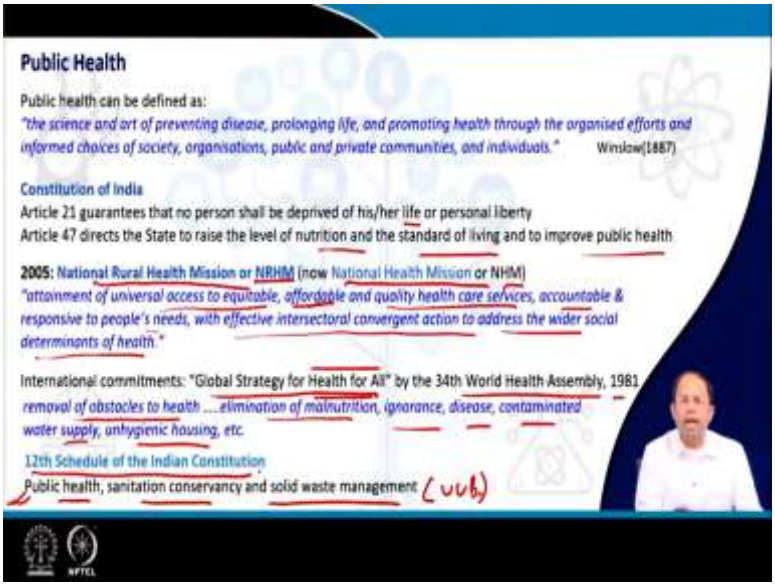
Urban Services Planning
Professor Debapratim Pandit
Department of Architecture and Regional Planning
Indian Institute of Technology, Kharagpur
Module 10
Municipal Health Services
Lecture 46
Healthcare Facility Standards - Part I

Welcome to Module 10 where we will start discussing on Municipal Health Services, and Lecture 46, we will talk about Healthcare Facility Standards and this is Part 1 of the lecture.

(Refer Slide Time: 00:39)

So, in this lecture we will cover certain points which are really in relation to public health, national health standards, URDPFI guidelines in relation to healthcare facilities, national health mission and national urban health mission which was launched in 2013 and finally the national health policy 2017.

(Refer Slide Time: 01:03)



Now, starting with public health Winslow has defined public health as the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private communities and individuals. So, that means we are not only trying to, we prevent disease but we are trying to improve the life or extend the life.

We have want to promote general good health. So, it is not only, when we talk about public health, it is not only about curing some disease or preventing some disease but also improving the quality of life, improving the overall wellness of a particular community. The constitution of India also in its different articles such as article 21 guarantees that no person shall be deprived of his or her life or personal liberty.

So, this life is not only the physical life that we are talking about but also the like the quality of life and different aspects regarding the overall wellness of life and the article 47 also directs the states to raise the level of nutrition and the standard of living and to improve public health in different areas.

Now, accordingly in the year 2005, the National Rural Health Mission was set up and or this is known as NRHM and now it is of course known as the National Health Mission, so it is not only rural it is both rural and urban, so that is why we have the National Health Mission which is NHM.

Now, the basic motto that was thought out in this national rural or national health mission is attainment of universal access to equitable, affordable and quality healthcare services, accountable and responsive to people's need with effective intersectoral convergent action to address the wider social determinants of health.

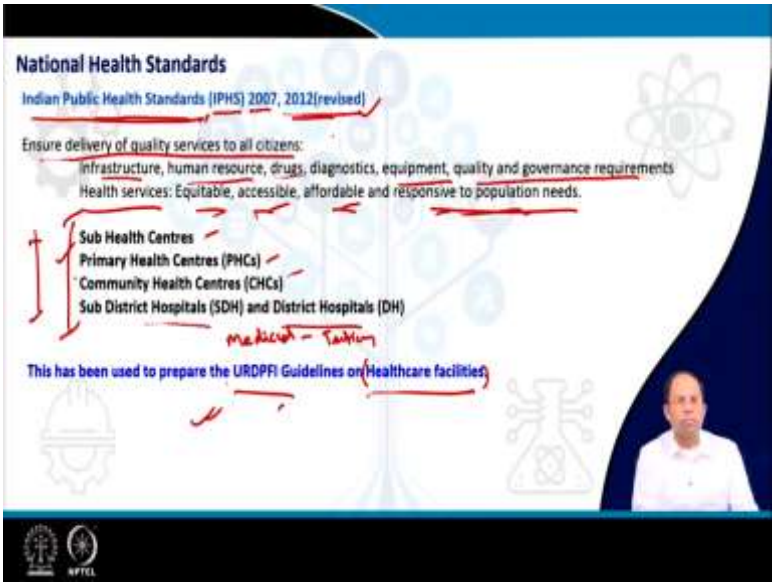
So, again it is not about just physical health but also overall health, and the overall health of the society is also being talked about. And the other thing is it should be universal, it should be universally acceptable. That means everybody should get access to this, it should be affordable and also the healthcare should be of particular quality. It should be proper quality.

