## CREATING HEALTHY NEIGHBOURHOODS

Hazrat Nizamuddin Basti is barely 5 kilometres away from the best government medical facility in the country – the All India Institute of Medical Sciences but almost 40 per cent of deliveries still happen at home. Anemia amongst women and malnutrition amongst children is seen in over half the population.

## 1. Upgrading Clinical Facilities



The project has provided for a gynaecologist to be available for consultation in the MCD Polyclinic; this much needed service is being accessed not only by Basti women, but also by those coming from outside

Sanitation

Nutrition •-----

Improving access to health facilities was thus a project priority from the onset. A report from the community health department of the All India Institute of Medical Sciences confirmed that pregnant women and children were the most vulnerable groups.

Also treatment was compromised in the absence of testing facilities in the polyclinic. The project set up a Pathology Laboratory in 2008 at the polyclinic where 32 kinds of tests have been conducted; 1,86,048 tests have been carried out since the lab was established, and 398712 patients treated all free of cost.

Further the project strengthened the polyclinic through providing advanced equipment for the Eye and ENT clinic; improving maternal and child health facilities specifically ante-natal check ups and immunization, and appointing a part-time gynaecologist and paediatrician.

The polyclinic is used not only by residents of the Basti, but also in large numbers by pilgrims and residents of nearby areas.

Health Camps

Vaccines

## 2. Creating Community Health Outreach Network

The community health programme, supported by the Tata Trusts, began in 2012 and has a network of 50 full time and part time community health workers known as Sehat Aapaas and Sehat Sahelis. This team identifies vulnerable families and individuals and ensures that they access the relevant health facilities. Further, they have begun holding meetings within the basti with smaller groups to improve health seeking behaviour.

The impact of the programme has already felt with increased number of women accessing ante natal services, increased patient load in the polyclinic and improved referrals.

Mohalla Health and Sanitation Committees are being set up and they should ultimately take the responsibility of the health of their mohallas.

(Left) Making healthcare accessible to women and children in the Basti through Community Health Outreach Network

## Community Health Outreach Team

Primary health care service providers

- 1. Government (MCD polyclinic, MCW, Bhogal)
- 2. Aanganwadi centres
- 3. Private (Clinics, birth attendants)
- 4. School staff

Clinical Health

Reproductive Health Senior Programme Officer

Programme

Co-ordinator (Health)

Community Health Co-ordinators - 2

Programme

officer (Monitori

Project Director