Health of the Urban Poor in India: Concerns, Opportunities and Way Forward

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Presentation Outline

• Urban Growth and Urban Poverty

• Health Concerns of the Urban Poor

• Challenges and Opportunities

• Suggestions
Especially in Their Smaller and Medium Sized Cities
Unabated Growth of the Urban Poor

2-3-4-5 phenomenon of population growth

Urban population - 285 million\(^1\)
Urban poor estimated at 70\(^2\) - 90\(^3\) million

\(^1\) 2001 Census of India.
\(^2\) 1999–2000 NSSO (55\(^{th}\) round) using 30 day recall of consumer expenditure.
Health Concerns of Urban Poor
Health conditions of urban poor are similar to or worse than rural population and far worse than urban averages.


Poor Access to Health Services

> 1 million babies are born every year in slum homes


Poor Access to Health Services

Poor Environmental Conditions

About two thirds urban poor households do not have access to piped water supply and toilet facility
High Prevalence of HIV/AIDS in Urban Areas

Estimated Prevalence of HIV+ cases in urban areas is substantially higher as compared to rural areas

<table>
<thead>
<tr>
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<th>HIV estimates 2004 (in lakhs)</th>
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<tbody>
<tr>
<td>Rural</td>
<td>30.07</td>
</tr>
<tr>
<td>Urban</td>
<td>21.27</td>
</tr>
<tr>
<td>Total</td>
<td>51.34</td>
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High risk categories include sex workers, migrant laborers, truck drivers

http://www.nacoonline.org/facts_hivestimates.htm
Challenges and Opportunities
Challenge 1

Urban poor searching for citizenship

Considered ‘Illegal’ and unwanted despite the vital contribution of this large informal work force

Few rights as urban citizens and consequently little power to influence their circumstances
Findings (listed vs un-listed slums) from Agra (215 vs 178), Dehradun (78 vs 28), Bally (75 vs 45), Jamshedpur (438 vs 101)

Besides unlisted slum settlements, urban poor also include pavement dwellers, population residing in construction sites, fringes of the city, floating population etc.
Challenge 3: Inadequate Urban Primary Health Infrastructure

There is one UFWC/HP for about 1.5 lakh urban population

- Private doctors: 82.1%
- Government doctors: 12.3%
- Chemists: 4.6%
- Others: 1.0%

Low utilization of public health services in urban slums

(Gujarat State-wide Multi-Indicator Cluster Surveys (MICSs), 1996)
Challenge 4: Weak Demand Among Urban Poor

- Low awareness about services, behaviours and provisions
- Weak community organization and social cohesion
- Weak negotiation capacity
Challenge 5: Greater focus on rural areas

ICDS Coverage Differentials

Rural areas:
- 79% Coverage
- 21% ICDS not covered

Urban areas:
- 84% Coverage
- 16% ICDS not covered

Higher urban allocation for bigger cities
While medium-small cities have significant urban population

Percentage Distribution of urban population by size of
Towns/UA (Census of India, 2001)

- 15% in 10 million and above
- 6% in 5 million to 10 million
- 17% in 1 million to 5 million
- 9% in 500,000 to 1 million
- 21% in 100,000 to 499,999
- 31% in Below 100,000

Today’s 35 million plus urban agglomerations (37% total urban population) will double by 2026 *

Municipal Capacity weak in medium-small cities
Preparedness needed to meet the challenge of rapidly growing medium sized cities

*Dyson et al., 2004. Twenty First Century India. Population, Economy, Human Development and the Environment
Challenge # 6

Municipal Health Infrastructure/Services Inadequate

Diminishing MCH service delivery capacity of most Municipal Bodies

Weak health program management experience

Inadequate infrastructure (Health Dept+ Municipal): One Urban Primary Health Centre for about 1.5 lakh urban population, often with 3-4 ANMs

Weak political consciousness about significance of urban health

1083 UFWCs (1950) and 871 Health Posts (under Urban Revamping Scheme 1983); many run from hospitals, not proximal to slums

IPP VIII (1993 to 2003) covered 7 million slum population (8% of India’s urban poor) in 4 mega cities and 94 smaller towns in 4 states
Challenge 7:

All slums are not equal…

Most Vulnerable

Moderately Vulnerable

Less Vulnerable
Hence the Need to Prioritize Most Vulnerable

Reference: EHP, 2004: Indore Slum Maternal and Child Health Survey
Opportunities in Urban Areas

- Growing recognition of the problem and burgeoning interest among Government agencies, corporate sector, donors and NGOs
- Resources and Potential Partners available for collaboration
- NRHM has projected a separate financial outlay for Urban Health
- *74th Constitutional Amendment, a mandate-backed opportunity for Municipal Bodies*
- Urban Poor clusters geographically approachable
- Easier to reach with communication activities
How can we work towards improved health of urban poor populations?

Suggestions
Suggestion 1: Strengthen Supply/Services

- Identify and map all urban poor *(e.g. Map of Agra)*

- Strengthen Urban Health services including outreach activities with focus on vulnerable urban settlements

- Promote Public Private Partnership for expanding and improving health service delivery

- Develop inter-sectoral mechanism at different levels

- Motivational training to health providers (ANMs, Supervisors, MOs)
Strengthen Municipal Health Program Capacity
[Specially in medium-small cities]

§ Train elected representatives and officials on 74th amendment, Govt. policies, programs including exposure visits/cross learning

- Negotiate with Central and State Governments for complete implementation of 74th amendment

- Facilitate linkage of ULBs with professional technical agencies

- Leverage existing municipal buildings used for health services e.g. rent out portions to private doctors/enterprise

- Initiate multi-stakeholder coordination at Ward level to improve reach and quality of health services
Suggestion 2:
Strengthen Demand and Community Behaviour

- Increase awareness about optimal behaviors, services and provisions

- Enhance capacity of slum communities to negotiate, improve behavior by strengthening CBOs (youth clubs, Mohalla Samitis, SHGs)

- Identify and train Community Health Volunteers in slums to strengthen community-provider linkages through NGOs

- Ensure that demand is met with increased availability
Suggestion 3:
Public Private Partnership

*Private sector caters to most of the health needs even among the poor*

- PPP can be an important strategy for meeting the critical public health challenge of quickly expanding services in urban areas.

- Utilizing existing private infrastructure (where available) rather than building new infrastructure saves time and costs eg. in Guwahati

- PPP can help in improving quality and broadening range of services

- Most vulnerable slums can be covered through Public Private Partnerships eg. Bangalore

- Private NGOs can help improve community demand and hence increase utilization of existing services
• Supplement Health Investments and services needed to address urban health challenge
• Sharing of expertise pertaining to demand generation, marketing and management
• Advocacy for enhanced attention to health of urban poor population

Example of Corporate supported Urban Health Efforts

Corporate Partnership for Urban Health in Baroda since 1966

- Federation of Gujarat Industries
- Vadodara Municipal Corporation
- MS University of Vadodara

Baroda Citizens Council Health Services Delivery in Slums
Suggestion 4:
Better Policies and Policy Implementation

- Increased attention and resources to the urban poor

- Improve policies to make them more urban poor friendly, practical and measurable

- Ensure energetic policy implementation by training of officers and increased information to urban poor

- Real progress on inter-sectoral approaches is vital

- Identify and address policy constraints to PPP
Recall the face of the poorest and the weakest man whom you may have seen and ask yourself, if the step you contemplate is going to be of any use to him. Will he gain anything by it? Will it restore him to a control over his own life and destiny? In other words, will it lead to Swaraj for the hungry and spiritually starving millions?

-- Gandhi ji, 1947
Let us build bridges of enablement for a healthier tomorrow