urban slums
 - Household member with cholera
 - Young age
 - Lower educational level
- Incidence is as high as **9.3/1000 person years** (95% CI 5.9-14.4) in young children (<2 years)
- The youngest patient with culture proven cholera was 4 months of age
- Overall incidence is **1.6/1000 person year**



Sur D, Deen JL, Manna B, Niyogi SK, Deb AK, Kanungo S, Sarkar BL, Kim DR, Danovaro-Holliday MC, Holliday K, Gupta VK, Ali M, von Seidlein L, Clemens JD, Bhattacharya SK. The burden of cholera in the slums of Kolkata, India: data from a prospective, community based study. Arch Dis Child. 2005 Nov;90(11):1175-81.

Cholera hot spots in Kolkata, West Bengal, India



Comparison of crude estimate of confirmed cholera cases in Infectious Diseases Hospital, Belegkata, Kolkata, with those mentioned in the year-wise National Health Profile reports.

Year	Total diarrhea admitted cases	Total enrolled cases under surveillance	Isolation Rate (%) of Cholera	Crude Estimated cholera cases	Cases Reported by DGHS CBHI
2008	19,679	1,122	250 (22.3)	4,385	2680
2009	24,791	1,393	376 (27.0)	6,692	3482
2010	20,761	681	130 (19.1)	3,963	5004
2011	20,558	644	126 (19.6)	4,022	2341
2012	19,957	975	109 (11.2)	2,231	1688
2013	22,378	1,178	242 (20.5)	4,597	1130
2014	22,566	1,135	120 (10.6)	2,386	969
2015	21,991	1,193	163 (13.6)	3,004	913
2016	22,963	1,267	182(14.4)	3,299	841



Comparison between Rural and Urban Health System in West Bengal

Rural

- National Rural Health Mission launched in 2005
- Fully under Dept of Health & Family Welfare
- CHW: ASHA – 1 in 1000 village population.
- ANM – 1 per 5 ASHA
- 1 Subcentre per 5000 population
- 1 PHC per 30,000 population
- Medical Officer starts from PHC level

Urban

- National Urban Health Mission launched in 2013
- Partly under Dept of Health & Family Welfare and Dept of UD & MA
- CHW: HHW – 1 in 1000 BPL/ Slum population.
- FTS – 1 per 5 HHW
- No concept of subcenter
- 1 UPHC per 50,000 population
- Medical Officer starts from PHC level



NUHM in West Bengal

- Total population : **9.1 crore**
- Population density : **1,029/Sq Km**
- Urban population : **2.9 crore**
- Percentage of Urban population : **31.9%**
- Number of slum : **11893**
- Number of Slum population : **6697651**
- No. of Municipalities : **125**
- Number of Cities covered under NUHM : **89**

