

Improving Public Health Care in India through Urban Primary Health Centres-Trends, Progress and Concerns

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Abstract

Focus of primary health care always stood over rural health, as a result the attention on health needs of the urban deprived is constantly marginalised. Rapid urbanization imparted a serious concern over urban health and to address the health concerns of the urban poor, Government of India launched National Urban Health Mission. NUHM envisages service delivery through a network of Urban Primary Health Centres and serve the health needs of poor and vulnerable in the urban area. The implementation of the Mission and UPHC sensured a systematic representation of urban health needs of the deprived. However the activities of the urban health centres in most of the Indian states lacks adequate support, makes a barrier in their effective service delivery. Proper governance and allocation of resources is the urgent need of the hour to empower the functioning of the urban health care system in the country.

Keywords: *Urbanization, Urban Health, National Health Mission, Urban Health Centres.*

Introduction

The emergence of urban health system and urban health centres is a mile stone in the development of universal health care, providing a special platform for the health needs of the marginalised and vulnerable communities in the urban areas. It is a realisation and recognition of the fact that health problems in the urban areas are much more serious than that of rural. Primary Health Centers provide an integrated, curative and preventive health care to the people and supports to achieve universal health coverage at a comparatively lower cost⁽¹⁾. As per census the population in the urban area has increased from 28.6 crore in 2001 to 37.7 crore in 2011. This rapid urbanization has led to hasty increase in the number of urban poor population, where many of them live in slums and other unhealthy conditions.

As a solution to address the health concerns of the urban poor the Ministry of Health and Family Welfare proposed to launch a National Urban Health Mission. The NUHM try to strengthen the urban public health system and the focus of the mission will be on reducing the pressure of the urban poor in seeking quality health

services. In this background the study tries to analyse the role of National Urban Health Mission and Urban Primary Health Centres as an alternative for health care delivery in the urban areas. Since the Urban Health Mission and Health centres are in its childhood stages, not much studies were done in this area and a large literature gap exists in the current filed. In this regards the present work helps to contribute new knowledge in to the existing literature vacuum.

Materials and Method

The study analyse the role of National Urban Health Mission and Urban Primary Health Centres as an alternative substitute for improved health care delivery for the poor and deprived sections in the urban areas. For analysing the trends, pattern and rationale of urbanization, urban health problems and health care needs of urban people; study evaluate various publications and reports of Ministry of Health and Family Welfare, National Health Mission, Government of India and World Health Organisation. Percentages, Annual Growth rates and Figures were used to analyse and interpret the data.

Results

Healthcare and rationale of Urban Health Care:

World Health Organisation⁽²⁾ defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Providing good health and healthcare to all is the need of the hour and this long process starts from assuring primary

health care to all people. Primary health care supports to achieve universal health coverage at a comparatively lower cost⁽³⁾.

Table one presents the growth in number of health centres in India during the last seven Five Year Plan periods.

Table 1- Growth of the Health Centres in India

Five Year Plans	CHCs	PHCs	Sub Centres
6th	761	9115	84376
7th	1910 (150.98)	18671 (104.84)	130165 (54.27)
8th	2633 (37.85)	22149 (18.63)	136258 (4.68)
9th	3054 (15.99)	22875 (3.28)	137311 (0.77)
10th	4045(32.44)	22370(-2.21)	145272 (5.79)
11th	4833 (19.48)	24049 (7.51)	148366 (2.13)
12th	5626(16.41)	25650(6.66)	156231(5.30)

