Urban Services Planning
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Lecture 49
Urban Health Services Part II

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Welcome back in lecture 49 we continue with the second part of urban health services.

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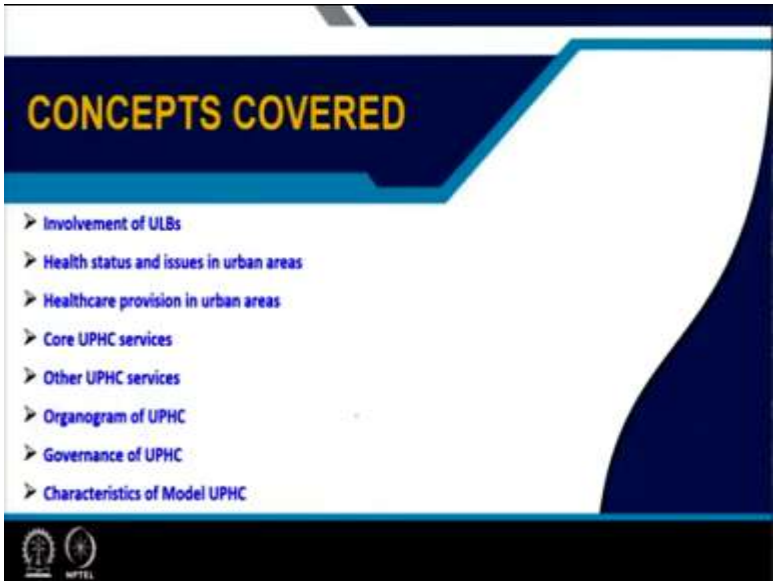

The different concepts that we will cover in this particular lecture are involvement of ULBs, health status and issues in urban areas, healthcare provision in urban areas, core UPHC services, other UPHC services, the organogram of UPHC, governance of UPHC and characteristics of model UPHC.

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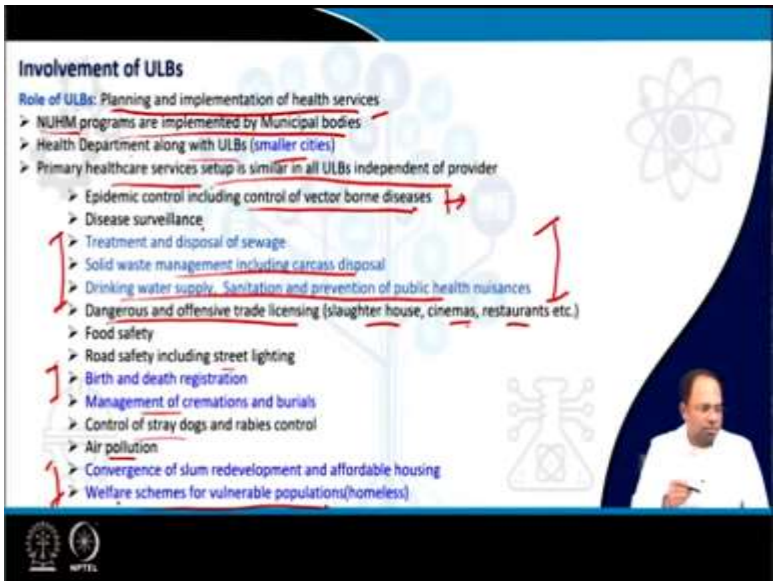

So, as we discussed in our earlier lecture, that it is the ULB which conducts all the different programs, it provides all the finances for conducting all these programs and all and in large urban areas is the municipality who, which is in full charge of conducting all healthcare services, whereas it is smaller urban areas, we have the health department as well as the ULB which participates in provision of healthcare services.

Now, the role of ULB is to plan and implement all sorts of health services and all the different national programs or the national missions that are conducted. Now, NUHM the National Urban Health mission programs are implemented by the municipal bodies and health department along with ULBs for smaller cities that we were just discussing that and primary healthcare services setup is similar in all ULBs which will be independent of the provider. So either it is provided by the municipal body or it is provided by the Health Department, the primary healthcare service, the facility, the organization setup, or what services we provide is exactly the same in all cases.

