

# **Collective Community Action for Urban Health Programming:**

**Garnering Local Strength, Wisdom, and Negotiation Capacity for Enhanced Service Utilization by Slum Dwellers**

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**Urban Health Resource Centre (UHRC), India**

# Indore Programme

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Urban Health Resource Centre (Formerly known as EHP-India) started working in

Indore since 2003, to improve health conditions of urban poor. The programme

reaches to 1,40,000 slum population in 75 slums through intensive community

mobilization efforts. 5 NGO-CBO consortia work in partnership with State Health

Department, Municipal Corporation and private service providers.

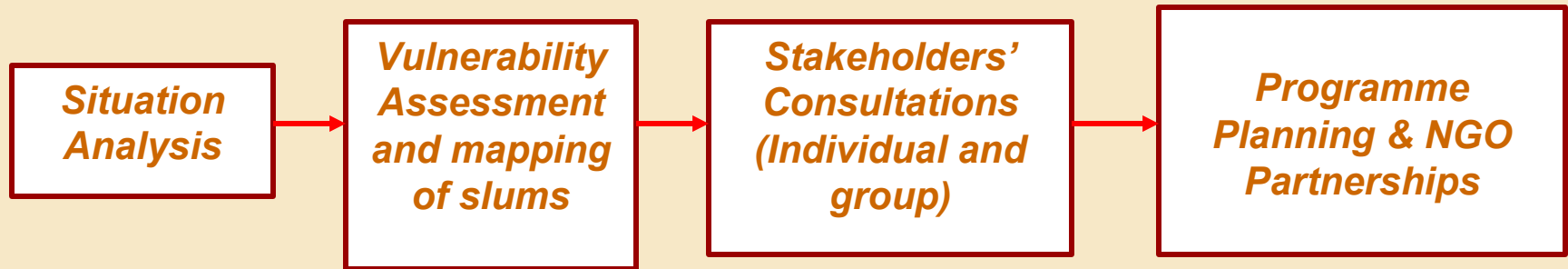
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# Programme aims at

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- Generation of demand for maternal and child health services through social mobilisation and behavior promotion comprising antenatal care, delivery & newborn care and child immunization.
  - Linking slum community with government and private health service to improve supply and utilization.
  - Serving as learning sites for programmers from other cities and states.
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# Planning: Evidence Based Consultative approach



# Outcome of Situation Analysis :

Poor reach and demand for primary health services, poor health outcome

- Population of Indore- 1.8 million (2001 Census)
- Decadal Population Growth rate- (1991-2001) - 47%
- Estimated population of slum dwellers- 0.6 million (Situation Analysis)
- No. of slums – 539 of which 101 are not part of official slum lists
- Poor Access to Health Care (most slum communities do not receive any form of health care)
- Low Demand and suboptimal health behaviors among slum families

# Outcome of Consultative Planning :

Presence of private providers, local NGOs, community based groups

- Consultations with various stakeholders revealed the presence, capacity and willingness of existing NGOs and CBOs to work towards improving health of the urban poor.
- Nurturing and capacity building can bring their potential to the fore and they can become instruments for improving health.
- Involvement of private service providers can add to the government capacity to reach the poor and underserved settlements.
- It evolved into Demand-Supply-Linkage Approach involving Government and private providers, NGOs, CBOs.

