Growing Health Needs of the Urban Poor: Challenges and Program Experiences from India

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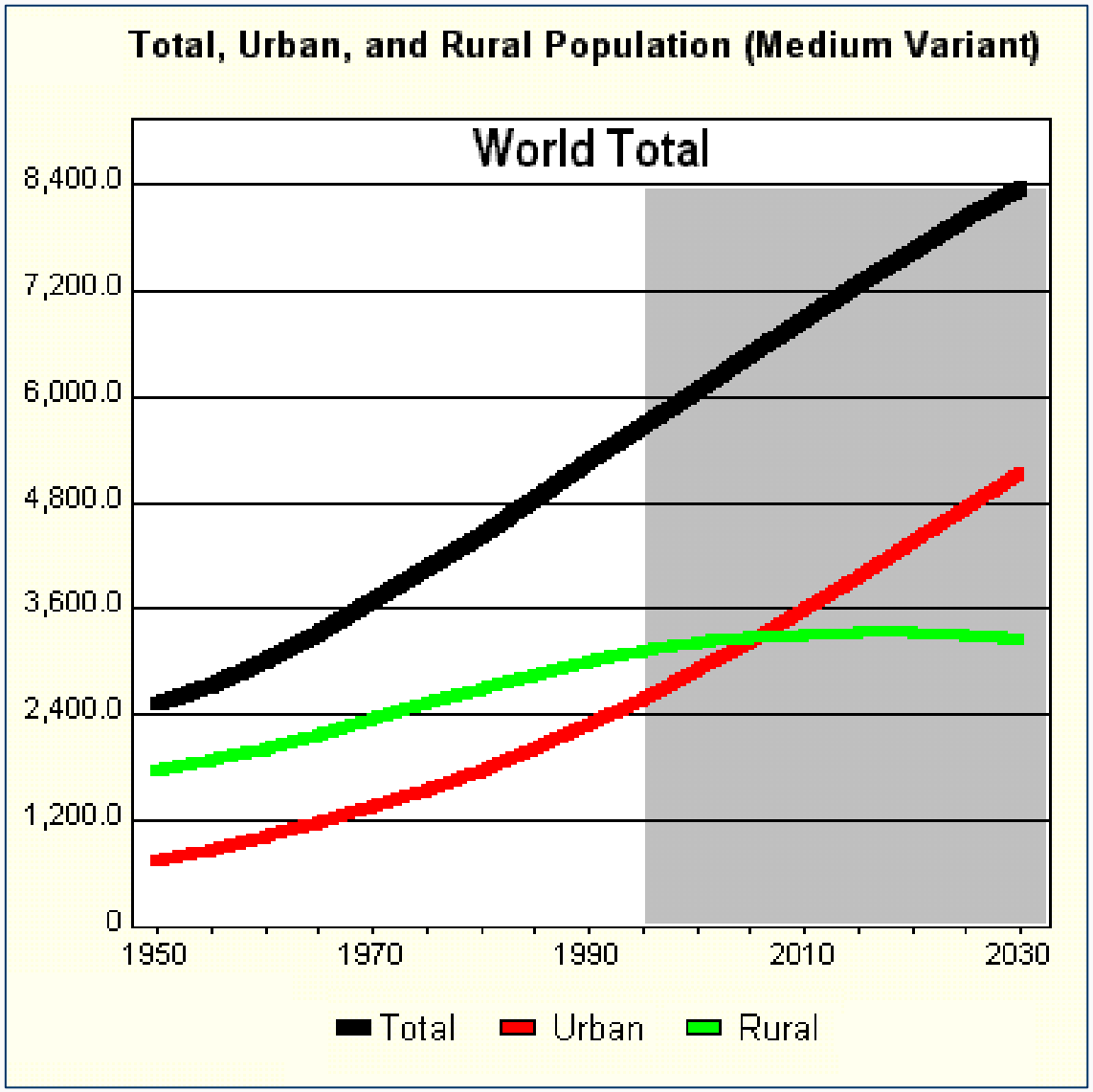
Outline

- Growing health needs of the urban poor in India
- Challenges in Improving Health of the Urban Poor
- Program Experiences and Lessons from India

Urbanization

Urban Population



Source: United Nations, World Urbanization Prospect, The 1999 revision (for 2000)

Urbanization Trends in Asia

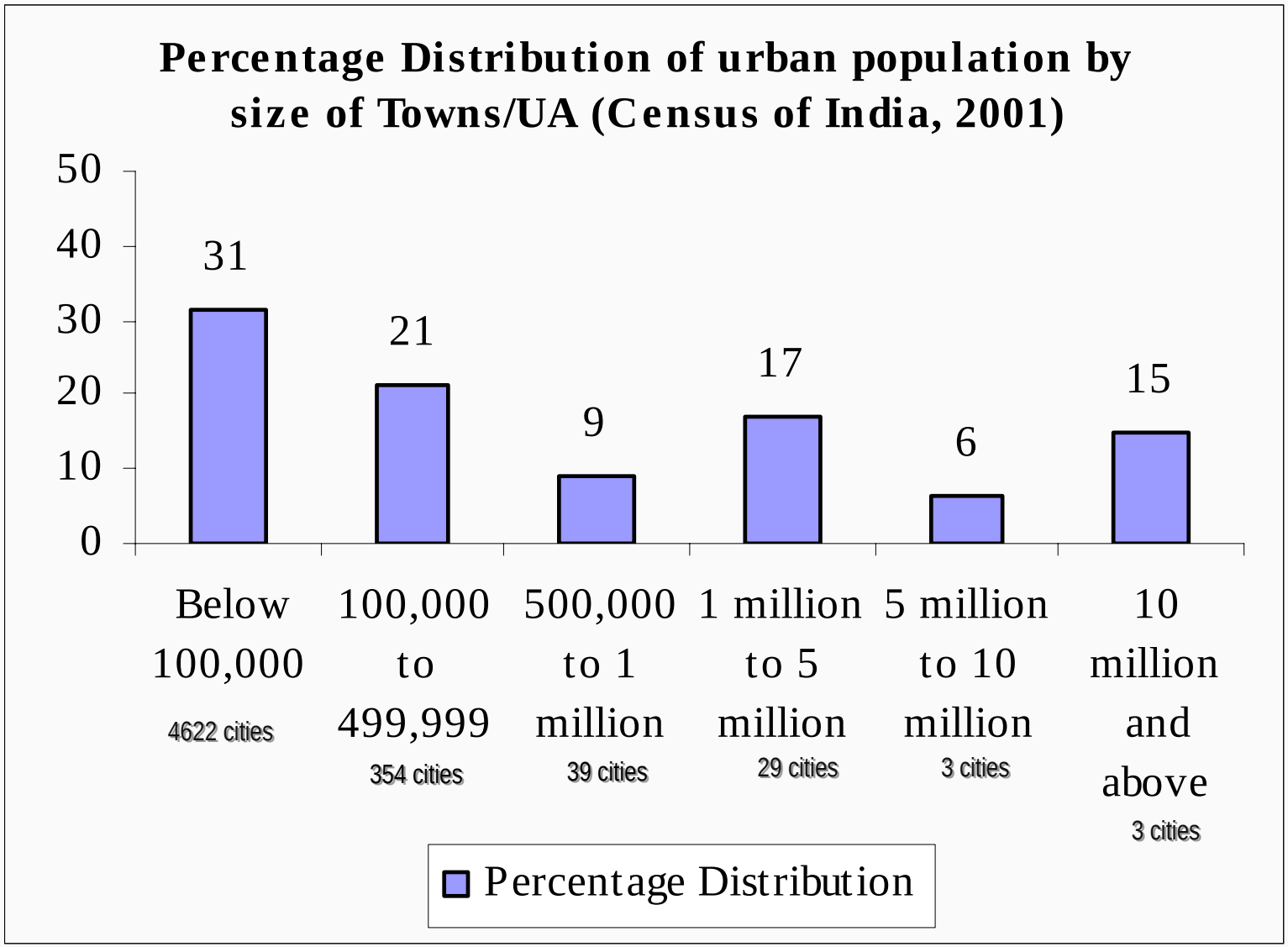
- In Asia urban population is expected to increase from 1.55 billion to 2 billion by 2016
- Asia (excluding Japan) is projected to become 50 per cent urban by 2025 from the current 38%
- The urban population growth in Asia is 2.3 compared to 0.14 in Europe
- Number of million plus cities likely to increase from 194 to 288 by 2015