Now, what are the job of a primary health care? What are the primary health care services that are provided to the people? Epidemic control including control of vector borne diseases this will

cover in a different lecture in our last module, disease surveillance programs, treatment and disposal of sewage solid waste management including carcass disposals, drinking water supply, sanitation, so this part is all part of urban utilities and services in solid waste management, sanitation, and so on.

Then, other than that dangerous and offensive trade licensing, like provision of slaughterhouses, their location, how to manage their waste, and so on cinemas, restaurants, because there are some kinds of you know, there are chances of outbreaks and all this stuff from here. There are a lot of people (())(03:01) over here, and then food safety, overall food safety in the urban area, so, there is a department with health inspectors or food inspectors who come and check certain restaurants on all.

Roads safety, including street lighting, birth and death registration, management of cremations and burials, control of stray dogs and rabies control, air pollution, convergence of slum redevelopment and affordable housing welfare schemes for vulnerable populations, so all these take care taken care by the ULB but directly via the primary health care center, not everything could be taken care like the primary health care center does not look into these aspects it does not look into these aspects, definitely, but a lot of things could be looked at by the primary health care center as well.

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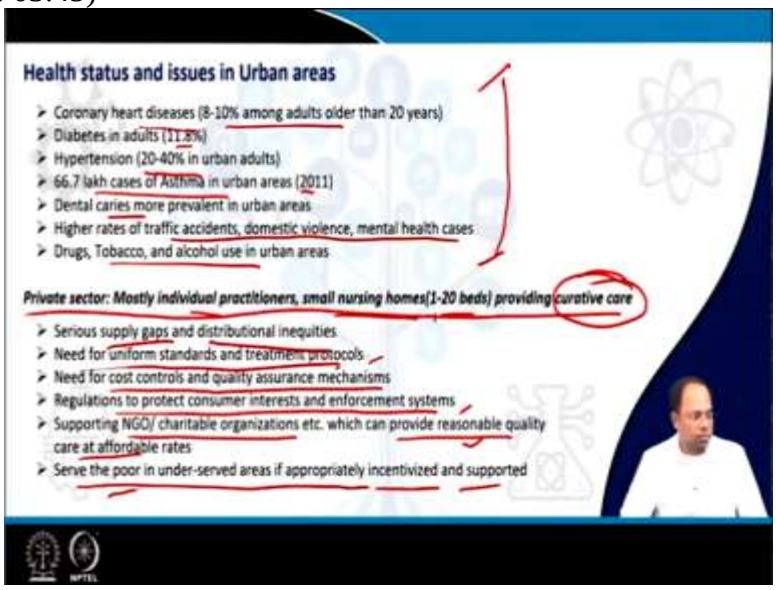

Now, when we talk about the health status or issues in urban areas, particularly in India, we see that the coronary heart diseases are prevalent among 8 to 10 percent of the adult people and people above ten years and older, so that is in India urban area, so that is a huge amount of people are affected by this kind of diseases.

Similarly, diabetes affects around 11.8 percent of the people in urban areas, hypertension 20 to 40 percent. Like there are different levels of hypertension and some people are not even aware they have got hypertension, then around 66.67 lakh cases of asthma occurs in urban areas that was a figure for the year 2011.

Dental caries is more prevalent in urban areas, higher rates of traffic accident, domestic violence, mental health cases and similarly drugs, tobacco and alcohol use is also more in urban areas. So that is why the care that should be provided in urban area should also focus on all these different problems specifically, in addition to the standard healthcare services.

Now, the other issue in private sector other issue in urban areas is the private sector, because urban areas as we was saying earlier, that people are motivated to make it to run this health care services a business so they are motivated by profit. And this is usually this kind of healthcare services are provided by individual practitioners, small nursing homes, and usually it is a one to twenty bed nursing homes and mostly they look into the provision of curative care.

But the problem is whenever they are providing this kind of services, there are a lot of issues with that, for example, there is no uniformity of distribution of these services. So there are supply gaps in certain areas. So, we cannot depend just on private sector services. So, there are private sector services, which are provided in urban areas, but then we have to be also concerned about where to set up this kind of facilities or where to allow to set up this kind of facilities.

