Urban Services Planning
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Lecture 48
Urban Health Services Part I

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Welcome back in lecture 48, we will cover urban health services and this is part one of the lecture.

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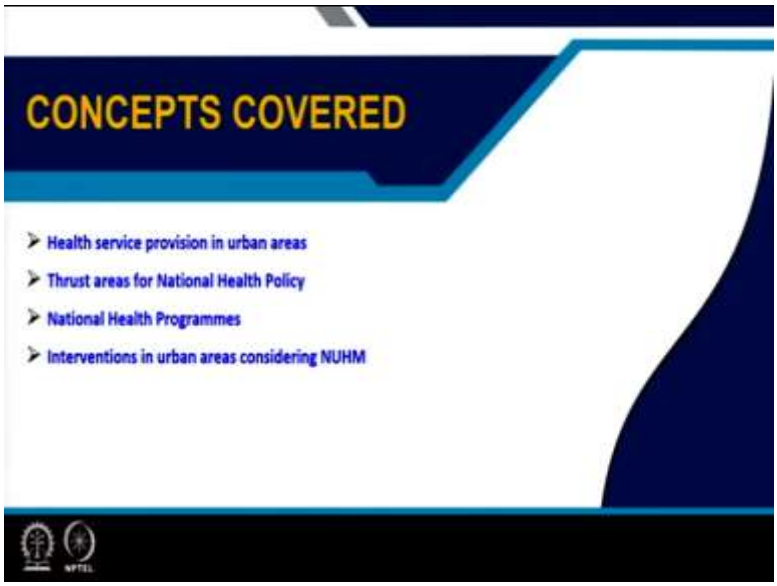

The different concepts that we will cover in this particular lecture are our health service provision in urban areas, thrust areas for the national health policy, national health programs and interventions in urban areas considering NUHM.

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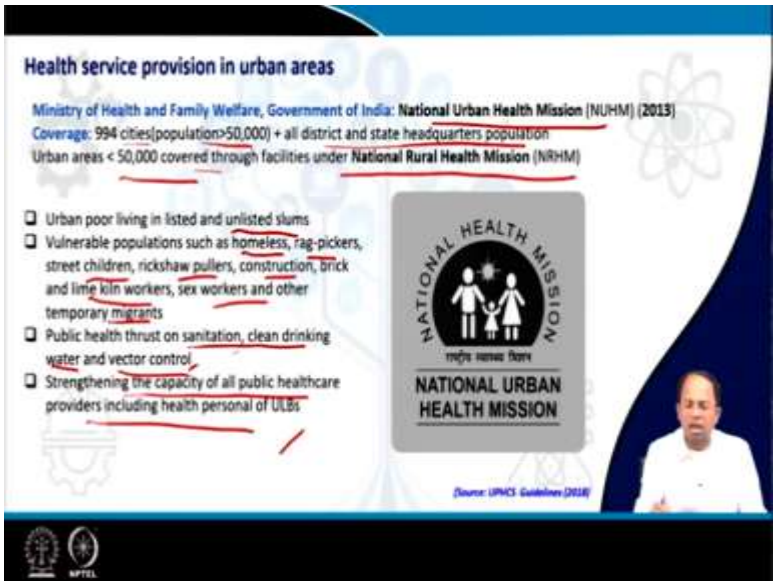

So, as we know, as we have already learned about the provision of health centers in urban areas, and we have also learned briefly about the different national urban health mission as well as the national health mission and the national urban and rural health missions.

So, Ministry of Health and Family Welfare, Government of India has launched this national urban health mission in the year 2013. And the reason it was launched, it was made separate from the rural mission was because there has been a lot of in their specific problems in the urban areas in regards to health, and particularly the most defected at the urban poor, who lives in listed as well as unlisted slums.

And in addition to that, there are a lot of vulnerable population in the urban areas such as the homeless people, rag-pickers, street children, rickshaw pullers, construction and brick lime kiln workers, sex workers and other temporary migrants who does not really have a place, a permanent place to live and that is why some of them live in unlisted slums or even they squat in certain areas of this city, where they find someplace where they can, you know, put down some of their meager belongings and all.

So, how do you provide health care services for these people because they either have a fixed area or sometimes they also change their area and so on? So, this is why the National Urban Health mission has been developed in specifically to cater to this population groups or these vulnerable population groups. So, in addition to that, the other aspects that are covered are of course, on public health in general, which is include sanitation, provision of clean water supply and control of vector borne diseases.

So, we will not cover vector borne disease in details here, we will cover that in some other module. But in general, these are the different areas in addition to provision of direct healthcare services; these also are taken up together so that the overall well being of the residents can be achieved.

