

## **Maternal and infant health services assessment in a slum resettlement colony of Delhi**

*Vasudha Dhingra, Rini Joshi, Faraz Naqvi, Brian Chin*

DISCLAIMER: The paper is an original case study conducted by the authors as part of the UNICEF Summer Internship Programme 2006 in New Delhi, India. The views expressed in this case study are those of the authors and do not necessarily reflect the policies or the views of UNICEF.

In recent decades, increasing urbanization has resulted in the accelerated growth of slums in India. In Delhi, where the slum population has ballooned to over two million, the government continues to undertake a process of resettling slum dwellers to colonies on the outskirts of the city. These slum resettlement colonies themselves present slum-like conditions due to poverty, overcrowding, unhygienic living conditions, poor water supply and sanitation, and lack of an organized health care delivery system, which pose unique health challenges.

The most vulnerable groups in slum resettlement colonies are mothers and infants, as evidenced by the sharp inequalities in IMR and MMR when comparing slum resettlement colonies and the rest of the city. Despite the gravity of the situation, the public and civil society response remains inadequate. This study presents a situation analysis of Madanpur Khadar, a slum resettlement colony in southeast Delhi, and offers an assessment of existing maternal and infant health services provision and utilization. As the resettlement process in Madanpur Khadar began in 2000-01, the 2001 Census of India, the Delhi Development Authority, and the Municipal Corporation of Delhi have not yet surveyed the area; hence, there are currently no data available on the demographics and health status of the population residing there.

Through individual surveys, focus group discussions, and interviews, the study addresses the following four major objectives: identification of the common health problems faced by mothers and infants; identification of health facilities and services available to address the needs of mothers and infants; exploration of the stakeholders' perceptions, particularly the beneficiaries, with respect to the quality, accessibility, acceptability, and affordability of health facilities and services; and synthesis of recommendations from stakeholders for the improvement of health facilities and services.

Most pregnant women in Madanpur Khadar received some form of antenatal care (ANC). Over 80% of the infants received immunizations; however, children born at home did not receive the first dose of immunization on time. Due to cultural practices, convenience and non-availability of 24-hour institutional delivery services, most deliveries take place at home, usually in unhygienic conditions, with the assistance of untrained traditional birth attendants (TBAs) or *dais*. The local health service providers (LHSPs) are frequently utilized for minor illnesses and late-night emergencies due to their easy accessibility and 24-hour availability in times of need; however, the qualifications and effectiveness of treatment of such providers remain suspect. Negligible awareness about health programs and lack of health and nutrition education, along with the poor health seeking behavior pose challenges in the timely utilization of health services.

There are 10 *Anganwadi* centers (AWCs) operating in the colony, however, none of the *Anganwadi* workers (AWWs) are trained to provide any health services. A private charitable clinic in the colony is known for its high-cost medication; insensitive behavior of its staff; and inadequate facilities. The colony does not have a primary health center (PHC) of its own. As a result, the residents visit a neighboring Mother and Child Welfare Center (MCWC), which is not meant to serve the population of Madanpur Khadar. The majority of mothers are satisfied with the quality of treatment there, yet over-crowding leading to shortage of immunization vaccines and distance leading to high transportation cost, pose problems in accessing this facility. A government-sponsored mobile clinic operates in the colony for two hours twice a week, yet it is only able to provide basic outpatient services and medication. Moreover, its timings are irregular, and it is also, at times, under-staffed. Safdarjung Hospital, a well-established government hospital, is located approximately 20 kms away. Though it is able to provide the most important health services required by mothers and infants such as ANC, cesarean deliveries, birth certification, immunizations, intensive care unit, and 24-hour emergency services, the long distance and inadequate and expensive public transportation hinder utilization.

In view of the various challenges to the utilization of health services by mothers and infants in Madanpur Khadar, a variety of recommendations built upon community-based needs and practical approaches are provided to address the inequalities in distribution and access to basic amenities and health services. These recommendations focus on

health education, improvements in health seeking behavior, skilled birth attendance, and improvements in quality of existing health services as well as provision of adequately equipped, affordable, and accessible health facilities. Most importantly, there is an urgent need to mobilize community action for effectively mitigating maternal and infant mortality and disease burden in slum resettlement colonies. The study encourages those responsible for urban planning and providers of public health services to uphold a minimum standard of health services provision for the slum resettlement colonies of Delhi.