The National Rural Urban Health Commission focuses on the poor people or the vulnerable groups, but for general people in all, because most of them, they, they do not go to the primary health centers, they will go to this private facilities, because in urban areas people can afford this kind of health care services and usually these are more I would say that not about the quality, but I would say that the overall quality of the place and all these things definitely will be much more improved and because people will, people are paying for that, but still, there is a lot of gaps in provision of these services.

Some areas of the city have private health care, but other areas in the city does not have. So when government provides primary health care services, in that case, it should look into this distribution of private health care entities as well, and then decide where to locate its own healthcare business, so that people are not deprived.

The need for uniform standards and treatment protocols, so because these are private institutes they have their own protocols or own ways of treating, so, there has to be some amount of standardization so that we provide uniform care for different people, they need for cost controls and quality assurance, so these are definitely problems, small facilities, they do not have that much quality, whereas large facilities can charge you know, they can charge a lot of money so there has to be some control in that regard,

Regulations to protect consumer interest and enforcement system like suppose somebody complains that some there is some problem with some health care facilities how do you deal with that? And then supporting NGOs and charitable organizations so that they can provide reasonable quality care at affordable rates, so usually, we have seen that NGOs, organizations, they can help in blood donation camps, they help in provision of certain campaigns, so of course, we have to involve them because they can provide the service at a reasonable price.

And finally, to serve the poor in under-served areas, we can make the private sector also serve the poor; usually they do not, because they cannot make money. But if there are certain incentives are given or certain kind of supports and given they maybe also interested to serve the poor as well.

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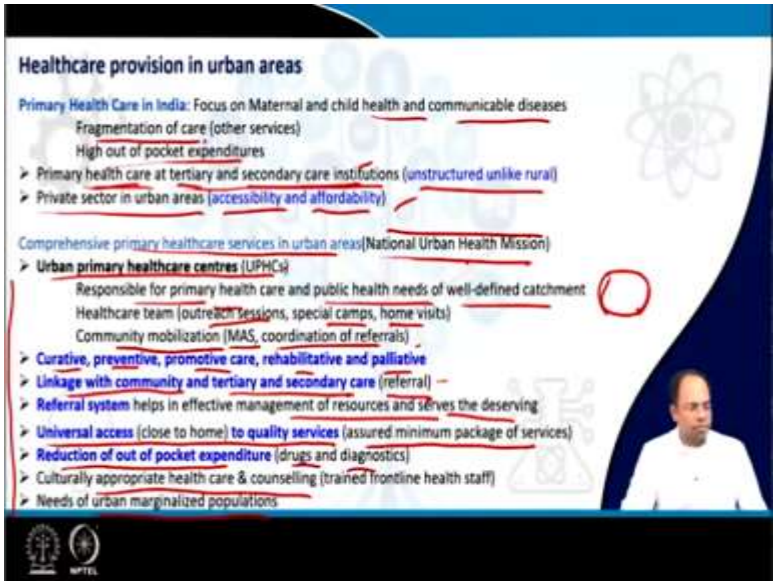

Now, earlier, the primary healthcare in India used to focus on only maternal and child health and maybe for some communicable diseases, this was the mostly the focus, whereas other kinds of diseases like you know, non-communicable diseases or lifestyle diseases, and for specific kinds of problems, specific kind of operations, there was a lot of fragmentation of care or fragmentation of services, so that was a problem, and usually the expenditure that people have to dish out for healthcare services was much, much higher.

And that usually affected the quality of life because poor there are a lot of poor people in the urban areas who cannot afford this kind of health care expenditure, or if they are unlucky to call for some disease during a certain year, they would have problems you know maintaining their family for the you know for other aspects as well.

So, primary health care, and so usually, the primary health care services as well as tertiary and secondary care institutions. What was happening in urban areas earlier was? The basic primary health care was provided by this largest secondary care institutions as well as the tertiary care institutions, which is should not be why? Because tertiary actually care institutions or secondary care institutions, they are there to deal with more complicated cases, they are going to deal with larger complicated operations or they should have diagnostic system for you know specific diseases and so on, so this is specialized healthcare.

So for basic problems, you know, basic health care problem issues, if you go there, you are unnecessarily denying other people's to get the care they should get from this kind of institutions. So earlier, it was unstructured. But in rural areas, this was structured because of the rural health mission. A primary health care centers were there and then they were community centers and so on, so this order was there. So, after this urban rural health mission came in this kind of structure was also brought to the urban areas as well.