Now, whenever a government sets certain some missions or some programs, the governments are not only aligned with the need for our own country but there are some international commitments as well. So, this 34th World Health Assembly held in 1981, it has talked about global strategy for health for all. So, India is also aligned to this and this talks about removal of obstacles to health, elimination of malnutrition, ignorance, disease, contaminated water supply, unhygenic housing. So, Government of India is also aligned to work in this particular direction.

So, the primary thing that came out is health for all. That means we have to provide universal health care for our population. Now, the 12th schedule of the Indian constitution, this we have discussed earlier, where public health, sanitation, conservancy and solid waste management is one of the key responsibilities which have been given for ULBs after the 74th amendment.

So, you can see that public health is a big part of the responsibilities of the ULB and it has to be as per the following the different the government policies or the government missions and it should also be aligned with the international commitments of the government as well.

(Refer Slide Time: 05:07)



So, accordingly Government of India has set Indian Public Health Standards or shortly known as IPHS. This was set in the year 2007 and also revised in the year 2012 and currently we are also revised that and we have the new guidelines for 2022. Thus we will cover in the next lecture.

But over here, this was the initial this, why we are discussing this because this is where it says what kind of healthcare needs to be provided, what should be the standard of that health care and how it is implemented is not stated over here. It just says it gives us the guidelines and the standards which has to be followed while setting up this kind of facilities.

Now, every ULB or every state or every administrative body for that matters, they can adjust this as per their own convenience or as as per the local context. But overall these are the guidelines which has to be adaptive. So, this kind of guidelines ensures delivery of quality services for all citizens. And what kind of guidelines it talks about?

It talks about infrastructure, what sort of infrastructure should be there in this kind of facilities, what sort of human resource, what sort of number of doctors, number of nurses and all the technicians all these is also listed there. What sort of drug should be available, what sort of diagnostics has can be done, what sort of equipment is required, quality and governance requirements.

Then it also talks about, in general terms, about health services which should be equitable, accessible, affordable and responsive to population needs. So, that means overall these

standards that are designed in such a way so that health services are equitable, accessible, affordable and responsive to populations needs.

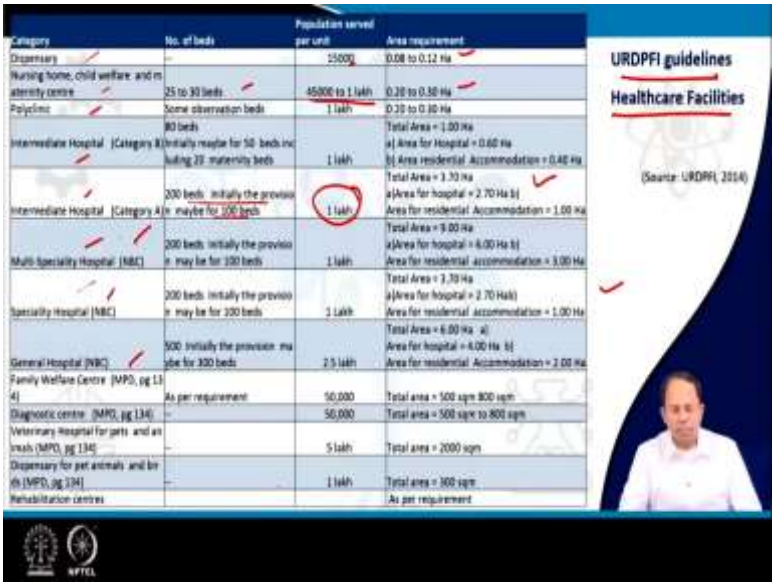
But at the end of the day, we have to create some list of facilities, some list of your infrastructure, some list of human resource that is required to manage this kind of operations. So overall, the standards are given for four category of facilities. One is the Sub Health Center which is the smallest form of your or the smallest way you can respond to population needs.

Then Primary Health Centers, Community Health Centers and Sub-District Hospitals and District Hospitals. Beyond that there are medical colleges you can say which are, which could be called as tertiary facilities, which we will learn later. But over here, in Indian, these IPHS 2012 guidelines, these are the four kinds of categories that we find.