# Linking Slum Communities with Public and Private Providers & services

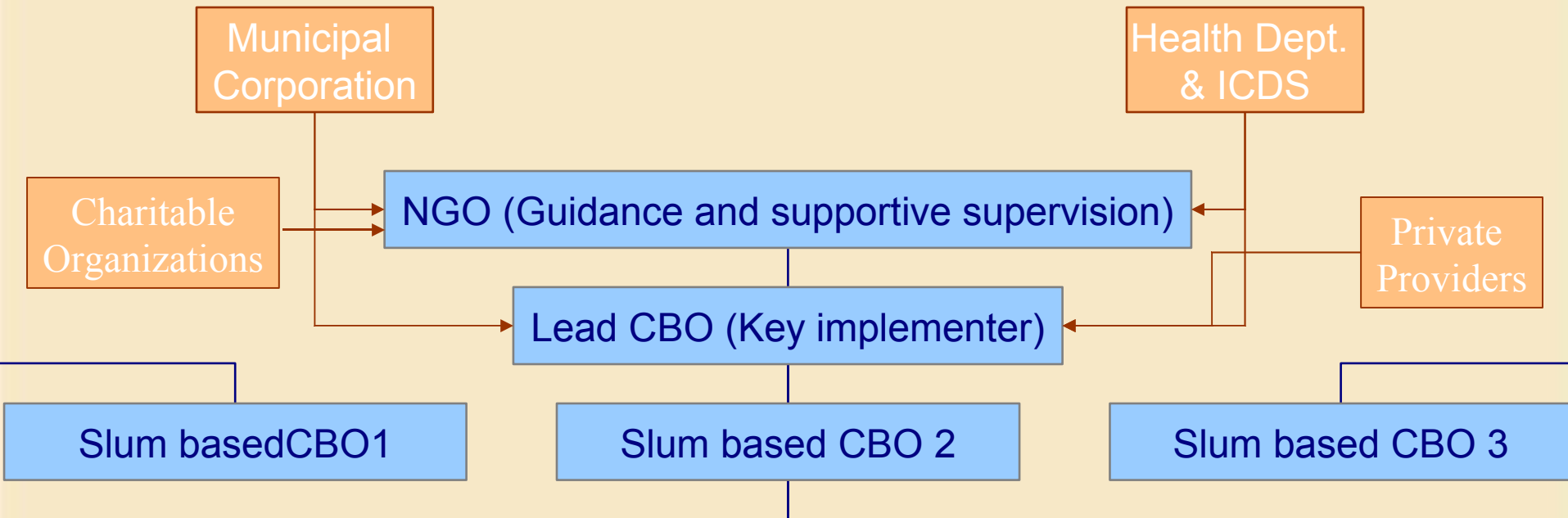


# NGO- CBO partnership in Demand-Supply-Linkage Approach

- 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.

# NGO-CBO Partnership

To enhance demand, build capacity & strengthen community linkages

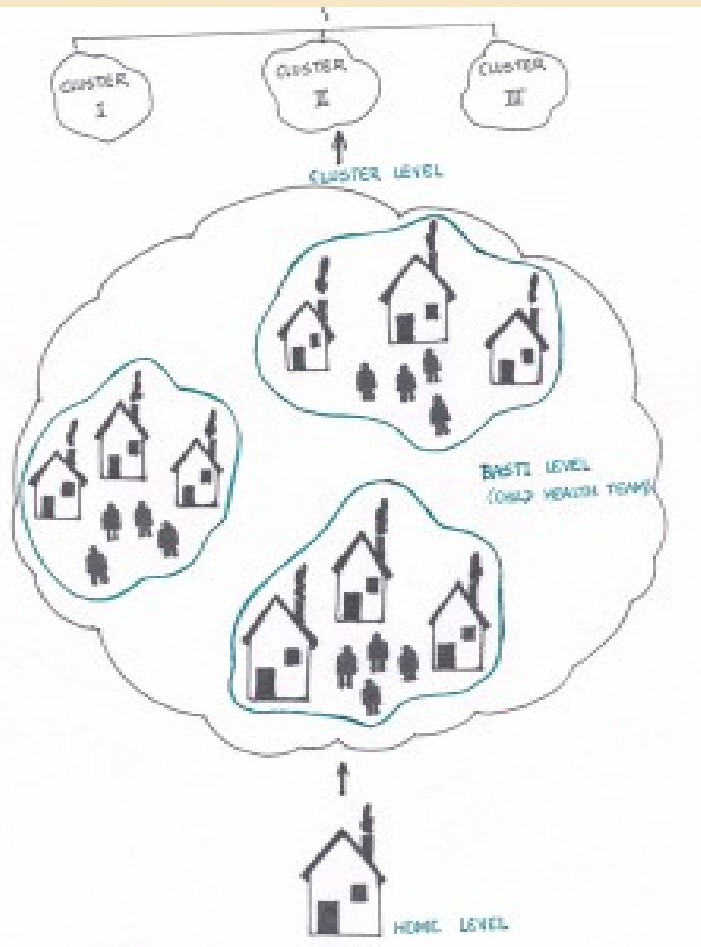


**Lead CBO / Cluster coordination team - a community group from one or more slums working for slum welfare for over two years**

**Slum based CBOs – Existing or newly formed community groups whose capacities are built during the course of the program**

# Making a functional community:

Building sustainable institution in underserved urban communities



**CLUSTER COORDINATION TEAM** (9 cluster coordination teams also referred to as Lead CBOs; 5-7 slums per cluster)

- Referral linkages & coordination with service providers (Health, water & sanitation etc.),
- Monitoring, supervision and support to *Basti* CBOs in Health activities as necessary

**BASTI LEVEL CBOs** – (90 community groups of 7-10 members, including *dais* across 75 *bastis*)

- Counseling & Behaviour Change Communication activities
- Community based monitoring
- Regular MCH camps in slums
- Negotiations for quality services from public and private providers

*NGOs with support from technical agency (UHRC, formerly EHP India) undertake periodic program review and implement appropriate improvement measures as identified during review*