So, the along with that the private sector in urban areas has problems with accessibility means affordability of the people, that means not everybody has access to private healthcare and so on. So these were some of the issues, which were looked at, and then (appro) comprehensive primary health care services in urban areas, how to do that? That was formulated in the National Urban Health mission. So we have done a lot of discussions in the National Urban Health Mission in the previous lecture, and to say that one of the primary component of that is the Urban Primary Health Care Center, because that is the way you engage with the community.

So that is the first place where community gets engaged in terms of healthcare service provision from the government. So, the urban Primary Health Care Center is responsible for primary health care and public health needs of well defined catchments. So, that means the catchment is also fixed for each primary health care center that is, it is responsible for providing services in that particular catchment, and people have cards as well, so, that they are linked with that particular health center, you cannot go to another health center directly.

So, the healthcare team can conduct outreach sessions, special camps, they will do home visits via ASHAs and MASs and so on. So, that we are providing direct service to the people. And finally, community mobilization can also happen for certain immunization drives and all these things through coordination through MAS Mahila Awedan Samiti as well as they can also help in coordination of the reference, reference from the community itself directly to some secondary or tertiary Health Care Center as well, depending on the severity of the disease and so on.

So, UPHCs are designed to provide curative, preventive, promotive, rehabilitative and palliative care, this we have discussed as well earlier as well. And then they are directly linked with the community at one side as well as the tertiary and secondary care with the other side to that referral system, so, a formal referral system has come into place.

The referral system also as we have discussed it helps to manage the resources and serve the deserving. Then universal access to quality services near to each house within a particular limit, you will have a primary health center you do not have to travel a lot and as certain assured minimum package of services will be provided to you without any denial of any kind of services.

Finally, this has reduced the out of pocket cost expenditure for the people, the drug diagnostic, these are all free, and then culturally appropriate health care and counseling and finally needs our urban marginalized population has been taken into account. So that is the role of the urban primary healthcare sector.

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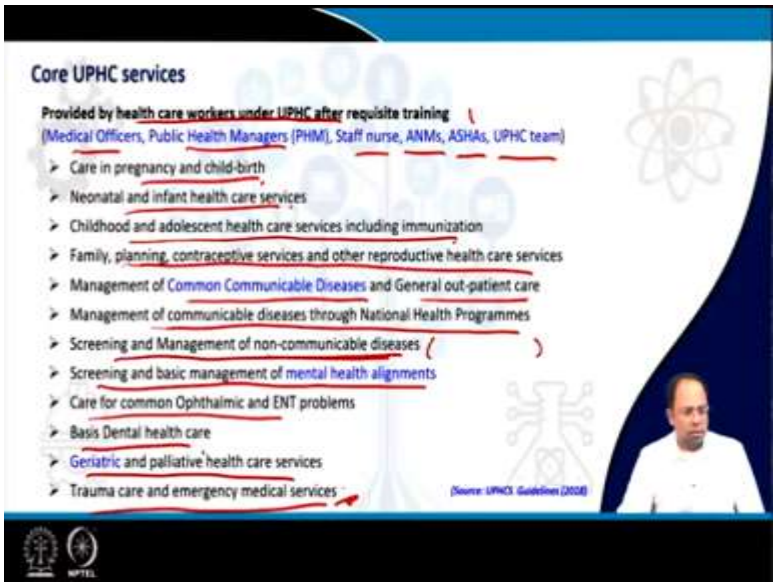

So the core UPHC services that are provided, these are provided by healthcare workers and these are workers such as medical officers, public health managers, staff nurse, ANMs, ASHAs and UPHC the overall team, the organization and the management team. So, this they receive proper training and all and then they provide these kind of services. So what they provide? Directly they provide care in pregnancy and childbirth. So you can grow, you have direct childbirth support and all in the primary health care centers and very near to your house.

Neonatal and infant health care services, childhood and adolescent health care services including immunization programs for the children, family planning contraceptive services and other reproductive health care services, then common communicable diseases and general out of patient care, management of those can be taken care of by the this primary health care center.

