



NATIONAL URBAN HEALTH MISSION AND URBAN HEALTHCARE TRANSFORMATION IN INDIA

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Introduction

The rapid growth of urbanization in India has brought major challenges to the healthcare system, especially for people living in slums and economically weaker sections. Urban populations often face problems such as overcrowding, poor sanitation, pollution, lack of safe drinking water, and limited access to healthcare facilities. These conditions increase the spread of communicable and non-communicable diseases. To address these urban health challenges, the Government of India launched the National Urban Health Mission (NUHM) in 2013 under the National Health Mission framework. The primary objective of NUHM is to provide affordable, accessible, and quality healthcare services to the urban poor and vulnerable populations. The mission mainly focuses on slum dwellers, migrant workers, homeless people, street children, and other disadvantaged groups living in urban areas. NUHM aims to strengthen urban primary healthcare services through the establishment of Urban Primary Health Centres (UPHCs), outreach camps, referral systems, and community-based healthcare initiatives.

One of the important contributions of NUHM is the improvement of maternal and child healthcare services in urban areas. The mission has promoted institutional deliveries, immunization programs, antenatal care, and awareness regarding nutrition and sanitation. Through Urban ASHA workers and Mahila Arogya Samitis (MAS), community participation in healthcare activities has significantly increased. These efforts have helped improve healthcare awareness and utilization among vulnerable urban communities.

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NUHM has also contributed to transforming urban healthcare infrastructure and service delivery systems. The establishment of UPHCs and Urban Community Health Centres (UCHCs) has improved access to healthcare services for underserved populations. In addition, the mission encourages coordination between health departments, urban local bodies, sanitation services, and social welfare programs to address the social determinants of health in a comprehensive manner. Despite several achievements, NUHM continues to face challenges in implementation. Rapid urban population growth, migration, shortage of healthcare professionals, inadequate infrastructure, and financial constraints affect the effectiveness of the mission. Unequal implementation across states and cities also creates disparities in healthcare access and quality. Furthermore, overcrowded urban settlements and environmental pollution continue to increase the burden on urban healthcare systems. The National Urban Health Mission has played a significant role in transforming urban healthcare in India by improving access to primary healthcare services for vulnerable populations. The mission has strengthened urban health infrastructure, promoted community participation, and increased awareness regarding preventive healthcare. However, continuous investment, stronger governance, better infrastructure, and effective policy implementation are necessary to achieve sustainable and equitable urban healthcare development in India.

National Urban Health Mission (NUHM)

On first May 2013, the Cabinet endorsed perhaps the main well-being intercessions in metropolitan region known as the National Urban Health Mission (NUHM) and started it on twentieth January, 2014. NUHM is started as a sub-part of National Health Mission (NHM) and it is imagined towards focusing on the metropolitan populace with explicit spotlight on the metropolitan poor and ghetto occupants to satisfy their medical care needs by giving them important essential medical services administrations and lessening their cash based use on therapy. This objective could be accomplished by fortifying the medical services framework in the metropolitan regions. In addition, the ghetto tenants and metropolitan poor would be explicitly focused on as they are the exceptionally weak fragments of the metropolitan populace. It underscored on assembly of the different plans and projects related with the more extensive determinants of well-being like drinking water, sterilization, school training, food security, maternal and kid well-being, ecological circumstances, occupation, and so on carried out by the Ministries of Human Resource Development, Urban Development, Housing and Urban Poverty Alleviation, and Women and Child Development.

NUHM is devoted towards further developing the well-being status of the metropolitan populace particularly ghetto inhabitants and other weak gatherings of the metropolitan regions by working on their admittance to quality essential medical care administrations. Under NUHM, all the state capitals, area base camp and different urban areas/towns with a populace of 50,000 or more (according to registration 2011) would be shrouded in a staged way. Urban areas and towns having populace under 50,000 would be covered under NRHM (Ministry of Health and Family Welfare, 2013).

NUHM Goals

- To satisfy the shifted medical services requests and needs of the metropolitan poor, ghetto occupants and other weak segments of the metropolitan regions, a need based metropolitan medical care framework explicitly zeroing in on metropolitan populace would be laid out.
- To manage the well-being related issues and difficulties of quickly expanding metropolitan populace, a productive institutional instrument and compelling administration frameworks would be created.
- Creating organization with nearby bodies and more dynamic association and support of networks in arranging, execution, and observing of medical services projects and well-being related exercises.
- Simple openness and accessibility of assets for giving quality essential medical care administrations to metropolitan populace, especially to metropolitan poor.
- Laying out associations with NGOs and other well-being specialist organizations either for benefit or not for benefit and limit working of different partners.

NUHM Framework for Implementation

NUHM has been started as a sub-mission of NHM to successfully and effectively address the medical care issues of the metropolitan unfortunate populace. For NUHM, the Mission Directing Group of the NHM would be extended to fill in as its pinnacle body. Every one of the Municipal Corporations, Municipalities, Notified Area Committees, and Town Panchayats would work as a unit of arranging and they would have their own supported wide standards for setting up of medical services offices. The Notified Area Committees, Town Panchayats and Municipalities would have the different plans and their arrangement would turn out to be important for the District Health Action Plan drawn up for sub-mission NUHM. There would be a different game plan for the Municipal Corporations in the metropolitan regions according to the expansive standards. To satisfy the requirements

of sub-mission NUHM, every one of the current designs and systems of administration working under NHM would be reasonably adjusted by NUHM. Every people group/ghetto would have local area specialist called Urban Social Health Activist (USHA). At the family level, admittance to further developed medical care administrations would be worked with through self-help groups and local area based bunches like Mahila Arogya Samitis. All the state capitals, regions and urban areas/towns having a populace over 50,000 would be covered under NUHM. NUHM would chiefly zero in on metropolitan poor dwelling in ghettos, vagrant settlements and other minimized and weak gatherings like cart pullers, road merchants, vagrants, sex laborers, cloth pickers, road kids, desperate, building site laborers, and so forth.

Financing Pattern

The middle state commitment to the subsidizing of NUHM would be 75:25 for every one of the States, nonetheless, except for North-Eastern states and other unique class territories of Jammu and Kashmir, Uttarakhand and Himachal Pradesh, for whom the middle state commitment would be 90:10. The Ministry would inform and support all the Program Implementation Plans (PIPs) sent by the states (Ministry of Health and Family Welfare, 2013).

Conclusion

The National Urban Health Mission has emerged as an important initiative for improving healthcare services among the urban poor and vulnerable populations in India. By focusing on accessible and affordable primary healthcare, maternal and child health, disease control, and community participation, NUHM has contributed to strengthening urban public health systems. Its implementation framework, involving Urban Primary Health Centres, outreach workers, and local governance institutions, has enhanced healthcare delivery in underserved urban areas.

Despite several achievements, challenges such as rapid urban population growth, inadequate infrastructure, shortage of healthcare professionals, and uneven implementation continue to affect the mission's effectiveness. Therefore, stronger policy support, adequate funding, interdepartmental coordination, and community involvement are essential for achieving the mission's long-term goals. Overall, NUHM serves as a significant step toward equitable urban healthcare and sustainable public health development in India.

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