

# **Government of India's Policy Focus on Urban Health**

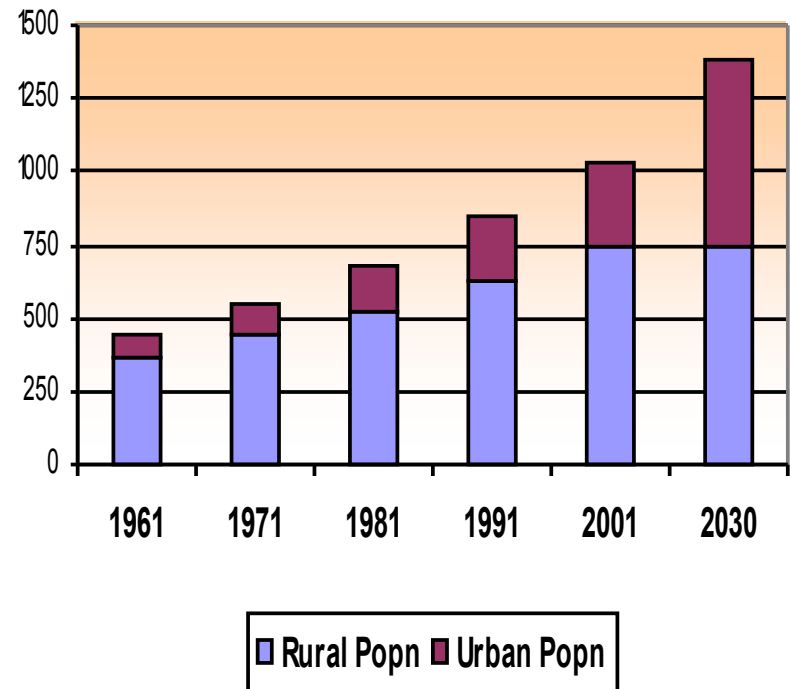
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# Urbanization: Trends & Present Status

- Total Population (2001 Census): 1028.6 Million
- Urban – 286 Million (27.8%)
- Growth Rate of Population during 1991-2001:
  - Rural – 17.9 %
  - Urban – 31.2 %
- Estimated Slum Population in 2001: 60 Million

Urban and Rural Population of India  
(in millions)



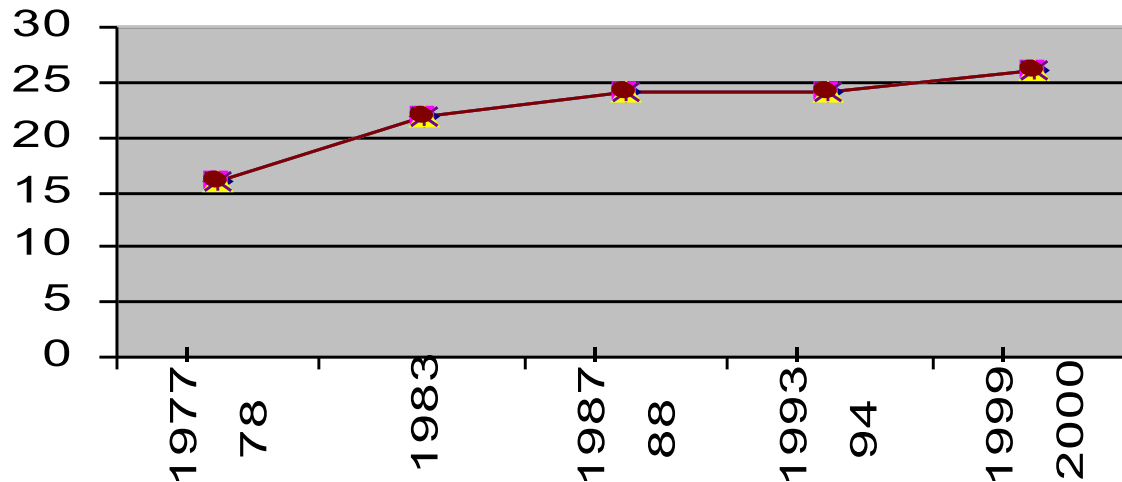
# Urban Poor in India

67 million-90 million (from different estimates)