So that means in case you have certain flu and this kind of diseases, you can go there and get treatment, management of communicable diseases to national health programs. So how to reduce the communicable diseases, there is how to monitor them.

All this could be done under different national health programs to this particular centers, screening and management of non-communicable diseases, just to you can do a testing of the community to find out how much people are affected and so on, even though they do not come and report that and then non-communicable these are non-communicable diseases such as you know, obesity, hypertension, this mental health issues and all these things could be taken care of through this kind of screening programs.

The screening and basic management of mental health alignments that is what I was just telling you about. Care for common ophthalmic and ENT problems eye care like for example, this certain kinds of operations could be done through via camps and all through which you can do certain kinds of you know eye treatment and all, particularly for the older people, basic dental care provision, geriatric and palliative healthcare services and finally trauma care and emergency medical services could be also provided by the primary health care center, but of course, if the problem is critical, then you have to refer it to a higher order facility.

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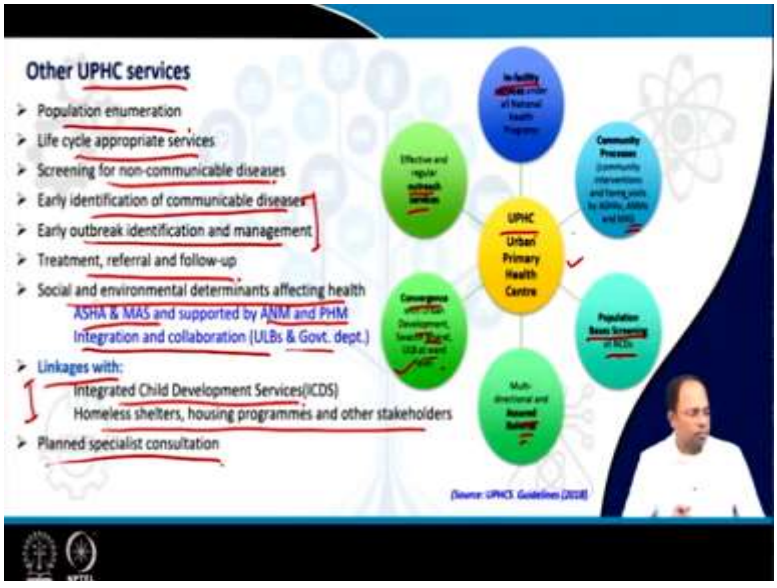

So, in addition, there are certain other functions this UPHC provides for example, population enumeration, lifecycle appropriate services for different age groups, certain kinds of services to

be provided, screening for non-communicable diseases we mentioned that, earlier identification of communicable diseases, early outbreak identification, so, these two are similar and their management in case certain kinds of viruses you know, passing, how to control that and so, on.

Treatment referral and follow-ups, social and environmental determinants affecting health effects keeps in the community, if in that particular locality, there are some factors which are leading to certain kinds of health problems, like for example, there is lot of water body where there are a lot of mosquitoes, so, how that can be controlled to reduce the disease itself. So, this kind of social and environmental determinants that also are investigated and this is usually done with ASHA and MAS and supported by ANM and the primary you know, this health manager.

Then integration and collaboration with ULBs and different government departments like for example, if you are doing a collaboration with the schools that means you can conduct certain programs with school then the education department also has to be collaborated with, then linkages with Integrated Child Development Services and homeless shelters, housing programs and other stakeholders, so these are the different linkages that has to be created with the health program and then plan specialist consultation in certain cases UPHCs can also provide that.

So, to broadly you know, summarize we can say that UPHCs first of all, in it provides in facility services, then outreach services, convergence with urban development like SWACH Bharat, and all this coordination like certain environmental and other issues, which is causing certain health problems that could be taken care of by sanitation and all these things, so that kind of coordination, multi directional and assured reference so, you can refer in both directions.

So, this reference is assured now, population base feedings for non-communicable diseases, and community prices such as community interventions and home visit by ASHAs ANM's, and so on. So, this is how a comprehensive service is provided via the UPHCs.