Source: World Urbanization Prospects, 2003 Revision

Urban Growth and Poverty in India

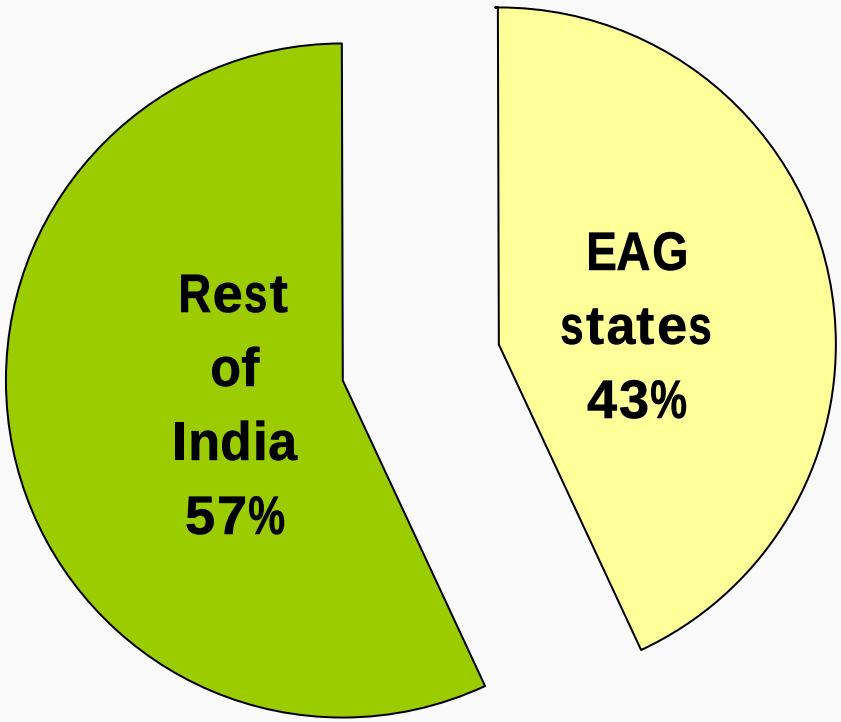
- Urban population - 328 million
  - Projections for 2007 by Technical Group on Population Projections
- India is expected to be approximately 40% (550 million) urban by 2026
  - Census, 2001 population, Projections, 2001-26
- 2-3-4-5 phenomenon of population growth
- Urban poor estimated at 80.74 -100 million
  - Planning Commission, Poverty Estimates for 2004-05 and National Population Policy, 2000
- Estimated annual births among urban poor: 2 million
  - Based on CBR 19.1 for urban population and 100 million urban poor population

Greater Population in Small, Medium Sized Cities

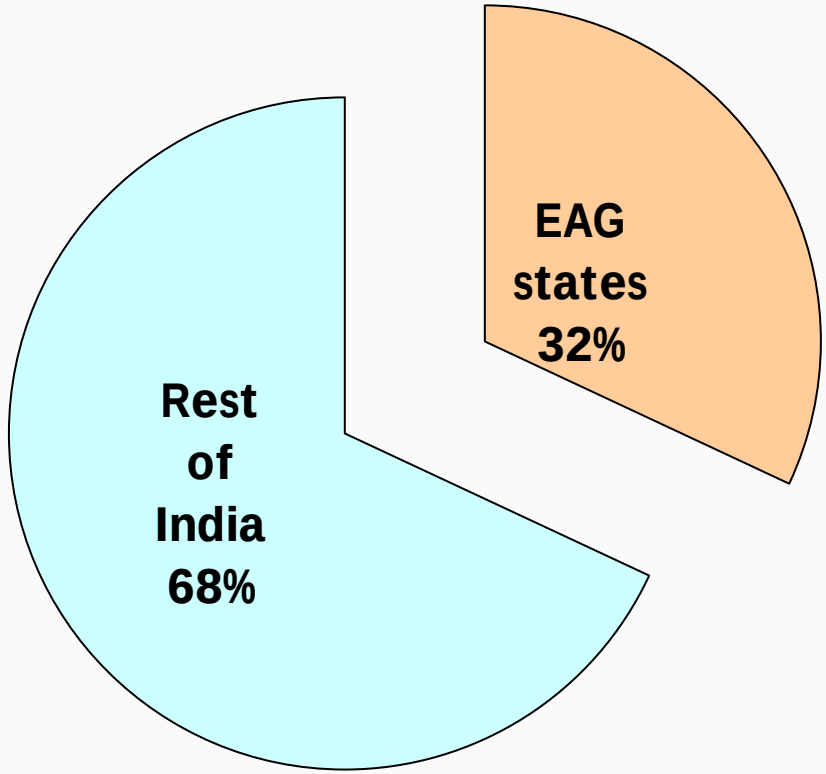


Urban Scenario in EAG states*

Urban Poverty inEAG States



Urban Population in EAG States

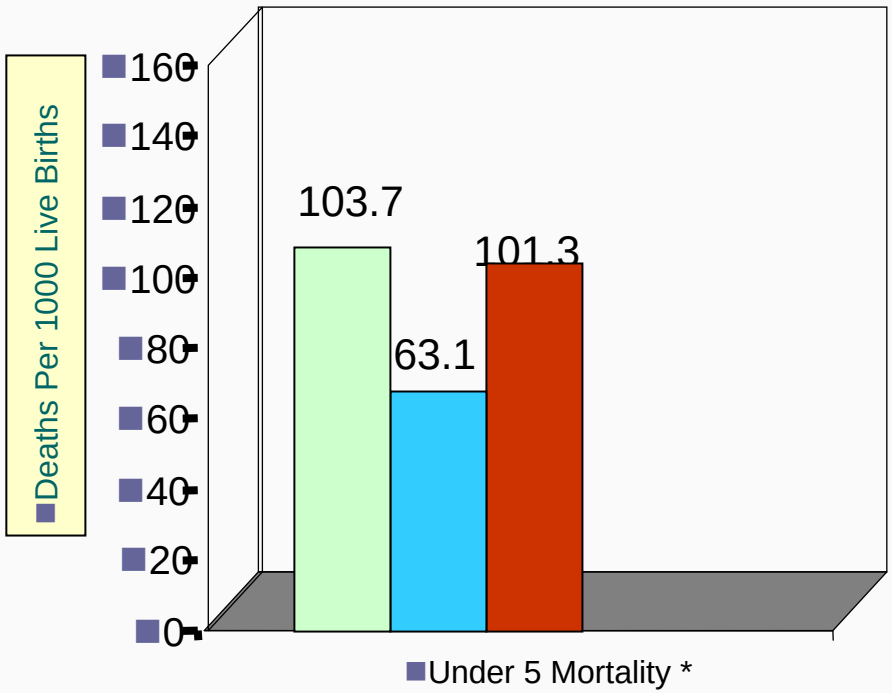


- Data from Census 2001 and NSSO 55th round, 1999-2000
- EAG (Empowered Action Group, Govt. of India, 2001) identified 8 states that lag behind on demographic and health indicators. These are: UP, MP, Rajasthan, Bihar, Orissa,, Jharkhand, Chhatisgarh, Uttaranchal

Health Needs of the Urban Poor

Poor Child Health and Survival

Health conditions of urban poor are similar to or worse than rural population and far worse than urban averages



Rural Average

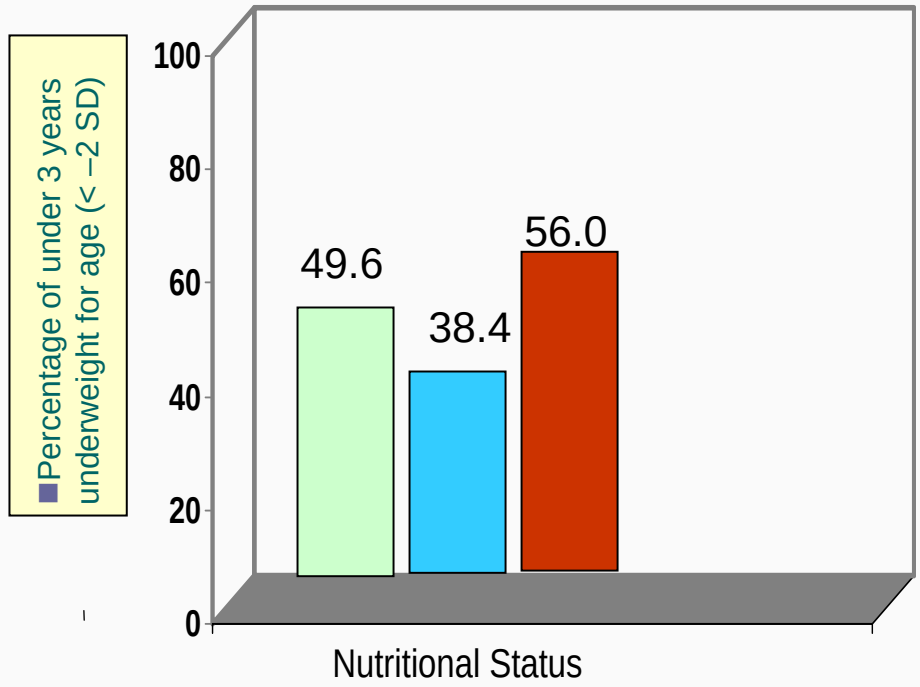
Urban Average

Urban Poor

* Mortality per 1000 live births

[Re-analysis of NFHS 2 (1998-99) by Standard of Living Index, EHP: 2003]