So in addition to that strengthening the capacity of all public healthcare providers including health personnel of the ULBs because until unless we are very trained health manpower, we cannot provide proper services. So, this is the areas where this is the reasons why the urban rural from rural health mission to we have now provided general health mission and then within that we have now have national urban health mission for urban areas as well.

So, right now, the health mission covers around 994 cities with population greater than 50,000 and in addition to that, all district and state headquarters have been covered under this particular urban health mission. Now, in there are some cities which are less than 50,000 people, which is very small cities and all. In that case, it is difficult for the urban local body to have all the infrastructure and facilities to provide this kind of services.

In that case, it the all the provision work is being done by via the state government's health department in conjunction with the ULB of course, but it is done as per the standards and all as per the norms of the National Rural Health Mission. So, smaller urban areas falls directly under the National Rural Health mission, whereas larger urban areas fall under the National Urban Health Mission.

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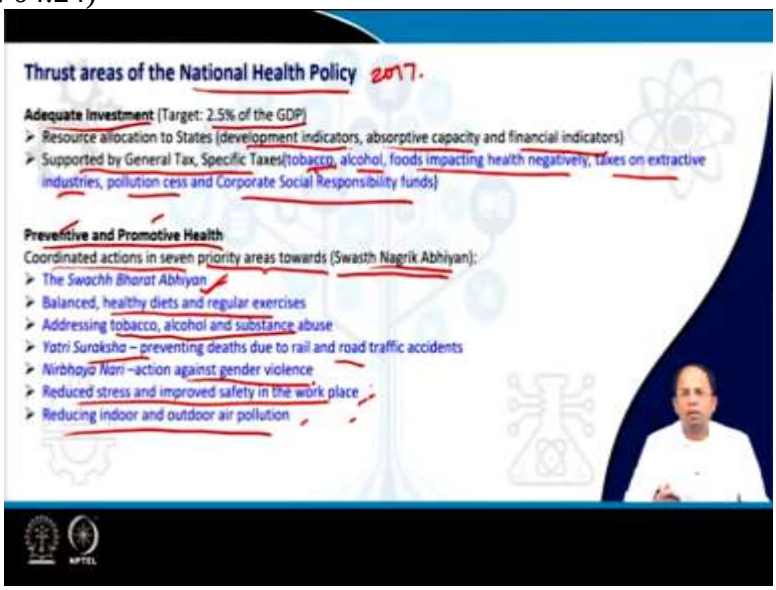

So, some of the thrust areas that the National Health Policy which was launched in the year 2017 talks about the first one is that we have to increase investment in health. So that means that right now, the target is around 2.5 percent of the GDP of the country. So which is the target of course, we are not there yet, but we are trying to achieve that target.

Now, the directly the central government allocates resources to the state and that allocation is done based on multiple factors. First of all, it considers multiple development indicators on how the state is growing; how it is improving the health care services and so on, absorptive capacity that I can put in money but it will not it is not it would be impossible to spend that money. So, it depends on the absorptive capacity as well as other financial indicators like utilization and all these things, which determines how much money should be allocated to the states.

So, directly the money comes from the central government and the state governments after it gets its share, it will allocate the resources to the different ULBs as per population as per the size of the unity and so on. As per size as well as incidence of certain diseases or certain other factors, you know certain factors which will determine how much money should go to particular ULB.

Now, the money that is collected or where do we generate this money that is spent for health care, so, usually, it comes from the general tax of the country as well as some specific taxes targeting tobacco, alcohol, food impacts impacting health, then taxes on extractive industries pollution cess and Corporate Social Responsibility funds. So, these are the areas from where we

can collect some extra money and which we can utilize for providing adequate health care enough in different parts of the country.

Now, one of the focus of the national health care policy as we have already discussed earlier that we are trying to provide pre health care diagnostic services that curative some amount of medicines these are provided free of cost along with that, we are looking at a comprehensive health care policy that means we are providing comprehensive health care services covering job community based services and until the tertiary services like you know, various very specialized medical health care and so on, in between there is primary care, secondary care and so on.

Now, but the basic change from earlier is to go for preventive and promotive health care, that means you are not only doing curative health care, that means in case of ailment, you go to the health center, you are treated for it so that is the curative plan, but when we are talking about preventive and promotive that means you are taking measures to prevent certain healthcare problems or prevent an outbreak of a particular epidemic, or promoting health means you are doing some campaigns, you are doing certain educational programs, you are doing some training programs, like you are doing conducting yoga trainings and all these things, so that you promote better health in the society.

So, this calls for coordinated actions in seven priority areas and the, an overall our target is to achieve Swasth Nagrik Abhiyan and it is the program is known as Swasth Nagrik Abhiyan. So, that means we are trying to create healthy individuals or healthy citizens you can say.