Now, why this is important? Because when we come to urban planning or we talk about the services that has to be provided by our health care facilities in urban areas, this all, this national guidelines, national standards, this actually determined how those should be provided. So, these guidelines has been utilized by URDPFI as that URDPFI gives us urban, gives us actual guidelines what has to be done in the urban areas in regards to healthcare facilities and for other things of course.

But when we talk about healthcare facilities, URDPFI guidelines, the estimates for how much area is required, what kind of healthcare facilities has to be provided, is developed from this National Indian Public Health Standards and based on the recommendations of the standards for this kind of facilities, those has been taken up and accordingly URDPFI have provided their guidelines.

(Refer Slide Time: 09:06)



So, some of this facilities are listed over here, in this particular table. You can see over here. These are the URDPFI guidelines for healthcare facilities. So, it talks about for 15,000, so, 15,000 population there is a need for one dispensary and that has to be has an area requirement of 0.08 to 0.12 hectares, for nursing home, child welfare and maternity centers of 25 to 30 beds. It is population served would be around 45,000 to 1 lakh, again this is the area required.

Then for different categories of polyclinic, intermediate hospitals, different categories are there, multi specialty hospitals, specialty hospitals, these categories are taken from the health standards, the Indian National Health Standards and it is also states how many number of beds would be there and also what kind of population it will serve and the total area required for setting up this facilities.

Now, using this kind of guidelines, we can determine how many of this kind of facilities would be provided in urben area. But it never talks about how what combination of this facility should come and in what hierarchy this should come. So, that also has to be looked into. So, for example, you can, if you go, if you think about the four categories, it actually talks about four categories of hospitals.

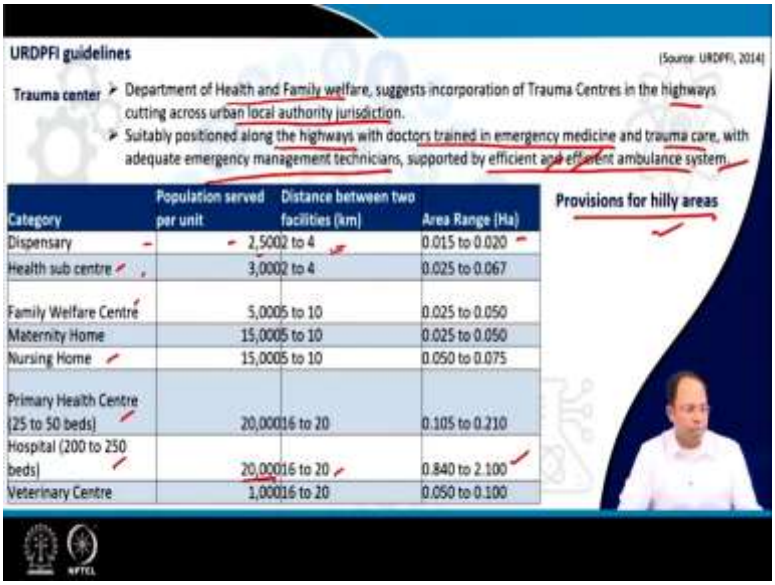
So, you have got district and sub-district hospitals, then you have got primary health healthcare facilities, then you have got this community healthcare facility. So, there are different hierarchy or healthcare facilities. So, over here also, you have to understand that we

can give certain number of beds. Now, some of these beds could be available in a general hospital, some of these beds could be available in a multi-specialty hospital.

So, how many beds are required for the entire urban area that needs to be determined and then we can determine what sort of facilities are required. And that is based on many other things, many other criteria, such as what kind of diseases are prevalent, what do the people want and all these things.

But moral is these guidelines give a very very broad idea about what sort of facilities is provided and for what population what sort of facilities are required. But what happens during overlaps of infrastructure like all these institutes have got different kinds of infrastructure and then there are overlaps, then how do I share that that is not listed here.

(Refer Slide Time: 11:39)



Similarly, URDPFI guidelines also talks about some trauma centers like, for example, as per the suggestions of the Department of Health and Family Welfare, trauma center should be set up along highways and it cannot be just under any ULB's jurisdiction, it has to be under probably the highways jurisdiction. So, that these are provided so that in case of accidents and all, some emergency treatment could be taken up, can be done over there.

So, it should be positioned suitably along highways, at certain locations after certain distances maybe and it should have doctors trained in emergency medicine and trauma care with adequate emergency management technicians supported by efficient and supported by efficient ambulance system.

