



Program	:	B. Pharmacy
Name of Unit	:	Community services in rural, urban and school health.
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Learning Outcome of Unit

LO	Learning Outcome (LO)	Course Outcome Code
LO1	To understand about establishment and role of primary health centers.	BP802.5
LO2	To learn the concept of health and urbanization.	BP802.5
LO3	To create awareness about national programs and immunization in schools.	BP802.6
LO4	To understand the concept of health and hygiene	BP802.6

Module Content Table

No.	Topic
1	Community services in rural, urban and school health. Functions of PHC. Improvement in rural sanitation. National urban health mission. Health promotion and education in school.

5.1 INTRODUCTION TO COMMUNITY HEALTH AND COMMUNITY SERVICES

Community health focuses on improving the health status of a defined population through preventive services, education, and community-wide interventions rather than just individual care. It integrates curative, preventive, and promotive services to address health, environmental, and social needs, often through community health nursing and organized local efforts.

5.1.1 Key Concepts of Community Health

- **Definition:** The health status of a defined group of people and the actions/conditions aimed at promoting, protecting, and preserving their health.
- **Goal:** To achieve the greatest health benefit for the maximum number of people, focusing on wellness and disease prevention.
- **Components:** Involves environmental health, disease control, maternal-child care, and health education.
- **Difference from Public Health:** While similar, community health often refers to a more localized, specific population, while public health is broader, often involving government-wide initiatives.

5.1.2. Community Health Services

These are services designed to improve the health of individuals, families, and groups within a community setting, often provided outside of traditional hospital settings.

- **Primary Health Care:** Includes health education, sanitation, safe water, and immunizations.
- **Health Promotion/Preventive Services:** Wellness programs, screenings, and education to prevent chronic diseases.
- **Community Health Nursing:** Focuses on serving the community as a whole rather than just sick individuals.
- **Management:** Involves planning and coordinating resources to ensure equitable, accessible care.

5.1.3. Key Principles and Scope

- **Participation:** Active involvement of the community in health planning.
- **Accessibility:** Ensuring services are available to all, regardless of social/economic status.

- **Equity:** Reducing health disparities and focusing on vulnerable populations.
- **Environmental Factors:** Addressing external factors like water, air, and housing.

5.1.4 Components of Community Health Practice

- **Preventive:** Immunization campaigns, health education.
- **Promotive:** Nutrition education, mental health awareness.
- **Curative:** Early diagnosis and treatment at local clinics.
- **Rehabilitative:** Support for regaining functionality after illness.

5.2. HEALTH CARE SYSTEM IN INDIA

India's healthcare system is a mixed public-private network serving 1.4 billion people, featuring a three-tier public system (Sub-centres, PHCs, CHCs) primarily for primary care, alongside a dominant private sector providing 70% of outpatient services. While improving life expectancy and providing low-cost, high-quality care in metros, it faces challenges with uneven access, high out-of-pocket expenses, and infrastructure gaps.

5.2.1 Key Aspects of the Health System:

- **Structure:** The system is structured into three levels: Primary (Sub-centres/PHCs), Secondary (Community Health Centers/District hospitals), and Tertiary (Medical colleges/specialized hospitals).
- **Public Sector:**
 - Focuses on preventive care, maternal/child health, and free primary services through the National Health Mission, particularly in rural areas.
- **Private Sector:** Dominates outpatient (70%) and inpatient (58%) care, offering advanced, high-quality medical services and driving medical tourism.
- **Key Challenges:** High out-of-pocket expenditure, rural-urban disparities in access, and uneven quality of care.

- **Major Reforms:** The government has launched initiatives like *Ayushman Bharat* (Pradhan Mantri Jan Arogya Yojana) to provide health insurance to vulnerable populations and create Ayushman Bharat Health & Wellness Centres (HWCs) for comprehensive primary care.

5.2.3 Insurance and Technology:

- **Health Insurance:** While coverage is increasing, a large portion of the population still relies on out-of-pocket payments, though government schemes are increasing coverage.
- **Digital Health:** The National Digital Health Mission is expanding, focusing on digital health records and telemedicine to improve accessibility.
- **Medical Tourism:** India is a major global hub for affordable, high-quality medical treatment, especially for surgeries and alternative medicine like Ayurveda.

The system is at a turning point, with strong efforts toward universal health coverage, aiming to bolster infrastructure and make high-quality care more accessible to all.

5.3 ESTABLISHMENT, OBJECTIVE AND FUNCTION OF PRIMARY HEALTH CENTRES (PHC)

Primary Health Centres (PHCs) are state-owned, rural, and urban healthcare facilities in India, serving as the first contact point between the community and the health system. Established to provide accessible, affordable, and comprehensive primary care, they cover 30,000 people in plains and 20,000 in hilly/tribal areas.