So, this seven priority areas are of course, the coordination has to be with the Swachh Bharat Abhiyan, because health cannot be achieved just by providing good health care services, but also by overall cleanliness or overall sanitation and proper water supply to that area, so, that is why Swacch Bharat origin is directly linked with this kind of services, then balanced healthy diets and regular exercise promotion of this kind of things and then addressing tobacco, alcohol and substance abuse from other sides that is prevent all the negative you know things which deteriorate health.

Then Yatri Suraksha so this is to improve the safety in rail and roads. And then Nirbhaya Nari action against gender violence to get to protect our female, the female gender, then reduce stress and improve safety in the workplace and then reducing indoor and outdoor air pollution. So,

these are the different areas of intervention, you can say or you can say that these are the in along with health improvement, these are the areas which also needs to be improved, so that the overall health and wellness of the society improves.

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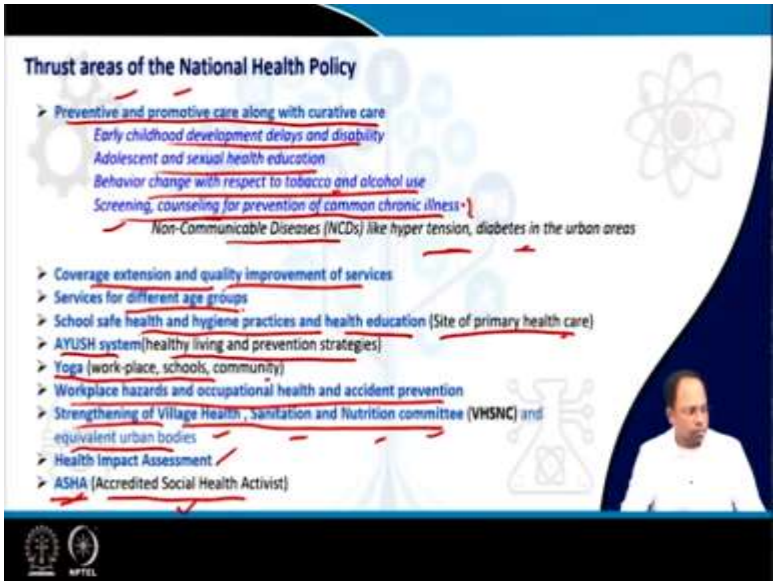

Now, within that, once we are talking about this preventive and promotive health care approach, we also have preventive and promotive care along with curative care that is what has to be provided. So what kind of care we are talking about, so early childhood development delays and disabilities has to be looked into, adolescent and sexual health education, behavior change with respect to tobacco and alcohol use and screening counseling for prevention of common chronic illnesses, such as non communicable diseases such as hypertension, diabetes in urban areas.

So, you see in Indian urban areas, there is a lot of incidence of hypertension, diabetes, these are lifestyle diseases you can say. So along with that, so understand which people are vulnerable for this to do screening based on certain kinds of direct diagnostic or to certain test and all and then counseling people that okay, this is how you can avoid these kinds of things so on.

So this is one big part of, you know, how you approach healthcare, then how do you change behavior of people so that they do not you know, gradually reduce use of tobacco, alcohol and so on, and all the other aspects as well. So, that is how you achieve preventive and promotive healthcare along with curative care as well.

Now, in addition to that, overall, the health policy focuses on coverage extension of services that means all communities all groups are covered and overall improvement of services, different age groups has to be looked into separately, because each has got different kinds of needs, then the schools should be the school itself should be a site of primary health care, that means the school itself should be an area from where health care provision starts and promotion of safe health and hygiene practices and of course, provision of health providing health care education in the schools itself.

Then the AYUSH system as you know, ayurveda then your own unani (())(11:02) homeopathy, yoga, all these things should be made part of the healthy you know will to promote healthy living, and certain other lifestyle diseases and all could be prevented using this kind of measures or so the AYUSH system has to be linked with that standard medical or the primary health care as well.

Then practicing yoga in workplaces, schools and community, workplace hazards and occupational health and accident prevention we talked about that. Strengthening of village health sanitation and nutrition committee, and their equivalent in urban local bodies, so basically, we are focusing on health sanitation and nutrition and there are committees formed on that so that those could be improved together in the both rural as well as urban areas.

Then Health Impact Assessment, any kind of projects that would be undertaken what would be its impact on the health earlier we used to do on the impact on environment and all, but we also have to see how it will impact health as well.

And finally, we are talking ASHA that is accredited social health activist, so creating a manpower which acts dedicated manpower to actually deal with the communities or to engage with the community so that we can provide healthcare directly to a person's home. So, that is why this ASHA activist has been formed and this they are the ones who are taking health care to the people directly.