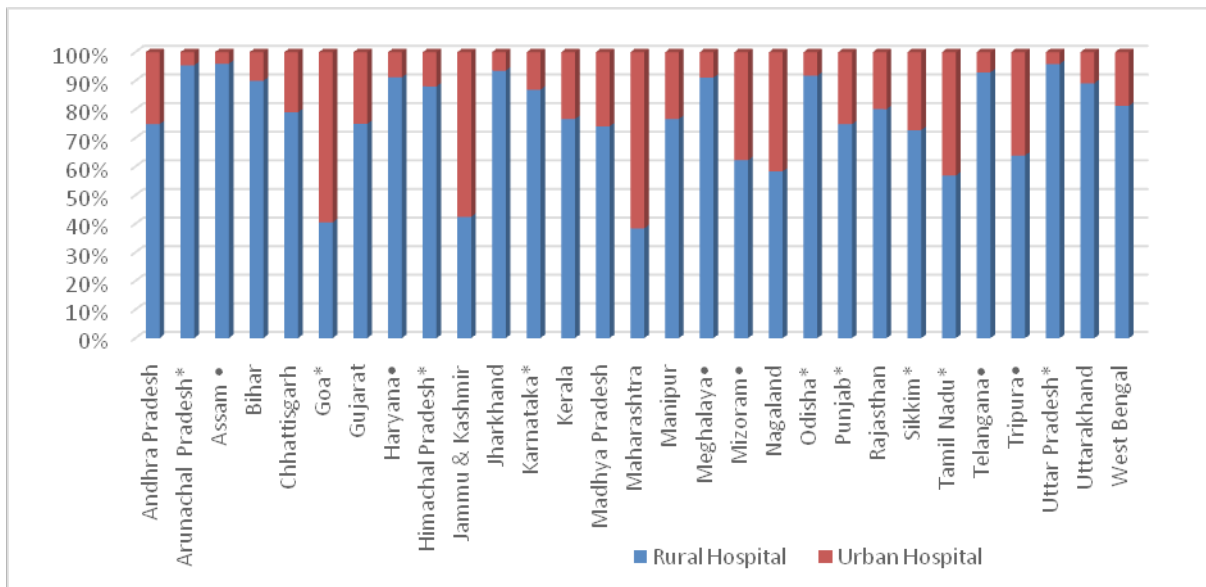
Source: Rural Health Statistics, 2015⁽⁴⁾, National Health Profile, 2018⁽⁵⁾
(Figures in parenthesis are Annual Growth Rates)

The number of Community Health Centers, Primary Health Centers and Sub Centres during 6th to 12th Five Year Plan Period in India shows an increasing trend in actual figure, however, there is a frequent drop in annual growth in the number of PHCs and sub centres during the period. The standardization of health institutions in 2009 leads to the decline in number of Sub Centres and PHCs, and a rise in CHCs as a few Primary Health Centers were converted into Community Health Centres⁽⁶⁾.

Urbanization and Urban Health: Rapid urbanization has become a global phenomenon. The urban population of the world which was estimated 2018 million in 1985, is projected to reach 3197 million by 2000 and 5493 million by 2025⁽⁷⁾. The early stages of urbanization occurred as a part of migration from rural to urban areas followed by the demographical changes and the excess of birth rate over death rate in the later stages. Urbanization created inequality in income and other socio-economic aspects and thereby formed a section of under privileged/marginalised communities mainly found in the outer areas of the cities and towns⁽⁷⁾.

Problems in Urban health delivery: Health of people living urban areas has become a worry due to the density of population, insufficiency of health facilities and ignorance on various health programmes. The unhygienic conditions in the cities lead to wide spread of diseases and health problems. Lack of information, awareness, low level of health promotion and leadership are considered as the key issues in urban health system, which can be managed through proper health promotion, re-orientation of urban health services, capacity building etc. and the role of primary health care intuitions in transforming this role is vigorous.

Similarly the health problems and situations in urban and rural areas is found to be different. The focus of primary health care always brood over rural health systems and as a result the attention on urban health needs of the deprived is constantly side-lined.