Childhood Under-nutrition



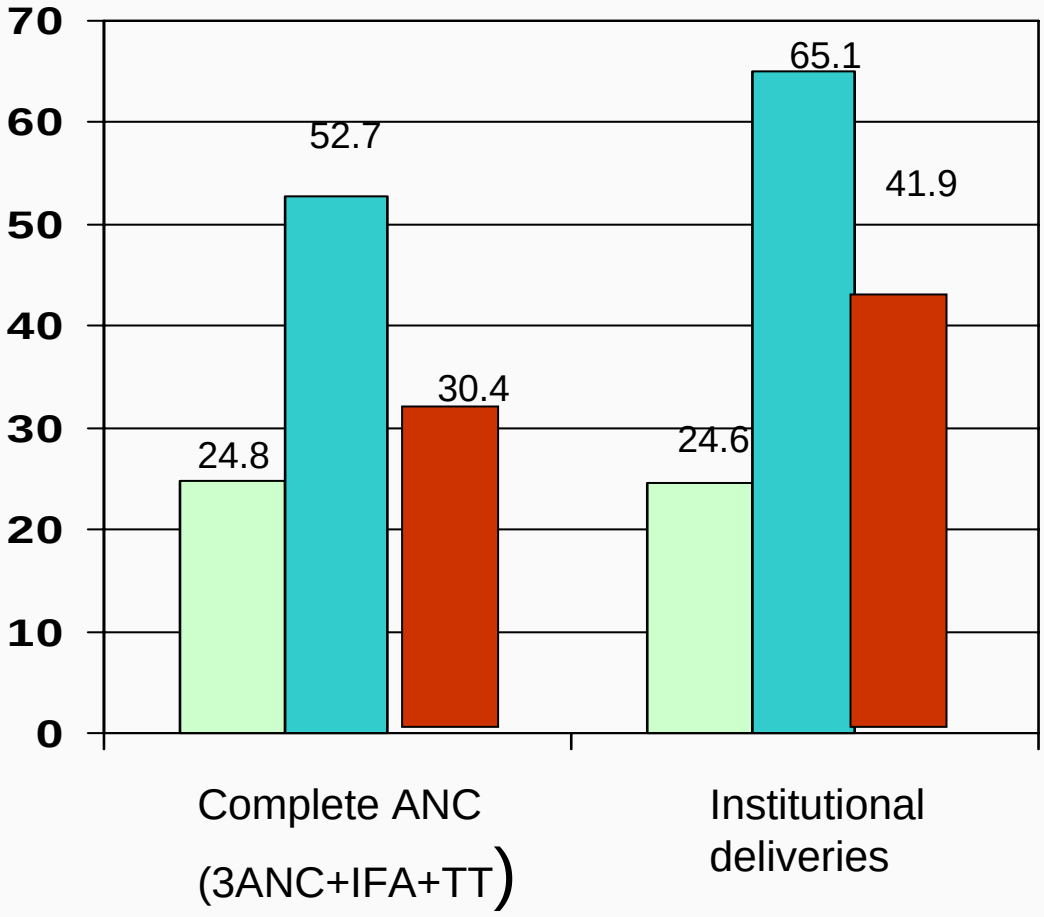
Rural Average

Urban Average

Urban Poor

[Re-analysis of NFHS 2 (1998-99) by Standard of Living Index, EHP: 2003]

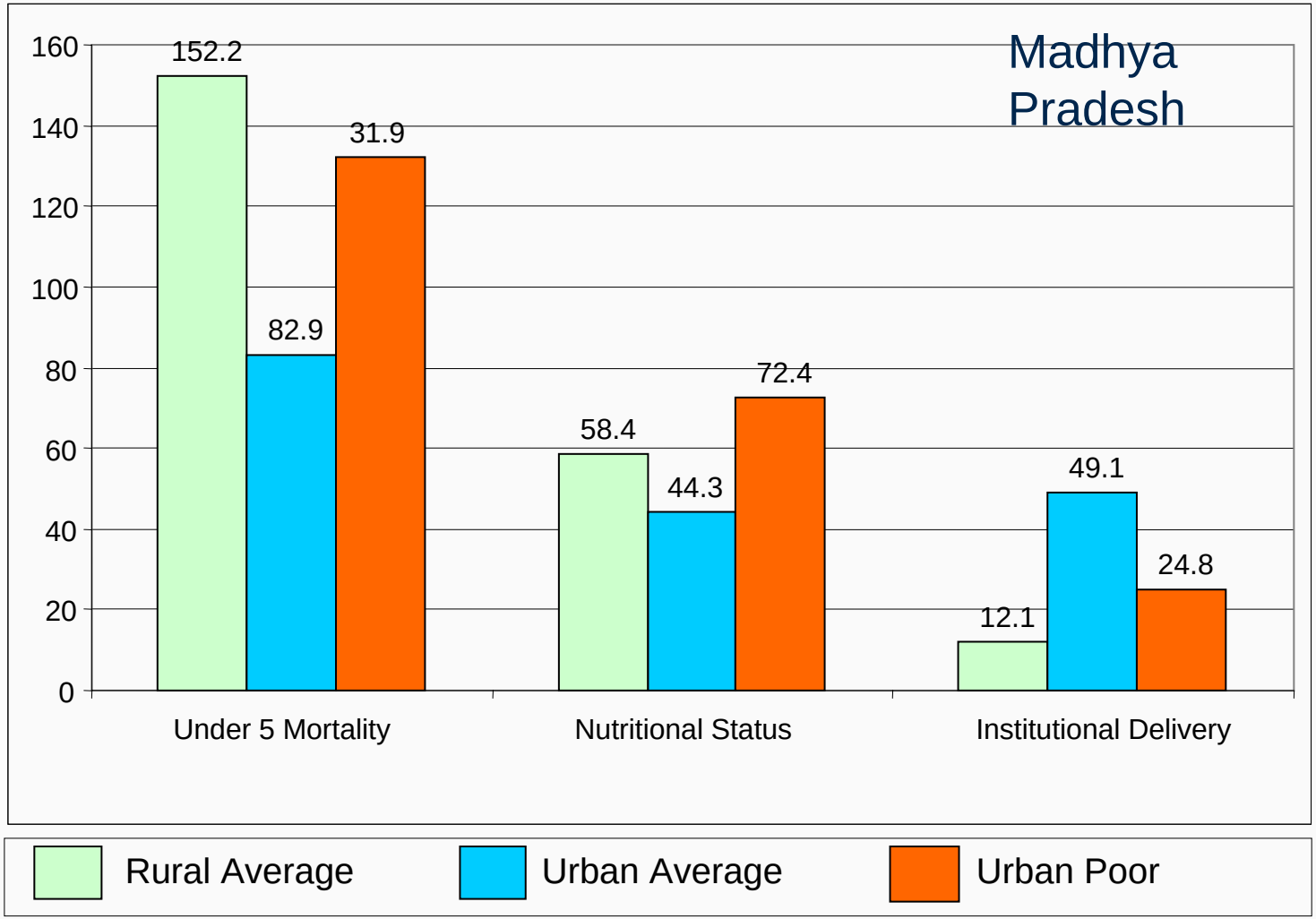
Poor Access to Health Services



Nearly 1million babies are born every year in slum homes in India

Re-analysis of NFHS 2 (1998-99) by Standard of Living Index, EHP: 2003

Conditions Worse in Less Developed States



Contribution of Urban Poor to National Economy

- Almost 90% of urban poor are involved in urban informal sector.[1]
- Urban sector contributes 60% of Gross Domestic Product (GDP).[2]
- Informal sector's contribution to non agricultural GDP is 45%.[3]

