

PERSPECTIVE

Unnat Bharat Abhiyan: An Opportunity to participate in a National Program to Implement & Complement Family Adoption Program for Holistic Rural development

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Abstract

Medical education in India is predominantly based on Theoretical and bedside teaching. A significant reorientation is needed in medical education, to allow students to understand the grass root level social health dynamics. National Medical commission introduced Family Adoption program as a modality to address this issue to be implemented by all medical colleges for all students admitted from academic year 2022 onwards. The Unnat Bharat Abhiyan (UBA) is a flagship national program of Government of India for holistic rural development by engaging and enabling higher educational institutions to utilize their expertise for accelerating sustainable growth and development of rural India. The Medical Universities/colleges can participate in Unnat Bharat Abhiyan and utilize its platform for implementation of statutory Family adoption program. We developed a Model where in Health sciences Universities/colleges can leverage their expertise in Health care for benefit of adopted villages and Communities by nurturing their health based on our experience of implementing both Unnat Bharat Abhiyan & Family Adoption Program. We propose various measures in which Health sciences Universities/colleges can implement both programs in sync to complement each other towards common goal of welfare of adopted villages. We believe our model is feasible and can address complementary requirements of Unnat Bharat Abhiyan and Family adoption program and benefit all the stakeholders involved.

Keywords

Unnat Bharat Abhiyan; Family Adoption Program; Rural Health; Rural Development

Introduction

Family adoption Program (FAP)''

Medical education in India is predominantly based on theoretical and bedside teaching. A significant reorientation is needed in medical education to sensitize students towards social determinants of health in their local context in a more holistic way, rather than learning merely the disease with which patients come to hospital (1).

It must be realized that healthcare is teamwork, and several stakeholders are involved in providing healthcare and exposure to community settings is an important parameter for health sciences graduates (2).

Vanikar et al had proposed the road map of Family adoption program (FAP), where one village outside the Rural health training center (RHTC) under each medical college will be allotted to every new batch of a medical college assigning 5-7 households to each student. The orientation to the rural

health problems with rural health infrastructure will start from the very beginning of the foundation course in the first professional year (3).

Taking cognizance of this the undergraduate Medical Education Board implemented new Competency Based Medical Education Curriculum for undergraduates in March 2022 and Family adoption program is recommended as a part of this curriculum in the subject of Community Medicine with intention to start community exposure from start of medical school. (4).

Unnat Bharat Abhiyan (UBA)

The Unnat Bharat Abhiyan (UBA) is a flagship National program of the Ministry of Human Resource Development (MHRD), Government of India. UBA aims to create a vibrant relationship between higher education institutions (HEI) and villages in the neighborhood. The knowledge base and resources of professional institutions should be made

available to the larger society, which, while solving rural problems, serves the purpose of making the students realize the relevance of what they acquired as classroom learning to the external world outside the boundaries of the college / University.

Professional Higher education institutions (HEI's) have been biased towards urban areas and have sparsely contributed to solving problems of rural areas, thereby contributing to holistic rural development. UBA is, therefore, a rational and appropriate initiative in this direction.

Universities/Colleges can participate in the UBA in any of the following capacities as per their present status, competence and interest, eligibility & feasibility as a prospective Mentoring Institute, Participating Institute, Subject Expert, Voluntary Organization, Developmental Agency, Philanthropist or CSR Promoter, NSS Member and an Enthusiastic Volunteer.

The core Themes of working under UBA are Rural Sanitation, Rural Health and Convergence, Organic farming, Water Management, Energy Sources, Artisans, Industries & livelihood, Basic Amenities including Rural education & use of technology in rural education, Rural Connectivity. IIT Delhi is designated as National coordinating Institute for UBA.

All participating institutions will be facilitated and mentored in their activities by the respective Regional coordinating institute. The participating Institutes get one-time seed money of Rs 50000/- that can be utilised for Surveys, Travel, Refreshments, Awareness Programmes and Competitions. Apart from this, there are calls for proposals for newer technologies or improvising existing technologies or processes for addressing an issue jointly identified by Participating institute and Gram Sabha of adopted village, Subject Expert group of relevant areas scrutinise the proposals and accordingly funding is provided as per provisions and merit of the proposal. (5)

Recently a Memorandum of Understanding (MoU) was signed between, Unnat Bharat Abhiyan-Indian Institute of Technology, Delhi (UBA-IITD) and Vijnana Bharti (VIBHA), New Delhi. It enables access to CSIR rural technologies for UBA resulting in provision for cooperation and improvised actions for rural development of India by increasing the scope of activities under UBA. (6)

Health sciences Universities/Colleges as participating Institutes

Health sciences Universities/Colleges can apply under Non-technical institutes and can participate as participating Institute/NSS member/Volunteer institute etc., for implementing UBA.

The FAP is mandatory from the academic year 2022 for all the medical colleges across India also it has components like village adoption and holistic welfare of the people of the villages, which is similar to overall goals of UBA.

It is imperative that Medical colleges can participate in UBA and can utilize the platform for implementing FAP in sync with UBA.

Our Institute has been working as a participating institute under UBA 2.0 since 2018 and have also been implementing

Family adoption program before it was mandated by National Medical Commission.