*Poverty is no longer only a rural phenomenon.*

*The 2001 Census records a 2-3-4-5-6 growth rate.*

*One out of every four poor persons of the country lives in the city.*

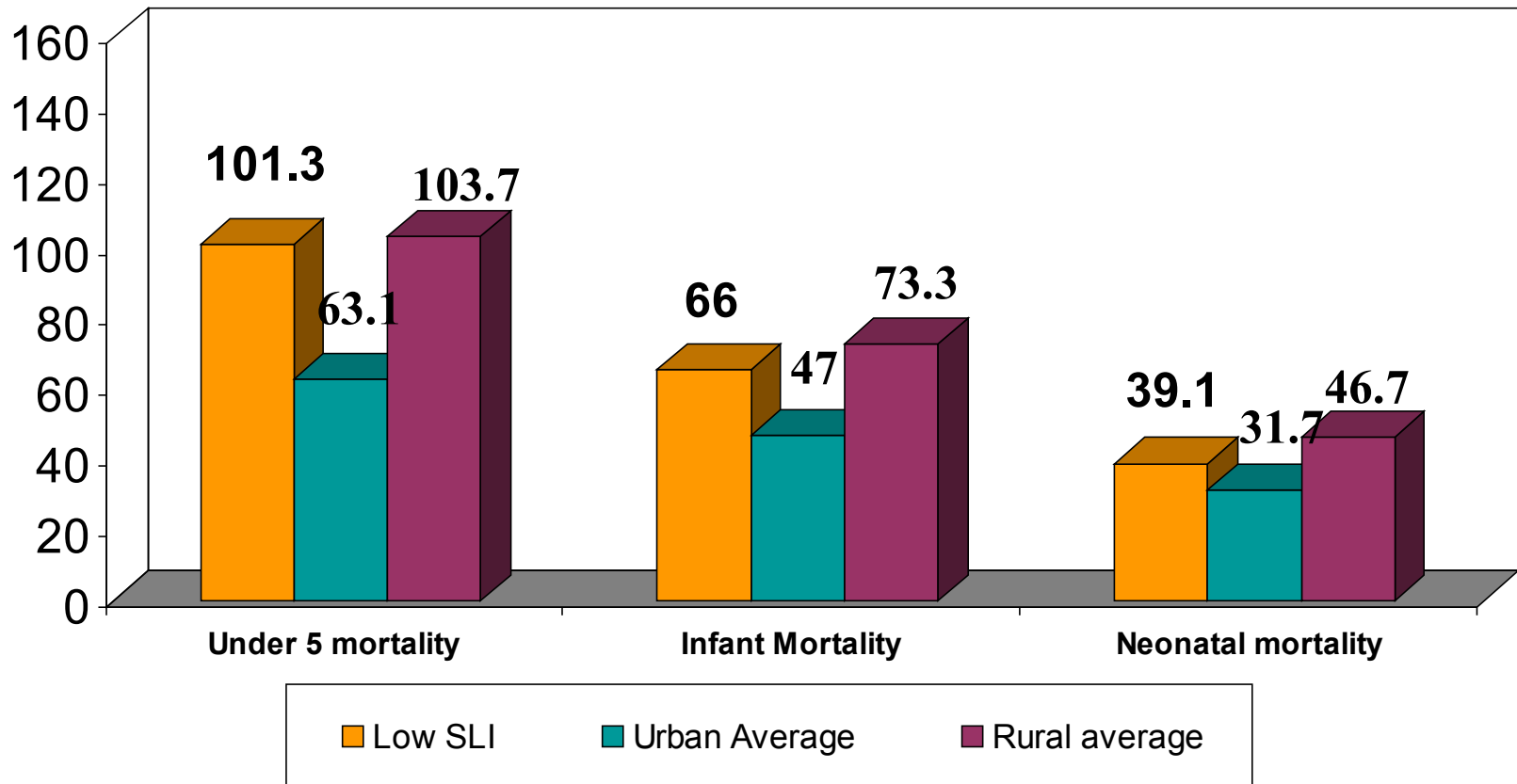


**Share of Poverty from urban areas, India, 1973 – 2000**

Based on data from Planning Commission

As an increasing share of rural-to-urban migrants settle in smaller urban areas—which generally offer lower living standards and fewer opportunities than the big cities — global poverty levels can be expected to rise unless something is done soon to improve conditions in smaller urban areas.

# Health of the urban poor in India: Mortality Indicators



Source: NFHS 2, 1998-99 reanalysis EHP USAID Urban Health Program, India

# Urban Health in India

- Health is still a largely rural centred programme. UH started as early as 1951 during first five year plan; however priority remained rural for decades.
- Unlike Rural Areas with an organized 3 tier health delivery structure, there is no such structure available in Urban Areas; hence poor health indicators of urban poor.
- Acknowledged as a thrust area under NPP (2000); NHP (2002); 10<sup>th</sup> FYP and RCH-2
- Emerging Priority: Provision of assured and credible Primary Health Services of acceptable quality in Urban Areas.

# UH in India (Contd.)

- Serious Data Constraints: Outdated/often quite inaccurate; multiple sources with conflicting/inconsistent information
- Long term systemic solution: To setup appropriate statistical systems and reporting arrangements; interim solution: Situational Analysis
- Unlike rural areas, urban counterpart – highly diverse and heterogeneous; both large inter-city and intra-city variations => one size – fit won't work.
- Area-specific and objective viz. data based projects called for.
- Relative to rural areas, prospects for higher return on investments are much better in urban areas.
- Vast existing untapped/unexploited private sector potential in urban areas; optimal exploitation of this potential – need of the hour.
- The “How of it” is real/formidable challenge; high time to act lest the problem should slip out of hands.