So, that is how a trauma center should be also designed in addition to the other facilities that we discussed early. Similar to that, for hilly areas, you can see that here the provision of facilities is more aligned with what the government recommends. Why? Because government recommends, the recommendations are for public health.

That means these are government facilities which has to be provided and this is usually for the different vulnerable, for the entire population of the country. But when we come to urban areas then there are in addition to that lot of private facilities then there are a lot of institutions with certain kinds of facilities which are there.

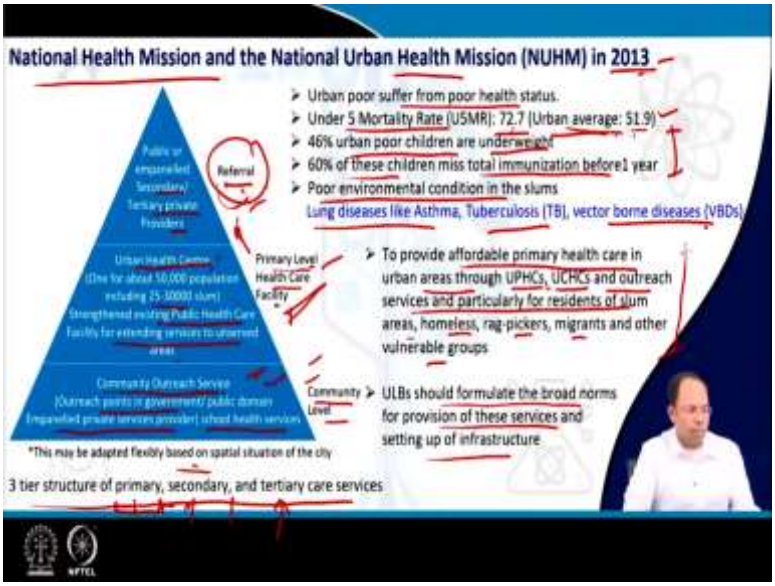
So, those kind of facilities also give additional support to the health care system. So, that is why in urban areas, in addition to basic facilities such as primary health care center, hospitals, you get polyclinics, multi-specialty clinics and so on and some of them are also provided by private players.

Same goes for many dispensaries are set up by private players as well, in addition to government dispensaries. But when you come to hilly areas, usually, it is not a, it may be urban, it may not be, but usually you see the level of facilities are more aligned with what government recommends for provision of public health.

So, that is where you find hospitals are recommended with 200 to 250 beds and this population served is around 20,000 and distance between two facilities are also given because it is a hilly area. So, at least some minimum distance has to be given which is 16 to 20 kilometer and the area that is has to be reserved is also given over here.

For nursing homes, family welfare centers, health subcenters, dispensaries also the number of populations are the distance between two facilities and also the area range are given. Now, why the distance is important? Because hilly areas has got lot of ups and downs, it is difficult for people to travel, you cannot travel long distances, it takes up a lot of time. So, in addition to the population served which could be spread out on a large area, the distance is also given as an additional criteria for determining how many of these facilities are provided.

(Refer Slide Time: 14:44)



Now, next we will discuss about the National Health Mission and the National Urban Health Mission. This has been set up in proposed in 2013. So, as you can understand the rural mission is now converted into national health mission and we have national health mission. We have got two parts to it, the National Urban Health Mission and the National Rural Health Mission.

So, accordingly different budgetary allocations are done for these two missions. Now overall, in the 2013, it was the, this entire this rural mission now got converted into the national health mission and then again urban health mission and so on, the reason is when you really look at our public health, our country is growing, our cities are growing, we are getting more affluent day by day.

So, of course, there are some improvement in healthcare provision, there is growth in the healthcare industries, but the urban poor is still vulnerable, the urban poor still suffers. So, there when we talk about public health, public health system, of course, it should be focused towards the urban poor.

So, accordingly, the national health mission or the national urban health mission focus when this new guidelines came in, then urban, it was determined that the urban poorer, the one who suffered from the most poorest health status and they should be catered to or they they should be the focus of these missions.

Under 5 Mortality Rate in urban areas is around 72.7 percent whereas the overall urban age, urban average is around 50, sorry, not percents, 72.7 out of 1000 parts and all whereas urban average is around 51.9. So, overall it is 51 whereas for the poor it is much much higher. So, there has to be the, some amount of effort that has to be put in to reduce this particular gap.