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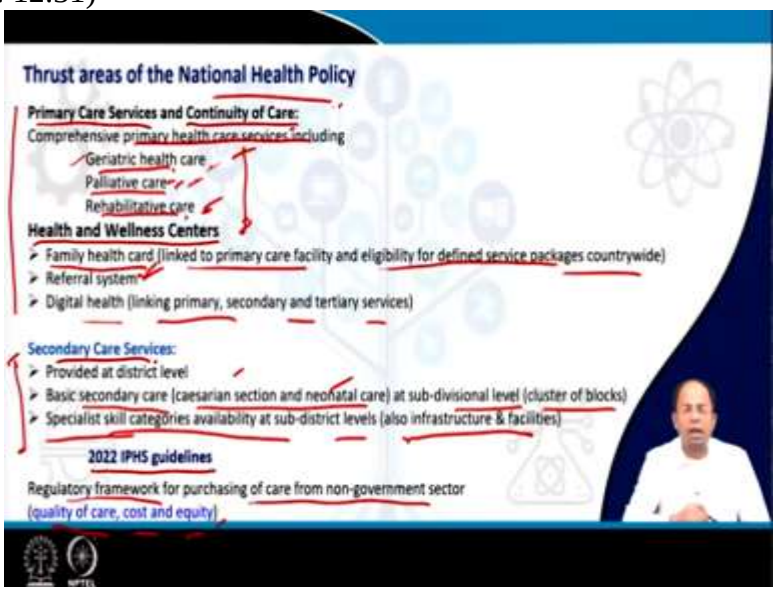

So, when we talk about the different levels of care, the care should start from primary care of course, and this care also needs to be continued as well. So that is the care should not stop at the primary level, it should be continued to other higher levels as well. So comprehensive primary health care includes both along with curative care, geriatric health care, palliative care, rehabilitative care, so we have talked about promotive, preventive curative, this kind of care along with that, we should look into the care for older people, all the different (age), problems that arises with health, with old age so that is why it is known as geriatric health care.

Then palliative care, usually palliative and regenerative rehabilitative care is for the old people themselves, for example, in certain kinds of diseases like cancer and all it usually affects the older population, so, in those cases, how to provide continuous care for this kind of people who are suffering from this kind of diseases, so that is palliative care and rehabilitative care is also for like somebody who has certain problems that are happening, like you have some fall has happened with an older person, how to bring him back to you know, again, a to 100 percent capacity, all these things are part of the rehabilitative care.

And other is somebody has faced certain kind of trauma and all these things, all those people how to treat with those. So earlier this were not the focus only curative part was our focus but all this has now come into focus as well.

Now, that is why Primary Health Care Centers are now known as health and wellness centers. So both primary health care centers, community health centers, as well as the services are known as health and wellness centers.

So we are overall we are trying to achieve overall health and wellness for the people. So, within this we are having a family healthcare has been introduced. And this links the individual with a primary health care facility to which he belongs. And also it defines eligibility for certain kind of service packages in the entire country that means we will see can also avail services in other states or other places where you can use this card to go and avail these services.

Then the reference system that means we should not stop suppose somebody goes to the primary health care initial your curative care and all these things are given, but at the same point of time, it requires these cases to be referred to higher order facilities. So, there has to be a robust referral system that means, when a person goes from a lower order facility to higher order facility, there should be continuity of both the diagnosis the data that is that has already been generated and so, that it is a seamless service can be provided so, that is why the referral system is very, very important.

And then the digital health which links and of course, all these tools are supported by a digital backbone, which can link the primary, secondary and tertiary services so, that you get seamless service.

Now, from primary of course, the people are referred to the secondary care services, this is provided at a district level or even at a sub-district level. So, here basic secondary care such as caesarian section and neonatal care is provided at the sub-divisional level or at the level of clusters and blocks we have discussed this in our earlier lecture. And specialist skill categories are also available at the sub district level sometimes there are different kinds of centers.

So, some with basic skills like for delivery and childcare and you know, very neonatal care very small childcare, whereas, specialist skill categories are also available and for all this specific for this, whatever infrastructure and facilities are required like for conducting certain kinds of operation or certain kind of diagnostic you require certain kind of infrastructure and facilities or maybe presence of blood, you know, this blood donation as well as the blood processing centers or blood bank centers, so, all this has to be there as well.

So, this is where the secondary care services are little bit different from primary care. So, here most of this can be done, but in case this is not, you cannot do certain kinds of operation and all at the secondary care level, you have to refer to the tertiary care level very, super, very critical cases and so on.

