

# Promotion of Health in Rural and Urban Communities in Indian Context

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**Abstract:** *The Union Cabinet vide its determination dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM NUHM) as a Sub-mission of an over-arching National Health Mission (NHM NHM), with National Rural Health Mission (NRHM NRHM) coming off the other Sub-mission of National Health Mission. Resultants for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are tract of the overall vision. Streamlining the health workforce, this is crucial to sustaining the public health infrastructure. There is also an imminent need to focus on forging a sustainable public private partnership, which will deliver quality services, and not compromise on the principles and identity of the public health system of the country in its pursuit to achieve universal health coverage and sustainable development goals.*

**Key Words:** *National Health Mission, Reviews, Initiatives.*

## 1. INTRODUCTION:

The National Health Mission (NHM NHM) was launched by the government of India in 2013 encompassing the National Rural Health Mission and National Urban Health Mission. It was else extended in March 2018, to proceed until March 2020. It's beheaded by Mission Director and covered by National Level Monitors appointed by the Government of India. The National Rural Health Mission (NRHM NRHM), forthwith under National Health Mission is an aggressiveness assumed by the government of India to address the health essentials of under-served bucolic arenas. Launched on 12 April 2005 by either Indian Prime Minister Manmohan Singh, the NRHM came initially charged with addressing the health essentials of 18 countries that had been connected as having weak public health hands. The Union Cabinet headed by Manmohan Singh vide its decision dated 1 May 2013, has approved the commencement of National Urban Health Mission ( NUHM) as a Sub-mission of an overarching National Health Mission (NHM), with National Rural Health Mission ( NRHM) befalling the quondam Sub-mission of National Health Mission.

## 2. LITERATURE REVIEW:

GOI Annual Report (2020-2021), The NHM envisages universal access to equitable, affordable and quality health care services to all citizens through systems and institutions that are accountable and responsive to people's needs. The Union Cabinet vide its decision dated 21.03.2018 approved the continuation of NHM from 01.04.2017 to 31.03.2020. The Department of Expenditure, vide their OM dated 10.01.2020 accorded approval for the interim extension of NHM for a period till 31.03.2021 or till the date the recommendations of the 15th Finance Commission would come into effect, whichever was earlier. Gopalakrishnan and Immanuel (2017), the public health system in India could take off from the foundations laid by the NRHM to overcome these challenges, in order to achieve various goals of health and development and put India on the road map of healthful development. Thakur, et al (2016), the health promotion model developed in two districts of Punjab and Haryana has used key strategies of NHM with focus on integration, convergence, and optimal utilization of existing financial and human resources. The pilot experience of implementation of model in the districts showed that the health promotion model and manual were useful in increasing the knowledge of health staff and community members regarding the risk factors and determinants of communicable diseases, NCDs, and key RCH issues. District level human and financial resources, however, must be augmented to implement health promotion activities effectively.

Choudary (2015), level regarding various key elements is satisfactory while on the other hand knowledge of ASHA workers in various areas of their functioning was lacking in a notable percentage. So there is an urgent need for key actions at the District and Facility levels to improve ASHAs' knowledge. Hence repeated capacity building workshops should be organized, especially function other than MCH services to enhance their capabilities for improving their efficiency in delivering the health care services. Deshpande (2015), Rural health training centres (RHTCs) and urban health training centres (UHTCs) are an integral part of every medical college in India. They are mandatory for obtaining approval from the Medical Council of India (MCI) for opening a new medical college. RHTCs and UHTCs need to be revamped to assume a more meaningful role in medical education, healthcare delivery and research. It is necessary that all stakeholders come forward and invest their resources to realize the immense potential of these centres for fulfil the NHM vision. Ray (2014), The awareness and Utilization regarding National

Rural Mission Services among people residing in rural area of the Maharashtra state is inadequate. Naik and Deshpande (2010), The Government of India needs to understand its limitations with respect to health entrepreneurship. India needs to repeat its successful privatization saga with respect to medical care, health infrastructure provisioning and maintenance and uplift its masses or else, its ambitious rural and urban health schemes will collapse and national health empowerment agendas will remain unfulfilled.