** Population as per census- 2011*

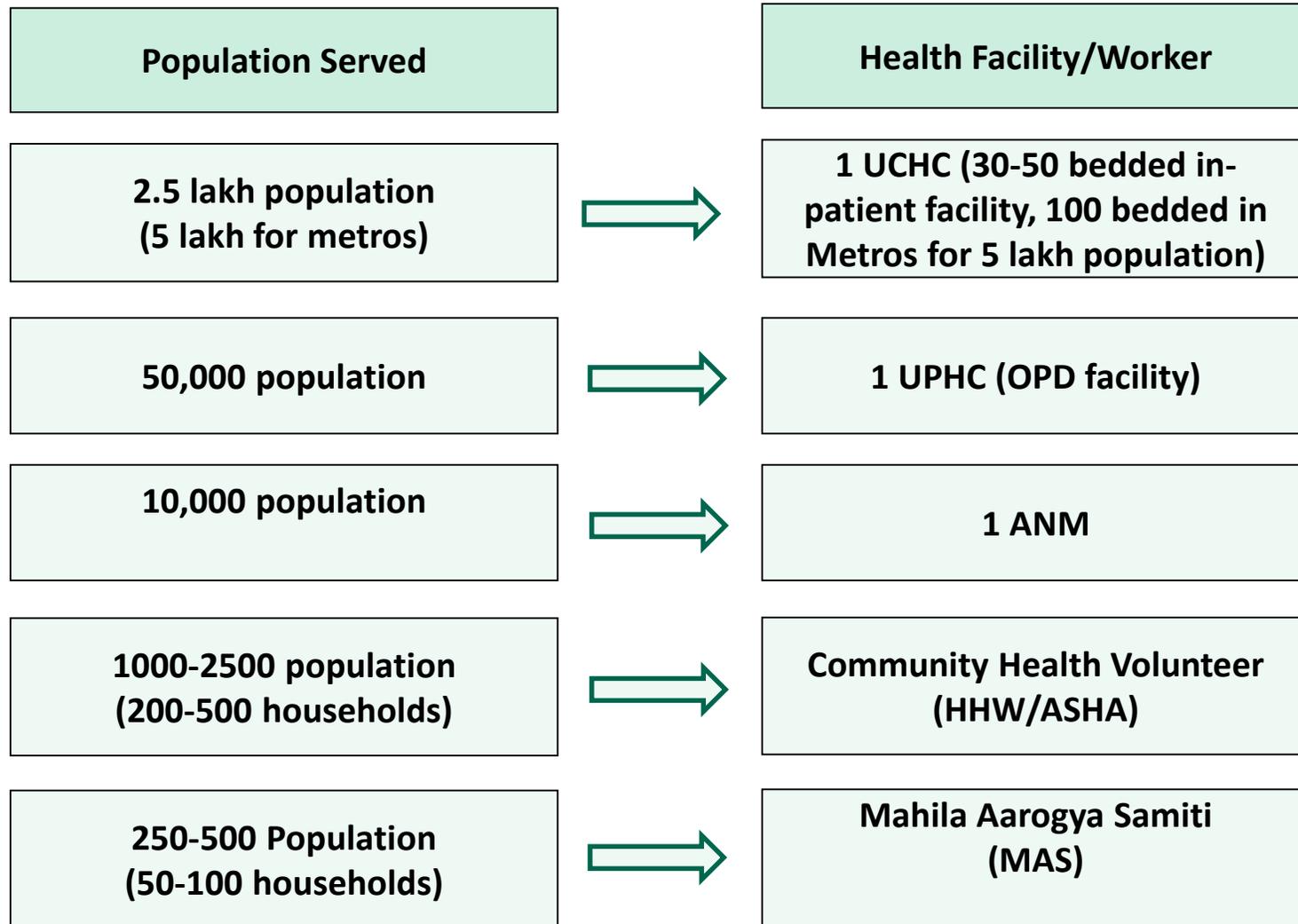


Comprehensive Primary healthcare approach

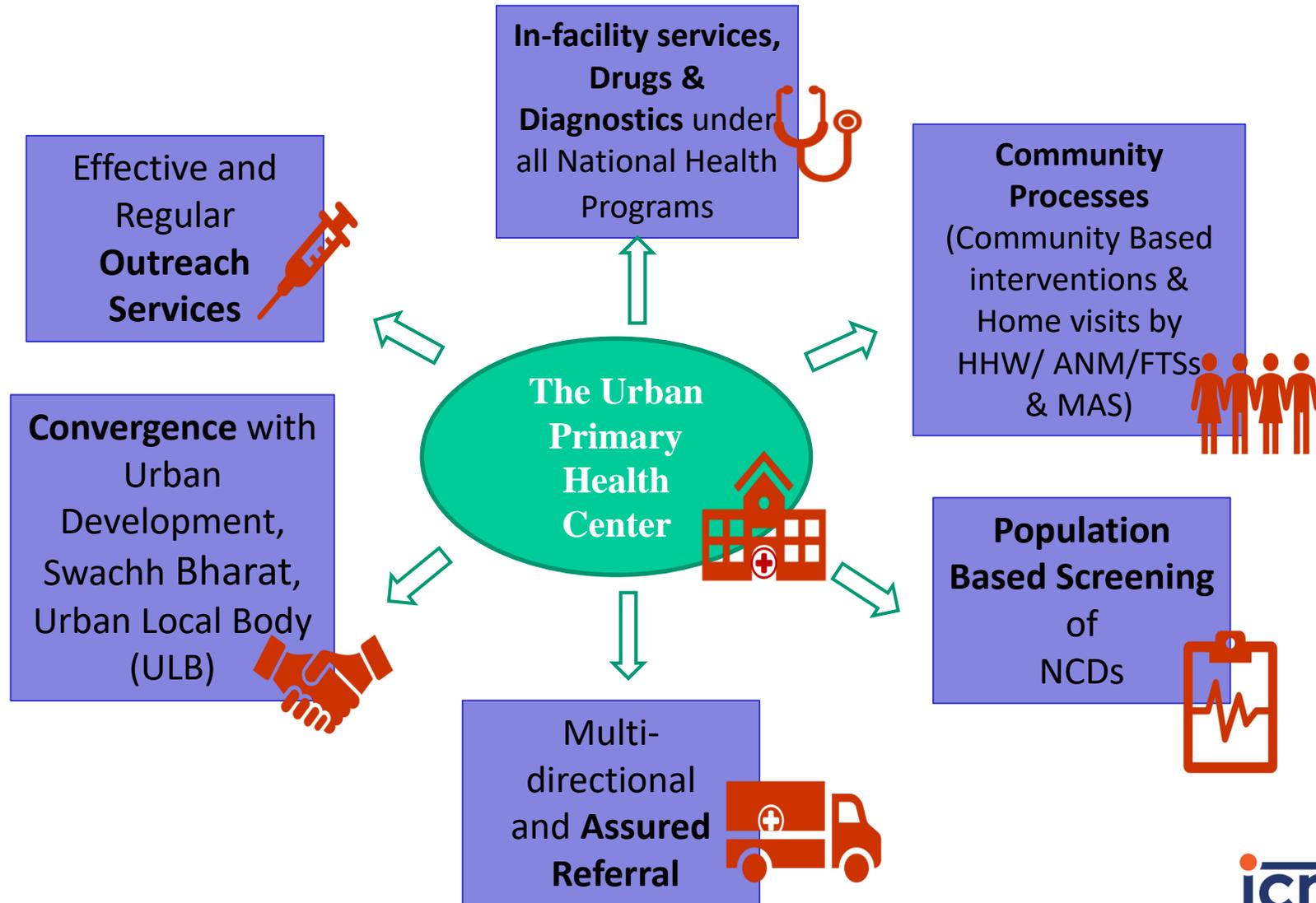
- **Universal access:** No one shall be turned away or refused any health service.
- **Assured minimum package of services:** Delivered as close to home as possible to ensure universal access with quality.
- **Preventive and promotive care:** Enhanced focus on screening of NCDs, early identification of communicable diseases, early outbreak identification and management
- **Effective Gatekeeping:** Reduced patient load at higher facilities by strengthening primary health services
- **Outreach:** Special efforts to identify, reach out to and address health needs of marginalized
- **Reduction in out of pocket expenditure:** Provision of free drugs, diagnostics and consultation
- **Integration:** Collaboration with ULBs and other departments to tackle cross cutting issues
- **Continuity of Care:** Continued care through referral and follow ups



