Identifying Unlisted and Hidden Slums and Assessing Health Vulnerability of Slums

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Why focus on urban poor?

- Urban poor is a fast growing segment with severely compromised living conditions
- Estimates suggest that there are 100 million urban poor in India [National Population Policy]
- In most cities, a large number of urban poor live outside officially recognized slums

- Urban : rural poor ratio is 1:3.5, but spending on welfare services is 1:35 for urban vs rural areas.
- Poor planning and inadequate health infrastructure has led to inequitable distribution of resources in cities
- Urban poor have limited access to existing services and govt. subsidies

Source: Re-analysis of NFHS data, USAID-EHP
Why Slum Vulnerability Assessment?

- Official slum lists are incomplete at any given time and this leaves out a significant proportion of urban poor from program benefits.
- Urban poor are not a homogeneous group
- Uniformly designed programs and strategies do not give space for addressing context specific needs nor for available potentials and opportunities.
- Household level poverty data is often insufficient for development planning at city level
Approach and Process
Identification and Assessment of Slums: Approach and Process

1. Identify all Slums (official and unlisted)
2. Evolve Vulnerability criteria (as per situation in slums in that city)
3. Slum Assessments
   - Visits and discussions in each slum for a broad assessment of the situation there
   - Description of each slum and ranking on the assessment matrix
4. Categorization of slums (as per varying vulnerability), Mapping of all slums and facilities
5. Triangulation of findings with different stakeholders (for vulnerability, slum location, additional hidden pockets)

Local knowledge of slum leaders, grassroots workers and other Govt and Non Govt functionaries utilised
# Criteria for Vulnerability Assessment

<table>
<thead>
<tr>
<th>Factors</th>
<th>Situation Affecting Health Vulnerability in Slums</th>
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<tr>
<td><strong>Economic conditions</strong></td>
<td>Irregular employment, poor access to fair credit</td>
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<td><strong>Social conditions</strong></td>
<td>Widespread alcoholism, gender inequity, poor educational status</td>
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<td><strong>Living environment</strong></td>
<td>Poor access to water supply and sanitation facilities, overcrowding, poor housing and access and use of public health services</td>
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<td><strong>Access and use of public health services</strong></td>
<td>Insecure land tenure, Lack of access to ICDS and primary health care services, poor quality of health services</td>
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<td><strong>Hidden / Unlisted Slums</strong></td>
<td>Many slums are not notified in official records and remain outside the purview of civic and health services</td>
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<td><strong>Rapid mobility</strong></td>
<td>Temporary migrants denied access to health services and other development programs, difficulty in tracking and follow-up health services to recent migrants</td>
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<td><strong>Negotiating Capacity</strong></td>
<td>Lack of organized community collective efforts in slums</td>
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Housing, location of dwelling and land tenancy
Drainage and garbage conditions
Sanitation Conditions
“ham roj aadha kilometer door nal se pani lene jate hain...chapakal to sukh gaya hai, kabhi kabhi pani aata hai”
Budni Tirki Ulidih
Water Supply
Community Support Base (in the form of a CBO)

Active community groups enhance collective confidence and counters vulnerability
Access to Service Delivery Points (ICDS, NGO, Health Centre)
School Enrollment and Retention of Children
Findings and Implications
City map with slums, facilities plotted an important planning and monitoring tool
The Indore Example
Identifying and Targeting Underserved Slums

Indore Population: 1,800,000

539 slums
Pop: 600,000

225 slums (official list)

157 Most Underserved Slums

79 slums
NGO-CBO partnership
Popln: 150,000

Popln: 150,000
Levels of Vulnerability and Deprivation Differ Significantly Across Slums

Situation in Indore Slums

Source: EHP Baseline Study
Findings: Multi-dimensions of Urban poverty and Vulnerability

• Health vulnerability of a community is the culmination of many factors: environmental, social, economic, cultural, political

• Factors of vulnerability are often interlinked. E.g. a livelihood poor community is likely to have low/no access to health services

• Communities low on social capital usually have weak negotiation capacity to access government programs.

• Often very poor communities have low social safety nets to face emergency situations.

Tribals and other socially backward sections are worse off on the HDI than other social groups.
Program Implications

Reaching the un-listed and neediest:

- Identification and mapping of all slums or poverty clusters in a city is vital to reach hitherto missed, unlisted clusters. Urban poverty is underestimated [Ref. Planning Commission “Estimates of Poverty” 1997, GOI; “Urban Poverty and Deprivation”, UNDP 1998]

- Slum assessment helps identify more needy slum clusters and focus greater efforts in these needy areas

City map with slums and health facilities plotted serves as an important planning and monitoring tool
Program Implications

Need Responsive Programs:
- Understanding local vulnerability factors helps better understand needs and evolve context specific strategies
- Urban poverty is multidimensional and complex (Ref. Philip Amis, Environment and Urbanization, 2001)

An Empowering Process:
- The participatory nature of the process helps in engaging slum community, grassroots workers and a) builds their ownership of the program; b) identifies local leaders and champions