Now, 46 percent of urban poor children are also found to be underweight and 60 percent of these children also miss total immunization before 1 year. So, as you can understand, lot of children in urban areas really miss out on the healthcare services and that should be the focus of provision of these services.

The other aspect is urban areas also contain lot of slums, a considerable portion of urban areas are slums and usually the slums have got very poor environmental conditions and that leads to lot of diseases. So, we find lot of incidence of lung disease like asthma, tuberculosis and also a lot of vector borne diseases such as malaria and all these which happens in the slum areas.

So, the focus of the national urban health mission is to particularly focus on the urban poor, whereas the other the private facilities and all that are provided in urban areas that are comes up in urban areas, they are also, they are usually not catering to the urban poor, mostly, they are catering to the urban middle class or the urban rich class.

So, that is why government should focus on the urban poor. So, the motto of this particular mission is to provide affordable primary health care in urban areas through UPHCs, Urban Community Health Centers, Urban Primary Health Care Centers and Outreach Services and particularly for residents of slum areas.

So, the services has to be taken to the slums. We cannot wait for people to come to us we have to design systems so that we take our services to the slums, to the homeless, to the rag pickers, to the migrants and other vulnerable groups. So, we have to design our services for these health care services so that we can, we have, we do a lot of community outreach, we can go door to door and we can provide lot of services. So, that we will discuss in subsequent lectures.

So, ULBs should also formulate the broad norms for provision of these services and setting up of different sorts of infrastructure that are required. So, usually, this national health

mission talks about three-tiered structure of primary, secondary and tertian care facilities or services.

So, as you can understand, primary care is the first order. That means it is, whenever you have some problems, you can reach out to the primary care. Secondary care is the next order that means if that is not treatable in this primary centers and all then you have to go to secondary order facilities.

And then there are specialized care where secondary order facilities in an area cannot handle that kind of problems then it has to be sent to tertiary care facilities which could be district hospitals, sub-district hospitals or even multi-specialty hospitals or medical colleges and so on. So, that is how the 3-tier system is being developed.

So, if I talk about this, this is again as a, you can see this particular pyramid, so, at the community level where we really need to do lot of outreach where we have to create this outreach points and we can also provided through public facilities, mostly government facilities but some important private services providers could be also brought in and also school health services are also included in this. So, these are known as community outlet services. This is the tier 1.

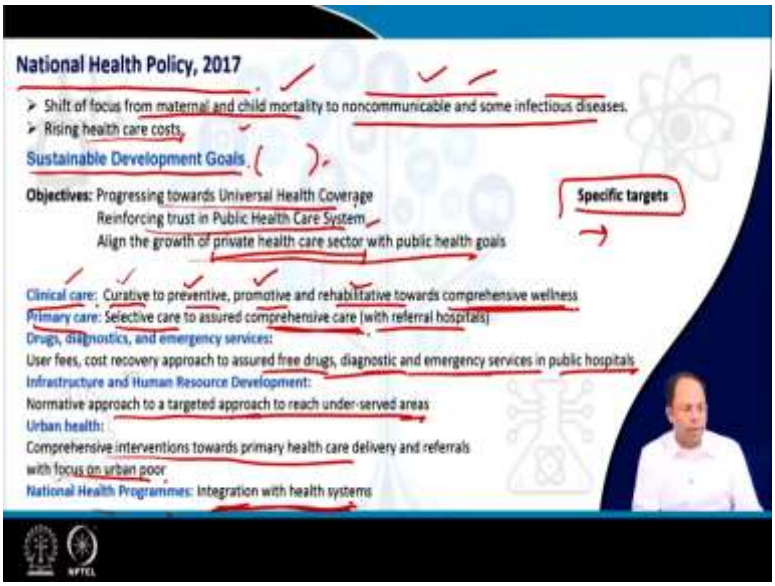
Tier 2 is the urban health center where this is primary level healthcare facility where which is provided like the guidelines suggested on one in 50,000 and but in slum areas it should be around 25 for every 25 to 30 thousand residents, in slum ares there should be one of this. And this should strengthen the existing public health care facility for extending services to unserved areas.

And finally, referrals are public or internal, secondary, tertiary private providers which are referred to from this health care centers where these people can go and then they can actually keep on continuing with that treatment. So, that means earlier, this linkages were not there. The new policy said that there has to be reference.

That means if your health, your disease is not treatable here, those would be referred to the upper level where you can go and can treat your disease. But you have to go step by step. So, the community or outreach is actually where we reach the people's homes, particularly, for the poor homes and we provide services, lot of maternity services, lot of basic healthcare services, a lot of avadencenation (())(21:17) can be created in this through this.