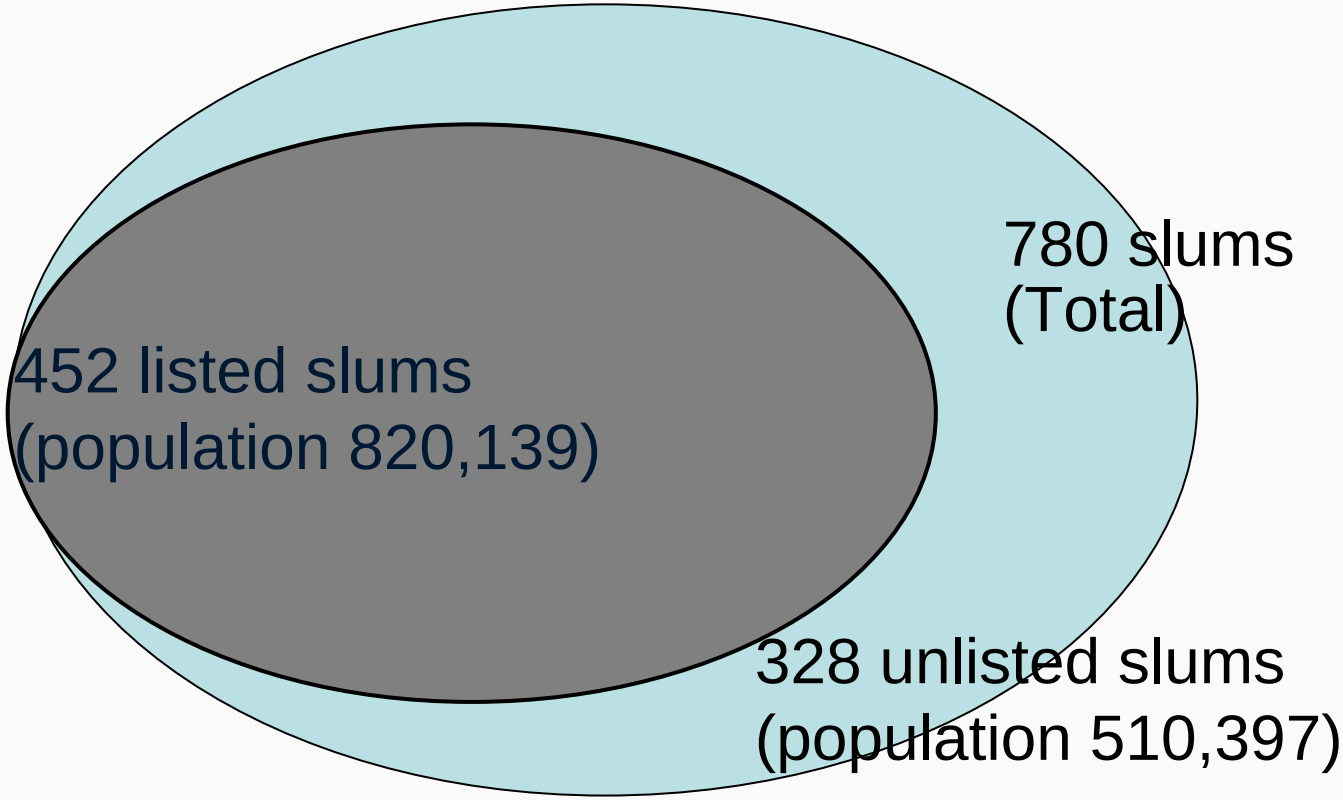
1. USAID (2002). Making cities work, India Urban Profile.
2. Chaudhary O. New vistas in financing for development of real state. National Real Estate Summit. FICCI-3rd September 2004
3. International Labour Office.2002.Women and Men in Informal Economy.

Challenges in Improving Health of Urban Poor in India

Challenge # 1 Lack of Policy Focus

- Urban Health remained a low priority with greater focus on rural areas
- Lack of credible data for urban poor related planning
- Urban poor face illegality and many clusters overlooked by official enumeration systems

Challenge # 2: Invisible and Un-counted Slums



City	Slums on official List	Unlisted Slums
Agra	215	178
Dehradun	78	28
Bally	75	45
Jamshedpur	84	77
	452	328

According to NSSO 58th Round (2002) 49.4% slums are non-notified in India

Challenge # 3: Inadequate Services

Inadequate Primary Health and Nutrition Services

- There is one UFWC/HP for about 0.23 million urban population[1] against government norm of 1 for 50,000 population
- Absenteeism, inconvenient timings, apathy at public facilities discourages the poor
- About half slum population is not covered by ICDS, a key maternal and child nutrition and health program in India[2]
- Greater focus and investment on curative services

[1] Based on urban population -285 million (2001 Census) And 1197 Govt. urban primary health facilities (Department of Family Welfare, MoHFW, GOI);

[2] Based on 100 million Urban poor population (National Population Policy,2000) and 523 ICDS projects

Challenge # 4: Weak Services

- Weak coordination among various stakeholders
- Weak capacity among government and NGO managers on urban health
- Very few examples of coordinated, planned slum health programs in most States.

Challenge # 5: Weak Referral Mechanisms

- Low access of Public health services to the poor
- Weak referral linkages from community and Primary facilities
- Lack of risk pooling and health insurance mechanisms for the poor
- High usage of public hospitals by middle and higher income segments
- High usage of hospitals for minor ailments

Challenge # 6: Weak Community Demand

- Low awareness about services, entitlements
- Low awareness about healthy behaviours
- Weak community organization and social cohesion; weak negotiation capacity
- Lack of trust in public sector services owing to irregularity and low quality
- Lack of family support to Mother/care giver
- Pressing need to resume wage earning after delivery

Challenge # 7: Multi-Dimensional Vulnerability

Factors and Situations resulting in Health Vulnerability among urban poor[1]

- Irregular employment, struggle of livelihood
- Low access to fair credit
- Poor access to water and sanitation services, overcrowding, poor housing, insecure land tenure
- Unlisted slums often outside the purview of civic and health services
- Constant threat of eviction

[1]Taneja S and Agarwal S. 2004. *Situational Analysis for guiding USAID/EHP India's Technical Assistance Efforts in Indore, MP*

Challenge # 7 continued

- Temporary and recent migrants often denied access to health services, difficult to track for follow-up health services
- High prevalence of diarrhea, fever and cough among children
- Lack of organized community collective efforts in slums
- Widespread alcoholism, substance abuse, gender inequity, poor educational status

[1]Taneja S and Agarwal S. 2004. *Situational Analysis for guiding USAID/EHP India's Technical Assistance Efforts in Indore, MP*

Challenge # 8 Poor Environmental Conditions

About two thirds (65.9%) urban poor households do not have a toilet

Water Supply Situation

38% urban poor households do not receive piped water at home as compared to 18% in urban rich households

Opportunities in Urban Areas

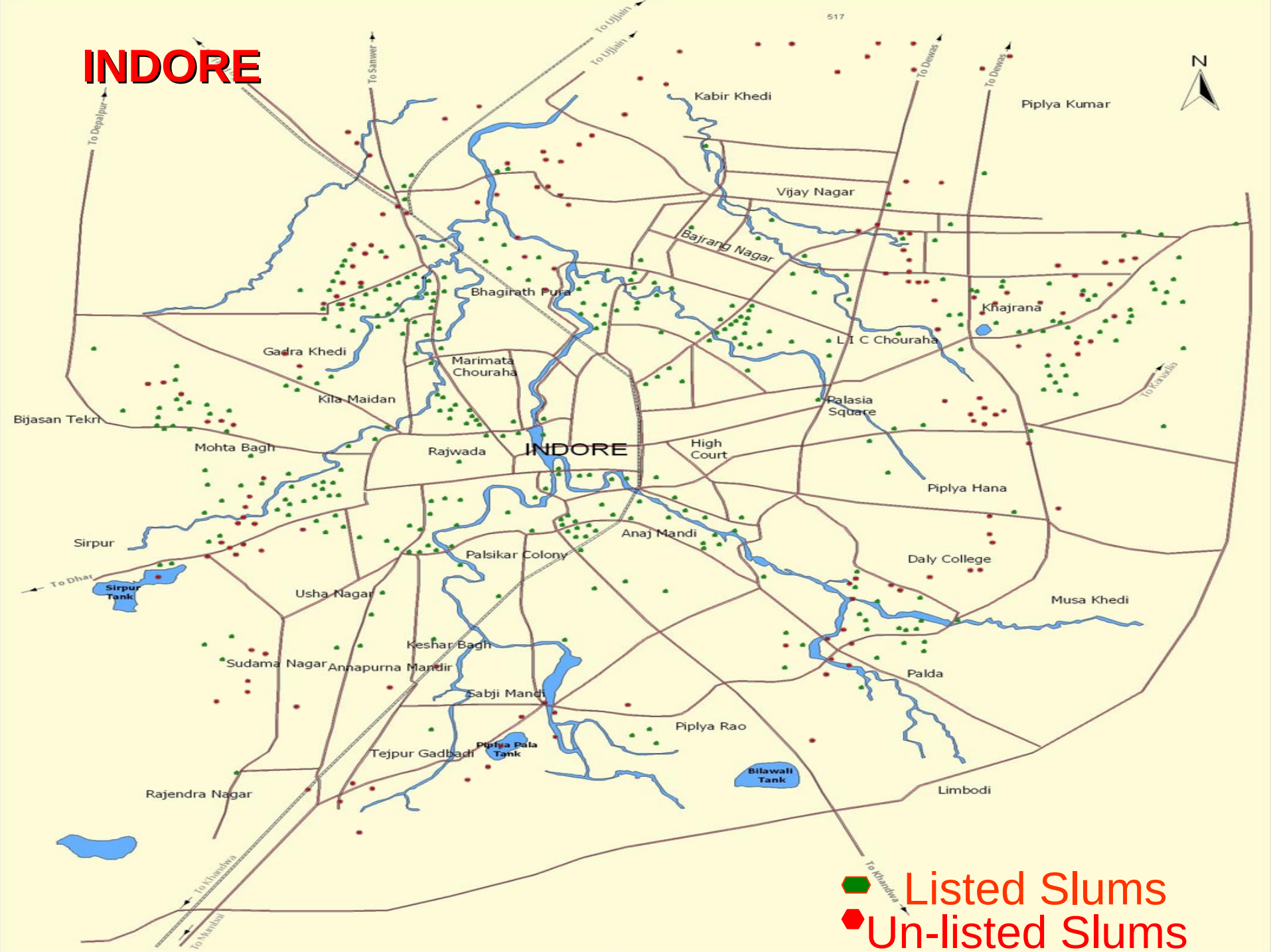
- Growing recognition of the issue and increasing interest among Government, donors and NGOs.
  - National "Task Force to advise the National Rural Health Mission on Urban Health Care" has submitted recommendations to the Ministry of Health and Family Welfare.
  - JNNURM presents opportunities in terms of health infrastructure and basic services to the poor
- Large presence of experienced and interested NGO in urban areas
- Growing body of urban poor specific research & data.
- Geographical accessibility in urban areas is an advantage.