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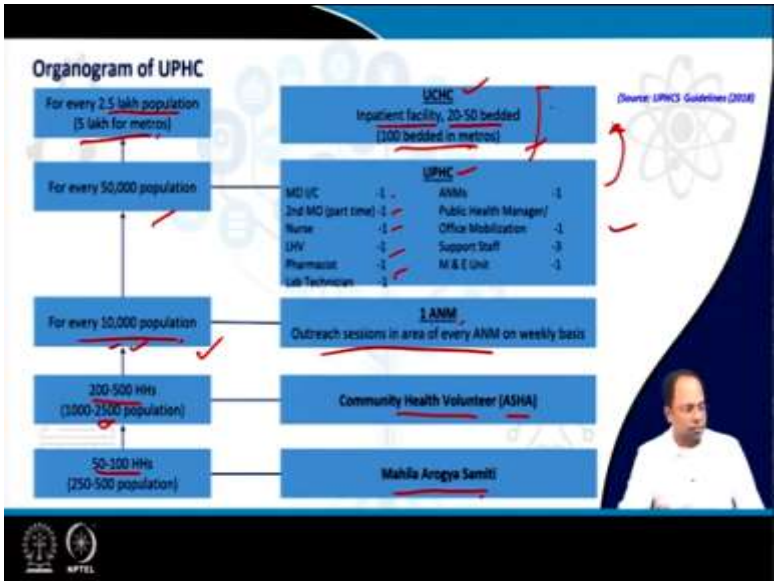

So, this is the overall structure of UPHCs you can see that for every 50 to 100 households, there is the Mahila Araogya Samiti, then this ASHA or community health volunteer, which is for 200 to 500 households. So, one ASHA can manage multiple Mahila Araogya Samiti, then one ANM, is there this is she, he or she conducts outreach sessions in area every on a weekly basis, whichever areas like she can do that in poorer areas of the under this particular primary and center, so, it is done for one for 10,000 people we have got one ANM.

So you can see that for every 2500 people, we have got one ASHA, so that means this ANM will go to different jurisdictions in different areas in different weeks to cover 10,000 people. So if she covers to 2500 people every week, she will cover 10,000 people. So if a area has got more than 10,000 people, then we have got multiple ANMs as well. Then in the, UPHC the staff it is provided for a 50,000 population mostly. So this is primary health centers where you have got one medical officer, then a part time medical officer, one nurse, then pharmacists, lab technicians and so on.

So, this is the structure of the UPHC and for the community health center, which is one level up this is this has got this inpatient facilities of 20 to 50 beds in case the population is around 2.5 lakh or smaller area where it is 100 bed facility in larger cities where the population is more than five lakhs. So in this particular case, all the operations and all these things are done at the urban

this community health center level, so, this UPHC is does not have facilities for you know operations and so on which could be done at the community health center.

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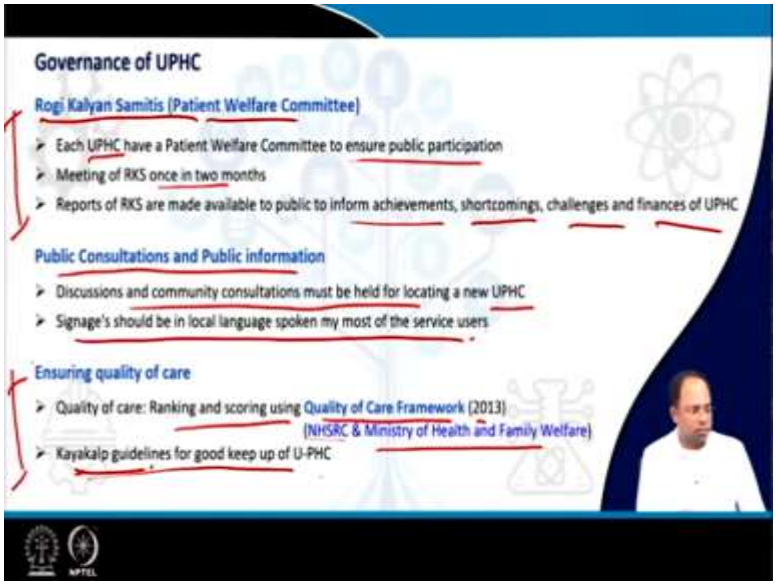

So, the governance of UPHCs are done via different ways, of course, the ULB is the overall you know looks into the health department of the government as well as the ULB is in charge. But we also have the Rogi Kalyan Samiti are also known as patient welfare committees, which what it does is? It is a committee formed of members of the community and they actually determined that, you know, the overall feedback of the community on that particular UPHCs if the services are provided are fine, and they ensure public participation and so on.