So, the 2022 IPHS guidelines include the way this hierarchy works or how these facilities are organized at the urban level, and we have discussed that in our earlier lecture. The other thing is, this, the hill policy also talks about a regulatory framework for purchasing of care from the non-governmental sector, that in our particularly, this is important in urban areas, because we have got many private hospitals, small nursing homes or you know, certain kinds of clinics which are coming up in urban areas, because there is a general profit motivation for the people who are setting up this kind of clinics or hospitals or centers and so on.

But at the same point of time, there has to be some regulation so that people are not overcharged so that people get proper quality care and so on. So, that is why quality of care, cost and equity who gets to avail this kind of services, all this should be considered and accordingly regulation should be taught. So, that is also part of the convert of the national health policy.

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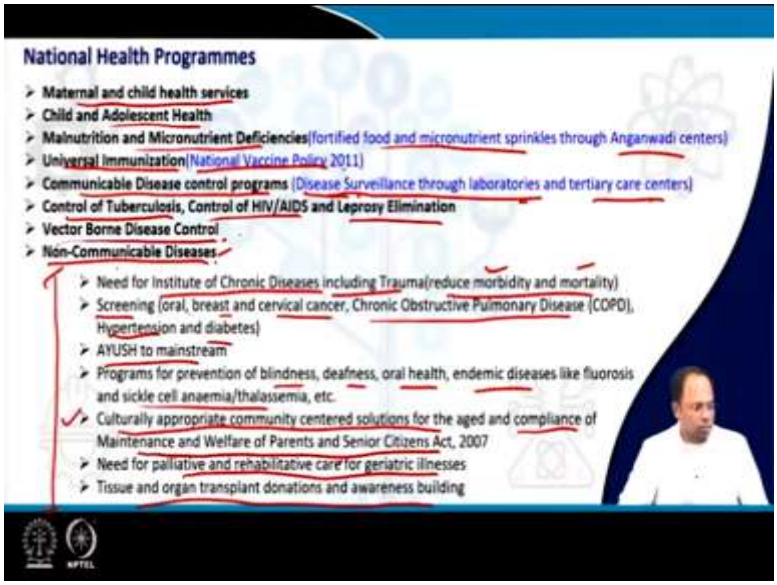

So, from the policy there, it has to be made into certain programs. That means under this kind of programs are run at the different ULBs at the different health care centers, or in the in how, what kind of programs are run. That means, if suppose I am going for Vector Disease Control, there is

a specific program for that, or we are talking about immunization program that is a specific program for that. So, these different kinds of health services that are provided as per the National Health Policy has to be provided via certain programs. So, these programs are specific to certain kinds of diseases or certain kinds of activities.

Now, for example, some of these are maternal and child health services this is a separate program, Child and Adolescent Health Services, Malnutrition and micronutrient deficiencies are also looked into for example, fortified food and micronutrients sprinkles are provided through the Anganwadi Centers, so that is a separate program.

Universal immunization program from there the National Vaccine policy has been developed in the year 2011, then communicable disease control program, so that diseases which could be communicated from one individual to another, there we have, we have to set up disease surveillance through a system, where different laboratories and tertiary care centers are involved, so that in case certain incidents that have been happening, we have to keep on monitoring that, so these kind of surveillance programs has to be done so that we can limit the spread of this kind of diseases.

Then other than that, programs on control of tuberculosis control on HIV/AIDS and leprosy elimination, and then vector borne disease control is another program and non-communicable diseases are another program.

Now, non-communicable diseases is something which is new in this is new national health policy or even you can say in the national urban programs, this part is new that means focus was there earlier but primarily now we are looking into a broad aspects of non-communicable diseases. For example, there is a need for Institute of chronic diseases, which could also include trauma, this for this will reduce morbidity and mortality that is both death as well as chronic suffering and all so, that is morbidity and mortality is death.

Then screening of oral, breast and cervical cancers, chronic obstructive pulmonary diseases, hypertension and diabetes, so, that we do these kind of screening activities in the community. So, that we know if these are increasing or decreasing or we can take measures to reduce those. AYUSH has to be brought to mainstream, so, this is again part of you know the treating non-

communicable diseases, programs for prevention of blindness, deafness, oral health, endemic diseases like fluorosis and sickle cell anemia/thalassemia and so on.

Then culturally appropriate community centered solutions for the aged and their compliance of course in compliance with the maintenance and welfare of parents and senior citizens acts of 2007. So, that means we provide very specific kinds of services for specific groups and all and as and also we follow it provide it as per certain standards like this one, then need for palliative and rehabilitative care for geriatric illnesses and tissue and organ transplant donations, and awareness building so that people voluntarily donate tissues and organs which will be utilized for other people.

So, these are some of the aspects of the non-communicable disease program, which are covered it these are the different aspects, which are covered under the non-communicable disease program.