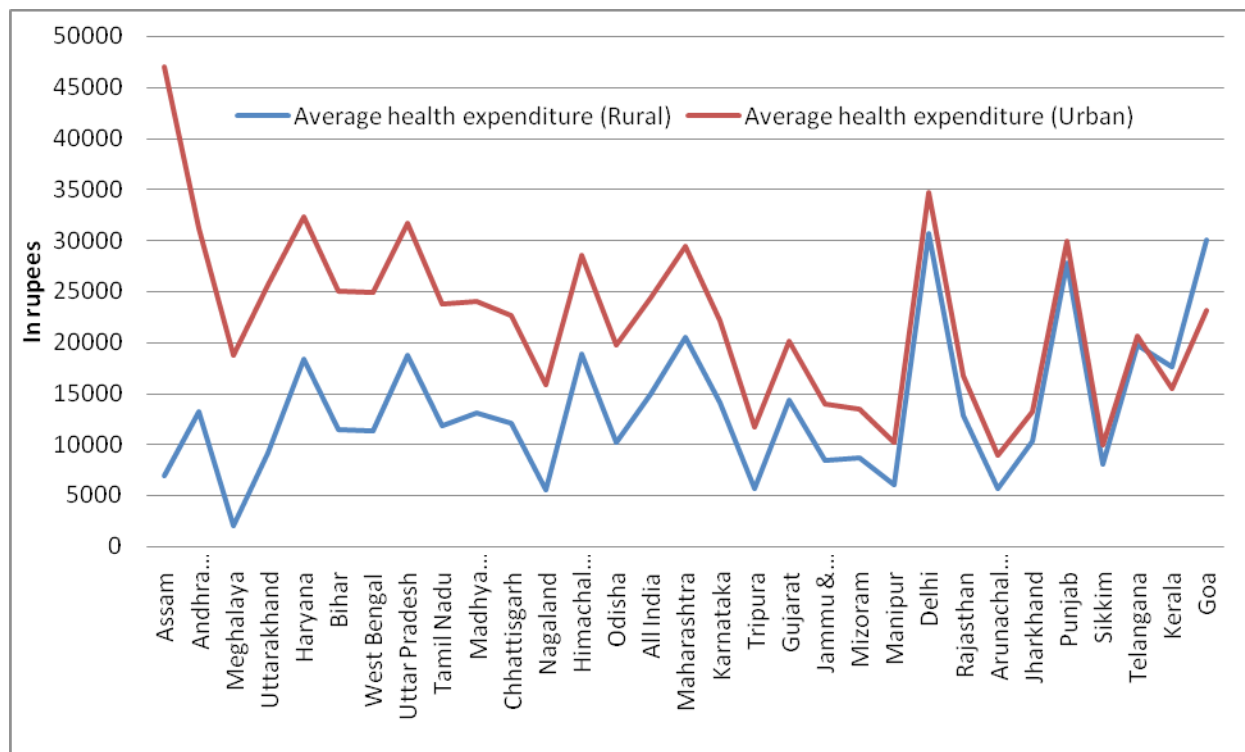


Source: National Health Profile, 2018⁽⁵⁾

Figure 1- Number of Government Hospitals in Rural & Urban Areas

Figure 1 presents the distribution of government hospitals in rural and urban areas in India by the end of twelfth Five Year Plan. The insufficiency of health centres in urban India is evident from the figure. Except

Goa, Jammu and Maharashtra the coverage of urban health centres is less than 50% in all other Indian states and the ratio is very meagre in a large number of states.



Source: Health and Family Welfare Statistics in India⁽¹⁰⁾

Figure 2- Average health expenditure in urban and rural (Rs.)

The figure makes it clear that, except Kerala and Goa the average health expenditure in all other Indian states is higher in urban area than rural. And the difference is higher in states like Assam, Andhra Pradesh and Meghalaya.

Thus the health care in urban area has a deficiency in hospital strength and human capital and at the same time involves higher health expenditure. This makes the focus on urban health quite essential to achieve the goal of health for all. As a solution to this the National Health Mission introduced the NUHM exclusively for urban areas in India.