We developed a Model where in Health sciences Universities /colleges as Participating Institutes can leverage their expertise in Health care to directly & indirectly benefit adopted villages and Communities by nurturing their health and thereby contribute to attaining the Goals of UBA and also to utilise the platform to implement FAP. All the stakeholders can be sensitised towards social determinants of health and village communities benefit at large.

We discuss various ways in which Health sciences university's/collages can participate and contribute in UBA so as to benefit all the stakeholders' students, staff of university and community members from adopted villages.

DMIHER Model for Implementing UBA & FAP

Our University Datta Meghe Institute of Higher Education & research (Deemed to be University), is a participating institute under Unnat Bharat Abhiyaan 2.0 as a non-technical institute vide All India Survey on Higher Education (AISHE) CODE U-0295.

The following Model is based on Expertise and Infrastructure available in our university.

We have Medical, Dental, Ayurvedic, Physiotherapy and Nursing Colleges under our University and Engineering and Pharmacy College as sister concern institutions.

The Department of Community Medicine from Medical College is the lead department and also designated faculty from the department is Project Co-ordinator for the Project.

Along with constituent Colleges following autonomous specialized cells of the University are available to provide Expertise as required and relevant:

1. **SINNOLAB:** Social innovation Incubation center
2. **BETIC cell:** Biomedical Engineering and Technology (incubation) Centre

The Participating Health sciences Universities/Colleges can undertake following activities as per their structure and available expertise by allocating 5 families to students under Family adoption program

- **Baseline Survey incorporating Health survey**

As per guidelines of UBA household-level and Village level baseline surveys are to be conducted in adopted villages as per annexure made available by UBA.

Along with this statutory task questionnaire for opportunistic health survey component can be incorporated to the baseline survey to get a baseline health profile of families from adopted villages

- **Holistic health care of community through screening camps**

Once baseline health survey is conducted and sociodemographic and morbidity profile is available, health sciences Universities/collages can plan multi-departmental or specific speciality screening camps in villages free of cost, which will help in screening the diseases further and detect individuals requiring further management at tertiary care hospitals.

- **Community based learning for students & staff of constituent colleges**

The villages adopted under UBA can serve as ideal platform for young and budding health sciences graduates to hone

their communication skills and firsthand experience of socio-economic & cultural determinants of health & disease in villages of India.

- **IEC & BCC**

Students and staff of health sciences Universities/collages can play an important role by imparting Information, education and communication as well as behaviour change communication strategies on various issues directly and indirectly related to rural health by using various modalities like Skits, Role Play, Rallies, health talk etc.

- **BETiC cell**

Biomedical Engineering and Technology (incubation) Centre (BETiC) Innovation Cell brings together various stakeholders like doctors, engineers and designers for medical device innovation and works as a team to create solutions for unmet health challenges. The budding students from adopted villages can participate/seek its expertise as and when required.

- **SILICE cell**

The Social Innovations Incubation Centre (SinnoLABs) provides an open-source platform that seeks to develop social economy enterprises. The budding social entrepreneur from adopted villages who have out of box ideas for social enterprise can be mentored for scaling up their social start-ups through SinnoLabs.

- **Liasoning with Public Health Department, CBO, NGOs.**

By forming alliance and collaboration with Public health department, Local Nongovernmental organizations, Community based organizations which are like minded and want to work for holistic rural development the staff and students can complement their efforts.

- **Miscellaneous Roles:**

By virtue of their expertise in Healthcare Health sciences, Universities/collages can provide following services.

- Awareness and sensitization regarding government health-related schemes and linking the beneficiaries to the same.
- Subsidized Health insurance: Providing Hospital health insurance schemes to adopted villages under UBA in subsidized rates eg. our University gives 50 % concession on Health insurance cards for families of adopted villages.
- Awareness and sensitization regarding Hospital schemes and linking the beneficiaries to the same.
- Outbreak investigation: Support Public health department in conducting outbreak investigations and support during contingencies like Covid-19 response.
- Implementation of Government National Health programs: By virtue of their expertise in conducting, participating and implementing various National health programs, health sciences Universities/colleges can add

value by complementing local public health teams in efficient implementation of various National Health programs of the Ministry of Health and family welfare.

Implications

In a feasibility study done by Devassy SM et al The efficiency and effectiveness of a student-led mental health detection and stepped referral model was tested using UBA programme as a platform for implementation and they concluded that it is a scalable model to step up mental health services to the community cost-effectively. Similarly, we believe that by linking Family adoption program to UBA more such avenues will open up for preventive promotive curative referral health services and health research. (7)

UBA as Metric and key indicator (KI) has been added to revised 'India Rankings 2020' parameters under the National Institutional Ranking Framework (NIRF), and under NAAC Accreditation by central Government (8).

National Accreditations are vital for any university/collage, by enrolling in UBA & linking it in sync with FAP, the university/college can showcase their work in NAAC & NIRF forums. Implementing our proposed model is feasible and we believe Health Sciences Universities/colleges will be able to systematically implement mandatory FAP along with UBA. It shall leverage their potential so as to serve adopted rural communities and also make avenues at Participating Institutes available for immediate local community members from adopted villages so as to make it a win-win situation for all concerned.

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