Program Experiences and Lessons from India

Identification, plotting and assessment of urban poor clusters in a city

Assessment of Slums in the City

- Understanding the local context through needs assessment and situation analysis


INDORE
To Depalpur
To Sanwer
To Ujjain
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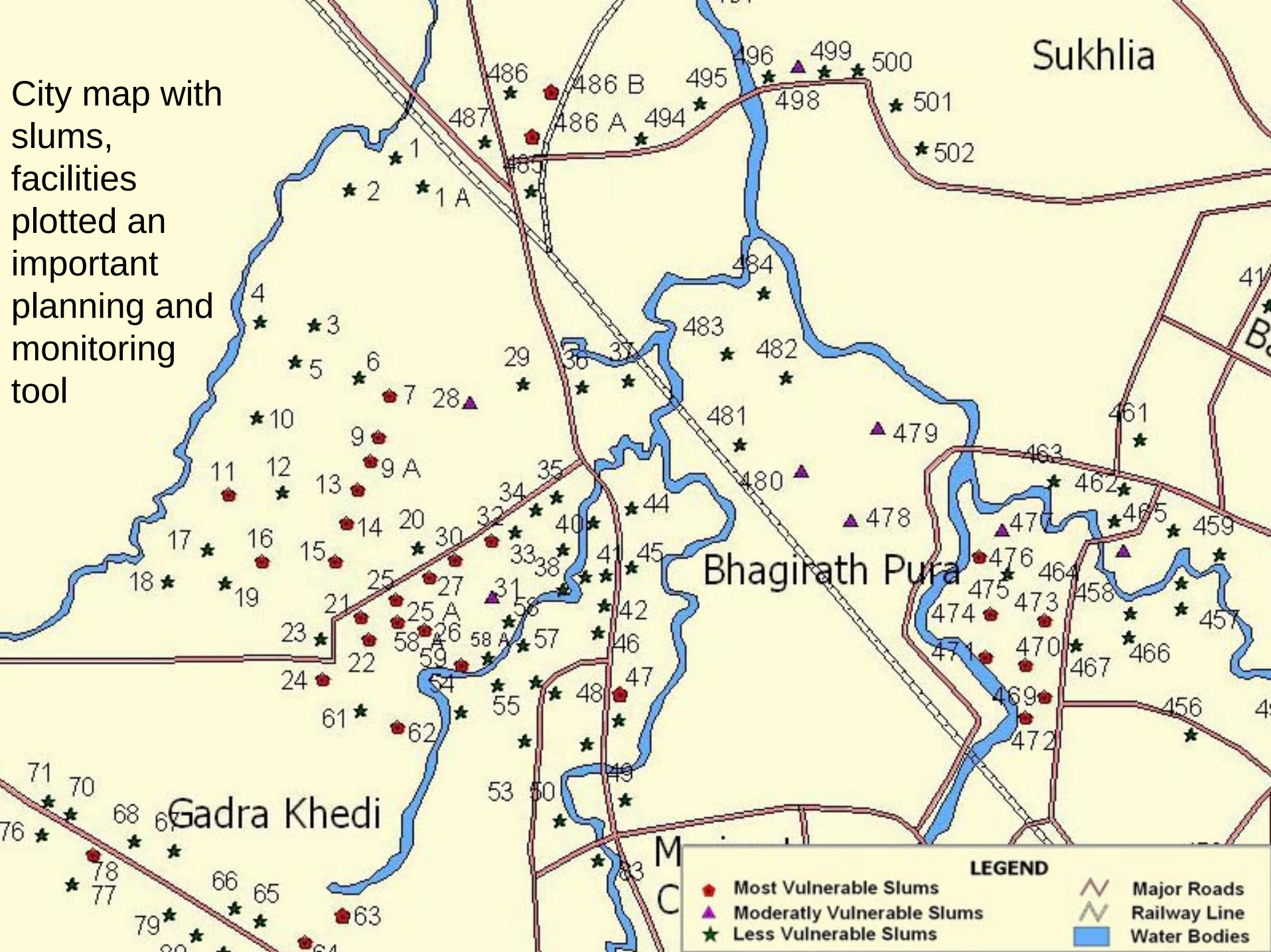
517
To Dewas
To Dewas
N
Kabir Khedi
Piplya Kumar
Vijay Nagar
Bajrang Nagar
Bhagirath Pura
Khajrana
L I C Chouraha
Gadra Khedi
Marimata Chouraha
To Kanadia
Kila Maidan
Palasia Square
Bijasan Tekri
Mohta Bagh
Rajwada
INDORE
High Court
Piplya Hana
Anaj Mandi
Sirpur
Palsikar Colony
Daly College
To Dhar
Sirpur Tank
Usha Nagar
Musa Khedi
Keshar Bagh
Sudama Nagar
Annapurna Mandir
Palda
Sabji Mandi
Piplya Rao
Tejpur Gadbadi
Piplya Pala Tank
Bilawali Tank
Limbodi
Rajendra Nagar
To Khandwa
To Mumbai
To Khandwa
Listed Slums
Un-listed Slums

City map with slums, facilities plotted an important planning and monitoring tool



Program Approaches

Approach 1: Indore

- NGO-CBO Partnership Approach

  Enhancing Demand, Supply, Capacity and fostering Linkage

Approach 2: Indore, Agra, Bhopal,

- Ward Coordination Approach

  Convergence among Stakeholders to optimize resources and improve reach

Approach 3:Agra

- NGO Managed Urban Health Centre

  Public Sector-Private non-profit partnership for expanding services and Social Mobilization in un-served areas

Urban Health Situation in Indore

- **Growing Urban Poor Population in Indore:**
  - Population - 1.8 million (2001 Census)
  - Decadal Growth rate- (1991-2001) - 47%
  - Estimated slum population - 0.6 million
  - No. of slums – 539; 314 not part of official slum lists

- **Inadequate Health Care Service for the Urban Poor:**
  - 17 primary health care facilities, many functioning sub-optimally
  - Poor Access of urban poor to Health Care
  - Heavy workload on limited outreach staff→ insufficient interaction with community, irregular outreach sessions