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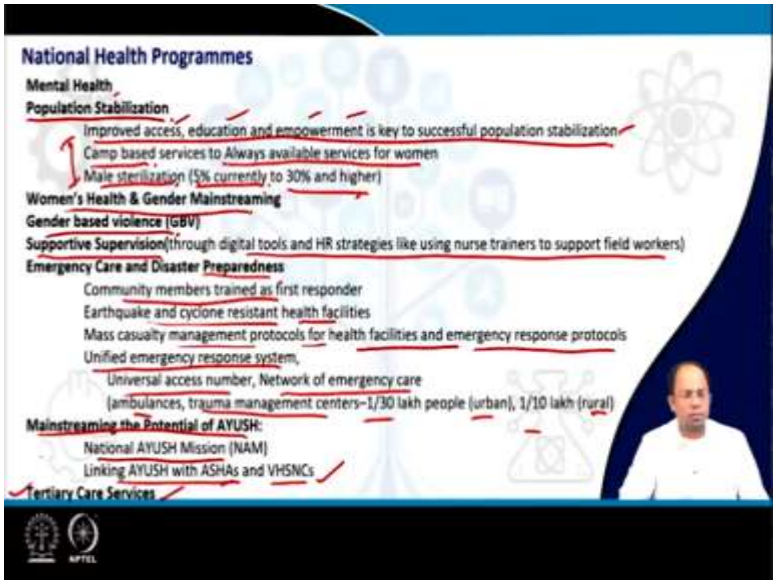

Then along with that, there has been focused on mental health because a lot of people in urban areas suffer from this issues or not again in urban areas in rural areas as well, then population stabilization is a big part that is how do I stabilize my population? Or in India's case, how do I reduce population or achieve that? That 2.1 figure of 2.1 for the birth rate figure, so, to do that the basic concept has been earlier it has been in how many child you know how many for two

persons two parents, there are two children should be adequate. So, there has been different programs that are run earlier.

But, in general, we should talk about that to stabilize population, we have to actually improve access to health care, education has to be improved and empowerment. So, these are key to successful population stabilization instead of sudden post measures. So, other earlier there were camp based services on, on certain kinds of sterilization program for both women and men. And but now, it is instead of camp based services, which is like where you temporarily organize a camp or certain kinds of facilities, so, that people can come and this stabilization can be achieved.

But now, instead of that, the focus is this kind of services are always available for women and whenever a woman can want to have a sterilization she can come and do it. And similarly, male sterilization usually in our society, it is not that detail, it is not current practice to a large extent, but if there is a target from the government, from 5 percent currently to make it around 30 percent on higher, but all this should be voluntary, that is what is being said and it should come from the education or the empowerment of the people themselves. So, that is what has to be achieved instead of forcing people into certain kinds of things.

So, women's health and gender mainstreaming, these are other aspects that other programs that are covered gender based violence, how to reduce that and all. Supportive supervision, like through digital tools and HR strategies like nurse trainers to support the worker. So, these are other aspects, how do you create a good quality staff and all so, that has to be done by a supportive supervision.

Emergency care and disaster preparedness so, this is another area which earlier they were the focus was less like, community members should be trained as first responders in case of earthquake and cyclone there should be health facilities which would operate in those kinds of disasters as well. Then mass casualty management protocols in case certain big accidents happen a lot of people die, how to deal with that? So, for both for health facilities as well as emergency response protocols has to be formulated.

And finally, a unified emergency response system so that there is no doubt or no confusion during an emergency, such as there has to be uniform universal access number, network of

emergency care. So all these things has to be ready that means as soon as something happens, it has to be deployed.

For example, ambulances to be deployed, trauma medical centers has to be made operational and the usually the norm is around in urban areas one trauma center for 30 lakh people whereas, in rural areas it should be one for 10 lakh people, you have to create this kind of trauma centers.

Then mainstreaming of potential of AYUSH for that we have the National AYUSH Mission and linking AYUSH with ASHA and this VHSNCs and then provision of tertiary care services, so, these are the different, this is the village sanitation and nutrition that program that we are talking about. So, link ASHA with that link with AYUSH with ASHA and ASHA volunteers as well as VHSNCs and finally, provision of tertiary care services.

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So, some other health programs, other aspects of health programs that are also looked into is human resource and education for health, capacity building and skill development of the people who would be providing this kind of services, financing and purchasing of healthcare services, how to facilitate that? Collaboration with non-governmental sector and engagement with private sector, corporate social responsibility, then digital health, health research, health service and drug innovation and discovery.