5.3 Establishment

- **Purpose:** Act as the first point of contact between individuals and the health system, providing accessible healthcare.
- **Coverage:** Generally, one PHC serves a population of 30,000 in plain areas and 20,000 in hilly, tribal, or backward areas.
- **Structure:** They function under the government-funded public health system, acting as a referral unit for six subordinate sub-centres.

- **Infrastructure:** Typically equipped with 4-6 beds for patients, providing basic in-patient and outpatient care.
- **Staffing:** Staffed by a Medical Officer, nurses, pharmacists, and paramedical staff.

5.3.1 Objectives

- **Universal Access:** Ensure access to comprehensive and essential primary healthcare services for rural populations.
- **Preventive & Curative Care:** Provide a mix of preventative, promotive, and curative services.
- **Community Health:** Implement national health programs and control locally endemic diseases.
- **Reduce Disparities:** Provide equitable, high-quality, and affordable healthcare to underserved populations.

5.3.2 Functions

- **Medical Care:** Providing outpatient services (with 24/7 emergency care, including snake/dog bites) and inpatient services for basic ailments.
- **Maternal and Child Health (MCH):** Providing antenatal care, safe delivery (institutional deliveries), and postnatal care.
- **Family Planning:** Providing counseling, education, and services for spacing methods, IUD insertions, and permanent methods like sterilization.
- **Immunization:** Ensuring vaccination against preventable diseases for children and pregnant women.
- **Disease Surveillance:** Controlling, monitoring, and reporting endemic diseases.
- **Laboratory Services:** Providing basic diagnostics such as blood smear examinations (for malaria), hemoglobin, and urine tests.
- **School Health and Nutrition:** Conducting health check-ups and education in schools.

- **Referral Services:** Referring complex cases that require higher specialized care to Community Health Centres (CHCs) or hospitals.

5.4 IMPROVEMENT IN RURAL SANITATION

Improving rural sanitation focuses on eliminating open defecation, enhancing health, and providing dignity through safe waste disposal, primarily driven by initiatives like the Swachh Bharat Mission and Total Sanitation Campaign. Key strategies include building household toilets, managing solid/liquid waste, improving behavioral change (IEC), and fostering community-led sustainability, ensuring over 95% of villages are ODF Plus, notes this PIB report.

5.4.1 Key Aspects of Rural Sanitation Improvement:

- ✚ **Programs:** The Total Sanitation Campaign (1999) and later, the Swachh Bharat Mission (Grameen) aimed for comprehensive coverage.
- ✚ **Infrastructure:** Construction of Individual Household Latrines (IHHL) and Community Sanitary Complexes (CSC) are central to these initiatives.
- ✚ **Technological Solutions:** Adoption of low-cost, sustainable technology like the two-pit pour-flush toilet.
- ✚ **Behavioral Change:** Information, Education, and Communication (IEC) activities to drive demand for toilets rather than just constructing them.
- ✚ **Sustainability (ODF Plus):** Moving beyond just eliminating open defecation (ODF) to managing solid and liquid waste, including faecal sludge management.
- ✚ **Capacity Building:** Training local communities, including training rural women to be masons for construction.

5.4.2 Benefits:

- ✚ **Health:** Reduction in waterborne diseases like diarrhea, cholera, and typhoid.
- ✚ **Dignity/Safety:** Increased safety and comfort for women and children who no longer need to wait to go to the toilet.

- ✚ **Education:** Improved school attendance, particularly for girls

5.5 NATIONAL URBAN HEALTH MISSION

The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) has been approved by the Cabinet on 1st May 2013. NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment.

This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc. implemented by the Ministries of Urban Development, Housing & Urban Poverty Alleviation, Human Resource Development and Women & Child Development.

Approved in 2013 as a sub-mission of the National Health Mission, the National Urban Health Mission (NUHM) aims to improve the health status of the urban poor and vulnerable population. It provides accessible, affordable primary healthcare, targeting slum dwellers through Urban Primary Health Centres (U-PHCs), specialized clinics, and community outreach.

5.5.1 Key Objectives and Features

- ✚ **Target Population:** Focuses on the urban poor, particularly slum dwellers, and vulnerable populations (street children, homeless, etc.).
- ✚ **Coverage:** Covers all state capitals, district headquarters, and cities/towns with a population of 50,000 or more.
- ✚ **Healthcare Infrastructure:** Establishes U-PHCs for every 50,000–60,000 population and Urban Community Health Centres (U-CHCs) in larger cities.
- ✚ **Community Outreach:** Employs ASHA workers (one for every 200–500 households) and ANMs to reach underserved areas.
- ✚ **Services:** Provides free essential primary health care, including maternal and child health, communicable/non-communicable disease control, and essential drugs/diagnostics.