**3. NATIONAL HEALTH MISSION FUNDS IN HIGH FOCUS STATES:**

33% of NHM funds in High Focus States can be used for infrastructure development. Details of new construction/renovation as on 31.12.2018 undertaken across the country under NHM are as follows:

Facility	New Construction		Renovation/Upgradation	
	Sanctioned	Completed	Sanctioned	Completed
SC	27423	20844	17182	14972
PHC	2635	2011	12126	11234
CHC	596	461	6485	5619
SDH	230	135	1113	942
DH	190	124	2757	2181
Others*	1517	975	877	851
Total	32591	24550	40540	35799

**4. ASSISTANCE PATTERN UNDER NATIONAL HEALTH MISSION:**

The National Health Mission (NHM) is a major instrument of assistance and assistance to the States to strengthen public health systems and healthcare delivery. Assistance to the States is rested on the State’s Programme Pursuance Plan (PIP). The State PIP’s comprises following major pools.

- A. NRHM RCH Flexible Pool
- B. National Urban Health Mission Flexible Pool
- C. Flexible Pool for Communicable Sicknesses
- D. Flexible Pool for Non-Communicable
- E. Skeleton Upkeep

The popular outgo and expenditure of NHM are as follows

Statement of Progressive Plan Budgetary Outlay (BE) / RE and Plan Expenditure (Rs. in crore)

Sl. No.	Year	Approved Plan Budgetary Outlay(BE)	Revised Estimate(RE)	Plan Expenditure
1	2012-13	20,542.00	17,000.00	16,762.77
2	2013-14	20,999.00	18,100.00	18,215.44
3	2014-15	21,912.00	17,627.82	18,037.99
4	2015-16	18,295.00	18,295.00	18,282.40
5	2016-17	19,000.00	20,000.00	18,915.92
6	2017-18	21,940.00	26,110.66	25,975.13
7	2018-19	25,154.61	26,118.05	26,040.43

Initiatives under National Health Mission (NHM)

- Accredited Social Health Activists: Community Health volunteers called Accredited Social Health Activists (ASHAs) have been engaged under the operation for establishing a link between the community and the health system. ASHA is the first haven of call for any health related demands of deprived sections of the population, especially women and children, who find it tough to pierce health services in rustic areas. ASHA Programme is expanding across States and has particularly been successful in bringing people back to Public Health System and has increased the ill-usage of convalescent services, symptomatic installations, institutional deliveries and convalescent.