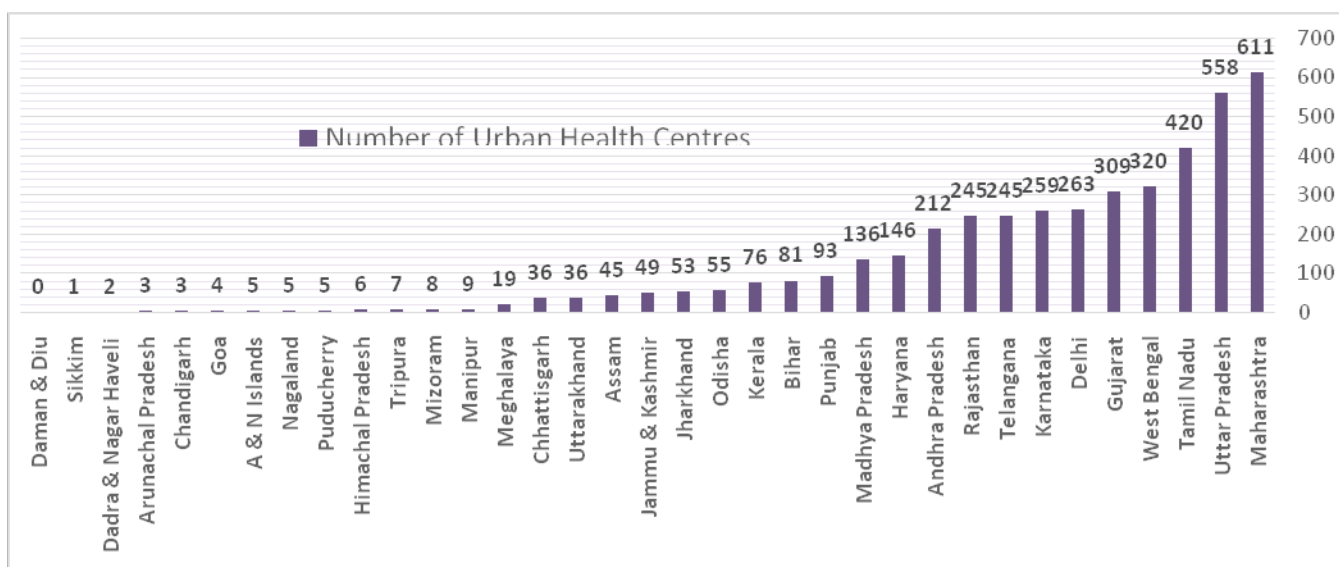
National Urban Health Mission: The urban areas today are increasingly becoming congested, especially slum and slum like habitations with improper sanitation, water supply, garbage disposal mechanism etc. The uncongenial living environment, scantiness of the urban public health institutions and the limited access to health care services leads to poor health condition to the urban people. Ineffective extension activities, weak referral system, social exclusion etc., makes the urban poor unfamiliar to the modern environment of hospitals, thus restricting their access.

The existing situation necessitated setting up of health centres exclusively for these marginalized and excluded urban sections in the country. As a solution to address the health concerns of the urban poor the health ministry proposed to launch a National Urban

Health Mission. The first stage of the mission started in West Bengal during 2013-14, later expanded through the country and the required expenditure is met by both central and state government in a 60:40 ratio. The programme aims to cover nearly 800 cities with populations greater than 50000 and there by encompass more than 200 million people including 77.5 million poor. The purpose of the Mission is to improve the health status of the urban population especially the poor and other disadvantaged sections, involves revising existing urban public health care system based on the needs and challenges in urban areas⁽¹⁾.

NUHM envisages service delivery through a network of Urban Primary Health Centres and Urban Community Health Centres to address the health care needs of the poor and the vulnerable population like rickshaw pullers, vendors, construction workers etc and provides healthcare service through outreach activities to the population residing in slum and other vulnerable areas.

Urban Primary Health Centres: Primary Health Centres helps to provide access to basic health services to all people in their doorsteps. The optimum and efficient functioning of Primary Health Centers has been the feature of rural area, while in the urban areas the accessibility and availability of the same have been very limited and unsystematic in their population coverage, service package and locations.



Source: Press Information Bureau, GoI⁽⁵⁾

Figure 3- State-wise Urban Health Centres in India

The implementation of NUHM helped for a systematic representation of the urban health needs for the first time. The UPHCs on the lines of a Rural Primary Health Centers has introduced as the nodal point for delivery of health care services under the Mission. The services and services delivery mechanism of UPHCs is modified to address the unique health and livelihood challenges faced by the urban population and flexibility is ensured to adapt suitable changes for the needs and capacities of the states and local bodies.

The operation hours of the UPHCs enable the working population to conveniently access the health centres. UPHCs are recommended to operate preferably from 12 to 8 pm, flexibility in time is allowed based on the nature and conditions of each state. The operational time is very helpful for the urban working community in the sense that, outpatient departments in the PHCs worked only in the morning and for a working person visiting hospital would mean losing a day's salary⁽⁴⁾.

Functions of the Urban Primary Health Centres: UPHCs work as the nodal institution of providing health services to its designated population, although it can be accessed by anyone outside its designated catchment area. Each urban health centres must be capable of carrying out a set of mandated processes. First set of processes manifesting in direct health care and the other set indirectly imparting health care service delivery. Along with Centre based curative medical care, Urban Primary Health Centres also offer Clinical Care through Outreach Component of health care delivered by Auxiliary Nurse Midwife, ASHA and other outreach initiatives. All UPHCs provide essential lab tests to the needy.