The second is the actual, the first responder you can say, that is where you first, in case of some problem where you first go that is the primary health care level and the final is the referral level or higher order facilities where people can also go.

(Refer Slide Time: 21:36)



So, the national health. So, based on all these changes that is happening and based on this national health mission and all, the government has come up with a new National Health Policy 2017 which gives us direction on how we should design our health care services. So, the first big point is shift from maternal and child mortality. Because this was a target during the last 20, 30 years that we were trying to improve maternal health and child mortality.

Now, we are okay, we are now growing, our country is growing, our economy is growing, so we can move beyond that and we are now looking into non-communicable and some infectious diseases. So, there are incidents of lot of non-communicable diseases and also some infectious diseases. So, that is what should be our focus now. So, we are moving, we are not leaving this, that is already there but now we are also focusing on this.

Now, the other issue that we should be really looking into is because our health care cost. The healthcare cost is rising very very fast, keeping pace with the international and the national different drug producers, different kind of service product provision and so on. So, it is becoming very difficult for the poor to afford this kind of services. So, the national policy should be such that or should be provided these services to as much freely as possible.

So, in addition to that again looking into the international commitments, we have moved on from the millennial development goals to the sustainable development goals and sustainable development goals talks about inclusion of all groups and provision of health for everybody. So, that is the focus of the national health policy as well.

So, three objectives, primary objectives progressing towards universal health coverage. So, we have to gradually progress to that. It cannot be possible in one day. But we have to reach there. Reinforcing trust in the public health care system. People have started feeling bad about the public health care system.

They know that it is inefficient and so on. But we have to bring back people to the system and the public health care system really need to be upgraded and align the growth of private health care sector with the public health goals. So, that means we have to also do some, take some measures so that the private health care sector is also aligned so that the overall national public health can be matched.

In addition to that there are a lot of specific targets which are given in terms of how much should be the mortality rates for maternal health care, different parameters of maternal health, child mortality and other things that are also given which are specific targets that we have to reach, attain this within a certain time frame.

Now, in general if I talk about the national health policy, in regards to the clinical care part, we are moving on from curative to preventive, promotive and rehabilitative so that we reach comprehensive wellness. So, that means it is not only curing of a disease but also taking measures which prevents a disease in the first place.

Promotive means in addition to normal disease treatments and all there should be other wellness health promotions and all which should promote the overall health of the people or promote wellness among the people and also rehabilitative to a and also rehabilitative measures in case something has happened.

So, how to total go for rehabilitation and so on, so that overall wellness is achieved. So, that means that is the first way we are now changing focus in the new national health policy. Then primary care. So, instead of selective care, we have to move on to comprehensive care so that it the entire, once a person comes with his problems, it should be treated to the the last the maximum possible extent.

So, with referral hospitals connected with primary health centers and so on, so, we have to provide comprehensive care. Then drugs diagnostics and emergency services. User fees, cost recovery, earlier it was we have to collect some amount of user fees, some amount of cost recovery has to be done to make the system sustainable.

But now, we are, as because we are looking into sustainable development goals, universal health care, we have to provide free drugs, diagnostics and emergency services in public hospitals. So, now in all public hospitals, we are not these medicines, diagnostic services, emergency services are all free. Infrastructure and human resource development has to come.

It should be following a normal, instead of a normative approach, to a normative approach that means that following a distribution, we can say that, okay, we will focus on this particular area and so on, it should be a targeted approach, for some vulnerable groups and all, instead of for everybody, instead of for all areas, we should select vulnerable groups, unserved areas and then we should provide our services there so that we can bring them, we bring these people up.

And for in regards to urban health, comprehensive interventions toward primary health care delivery and referrals with focus on urban poor. And national health integrate with this national health programs like the national, rural and the urban health missions and all, there should, it should be integrated with the healthcare facilities and the health system and then accordingly the all budgeting, all infrastructure creation, infrastructure provision, all these things should be aligned so that we can give better quality of services. So, that is what the national health policy is all about.

(Refer Slide Time: 27:35)

So, these are some of the references that you can study.

(Refer Slide Time: 27:41)

To conclude, healthcare facility standards for urban areas are defined by the Indian Public Health Standards which in turn help us to formulate the guidelines for their implementation in urban areas. And these standards are based on the overall national health policy and needs to be modified gradually considering the growth of the country, economy and the living standards and aspirations of the people. Thank you.