So, these are the more other aspects that means, this is not directly related with provision of health care, but more about developing the overall healthcare system and pricing of drugs, medical devices and equipment, so that it is affordable and overall legal framework of provision of healthcare services. So, these are supporting aspects of developing the overall healthcare program of the country.

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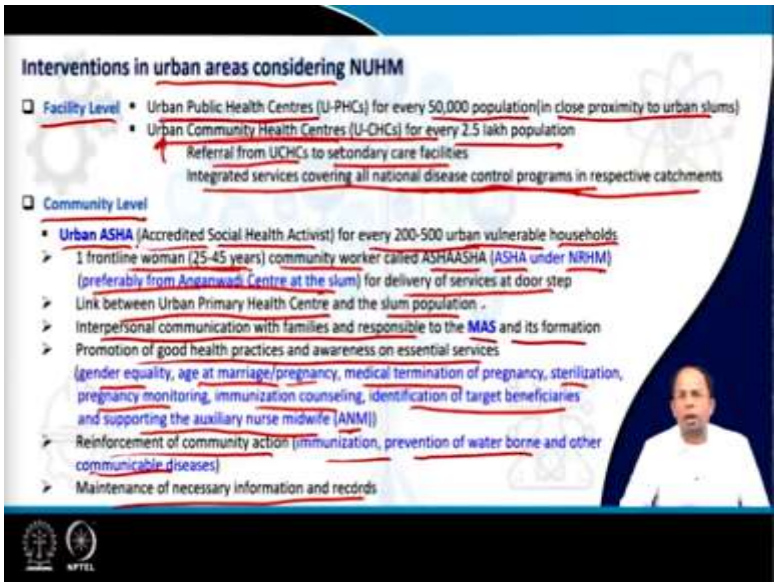

Now, coming to interventions, direct interventions in the urban areas, earlier we have talked about the different facilities and their standards or how much has to be provided for how much population now to bring it down to actual values that is in the facilities that has to be provided in urban areas, which are urban public health care centers, this is provided like for every 50,000 population, this has to one has to be provided and this has to be in close proximity to urban slums, this we have discussed earlier.

And urban community health centers, this is some of the functions is similar, but this is a little higher order facility which can do certain kinds of this operations and all these kinds of activities, it is provided for every 2.5 lakh people and the it referral is from the is from this from Urban Community Health Care Centers, you can refer these patients to the secondary care facilities and integrated service covering all (disease) national disease control programs in respective catchments can be provided from this urban community health centers.

So, this is the core this public health centers are where you actually deal with the people at the grassroot level or at the community level whereas, these are a little bit higher order facilities and these are responsible for running all the different national programs including disease control programs in the different catchment areas.

Now, one big change now is that we are bringing our services to the community level. So, that means for to do that we have already talked about Urban ASHA which is known as this ASHA full form is accredited social health (activities) activist. So these are volunteers or you can say not volunteers, they are these are selected by a committee or prepared by different members from the Primary Health Care Center as well as from representatives of the will be and so on.

So, these are activists and these you can say that they their work is voluntary, but they are also reimburse certain extent. For every 200, 500 urban vulnerable households, one ASHA member is being selected and one frontline woman, usually it is a woman member with 25 to 45 within 25 to 45 years of age. And she is a community worker and known as ASHAASHA this is for urban areas where in rural areas, they are known as or under the rural program, they are known as just simple ASHA.

And usually they are selected from the anganwadi center at the slum level. And they provide the services or to this towards the services as well. So they are the link between urban primary health center and the slum population because sometimes people fear to go to the health centers, or they are not even aware that they are suffering from something they feel that it is normal.

So that is where the it is the job of the ASHA to come in and you know, educate people, engage with them and then link them with the Primary Health Care Center. So she does interpersonal communication with families and is also responsible to the MAS which is the mahila arogya samiti and we will discuss that and also formation of that MAS. So, these are community groups which are created in the villages, which helps in you know, make building consensus or helps the ASHA in carrying out her services.

So, overall job is to promote good health practices and awareness on essential services such as gender equality, age at marriage, pregnancy, medical termination of pregnancy, sterilization, pregnancy monitoring, immunization counseling, because people also fear immunization, even

during COVID we found people were fearful of taking the COVID vaccine, their identification of target beneficiaries and supporting auxiliary nurse midwives ANMs.

So, these are you know, healthcare workers coming engaged by the primary health center who come and do certain kinds of camps or certain kind of programs in the communities to do face or link this kind of, you know, auxiliary nurse midwives with the community that is also the job of ASHA.

Reinforcement of community action like through immunization, prevention of waterborne diseases and other communicable diseases and maintenance of necessary information and records. So, that we get this kind of records will be available for further analysis or further improvement of the program.