- **Low Demand and sub-optimal behaviors among the Urban Poor**

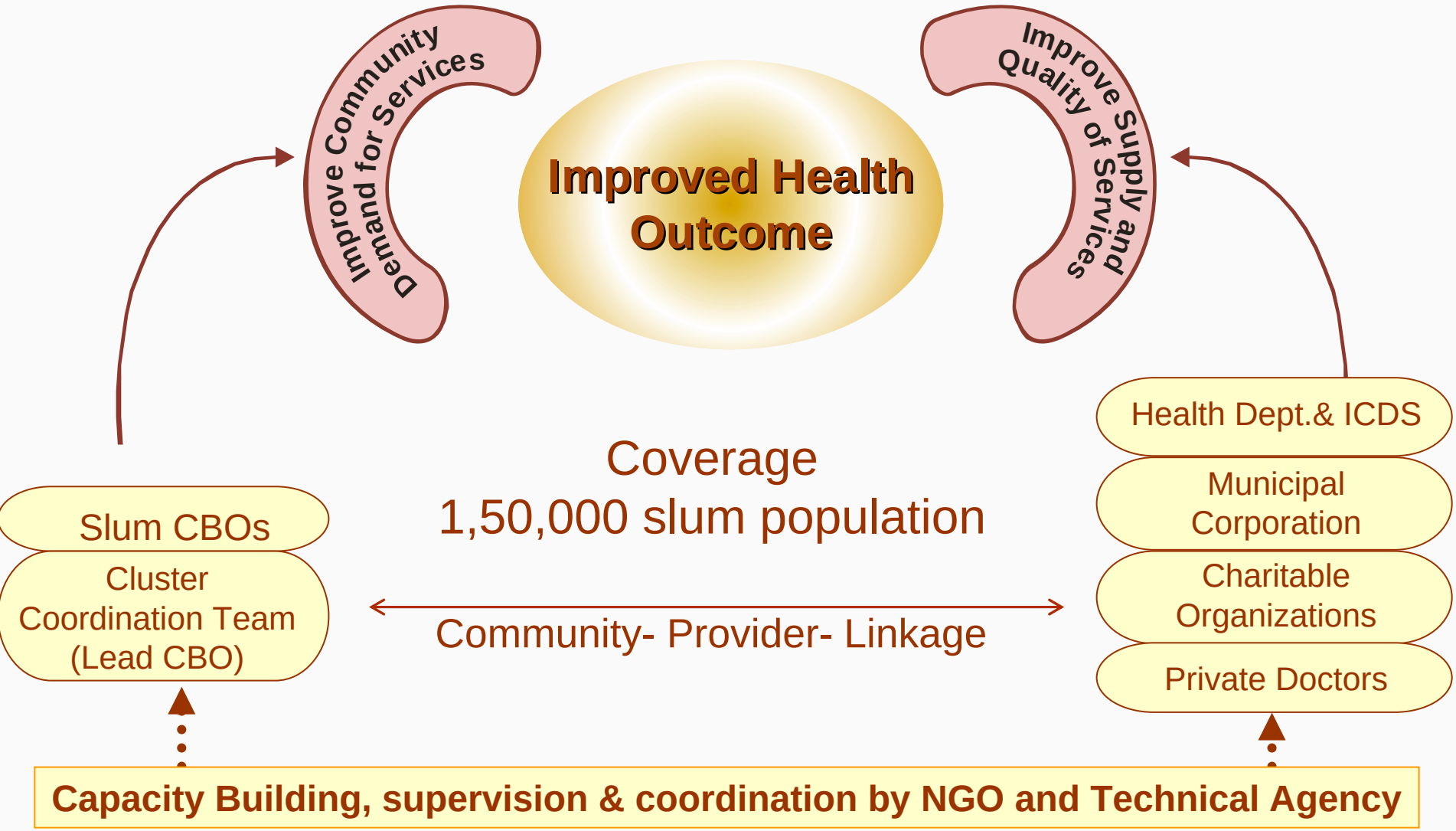
- **Lack of coordination among different service providers**

NGO- CBO Partnership for Improved Demand-Supply

- The partnership is based on the principle of enabling and connecting people (slum communities) to health providers (public and private) with capacity building support from trained local NGOs.

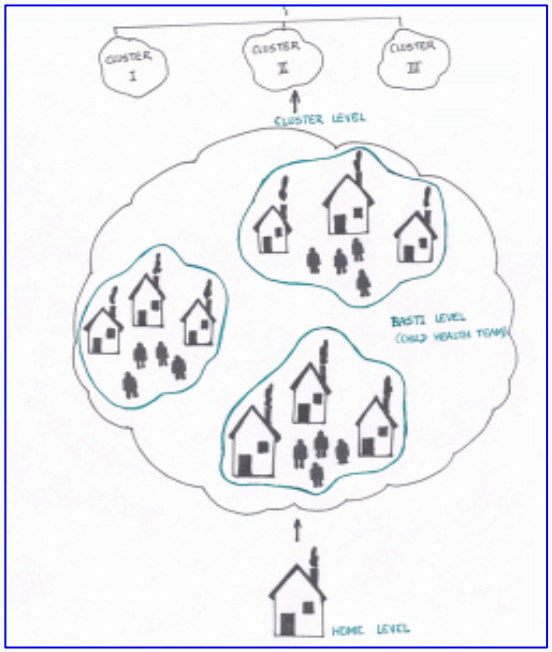
- Community level organizations have strong community presence, are more accountable and informed about urban poverty. Their involvement in development programs helps address issues in a more effective and sustainable manner.

Linking Slum Communities with Public & Private Providers



Building Sustainable Institutions in Underserved Urban Communities

9 CLUSTER COORDINATION TEAMS

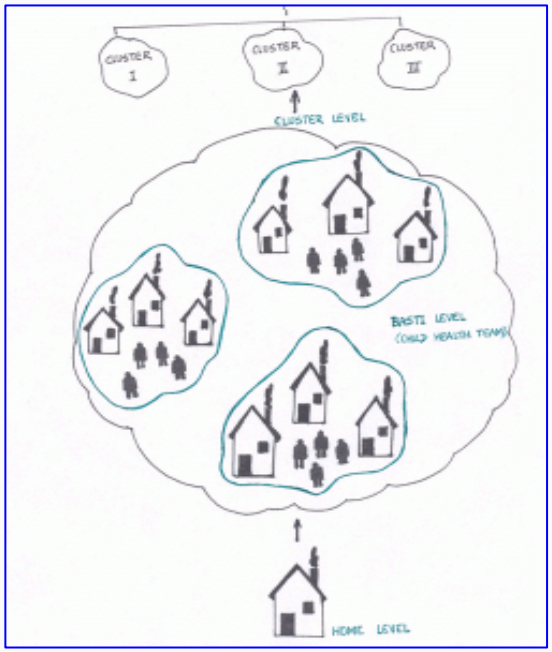


(also called Lead CBOs; 7-9 slums per cluster)

- Seven registered as voluntary organizations.
- Plan and negotiate regular health services
  - Referral linkages & coordination with service providers (Health, Water & Sanitation, drainage)
  - Monitor and support *Basti* CBOs in health activities as necessary

NGOs with support from UHRC undertake periodic program review and implement appropriate improvement measures as identified during review