So they meet every two months, and the reports that we create there, they are helpful, they inform about what has been achieved, what are the problems or shortcomings, what are the challenges, what sort of finances would be required, so, all these are done by this Rogi Kalyan Samiti, so, it is something by the people themselves for their own benefit.

Then, there are certain public consultations and public information programs as well that means discussions and community consultations are ahead based on where the UPHC should be located inside a community, so that is one part. And also discussions on how it should perform and all this, then signage's should be local language spoken by most of the service users, so that in that particular area based on the major languages both has to be provided, and overall ensuring quality care, and this could be done by ranking and scoring of UPHCs.

And this could be done via the quality of care framework, which was made in 2013 by the Ministry of Health and Family welfare and energy this one and then kayakalp guidelines for good upkeep of UPHCs is how to clean and all this, how to maintain the hygiene and all this is provided by this guidelines. So, this is how you ensure the overall working of the UPHCs.

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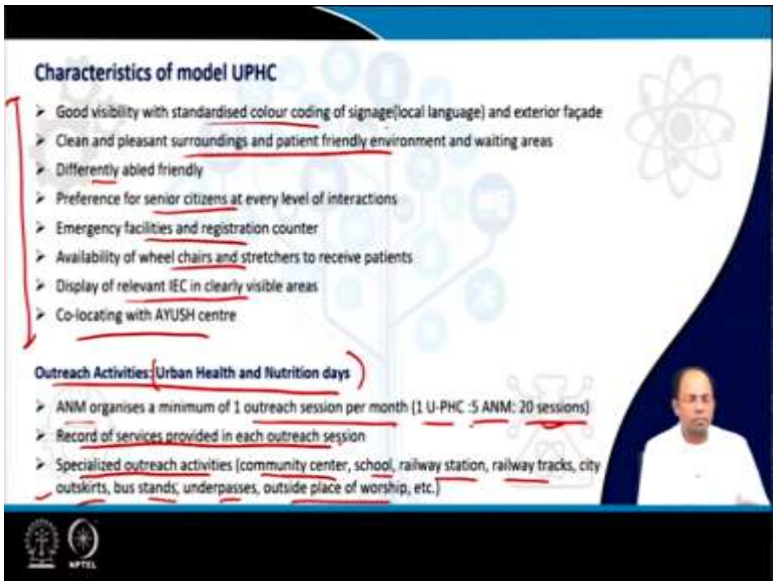

Some of the characteristics of model UPHCs are could be listed as good visibility with standardized color coding and signage's and (())(22:22) exterior facade so that people are attracted to go there, clean and pleasant surroundings and patient friendly environments and waiting areas it should be disabled friendly, then senior citizens should be given preference in every you know aspects, emergency facilities and registration counter, then availability of wheelchairs display of relevant you know communication or information and then co-locating with AYUSH centers could be also co-located with this. So, this is you know, this is how you can set up a UPHC.

These are the different aspects which you should be careful about and the outreach activities are also conducted by UPHCs in the community and these are known as Urban Health and Nutrition days some of them are known as like that. And in this case, the ANM organizes one outreach session per month in particular area. And if you know sometimes one primary health care centers can have multiple ANMs if the size is large. And that means if the population it serves a larger

population, then it can even have 5 ANMs and they will be conducting each will be conducting four stations per month, so overall 20 sessions are conducted with the community.

Then they keep records of all these sessions and specialized outreach activities could be also taken up such as at community centers, schools, railway station, railway tracks, city outskirts, bus stands, underpasses outside places of worship and so on. So this is where this kind of specialized outreach activities to be conducted in that community.

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So these are some of the references you can study.

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To conclude, urban primary healthcare centers are designed to meet comprehensive healthcare requirements for the urban poor. ULBs along with government health departments are responsible for provision of healthcare services to primary health care facilities with linkage's to both higher and community level facilities. Thank you.