5.5.3 Goals & Impact

The NUHM aims to drastically reduce Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR), achieve universal access to reproductive health, and improve sanitation and water supply through convergence with other ministries.

5.5.4 Funding and Implementation

- **Funding Pattern:** The central government provides 75% funding, while states contribute 25% (with higher central percentages for special category states).
- **Management:** Implemented by State and District Urban Health Societies.

5.6 HEALTH PROMOTION AND EDUCATION IN SCHOOLS

5.6.1. Introduction and Conceptual Framework

Health promotion and education in schools go beyond traditional health lessons. They represent a **comprehensive, whole-school approach** that transforms the school into a setting that fosters physical, mental, and social well-being.

A **Health Promoting School (HPS)** is defined as a school that constantly strengthens its capacity as a healthy setting for living, learning, and working. It is based on the premise that "better health leads to better education," and conversely, "better education leads to better health".

5.6.2. Key Components of School Health Promotion

A comprehensive school health program involves eight interconnected pillars:

- **Comprehensive School Health Education:** A planned, sequential curriculum that addresses physical, mental, emotional, and social dimensions of health, covering nutrition, hygiene, substance abuse prevention, and sexual health.
- **School Health Services:** Providing on-site or linked health screenings (vision, dental, anemia), immunizations, deworming, and emergency care.

- **Healthy School Environment:** Ensuring a safe, clean physical environment (water, sanitation, ventilation) and a positive psychosocial climate (anti-bullying, mental health support).
- **School Nutrition and Food Safety:** Providing nutritious meals (e.g., Mid-Day Meals) and promoting healthy eating habits.
- **Physical Education (PE) and Recreation:** Structured PE programs that encourage lifelong physical activity.
- **Counseling, Psychological, and Social Services:** Supporting mental health, stress management, and emotional well-being.
- **Health Promotion for Staff:** Programs to improve the health of teachers and staff, making them role models.
- **Family and Community Involvement:** Engaging parents and local health professionals to reinforce health messages at home.

5.6.3. Importance and Benefits

- **Improved Health Outcomes:** Reduces morbidity from infectious diseases (via hygiene) and non-communicable diseases (via nutrition/activity).
- **Better Academic Performance:** Healthy, well-nourished students have higher attendance, concentration, and cognitive abilities.
- **Reduction in Risk Behaviors:** Skill-based education reduces tobacco, alcohol, drug use, and unintentional injuries.
- **Lifelong Habits:** Inculcates healthy habits in formative years that persist into adulthood.
- **Equity:** Bridges health inequality by providing consistent, free information and services to children from diverse backgrounds.

5.6.4. Key Health Topics and Focus Areas

- **Nutrition and Physical Activity:** Combating obesity and malnutrition.
- **Hygiene Practices:** Hand washing, menstrual hygiene (for girls).

- **Mental Health:** Stress management, emotional resilience, and anti-bullying.
- **Sexual and Reproductive Health:** Education on puberty, HIV/AIDS, and safe sex practices.
- **Substance Abuse Prevention:** Tobacco, alcohol, and drug prevention.
- **Digital Health and Safety:** Media literacy and internet safety.

5.6.5. Strategies for Implementation

1. **Whole-School Approach:** Involving all stakeholders—teachers, parents, students, management, and health professionals.
2. **Appointing Health Ambassadors:** Training teachers and students as "Health and Wellness Ambassadors" or "Messengers".
3. **Interactive Curriculum:** Using role-playing, debates, workshops, and hands-on activities rather than solely lecturing.
4. **Strengthening Policy Framework:** Developing written, active policies (e.g., junk food bans, anti-bullying rules).
5. **Integration across Subjects:** Embedding health concepts into science, literature, and sports classes.
6. **Technology Use:** Utilizing apps and multimedia for interactive health education.

5.6.6. Challenges in Implementation

- **Resource Constraints:** Limited funding for infrastructure (clean water, safe buildings, toilets) and health services.
- **Teacher Burden:** Additional responsibilities placed on teachers who are already heavily loaded.
- **Lack of Training:** Teachers may not have adequate knowledge on modern health issues.
- **Sustainability:** Difficulty in maintaining programs over time, often relying on the enthusiasm of a few individuals.

5.6.7. Conclusion

Health promotion in schools is a high-yield investment for a nation's future. By transforming schools into "health-promoting" environments, educational institutions can ensure that children are not only academically proficient but also healthy, resilient, and prepared for life's challenges. A multi-sectoral approach—coordinating education, health, and community—is essential for success.