# Community at work:

## Slum meetings and Participatory planning



# Community at work: For Improving Health Services And Behaviours



Registration of beneficiaries - *identifying left-outs and drop-outs*



Linkage with the Auxiliary Nurse-Midwife for vaccine administration



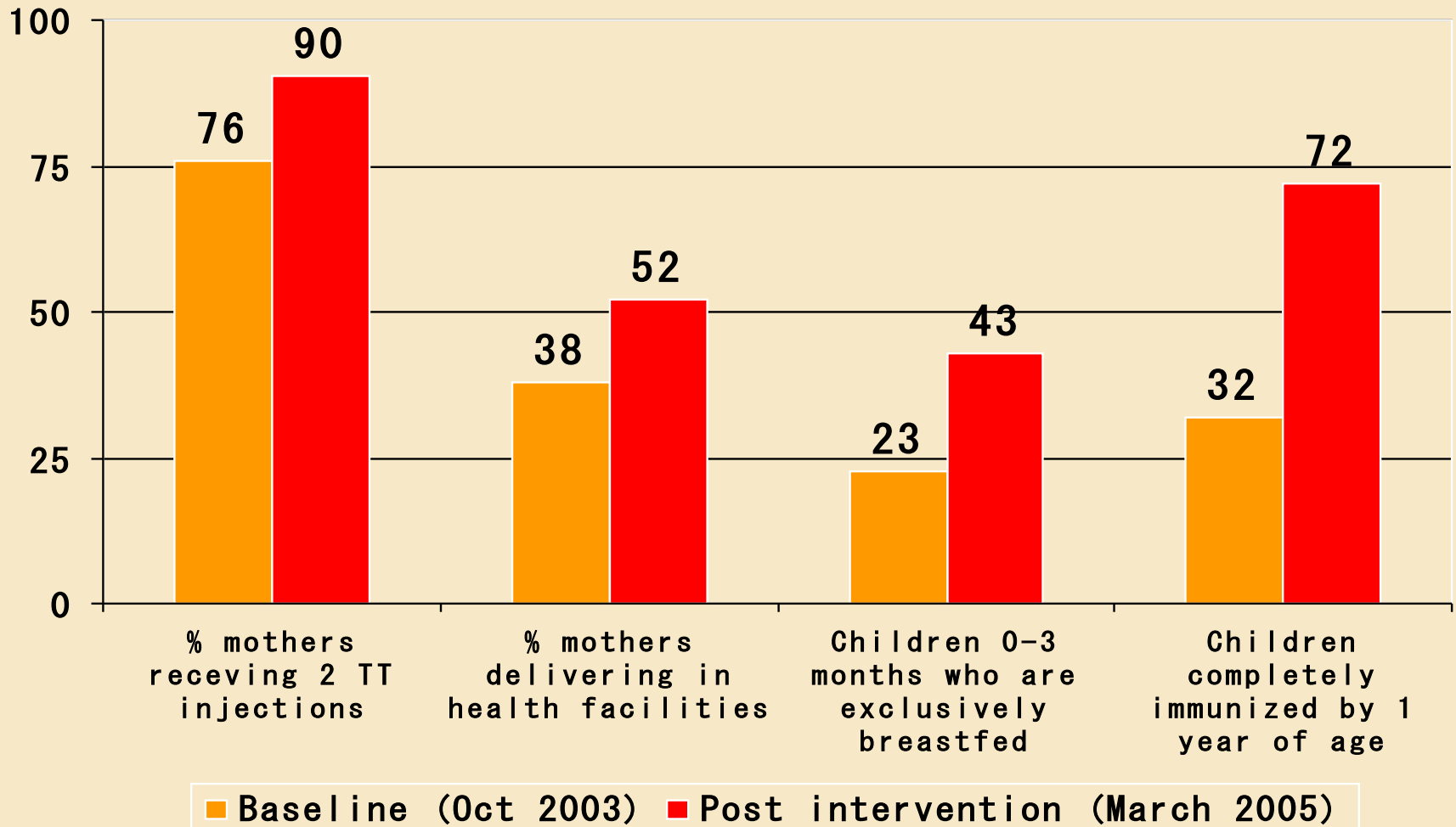
Information and community motivation – *women arrive for immunization day*

# Outcomes:

## Enhanced community capacity

- ❖ 9 cluster coordination teams - each working across 5-7 slums in coordination with NGOs
  - Seven have been registered as voluntary organizations.
  - They plan and negotiate regular health services
  - They also support slum based CBOs to negotiate for other public services  
(water and sanitation)
- ❖ 90 Slum Based CBOs ensure reach of services by
  - Counseling slum families on recommended health behaviours
  - Promoting care of new borns and providing post natal visits
  - Supporting health camps
  - Generating community health funds for health contingencies.
  - Identifying unreached families and ensuring access for them.

# Improved Health Indicators in Indore Slums



# Acknowledgements

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