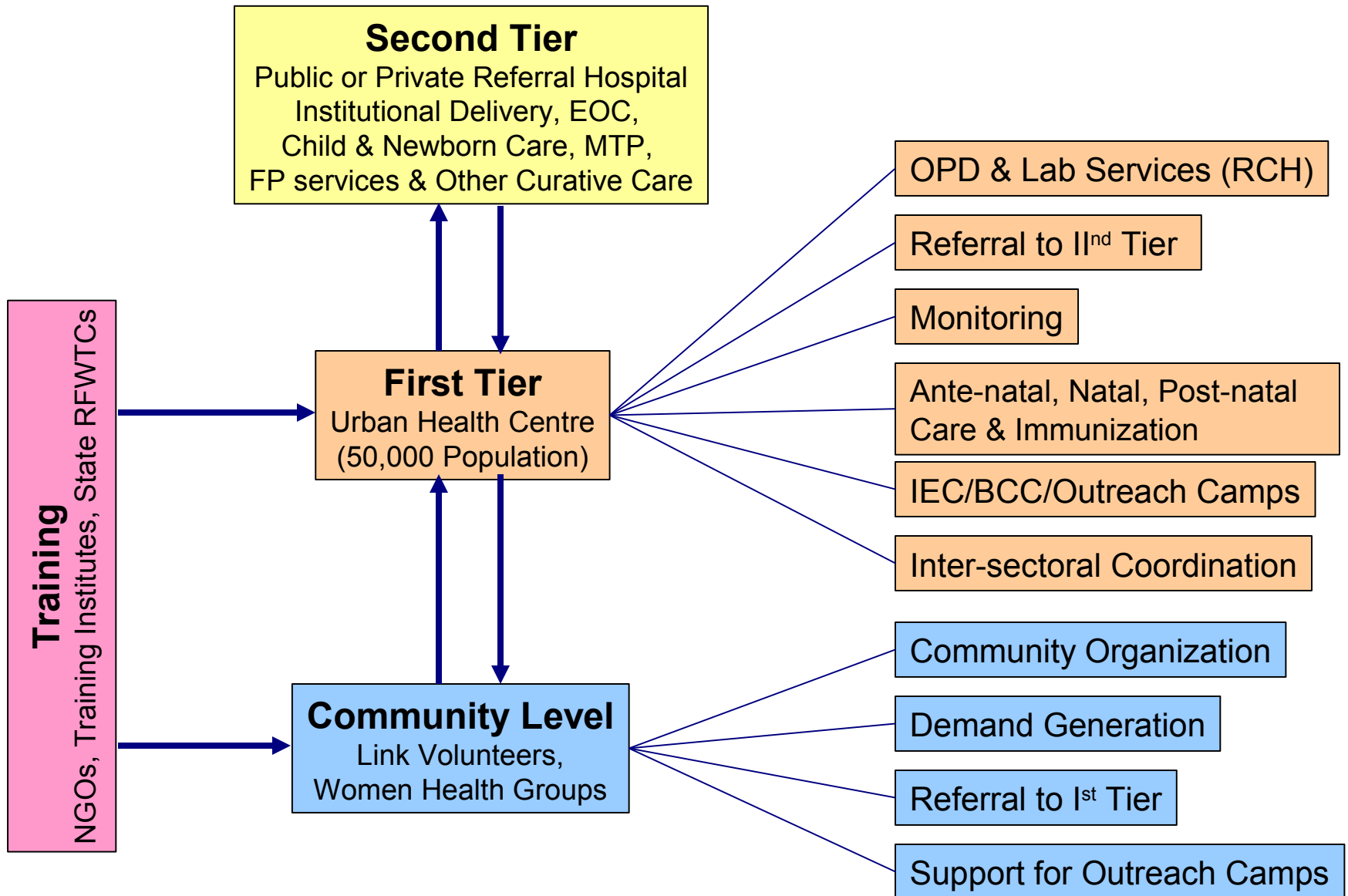
# UH Current Provisions

- GOI's Urban (Slum) Health Guidelines and PIP for vulnerable groups available; flexibilities provided.
- Proposals as per UH Guidelines for cities having population more than one lakh to be incorporated in Project Implementation Plans (SPIPs).
  - **States/UTs response regarding UH under RCH II, so far, has been only indicative and at the broad level of intents. Detailed city wise proposals awaited.**
- Cities having less than one lakh population to be covered under District Health Plan.

# UH Key strategies

- Improving access to quality health care (RCH) services to Urban Slum population
- Increasing demand for primary health care (RCH) services
- Promoting convergence among various Public Sector stakeholders viz. water supply, sanitation etc.
- Partnership with NGOs and other private sector service providers in program.
- Strengthen linkages between community and service provider/s
- Strengthen referral and M&E Mechanisms

# Proposed Service Delivery Model



# National Urban Renewal Mission

- Inaugurated by Prime Minister in Dec,05.
- Aim is to encourage reforms and fast track planned development of identified cities.
- No financial assistance is admissible for health sector; however as strategy convergence with health is proposed for urban poor.
- Seeks primarily to address several critical/key determinants to health.

# Provision of Urban Amenities in Rural Areas (PURA)

To simulate urban amenities in rural areas to discourage migration to urban areas not only on medium/long term purposes in pursuit of livelihood but in fact also obviate the need for going to urban areas even on very short term basis in search of health/medical care.

# Urban Health in NRHM

- Constitution of a Task Force to advise NRHM on Urban Health Care
- Final Report of the Task Force is expected shortly.
- State level socio-demographic indicators: a function of both rural and urban performance levels; merely focusing on the rural areas alone won't suffice.

“Rural Health & Urban Health  
are complementary and not  
competitive”

“Let bygones be bygones; no need to  
despair; let us proceed vigorously with  
hope and optimism”

The future still remains; we all have a moral obligation, a lot of scope and opportunity to shape the destiny and future of Urban Health in India

“Let us enjoy it doing it together”