Disparities in the performance of National Urban Health Mission: Even though the burden of urban health care is completely fall on NUHM the mission still pause behind in terms of the coverage, budget allocations and staff strength. Table two presents the expenditure allocation to NUHM during last three budgets.

Table 2- Allocation to major expenditure heads under the MoHFW (incrore)

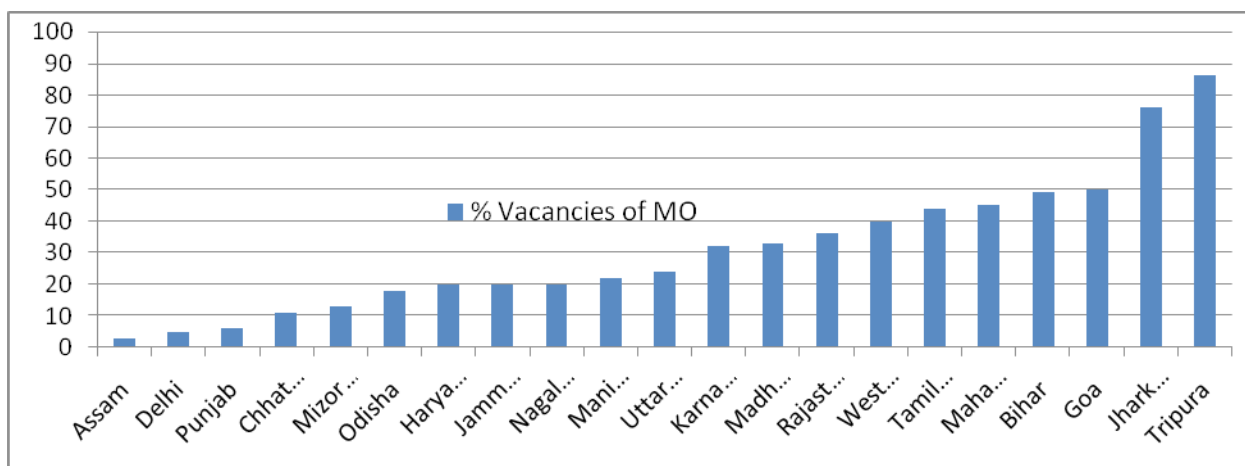
Heads	2016-17	RE 2017-18	BE 2018-19	% Change (RE to BE)
NRHM	19,826 (88.30)	25,459 (82.65)	24,280 (80.58)	-5%
NUHM	491 (2.19)	652 (2.12)	875 (2.90)	34%
OTHERS	2,137 (9.52)	4,691 (15.23)	4,975 (16.51)	6%
NHM (Total)	22,454	30,802	30,130	-2%

Source: Union Budget, 2018-19⁽¹²⁾

Figures in parenthesis are percentage to NHM (Total): The table makes it clear that the share of National Urban Health Mission in total allocation to National health Mission is too meagre. The share of NUHM in 2016-17 budget allocation was just 2.19% of the total expenditure allocated. However, a high percentage change in Revised Estimate to Budget Estimate in 2018-

19 indicates a positive sign towards fund deployment to NUHM and urban health needs.

Figure 4 and 5 depicts the shortage of Medical Officers and Staff Nurses under NUHM in various Indian states by the end of twelfth Five Year Plan.