Health care delivery in Urban area under NUHM



UPHC: Epicentre of comprehensive primary healthcare



Urban ASHA/HHW

- One HHW for 1000 vulnerable (Slum/BPL) population

Role and Responsibility of HHW:

- Undertake a vulnerability assessment of the households in her area
- Create awareness on social determinants and entitlements for health and other public services
- Counsel women, families & adolescents on reproductive, maternal & child health, prevention of common infections, substance abuse, prevention of domestic and sexual violence.
- Attend UHND and Special outreach activities
- Make home visits
- Coordinate MAS formation and their functioning



Mahila Aarogya Samiti (MAS)

- Local collective or Group of 10-15 community women
- One MAS per 50-100 households
- Formed in slum and slum-like areas
- Coordinated by Urban ASHA/HHW
- Groups will conduct monthly meetings to discuss issues faced by the community
- Mobilize action for resolving them
- Untied Funds of Rs. 5000 per year transferred to their accounts



Operationalizing Health Facilities, Outreach Services & Referral Services under NUHM



Urban health and nutrition day (UHND)

Location	SC, Health Post, AWC, community center, any appropriate community space (fixed)
Frequency	Weekly per ANM/FTS (monthly for every 1000 population)
Services	Preventive, promotive & basic curative (immunization, ANC, screening of oral, breast cancer, hypertension, diabetes, counseling on nutrition, hygiene etc)
Conducted by	FTS/ANM



Special outreach (camp) sessions

- Organized to provide specialised services to marginalized communities
- Planning for type of specialty required to be based on vulnerability assessment
- Services will differ from one area to another as per need of population

Designed for	Hard to reach Communities, communities with specific special needs
Frequency	3 camps per U-PHC per Month
Services	Health check-up, Specific set of services for endemic diseases or population specific problems), Screening and treatment of NCDs, Basic lab investigations (using portable /disposable kits), and drug dispensing Geriatric care, Dental Care, Specialist RCH services



Channels to reach beneficiaries

Community Health Workers



Facility Based IEC materials



Effective media Usage



ORS points

- HHW/ FTS distributes ORS packets during Home visits, UHND
- There is ORS corner at UPHC
- From this Corner ORS and Zinc tablets are provided to Diarrhoea patients



Thank You