Building Sustainable Institutions in Underserved Urban Communities

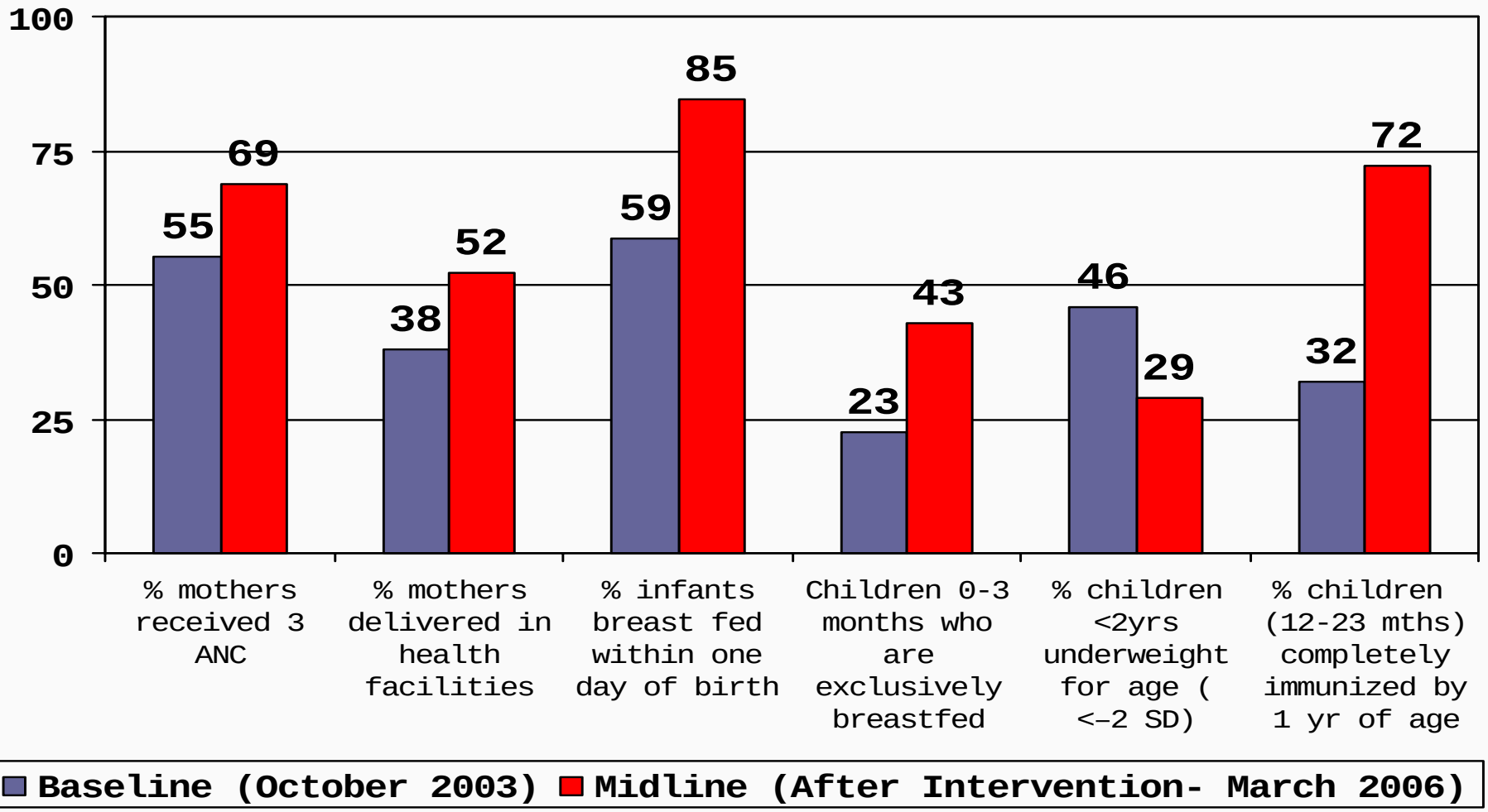


BASTI (Slum) LEVEL CBOs

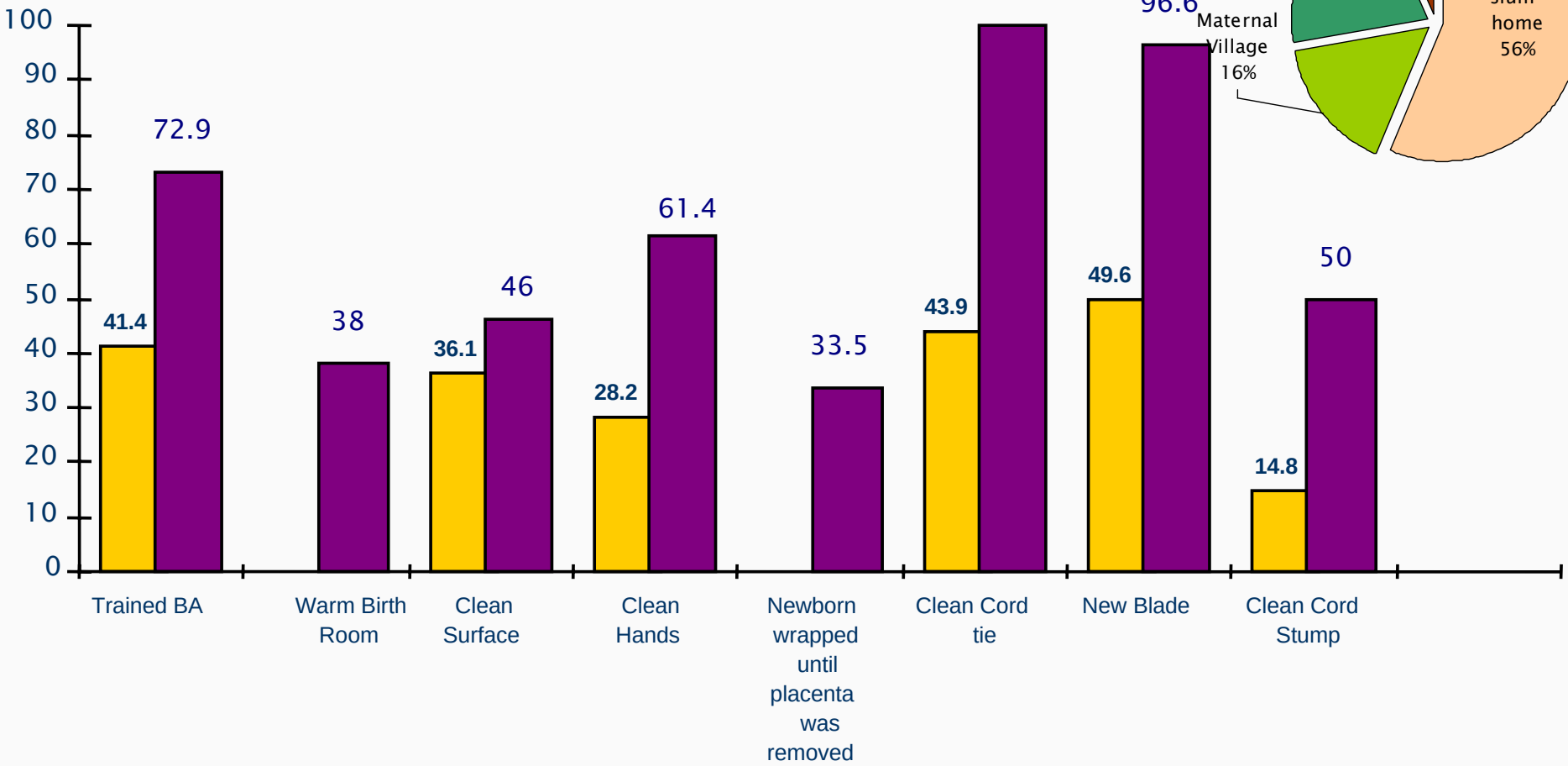
(90 community groups of 7-12 members, including *dais* across 75 slums or *bastis*)

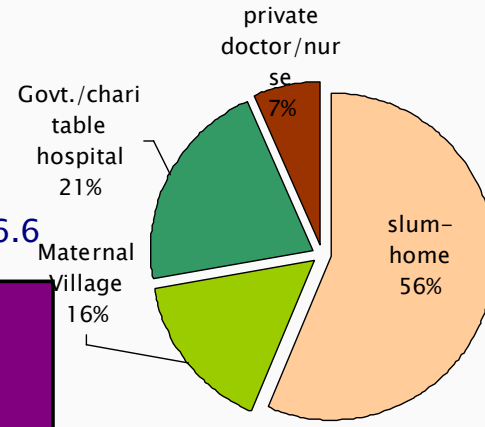
- Community based monitoring
- Counsel slum families on healthy behaviours
- Identify un-reached families and ensure access for them
- Support regular MCH camps in slums

Improved Health Indicators in Indore Slums



Program Outcome: Delivery Related Practices





Program Approaches

Approach 1: Indore

- NGO-CBO Partnership Approach

  Enhancing Demand, Supply, Capacity and fostering Linkage

Approach 2: Indore, Agra, Bhopal,

- Ward Coordination Approach

  Convergence among Stakeholders to optimize resources and improve reach

Approach 3:Agra

- NGO Managed Urban Health Centre

  Public Sector-Private non-profit partnership for expanding services and Social Mobilization in un-served areas