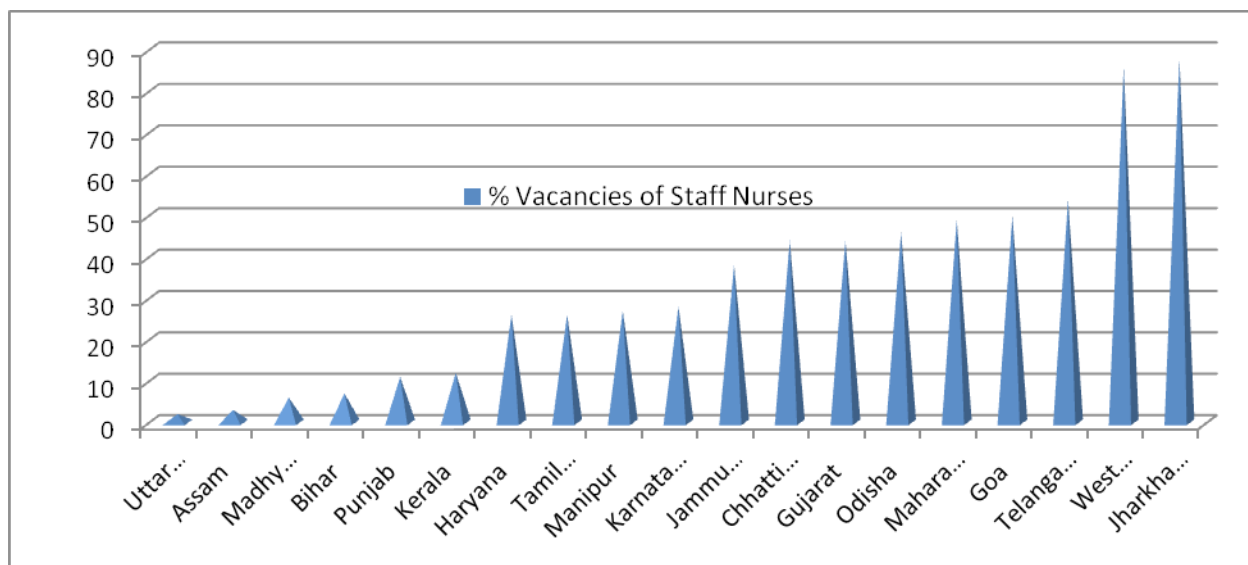


Source: Government of India, MoHFW, 2017⁽¹⁰⁾

Figure 4- State wise shortage of Medical Officers under NUHM

More than 70% of the Medical Officer posts are vacant in states like Tripura and Jharkhand, followed by Goa, Bihar and Maharashtra. The severity in the shortage of Medical officers is evident from the fact that

less than one third of the Indian states filled 80% of their vacancies. The similar is the case for vacancies in Staff Nurses under the Urban Health Mission.



Source: Government of India, MoHFW, 2017⁽¹⁰⁾

Figure 5- State wise shortage of Staff Nurses under NUHM

States like Uttar Pradesh, Assam, Madhya Pradesh, Bihar etc., filled nearly 90% of the staff nurse vacancies in urban health centres. The situation in the remaining states is a matter of worry since more than two third of the post are still vacant.

Discussion

A positive growth in number of health centres is visible from the study, however the standardization of health institutions lead to a fall in its annual growth rate.

While analysing the area wise statistics the number of health institutions in the government sector is found to be very low in urban area. Thus, there is profound imbalance is obvious in the distribution of Government health centres between urban and rural India. The higher cost of living and treatment in urban areas makes the problem more serious.

Health problems and health care in urban and rural area is entirely different and the implementation of programmes must follow the needs and necessities in the respective area. . This actually laid the foundation and good rationale for starting urban health care and urban health centres as a counterpart for the urban dwellers and urban community.

The burden of urban health care is completely fall on NUHM, but the mission lacks enough support. The fund allocation to NUHM is found to be insignificant to meet the growing needs.

More than 65 percent of the human capital are vacant in urban health centres across India. Lack sufficient financial support leads to low staff strength and poor performance in the urban health delivery.

Concluding Notes: Urbanization created a section of deprived and marginalised group in urban areas. The socio- economic status of this section is too awkward and challenging. Inorder to achieve the objective of universal primary health care, all sections of the society must get appropriate health care support. The efficient use of health services/facilities depends upon the conscious and awareness of the beneficiaries. Thus, creating proper health awareness to these sections of the people is become important. With this aim the Ministry of Health and Family Welfare segregated the urban health needs from national health Mission and initiated the National Urban Health Mission. NUHM aims to impart quality health care and awareness to its beneficiaries in the urban areas thorough UPHCs and UHCs. Though the implementation of Urban Health Mission and Urban Primary Health Centres helped for a systematic representation of the urban health needs of the deprived the present situations in Urban health centres is not satisfactory. The activities of NUHM and urban health sector in most of the Indian states lacks enough financial and staff support and this acts as a barrier in their efficient and effective health care delivery. Thus as part of improving the health status of the country in general and urban areas in particular, it is vital to

encourage the performance of National Urban Health Mission and Urban Primary Health Centres. So proper governance with human face and allocation of sufficient resource both human and physical is the urgent need of the hour to empower and enrich the functioning of the urban health care centres as a nucleus of the urban health care delivery system in the country.

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