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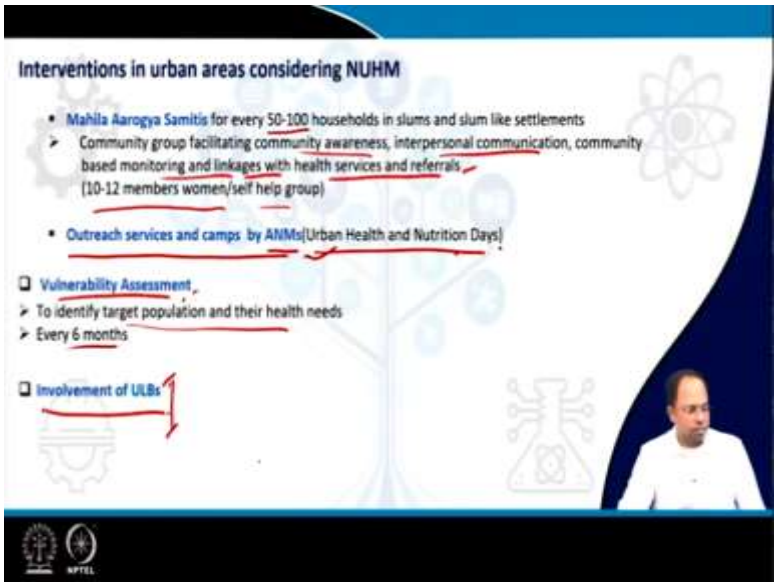

So, as we are saying Mahila Arogya Samitis are created for every 50 to 100 households in the slums. And this is a community group which facilitates community awareness, interpersonal communication; community based monitoring and linkage and health service and referrals.

So, they are the ones which provide information to the ASHA or they are the ones which take whatever the ASHA is, what kind of services he wants, if he wants to communicate to the community, these are the ones who take it further or spread the message to the community as

well. So, this is the 10 to 12 members women self help group within the slum itself, and they are selected to certain extent by the ASHA or with certain other members of the community.

So, in addition to the Mahila Arogya Samitis there or the work done by the Mahila Arogya Samitis as well as the ASHA, there are certain outreach services and camps, which are conducted in the slum areas in all this is done by the ANMs and these are also known as urban health and nutrition is where certain kinds of programs could be done certain kind of distribution of certain medicines could be done all this could be taken up at certain specialized promotions or certain specialized campaigns should be also conducted.

Now, in addition to all this, there is a need for vulnerability assessment as well where in we are dealing in addition to the facilities and all that we are creating also the community engagement that we are creating, there is a need to do vulnerability assessment of the urban population. So, this is where we identify target population and their health requirements that what sort of health services are provided in certain areas of the city or in for that particular urban area and this can be done repeated at certain intervals, maybe six months, and that actually helps us to identify what kind of services has to be provided.

And eventually all this is under the control of in larger cities under the control of the municipal corporation or the health department in conjunction with the ULBs can provide all these services. So at the end of the day, it is the ULB which facilitates or which coordinates all these different actions in urban areas.

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So these are some of the references you can study.

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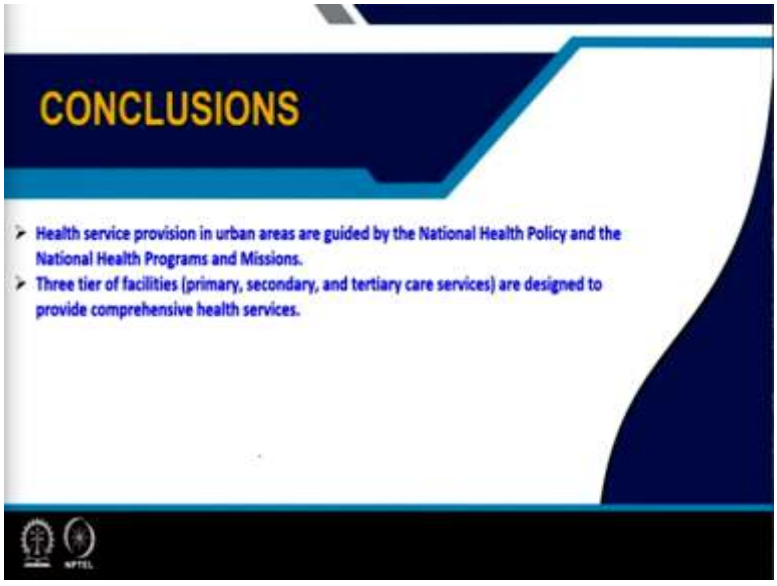

To conclude, health service provision in urban areas are guided by the National Health Policy and the National Health Programs and Missions and three tied-up facilities primary, secondary and tertiary care services are designed to provide comprehensive health services in urban areas. Thank you.