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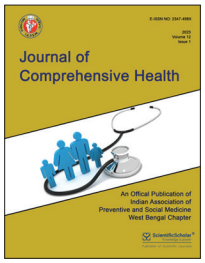

Letter to Editor

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Romy Biswas[1]

[1]Department of Community Medicine, MJNMCH, Coochbehar, West Bengal, India.

***Corresponding author:**
Romy Biswas,
Professor and Head,
Department of Community Medicine, MJNMCH,
Coochbehar, West Bengal,
India.

romyraktim@yahoo.com

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Dear Editor,

With the population of India becoming increasingly concentrated in cities, there comes a significant challenge to India's efforts at universal health coverage[1,2]. While urbanization can bring health and economic benefits, rapid and unplanned urbanization can have many negative social and environmental health impacts, which badly affect the poorest and most vulnerable the hardest. To provide comprehensive primary healthcare services in urban areas, the National Urban Health Mission aims to establish Urban Primary Health Care centers (UPHCs) and Urban Health and Wellness Centers (UHWCs), not as a standalone health facility but as hubs of preventive, promotive, and basic curative care for its 50,000 population. UPHC acts as an epicenter for comprehensive primary health care.

The services provided by UPHCs include outpatient department (OPD) consultation, basic laboratory diagnosis, drug/contraceptive dispensing, and delivery of Reproductive and Child Health (RCH) services. They also provide preventive and promotive aspects of all communicable and non-communicable diseases. The UPHCs also provide free and easy access to drugs and diagnostics.

Some new strategic interventions in a pilot mode were initiated by the Department of Health and Family Welfare with the intention of improving the service delivery through the urban primary health-care system and patient satisfaction to utilize it[3].

The provision of primary healthcare services through community clinics with doctors, nurses, and other staff as health teams is practiced in many other countries also[4,5].

In this context, the present study is being conducted with the aim of assessing the health system in piloted and non-piloted facilities. The specific objectives are as follows:

1. To assess and compare the inputs in the piloted and non-piloted facilities (UPHC, UHWC) in relation to Indian public health standards (IPHS) standards
2. To assess the extent of service delivery in the identified piloted and non-piloted facilities and compare between them.

A cross-sectional survey was done with a semi-structured checklist by observing and reviewing records, and registers with the aim of gap analysis of key areas such as infrastructure, human resources, logistics, drugs and diagnostics, digitalization, telemedicine, health promotion, outreach services, and referral services. A special initiative was taken to improve the accessibility, affordability, and sustainability of urban primary healthcare on a pilot basis to strengthen all routine services. Major variables related to inputs/process/service provision components

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are considered. The following key areas for strengths and weakness (gap analysis) were covered. Comparisons between UPHCs and UHWCs were made according to IPHS recommendations, as well as between piloted and non-piloted facilities.

Coochbehar Municipality comprises 20 wards with a total population of 86,000. The urban healthcare delivery of Coochbehar Municipality is done by two UPHC and UHWC/ Subcenters (S.H.P). UPHC-1 population of 46,000 in ward no 12, acted as the piloted one, and UPHC-2, with 40,000 population acted as the non-piloted one. There are three UHWCs under UPHC 1 and 6 UHWC under UPHC 2.

The allotted piloted UPHC and its UHWCs have good workforce and infrastructure, though more accredited social health activist (ASHA) workers and Mahila Arogya Samiti (MAS) group needed to be posted for better fieldwork. The human centred design (HCD) workers are dedicated and sincere. The UHWCs under piloted UPHC have just started functioning for the last 2-–3 months and are performing well. Piloted UPHC had performed better in several aspects related to monthly average OPD attendance, usage of drugs and diagnostics, quantity of laboratory investigations and sputum acid fast bacill (AFB) tests, screening for hypertension, diabetes, and cancer, providing telemedicine services, conducting Urban Health and Nutrition Days and MAS meetings, etc.

The centers need some time and effort to improve different services. The UHWCs under UPHC2 have not been started yet, and only the wards and buildings are earmarked.

The community avails the services from both the UPHCs but as there is no specialist in UPHC 2, it needs to be addressed. Cancer screening services need to be strengthened at non-piloted UPHC and all the piloted and non-piloted UHWCs. The ASHA: Population ratio and MAS group: population ratio needs to be improved by the placement of more ASHA workers and the formation of new MAS groups at respective piloted and non-piloted UPHC and its UHWCs for better community services and community participation.

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

Patient's consent is not required as there are no patients in this study.

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The financial support was given by the Government of West Bengal.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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