- Rogi Kalyan Samiti (Patient Patient Welfare Committee)/ Hospital Management Society: The Rogi Kalyan Samiti (Patient Patient Welfare Committee)/ Hospital Management Society is a stewardship structure that acts as a group of trustees for the hospitals to manage the affairs of the sanatorium. Pocket lift is handed to these Commissions through unbound fund to accept conditioning for patient good.
- Untied Grants to Sub-Centres: Untied Allotments to Sub- Centres have been used to fund clearing- root advancements in health care. Some exemplars include
- Developed effectiveness of Auxiliary Nurse Midwives (ANMs) in the field that can now accept better enceinte handling and other health care services.
- Village Health Sanitation and Nutrition Commissions (VHSNC) have used unbound allotments to increase their involvement in their born communities to address the essentials of poor homes and children.
- Health care contractors: NRHM has fed health care contractors to underserved areas, and has been involved in training to expand the skill set of croakers at strategically located complexes associated by the commonwealths. Likewise, due consequence is given to capacity edifice of nursing staff and accessory workers cognate as ANMs. NHM also supports co-location of AYUSH services in Health complexes cognate as PHCs, CHCs and District Hospitals.
- Janani Suraksha Yojana: Janani Suraksha Yojana ( JSY) is a safe fatherhood intervention scheme administered by the Government of India. It was launched on 12 April 2005 by the Prime Minister of India. It aims to promote institutional delivery among poor pregnant women and to reduceneo-natal mortality and mother mortality. It's operated under the Ministry of Health and Family Welfare as part of the National Rural Health Mission. The Scheme integrates cash abetment with delivery andpost-delivery care, particularly in states with low institutional delivery rates in India.
- National Mobile Medical Units (NMMUs): Many-served areas have been covered through National Mobile Medical Units ( NMMUs).
- National ambulance services: Free ambulance services are furnished in every alcove and corner of the country connected with a damages free number and reaches within 30 jiffies of the call.
- Janani Shishu Suraksha Karyakram (JSSK): As part of recent ambition and further moving in the direction of universal healthcare, Janani Shishu Suraksha Karyakarm ( JSSK) was introduced to furnish free to and out transport, free medications, free distinct, free blood, free diet to pregnant women who come for delivery in public health institutions and sick babes up to one era.
- Rashtriya Bal Swasthya Karyakram ( RBSK): A Child Health Screening and Early Intervention Services has been launched in February 2013 to screen complications specific to non age, experimental detentions, disabilities, birth disfigurements and droughts. The ambition will cover about 27 crore children between 0 – 18 eras of age and also furnish free treatment including surgery for health problems diagnosed under this ambition.
- Mother and child health bodies ( MCH Wings): With a focus to reduce mother and child mortality, faithful Mother and Child Health Bodies with 100/50/30 bed capacity have been sanctioned in high case draft quarter hospitals and CHCs which would invoke further beds for mummies and children.
- Free drugs and free diagnostic service: A new enterprise is launched under the National Health Mission to hand Free Physics Service and Free Diagnostic Service with a motive to lower the eschewing of fund expenditure on health.
- District hospital and knowledge center (DHKC): As a new enterprise District Hospitals are being strengthened to hand Multi-specialty health care including dialysis care, heavy-duty cardiac care, cancer treatment, internal illness, extremity medical and trauma care etc. These hospitals would act as the knowledge support for clinical care in installations below it through a tele- physic center located in the nabe headquarters and also developed as centers for training of paramedics and babysitters.
- National Iron Plus Initiative: The National Iron Initiative is an attempt to look at Iron Deficiency Anaemia in which assignees will admit iron and folic acid supplementation irrespective of their Iron/ Hb status. This action will bring together being programmes (IFA IFA supplementation for pregnant and lactating women and; children in the age group of 6 – 60 months) and edge in new age groups.
- Tribal TB eradication project: This strategy is launched by MoS Health Shri Faggan Singh Kulaste at Mandla on 20 January 2017.

## 5. DISCUSSION AND SUGGESTIONS:

A common strategy for health promotion is health education. It aims to promote healthy life in individual and community as a whole. Health education strategies are an effective means of changing knowledge, attitudes and health behaviours. The provision of healthcare should move closer to people to enable easy and timely access to quality care. Ideally one must be able to access the health services in their village itself for which, we require a long term goal of

setting-up of one sub-centre in each village. Prioritization of facilities and outreach centres for development may be carried out by “access mapping”. Infrastructure development must be prioritised accordingly by taking into consideration both populations served and standards of access.

## **6. CONCLUSION:**

Public health is a State subject and there have been issues of lack of capacities and human resource shortage in certain States and general underfunding for health sector. Streamlining the health workforce, this is crucial to sustaining the public health infrastructure. Taking forward the foundations laid by the NHM, it is essential for the forthcoming policies and plans to focus on capacity building, not only on the infrastructure and technical aspects, but also on streamlining the health workforce, which is crucial to sustaining the public health infrastructure. There is also an imminent need to focus on forging a sustainable public private partnership, which will deliver quality services, and not compromise on the principles and identity of the public health system of the country in its pursuit to achieve universal health coverage and sustainable development goals.

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