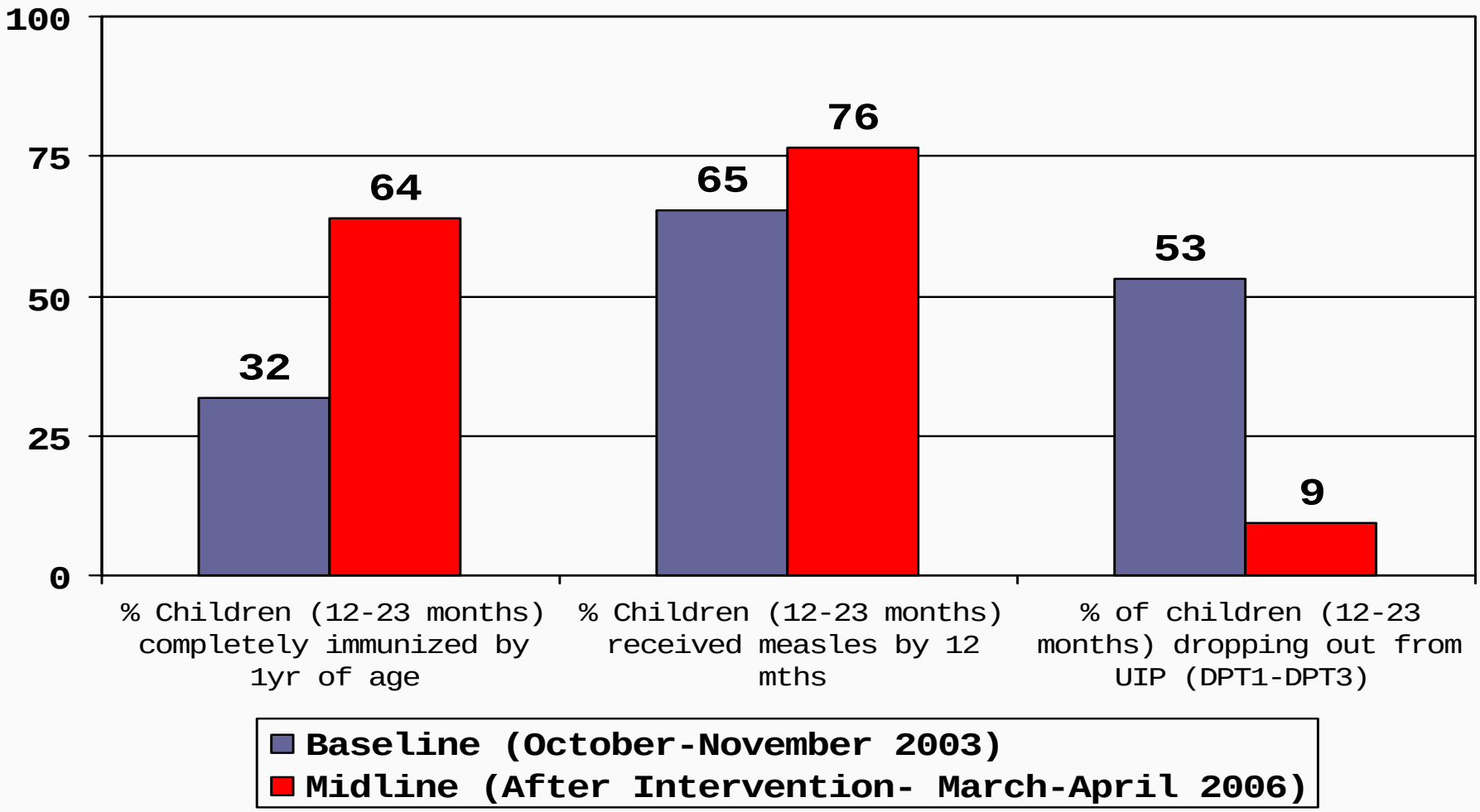
Approach 2

Multi-stakeholder Ward Coordination Approach

Total Coverage: 70, 000 slum population in 2 wards in Indore

*District Urban Development Authority

Improved Health Indicators in Ward 5 of Indore



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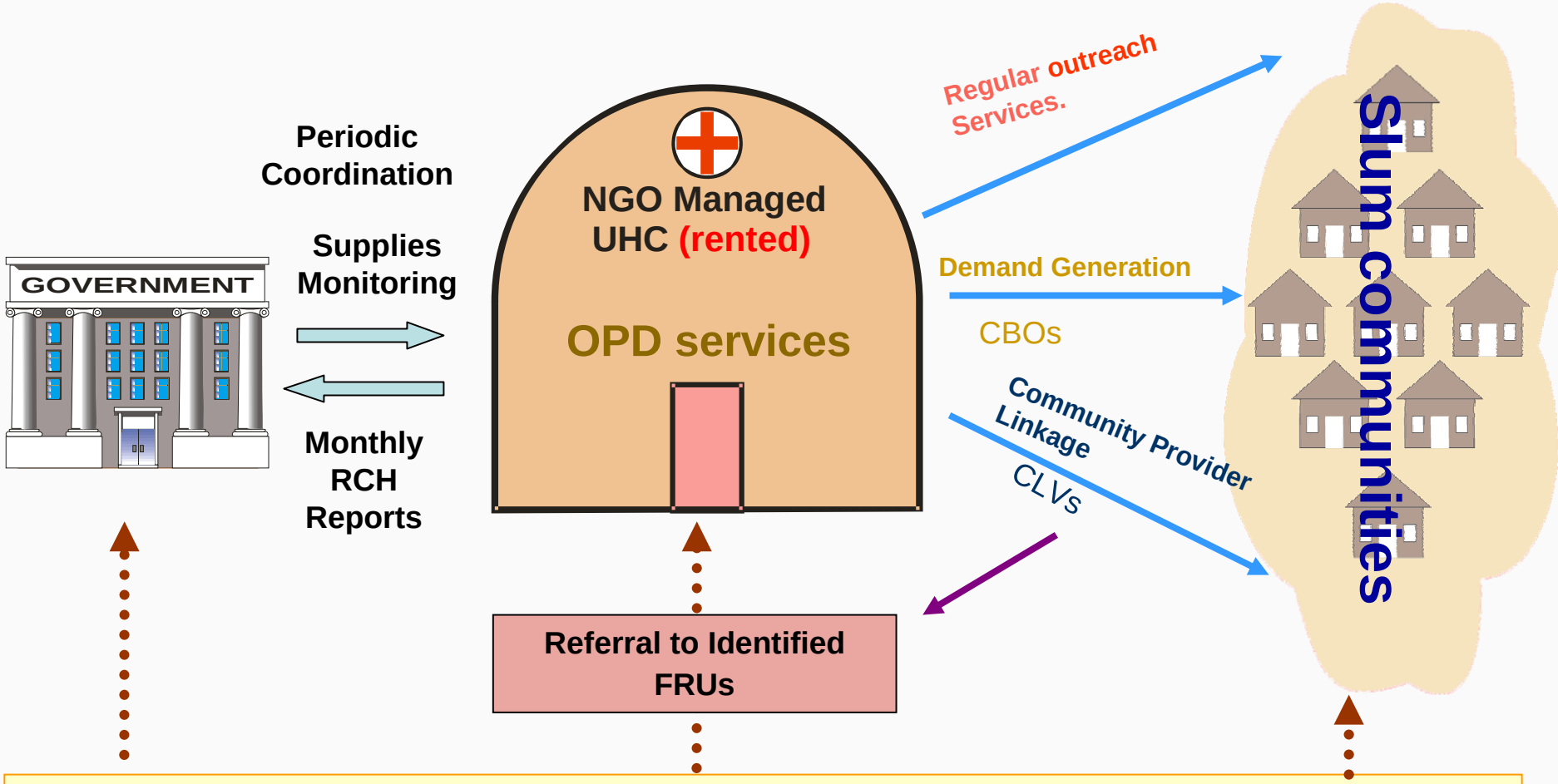
Approach # 3

NGO Managed Service Delivery, Community Mobilization

2 such UHCs are operational covering 53 slums with approximately 106,252 population, in Agra



UHRC provides support for capacity building, coordination and system strengthening

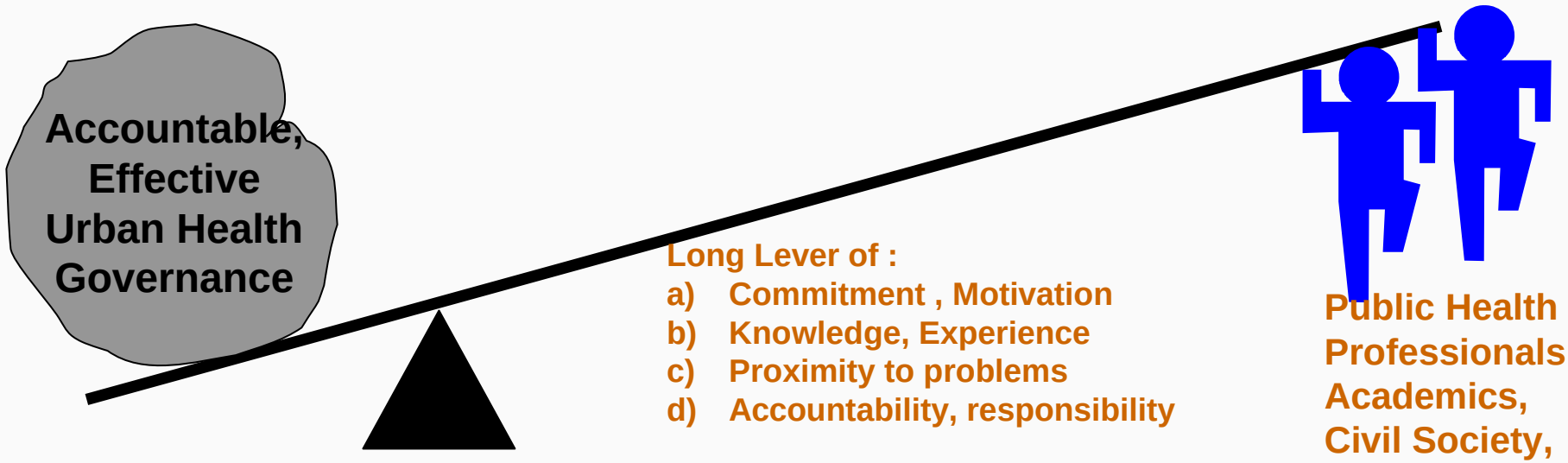
Lessons Learned

- Situation analysis helps identify underserved slums, priority needs and local resources
- City map with slums and facilities plotted helps effectively plan new Health Centres and outreach services
- Building capacity of slum-level institutions and facilitating linkage with public and private providers is important for sustainability
- Inter-sectoral linkages to address water and sanitation issues are difficult in weak governance situations like Agra

Lessons Learned continued

- Existing slum leaders/networks evolved as a potent institutional mechanism for slum health (and development) programs.
- Partnership & coordination among multiple stakeholders helps utilize resources from varied sources and eliminate duplication of efforts.
- NGOs can effectively complement Government's efforts to
  - Quickly expand health services to un-served areas
  - Strengthening outreach services from existing Govt facilities

With Hope and Confidence



"A small body of determined spirits fired by an unquenchable faith in their mission, can alter the course of history"

- Mohandas Karamchand Gandhi